Ohio Peer Recovery Supporters: Employer Guide

A COMPREHENSIVE GUIDE TO SUCCESS FOR ORGANIZATIONS WHO EMPLOY CERTIFIED PEER RECOVERY SUPPORTERS

Contents

Introduction ... **3**
A Note from Mental Health America of Ohio ... 3
Acknowledgements ... 4
Part I: Understanding Peer Supporters ... **5**
Who Are Peer Recovery Supporters? ... 5
What Can a Peer Recovery Supporter Do? ... 6
How do PRS workers fit into the existing provider structure? ... 7
What training do PRS workers complete? ... 8
What are the Benefits to Employers/the Organization? ... 9
Part II: Preparing to Integrate Peer Recovery Supporters ... **11**
Readiness ... 11
Preparing Staff: Common Issues and Solutions ... 12
Writing the Job Description ... 16
Providing Appropriate Compensation ... 17
Part III: Recruitment and Hiring ... **19**
Recruitment Strategy ... 19
Interviewing Candidates ... 19
Diversity and Reflection of Clients ... 20
Ethical Concerns Unique to the PRS Role ... 20
Legalities of Disclosure, Accommodations, and Discrimination ... 21
Part IV: Implementing Peer Recovery Supporters ... **24**
Supervision Basics ... 24
Billing and Reimbursement ... 25
Part V: Retaining Peer Recovery Supporters ... **28**
Part VI: Evaluation of PRS Programming ... **36**
Current State ... 36
Lack of Appropriate Tools ... 36
Poor Metrics ... 36
Opportunities for Evaluation ... 37
Potential Indicators ... 37
Potential Tools ... 37
Part VII: Anticipating Barriers ... **38**
Organizational Challenges ... 38

Personnel Challenges 39
Part VIII: The Future of Peer Services 42
Growth 42
Specialization 42
Layered Levels 42
Digitization 43
Networking 43
Conclusion and Next Steps 44
References 45
Appendix A: Disqualifying Offenses 48
Appendix B: ODM and OhioMHAS Exclusion Periods 49

Introduction

Mental Health America of Ohio (MHAOhio) is an organization that works to expand access to quality mental health care. As a leader and advocate for those living with mental health complications, MHAOhio explores the ways in which holistic and comprehensive care can improve the outcomes for individuals within the mental health system as well as the overall health and functioning of society. Increasingly, mental health providers and advocates have dedicated advocacy efforts towards recognizing and addressing the gaps impeding delivery of care. For example, the limited number and demographic of providers, as well as barriers to accessing services, are known to result in "costly, preventable outcomes" for vulnerable clients (Mental Health America). There is also an opportunity to recognize different spaces where people with mental illness and addiction may benefit from support and complemented treatment, such as in the workplace. In the workplace, for instance, acknowledging and integrating mental health support can support both individual employees in their wellness while maximizing the efficiency and effectiveness of the workplace.

A Note from Mental Health America of Ohio

At MHAOhio, we believe that everyone should be afforded the opportunity to receive peer support. Connecting with peer support increases positive outcomes for those who live with mental illness or substance use disorder, including reduced hospitalization rates and more community engagement. Considered an evidence-based practice by SAMHSA, peer support is offered in a variety of settings in all 50 states and U.S. territories.

Since we began hosting the state certification training for Ohio Peer Recovery Supporters (PRS), we have sought a holistic approach to growing and supporting the peer workforce in Central Ohio, helping to ensure PRS have access to quality jobs, support and training, and that those who employ PRS have resources to meet the challenges they encounter. Thanks to our partnership with the Alcohol, Drug, and Mental Health (ADAMH) Board of Franklin County, we conducted a peer workforce survey, run a support group for PRS and a learning collaborative for employers, trained over 310 new PRS in the first three years of our program, and serve as an information source for agencies and individuals interested in peer support.

This Employer Guide is a key resource for anyone interested in peer support, and specifically for Ohio organizations that wish to integrate peer support into the mental health or substance use disorder services they provide. We are grateful for all of those who shared their time and knowledge and contributed to the development of this guide. We hope that distribution and use of this guide will encourage prospective employers to hire PRS and to ensure those positions are appropriately funded, integrated, and supervised.

Thank you to all the Peer Recovery Supporters in our community for the compassion and dedication you bring to guiding others through recovery, and thank you to all of the employers and supervisors who support Peer Recovery Supporters and believe in their power as much as we do.

-

Peer Recovery Support (PRS) is an emerging practice in the shift toward a new service delivery model, as well as a novel method for employers to support employee wellness within the

workplace. For every potential benefit of PRS work, however, there are also potential challenges and barriers that could arise (Watson, 2019). **It is important, then, for employers to have a strong understanding of the context in which peer support services thrive** (Watson, 2019). While there are extra considerations associated with integrating a PRS employee, the benefits significantly justify the investment in time and preparation. Before beginning the process of incorporating the peer model, employers must be committed to embrace and engage the opportunity. In the words of Peers for Progress (2014), “to achieve those major impacts, peer support must be taken seriously, not as a marginal activity to market other services, but as a core component of health care and prevention.”

The content of this guide was built from current scholarly research, a focus group with MHAOhio Peer Recovery Support employees, PRS Advisory Group members, and interviews with five PRS employers. MHAOhio partnered with Measurement Resources Company in 2021 to co-create this guide as a resource for the community to better understand peer services and the components for successful employment of Peer Recovery Supporters. **Throughout this guide, employers will gain a foundational understanding of the context surrounding successful peer support services from organizational preparation to retention and opportunities for growth.**

Acknowledgements

MHAOhio would like to express gratitude to the following individuals and agencies for lending their time and expertise to the development of this guide:

- The Alcohol, Drug, and Mental Health Board of Franklin County
- Lisa Allison, Southeast, Inc.
- Jude D’Souza, Twin Valley Behavioral Healthcare
- Juliet Dorris-Williams, The P.E.E.R. Center
- Angela Goodman, The P.E.E.R. Center
- Soley Hernandez, The Ohio Council of Behavioral Health and Family Services Providers
- Jessica Herwald, Netcare
- Deidra James, The P.E.E.R. Center
- The Osteopathic Heritage Foundations
- Mitchell Patterson, Franklin County Office of Justice Policy and Programs
- Kelli Shoupe, Southeast, Inc.

Part I: Understanding Peer Supporters

QUESTIONS ANSWERED IN THIS SECTION

- *How do peer support workers align with the larger scope of mental health care and healthy workplaces?*
- *What is the role of a PRS worker?*
- *How do PRS workers fit into the existing provider structure?*
- *What training do PRS workers complete?*
- *What are the potential benefits to employers?*

Who Are Peer Recovery Supporters?

Peer Recovery Support (PRS) has been federally recognized as an evidence-based practice since 2007 (Mental Health America, n.d.). Under this model, individuals with personal lived experience in mental health and addiction services are employed as Peer Recovery Supporters to support, assist, link, and engage people at various points throughout their recovery journey and in a variety of settings (National Peer Support Collaborative Learning Network, 2014). The term "Peer Recovery Supporter" is specific to the State of Ohio's certification process, with a variety of terms utilized in everyday practice both across the state and nationwide. Terminology for the role will be addressed in a later section of the guide as an emerging area for employers to consider when integrating this role.

CASE STUDY | THE RECOVERY INSTITUTE

The Recovery Institute of Southwest Michigan (Kalamazoo) employs nine peer specialists to provide groups, classes, one-on-ones, and social outings to those struggling with mental illness, addiction, and homelessness. In combination with traditional clinical services provided externally, individuals receive the care and support they need to pursue and maintain lasting recovery. Peer services are highly valued in this community for the humanness of services as well as what is "often the first step that helps open that door to more traditional therapy — and the Recovery Institute can also help eliminate some of the roadblocks that stand in the way of someone in need of those services."

(Boldrey, 2021)

What Can a Peer Recovery Supporter Do?

The specific capacity of the PRS role can vary depending on the needs of the organization, the skills of the PRS provider, and the needs of the client (National Peer Support Collaborative Learning Network, 2014). In many treatment settings, the PRS may function as an intermediary role to support and co-create a client's treatment and wellness maintenance plan.

The PRS model is unique in that it recognizes and responds to the spectrum of client needs while increasing the number and diversity of mental health providers through peer supports and community-based care (Mental Health America, 2020; Chapman et al., 2018). PRS workers can act as a bridge among provider shortages while also supplementing and complementing treatment, though they are not a replacement to other components of treatment. Additionally, the PRS model is an opportunity to embrace the person-in-environment framework without a complete shift to community-based care. PRS workers provide valuable "eyes on the ground" insight into the individual client's daily experience, supplementing the office-based treatment model and encouraging clients to become active in their own treatment plan (Peers for Progress, 2014). In this way, the PRS model help shift outcomes from short-term symptom management to long-term recovery planning and care (Chapman et al., 2018).

CASE STUDY | NAV CANADA

Nav Canada, an air transportation organization, manages a staff of fifty peer supporters within their workplaces. Employees have access to a database of supporters which includes contact and biographical information about the history and experience of the peer. Peers listen, offer support, and when appropriate, refer employees to the EAP program. Even after a referral, peers play an important role – "[p]eople do not recover in their clinician's office…The third leg is to actually support people through the recovery [and health] process." The program has seen great success: "There are employees who are at work today who [otherwise] would have gone out on sick leave, and we were able to prevent that."

(Society for Human Resource Management, 2018)

CASE STUDY | WVPEERS

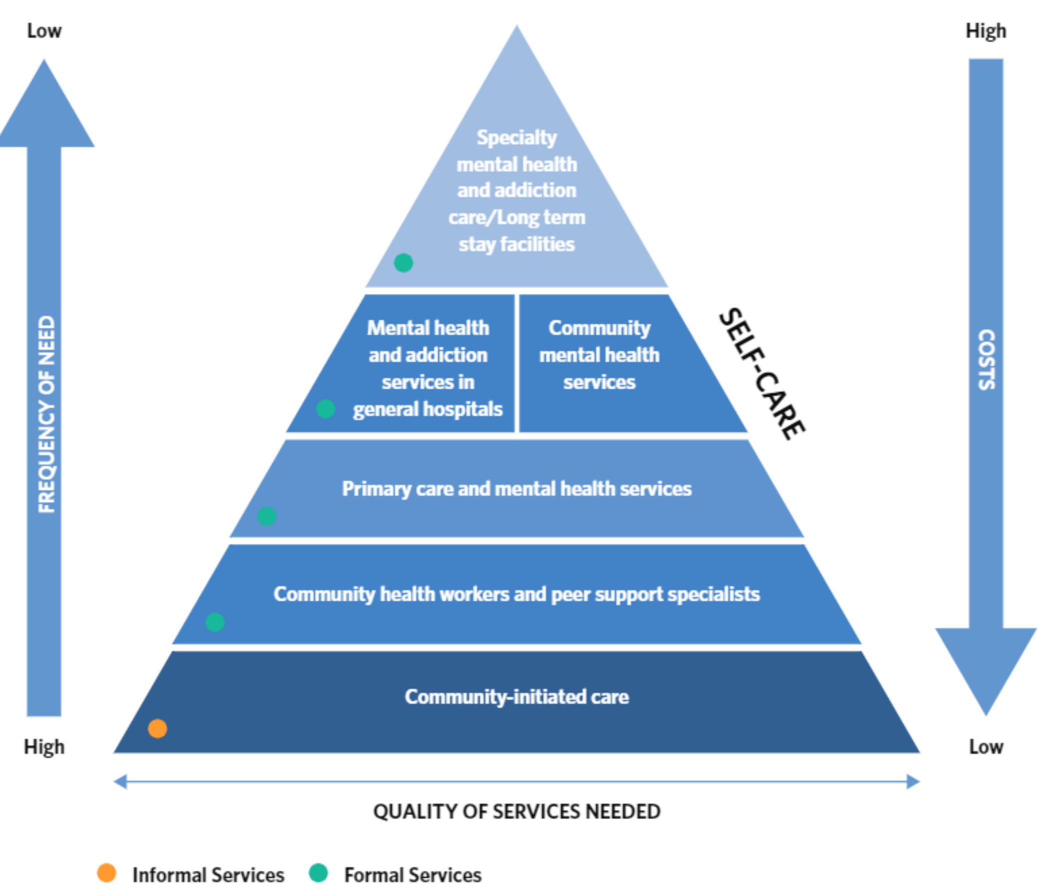
In a multi-tiered partnership beginning with West Virginia University's School of Public Health, the WVPEERS program "connect[s] individuals who have substance use disorder with peer recovery coaches who can get them the help they need, where and when they need it." The program acts as a "pool of peer recovery support specialists that could respond to requests from agencies and organizations across the county," providing services tailored to an individual's unique needs at various settings including clinics, courts, and more. Here, peer support has been remarkably impactful at reaching target populations and successfully connecting individuals to help. (Henderson, 2021)

How do PRS workers fit into the existing provider structure?

