

# Improving Peer Workforce Recruitment and Retention from Multiple Stakeholder Perspectives

RCPA Conference 2022

October 12, 2022, 1:45-3:15pm

Jamie Edwards, LCSW

Tracy Carney, CPS, CPRP

# Agenda



**PS Supervisor Interviews Results**



**Strategies to Address the Challenges – Programs, Managed Care, Systems Levels**



**Applying & Adapting Strategies to Your Organization**



**Question & Answer**

# Objectives



Describe the current peer workforce recruitment and retention challenges



List at least 2 strategies to enhance the peer workforce to address the systems, programs, and managed care organization level challenges



Adapt workforce strategies to attendees' current organizational environment

# Benefits of Peer Support



---

PS MH: lower rates of crisis and inpatient services when in PS services

---

PS MH Supervisors: PS helps members commit to their own personal recovery, increase social support, and more fully engage in their communities

---

PS SUD associated with lower rates of return to inpatient care while in PS and 90 days after leaving PS

---

PS SUD associated with connection to outpatient MH & SUD while in PS and after discharge from PS

# State of the State of Peer Support in PA

---

Use, Capacity, Impact

---

Workforce, Certification, Training

---

Recommendations

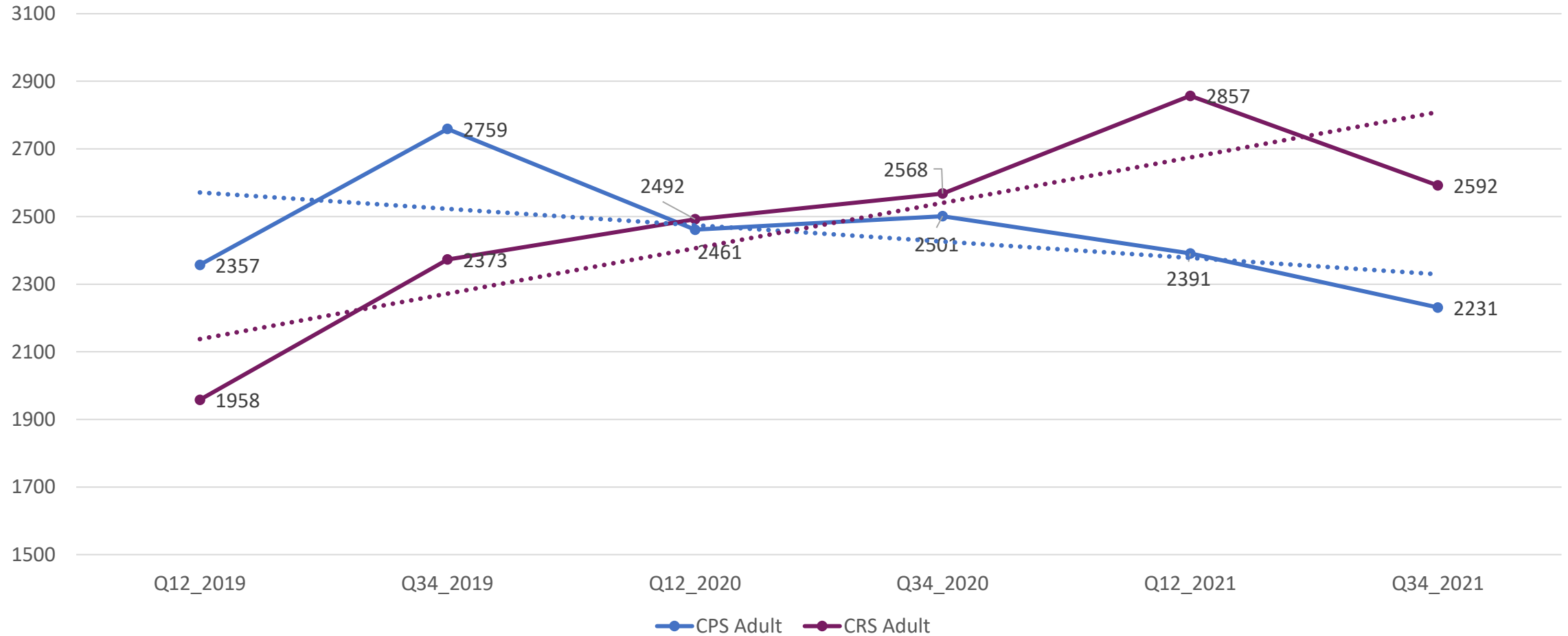


# Peer Support Service Use, Program Capacity, & Impact

## Service Use

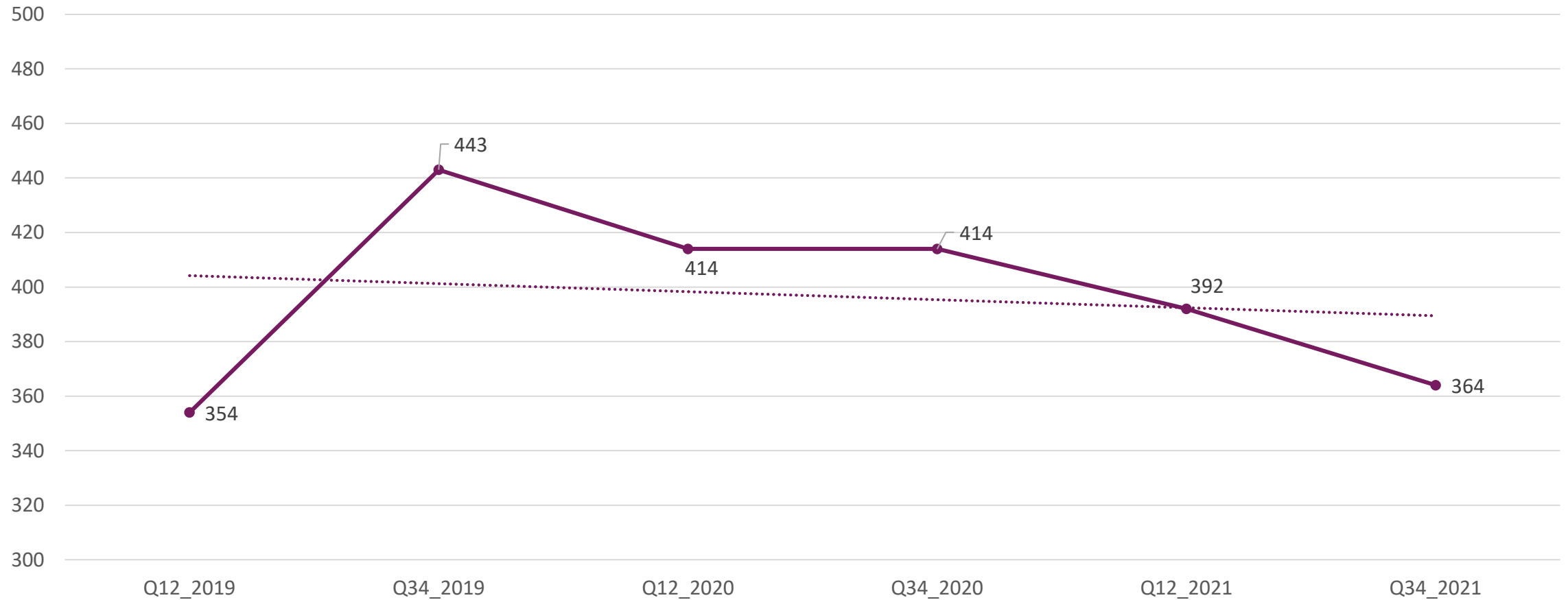
- Use of PS MH services for adults and youth-young adults has declined since 2019
- PS SUD utilization (PS SUD) has increased over same time period

