

# Striving and Thriving Among Certified Peer Specialists

Substance Abuse and Mental  
Health Services Administration

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Live & Learn, Inc.

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# CPS

Certified Peer Specialist  
Career Outcomes Study

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# Synthesizing lived experience with learned expertise

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# Today's Presentation



Describe CPS Career Outcomes Study



Sharing analyses and results from 2020-2022



Suggestions for research and policy

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# Certified Peer Specialists (CPS)

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Peer specialists are direct service mental health workers “with lived experience with a mental health and/or substance use condition, and who work with other people with similar conditions in a wide range of non-clinical activities.” (*White House, 2023*)

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Like social work, professionalized peer support grew out of a grassroots movement of people filling in to help each other where the ‘state’ did not provide. (*Penney, 2018*)

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Almost all states (~47) have peer specialist certification programs; many offer Medicaid-reimbursable peer support services to beneficiaries. (*Peer Recovery Center of Excellence, 2023*)

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Certifications are credentials that demonstrate a level of skill or knowledge needed to perform a specific type of job through an examination process. (*Department of Labor, 2019*)

CPS may use this credential as a steppingstone to other career goals, including in the field of behavioral health.

Unknown how many certified individuals remain in the peer specialist workforce, use the credential to obtain other positions, or do not work at all.

*(Ostrow, Cook, Salzer, Pelot, Burke-Miller, 2023)*

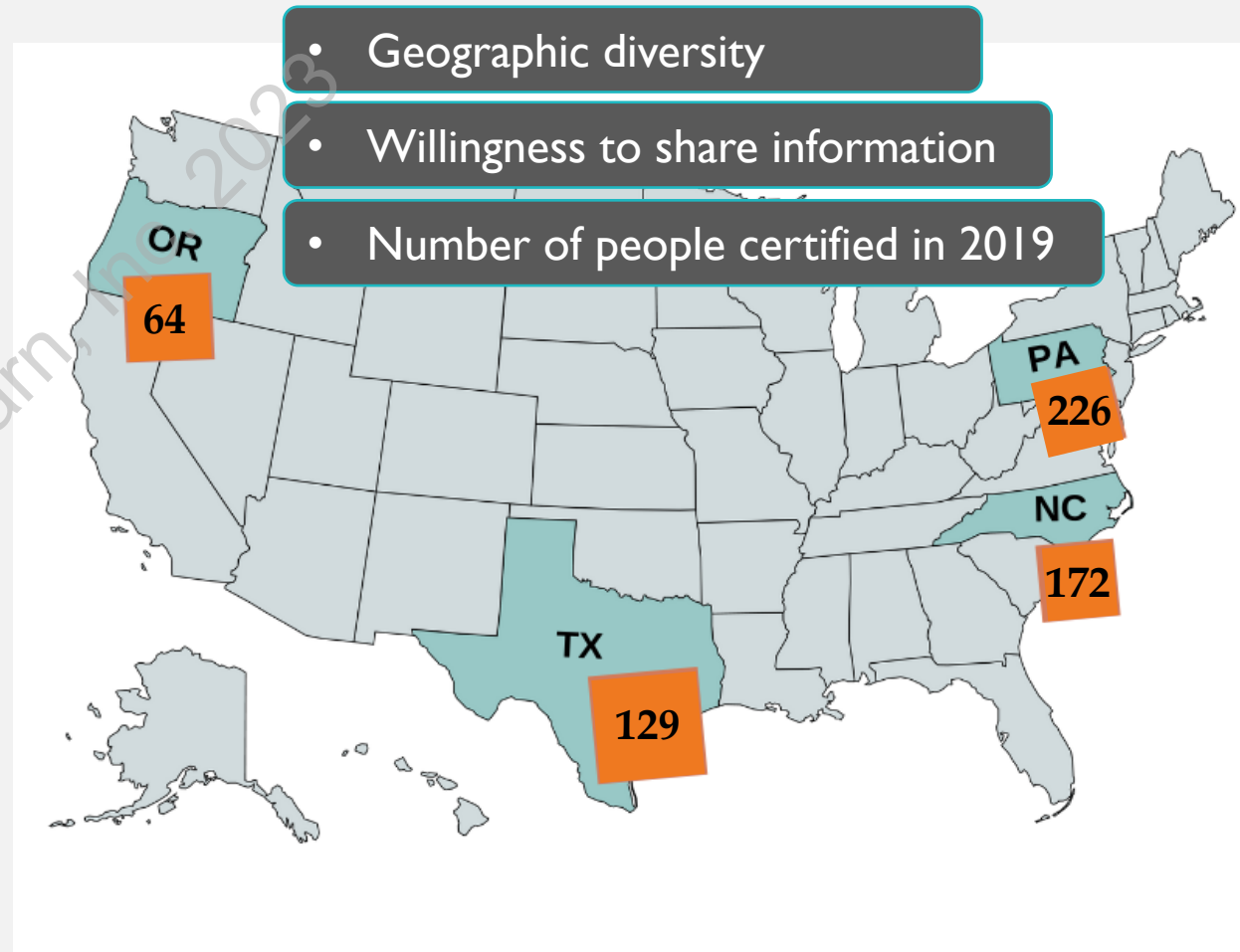


# Labor force participation perspective

Recently certified individuals to understand the **impact of the credential** on employment

Three-year national study of certified peer specialists (CPS) 2020-2022

Working in peer support and **working in other fields** so that we can compare experiences and opportunities

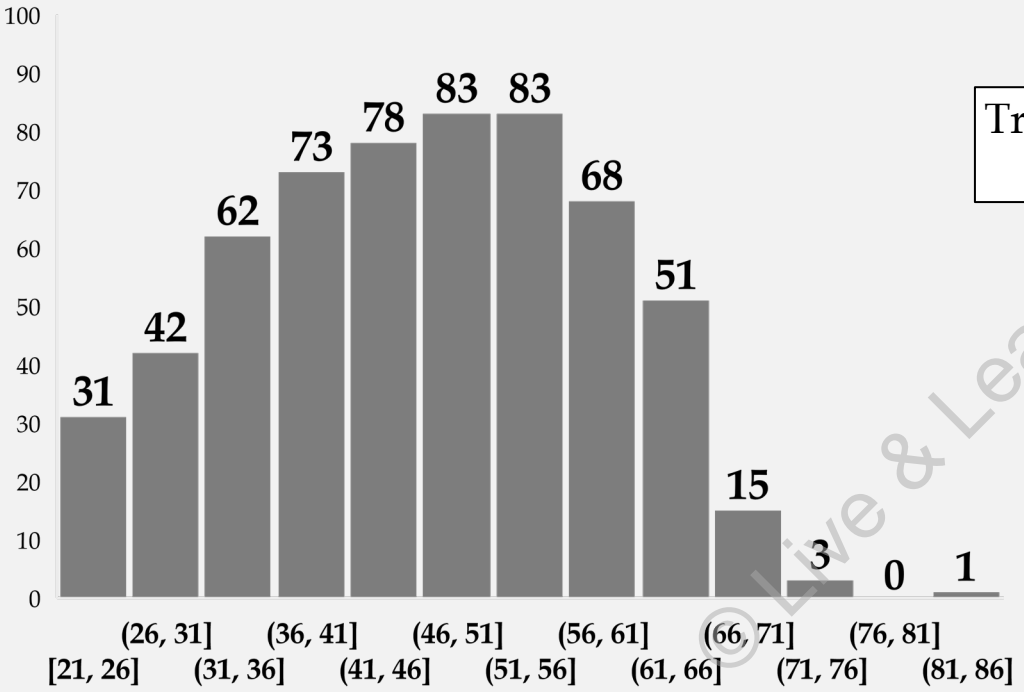


We also conducted 25 in-depth, semi structured interviews in 2020 and 2022

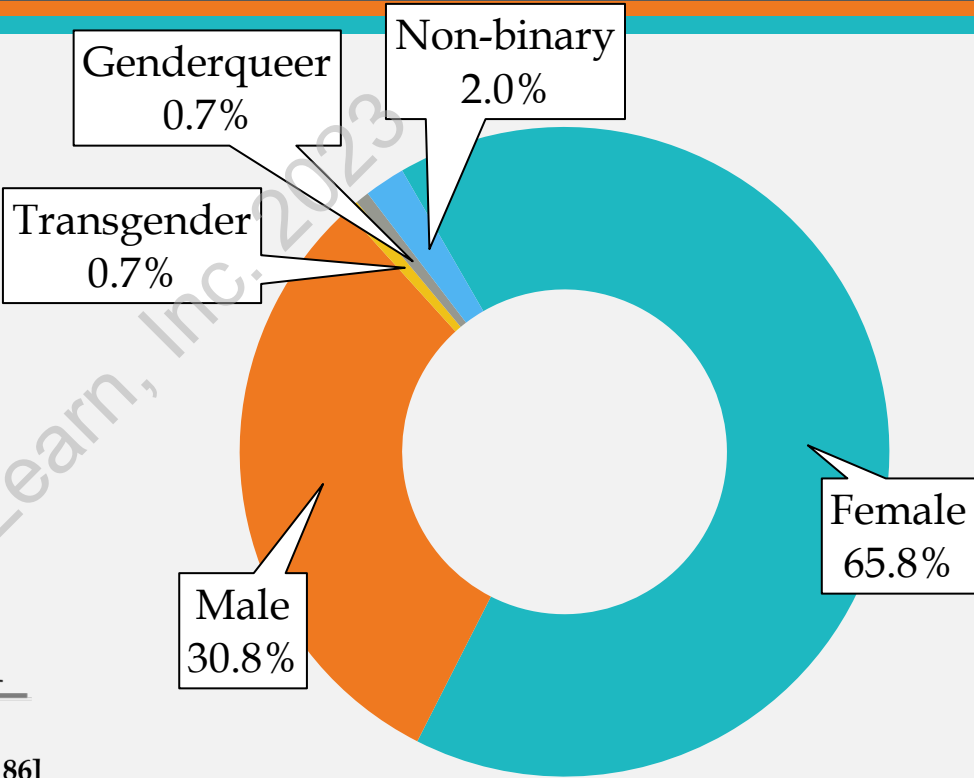
# Limitations

- Study sample: not nationally representative and not randomly selected.
- Recruitment: conducted at the beginning of the COVID-19 pandemic.
- Labor market: interpretation of these findings is complicated by the dynamic labor market across the United States from 2020-2022.
- Attrition: 17% lost to follow-up, younger than those with a follow-up assessment, but no other known differences.
- Preliminary: longitudinal analyses are in progress; find published analyses of baseline data at [www.PeerSpecialist.net](http://www.PeerSpecialist.net).