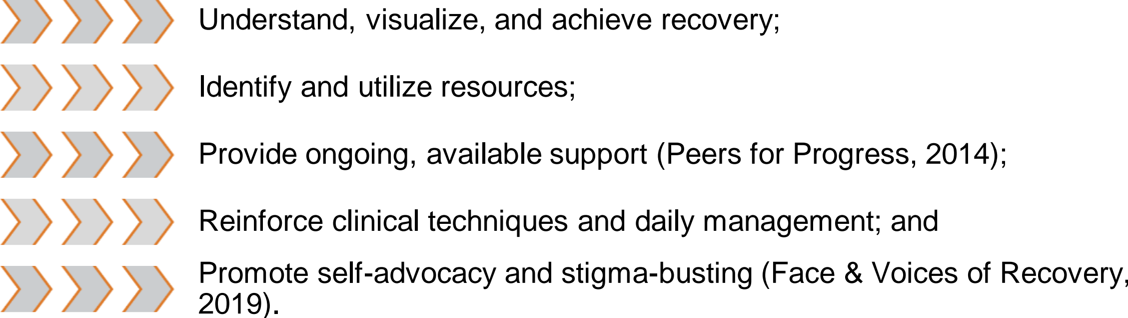
The peer model is designed to complement and enhance the work of traditional providers – not to compete with or replace (Peers for Progress, 2014). In one report (2021), researchers Miller & Burgos conceptualize peer support as one level in the following continuum of care:

FIGURE 1.

Framework for Mental Health and Addiction Workforce (revised from WHO [9])[a]



PRS employees are often responsible for "engagement and activation" (Optum, 2016), helping clients to:



Under this model, the PRS role can also be visualized laterally. In addition to providing a specific level of care to the client, PRS workers may act as a critical element of the treatment team, providing insight that ensures the treatment plan is person-centered and feasible for implementation. While everyone has a role to fulfill, "no one is more valuable than the next" – even among leadership (PRS Employer).

It is important to understand the distinction between a "friend," a peer supporter, and a professional clinician. As described by the Veterans Health Administration (2013), the PRS is not intended to function as a "junior clinician;" at the same time, they are held to different competence and ethical standards than an informal community support or "friend." The role is unique and must be fully understood by all parties including the client, worker, and other providers.

What training do PRS workers complete?

The State of Ohio Department of Mental Health and Addiction Services (OhioMHAS) offers a certification for Peer Recovery Supporters. Individual candidates complete either a 40-hour training through OhioMHAS or an approved third-party program, or must demonstrate three years' experience, paid or unpaid, in a similar role. All individuals must also complete approximately 16 hours of online coursework through OhioMHAS and submit references alongside their application. These courses include:

- Introduction to Peer Recovery Support
- History of Addiction for Peer Recovery Supporters
- Ethics and Boundaries for Peer Recovery Supporters
- History of the CSX Movement for Peer Recovery Supporters
- Helpful Tips for Peer Recovery Supporters Entering the Workforce
- Health and Wellness in Peer Recovery Support
- Cultural Competence in Mental Health and Addiction Recovery
- Human Trafficking Training for Peer Recovery Supporters
- Supervision for Peer Recovery Supporters
- Trauma Informed Care in Peer Recovery Support

- Ohio S-BIRT: An Introduction to S-BIRT (Screening, Brief Intervention, and Referral to Treatment) and Motivational Interviewing

Candidates are then required to take and pass the OhioMHAS Peer Recovery Services exam, sign the OhioMHAS Peer Recovery Services Code of Ethics, and pass a Bureau of Criminal Investigations background check. There are disqualifying offenses that cannot be waived which preclude individuals with certain criminal justice backgrounds from certification (Appendix A); in some circumstances, offenses can be expunged (Ohio Department of Rehabilitation and Corrections, n.d.; The Legal Aid Society of Columbus, 2016). The exclusion periods set out from the Ohio Department of Medicaid may differ from those required for state peer certification (Appendix B).

Once certified, PRS workers must undergo re-certification every two years, within sixty days of expiration. For recertification, PRS must complete thirty hours of Continuing Education Credits (CEUs), some of which must be related to trauma-informed care and ethics/boundaries (Texas Institute for Excellence in Mental Health, 2017). **In Ohio specifically, there are five subject areas in which at least one hour of training every two year is required; those subject areas are trauma-informed care, ethics, human trafficking, work incentives or benefit planning, and diversity competence.** This training, as well as commitment to the Code of Ethics, should eliminate any ethical concerns about the competency of PRS workers; a list of competencies and ethics is also available from other leading organizations including the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015). There is also a potential conflict of interest, recognizing that PRS workers are existing in the liminal space between being a service client and service provider (Watson, 2019). Traditionally, mental health providers are directed to avoid self-disclosure, countertransference, or any development of personal relationships. Because of the unique role and responsibilities of the PRS, these issues will need to be re-navigated in the scope of the PRS capacity. While these issues are centerpoints of the certification process and workers' understanding of the role, helping the PRS navigated interactions and grey spaces will be an important topic during supervision.

What are the Benefits to Employers/the Organization?

Employing a PRS is not only beneficial to the client's mental health outcomes, but also the functioning of the overall organization.

- As part of the management team, PRS employees can help to develop and implement relevant, individualized plans for clients. This expedites and improves the relevance of treatment as PRS workers help to fill gaps in between appointments.
- Multiple studies have associated peer services with outcomes including reduced rates of hospitalization and days spent as inpatient, and decreased substance use among persons with co-occurring substance use disorders (Davidson et al., 2012).
- Further, the ability of PRS employees to utilize their experience and develop rapport with clients also leads to easier engagement (Hendry and Rosenthal, 2014).

- PRS employees can also bring an alternative perspective to staff meetings, enriching service provision and provider understanding of clients (National Peer Support Collaborative Learning Network, 2014).
- In non-clinical settings, PRS employees can help employers to understand the unique experiences and needs of their employees while acting as additional support to those employees, reducing costs associated with poor work performance or attendance.
- PRS employees also provide a more accessible option for clients to receive support before issues become significant problems. With the peer perspective, there is less stigma like what is associated with the "big process of seeing a counselor" or having a formal meeting with management. It becomes more of a "check-in" with a trusted individual instead of an implicitly negative experience that communicates "there's something wrong with me."
- More comprehensive, peer-reviewed research can be found here.

FROM THE FIELD

One interviewee discussed her history as a PRS worker with her employer. Though this individual possessed the qualifications for the role and indeed went on to become part of the organization's leadership, she was also full of self-defeating, negative self-talk. The employer reminded her of her qualifications for the role and capacity for success. This is an area where additional support staff such as PRS workers can find and meet ongoing needs for clients. As she mentioned, "It's hard to just sit at a desk all day. You can get isolated in your head. I love this organization because it's so flexible. Any time, I can just pop downstairs, talk to people, get my head straight, and then get my work done."

Part II: Preparing to Integrate Peer Recovery Supporters

QUESTIONS ANSWERED IN THIS SECTION

- *What does an organization need to consider before adding a PRS worker to the team?*
- *How can an organization prepare their current staff for the inclusion of a PRS worker?*
- *What are the elements of a quality job description for PRS employees?*
- *What terminology is appropriate?*
- *What are the standards for adequate pay and benefits?*

Readiness

Prior to beginning the process of integrating a PRS worker, it is important to complete an organizational assessment. This will ensure that conditions are primed for the PRS role to be successful and wholly useful. **This assessment should be comprised of, at minimum, three parts: assessment of the organization as a whole; assessment of individual staff perspectives; and assessment of potential supervisors.**

Organization Readiness

The organization promotes recovery-oriented knowledge, attitudes, and skills (Faces and Voices of Recovery, 2019).

Compensation for PRS employees is fair and sustainably funded.

The organization has clear policies for the hiring, retention, and promotion of PRS employees.

The organization promotes workplace wellness and employee self-care (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017).

The organization models mutual respect and cooperation rather than strict hierarchy (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017).

Staff Readiness

Staff are knowledgeable about the Peer Recovery Supporter role.

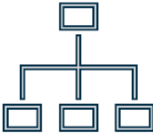
Staff understand the distinction between PRS and other service providers.

Staff recognize the unique benefits associated with the PRS role.

Staff understand PRS as a non-ancillary position.

Staff can see a person with lived experience as a valued member of the organization team.

Staff would be willing to assist in the integration of a PRS.



Potential Supervisor Readiness

Supervisors are willing to create opportunities for PRS employees to use their lived experience to educate other team members and contribute to the treatment plan.

Supervisors are prepared to support personal wellness concerns of supervisees.

Supervisors recognize the importance of confidentiality of PRS employees' history.

Supervisors are prepared to help PRS employees navigate questions of boundaries, disclosure, and ethical dilemmas (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017).

Examples of potential organizational assessments are available from the Wisconsin Certified Peer Specialist Employer Toolkit (Faces and Voices of Recovery, 2019) and Mental Health America (California Association of Social Rehabilitation Agencies, 2014).

Preparing Staff: Common Issues and Solutions

There are often staff concerns that need to be addressed prior to the integration of PRS employees into the existing organizational structure. Lack of integration within the larger team is one of the most common sources of dissatisfaction for PRS employees, alongside lack of opportunities for professional advancement (Lapidos et al., 2018). These concerns are often exacerbated in the clinical setting where PRS employees are entering into an established system of professionals and providers. Common issues and solutions include:

ISSUE | PERCEIVED INEQUALITIES

In one supervisor's experience, it can be a challenge for other providers to see PRS employees as an equal part of the team, especially when there are differences in their educational background and credentials. Staff may be concerned about the competence of PRS workers to not only provide high-quality care in line with the code of ethics, but also their ability and reliability to complete administrative tasks due to perceived limited work experiences (Davidson et al., 2012).