# Peer Support Service Utilization Trends MH & SUD



# Peer Support for Youth and Young Adults

CPS for Youth and Young Adults





# Capacity and Impact of Peer Support Mental Health Programs

## PS MH Supervisors

- 34 Interviews of 44 programs – 77% response rate
- Less than ½ of Supervisors are CPS
- CPS supervisors have been in their role for 5 years.

## PS MH Programs

- Average about 51 people served per program
- About half of programs have a wait list

## Successes in PS during the Pandemic

- Use of Telehealth
- Assisted Peers with LLWS and personal goals
- Online CEU Training a Plus!

# Peer Support Workforce Challenges

## PS MH Staff Capacity

- Staffing averaged 3.5 FT CPS, 3.7 PT CPS, 62% employed 5 or less CPS
- Average caseload size: 15 for FT CPS, 10 for PT CPS
- About 68 CPS vacancies

## PS MH Wages and Benefits

- Average hourly rate for CPS - \$13.78-15.05 per hour (range \$9 to \$20/hour)
- 25% of programs used a salary differential for non-billable hours (range \$7.75-\$11/hour)
- 88% of programs provide health insurance, but 83% of those only for FT staff
- Higher pay for meeting productivity standards, billable hours, supervisor functions, or to compensate for lack of health insurance/other benefits

# PS Certification and Training Challenges

## Certification

- Costly, infrequent or not available nearby when needed
- Schedule (2 weeks, in-person only) limits available applicants
- Additional Job Skills Training Needed

## Regulations

- Referrals from LPHA
- Documentation Requirements

## Limited Career Ladder

- Low, entry-level wages to start
- Advanced skills or experience does not result in higher pay
- Few opportunities to advance in Peer Support

