



2016 Nebraska Peer Support Workforce Report

Nebraska Department of Health and Human Services
Division of Behavioral Health
Office of Consumer Affairs

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INTRODUCTION

Vision: The Nebraska public behavioral health system promotes wellness, recovery, resilience and self-determination in a coordinated, accessible, consumer and family-driven system.

Simply Said: Nebraska strives to be the gold standard in facilitating hope, recovery and resiliency as a model of excellence in behavioral health care.

Mission: The Division of Behavioral Health provides leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

Simply Said: DBH assists systems that help people recover.

The Nebraska DHHS Division of Behavioral Health (DBH) promotes activities that improve the quality of behavioral health services and increases opportunities for recovery and wellness. DBH administers, oversees and coordinates the state public behavioral health system which addresses the prevention and treatment of mental health and substance use conditions. DBH strives to ensure services meet the complex needs of individuals with co-occurring disorders. DBH believes that to ensure services meet the needs of those we serve, we must identify and implement strategies to strengthen the Peer Support Workforce and collect meaningful data that can support the field.

Project History and Timeline In 2007, the International National Association of Peer Specialists (iNAPS) conducted a nationwide survey to gather data from peer specialists throughout the U.S. The goal was to determine the variety of tasks, how satisfied peer specialists were with their work, compensation levels, outlook for the future, and what motivated them in their work. In 2014, a follow-up survey was conducted with questions about location, education, training, and supervision added to the original 2007 survey (https://na4ps.files.wordpress.com/2014/07/2007-2014_comparisonreport1.pdf).

In 2014 DBH Office of Consumer Affairs (OCA) conducted a peer support survey to learn more about what Peer Support Services may exist in Nebraska, what opportunities and barriers may exist to providing them and perspectives about the ongoing development and growth of peer support. A report of this data can be found in Attachment B. During December 2015, OCA reached out to Peer Support Specialists across Nebraska to gather comparable state-specific workforce data as it relates to various topics, including: training, hours worked per week, number of people you support, job satisfaction, service provision, organization type, demographics. OCA was interested in utilizing data collected from the Nebraska workforce survey to make comparisons to various national trends as identified through the surveys completed by iNAPS in 2007 and 2014. The Peer Support Workforce Survey collects data about the current workforce environment for

- Employed/volunteer peer support providers,
- Those who have worked in the past as a peer support provider,
- And those who are currently seeking a position as a peer support provider.

The following report is an illustration of the power of partnerships and the commitment of peer providers as we continue to move our system forward.

Sincerely,

Cynthia Harris, M.S., CPSWS
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METHODOLOGY AND SAMPLE

The sample for this survey is a convenience sample identified through postings on the OCA's CPSWS listserv and the Nebraska Peer Support Facebook Group. In addition, information about the survey was sent to Speak out, Families Care, Parent to Parent, Families Inspiring Families, Healthy Families Project, Nebraska Family Support Network, the Regional Behavioral Health Authorities, Mental Health Association of NE, NAMI-NE, Partners in Recovery, Women's Center for Advancement, Peer Run organizations in Nebraska, the Veterans Administration, Nebraska Children and Families Foundation, OCA People's Council, and the Mental Health and Substance Abuse Advisory Committees. An estimate on the sample size of people receiving the link is about 600 individuals. Since the survey was sent through an open link it was not possible to determine an exact number of people who would have known about the survey. An original request for participation was delivered on December 8, 2015 via these sources, containing a link to the survey. Follow-up reminders to encourage participation were also sent. Data collection ended in January 11, 2016.

There were a total of 106 completed or partially completed surveys. Data was analyzed using SPSS statistical software.

Results are confidential and have been tallied to create this overall report. Due to small sample sizes, analysis for this report is limited. For the purpose of easy to read analysis, percentages are rounded to the nearest whole number.

It is important to remember that since this survey uses a convenience sample, the results are not necessarily generalizable to the peer support workforce in Nebraska. The results should be looked at as a general overview of survey participants.

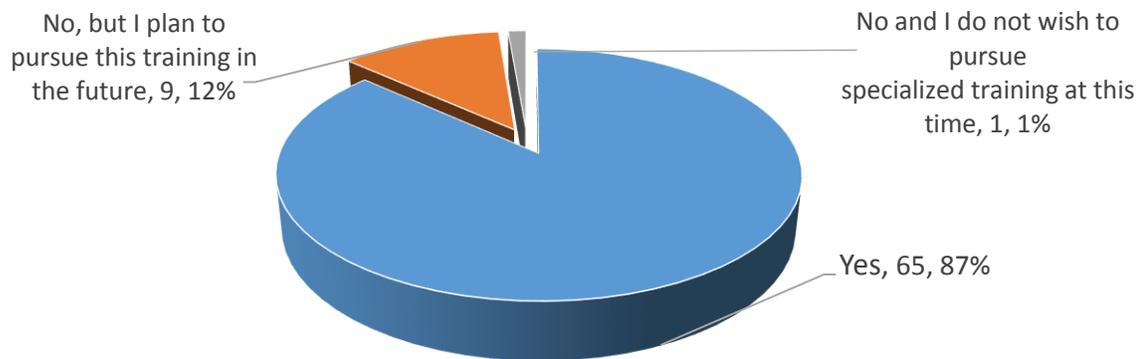
For purposes of this survey, peer support providers are inclusive of those who serve children, family, youth, adults, and/or veterans in the State of Nebraska while utilizing their personal lived experience with a behavioral health condition, as a parent of a child with behavioral health challenges, and/or trauma to support others. This survey assess the following three groups.

- Employed/volunteer peer support providers
- Those who have worked in the past as a peer support provider
- Those who are currently seeking a position as a peer support provider

TRAINING AND CERTIFICATION

The vast majority of survey respondents have completed 40 hours of specialized peer support training (87%, n=65). 12% of respondents have not completed the training, but plan to do so in the future (n=9). Only one respondent indicated that they do not wish to pursue specialized training at this time. (Note: Excludes respondents not currently employed as peer support specialists.)

Figure 1: Have you received 40 hours of specialized peer support training? (n=75)



Source: 2016 Nebraska Peer Support Workforce Survey

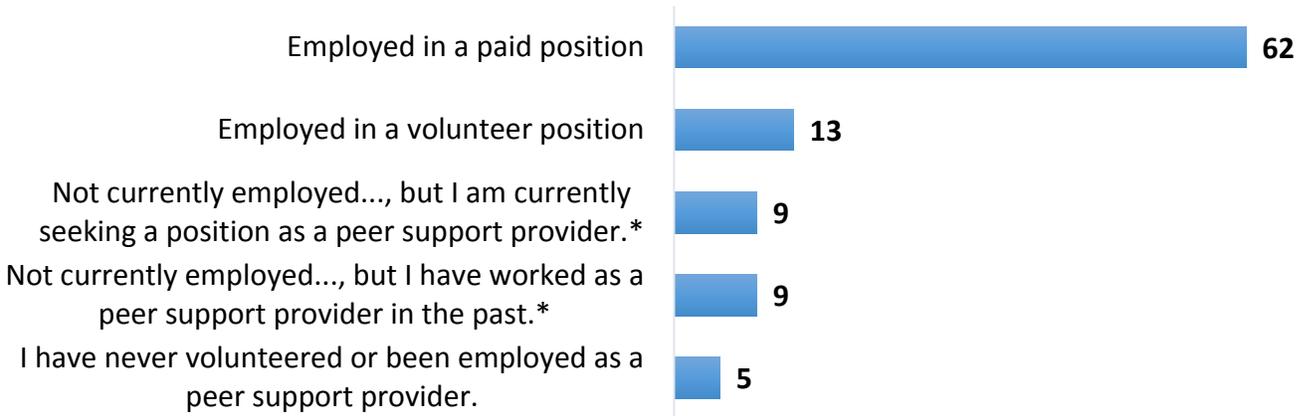
When asked about certification, the most commonly earned certification noted by survey respondents was the Certified Peer Support and Wellness Specialist (CPSWS) certification, offered through the Nebraska Division of Behavioral Health Office of Consumer Affairs (71%, n=53). One respondent completed the Certification for Parent Support Providers (CPSP®) offered through the National Federation for Parent Support Providers. Other certifications earned by respondents include the Depression and Bipolar Support Alliance Peer Specialist Training (DBSA), Whole Health and Wellness, Middle Management Training, Voice Healers, Emotional CPR (eCPR), Wellness Recovery Action Plan (WRAP), and Individual Placement and Support (IPS).

JOB CHARACTERISTICS

Paid or Volunteer (n=98)

A little over three-fifths of survey respondents were currently employed in paid positions as peer support providers (63%, n=62) while 13% of respondents indicated that they are currently employed in volunteer positions (n = 13). About 9% of respondents indicated that they are not currently employed as a peer support provider, but have worked as one in the past (n=9). An additional 9% indicated that they are currently not employed as a peer support provider, but are currently seeking a position (n=9). 5% of respondents had never been employed as a peer support provider and were not looking for a position (n=5).

Figure 2: As a peer support provider, are you currently...

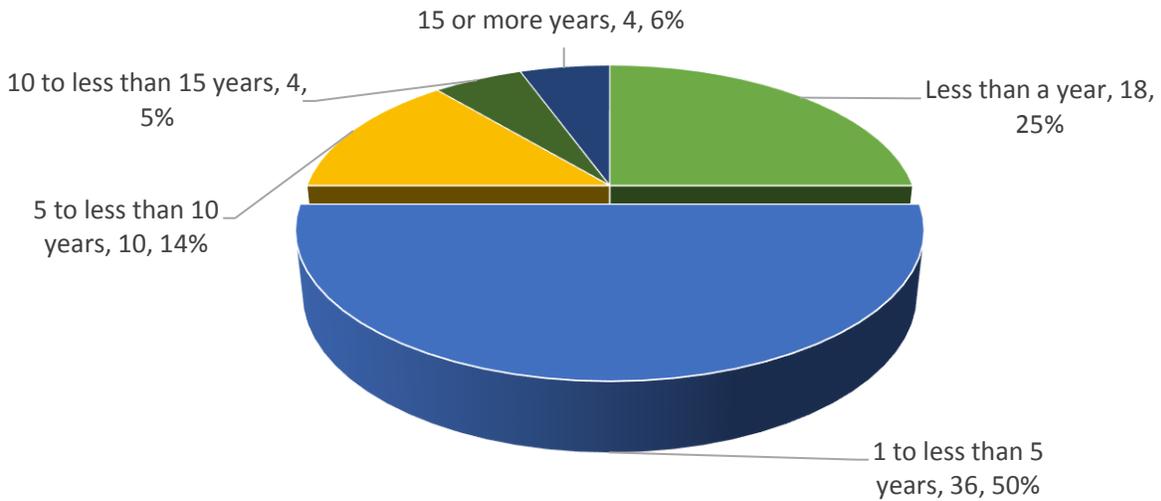


Source: 2016 Nebraska Peer Support Workforce Survey (*Label truncated, please see description)

Length of Time Working at Current Organization (n=72)

Respondents were asked how long they have been working in their current organization. When removing cases where individuals reported working less than 1 year, the average length reported was 5.2 years. Answers ranged from one to thirty-six years. About a quarter of respondents indicated that they have worked for their current organization for less than year (24%, n=18).