# Sample demographics



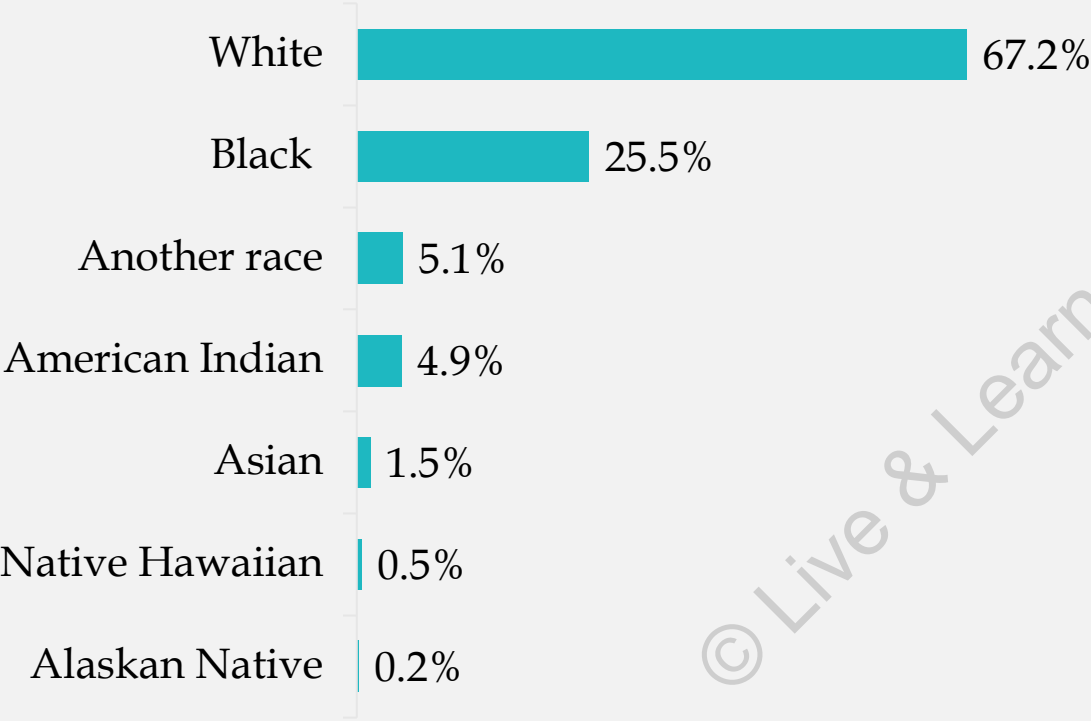
Age  
Range: 21-83, Mean: 46.5



Gender

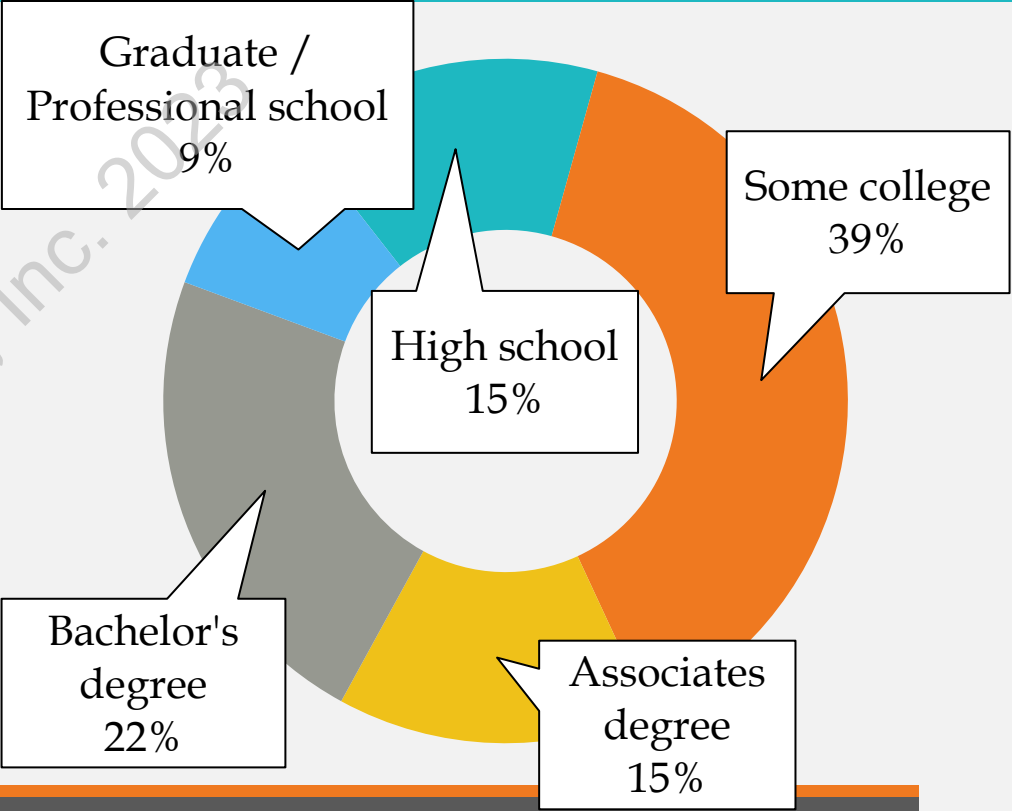


# Sample demographics



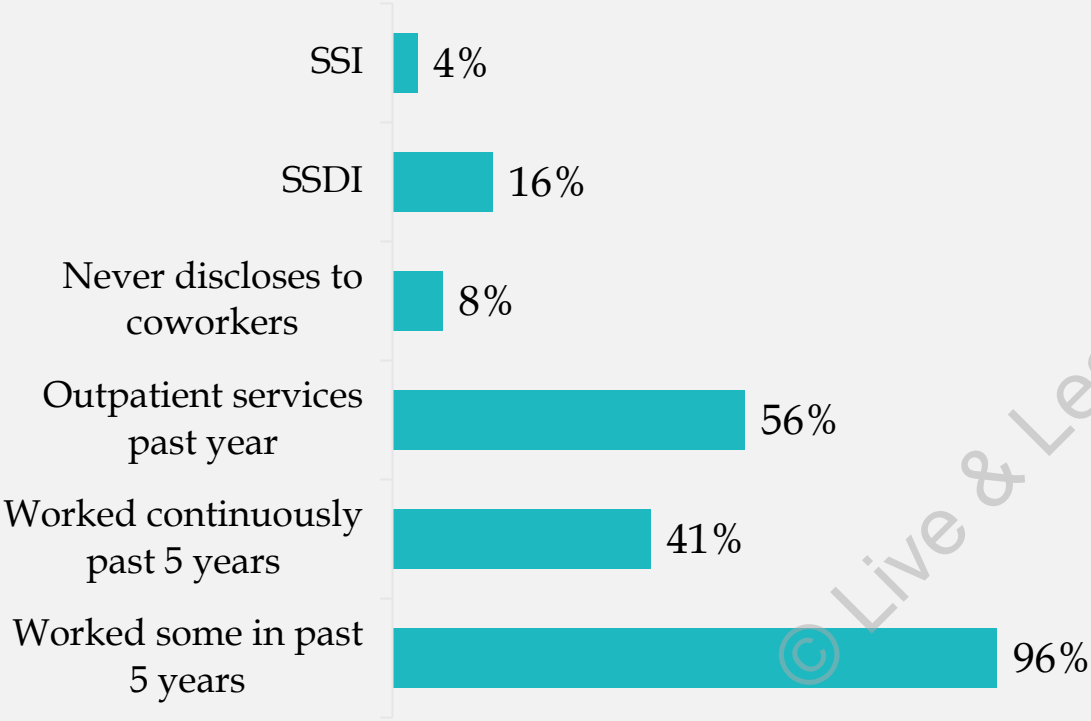
Race

Ethnicity: 9% Latinx

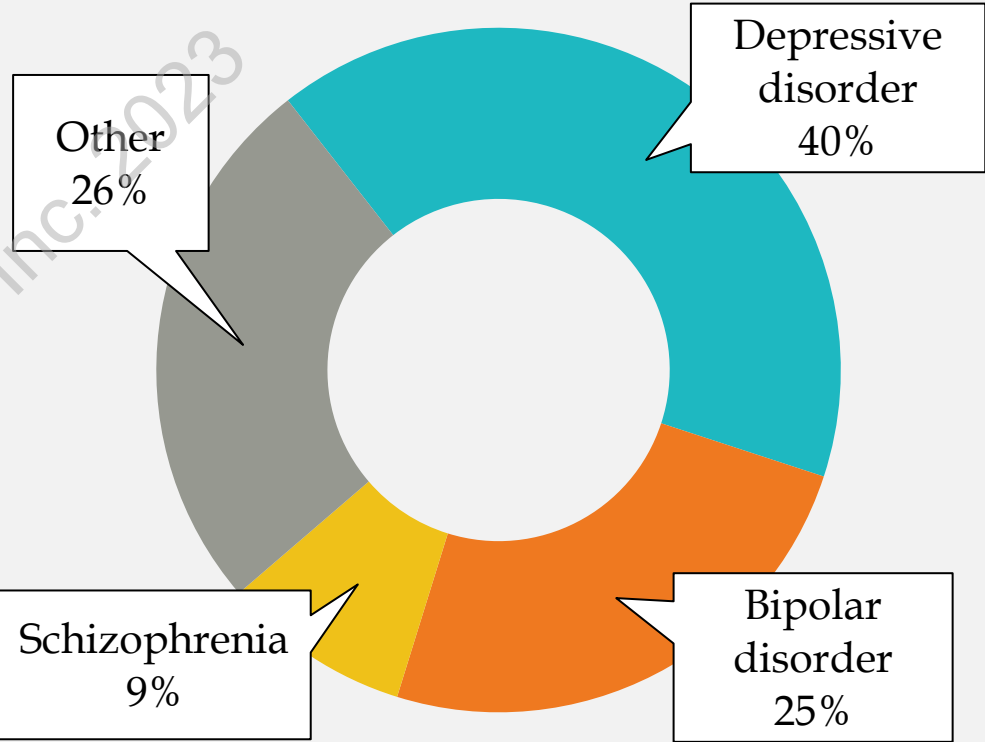


Education

# Sample demographics



Other characteristics



Diagnosis

Substance use: 31%

# Employment Status and Peer Support Jobs

*Employment Outcomes After Certification as a Behavioral Health Peer Specialist in Four U.S. States, Psychiatric Services, doi: 10.1176/appi.ps.202100651*

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2020  
(baseline)

N=591

Working in  
peer support  
(55%)



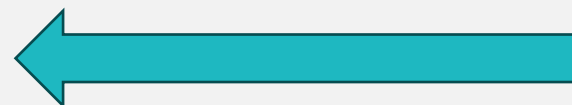
- Disclosure to colleagues.
- Depression vs other diagnosis.
- Lower local unemployment.