# Supervisor Recommendations for Enhancing Peer Support Services



Educate BH Providers about PS



Build Referral Process



Hire More Peers



PS Training Needs

**Time Management & Job Skills**

**Ethics & Documentation**

**Wellness & Self-Care**

# Recommendations

## Strategies on Enhancing Peer Support

- Develop Financial Incentives
- Certification and Training Changes
- System/Regulatory Changes
- Highlighting Strategies of Effective Programs/Supports

# Develop Financial Incentives

---

Offer rate enhancements for PS

---

Identify reimbursement options for peers embedded in other services (e.g., COEs, residential, crisis, inpatient services)

---

Develop Value Based Payment initiatives promoting PS

---

Incentivize increased salaries, eliminate salary differentials for administrative-travel time, reduce productivity requirements

---

Provide financial support to providers to hire, certify, train, support peer staff (e.g., certification training, exams, pre-certification salary support, paid internships/field experiences and clearances, travel reimbursement/vehicles)

# Modify Certification and Training

---

Modify the structure of CPS training comparable to CRS training (schedule options, class time, and online assignment time)

---

Allow hybrid/virtual certification options

---

Increase the frequency and geographic availability of certification trainings

---

Advocate for a blanket systemwide waiver or support peer providers to request waivers of the requirement that CPS complete certification training before providing services.

---

Advocate to decrease the costs to providers of certification (training, exam) and associated expenses (upfront hiring costs, hotel, food, travel)

---

Standardize CPS certification training content across vendors and publicize curriculum standards (e.g., WRAP).

---

Provide work skills training in certification process or supplemental training (engagement, wellness coaching, recovery planning, documentation, time/mobile caseload management, community safety skills)

---

Require field experience/internship and/or peer support work experience prior to hire (e.g., job shadow, trial work)

---

# Suggest System/Regulatory Changes

---

Ease restrictions on employing certified staff (e.g., allow on-the-job training or acquiring certification within 6-12 months of hire)

---

Change the service eligibility requirement in PS MH to allow for self-referral in addition to LPHA recommendation

---

Build career ladders into CPS Bulletin (PS Assistant, PS Worker, Certified Peer Specialist, Dual CPS/CRS Specialist, PS Supervisor with CPS/CRS)

---

Allow billing for peers embedded in all levels of care, for transitions of care, or in addition to bundled rates (e.g., PS SUD)



# Highlight Strategies of Effective Programs & Stakeholder Supports

---

Programs without wait lists (access) and good outcomes (community tenure, recovery)

---

Programs with high rates of staff recruitment and/or retention, morale, quality of services, career ladders or opportunities for advancement, salaries/benefits

---

Successful learning communities, learning collaboratives, other initiatives to enhance peer support

---

Hire Community Care Peer Navigators, Community Health Workers to connect members to services

---

Expand the Warm Hand Off to the MH system

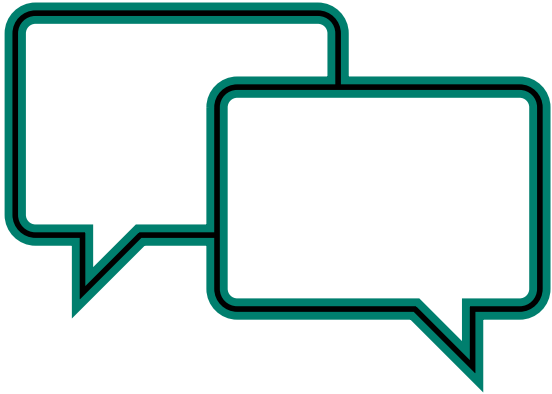
# What Community Care is Doing

- Peer Support Strategic Plan (since 2016)
  - Evaluating Peer Support Services
  - Offering Training, Technical Assistance, and Consultation to Peer Specialists, Supervisors, and Organizations
  - Disseminating the value and impact of Peer Support
  - Enhancing Access to Peer Support
- Hiring Peer Specialists (e.g., CHWs, R&W staff, Warm Handoffs)
- Collaborating with County Partners on Rate Enhancements for Peer Support

# Future Recommendations

Advocate	Advocate for changes in certification structure and regulations
Address	Address the financing strategies
Support	Support culture change in organizations to fully integrate peers
Resolve	Resolve barriers of hiring peers with criminal backgrounds

# Applying and Adapting Strategies to Your Organization



---

How does this align with your experience?

---

Which strategies could you implement in your organization?

---

Which strategies would you advocate for change?

---

What other recommendations do you have?

# Questions?

## Contact Information

Jamie Edwards - [mcraejf@ccbh.com](mailto:mcraejf@ccbh.com)

Tracy Carney - [carneyta@ccbh.com](mailto:carneyta@ccbh.com)