Figure 3: Within your current volunteer paid position as a peer support provider, how many years have you been with the organization?

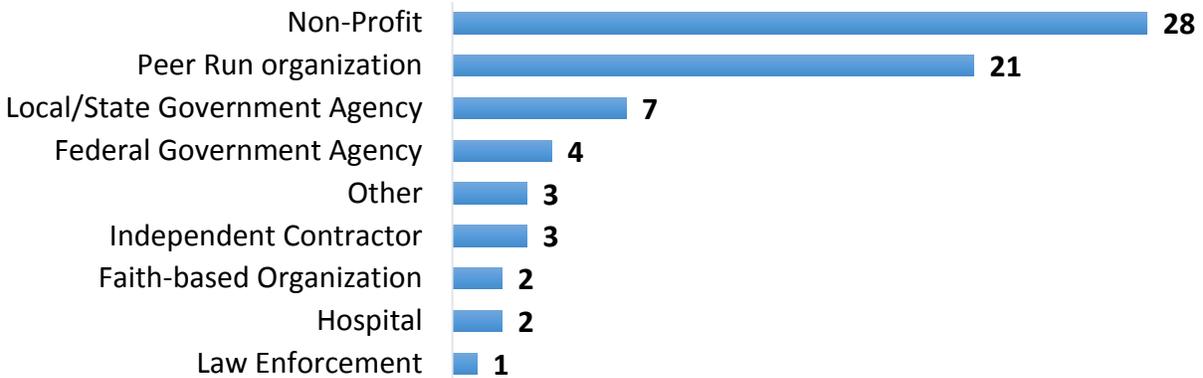


Source: 2016 Nebraska Peer Support Workforce Survey

Organization Type (n=71)

When describing the type of organization they work for, 39% of respondents indicated that they work for a non-profit organization (n=28). 30% of respondents work for a peer run organization (n=21) and 16% work for a local, state or federal government agency (n=11). Other organization types that were selected included independent contractor (4%, n=3), faith-based organization (3%, n=2), hospital (3%, n=2), and law enforcement (1%, n=1).

Figure 4: Within your current volunteer/paid position as a peer support provider, which **best describes** the type of organization you work for?

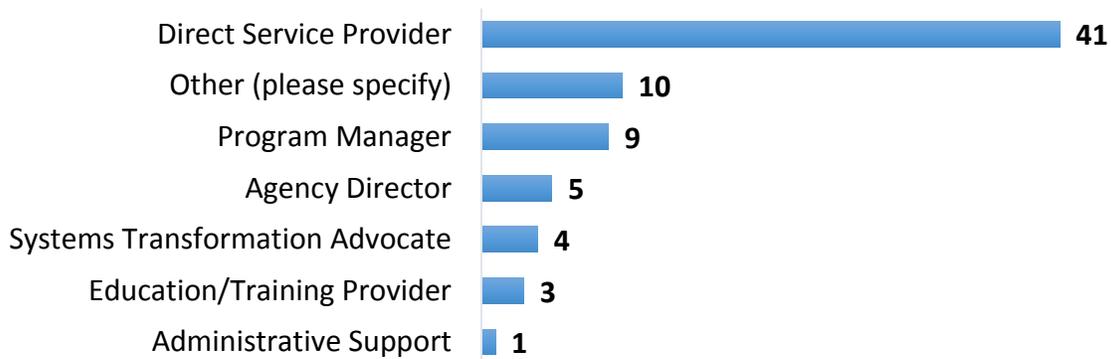


Source: 2016 Nebraska Peer Support Workforce Survey

Primary Role (n=73)

When asked about their primary role within their current paid or volunteer position, the majority of survey respondents selected Direct Service Provider (56%, n=41). About 12% of respondents selected Program Manager (n=9), 7% selected Agency Director (n=5), 6% selected Systems Transformation Advocate (n=4), 4% selected Education/Training Provider (n=3), 1% selected Administrative Support (n=1) and 14% selected Other (n=10). Under the “Other” category, responses included youth support, support group facilitator, lead recreational activities, peer to peer support, and family advocate.

Figure 5: Within your current volunteer/paid position as a peer support provider, what is your **primary** role? Please select one.

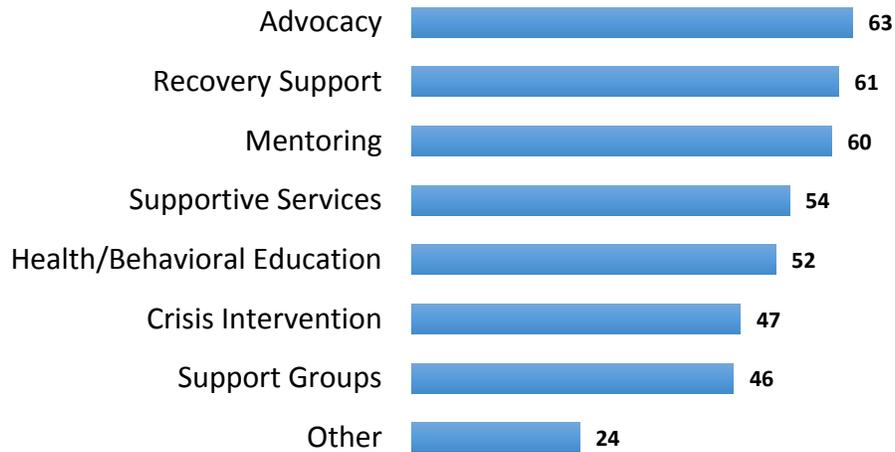


Source: 2016 Nebraska Peer Support Workforce Survey

Support Services Provided (n=75)

Survey respondents were asked to identify which types of support services they provide in their current position. The most frequently selected option was *Advocacy* (84%, n=63), followed by *Recovery Support* (81%, n=61), and *Mentoring* (80%, n=60). Other options selected included *Supportive Services* (n=54, 72%), *Health/Behavioral Education* (n=52, n=69%), *Crisis Intervention*, (n=47, 63%), and *Support Groups* (n=46, 61%). 32% of respondents selected the *Other* option (n=24), with the most frequently cited service being *Transportation*. Other responses cited included skills/tools for independent or daily living, recreation, and resources.

Figure 6: Within your current volunteer/paid position as a peer support provider, what type of support services do you provide? Please select all that apply.

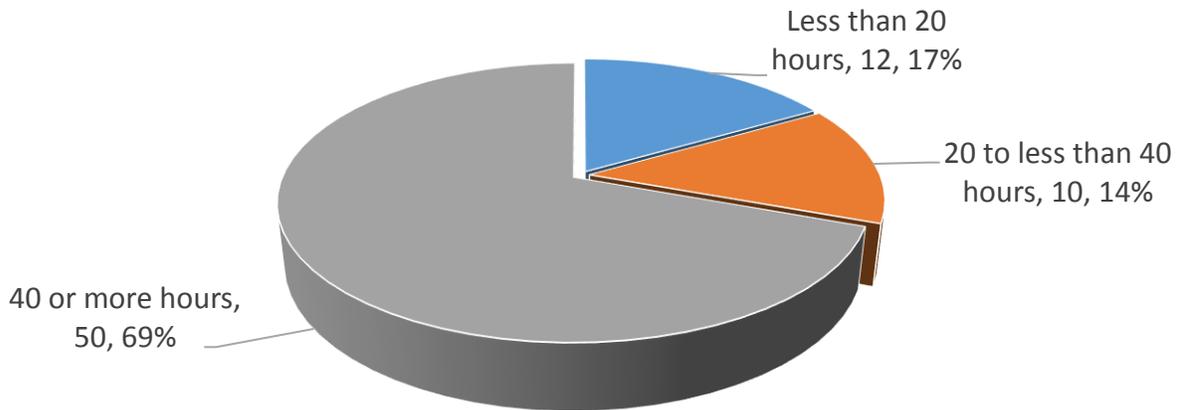


Source: 2016 Nebraska Peer Support Workforce Survey

Hours Worked (n=72)

Hours worked by survey respondents varied, with an average employee working 34.2 hours in a peer support provider position each week. Responses ranged from 2-60 hours a week. Almost seven out of ten survey respondents worked forty hours or more per a week as a peer support provider (69%, n=50). About 14% of survey respondents worked between 20 and 40 hours a week (n=10) and about 17% of survey respondents worked less than 20 hours a week. (Note: If a range was provided by the respondent, the midpoint of their response was used.)

Figure 7: Within your current volunteer/paid position as a peer support provider, on average, how many hours per week do you work?



Source: 2016 Nebraska Peer Support Workforce Survey

Hourly Wage (n=52)

Hourly wage for survey respondents was quite variable. The average hourly wage reported was \$16.72 an hour and the median reported wage was \$16.00. 42% of survey respondents earned between \$10-14.99 hourly (n=22), 31% earned between \$15-19.99 hourly (n=16), and 27% earned \$20.00 or more hourly (n=14).

Number of People Supported Each Week (n=75)

When asked about the number of people supported each week, responses were quite variable. A number of respondents provided a range, indicating that for many respondents, the number of people supported each week can change depending on the week. Responses ranged from one to sixty individuals, with a mean of 17 individuals provided services a week.

Current Title

This question was an open-ended question. All responses have been included in this report to illustrate the variety of positions in the existing workforce. Duplicates have been removed.