SOLUTION | STAFF EDUCATION

Staff must be educated about the certification and training process for the PRS role, as well as the competencies of the specific individual joining the team. Reinforce the following:

- Individuals are not hired solely because of their lived experience, but because of their skills, abilities, and strengths to accomplish the responsibilities of the role and accomplish positive client outcomes.
- PRS staff, like all staff, require ongoing supervision and support for administrative and direct service tasks (Davidson et al., 2012).

FROM PRS EMPLOYEES

"Make sure they're part of the team, not put into a box or cast off to the side."

"I don't have letters behind my name but that doesn't mean I don't know. Clinical versus lived experience is a weird thing. One doesn't outweigh the other."

"I'm not looking for conversation. I'm looking for something that moves somebody's spirit."

ISSUE | MISUNDERSTANDING OF THE ROLE

Oftentimes, staff do not understand the role of PRS employees. There is a pervasive lack of understanding about the purpose and value of peer services. One supervisor reflected that even after multiple explanations, trainings, and presentations about peer services, she will still hear feedback that people do not understand the peer model or what peers do in the day-to-day (PRS employer). Some may anticipate the PRS role as an assistant or subsidiary role that will need management or training. Or, they may expect the PRS role to complicate the care process and be somewhat burdensome.

SOLUTION | CLEAR DELINEATION OF THE SCOPE OF PEER WORK

- PRS employees can and do complement existing roles, and can "lessen the load carried by other practitioners" through their engagement and support with clients, thus "enriching clients' lives while allowing other staff to concentrate on their respective roles" (Davidson et al., 2012). Consider presenting new organizational charts to visualize the role of PRS employees in the scope of the larger staff structure – including what is not part of the peer role.
- Emphasize the different nature of PRS work. The role of a peer worker is unique not only because of the services they offer, but because of their relationship to the client. While a counselor or staff member may have more information or weight, a client "may never open up," or the counselor may not be able to understand the client's perspective. In contrast, employees "can walk in with a peer and they've been exactly where [the client] is. When you can really grasp that, you have a whole extra level of trust" (PRS employer).

FROM PRS SUPERVISORS AND WORKERS

"I really see how clients respond to her engagements and interventions."

"It's a beautiful marriage between a counselor and a peer. [The peer] is there to make [the counselor's] treatments more effective."

ISSUE | STIGMA

Staff may also be concerned about the stability and recovery status of PRS employees, seeing them still only as individuals with their own mental health needs.

SOLUTION | EMPHASIZE NORMALCY

- Staff must transition to seeing PRS employees as credentialed colleagues who experience work stress and mental health maintenance as any non-PRS staff would (Davidson et al., 2012). It may also be helpful to educate staff on "relevant disability and discrimination legislation, …reasonable accommodations, …expectations of peer staff, …[and] how to talk openly about issues of power and hierarchy within the organization" (Davidson et al., 2012). **However, agencies must be careful to find a balance between providing education and still normalizing the role as a "normal" employment opportunity.** Agencies must avoid creating new, different stereotypes under the guise of inclusion and awareness. PRS employees will not necessarily require accommodations or identify as having a disability. Indeed, the division between PRS employees and other clinicians on the basis of mental illness or substance use is likely wholly inaccurate, given the likelihood that staff in other roles may also have disclosed or undisclosed lived experience and/or may develop mental illness and require treatment.
- Specific to introducing a PRS role, most agencies will hold an informational training session or meeting to educate existing staff about the new role and address common questions or concerns. **It is important to maintain open communication as both parties learn to navigate their roles and relationship to one another.** Depending on the service delivery, organizations may also want to educate other stakeholders about the peer role. One interviewee noted that while clients rarely have concerns about working with a peer worker, on occasion guardians will "get upset that clients are working with peers instead of case managers" because they have a misunderstanding of the role and "see peers as 'less than.'" (Peer employer)

ISSUE | PERCEPTION OF SKILL AND COMPETENCE

Thus far, we have referred to peer support workers as Peer Recovery Support workers. However, there is a wide spectrum of titles used to define this role. The terminology is, to an extent, a reflection of the particular role the PRS will fill. For those more oriented as community navigators and advocates, for example, it may be appropriate to title them as such. PRS employees exist in a capacity that is somewhere between client and provider. The connotations associated with the terminology in their job title may affect how each side – fellow employees and fellow providers – perceive and treat PRS employees. Consider how terminology reflects the PRS worker's:

- Credibility
- Expertise
- Professionalism
- Influence
- Approachability
- Perspective

SOLUTION | BRAINSTORM AND ASK FOR FEEDBACK

Consider other terminology, such as "specialist," "guide," "advisor," or "mentor." Ultimately, this decision should be made in the context of the role, the organization, and the input of relevant stakeholders.

FROM PRS SUPERVISORS AND WORKERS

"A lot of the time, people hear 'peer' and just hear 'client.'"

"To me, 'Recovery Guide' is a funny title because I don't guide anyone to recovery. There's a zillion paths to recovery. I just help them."

ISSUE | RIGHT TO FUTURE EMPLOYABILITY

There is an emerging conversation in research about the long-term impacts of taking a PRS role. As a Peer Supporter, an individual's health status and history are automatically publicly broadcasted (Walsh et al., n.d.). In the scope of the organization, this title and identification is important, if not wholly necessary, to accomplish the purpose of the role. However, it also removes the individual's choice and power in disclosing their health status for future employment and in their personal circle (Walsh et al., n.d.). Some may argue that to claim the title of Peer Recovery Supporter publicly and permanently is the embodiment of what it means to denounce the shame of mental illness, thus verifying the individual's commitment to recovery and setting a positive example for clients. However, it is idealistic to ignore the stigma that still exists beyond the organization and may impact the individual's future employment opportunities or future personal connections. This is one factor PRS candidates may not consider upfront but may come to reconsider when attempting to grow beyond the position.

SOLUTION | OFFER OPTIONS AND PLANS

Employers should have a plan in place to acknowledge and address this component of terminology. One option would be to re-title the role in a way that protects the individual's health status, or to offer both a "working title" and broader "official title" that can be used on resumes or official documents. Of course, individual candidates may have their own perspective and preference on this issue, and it may change over time.

Writing the Job Description

It is important for all involved parties to have both a conceptual and practical understanding of the PRS role. Building from the peer support theory already outlined here, each PRS worker should have a specific, written job description that delineates their particular responsibilities including:

- A general summary of the role;
- The role's orientation within the existing organizational structure;
- The role's relationship to the organization's mission;
- Responsibilities, grouped by category (outreach, education, documentation, the organization's commitment to inclusion, etc.);
- Compensation;
- Qualifications such as credentials and experience; knowledge of the community at hand; technological literacy; flexible scheduling; and soft skills around engagement, professionalism, emotional awareness, and time management (Hendry and Rosenthal, 2014; Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017).

Examples of job descriptions for PRS workers are available at the following sources: Hendry and Rosenthal, 2014; Philadelphia Dept. of Behavioral Health; Intellectual Disability Services and Achara Consulting Inc., 2017; and Ohio Mental Health and Addiction Services, n.d.

Depending on the organization's needs, these responsibilities and qualifications could vary from position to position. When forming the job description, it is critical to balance practical responsibilities alongside the integrity of the role. In one study of PRS employees, research indicated that PRS employees spent the majority of their time completing indirect work such as documentation, training, and internal communications (Rebeiro Gruhl et al., 2016). While these tasks are undeniably essential, they also detract from the true purpose of having a PRS, which is linked more to direct work with clients. **During the job description process, employers will benefit from finding a proactive balance between the need for documentation, training, and intra-team collaboration while still prioritizing the time and energy of the PRS worker towards their intended impact or scope of work.** Consider what percentage of time a PRS can be expected to complete direct, administrative, or other tasks and how to distinguish the role from other roles in the organization.

Providing Appropriate Compensation

Increasingly, PRS employees are being included within the advocacy movement supporting parity for mental health care providers (Mental Health America, 2020).

In a study from Lapidos et al. (2018), researchers found a financial fragility rate of 66% among PRS workers. Financial fragility was defined as respondents' ability to sustain financial challenges via "whether the respondent had the capacity to generate $2,000 in 30 days" (Lapidos et al., 2018).

Paying below a living wage is a severe question of ethics and impacts the ability of the PRS worker to adequately fulfill their responsibilities in the role.

According to the U.S. Bureau of Labor, PRS employees are considered as a classification of community health workers (Chen, 2017).

Average Hourly Wage for
Community Health Workers
(U.S. Bureau of Labor Statistics, 2021)

$22.12

Average Hourly Wage for
Peer Specialists in Midwest Region
(Daniels et al., 2016)

$16.18

Ideally, PRS employees would be “paid as much as a case manager” or more, in recognition of their unique role, because “[t]hey do a lot of case management” (PRS employer). The barrier is seemingly related to billing: PRS bills at a lower rate compared to case managers (PRS employer). Further, the caseload per PRS in Ohio is limited to twenty individuals (Texas Institute for Excellence in Mental Health, 2017).

Appropriate compensation will also recognize the unique responsibilities of PRS employees such as:

- The price of emotional labor and emotional investment;
- Working nontraditional hours; and
- Working with individuals who are more resistant and difficult to reach or engage, which could result in more extensive negative outcomes down the line (Peers for Progress, 2014).

PRS employees should be paid commensurate to the value they add in the system and competitive with other providers in the spectrum of care. In a focus group of PRS employees, peers agreed that PRS employees should be paid a living wage per state or federal standards. To an extent, there was an emphasis on the tradeoff between other benefits of the role and pay. Subject experts emphasize that PRS employees should enjoy both a livable wage and benefits that allow adequate time for their personal lives.

> **FROM PRS EMPLOYEES**
>
> “I feel like it should be at least $20 per hour. That’s more realistic for the work that’s done.”
>
> “If you’re working full-time, you should be able to shelter and feed yourself.”
>
> “I am on SSDI. My supervisor has looked out for me in terms of timing how much I can work so that I do not lose my SSDI.”

Employers should also offer services through Human Resources or other resources to help applicants assess their financial options, knowing that some PRS candidates may be recipients of social assistance programs related to healthcare, income, or other supplemental aid. By taking on a full-time role with adequate compensation, they may become ineligible for certain assistance.

Benefits will be discussed in following sections as they relate to accommodations, retainment, professional development, and growth. Generally, benefits should follow the same structure as other comparable employees.

Part III: Recruitment and Hiring

QUESTIONS ANSWERED IN THIS SECTION

- *How does the recruiting and hiring process differ for PRS employees?*
- *What legal considerations are there for hiring a PRS worker?*

Recruitment Strategy

Like with any job, an organization is seeking qualified individuals who will accomplish the role while complementing the larger team and organization. Some individuals eligible for the PRS role may not be connected with or active on traditional job recruitment sources. Consider expanding recruitment to include outreach and marketing at:

- Community Centers
- Libraries
- Neighborhood Groups
- Online Recovery Support Communities
- Local Support Groups
- Treatment Alumni Groups

KEY INFORMATION

In the job posting, it is important to be clear about the requirements such as lived experience, use of mental health services, and/or experience with recovery. Still, the National Council for Behavioral Health (2019) notes that "many people do not understand and will be calling as a provider or family member to apply." For that reason, it is recommended to list contact information on the job posting in place of application instructions. While this does create more upfront investment in engaging potential applicants, "a phone contact will give you the opportunity to quickly screen out applicants without the lived experience qualification" and potentially identify more appropriate candidates (National Council for Behavioral Health, 2019). Another potential solution is to list that certification, or ability to be certified within the first six months of employment, is a requirement of the position.