Working in  
other jobs  
(21%)



- One-third were in Community and Social Services jobs.
- Two-thirds a range of occupational categories.

Not working  
(24%)



- SSD/I beneficiaries.
- Veterans.
- Used MH services.
- Not disclosing at work.

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# Employment experiences explored in interviews

- Once employed, participants described workplace challenges that impacted their employment experience.



The presence or absence of support from organizational leadership



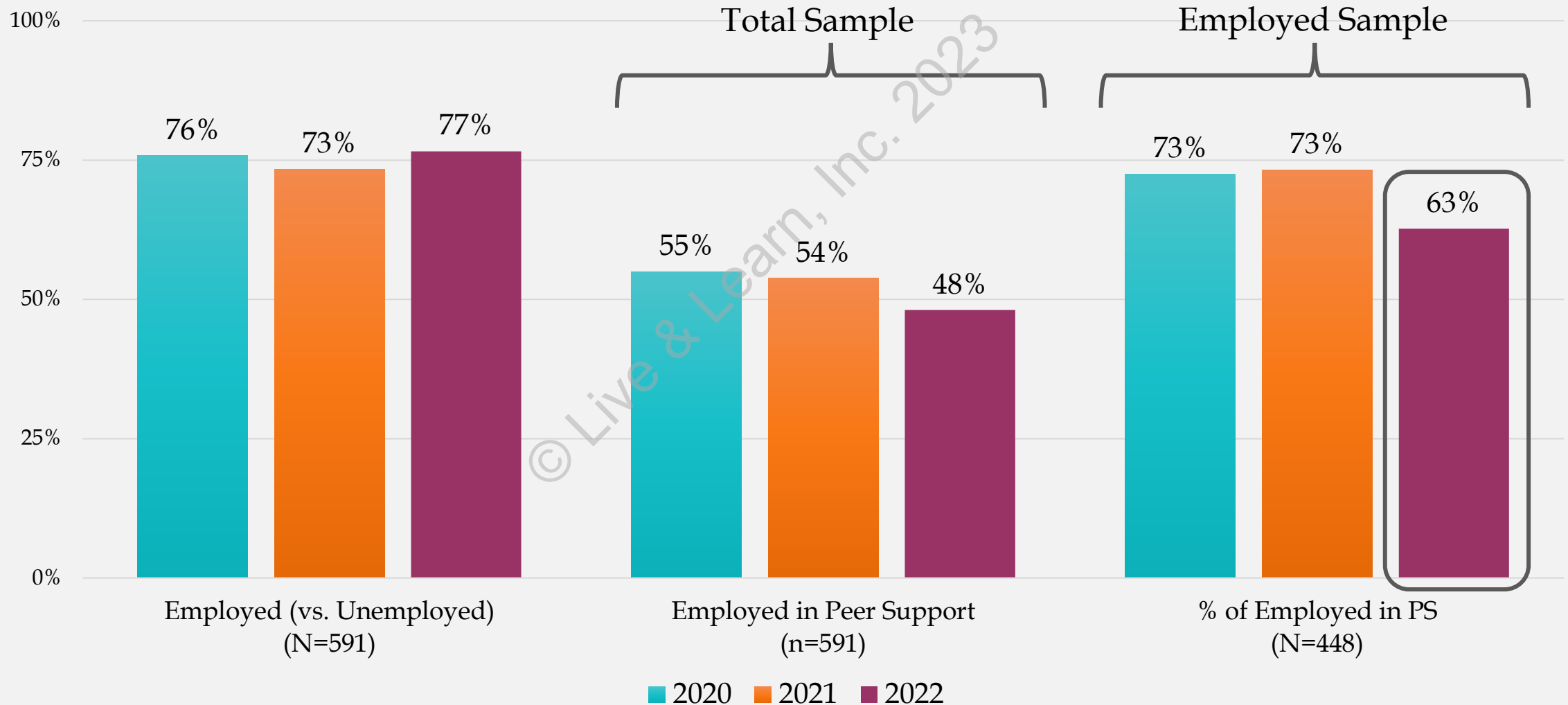
Variability in collegial relationships with their co-workers and supervisors

- Participants reported using the CPS credential both within and outside of CPS roles, including work activities of non-peer support jobs and in their personal lives.

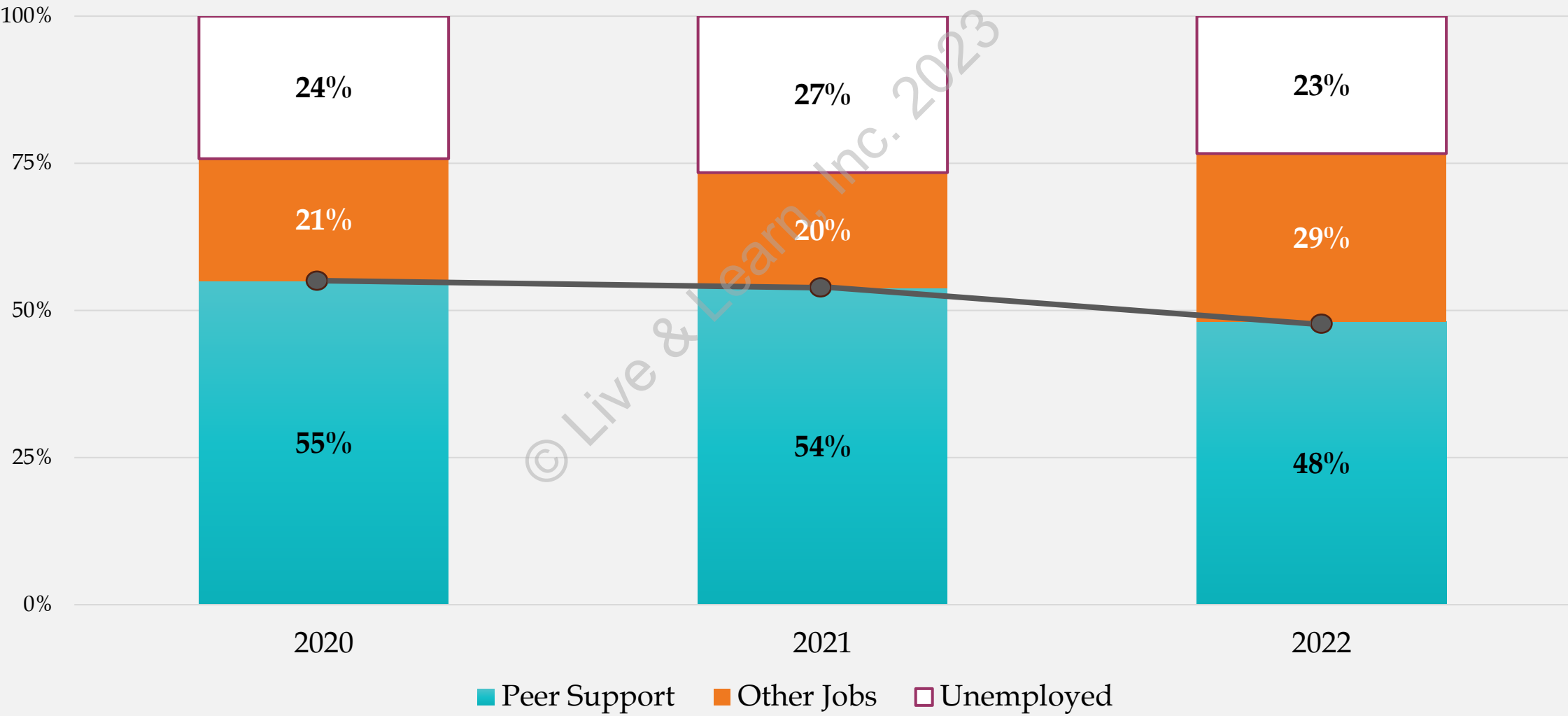
# Seeking employment in peer support

- Those unemployed at baseline described challenges finding employment in peer support due to lack of available positions and poor health.
- At follow-up, many described persevering in their job search, implying that their personal circumstances allowed them to do so.