N=65

Volunteer Manager Recovery Consumer Specialist
Program Youth Peer Support Community
Executive Director Advocate

- Addiction Support Peer Specialist
- Behavioral Health Outreach Advocate
- Certified peer support and wellness specialist
- CFFS
- Community Readiness Consultant
- Community Support Provider
- Consumer Affairs Manager
- Consumer Specialist
- Direct Care Staff
- Director of Consumer Recovery
- Employment Specialist
- Executive Director
- Family Advocate
- Family Navigator
- Family Peer Support Specialist
- Family Peer Support/Advocate
- Independence Coordinator
- Peer Companion
- Peer Partner
- Peer Recovery Facilitator
- Peer Support and Wellness Specialist
- Peer Support Specialist
- Peer support volunteer
- Peer Supporter
- Peer to Peer Mentor/Family Advocate
- Program Administrator
- Program Coordinator
- Program Specialist-Recovery Specialist
- REAL Program Coordinator
- Recovery specialist
- Recovery Support Specialist
- Recovery support team leader
- Statewide Program Manager
- Supervisor of Peer Support
- Support group co-facilitator
- Volunteer
- Volunteer - Freelance provider to military members, spouses, and teenage children as needed
- Youth Advisor
- Youth and Family coordinator
- Youth Peer Support Specialist

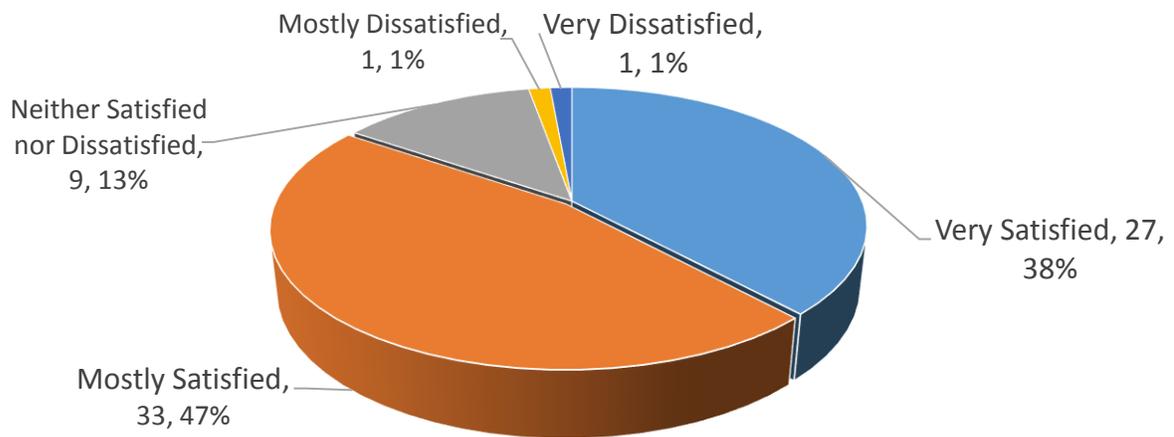
JOB SATISFACTION AND MOTIVATION

Survey respondents were asked several questions to measure their current job satisfaction and motivations behind working as a peer support provider. The descriptions of the questions and the frequencies of responses are presented below.

Overall Job Satisfaction (n=71)

When asked to rate their job satisfaction in their current volunteer/paid position as a peer support provider, the majority of respondents indicated that they are “mostly satisfied,” (n=33, 47%). Almost four in ten respondents indicated that they are “very satisfied,” (n=27, 38%). 13% indicated that they are “neither satisfied nor dissatisfied,” (n=9), 1% indicated that they are mostly dissatisfied (n=1) and 1% indicated that they are very dissatisfied (n=1).

Figure 8: Within your current volunteer/paid position as a peer support provider, how would you rate your job satisfaction?



Source: 2016 Nebraska Peer Support Workforce Survey

Respected in the Workplace (n=70)

When asked how much they agree or disagree with the following statement, “I am respected by my supervisor and colleagues when I am working a peer support provider,” most survey respondents strongly agreed (64%, n=45). 14% of respondents marked “somewhat agree,” (n=10). 11% of respondents marked “neither agree nor disagree,” (n=8). 7% of respondents marked “somewhat disagree,” (n=5) and 3% marked “strongly disagree” (n=2).

Figure 9: How much do you agree or disagree with the following statement: I am respected by my supervisor and colleagues when I am working as a peer support provider. (Source: 2016 Nebraska Peer Support Workforce Survey)

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
64%	14%	11%	7%	3%

Equal Member of the Team (n=71)

When asked how much they agree or disagree with the following statement, “I am treated as an equal member of the team when I am working as a peer support provider,” nearly half of all survey respondents strongly agreed (49%, n=35). An additional 24% of respondents marked that they “somewhat agree” with this statement (n=17). 14% of respondents indicated that they “neither agree nor disagree,” (n=10), 7% marked that they “somewhat disagree,” (n=5) and 6% marked that they “strongly disagree,” (n=4).

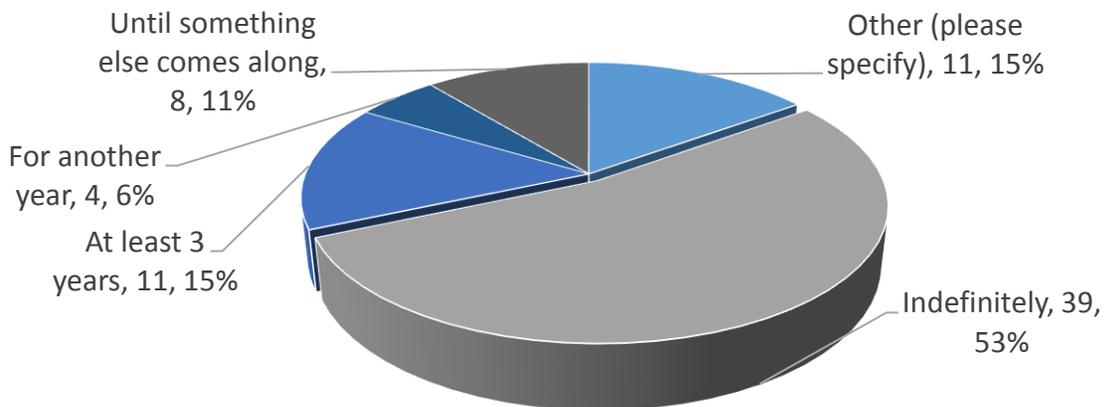
Figure 10: How much do you agree or disagree with the following statement: I am treated as an equal member of the team when I am working as a peer support provider. (Source: 2016 Nebraska Peer Support Workforce Survey)

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
49%	24%	14%	7%	6%

Job Outlook (n=73)

Respondents were asked how long they expect to remain in their current volunteer/paid position. A little over half of respondents indicated that they plan to stay in their current position indefinitely (53%, n=39). Just over 15% indicated that they intend to stay at least 3 more years (n=11), and 6% indicated that they plan to stay for another year (n=4). 11% of respondents indicated that they staying in their current position until something else comes along (n=8). Just over 15% of respondents indicated another reason (n=11), the most common being that they are looking to transition into a full-time or paid position when one becomes available. Some uncertainty was mentioned by respondents who selected other, such as being unsure of how long they would stay or whether funding would be available to keep working in their current position.

Figure 11: How long do expect to remain at your current volunteer/paid position?

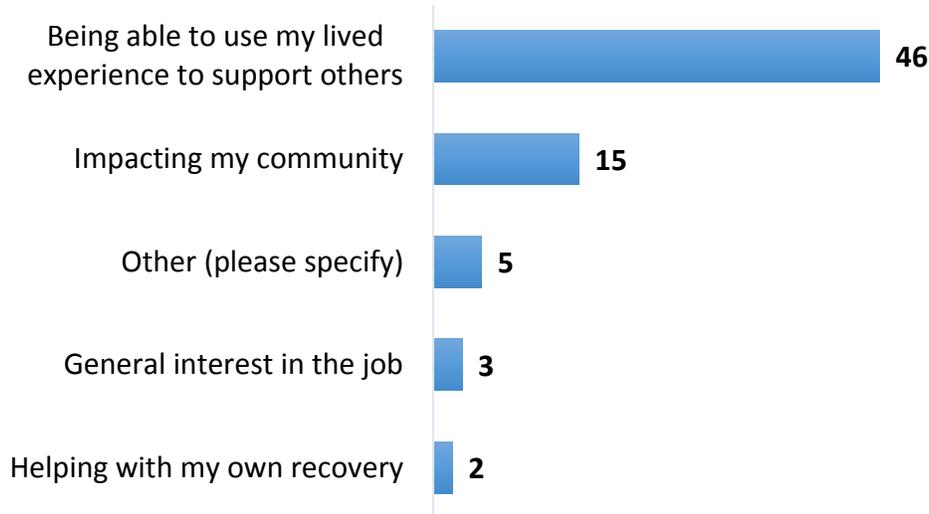


Source: 2016 Nebraska Peer Support Workforce Survey

Motivation (n=71)

Respondents were asked about their primary motivations for working as a peer support provider. 65% of respondents indicated that their primary motivation is “being able to use my lived experience to support others,” (n=46). About one fifth of respondents indicated that they want to impact their community (21%, n=15). Other selections included “helping with my own recovery,” (3%, n=2) and general interest in the job (n=3, 4%).

Figure 12: What is your primary motivation for working as a peer support provider?



Source: 2016 Nebraska Peer Support Workforce Survey

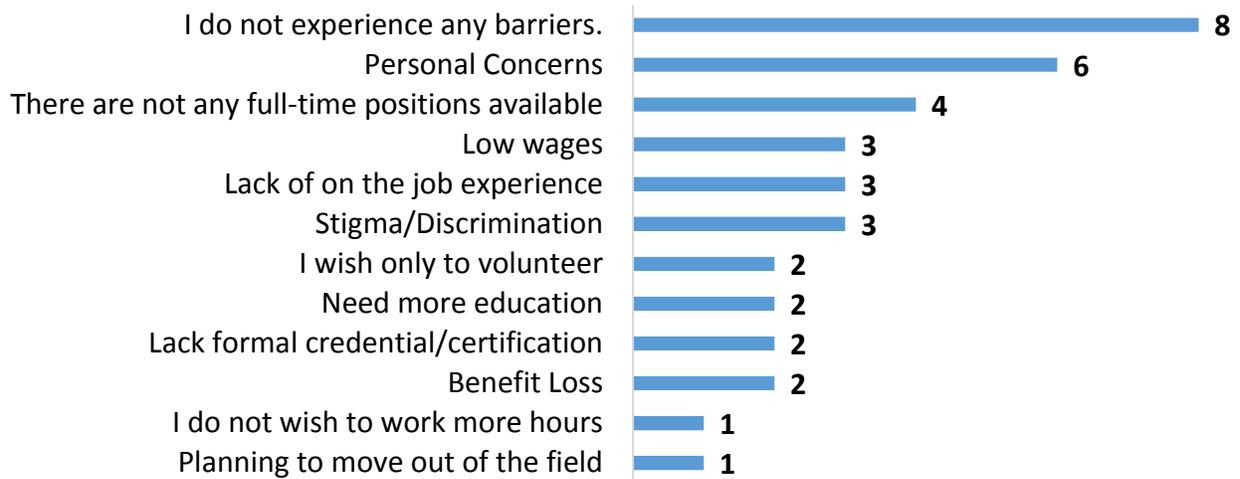
BARRIERS TO WORKING

Both currently employed peer support providers and those who are currently not working in the field or are looking a position in the field were asked about barriers they experience in working additional hours or securing employment as a peer support provider. The results are presented below and then compared.