Interviewing Candidates

The hiring team for this position may include:

- Relevant Human Resources Personnel
- Prospective Supervisor
- Potential Colleagues
- Current or Past Individuals Who Will Use the PRS Service (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017)

Interview questions will center around the relationship between the person's background and their interest in the role – not their history and story. **Lived experience alone is not a qualification; experience, training, dedication, and application *is*** (Faces and Voices of Recovery, 2019).

Examples of interview questions can be found in Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017; National Council for Behavioral Health, 2019; and Faces and Voices of Recovery, 2019. Issues around legal hiring practices will be covered below.

Diversity and Reflection of Clients

Diversity — including race, gender, age, and culture — among PRS employees is also an important factor to consider. There are noticeable differences between the various generations of PRS employees and their approach to the work, as well as their ability to connect with certain clients. Within the wide spectrum of inclusivity, supervisors noted that middle-aged PRS employees are most common, and they would like to have more male, as well as younger, PRS employees on their team to more fully reflect the range of clients served. Supervisors noted that age can be a somewhat complicated factor among client preferences because while the younger perspective is helpful in terms of diversity and relatability, it can also mean that the individuals' experiences are more limited. Attracting young PRS employees has been a challenge. Peer recovery supporters are trained to find common ground in the recovery journey while also acknowledging the limits of one's own experience. While diversity is important so that clients feel represented, identity shouldn't limit who a PRS can work with. Indeed, there is a wide range of topics that individuals can connect on such as self-worth, trauma, and the steps of recovery; if needed or preferred, PRS employees can refer the client to someone with that experience or background.

Ethical Concerns Unique to the PRS Role

With this role employing individuals who are potentially in active recovery, organizations often consider the following:

- What right or responsibility, if any, does an organization have to verify the recovery status of applicants?
- Is it legal and/or ethical to require PRS applicants to undergo a screening to verify their recovery or clinical stability?

While there is no set length of recovery required before an individual becomes a peer worker, this is one area of which to be mindful. The idea of "clinical stability" is a marker with wide variation from person to person that cannot be clearly defined in any universally meaningful way. The role is "a lot to take on" and while it is not the organization's responsibility to assess an individual's recovery, there is an ethical concern both for the peer worker and the clients (PRS Employer). In this field, an unhealthy employee can pose a risk of harm to "clients, staff, and [the] team of people" (PRS Employer). The organization also has a duty to ensure that the investment in onboarding a new peer worker will result in gainful employment.

Solution

Rule of Thumb Guideline

- As a rule of thumb, one supervisor indicated that she looks for approximately two years of recovery in a peer worker candidate before hire. Another interviewee reiterated the suggestion of "having some sort of time period of stability before the role – especially if it is full time."

Solution

Plan Ahead

- Upon hire, ensure that employees have "some kind of outside support" instead of relying on their supervisor. Another supervisor recommended an intensive interview process and probationary process, knowing that predictions about which candidates will be successful can be wrong. This is not exclusive to PRS employees but universal across all agency workers.

Solution

Trust the Candidate's Self-Awareness and Responsibility

- Generally, the practices seen in the field are not recommended within literature. According to the Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc. (2017), "It is not the hiring committee's role to assess the person's health status." Rather, "as long as the person can perform the essential functions of the job, consideration of his or her psychiatric history in terms of the use of arbitrary criteria of functioning is no longer acceptable practice" (Davidson et al., 2012). Most PRS employees will have shown a great deal of personal responsibility in their own histories; this can be leveraged in the workplace as well (PRS employer).

Legalities of Disclosure, Accommodations, and Discrimination

The Equal Employment Opportunity Act of 1972, at times in combination with the Americans with Disabilities Act of 1990, protects applicants from discriminatory questions and retaliation against claims of discrimination (Department of Labor, 2009). Specifically, employers may not ask about: race, color, or national origin; religion; sex; disability; age, or genetics (Department of Labor, 2009).

There are slight exceptions employers should note for PRS employees. Specifically, the Equal Employment Opportunity Commission (EEOC) "allow[s] employers to refer to psychiatric disability within a job description and posting if having had this particular life experience is considered to be related to an 'essential function' of the job," otherwise known as a "bona fide occupational qualification" (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017; National Council for Behavioral Health, 2019).

NOTE

The exact stage of the hiring process during which an employer can ask about disability-related questions is a specific legal consideration; it is recommended to consult with Human Resources professionals or a lawyer for more information that could prevent undue liability.

In general, core skills and qualifications for the role must be assessed prior to any potentially discriminatory medical or demographic information. Example interview questions are listed in the National Council for Mental Wellbeing source (2019).

Employers may also benefit from having a formal disclosure process in place for their employees, both peer and non-peer. This gives employees "control over when, to whom, and what information to disclose" (Mental Health America of Franklin County, 2019). This may also afford employees a sense of security knowing that their information is documented and privately held. Again, the legalities of this document would be best discussed with an HR professional or legal expert.

Individuals with mental illnesses may qualify for accommodations under the Americans with Disabilities Act of 1990. While there is no set list of which health conditions qualify, an individual need only demonstrate that they have a "physical or mental impairment that substantially limits one or more major life activities, or a record of such an impairment" (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017). Interestingly, "substance use disorders involving **illegal** substances are not protected by the ADA" (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017, emphasis added). In most cases, individuals "cannot be terminated for having the disability itself" but can be terminated "for misconduct stemming from the disability, such as driving while intoxicated"

NOTE

The ADA does not necessarily apply to organizations with fewer than fifteen employees. When utilized, accommodations should be individualized to ensure that the employee can meet role expectations without undue interference from the disability – in effect, reducing or removing the impact of the disability in the workplace (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017).

Requests can be made in "plain English" and are considered reasonable as long as they do not place undue burden on the business in terms of safety, finances, administration, or fundamental change (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017; North Dakota State University, 2018).

(Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017).

Examples of relevant accommodations may include:

(Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017)

Additional examples of accommodations can be found in Faces and Voices of Recovery, 2019. In most cases, accommodations are reasonable, low- or no-cost, and in the company's best interest for increasing worker productivity and reducing turnover (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017).

The key is to identify what elements of the job are particularly difficult or triggering for the individual and creating solutions to allow for equal opportunity for success in the role regardless of disability status.

Part IV: Implementing Peer Recovery Supporters

QUESTIONS ANSWERED IN THIS SECTION

- *What are the best practices related to supervision and billing?*

Supervision Basics

In addition to the traditional role of a supervisor to ensure employees have the tools, skills, and support they need in any workplace, supervisors act as "extra bandwidth" for PRS employees; they collect resources, listen, and provide options (PRS employer). For the PRS role, research recommends a consistent schedule of three types of supervision:

Traditional

Administrative; Logistical Service Delivery

Formative

Skill-Building; Professional Development

Supportive

Strengthen Emotional Awareness; Maintain Personal Well-Being

Each of these three types of supervision is a corner point of the triangle which enables PRS employees to be effective in the role (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017). The Philadelphia Department of Behavioral Health and Intellectual Disability Services (2017) also recommends that if available, PRS employees may benefit from having two separate supervisors: one for formal tasks oversight, and another for personal and professional development (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017). These can take place in individual or group formats.

It is the supervisor's responsibility to ensure PRS employees understand the supervisory process. At the first supervision session, it may be beneficial to review the purpose and importance of supervision, as well as how to maximize the time (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017).

During supervision, it is common to address the following items:

Performance

- Concerns
- Time management
- Documentation
- Case Consultation

Education and Growth

- Skill Development
- Resource Sharing
- Review Progress Towards Professional Goals and Training Needs

Relationships with Co-Workers

Management Issues

- Policies and Procedures Affecting Service Delivery

Personal Wellness

•Challenges or Opportunities re: Performance and Wellness **On the Job**

(Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017)

In Ohio, each PRS in a Medicaid-funded position must have a credentialed supervisor who has completed 20 hours of specific state-sponsored trainings (Ohio Department of Mental Health and Addiction Services, n.d.). Eligible credentials include: LSW, LISW, LPC, LCDC II/III, LPCC, LICDC, LMFT, LIMFT, psychologist, or psychiatrist (Ohio Department of Mental Health and Addiction Services, n.d.). For those without Medicaid funding, a PRS with five or more years of experience can also provide supervision (Ohio Mental Health and Addiction Services).

Billing and Reimbursement

Supervisors and other members of administration should also have a strong understanding of the funding source and billing process for PRS worker services. These processes vary across clinical and non-clinical settings.

Clinical Settings

In a process with Government to Growth (G2G Consulting), MHAOhio has compiled an outline of the policy landscape impacting funding and billing for Peer Recovery Services in Ohio. In recent years, there has been a state-level push to incentivize providers for improved outcomes and reduced costs. PRS services are included within this redesign plan, especially with regards to Medicaid. One important distinction is that while substance use disorder peer services can be independently billed, mental health disorder peer services must be utilized in conjunction with Assertive Community Treatment teams in order to be included under Medicaid.

According to Daniels et al. (2016), "states have a handful of options for funding the reimbursement of peer support services under Medicaid, including:

- The Medicaid state plan typically via the Medicaid rehabilitation option
- 1915(i) home- and community-based state plan option waiver
- 1915(b)(3) waiver, which uses costs savings to provide Medicaid services not included in the state plan
- 1115 demonstration waivers
- 1915(c) HCBS waivers."

Table 1 summarizes key characteristics of state plan, waiver, and demonstration authorities states can use to provide peer support services.

Table 1: Optional Medicaid Funding Authorities Available to States Providing Peer Support Services

TITLE	Authorizing Statute	Description
State plan rehabilitative services	Social Security Act (SSA) 1905(a)(13)	Allows a state to cover, under its state plan, medical services recommended by a physician or other licensed health care provider, to reduce physical or mental disability, and restore a Medicaid beneficiary to the best possible functional level.
State plan home- and community-based services	SSA 1915(i)	Allows a state to offer a comprehensive package of home- and community-based services under its state plan.
Non-Medicaid services waiver	SSA 1915(b)(3)	Allows a state to use savings it achieves by providing cost effective care through a Medicaid managed care program to furnish additional services to beneficiaries over and above those in its state plan.
Home- and community-based services waiver	SSA 1915(c)	Allows a state to provide a broad range of home- and community-based services to beneficiaries who would otherwise require services in an institutional setting, such as a nursing home.
Medicaid demonstration	SSA1115	Allows the Secretary of Health and Human Services to waive certain federal Medicaid requirements and allow costs that would not otherwise be eligible for federal funds for experimental, pilot, or demonstration projects that, in the Secretary's judgment, are likely to assist in promoting Medicaid objectives.
Certified community behavioral health clinics (CCBHC) demonstration	Protecting Access to Medicare Act of 2014 Section 223 as amended	Authorizes for eight states for a 2-year demonstration or through November 30, 2020, whichever is longer, to certify and reimburse CCBHCs, which must provide access to a comprehensive range of treatment and recovery support services, including peer support services

Source: GAO analysis of the Social Security Act, Protecting Access to Medicare Act of 2014 and information from the Centers for Medicare & Medicaid Services | GAO-20-616

Covered peer recovery services in Ohio must be provided in a clinical context, to a diagnosed client who is receiving clinical treatment services for their disorder(s) from an OhioMHAS certified entity. Further, the PRS employee must be certified, appropriately supervised according to OhioMHAS and Medicaid regulations, and provided in the scope of a clinical ACT team or an SUD treatment program. Reimbursement is generally handled through the organization, not to individual PRS employees who are acting as providers. In Ohio, the following billing codes are cited for use: H0038 for Group Peer Services, billed at $1.94/15min; and H0038 for Individual Peer Services, billed at $15.51/15min (Open Minds, 2018).

