Michigan Certified Peer Support Specialists
Statewide Survey Results
2018

Mental Health Workforce Research:
Partnering with Certified Peer Support Specialists in Identifying Community Needs and Priorities
In Michigan a **Certified Peer Support Specialist (CPSS)** is an individual with a lived experience and a journey in recovery who has received public mental health services and supports. Peers are employed in a variety of settings such as consumer run organizations, employment, psychosocial rehabilitation programs, housing outreach, supports coordination and integrated behavioral health and primary care. CPSSs provide direct services to support others with health navigation, accessing resources, and supporting a person centered recovery journey to achieve community inclusion and participation, independence, recovery and resiliency.

This project came about to increase the understanding of the perceptions and priorities of Michigan-based CPSSs so as to better support their participation and valued role in the healthcare workforce.
We Support People
Through the Hard Times
Peer support services can be defined as the social, emotional, and instrumental support that is provided by people who have a mental health condition, for people sharing a similar mental health diagnosis. In Michigan, CPSSs are understood to have been served at some point in their lives by the public mental health system.

The Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual lists many different roles for CPSSs, including wellness outreach addresses preventable health risks.

http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5100-87572--,00.html
Our Community Advisory Board (CAB) sought to understand the strengths and concerns of the CPSS workforce in Michigan. In doing so, we decided to develop a statewide survey.

Before launching the survey, we convened a focus group of CPSSs to talk about how they see their work.

“I’m an advocate for recovery as it’s a way of life, not just a job”
-CPSS Focus Group Participant

“He sat in [group] and said I’m here because of you. I said no, you had that flame, I just opened it up for you.”
-CPSS Focus Group Participant

“‘I’m the bridge between whatever peer I’m working with and primarily health care providers in all areas, whether it’s medical, mental, or anything else. And that’s how I describe myself. I’m the bridge.”
-CPSS Focus Group Participant
How the Statewide Survey was Developed

* The initial CAB meetings were general discussions about issues relating to CPSSs in the mental health workforce

* Later meetings focused on developing questions from existing surveys, as well as new questions

* We developed a focus group that helped refine questions and the purpose of the survey

* The list of questions of interest were pared down until the survey was about 15 minutes long

* The data was entered in Qualtrics web survey program

* We piloted the survey with a non-CAB member for additional feedback
A note about the data

- An email with the link to the survey was sent to 1,152 Michigan CPSSs
- Of these, 24 “bounced,” so the number of emails received was 1,128
- 10 respondents were removed from the data because it was found that they had taken the survey more than once
  - This made the grand total 394 unique respondents
  - This means that we achieved a response rate of 35%

- We do not know whether these results truly represent Michigan CPSSs—only that it represents the CPSSs who responded to the survey
CPSSs work in a variety of settings
Due to a small number of responses, Macomb and Oakland counties ("Oakland/Macomb") and North Care and Northern Michigan Regional Entity ("North") were combined.
CPSSs reported regional differences in wages. Not all of these differences are considered “statistically significant” - the ones that stand out as reporting lower wages are the “North” and DWMHA PIHPs.
We also asked about satisfaction with aspects of their work

“I am satisfied with the overall supportiveness at work”

“Overall supportiveness of non-peer staff at work”
These are some of the common job tasks that were reported by the CPSSs that they do in their jobs
For those that endorsed that they do an activity at least sometimes, we asked them to rate the strength of their skills in that activity.
We asked several job and workplace questions, asking CPSSs if they agreed or disagreed as to whether they were satisfied with the following:
The Pillars of Peer Support were created in November 2009 by State Representatives at the Carter Center at the Pillars of Peer Support Summit. These Pillars are intended as a set of guiding principles for the development of state based programs. They are also directly applicable to other organizations and roles that utilize the resources of Peer Support Specialists. In the Survey we asked the CPSSs how they felt about ten of the Pillars.

1. There are clear job and service descriptions that define specific duties that allow Certified Peer Support Specialists to use their recovery and wellness experience to help others recover.

2. There are job-related competencies that relate directly to the job description and include knowledge about the prevalence and impact of trauma in the lives of service recipients as well as trauma’s demonstrated link to overall health in later life.

3. There is a competencies-based testing process that accurately measures the degree to which participants have mastered the competencies outlined in the job description.

4. There are professional advancement opportunities that enable Certified Peer Support Specialists to move beyond part-time and entry level positions to livable wage salaries with benefits.