Barriers to Working for the Not Currently Employed Workforce (n=23)

Responses varied in regards to barriers for those who are currently not working as peer-support providers. The top reason cited for not currently working as a peer support provider was personal concerns (26%, n=6). The second most cited reason was that there are not any full-time positions available (17%, n=4). Other reasons cited include stigma/discrimination (13%, n=3), lack of on the job experience (13%, n=3), low wages (13%, n=3), benefit loss (9%, n=2), lack formal credential/certification (9%, n=2), need more education (9%, n=2) and planning to move out of this field (4%, n=1). About 9% of not currently employed respondents indicated that they wish to only volunteer (n=2). Approximately 35% of respondents who are not currently employed indicated that they do not experience any barriers.

Figure 13: Do you currently experience any barriers to working additional hours or securing employment as a peer support specialist? (Not currently employed workforce)



Source: 2016 Nebraska Peer Support Workforce Survey

Barriers to Working for the Currently Employed Workforce (n=75)

Responses varied in regards to barriers for those who are currently working as peer-support providers. The top reason cited barrier for working more hours was personal concerns (15%, n=11). The second most cited reason was low wages (13%, n=10). The third most cited reason was there are not any full-time positions available (9%, n=7). Other reasons cited include stigma/discrimination (5%, n=4), lack of on the job experience (5%, n=4), I wish only to volunteer (5%, n=4), lack of formal credential/certification (5%, n=4), need more education (3%, n=2) and benefit loss (3%, n=2). About a fifth of respondents indicated that they do not wish to work more hours (20%, n=15) and 43% indicated that they do not experience any barriers (43%, n=32).

Figure 14: Do you currently experience any barriers to working additional hours or securing employment as a peer support specialist? (Currently employed workforce)

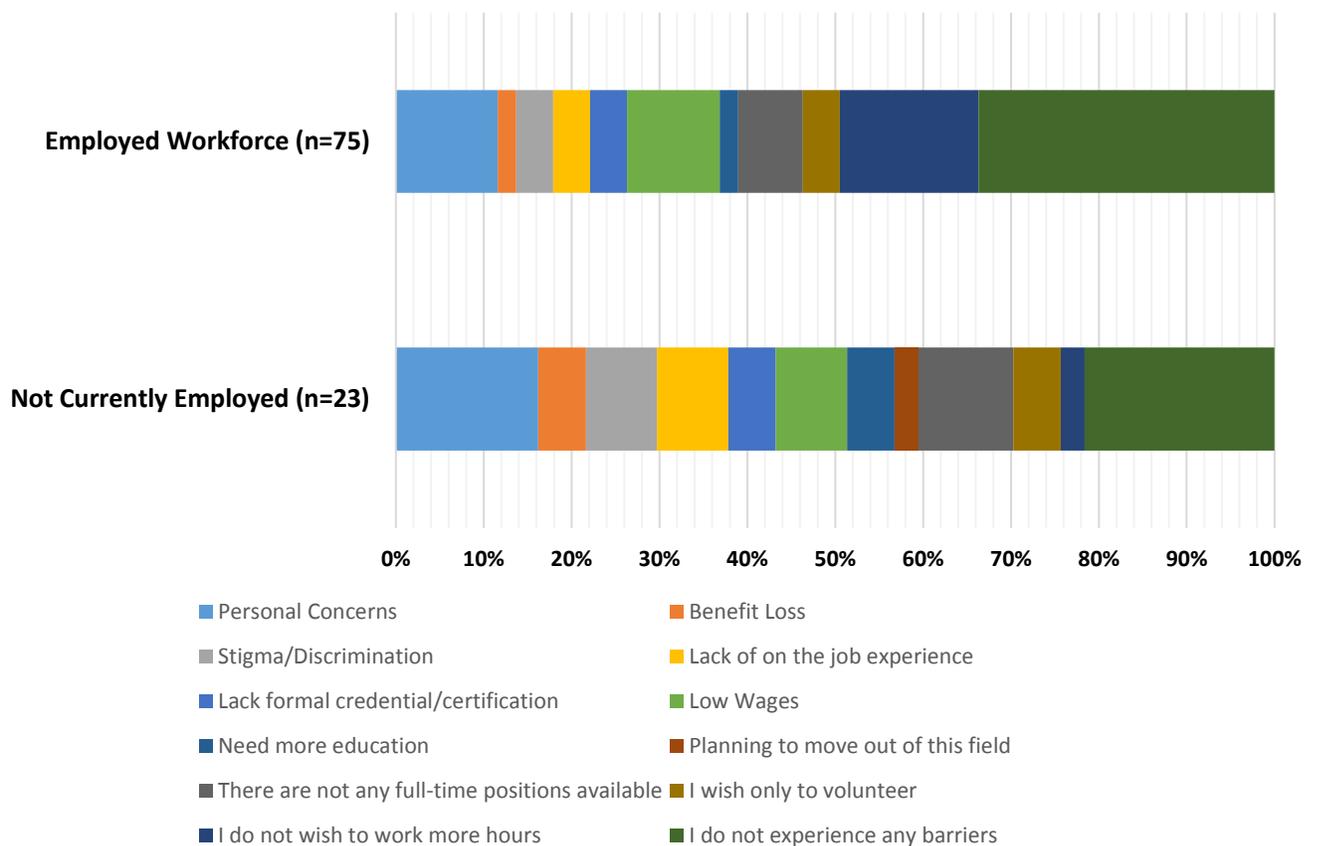


Source: 2016 Nebraska Peer Support Workforce Survey

Comparison

The responses indicate that for both those who are not currently employed in the peer-support workforce and those who are, personal concerns is the top reason for not working more hours or working at all. Low wages are a concern for both those who are working and those who are not as well as the lack of availability of full time positions. These results may indicate that there are individuals who are interested in working in the peer-support workforce, but wages and the lack of enough working hours is causing them to consider other employment. A small number of individuals indicated that they only wish to volunteer, which may indicate that an increase in available volunteer positions may be a beneficial. On a positive note, a fair proportion of individuals indicated that they do not experience any barriers.

Figure 15: Do you currently experience any barriers to working additional hours or securing employment as a peer support specialist?



Source: 2016 Nebraska Peer Support Workforce Survey

LOOKING FORWARD

Educational Opportunities (n=106)

Both currently employed and not currently employed survey respondents indicated that they would be interested in more educational opportunities. The results were fairly consistent among opportunities; they are listed below:

Figure 16: Please select which additional educational opportunities would be beneficial to help you increase the quality of the peer support services you provide.



Source: 2016 Nebraska Peer Support Workforce Survey

RESPONDENT DEMOGRAPHICS (EMPLOYED PEER SUPPORT WORKFORCE)

The following descriptions and graphs below pertain to individuals who are currently employed as paid or volunteer peer support providers.

Behavioral Health Region

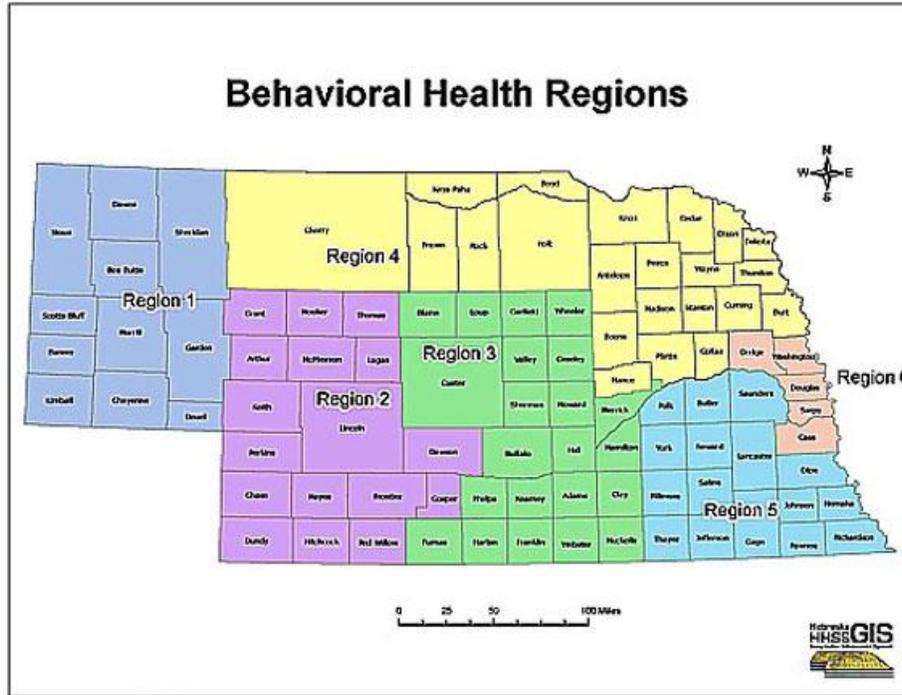


Figure 17: In which Behavioral Health Region do you reside?