# Employment in peer support services

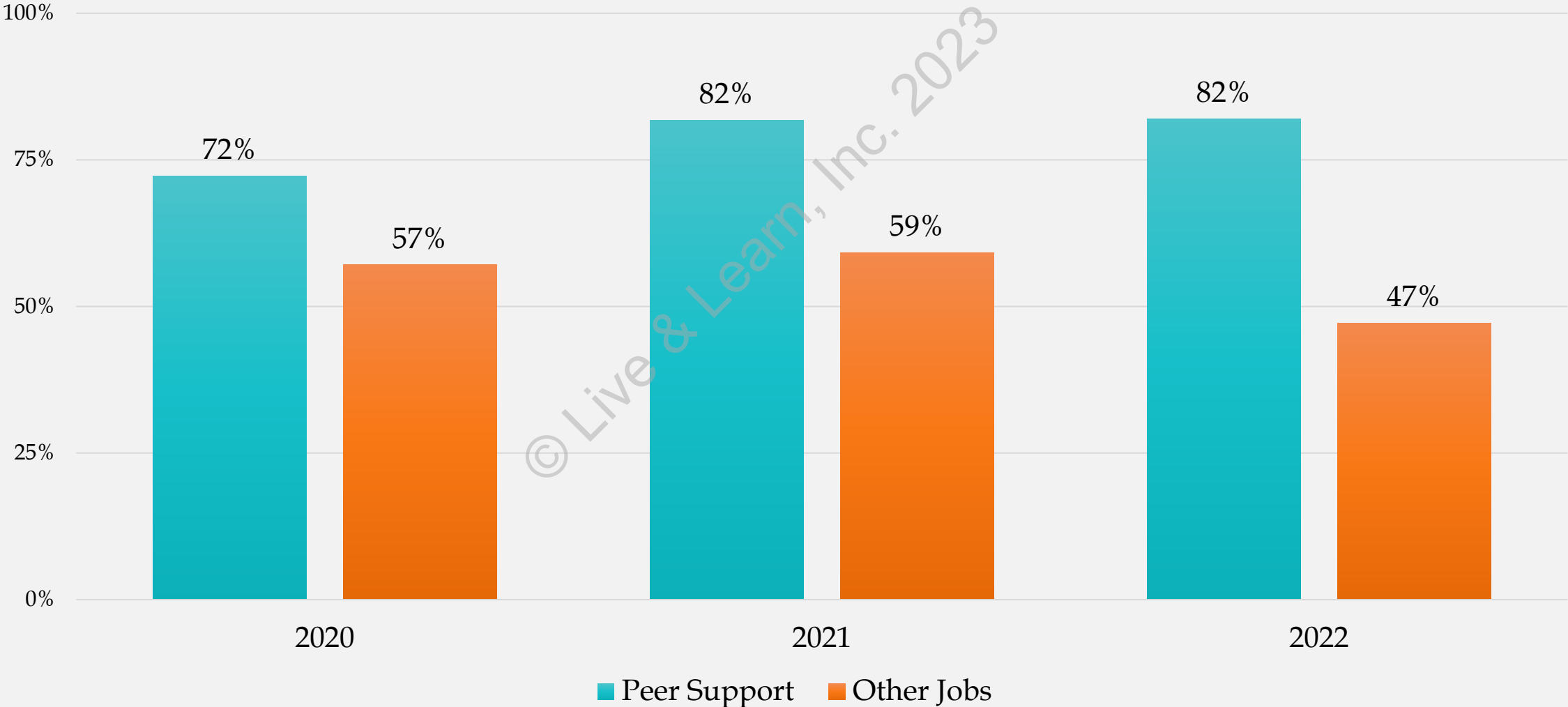


# Employment in peer support services

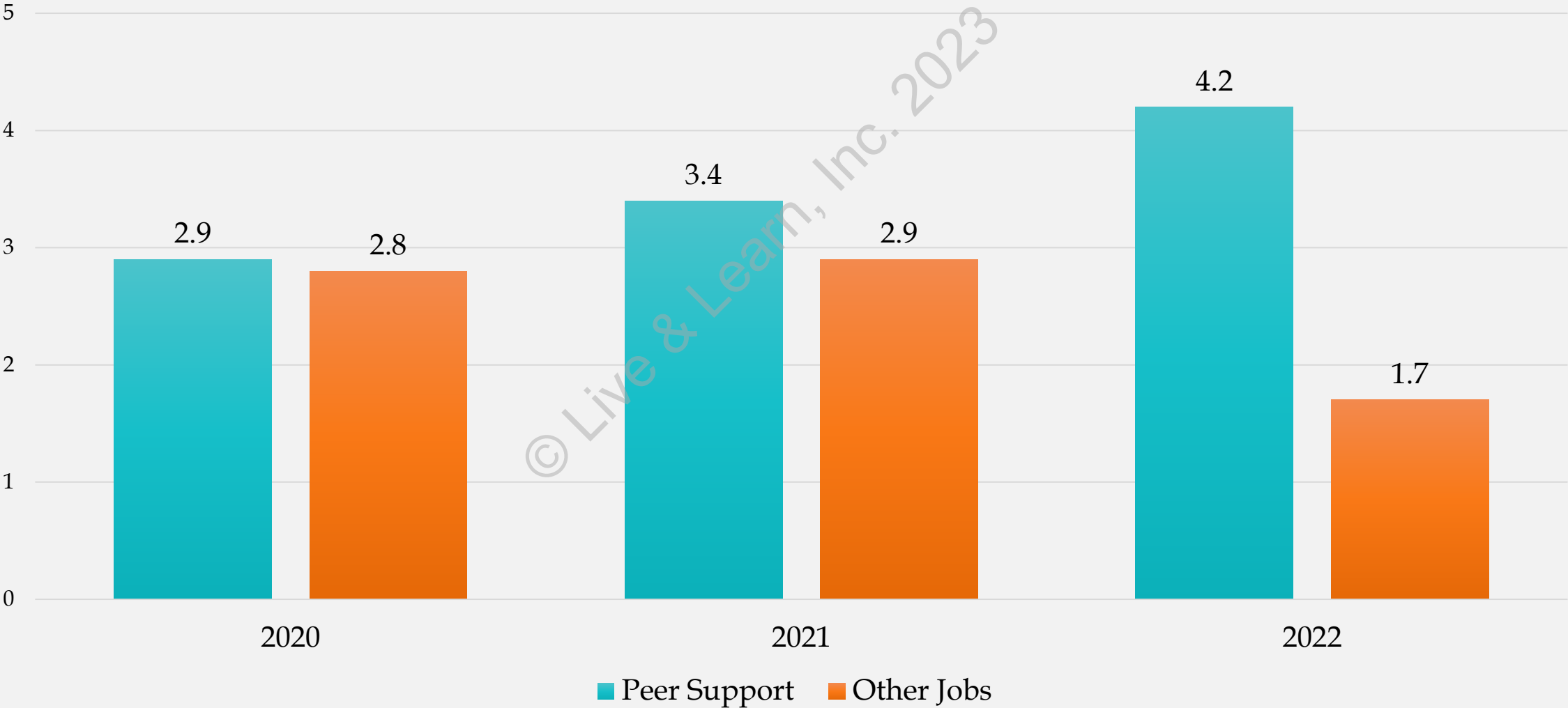




# Job tenure of more than one year increased for peer jobs, decreased for other jobs



# Job tenure increased for peer jobs, decreased for other jobs



Employment rates did not change significantly over time.

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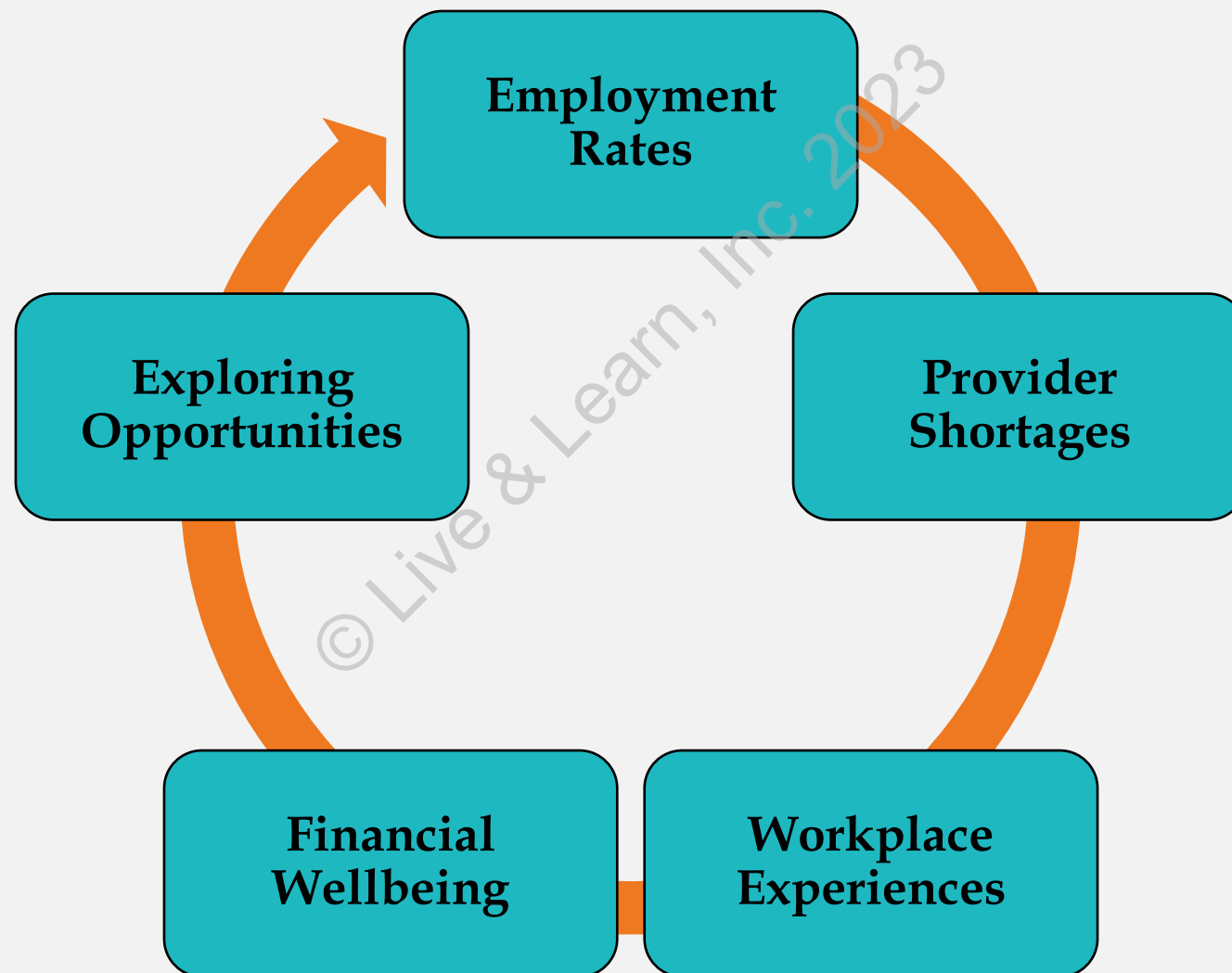
However, the prevalence of peer support employment declined significantly between 2020 and 2022.

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Job tenure in peer support jobs increased over time and declined in non-peer jobs.

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Overall employment rate didn't decline, and job tenure was longer in Peer Support jobs than other jobs...



# Provider Shortages

*Employment of Certified Peer Specialists in Mental Health Professional Shortage Areas, Administration and Policy in Mental Health and Mental Health Services Research, <https://doi.org/10.1007/s10488-023-01318-2>*

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# Mental Health Professional Shortage Areas (MHPSA): 6,000+ providers needed

CPSs enhance the behavioral health workforce and may address the service provider shortage.

MHPSA is designated by HRSA based on the ratio of mental health providers (psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists) to residents in specific counties.