5. There are expanded employment opportunities that enable Certified Peer Support Specialists to be employed in a variety of positions that take into account their own strengths and desires.

6. There is ongoing continuing education, including specialty certifications, that exposes the peer support specialists to the most recent research and innovations in mental health, trauma informed care, and whole health wellness, while expanding their skills and providing opportunities to share successes, mentor and learn from each other.

7. There is a comprehensive stakeholders training program that communicates the role and responsibilities of Certified Peer Support Specialists and the concepts of recovery and whole health wellness to traditional, non-peer staff (peer specialist supervisors, administration, management and direct care staff) with whom the CPSSs are working.

8. There is multi-level support across all levels of the government, with champions at all levels, that demonstrates the State’s commitment to the program and continually promotes the valuable role of CPSSs in the system.

9. There is a Peer Support Specialist code of ethics/code of conduct that guides peer support service delivery.

10. There is a culturally diverse peer workforce that reflects and honors the cultures of the communities served.
PILLARS OF PEER SUPPORT
We also asked for any further comments from the CPSSs who took the survey. We’ve included a few on these pages.

More training opportunities that better prepare a CPSS for the job. Promote a higher pay scale for a CPSSs unique lived experience

Jobs need to be developed to support peers with advanced degrees

I would like to see more peers in higher level positions, particularly supervision

At this time I am pleased with my work, the hours that I work are very flexible; the only thing I suggest is that non peer staff need trainings on what a peer role is

If we were paid a living wage and appreciated more, it would benefit not only the consumers but the employers as well

I would like to see more support for peers’ life issues—financial support, education support, life coaching support
Our employers need to allow us opportunity for additional peer trainings. Currently, I would have to use my vacation time to participate, and I would have to discover the trainings on my own.

I love my job and feel I provide a service to others most people can’t. However, my wage is way too low.

Peers need time throughout the year to socialize with other peers statewide.

I think for most peers there is a problem with owning a vehicle, which prevents a lot of good peers from obtaining employment.

I really feel there should be more mental down time and briefing and debriefing after an extreme client interaction.

I have been incredibly fortunate in my years at (xxx) CMH. My position has grown and evolved at the rate of my own motivation/creativity/competency…I am shaping my job each and every day.

Needs to have more diversity in the peer support system. Continuing education is a must for peer support…meetings would be good for peers to get together.

Perhaps training in interactions with staff and training in overcoming trust issues.
“Any one of us could be affected by an unexpected life event or illness where peer support will be vital to our recovery and wellbeing”
The CPSS workforce is a rapidly growing network of people living with the effects of a mental health condition. They can inform intervention and services research as vocal partners.

In keeping with the disability rights slogan “nothing about us, without us” many researchers universities and medical centers can benefit from having ready access to CPSSs to serve as consultants on their work.
There were several takeaways from this project. The entire team reviewed the findings and broke them down into areas of strength and areas of growth.

**AREAS OF STRENGTH**

- Many of the *PILLARS OF PEER SUPPORT* are realized here in Michigan.
- Peers engage in a variety of roles and feel confident in those roles, particularly sharing stories of recovery.
  - Peers report strong knowledge about the impact of trauma.
- Peers play roles with the consumer that no other provider plays.
- Positive impression of the State of Michigan’s role in championing peers, and of access to continuing education.
- There is overall satisfaction with supervisors, co-workers, physical safety, and flexibility.
POTENTIAL AREAS FOR GROWTH

- A “career ladder” for peers: opportunities for advancement

- Placing peers in new workplaces (not just CMH or mental health) such as primary care, corrections, emergency departments

  - Training non-peers about the peer role

  - Vocational support skills

- A large number of peers are reporting that their financial situation is consistent with what economists call “financial fragility”

  - Preventing or reducing burnout and turnover

- Other opportunities for peers to support other peers as they continue their challenging, rewarding, demanding, and valuable work
ACKNOWLEDGEMENTS

Investigators: Adrienne Lapidos, Monica Ortquist, Mary Ruffolo, Pamela Werner

Community Advisory Board: Deborah Monroe, Johanna Nicolia-Adkins, Monica Ortquist, Tyrone Parker, Lara Snider, Pam Werner

Data Analysts: Brandy Sinco, Jennie Jester

This report was prepared by Monica Ortquist, CPSS

This project was made possible by a grant to MPSU and Dr. Adrienne Lapidos from the Michigan Institute for Clinical and Health Research (MICHRR) and the University of Michigan School of Social Work