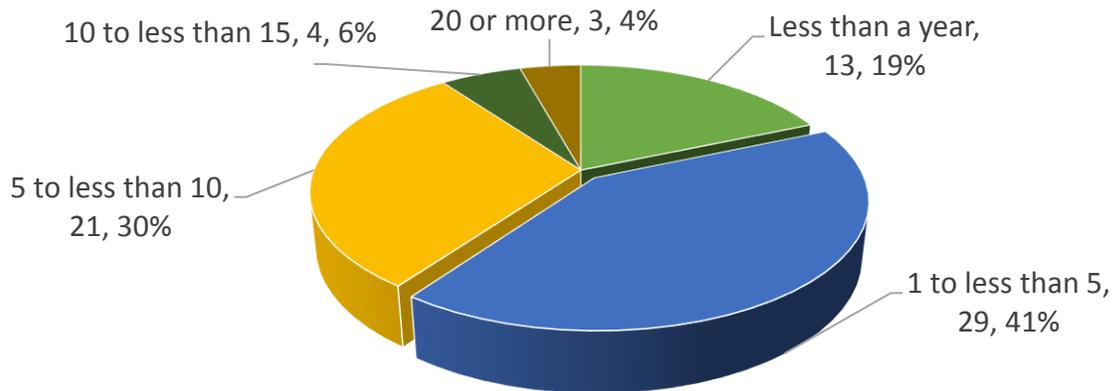
Region	Currently Employed/Volunteering (n=71)		All Respondents (n=91)	
	%	n	%	n
1	1%	1	2%	2
2	3%	2	2%	2
3	13%	9	12%	11
4	9%	6	9%	8
5	46%	33	46%	42
6	28%	20	29%	26

Source: 2016 Nebraska Peer Support Workforce Survey

Amount of Time in the Field (n=75)

Respondents were asked how long they have been working in the field of peer support. When removing cases where individuals reported working less than 1 year, the average length reported was 5.3 years. 17% of respondents indicated that they have worked in the field for less than year (n=13).

Figure 18: ***In total***, how many years have you worked or volunteered as a peer support provider?

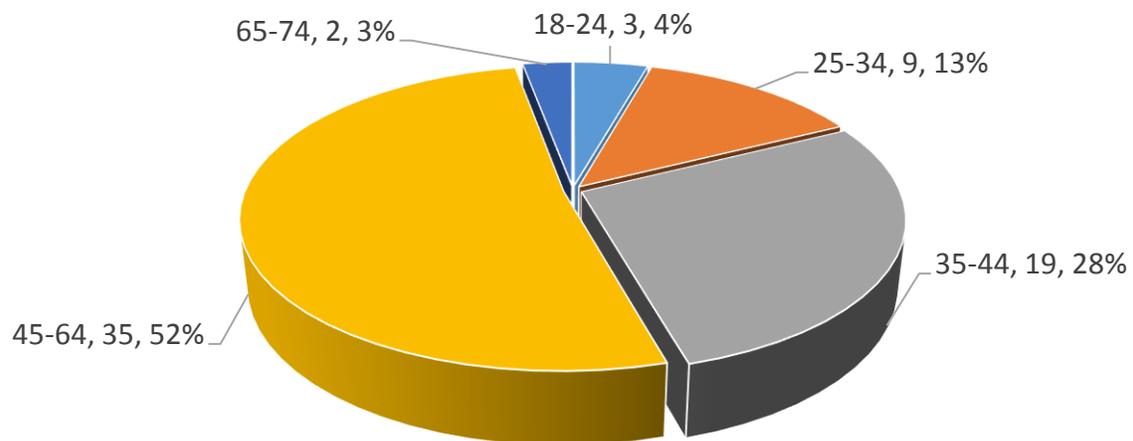


Source: 2016 Nebraska Peer Support Workforce Survey

Age (n=68)

The average age of employed respondents was 46 years old. Over half of survey respondents were aged 45-64 (52%, n=35) and about a fifth were aged 35-44 (28%, n=19). 13% were aged 25-34 (n=9), 4% were aged 18-24 (n=3) and 3% were aged 65-74 (n=2).

Figure 19: What is your age?

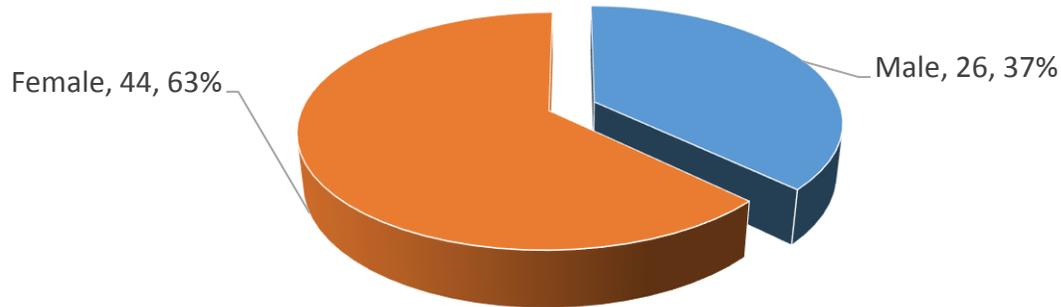


Source: 2016 Nebraska Peer Support Workforce Survey

Gender (n =70)

The majority of employed survey respondents were female (63% n=44). Thirty seven percent, 37%, of survey respondents were male (n=26).

Figure 20: What is your gender?

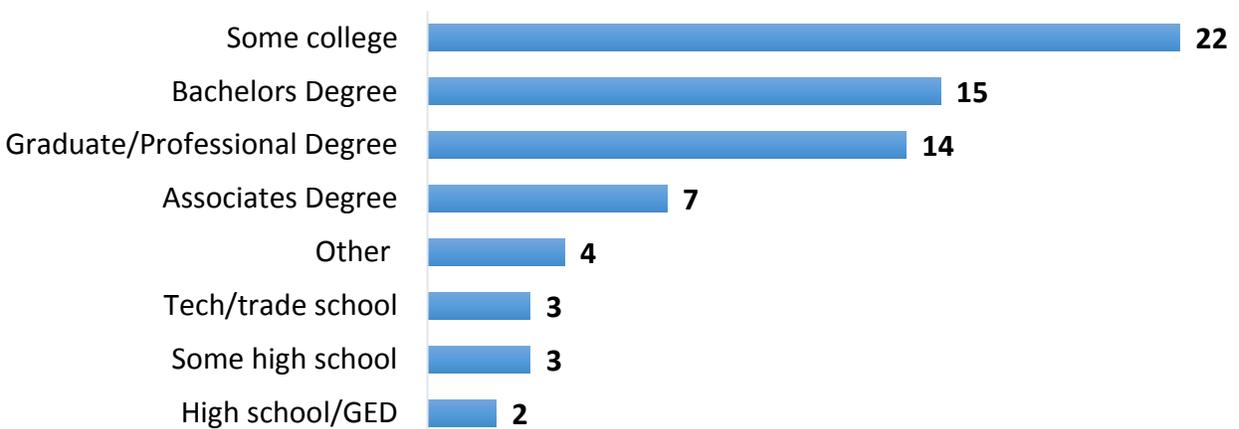


Source: 2016 Nebraska Peer Support Workforce Survey

Highest Level of Education (n =70)

Of the employed respondents to the survey, 41% of sample respondents indicated having completed at least an associate's degree. Just over a fifth of respondents responded that their highest level of education was a bachelor's degree (21%, n=15). A fifth responded that their highest level of education was a graduate or professional degree (20%, n=14). 31% of survey respondents responded that their highest level of education was some college (n=22), 3% reported high school (n=2) and 4% reported some high school (n=3).

Figure 21: What is your highest level of formal education?

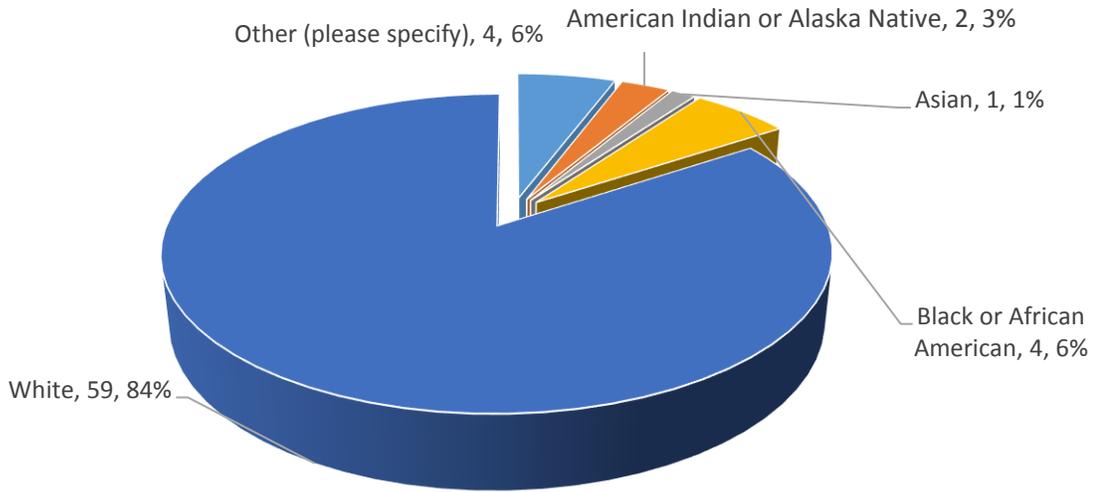


Source: 2016 Nebraska Peer Support Workforce Survey

Race/Ethnicity/Hispanic Origin (n =70)

The vast majority of employed survey respondents identified as white (84%, n=59). 6% of respondents identified as Black or African American (n=4), 3% identified as American Indian or Alaska Native (n=2), 1% identified as Asian (n=1) and 6% identified as other (n=4). When asked about Hispanic origin, about 6% of respondents indicated that they were or Hispanic origin or descent (n=4).

Figure 22: What is your race/ethnicity?

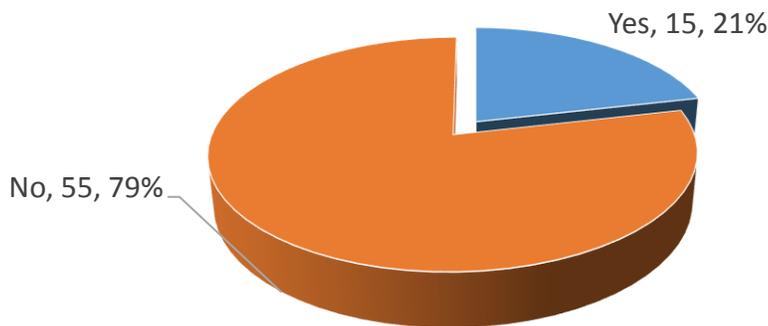


Source: 2016 Nebraska Peer Support Workforce Survey

Military Service (n =70)

Just over one-fifth of employed survey respondents have served on active duty in the US Armed Forces or the Armed Forces of another country (21%, n=15).

Figure 23: Have you ever served on active duty in the US Armed Forces or the Armed Forces of another country?