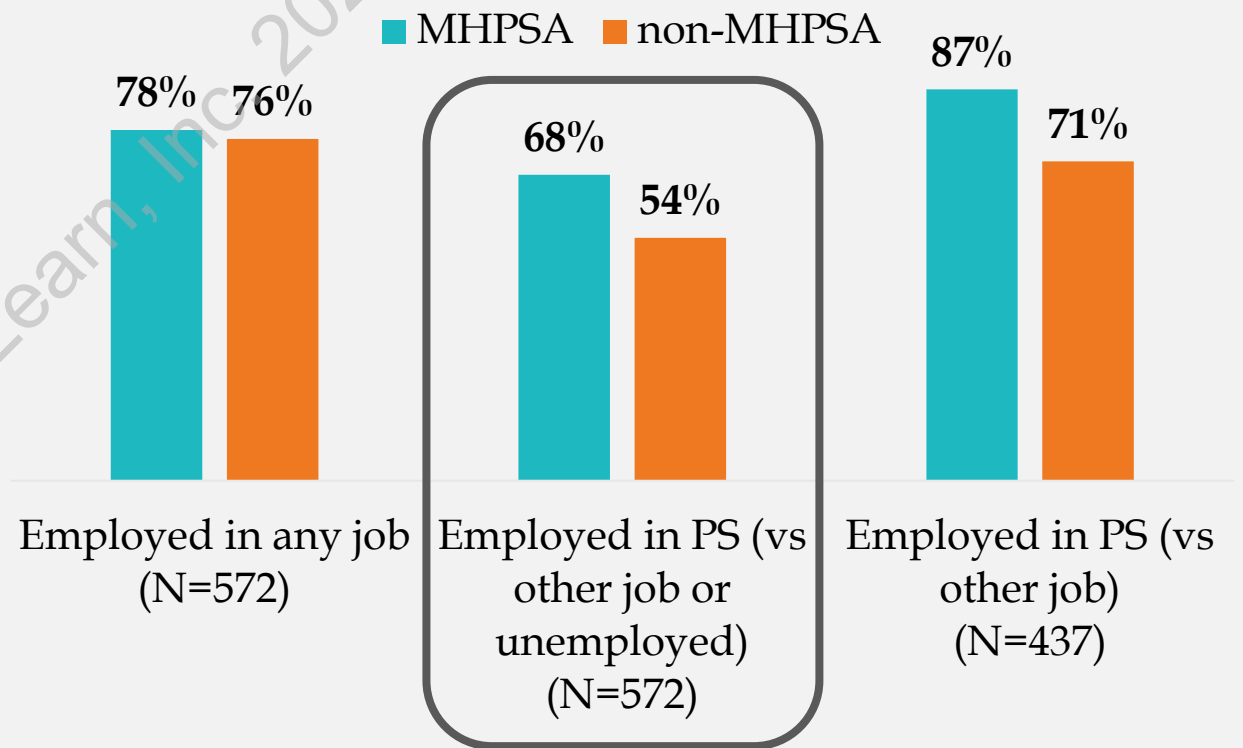
# Mental Health Professional Shortage Areas (MHPSA): 6,000+ providers needed

Participants from 166 unique counties

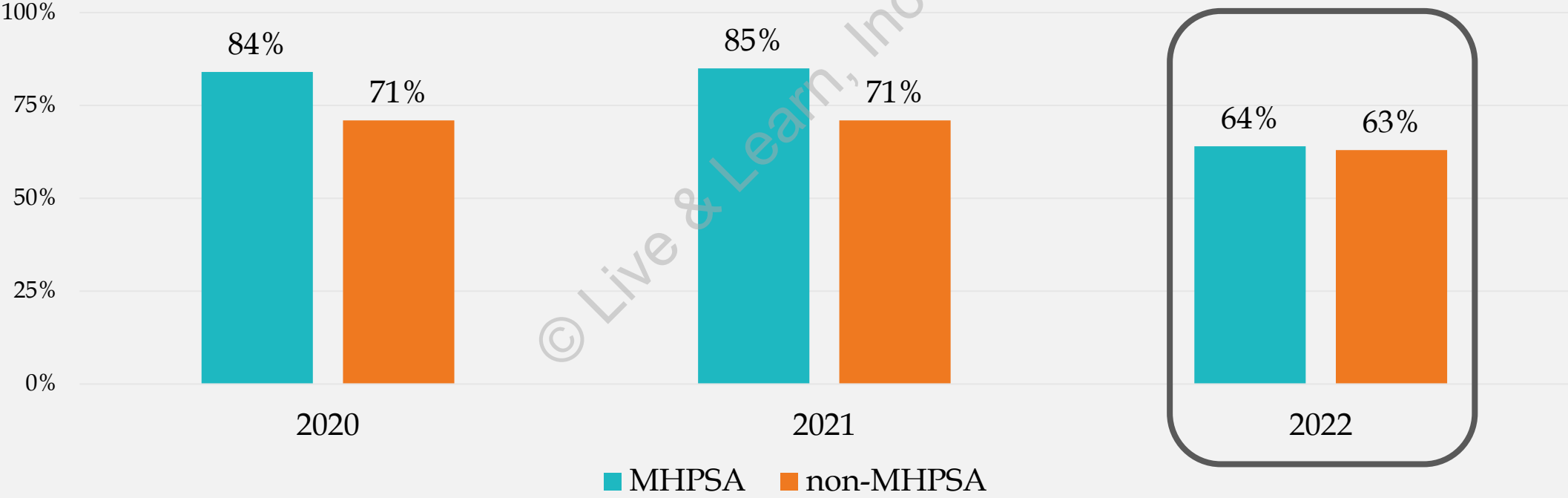
- 47 counties characterized as MHPSA
- 14% of participants in MHPSA

Residing in a MHPSA

- Not a predictor of employment vs. unemployment
- Was associated with greater likelihood of employment in peer support vs. another field



# Significant decline in likelihood of employment in peer support vs. other fields in MHPsAs





Strong relationship of living in a shortage area and greater likelihood of working in peer support rather than other jobs diminished over time to non-significant in 2022.

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# Workplace Experiences and Burnout

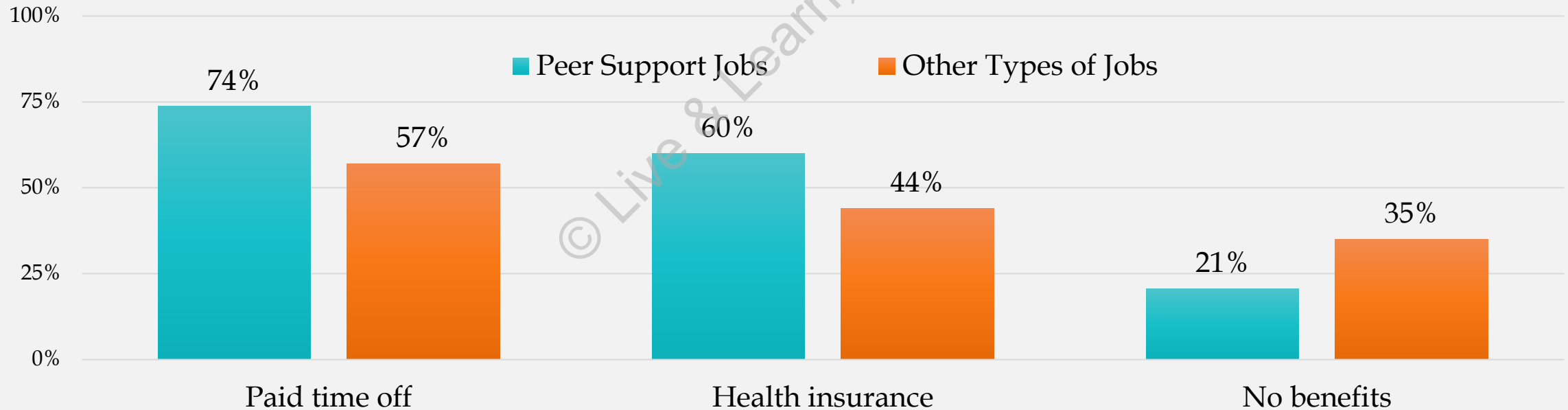
*Predictors of Worklife Burnout Among Mental Health Certified Peer Specialists,*  
American Journal of Orthopsychiatry, <http://dx.doi.org/10.1037/ort0000645>

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# Workplace benefits

Participants in **peer support jobs** reported **significantly higher job satisfaction** than those in non-peer jobs across all study years.



# Comments from those employed in peer support

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Generally positive work experiences at baseline,

Reported feeling “intimidated” by the work

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# Burnout

Feelings of energy depletion or exhaustion, feelings of cynicism related to one's job, and reduced professional efficacy stemming from chronic workplace stress. (*World Health Organization*)



**Exhaustion** - Being emotionally overextended and exhausted by work

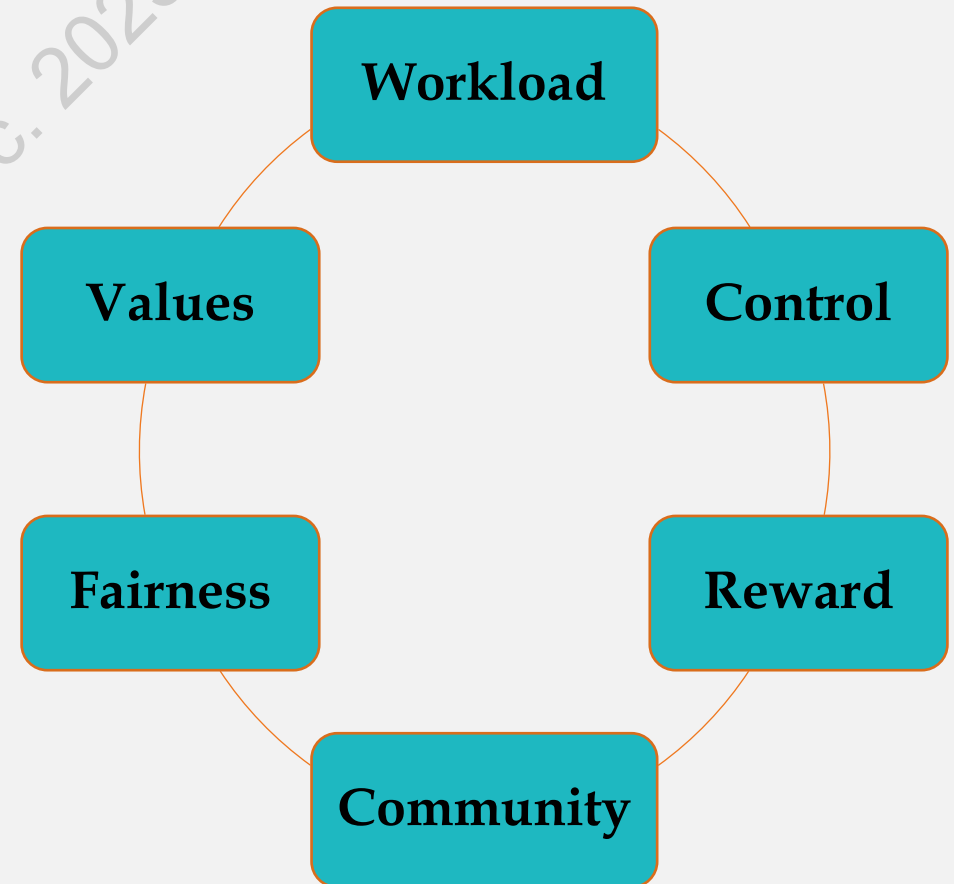
**Cynicism** - Unfeeling and impersonal responses toward recipients of one's services