Non-Clinical Settings

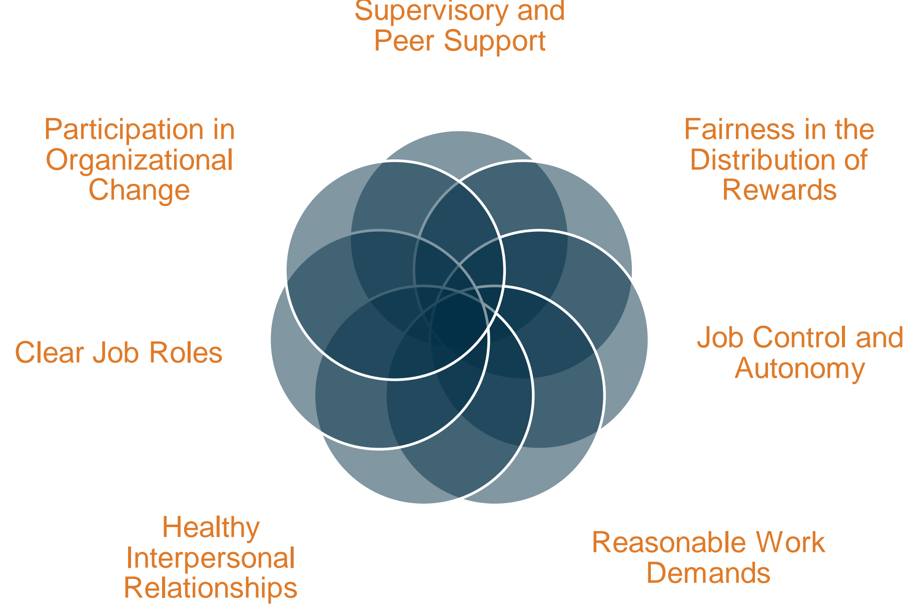
This information is not to suggest that all peer recovery services must be covered and billed through insurance; indeed, there are many avenues to operate peer interventions. Outside of clinical settings, however, seeking reimbursement for PRS services does become more complicated. It may be possible to contract with a behavioral health organization to provide PRS services to clients or internal employees, which would position the PRS employee as a type of clinical care provider; however, this could become a sticky situation. Even when there is eligibility for insurance reimbursement, it may be worthwhile to consider alternative funding models outside of insurance reimbursement as documentation is at times frustrating because of how “prescriptive and limiting” the billing increments can be (PRS employer). Private or local sources may provide grant opportunities, especially if the program is marketed as a community employment opportunity. Some local counties and regions may provide funding through the Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) board. It may be also possible to explore internal funding models, potentially contracting out PRS employees in different ways or identifying other streams of funding the organization can produce or utilize. However, it can be “difficult to get funding from traditional sources” because the clientele are often adults, not children, and tend to be the recipients of judgement and bias (PRS employer). Regardless, financial sustainability and reliability is key.

Part V: Retaining Peer Recovery Supporters

QUESTIONS ANSWERED IN THIS SECTION

- *How can an organization support and retain PRS employees?*

All employees, including PRS employees, need and deserve healthy and supportive workplaces. This includes:



(Mental Health America of Franklin County, 2019)

In a 2019 study from Mental Health America, PRS retention was associated with:

- High levels of motivation, dedication, and engagement (Mental Health America of Franklin County, 2019);
- The quality of training;
- Valuation for lived experience within organization culture (Mental Health America of Franklin County, 2019);
- Feeling heard by management and included in the decision-making process; and
- Participation in self-care activities.

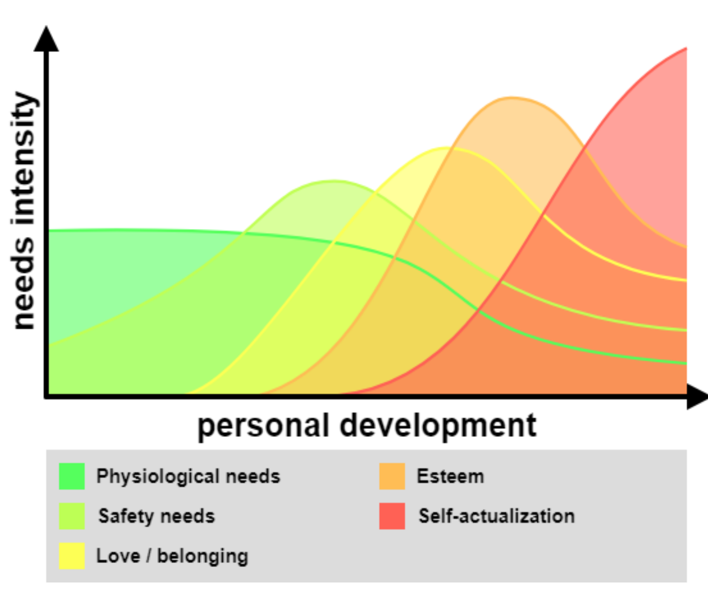
Barriers to retention included:

- Unsatisfactory Wages
- Frustration with the Certification Process
- Feeling Excluded from the Larger Team
- Personal Safety Concerns
- Perceived Lack of Compliance from Clients

(Mental Health America of Franklin County, 2019)

Regarding certification, for example, one interviewee echoed concerns about logistics and potential discrimination. For example, peer workers are required to have a repeated background check with each recertification (PRS employer). This is not required of other mental health professionals and again creates an undue divide between peer workers and other providers.

Building from what is going well and the factors that need to be addressed, recommendations for staff retention are listed below. The recommendations are organized according to priority based on the Maslow's Hierarchy of Needs theory. Under this model, concerns about survival and basic needs, as well as safety and social security, must be addressed first. Once these needs are met, then the individual can focus on feelings of belonging, accomplishment, and fulfillment. When these foundational needs are not met, it stands to reason that no amount of personal dedication or organization appreciation will be sufficient for staff retention.



(Source)

Provide adequate compensation and benefits to PRS employees.

Recommendation

- Issues around compensation have been discussed previously in the guide; broadly, the organization will want to set an appropriate starting rate with a clear range and framework for advancement opportunities. Compensation can also include benefits, such as an annual discretionary self-care or professional development budget; or access to employee supports such as financial planners and housing counselors. Incorporate staff feedback and think creatively to meet employee needs, keeping employee wellness as a keystone component to building a strong workforce.

Caveat

- Organizations who hire PRS employees are often challenged with securing adequate funding needed to provide appropriate compensation. At one peer-run organization, a supervisor recognized that despite the desire to promote social justice and pay a livable wage, she explained that realistically, she would "need more money to do that" (PRS employer). Beyond compensation, she emphasized that "it's also about the environment that organizations and employers are creating." She suggested employers reflect on these questions: "Are you treating them like they're human? Do you care? Do they know that you care?"

Improve opportunities for self-care.

Recommendation

- Being afforded time for self-care activities while on the job is critical to PRS satisfaction and health; research confirms that participation in self-care activities is associated with greater staff retention (Mental Health America, 2019). Organizations can implement policies to encourage self-care. For example, at one organization, employees are given an eight-hour time slot that they are encouraged to take off without any repercussions, in addition to regular vacation and sick days. The hours cannot be stored or accumulated. More often, though, self-care is individualized to the person. While some may benefit from structured activities or opportunities, others may practice self-care by setting boundaries with work and structuring their time differently. Educate staff and supervisors about the extent of self-care beyond the mainstream definition.

FROM THE FIELD

"On a daily basis, this work asks PRS employees to reexperience what may have been their darkest time. The work can be triggering and exhausting."

"Stress can be a huge factor for relapse. Provide tools to set the person up for success."

"My supervisor lets us know that's number one. Take care of yourself, or you're no good to others."

Increase training around personal safety.

Recommendation

- Identify what PRS employees have learned about personal safety during client interactions, what specific concerns they have, and how to create a more supportive environment. Depending on the specific nature of the concerns, this could include information on de-escalation of volatile individuals, environmental awareness, formal incident report documentation, transparency about client complaints, or other suggestions from PRS employees themselves.

Develop supportive workplace policies that meet the unique needs of PRS staff.

Recommendation

- The organization and supervisor must value and understand what recovery looks like. This could include no-penalty flexible scheduling for appointments or arising health concerns, as individuals in recovery from mental health conditions may not always be able to predict when their symptoms will flare up or be triggered.

FROM SUPERVISORS

"Flexibility does not come at the expense of professionalism but rather is conditional upon follow-through and planning." "It's a culture where when you set a boundary, you're heard, and you're not penalized."

For others, peer support groups outside of supervision may also be helpful to build in these sorts of opportunities. At the same time, the opportunities that are considered supportive to one individual may not meet the needs of another. In her experience, one supervisor stated that most of their organizations' PRS employees have indicated they "don't take the time to attend support groups" (PRS employer). Support groups are a leading recommendation among the research for supporting PRS employees, potentially highlighting a mismatch in the way organizations offer support and what peers truly need or want. To support the use of support groups, facilitators and supervisors can clearly explain what the support group entails and encourage participation. If possible, offer a menu of options and allow the individual to customize their support within that framework. This may or may not overlap with requested accommodations; however, the broader takeaway is an organizational approach to recognizing and respecting employees' individualism and holistic health rather than prescribing a one-size-fits-all role.

Assess productivity policies.

FROM PRS WORKERS

"Sometimes I think something is productive but it's not. Other staff will ask why I'm doing something – almost like it's not important – because it's not something they're used to seeing."

Recommendation

- Standards of productivity are at times misaligned with employees' workloads, within and beyond the peer model. Increasingly, and particularly in the peer model, recovery is seen as an all-inclusive concept that encompasses a variety of activities across multiple dimensions of holistic health; in other words, providing recovery services is no longer necessarily synonymous with providing psychotherapy. Productivity standards, however, have not evolved in the same way. Particularly when it comes to time spent preparing for nontraditional client meetings or indirect services, a productive task will not be included in the PRS employees' productivity tracking.

Customize supervision opportunities.

Recommendation

- Interviewees noted regular check-ins and supportive supervision as important factors for successful programs. This schedule and support should be customized to the individual. For example, some peers need extra support because they are easily "thrown off" by logistic changes like a new phone system or scheduling error (PRS employer). Others, however, may not need to be connected to a supervisor as often. Here, utilizing trauma-informed supervision practices is important. The significance of individualized, supervisee-directed support is clear: "Most staff don't want to be looked at differently than anybody else. They don't want to be handled or treated like they can't do their job" (PRS employer).