Source: 2016 Nebraska Peer Support Workforce Survey

COMPARISONS BETWEEN iNAPS AND DBH OCA FINDINGS

Below are comparisons between the 2014 iNAPS U.S. Peer Support Provider Education, Compensation, and Satisfaction Survey and the 2016 Nebraska Peer Support Workforce Survey.

Job Characteristics

Survey	Average hourly wage	Average weekly hours	Average years on the job	Average # peers per week
iNAPS, 2014	\$13.53 (n=288)	32.2 (n=570)	3.8 (n=515)	19.75 (n=523)
DHHS, 2016	\$16.72 (n=52)	34.2 (n=72)	5.2 (n=72)	17 (n=75)

Overall Job Satisfaction

Survey	Very satisfied/mostly satisfied	Neither satisfied nor dissatisfied	Mostly dissatisfied/Very dissatisfied
iNAPS, 2014, n=516	88.6% (n=457)	3.6% (n=19)	7.75% (n=40)
DHHS, 2016 n=70	85.7% (n=60)	13.0% (n=9)	2.9% (n=2)

Peer Support Providers reported feeling respected by their supervisor and colleagues at work (as an equal member of the team and not a patient or client.)

Survey	Strongly agree	Somewhat agree (iNAPS – agree)*	Neither Agree nor Disagree	Somewhat disagree (iNAPS-disagree)*	Strongly disagree
iNAPS, 2014, n=512	44.3% (n=226)	35% (n=180)	10.1 (n=52)	7.4% (n=38)	2.8% (n=14)
DHHS, 2016 n=70	64.0% (n=45)	14.0% (n=10)	11.0% (n=8)	7.0% (n=5)	3.0% (n=2)

*Likert scales did not match up perfectly, iNAPS scale in parentheses.

Gender

Survey	Female	Male	Other
iNAPS, 2014, n=588	64.3% (n=378)	35.2% (n=207)	0.5% (n=3)
DHHS, 2016, n=70	62.9% (n=58.7%)	37.1% (n=26)	0.0% (n=0)

Age

Survey	18-24	25-34	35-44	45-64	65+
iNAPS, 2014, n=581	2.2% (n=13)	12.2% (n=71)	19.2% (n=112)	60.8% (n=353)	5.5% (n=32)
DHHS, 2016, n=68	4.4% (n=3)	13.2% (n=9)	27.9% (n=19)	51.5% (n=35)	2.9% (n=2)

Highest Level of Formal Education

Survey	Some High School	High School/GED	Tech/Trade School	Some College	Associates	Bachelors	Graduate Degree or Higher
iNAPS, 2014, n=585	0.5% (n=3)	10.3% (n=60)	3.8% (n=22)	30.0% (n=175)	16.1% (n=94)	23.8% (n=139)	10.9% (n=64)
DHHS, 2016, n=70	4.3% (n=3)	2.9% (12.9%)	4.3% (n=3)	31.4% (n=22)	10.0% (n=7)	21.4% (n=15)	20.0% (n=14)*

*Asked as Graduate Degree/Professional Degree

Race/Ethnicity*

Survey	White	Black	Hispanic	Asian	Native American	Pacific Islander
iNAPS, 2014, n=577	75.4% (n=435)	15.4% (n=89)	9.4% (n=54)	0.5% (n=3)	4.5% (n=26)	0% (n=0)

Survey	White	Black/African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Other
DHHS, 2016, n=70	84.3% (n=59)	5.7% (n=4)	1.4% (n=1)	2.9% (n=2)	0% (n=0)	5.7% (n=4)

Hispanic

Survey	Yes	No
DHHS, 2016, n=70	5.7% (n=4)	94.3% (n=66)

*This question was asked differently on each survey. For iNAPS, the Hispanic category was combined into the Race question. For the DHHS survey, Hispanic ethnicity was asked as a separate question.

I have served in the military.

Survey	Yes	No
iNAPS 2014, n=587	17.2% (n=101)	82.8% (n=486)
DHHS, 2016, n=70	21.4% (n=15)	78.6% (n=55)

The following descriptions and graphs below pertain to all respondents, n=106.

Barriers

Survey	Against Medical Advice	Benefit Loss	Past Issues	Stigma and Discrimination	Lack on the job experience
iNAPS, 2014, n=153	22.2% (n=34)	60.1% (n=92)	5.8% (n=9)	8.5% (n=13)	7.2% (n=11)
DHHS, 2016, n = 106	-	3.8% (n=4)	16.0% (n=17) †	6.6% (n=7)	5.7% (n=6)

† Asked as “Personal issues”

- Was not asked

Survey	Need more education	There are no paid/full-time positions	Enjoy working part-time	Volunteering is rewarding	I do not experience any barriers
iNAPS, 2014, n=153	8.5% (n=13)	47.7% (n=73)	41.8% (n=64)	15.7% (n=24)	-
DHHS, 2016, n = 106	3.8% (n=4)	10.4% (n=11)	15.1% (n=16) †	5.7% (n=6)*	37.7% (n=40)

† Asked as “I do not wish to work more hours”

*Asked as “I wish only to volunteer”

- Was not asked

Survey	Lack Formal Credential	Trying it before making a commitment	Planning to move out of this field	Low Wages
iNAPS, 2014, n=153	9.8% (n=15)	9.1% (n=14)	2.6% (n=4)	-
DHHS, 2016, n = 106	5.7% (n=6)	-	-	12.3% (n=13)

- Was not asked

Participant comments

- ✚ “I found the 40-hour training to become a Certified Peer Support and Wellness Specialist to be very thorough and informative. The presenters were outstanding, the group interaction and "projects" taught us a lot, and I made some great friends! I've also really appreciated the continuing ed opportunities and excellent communication that peers receive through the state peer conference.”
- ✚ “I currently have a non-profit that works with ex-offenders and want to move peer support with that population what we have is peer support mentoring and my peer support skills will be very useful working with this population.”
- ✚ “I have experienced various childhood, and adolescent traumas, as well as struggling with mental illness issues as far back as junior high school. I have been in and out of psychiatric hospitals over the course of my life, including outpatient care. But, since becoming a peer support specialist..... I have experienced healing in so many ways. Becoming a certified peer support and wellness specialist has given meaning to all my experiences of mental illness and trauma. I live a truly happy life. God has blessed me in so many ways.”
- ✚ “I believe Peer Support is a fantastic service to others that impacts the consumer and the peer. If done correctly, efficiently, and supported by others in the treatment process will prevent hospitalizations that are not necessary. In order to have this credible we need to have a more organized peer support program that will bring respect and credibility to the whole program. Let's work toward identify the foundation of peer support and making strides toward that.”
- ✚ “A majority of people working in this organization and other organizations providing similar services all deserve more praise as well as financial support. This job is rewarding but it also takes its toll the workers. The turnover rate is high. It's difficult to predict the solution to reducing turnover, but making the effort visible to the workers of an agency should be imperative.”
- ✚ “The Trauma Informed Care culture and trauma treatment that is building as a result of the TIC efforts have had an amazing paradigm. Promoting more of focusing on helping the person understand and put their story to rest, reconcile it or resolve a past that has such a grip on them can continue to grow as peers have relief from targeted treatments, like EMDR, that focus on the source of the struggle instead of battling symptoms while maintaining illness. There has been great progress made it taking the focus off of what is wrong with me and more focus on what has happened to me or what have I experienced that has led up to my past having such a grip on me and dictating my behavior and worldview. I can see movement in myself and the peers I work with in moving from a fear based worldview to one of true deep felt HOPE! I have heard and been told, by providers, not trained in how to work with the sub-conscious, like EMDR, that this trauma thing will be a passing fad, but I do not think it will as people are moving into healing and word of mouth from peers will help build the courage to venture into those dark buried places of our souls. The workforce is increasing in knowledge and skills of working from this mind body approach and I would encourage us to continue to build this capacity for peers to be educated and intrigued while providers continue to educate and receive certification in body mind centered treatments. Thank you for all you do at the OCA.”

Special Acknowledgements

The iNAPS used an agency version of the survey, which was adapted from a statewide survey of New Jersey peer/consumer providers developed by Peggy Swarbrick of the Collaborative Support Programs of New Jersey (CSPNJ) Wellness Institute for the Mental Health Association in New Jersey (MHANJ) and CSPNJ. For copies of the original survey contact: pswarbrick@cspnj.org . To view the results, visit: New Jersey Statewide Provider Agency Survey Results

In addition, the 2014 surveys conducted by iNAPS were approved by the iNAPS Board of Directors: Andy Bernstein, Anthony Stratford, Lisa Goodale, Diann Schutter, Dwayne Mayes, Gladys Christian, Gayle Bluebird, Lisa St. George, Matthew Federici, Mike Roaleen, Mike Weaver, Peter Ashenden, and Kasey Moyer. We also thank Larry Davidson of Yale University, Andy Bernstein of University of Arizona (UA) Camp Wellness, Matthew Federici of the Copeland Center for Wellness and Recovery, Lisa Goodale of the Depression Bipolar Support Alliance, Lori Ashcraft of Recovery Opportunity Center, and Rita Cronis of iNAPS and Rutgers University for contributions during the development and review of this survey. (https://na4ps.files.wordpress.com/2014/07/2007-2014_comparisonreport1.pdf)

The Nebraska Office of Consumer Affairs would like to acknowledge the work of iNAPS and their partners in conducting a national survey to assess to the peer support workforce. In addition, the Nebraska peer support workforce continues to go above and beyond. Their involvement in meaningful initiatives to move the system forward is evident through the survey response compared nationally. The national survey conducted in 2014 collected 605 responses from 43 states between July and October 2014. The Nebraska survey collected 106 responses between December 2015 and January 2016.

Thank you to community partners, peers, youth advocates, family advocates, and others who helped spread the work of the importance of this survey. Special thanks to Speak out, Families Care, Parent to Parent, Families Inspiring Families, Healthy Families Project, Nebraska Family Support Network, the Regional Behavioral Health Authorities, Mental Health Association of NE, NAMI-NE, Partners in Recovery, Women's Center for Advancement, Peer Run organizations in Nebraska, the Veterans Administration, Nebraska Children and Families Foundation, OCA People's Council, and the Mental Health and Substance Abuse Advisory Committees

Lastly, a special acknowledgment to Mazen Sarwar for his leadership in this project. Mazen served as the lead data analyst and author of the data narrative. Additional DBH analysts that supported this project were as follows.