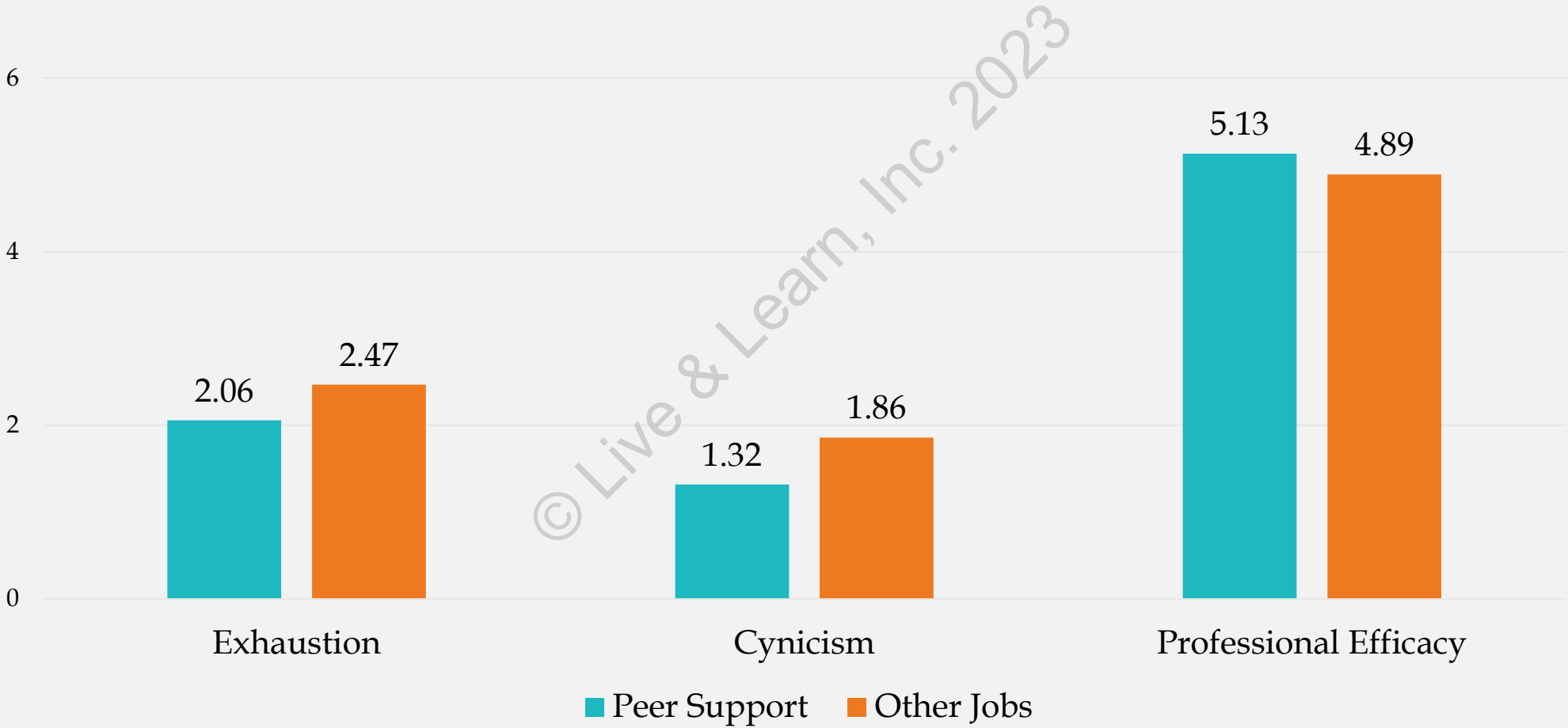
**Professional Efficacy**  
- Feelings of competence and success in one's work

# Areas of Work-life Survey

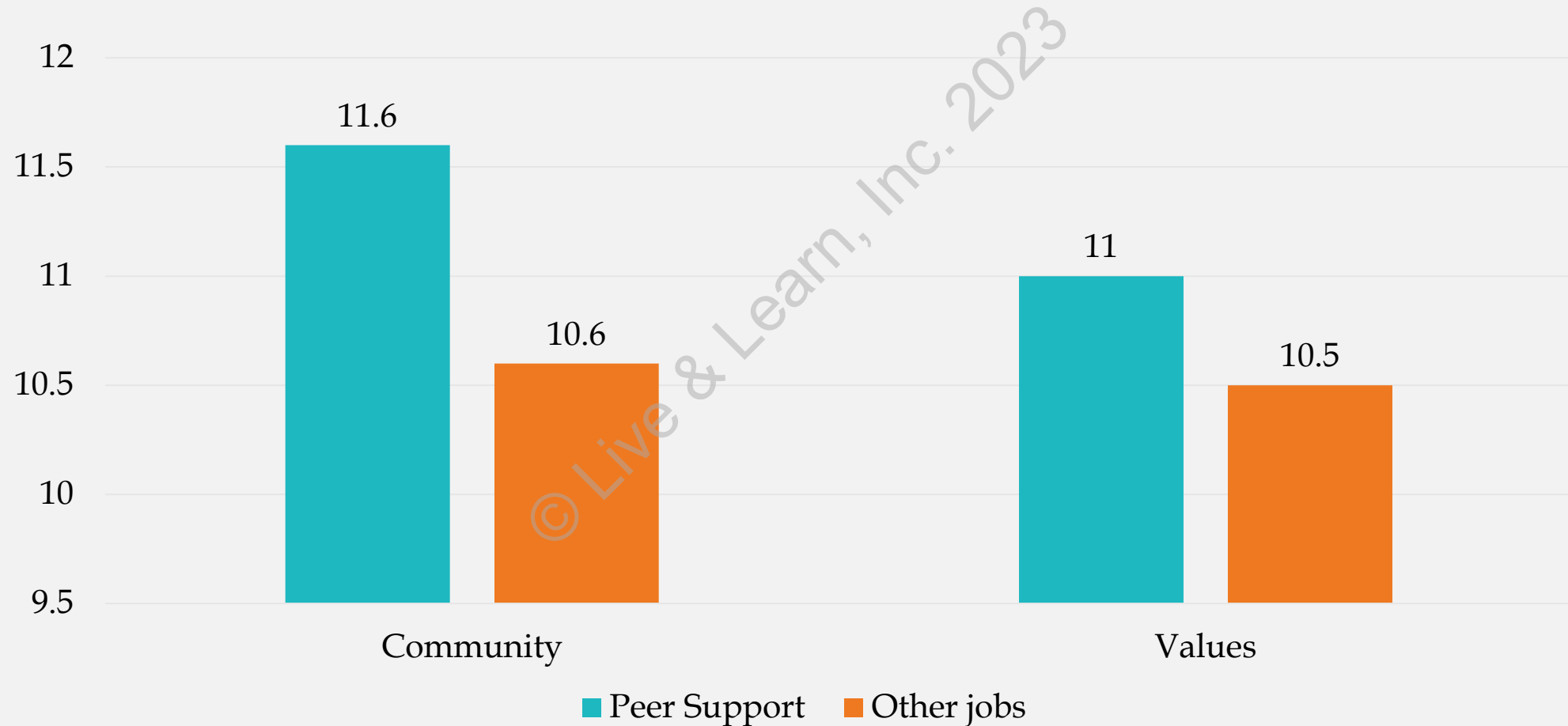
Created to assess employee perceptions of qualities of their work setting that play a role in whether they experience work engagement or burnout



# Significant differences in baseline burnout



# Differences in Areas of Work-life ratings





# Workplace predictors of burnout: multivariate model

Peer support workers with higher burnout were more likely to be currently looking for new job, especially those with high cynicism

## Lower burnout associated with...

- # Negative Experiences @Work
- Workload
- Control
- Reward
- Community
- Fairness
- Values
- Peer Support Job

# Burnout and workplace challenges in peer support jobs

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Workloads, particularly administrative burden

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Burnout increased significantly over time for all participants.

Those employed in peer support had significantly lower exhaustion, cynicism, and greater professional efficacy.

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# Wages and Financial Wellbeing

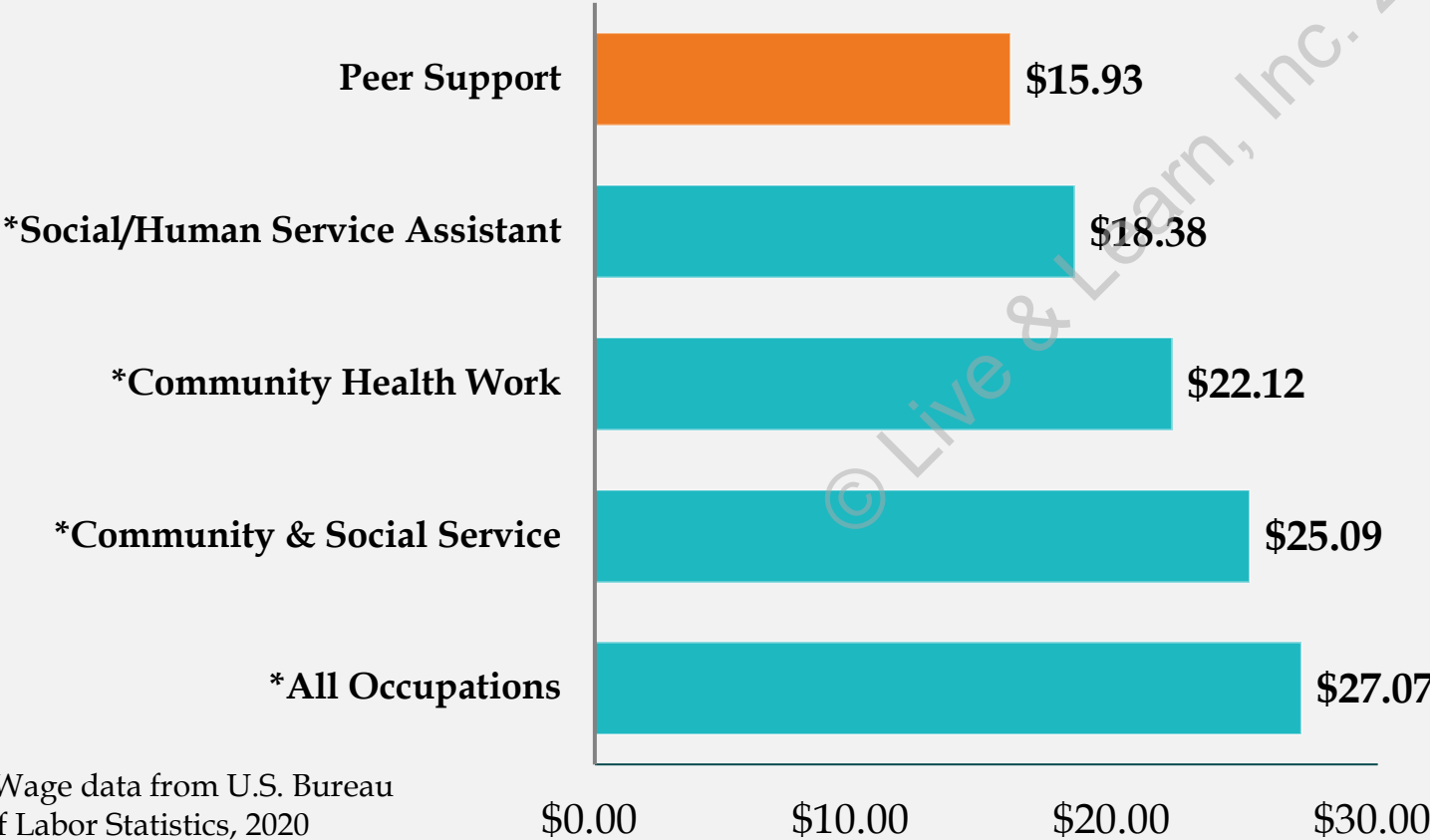
*Multi-state survey of wages and financial well-being of mental health peer specialists,*  
Journal of Vocational Rehabilitation, doi:10.3233/JVR-230021