Increase training around engagement of clients.

Recommendation

- PRS employees report becoming frustrated with clients' setbacks in recovery. Organizations can provide more intensive training to PRS employees on the theory and practice of Motivational Interviewing including the concept of the 'righting reflex;' change theory; or supportive conversations around boundary-setting with clients. Identify gaps in the training curriculum and offer supplemental professional development trainings to PRS employees; further, allow space to debrief difficult client situations during supervision.

Work from strengths.

Recommendation

- Collaboration and cohesion were the two factors underlying success for peer teams. Through frequent team meetings, peers “get to know each other and pull out each other’s strengths” (PRS employer). Stability within the peer team, then, could also be an asset.

Take actionable steps for organizational change.

Recommendation

- Perhaps the biggest desires PRS employees discussed in the focus group was the desire for organizations to:
  - Value and respect PRS employees
  - Understand and embrace principles of recovery
  - Pay a livable wage
  - Perceive PRS employees as valuable team members
  - Include peers in decision-making and among interprofessional teams
  - Provide opportunities for peers to voice their observations and ideas for improvement to service delivery (Mental Health America of Franklin County, 2019)

For some organizations, this could relate to general leadership development and restructuring of the workplace narrative.

NOTE

PRS employees emphasized a return to the model principles. The narrative of wanting people to “get better, do better, achieve more” is pervasive within social services, but rarely helpful. “PRS employees shouldn’t be driving – they should be following or sitting in the passenger seat,” allowing the individual to define their own pace and standards of progress. On a related note, the same philosophy can be applied to peer support services within the workplace. Peer supports should never be “forced,” only “offered,” and the attitude should be welcoming and accepting without the imposition of outside standards (PRS Employee).

- Leaders must recognize that they are also serving those who work for them. They may ask questions such as, “How can I help? What do you need from the organization? What do you need from me to do your job better?”
- In her experience, good leaders are those who “show up [authentically] as themselves” and “demonstrate appreciation, support, and faith in the people that they hired” (PRS employer). Taking on this attitude is not a burden for leadership but rather, “makes [the] job easier” (PRS employer).
- It is about “creating that safe space for employees to ask for what they need” and acknowledge failure as a part of growth (PRS employer). **The attitude, at all levels of the workplace, should be “human first, employee second”** (PRS employer).

Provide opportunities for professional development, growth, and advancement.

Recommendation

- According to Philadelphia Dept. of Behavioral Health and Intellectual Disability Services (2017), PRS employees tend to average five years in the role before they leave due to burnout and the need for advancement opportunities that offer "new challenges." However, it is also inaccurate to assume that PRS employees will be interested in pursuing a clinical path (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017). With the support of their supervisor, the PRS employee should be able to develop a clinical or nonclinical career path that introduces progressive responsibility, professional development, and novel opportunities into their future career. Employers should offer PRS employees information about potential paths forward both within and beyond the system. One nonclinical example could be "to expand their role beyond working primarily with individuals to engaging in promoting more community and cross-system partnerships" (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017).

Caveats

- Regarding support for peers, one PRS supervisor was firm about taking an organizational approach that avoids further stigmatizing or differentiating the PRS employees. Instead, the organization should "make it safe for all employees to be human" (PRS employer). In fact, she indicated that "their peer status is almost immaterial" as "other employees [may be] peers also – they're just not hired in that role" (PRS employer). Providing differential labels or treatment is not the best practice approach. Instead, "everything applies to everybody" (PRS supervisor).

Part VI: Evaluation of PRS Programming

QUESTIONS ANSWERED IN THIS SECTION

- *What is the significance of evaluation for PRS programs?*
- *What are the key components of evaluation for PRS programs?*
- *What tools exist for evaluation?*

The ongoing evaluation of a PRS strategy, and any other program or strategy for that matter, is important to ensure quality and effectiveness. A good evaluation will empower the company with data to understand how the program implementation can be improved and the impact of the program not only on the PRS employee or the clients the PRS worker serves, but also impact on the company.

Current State

Overwhelmingly, interviewees did not emphasize evaluation as a component of their programming due to the following reasons:

Lack of Appropriate Tools

Specifically, one supervisor mentioned that their team struggles with not having tools to demonstrate the effect of peer services on clients. (PRS employer) mentioned the main evaluation method available to their program was the standard, company-wide customer service survey. Having a standardized tool would be critical to help the behavioral health community to "see [the impact]" (PRS employer).

Poor Metrics

FOR THOUGHTFUL CONSIDERATION

One of the common means for career growth as a senior PRS employee is to progress into a supervisory role. There may be benefits to having direct experience with peer services, and indeed one supervisor still sets aside one day each week to perform direct peer service work (PRS employer). However, in the experience of some PRS employees, there is some debate on this topic. With a non-peer supervisor, there is an opportunity for more "balance" between the peer and non-peer sphere. The supervisor has an additional layer of objectivity and can potentially offer more support to the PRS employees without extra consideration for maintaining one's own recovery in addition to the role. As the conversation around this topic develops, subject matter experts emphasize that movement into a supervisor role is largely dependent on the PRS employee and the setting, including what clinical perspectives are needed.

Other issues around evaluation include poor metrics. For example, one of the program's funders wants reporting on the number of new clients, number of clients who participated in

group, and number of visits to the website (PRS employer). However, this information may not be informative to demonstrate program success.

More structured evaluation, as well as "employers and clients sharing [their] experiences with peer [workers]" could help to support and promote the program (PRS employer).

Opportunities for Evaluation

Ongoing evaluation of an organization, employees, and initiatives are crucial elements of quality improvement and organizational development.

Potential Indicators

Category	Measure
Orientation of PRS Workers	Coworker Relations
	Inclusion within Treatment Team
	Valuation of Services
	Fidelity to the Role
Satisfaction	Supportive Workplace
	Opportunities for Growth
	Adequate Compensation
	Adequate Supervision Opportunities
Outcomes/Impact	PRS Employment Outcomes (Livable Wage, Tenure, Career Pathway)
	PRS Recovery Outcomes (Long-Term Sobriety and Health, Self-Esteem, Quality of Life, etc.)
	PRS Employer Organization Outcomes (Productivity of Staff; Client Impact)

Potential Tools

Orientation: Employee perception survey and organizational documentation

Satisfaction: Annual employee satisfaction survey

Impact: Recovery Assessment Scale (RAS), the Assessment of Recovery Capital (ARC), the Substance Abuse Treatment Scale (SATS), and the Strengths and Barriers Recovery Scale (SABRS).

Part VII: Anticipating Barriers

QUESTIONS ANSWERED IN THIS SECTION

- *What should organizations be cautious of before or throughout the PRS program?*

Organizational Challenges

ISSUE | FUNDING

Organizational barriers are often related to insufficient or unreliable funding and insufficient number of staff to coordinate and oversee PRS (IL NET National Training and Technical Assistance Project, 2011). Funding was a critical element for the future of peer services. In referencing a model peer center in Philadelphia, PRS employees noted that the organization was well funded and had a wide variety of resources including “groups, bands, a kitchen, showers, and a 5K run for people in SUD recovery.” The environment was “embracing, happy, and all based around recovery.” At present, participants expressed frustration at budget constraints which prevented the purchase of items like plants or books – items which support their work.

SOLUTION | FUNDING STRUCTURES ARE DISCUSSED MORE FULLY IN SECTION IV, BILLING AND REIMBURSEMENT

ISSUE | DEMAND

Some organizations reported closing their PRS programs after struggling to attract those who were interested in receiving peer services (IL NET National Training and Technical Assistance Project, 2011). It is unclear if there was a lack of demand or lack of satisfaction with services that caused the shortage of interested clients.

SOLUTION | DEMAND SHOULD BE AN ELEMENT INCLUDED IN THE ORGANIZATIONAL ASSESSMENT PRIOR TO IMPLEMENTING THE PEER MODEL.

ISSUE | BALANCING FLEXIBILITY

One of the biggest challenges among interviewees, like for many organizations, is the difficulty of accommodating workers while still meeting the organization's logistical needs. There are deadlines and staffing requirements that must be fulfilled. This has been exacerbated by COVID-related staff challenges and changes to operating procedures. Some employers may worry about staff abusing flexible policies. Indeed, (PRS employer) noted that at times, it can "trickle into a scheduling crisis," but the organization does its best to be supportive, balancing staff flexibility with teamwork and the sustainability of the organization (PRS employer).

SOLUTION | PLAN AHEAD

Planning ahead is key. Documents and expectations are covered in-depth so that individuals "know and understand why [the organization has] these expectations" (PRS employer). There are still "disciplinary action policies and procedures" in place for individuals who are not in a space to abide by the code of conduct or to fulfill their role (PRS employer). The goal is never punitive but designed to "work with people to get them there" by discussing what happened and how each party can adapt for the future (PRS employer). (PRS employer) emphasized forgiveness – "there are no hard feelings. We're not going to hold grudges" (PRS employer).

Personnel Challenges

Increasingly, research suggests that the barriers to successful peer services are internal, related to high workloads, lack of supervision, variety within the role, and "concerns involving self-disclosure" (Rebeiro Gruhl et al., 2016). Challenges also include:

ISSUE | PEER DRIFT

The phenomenon known as "Peer Drift" is also something organizations should beware of (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017). This refers to the tendency for PRS employees, largely due to environmental elements at the organization, to experience a shift in their role and begin functioning as junior clinicians or other staff either in task, behavior, or attitude (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017). Employers that do not adequately define

ISSUE | PEER DRIFT (continued)

PRS roles (both to PRS employees and other clinical staff), and employers who don't educate PRS employees on the specific roles/duties of team members they work with, are possibly creating an environment in which peer drift is more likely. A more common problem is PRS employees who are expected to take on duties that are not in their job description, which contributes to peer drift.

SOLUTION | ONGOING EVALUATION

Through ongoing evaluation, organizations may be able to spot Peer Drift before it becomes problematic. In responded to Peer Drift, organizations will want to clarify roles with all involved parties; in the event of "overprofessionalization," PRS employees experiencing Peer Drift may benefit from support in pursuing professional development opportunities.

ISSUE | CONFIDENTIALITY AND BOUNDARIES

For Employees: From the PRS employees' perspective, employees need to recognize the difference between their personal recovery journey and their work as a recovery supporter. It is important to draw a separation between the workplace sphere and the personal sphere, even with a role as grey as the peer model requires. There is certainly a "boomerang effect" of benefits to the PRS from being employed in this capacity (PRS employer); however, at all times, the expectation is that they are there foremost for the benefit of the employee and organization (Walsh et al., n.d.). It is not the responsibility of the organization to monitor the PRS employees' recovery or prevent risk of retraumatization beyond industry standards (Walsh et al., n.d.). In other words, work must remain work – not morph into treatment.

SOLUTION | ADDITIONAL SUPPORTS

Organizations can still provide optional or additional supports to PRS employees such as the Workplace Wellness Recovery Action Plan (WRAP) tool or ongoing sessions with an embedded clinician, who would function in a different capacity than a supervisor. For example, during the pandemic, one peer employer started a program called "Wellness Windows" where employees could receive free, half hour confidential sessions with outside Psychologists (PRS employer). The program was funded using CARES Act

SOLUTION | ADDITIONAL SUPPORTS (continued)

funds. A similar model providing services from an outside party could be useful for PRS employees. Further, it is recommended to have a policy or intervention protocol in place for situations when the peer's health may be in question. A peer should be able to acknowledge and address potential relapse "without fear of losing their job" (PRS employer). Employees should be supported through health concerns of all kinds rather than being penalized.