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Department of Health & Human Services



December 2015

Dear Peer Support Providers,

The DHHS Division of Behavioral Health Office of Consumer Affairs is interested in learning more about the current workforce environment for employed/volunteer peer support providers, those who have worked in the past as a peer support provider, and those who are currently seeking a position as a peer support provider. For purposes of this survey, peer support providers are inclusive of those who serve children, family, youth, adults, or veterans in the State of Nebraska while utilizing their personal lived experience with a behavioral health condition and/or trauma to support others.

As peer support continues to grow all across Nebraska, it is important to collect meaningful data that can support the field as it moves forward. We would like your assistance in gathering Nebraska specific workforce data as it relates to some of the following areas: training, hours worked per week, number of people you support, job satisfaction, service provision, organization type, demographics, and more.

This survey should take approximately ten minutes to complete. As a valued partner to the work we do, your participation in this survey is highly encouraged!

Please complete the survey by **January 15, 2016**. Your responses will remain confidential and no personal information will be identified. Please feel free to reach out to me if you have any questions about this survey request.

Thank you for your courage to serve and commitment to helping people live better lives.

Sincerely,

Cynthia Harris, M.S., CPSWS
Nebraska Department of Health and Human Services
Division of Behavioral Health
Network Operations Cross Systems Specialist &
Interim Manager of Office of Consumer Affairs
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1. Have you received 40 hours of specialized peer support training?

- Yes
- No, but I plan to pursue this training in the future
- No and I do not wish to pursue specialized training at this time

2. Did you obtain any of the following certifications? Please select all that apply.

- Certified peer support and wellness specialist (CPSWS) through the NE Office of Consumer Affairs
- Certification for Parent Support Providers (CPSP®) through the National Federation of Families
- No, but I plan to obtain certification in the future.
- I have not received any certifications.
- Other (please specify)



* 3. As a peer support provider, are you currently...

- Employed in a paid position
- Employed in a volunteer position (for the purpose of this survey, please consider a volunteer position as a position where you are NOT paid for your services)
- Not currently employed in an unpaid volunteer position or paid position, but I have worked as a peer support provider in the past.
- Not currently employed in an unpaid volunteer position or paid position, but I am currently seeking a position as a peer support provider.
- I have never volunteered or been employed as a peer support provider.



* 4. Do you currently experience any barriers to working additional hours or securing employment as a peer support specialist?

- Personal concerns
- Benefit loss
- Stigma/Discrimination
- Lack of on the job experience
- Lack formal credential/certification
- Low wages
- Need more education
- Planning to move out of this field
- There are not any full-time positions available
- I wish to only volunteer
- I do not wish to work more hours
- I do not experience any barriers.

5. Within your current volunteer/paid position as a peer support provider, how many years have you been with the organization? If less than a year, please enter "Less than a year."

6. How long do you expect to remain in your current volunteer/paid position?

- Indefinitely
- At least 3 years
- For another year
- Until something else comes along
- Other (please specify)

7. Within your current volunteer/paid position as a peer support provider, what is your **primary** role? Please select one.

- Direct Service Provider
- Program Manager
- Agency Director
- Administrative Support
- Education/Training Provider
- Systems Transformation Advocate
- Other (please specify)

8. What is your current title?

9. What is your hourly wage in dollars?

10. Within your current volunteer/paid position as a peer support provider, on average, how many hours per week do you work?

11. Within your current volunteer/paid position as a peer support provider, on average, how many people do you support per week?

12. Within your current volunteer/paid position as a peer support provider, what type of support services do you provide? Please select all that apply. (If needed, definitions are below).

- Advocacy
- Mentoring
- Support Groups
- Crisis Intervention
- Recovery Support
- Supportive Services
- Health/Behavioral Health Education
- Other (please specify)

Definitions:

Advocacy: A peer empowering a peer/family to learn self and system advocacy.

Mentoring: A peer to peer/family in a supportive relationship to improve self-help skills.

Support Groups: A group of peers/families in a supportive meeting environment.

Crisis Intervention: A peer providing timely support to a peer/family to help stabilize, reduce risk of system involvement and promote resiliency such as loss teams, family navigators, warmlines, crisis response teams, etc...

Recovery Support: A peer supporting a peer/family to promote resiliency, relapse prevention support plus long term safety and wellbeing; such as Clubhouse, WRAP, respite, transition planning, etc...

Supportive Services: A peer supporting a peer/family to connect to community resources that support recovery and whole health; such as accessing benefits, housing, job training, etc...

Health/Behavioral Health Education: A peer empowering a peer/family with education that supports healthy living; such as parenting courses, smoke-free living, etc...

Other Supports: Aid that benefits peers such as transportation or case management but also provided by a peer.

13. Do you currently experience any barriers that prevent you from working more hours as a peer support provider? Please select all that apply.

- Personal concerns
- Benefit loss
- Stigma/Discrimination
- Lack of on the job experience
- Lack formal credential/certification
- Low wages
- Need more education
- Planning to move out of this field
- There are not any full-time positions available
- I wish to only volunteer
- I do not wish to work more hours
- I do not experience any barriers.

14. Within your current volunteer/paid position as a peer support provider, which **best describes** the type of organization you work for?

- Peer Run organization
- Non-Profit
- For-Profit
- Local/State Government agency
- Federal Government agency
- Independent Contractor
- Law Enforcement
- Hospital
- Faith-based organization
- Other (please specify)

15. Within your current volunteer/paid position as a peer support provider, how would you rate your job satisfaction?

- Very Satisfied
- Mostly Satisfied
- Neither Satisfied nor Dissatisfied
- Mostly Dissatisfied
- Very Dissatisfied

16. What is your **primary** motivation for working as a peer support provider?

- Financial gain
- Impacting my community
- Being able to use my lived experience to support others
- Having something to do
- Helping with my own recovery
- General interest in the job
- Other (please specify)

17. How much do you agree or disagree with the following statement: I am respected by my supervisor and colleagues when I am working as a peer support provider.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

18. How much do you agree or disagree with the following statement: I am treated as an equal member of the team when I am working as a peer support provider.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree

19. Lastly, we have some demographic questions.

In which behavioral region to you reside?

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6

20. **In total**, how many years have you worked or volunteered as a peer support provider? If less than a year, please enter "Less than a year."

21. What is your age?

22. What is your gender?

- Male
- Female
- Other

23. What is your highest level of formal education?

- Some high school
- High school/GED
- Some college
- Tech/trade school
- Associates Degree
- Bachelors Degree
- Graduate/Professional Degree
- Other (please specify)

24. Are you of Hispanic origin or descent?

- Yes
- No

25. What is your race/ethnicity?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (please specify)

26. Have you ever served on active duty in the US Armed Forces or the Armed Forces of another country?

- Yes
- No

27. Please select which additional educational opportunities would be beneficial to help you increase the quality of the peer support services that you provide.

- Wellness and Recovery Action Planning
- Prevention Education
- Public Speaking/Giving Effective Testimony
- Crisis Support
- Peer Rights
- Personal and Professional Development
- Boundaries and Ethics
- Behavioral Health Promotion
- Trauma Informed Care
- Cultural Sensitivity Training
- System Navigation and Accessing Benefits
- Building Capacity of Peer Organizations
- Other (please specify)

28. Please use this box to provide any feedback, comments, or concerns. Thank you for completing this survey!

Peer Support Services Survey

Division of Behavioral Health

April 2014

Peer support survey

- ❖ Purpose: To learn more about what Peer Support Services may exist in Nebraska, what opportunities and barriers may exist to providing them and perspectives about the ongoing development and growth of peer support.
- ❖ Method: Survey Monkey online survey tool
- ❖ Distribution: Sent via email invitation and posted to DHHS website
- ❖ Target Audience: Consumers/Stakeholders, Behavioral Health Providers and Peer Support Providers
- ❖ Total Participation:
 - ❖ Consumer/Stakeholder Survey – 25
 - ❖ Behavioral Health Provider/Peer Support Provider - 137

Disclaimers

- ❖ This is a preliminary preview of the survey data.
- ❖ This presentation includes ONLY Provider response data, not Consumer/Stakeholder response data.
- ❖ Numbers (and Percentages) represent the number of survey respondents, not the number of agencies.
- ❖ Limited understanding of peer support services may have resulted in variance in responses.
- ❖ Most respondents indicated also providing peer support services, which may suggest bias in interest and support.

Total Provider Survey response rate =137

Region	Peer Agency	BH Agency
1	1	5
2	3	1
3	6	13
4	6	9
5	25	13
6	19	36
Sub-Total:	60	77
Total:	137	

Provider (BH and Peer) demographics

Population Served	Peer Agency*	BH Agency*
Mental Health	51	63
Substance Abuse	38	50
Co-Occurring Disorders	48	64
Adults (19+)	49	68
Children (0-18)	22	21
Adolescents (19-24)	24	28
Families with Children	38	29

** Total number of survey respondents for each response choice*

Questions about barriers or incentives for the capacity to provide peer support services

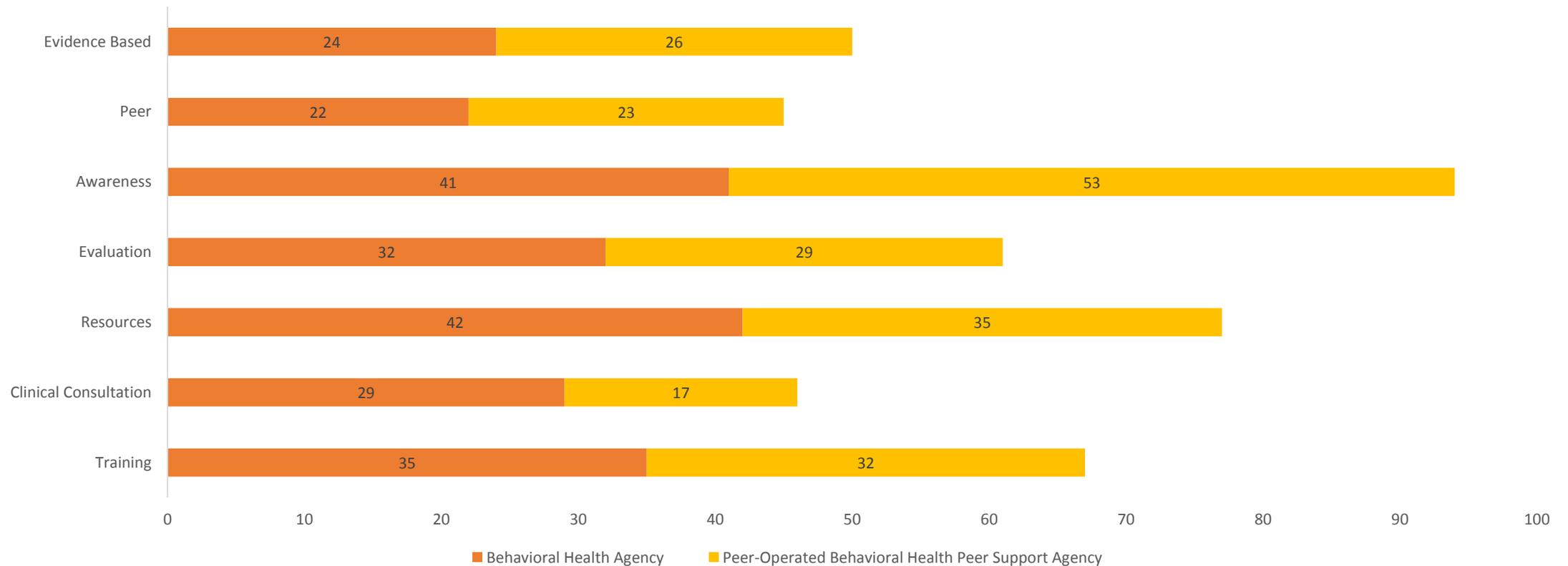
- Question: Please indicate what barriers or challenges might agencies encounter related to providing peer support services. Please choose all that apply:
- Question: Please indicate what resources or incentives might you suggest as potentially beneficial to increase the capacity of agencies to provide peer support services. Please choose all that apply:
 - *Response options (check all that apply) were broadly defined categories of peer support services.*