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# Peer specialist compensation, 2020

Average Hourly Wage

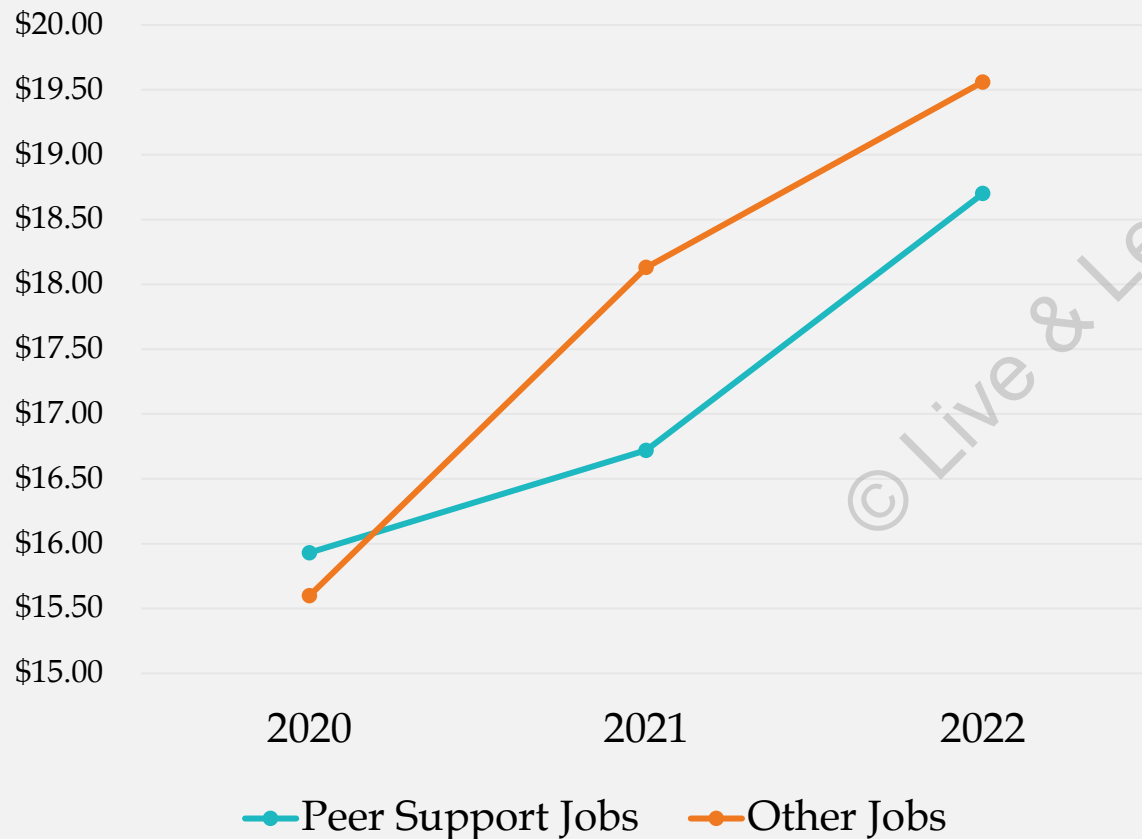


\*Wage data from U.S. Bureau of Labor Statistics, 2020

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# Increase in wages for peer jobs was significantly lower than other job types

Hourly wage increased for both peer support and other jobs since 2020.



	Peer Support	Other Jobs	Difference
2020	\$15.93 (+5.96)	\$15.60 (+5.68)	+\$0.33
2021	\$16.72 (+5.27)	\$18.13 (+8.96)	-\$1.41
2022	\$18.70 (+6.47)	\$19.56 (+8.18)	-\$0.86
<b>Gains</b>	<b>+\$2.77</b>	<b>+\$3.96</b>	<b>-\$1.19*</b>

**-\$1.19\* = \$2,475/yr wage loss**

Non-significant difference in average wages, but the increase from 2020-2022 was less, significantly, for peer support vs other jobs.

# Financial Well-Being (FWB): 2020

**Financial Well-being:** A state where a person can fully meet current and ongoing financial obligations, can feel secure in their financial future, and is able to make choices that allow them to enjoy life (*Consumer Financial Protection Bureau*)

National, median score of 54

- Includes employed, unemployed, retired, disabled

CFPB National Financial Well-Being Survey

Our sample, median score of 52

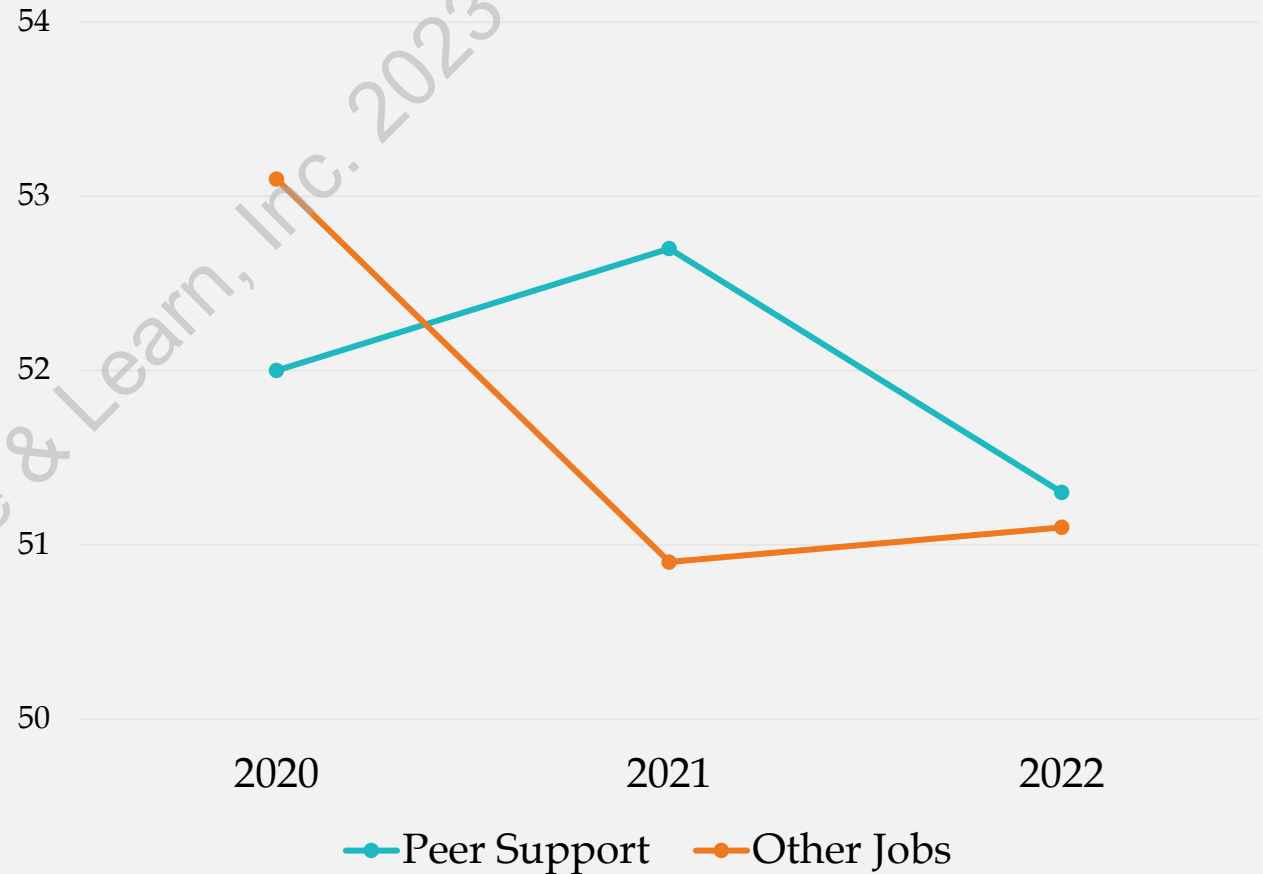
- “moderate likelihood of struggling to make ends meet and of experiencing material hardship”

# Financial Well-Being (FWB): 2022

FWB declined significantly among all participants, despite an increase in wages.

Hourly wage and working fulltime were significantly associated with greater FWB.

Peer support jobs trended (non-significantly) toward lower FWB compared to other jobs, over time.





Hourly wage for all job types increased over time, but the increase in wages for peer support jobs was significantly less than for other jobs.

A volatile economy and cessation of pandemic stimulus payments may have contributed to significant declines in financial well-being.