For Employers: From the other side, confidentiality and boundaries can be a difficult area because as a supervisor, "you know their history and can see that they're not doing well but you have to treat them as an employee" (PRS employer).

SOLUTION | DEVELOP STANDARD PROTOCOL

This process could be modeled off the company's standard protocol as "it's not peer specific" – indeed, non-peer employees experience similar challenges in the workplace that are addressed in the same manner (PRS Employer). At all points, the organization must recognize the importance of confidentiality for the PRS employees' history and health status.

Part VIII: The Future of Peer Services

QUESTIONS ANSWERED IN THIS SECTION

- *How could the PRS model expand and grow in the future?*

In research and in practice, it is no longer a question of whether peer support works, but how to improve the quality of services and maximize peer programming (Peers for Progress, 2014). Topics of interest for the PRS role are the best practices of PRS programs; expanding and diversifying funding sources; and whether – as well as how – certification should be standardized (Chapman et al., 2018). From interviewees and research, we also heard opportunities for:

Growth

Interviewees have aspirations to see the program expand with additional centers to enhance service proximity. Interviewees also imagined incorporating other aspects of peer services such as peer respite, job development, or a social enterprise. At present, however, the attitude is much more one of "managing" (PRS employer).

Specialization

From the base model of peer recovery support, there are many avenues for expansion such as specialization of PRS employees. Peers for Progress (2014) describes a team of peer supporters who work at different phases of "disease progression" or recovery. At its peak, this could include employees who specialize in preventive community outreach to create connections and build out lay public awareness of issues and resources (Miller and Burgos, 2021). Miller and Burgos (2021) further distinguish between training for individuals likely to have frequent contact with potential clients versus those likely to only have infrequent contact. (Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc., 2017) shared another perspective about the role of PRS as intermediaries. In recovery, certain points in time provoke more stress and symptomology than others – for example, during times of transition; relapses; pre-treatment, and when waitlisted. The PRS role could be specifically targeted at reaching these populations. For example, the POEM program at MHAOhio is currently piloting a certificate of specialty in Maternal Mental Health Peer Support in partnership with the peer certification organization, Recovery Innovations International. The curriculum will be available in 2022.

Layered Levels

Expanding on the idea of specialization, some organizations are growing their peer support model to incorporate larger systems. In Canada, for example, family-based peer support helps to educate and support family members of individuals with mental health concerns. Ideally, these services would be performed by a family member of a person with lived experience, rather than the person with lived experience themselves (Sunderland et al., 2013). Under this model, "the family member strives to recover from the emotional turmoil, grief and/or fatigue that may result from caring for someone with a

mental health challenge or illness. The family member's path to their own mental wellness or recovery is likely to be enhanced by a better understanding of their loved one's illness and through the development of more effective coping skills. Greater confidence, accepting the situation, and having hope for their loved one will help them to be more effective caregivers and supporters, while also helping them to sustain their own well-being" (Sunderland et al., 2013). In addition to the family system, the peer model has been proposed as a method to bring "contact tracing" into mental health services (Miller & Burgos, 2021). PRS employees would evaluate client systems to identify other individuals in the community who may benefit from services and would approach potential clients from a non-threatening perspective (Miller & Burgos, 2021). This is certainly a tricky subject that would need to be explored further, but nonetheless highlights the potential for PRS employees to take on a preventative, community-based role.

LEARN MORE

For information about Family Peer Support specialization, visit the National Alliance on Mental Illness (OH) at https://namiohio.org/family-peer-support/.

Digitization

The incorporation of the digital sphere is an ongoing topic within mental health service delivery, particularly in light of the COVID-19 pandemic. Rates of smartphone ownership are high (72-93%) for individuals with serious mental illness (SMI), and "[e]vidence suggests individuals with SMI are more likely to share personal views through blogging, build friendships on social media, and use the Internet for accessing health information than people without mental illness" (Fortuna et al., 2019; Naslund et al., 2014). For PRS employees specifically, digital opportunities could be either synchronous or asynchronous, including: text messaging for support, symptom management, and treatment adherence; eModules completed together; and online support communities (Fortuna et al., 2019; Fortuna et al., 2018; Naslund et al., 2014). HIPAA compliance may be a factor to explore before moving in this direction.

Networking

For supervisors, interviewees recommended more opportunities for trainings and networking. The training for supervisors provided by Ohio was foundational and could be further supplemented (PRS employer). The MHAOhio Peer Employer Learning Collaborative, based in Franklin County (Ohio), is a group of providers and organizations who employ or are interested in employing PRS employees. The focus of this group is to connect, share information, and develop the future of the PRS model. For more information, visit https://mhaohio.org/get-help/workplace-community-program/peers/.

Conclusion and Next Steps

The PRS employee brings a significant level of support to an organization who employs individuals living with mental health and addiction. This guide provides employers with a comprehensive framework for maximizing the benefits PRS employees can bring to the individual clients and organization and outlines best practices for ensuring success.

For additional resources, support and to connect with a community of PRS employers, please visit the Mental Health America of Ohio Peer Support Services website at https://mhaohio.org/get-help/workplace-community-program/peers/.

References

Boldrey, R. (2021). *From homeless and addicted to empowering others, Recovery Institute's peer specialists offer hand up.* Michigan Live, https://www.mlive.com/news/kalamazoo/2021/09/from-homeless-and-addicted-to-empowering-others-recovery-institutes-peer-specialists-offer-hand-up.html.

California Association of Social Rehabilitation Agencies. (2014). *Meaningful roles for peer providers in integrated healthcare.* https://www.mhanational.org/sites/default/files/Meaningful%20Roles%20for%20Peer%20Providers.pdf

Chapman, S., Blash, L., Mayer, K., & Spetz, J. (2018). Emerging roles for peer providers in mental health and substance use disorders. American Journal of Preventative Medicine, 54(6:3), S267-S274. https://doi.org/10.1016/j.amepre.2018.02.019.

Chen, A. (2017). *Peer support specialist.* U.S. Bureau of Labor Statistics. https://www.bls.gov/careeroutlook/2017/youre-a-what/peer-support-specialist.htm?view_full

Daniels, A.S., Ashenden, P., Goodale, L., Stevens, T. (2016). *National Survey of Compensation Among Peer Support Specialists.* The College for Behavioral Health Leadership. www.acmha.org

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. World Psychiatry : Official Journal of the World Psychiatric Association (WPA), 11(2), 123–128. https://doi.org/10.1016/j.wpsyc.2012.05.009

Department of Labor. (2009). *Equal employment opportunity post.* https://www.dol.gov/sites/dolgov/files/ofccp/regs/compliance/posters/pdf/eeopost.pdf

Faces and Voices of Recovery. (2019). *Wisconsin Certified Peer Specialists employer toolkit.* https://facesandvoicesofrecovery.org/wp-content/uploads/2019/07/Wisconsin-Certified-Peer-Specialists-Employer-Toolkit-.pdf

Fortuna, K. L., Naslund, J. A., Aschbrenner, K. A., Lohman, M. C., Storm, M., Batsis, J. A., & Bartels, S. J. (2019). Text message exchanges between older adults with serious mental illness and older certified peer specialists in a smartphone-supported self-management intervention. Psychiatric Rehabilitation Journal, 42(1), 57–63. https://doi.org/10.1037/prj0000305

Fortuna, K., Storm, M., Aschbrenner, K., and Bartels, S. (2018). Integration of peer philosophy into standardized self-management mobile health intervention. PsychiatrQ 89, 795-800.

Henderson, E. (2021). *Collaborative program uses peer recovery coaches to guide people with substance use disorder.* News Medical. https://www.news-medical.net/news/20210831/Collaborative-program-uses-peer-recovery-coaches-to-guide-people-with-substance-use-disorder.aspx

Hendry, P., Hill, T., Rosenthal, H. (2014). *Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services.* ACMHA: The College for Behavioral Health Leadership and Optum. https://mhanational.org/sites/default/files/Peer_Services_Toolkit%204-2015.pdf

IL NET National Training and Technical Assistance Project. (2011). Building an effective peer support program. https://www.ilru.org/sites/default/files/Peer_Support.pdf

Lapidos, A., Jester, J., Ortquist, M., Werner, P., Ruffolo, M., Smith, M. (2018). *Survey of peer support specialists: professional activities, self-rated skills, job satisfaction, and financial well-being.* Psychiatric Services 69, 1264-1267. doi: 10.1176/appi.ps.201800251

Mental Health America. (N.d.). *Peer support in behavioral health.* https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support.pdf

Mental Health America. (2020). *A unified vision for transforming mental health and substance use care.* https://mhanational.org/unifiedvision

Mental Health America of Franklin County. (2019). *A summary report: peer employment in Franklin County 2019.* https://mhaohio.org/wp-content/uploads/2019/09/Peer-Employment-in-Franklin-County-Ohio-2019.pdf

Miller, B. and Burgos, A. (2021). *Enhancing the capacity of the mental health and addiction workforce: a framework.*

National Council for Mental Wellbeing. (2019). *Hiring guidelines for peer specialists.* https://www.thenationalcouncil.org/wp-content/uploads/2019/11/Hiring-Guidelines-for-Peer-Specialists.pdf?daf=375ateTbd56

Naslund, J., Grande, S., Aschbrenner, K., and Elwyn, G. (2014). Naturally occurring peer support through social media: the experiences of individuals with severe mental illness using YouTube. Plos One, https://doi.org/10.1371/journal.pone.0110171

National Peer Support Collaborative Learning Network. (2014). *Advocating and planning for a behavioral health peer support program.* http://peersforprogress.org/wp-content/uploads/2014/03/20140313_advocating_and_planning_for_a_behavioral_health_peer_support_program.pdf

North Dakota State University. (2018). *Reasonable verses unreasonable accommodations.* https://www.ndsu.edu/disabilityservices/student_handbook/reasonable_vs_unreasonable_accommodations/

Ohio Department of Corrections and Rehabilitation. (N.d.) Certificate of Qualification for Employment (CQE). https://drc.ohio.gov/cqe

Ohio Mental Health and Addiction Services. (N.d.). Ohio Peer Recovery Supporter Certification and Re-Certification Process. https://mha.ohio.gov/wps/portal/gov/mha/community-partners/peer-supporters/welcome

Open Minds. (2018). *State Medicaid reimbursement for peer support service.* https://openminds.com/market-intelligence/reference-guide/state-medicaid-reimbursement-for-peer-support-service/

Optum. (2016). *Peer support services improve clinical outcomes by fostering recovery and promoting empowerment.* https://www.optum.com/content/dam/optum3/optum/en/resources/white-papers/PeersImproveOutcomes.pdf

Peers for Progress. (2014). *Global evidence for peer support: Humanizing health care.* https://www.mhanational.org/sites/default/files/140911-global-evidence-for-peer-support-humanizing-health-care.pdf

Philadelphia Dept. of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc. (2017). *Peer support toolkit.* https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf

Rebeiro Gruhl, K. L., LaCarte, S., & Calixte, S. (2016). Authentic peer support work: challenges and opportunities for an evolving occupation. Journal of Mental Health, 25(1), 78–86. https://doi-org.proxy.lib.ohio-state.edu/10.3109/09638237.2015.1057322

Society for Human Resource Management. (2018). *Peer support strengthens mental health offerings.* https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/peer-support-strengthens-mental-health-offerings.aspx#:~:text=In%20workplace%20peer%2Dsupport%20programs,who%20are%20facing%20similar%20issues.