Barriers or challenges to providing peer support services

Category	Barrier/Challenge Definition
Evidence-Based	Lack of capacity to implement evidence based peer support programs
Peer	Limited availability of certified and/or sufficiently trained peer support specialists
Awareness	Lack of awareness among behavioral health providers to integrate peer support services in the behavioral health system
Evaluation	Non-availability of resources to ensure program evaluation and quality improvement activities for peer support services
Resources	Non-availability of resources to hire qualified peer support specialists
Clinical Consultation	Cost of providing clinical consultation for peer support specialists
Training	Limited availability of training and ongoing education for peer support specialists

What barriers/challenges might agencies encounter in providing peer support services?

Barriers related to providing Peer Support Services

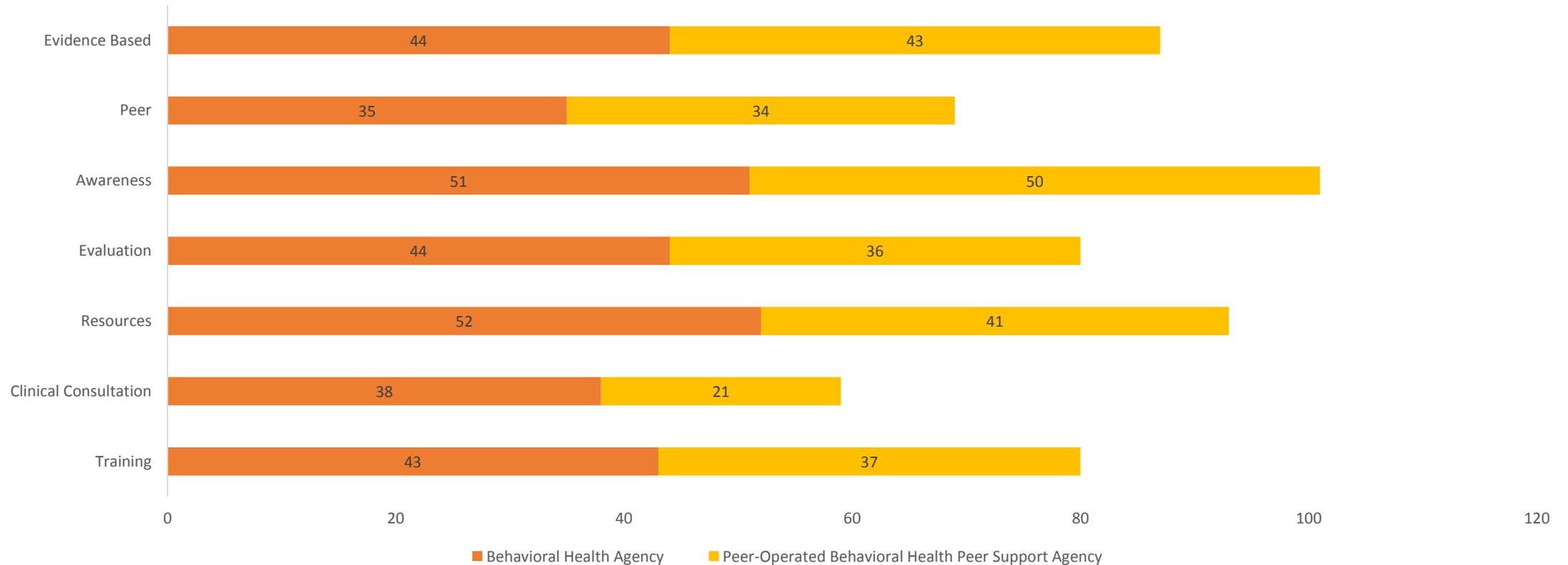


Resources or incentives to providing peer support services

Category	Resources/Incentives Definition
Evidence-Based	Providing resources to implement evidence based peer support programs
Peer	Increasing the availability of certified and/or sufficiently trained peer support specialists
Awareness	Providing education to behavioral health providers to integrate peer support services in the behavioral health system
Evaluation	Providing resources to ensure program evaluation and quality improvement activities for peer support services
Resources	Providing resources for employment of qualified peer support specialists
Clinical Consultation	Providing resources for clinical consultation for peer support specialists
Training	Increase access to training and ongoing education for peer support specialists

What resources or incentives might benefit the capacity to provide peer support services?

Incentives that could be potentially beneficial to providing Peer Support Services



Questions about peer support specialist training and credentialing

Do you believe that Peer Support Specialists should have some type of training prior to providing peer support services?

	Response #	Percent
Yes	120	97.6%
No	1	.8%
Don't Know	2	1.6%
Total:	123	100%

Do you believe that Peer Support Specialists should earn a certificate through a training entity prior to providing peer support services?

	Response #	Percent
Yes	90	73.2%
No	22	17.9%
Don't Know	11	8.9%
Total:	123	100%

Questions about peer support specialist training and credentialing

Do you believe that Peer Support Specialists should be credentialed professionals, recognized and regulated by the State?

	Response #	Percent
Yes	60	48.8%
No	39	31.7%
Don't Know	24	19.5%
Total:	123	100

If a formal, regulated credential existed in Nebraska, would you employ a credentialed Peer Support Specialist?

	Response #	Percent
Yes	81	65.9
No	7	5.7
Don't Know	35	28.5
Total:	123	100

Administrative information about providing peer support services

Does your agency provide peer support services through a subcontract with an external agency to provide the services directly?

	Response #	Percent
Yes	31	25.8%
No	89	74.2%
Total:	120	100%

Does your agency provide peer support services through paid, employed staff?

	Response #	Percent
Yes	107	89.2%
No	13	10.8%
Total:	120	100%

108 respondents said their agency provides peer support services

Category	Definition
Advocacy:	A peer empowering a peer/family to learn self and system advocacy.
Mentoring:	A peer to peer/family in a supportive relationship to improve self-help skills.
Support Groups:	A group of peers/families in a supportive meeting environment.
Crisis Intervention:	A peer providing timely support to a peer/family to help stabilize, reduce risk of system involvement and promote resiliency such as loss teams, family navigators, warmlines, crisis response teams, etc...
Recovery Support:	A peer supporting a peer/family to promote resiliency, relapse prevention support plus long term safety and well being; such as Clubhouse, WRAP, respite, transition planning, etc...
Supportive Services:	A peer supporting a peer/family to connect to community resources that support recovery and whole health; such as accessing benefits, housing, job training, etc...
Health/Behavioral Health Education:	A peer empowering a peer/family with education that supports healthy living; such as parenting courses, smoke-free living, etc...
Other Supports:	Aid that benefits peers such as transportation or case management but also provided by a peer.

Types of peer support services provided

Peer Support Service Category	BH Agency*	Peer Agency*	Category Total*:
Advocacy	53	51	104
Mentoring	49	47	96
Support Groups	40	47	87
Crisis Intervention	41	39	80
Recovery Support	51	45	96
Health/Behavioral Health Education	35	37	72
Other Supports	36	26	62

** Total number of survey respondents for each response choice*

Administrative information about providing peer support services

Does your agency provide continuing education opportunities for Peer Support Specialist staff?

	Response #	Percent
Yes	92	76.7%
No	28	23.3%
Total:	120	100%

Does your agency provide clinical consultation for Peer Support Specialists to utilize, related to providing peer support services?

	Response #	Percent
Yes	67	55.8%
No	53	44.2%
Total:	120	100%

Administrative information about providing peer support services

Are Peer Support Specialists on staff paid via an hourly rate?

	Response #	Percent
Yes	91	85%
No	16	15%
Total:	120	100%

Are Peer Support Specialists on staff paid an annual salary?

	Response #	Percent
Yes	37	34.6%
No	70	65.4%
Total:	120	100%

Administrative information about providing peer support services

Does your agency provide Peer Support Specialists on staff with the same level of employment fringe benefits as other staff?

	Response #	Percent
Yes	96	80%
No	24	20%
Total:	120	100%

Does your agency utilize volunteers to provide peer support services?

	Response #	Percent
Yes	40	33.3%
No	80	66.7%
Total:	120	100%

A few key highlights

- Top 3 identified barriers to providing peer support services:
 1. Lack of awareness among behavioral health providers to integrate peer support services in the behavioral health system
 2. Non-availability of resources to hire qualified Peer Support Specialists
 3. Limited availability of training and ongoing education for Peer Support Specialists

- Top 3 identified incentives to providing peer support services:
 1. Providing education to behavioral health providers to integrate peer support services in the behavioral health system
 2. Providing resources for employment of Peer Support Specialists
 3. Providing resources to implement evidence based peer support programs

A few key highlights

- ❖ Overwhelming agreement that Peer Support Specialists should have some training prior to providing peer support services, and strong support for an earned certification.
- ❖ Mixed response on credentialing but strong support for hiring credentialed Peer Support Specialists.
- ❖ Most respondents indicated providing initial and ongoing training to Peer Support Specialists to equip staff to perform peer support services.