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# Labor Market Opportunities

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# Some CPS turn to business ventures to improve their income and freedom at work

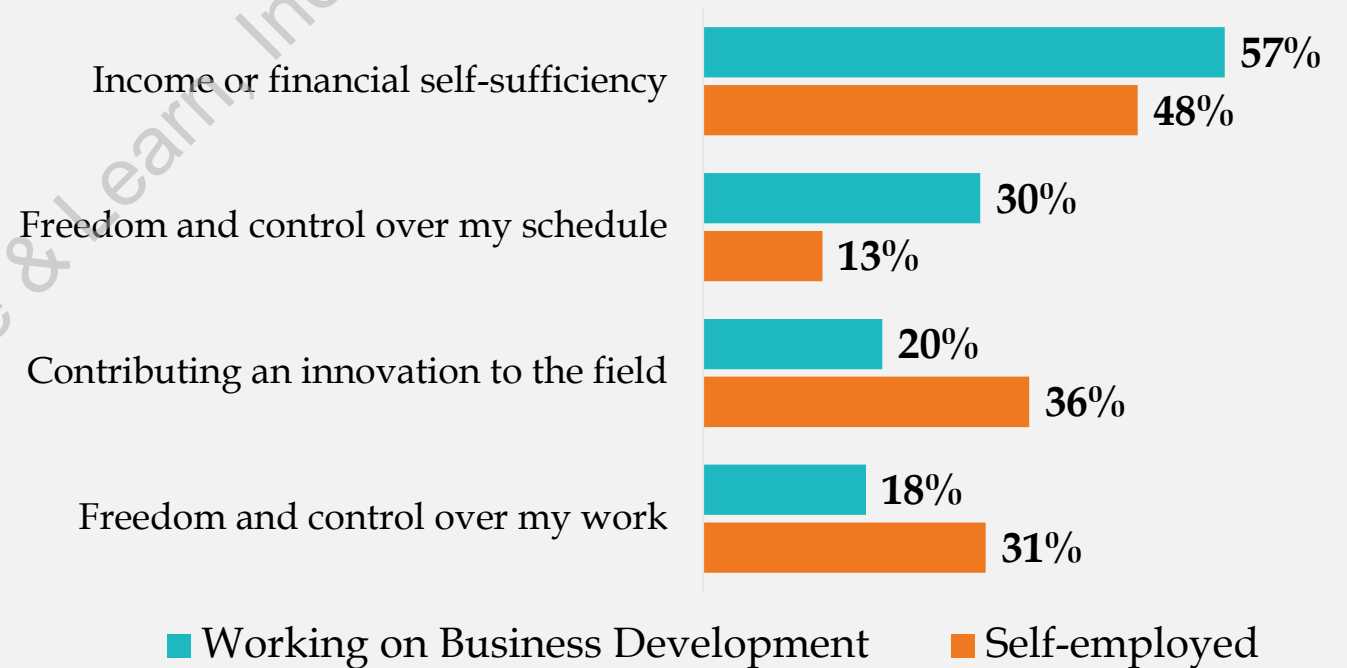
10% self-employed

An additional 10% engaged in business development

## Types of businesses

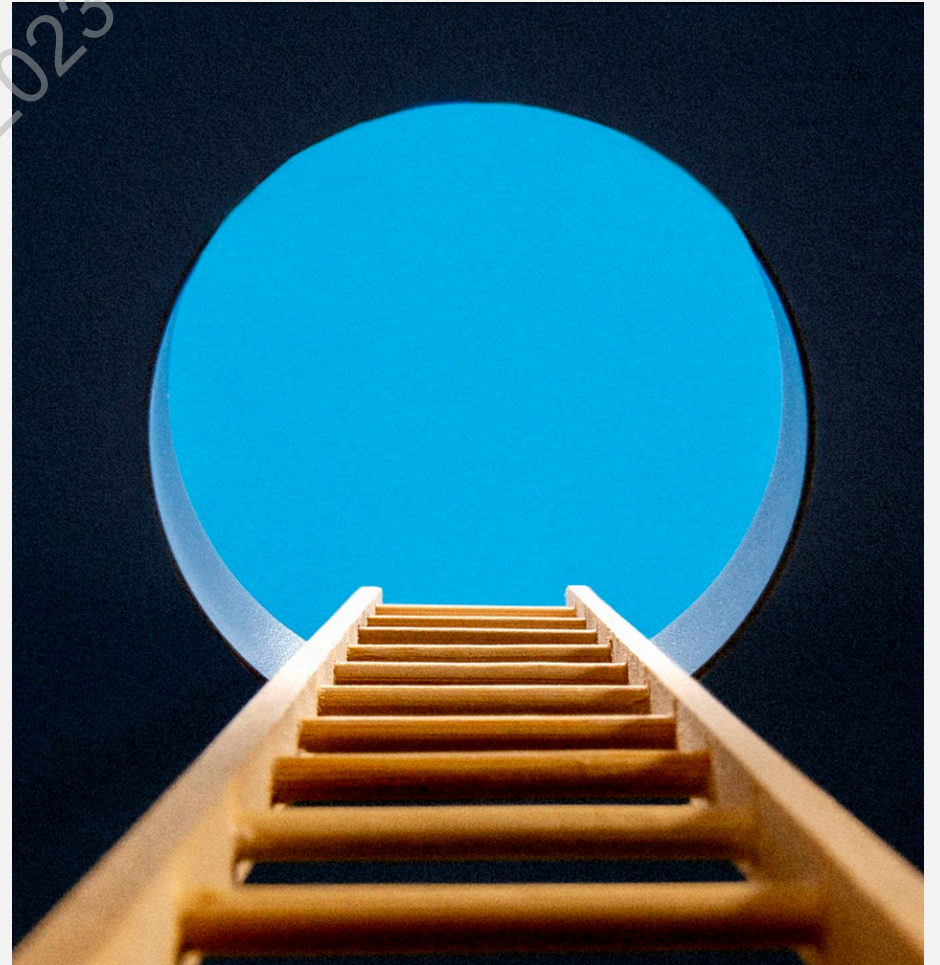
- Peer support
- Writing
- Janitorial
- Gig economy
- Consulting / training
- Real estate
- Landscaping
- Hair styling
- Art / design
- Non-profit organizations

Reasons for self-employment



# Example of career ladder discrimination

- CPS-owned independent practices could expand service options, addressing the service provider gap
- A 2020 survey found that 68% of peer specialists reported new use of technology allowed them to provide services outside of the agency setting (Adams, 2020)
- Policy, practice, and attitudinal barriers prevent CPS from exercising their competence and credential in peer support for independent monetary gain in the way that other licensed healthcare providers can
- Essentially discriminating on the basis of a lived experience credential



# Discussion

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# Summary of Findings



Employment rates did not change from 2020 to 2022. However, the prevalence of peer support employment declined significantly.



In 2022, new jobs tended to be outside of peer support work, while the remaining peer support jobs were longer term.



Relationship between living in a shortage area and likelihood of working in peer support rather than other jobs diminished over time to non-significant in 2022.

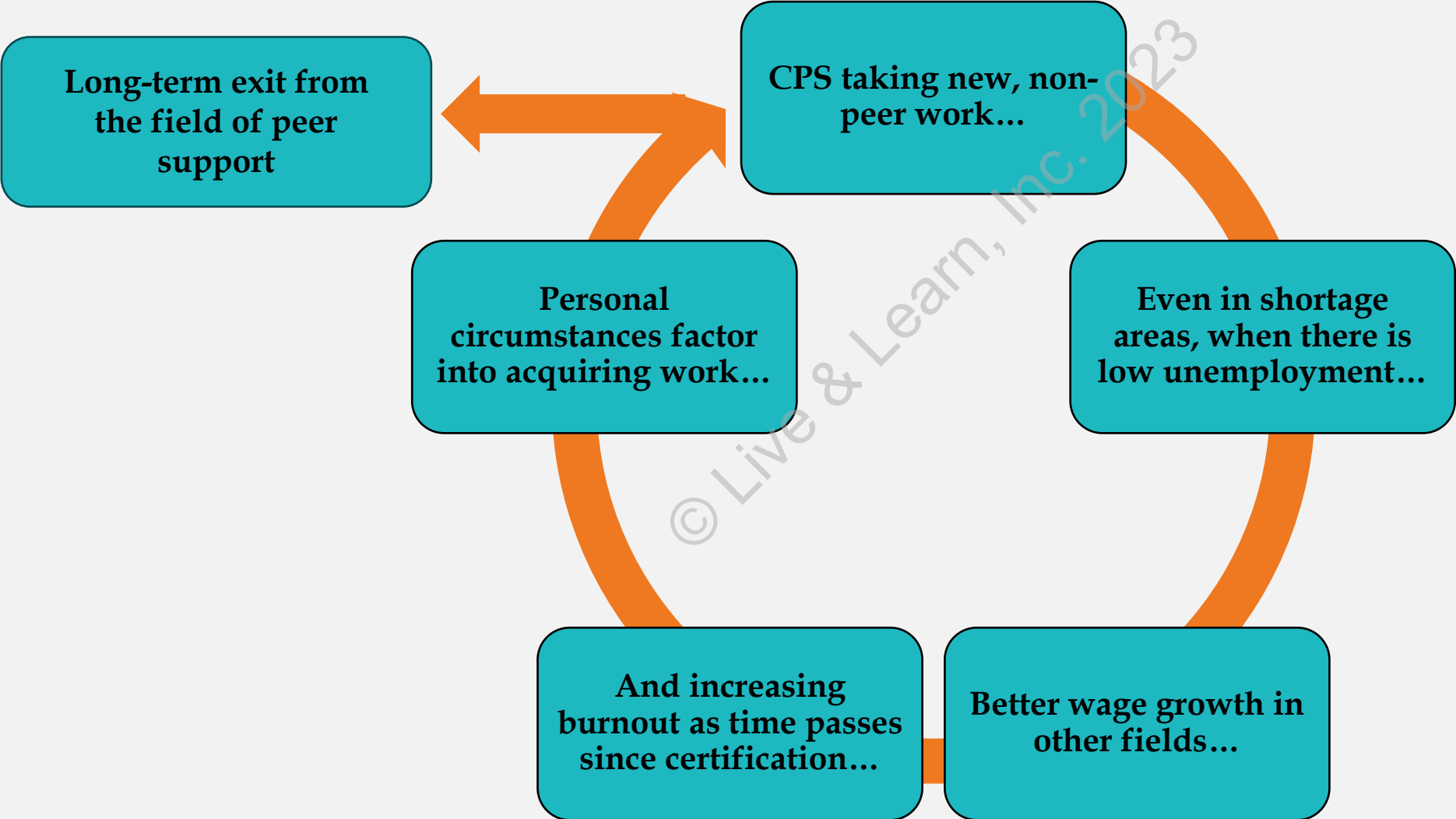


Hourly wage for all job types increased over time, but the increase in wages for peer support jobs was significantly less than for other jobs.



Exhaustion and cynicism (burnout) increased over time for those in peer support jobs, but still lower than among those in non-peer jobs. Professional efficacy remained strong.

Given that overall employment didn't decline, and new jobs tended to outside of peer support...



# Policy Recommendations to Enhance the Workforce

CPS must be seen as an asset to the workplace, or they will leave for other jobs.

- Match employers with individuals pursuing certification

Labor force policies that elevate opportunities in shortage areas and stimulate acceptance of peer support in the service array.

- Remote access to online training and financial incentives for relocation

Wage equity with other essential healthcare workers.

- National certification and professionalization can lead to collective bargaining



# Policy Recommendations to Enhance the Workforce

Organizational interventions that address work-life elements help prevent burnout and reduce turnover.

- Support innovative practice models that allow flexibility and fair remuneration alongside other practitioner types

On-going research on employment and job quality.

- Department of Labor occupational category; Employment tracking by states

# Q&A

For more project resources,

Visit:

[www.PeerSpecialist.net](http://www.PeerSpecialist.net)

[www.LiveLearnInc.net/newsletter](http://www.LiveLearnInc.net/newsletter)

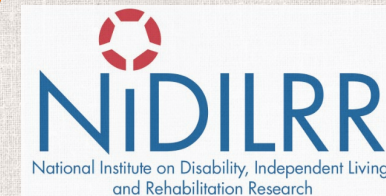
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