Substance Abuse and Mental Health Services Administration. (2015). Core competencies for peer workers. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf

Sunderland, K., Mishkin, W., Peer Leadership Group, and Mental Health Commission of Canada.

(2013). *Guidelines for the Practice and Training of Peer Support.* http://www.mentalhealthcommission.ca
Texas Institute for Excellence in Mental Health. (2017). *Peer specialist training and certification programs: National overview 2016.* *http://sites.utexas.edu/mental-health-institute/files/2017/01/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview-2016-Update-1.5.17.pdf*
The Legal Aid Society of Columbus. (2016). Sealing a Criminal Record in Franklin County. https://reentry.franklincountyohio.gov/JPP-reentry/media/Documents/Community%20Information/Sealing-Your-Records-Information.pdf
U.S. Bureau of Labor Statistics. (2021). *Occupational employment and wages, May 2020, 21-1094 community health workers*. https://www.bls.gov/oes/current/oes211094.htm
Veterans Health Administration. (2013). Peer Specialist Toolkit. https://www.mirecc.va.gov/visn4/docs/Peer_Specialist_toolkit_Final.pdf
Walsh, P. E., McMillan, S. S., Stewart, V., & Wheeler, A. J. (n.d.). Understanding paid peer support in mental health. Disability and Society, 33(4), 579–597. https://doi-org.proxy.lib.ohio-state.edu/10.1080/09687599.2018.1441705
Watson, E. (2019). The mechanisms underpinning peer support: a literature review. Journal of Mental Health, 28(6), 677–688. https://doi-org.proxy.lib.ohio-state.edu/10.1080/09638237.2017.1417559

Appendix A: Disqualifying Offenses

This is the OhioMHAS list of disqualifying offenses. It is the minimum criteria used to certify individuals as Peer Recovery Supporters. If you have ANY one or more of the following offenses, you cannot become a Peer Recovery Supporter. There is no waiver for these offenses.

2903.01 - aggravated murder
2903.15 - permitting child abuse
2903.16 – failing to provide for a functionally impaired person
2903.21 – aggravated menacing
2905.32 – human trafficking
2905.33 – unlawful conduct with respect to documents
2903.34 – patient abuse and neglect
2903.341 – patient endangerment
2905.04 – child stealing (as it existed prior to July 1,1996)
2905.05 – criminal child enticement
2907.02 – rape
2907.03 – sexual battery
2907.04 – unlawful sexual conduct with a minor (formerly corruption of a minor)
2907.05 – gross sexual imposition
2907.06 – sexual imposition
2907.07 – importuning
2907.08 – voyeurism
2907.12 – felonious sexual penetration
2907.21 – compelling prostitution
2907.22 – promoting prostitution
2907.31 – disseminating matter harmful to juveniles
2907.32 – pandering obscenity
2907.321 – pandering obscenity involving a minor
2907.322 – pandering sexually-oriented matter involving a minor
2907.323 – illegal use of minor in nudity-oriented material or performance
2907.33 – deception to obtain matter harmful to juveniles
2909.22 – soliciting/providing support for act of terrorism
2909.23 – making terrorist threat
2909.24 – terrorism
2913.40 – Medicaid fraud
2919.22 – endangering children
2925.02 – corrupting another with drugs
2925.23 – illegal processing of drug documents
2925.24 – tampering with drugs
2925.36 – illegal processing of drug samples
3716.11 – placing harmful objects in food or confection

Appendix B: ODM and OhioMHAS Exclusion Periods

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2903.01 Aggravated murder	X					X		
2903.21 Aggravated menacing			X			X		
2905.05 Child enticement		X				X		
2905.04 Child stealing		X				X		
2907.21 Compelling prostitution		X				X		
2925.02 Corrupting another with drugs		X				X		
2907.33 Deception to obtain matter harmful to juveniles				X		X		
2907.31 Disseminating matter harmful to juveniles	X					X		
2919.22 Endangering children			X			X		
2903.16 Failing to provide for a functionally impaired person	X					X		
2907.12 Felonious sexual penetration, as it existed prior to 9/3/96	X					X		

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2907.05 Gross sexual imposition	X					X		
2905.32 Human trafficking	X					X		
2925.36 Illegal dispensing of drug samples				X		X		
2925.23 Illegal processing of drug documents				X		X		
2907.323 Illegal use of a minor in nudity oriented material or performance	X					X		
2907.07 Importuning	X					X		
2909.23 Making terroristic threats	X					X		
2913.4 Medicaid fraud	X					X		
2907.32 Pandering obscenity	X					X		
2907.321 Pandering obscenity involing a minor	X					X		
2907.322 Pandering sexually oriented matter involving a minor	X					X		
2903.34 Patient abuse or neglect	X					X		
2903.341 Patient endangerment	X					X		

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2903.15 Permitting child abuse	X					X		
3716.11 Placing harmful or hazardous objects in food or confection		X				X		
2907.22 Promoting prostitution		X				X		
2907.02 Rape	X					X		
2907.03 Sexual battery	X					X		
2907.06 Sexual imposition	X					X		
2909.22 Soliciting or providing support for act of terrorism	X					X		
2925.24 Tampering with drugs			X			X		
2909.24 Terrorism	X					X		
2905.33 Unlawful conduct with respect to documents	X					X		
2907.04 Unlawful sexual conduct with a minor, formerly corruption of a minor	X					X		
2907.08 Voyeurism	X					X		
2905.02 Abduction	X						X	

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2909.02 Aggravated arson		X					X	
2903.12 Aggravated assault			X				X	
2911.11 Aggravated burglary		X					X	
2917.02 Aggravated riot		X					X	
2911.01 Aggravated robbery		X					X	
2921.35 Aiding escape or resistance to lawful authority			X				X	
2909.03 Arson		X					X	
2903.13 Assault				X			X	
2921.321 Assaulting or harassing a police dog, horse or service animal				X			X	
2911.13 Breaking and entering				X			X	
2911.12 Burglary			X				X	
2923.12 Carrying concealed weapons		X					X	
2905.12 Coercion			X				X	
2921.21 Compounding a crime				X			X	

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2919.24 Contributing to the unruliness or delinquency of a child				X			X	
2913.32 Criminal simulation				X			X	
959.13 Cruelty to animals			X				X	
2925.22 Deception to obtain a dangerous drug				X			X	
2913.41 Defrauding a rental agency or hostelry				X			X	
2913.45 Defrauding creditors				X			X	
2923.162 Discharge of firearm on or near prohibited premises		X					X	
2921.24 Disclosure of confidential information				X			X	
2909.04 Disrupting public services			X				X	
2919.25 Domestic violence			X				X	
2925.11 Drug possession, other than a minor drug possession offense				X			X	
2925.11 Drug possession, that is a minor drug possession offense					X		X	

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2923.32 Engaging in a pattern of corrupt activity		X					X	
2907.23 Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another		X					X	
2921.34 Escape			X				X	
2927.12 Ethnic intimidation			X				X	
2905.11 Extortion		X					X	
2921.13 Falsification, falsification in a theft offense, falsification to purchase a firearm, or falsification to obatain a concealed handgun license			X				X	
2903.11 Felonious assault	X						X	
2913.31 Forgery, forging identification cards or seeling or distributing forged identification cards				X			X	
2925.05 Funding, aggravated funding of drug or marijuana trafficking			X				X	
2923.13 Having weapons while under a disability		X					X	

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2913.49 Identity fraud		X					X	
2925.06 Illegal administration or distribution of anabolic steroids			X				X	
2925.041 Illegal assembly or possession of chemicals for the manufacture of drugs		X					X	
2921.36 Illegal conveyance of weapons, drugs or other prohibited items onto the gruonds of a detention facility or institution			X				X	
2923.122 Illegal conveyance or possession of a deadly weapon or danger ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone		X					X	
2923.123 Illegal conveyance, possesion or control of deadly weapon or ordnance into courthouse		X					X	
2925.04 Illegal manufacture of drugs - illegal cultivation of marijuana - methamphetamine offenses		X					X	

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2913.46 Illegal use of food stamps or WIC program benefits		X					X	
2925.14 Illegal use or possession of drug paraphernalia					X		X	
2925.141 Illegal use or possesion or marijuana drug paraphernalia					X		X	
2921.51 Impersonation of a peace officer				X			X	
2923.161 Improperly discharging a firearm at or into a habitation or school		X					X	
2923.21 Improperly furnishing firearms to a minor		X					X	
2917.01 Inciting to violence			X				X	
2917.31 Inducing panic			X				X	
2913.47 Insurance fraud			X				X	
2919.23 Interference with custody				X			X	
2921.03 Intimidation			X				X	
2903.04 Involuntary manslaughter		X					X	
2905.01 Kidnapping	X						X	

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2903.211 Menacing by stalking			X				X	
2903.22 Menacing by stalking				X			X	
2913.21 Misuse of credit cards				X			X	
2903.02 Murder	X						X	
2919.21 Non-support/ contributing to non-support of dependents					X		X	
2921.32 Obstructing justice				X			X	
2923.42 Participating in a criminal gang		X					X	
2913.11 Passing bad checks				X			X	
2921.11 Perjury			X				X	
2925.13 Permitting drug abuse				X			X	
2913.44 Impersonating an officer				X			X	
959.131 Prohibitions concerning companion animals			X				X	
2907.25 Prostitution				X			X	
2907.09 Public indecency				X			X	

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2913.51 Receiving stolen property				X			X	
2903.041 Reckless homicide		X					X	
2917.03 Riot			X				X	
2911.02 Robbery			X				X	
2913.43 Securing writings by deception				X			X	
2907.24 Soliciting or providing support for act of terrorism				X			X	
2913.42 Tampering with records				X			X	
2921.12 Tampering with evidence				X			X	
2913.05 Telecommunications fraud				X			X	
2913.02 Theft				X			X	
2925.03 Trafficking, aggravated trafficking in drugs		X					X	
2925.09 Unapproved drugs-dangerous drug offenses involving lifestock				X			X	
2913.03 Unauthorized use of a vehicle				X			X	

ORC/Offense	ODM Exclusion Period					OhioMHAS PRS Exclusion Period		
	Permanent	10 Years	7 Years	5 Years	None	Permanent	3 Years	None
2913.04 Unauthorized use of computer, cable or telecommunication property				X			X	
2919.12 Unlawful abortion				X			X	
2919.121 Unlawful abortion upon a minor				X			X	
2913.441 Unlawful display of law enforcement emblem				X			X	
2919.123 Unlawful distribution of an abortion-inducing drug				X			X	
2925.55 Unlawful purchase of pseudophedrine product				X			X	
2925.56 Unlawful sale of pseudophedrine product				X			X	
2903.03 Voluntary manslaughter	X						X	
2913.48 Workers' compensation fraud		X					X	