

Training, Employment, and Work Satisfaction Outcomes Associated with the
Pennsylvania Certified Peer Specialist Initiative

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The benefits associated with peer support (i.e., mutual or unilateral support offered by persons with similar experiences) have solid theoretical and empirical support (Salzer & MHASP Best Practices Team, 2002). Peer support also has received a great deal of attention and recognition from policymakers at the local and national levels, including explicit reference in the Surgeon General's Report on mental health (1999) and the report from the President's New Freedom Commission (2003). Programs that are explicitly developed and operated by persons with mental illnesses, as well as programs that involve peer support to some degree in more traditional services, have been in existence for decades (Mowbray et al., 2002). Peer support can inspire hope, trust, personal responsibility, self-determination, and social connectedness (Jacobson & Curtis, 2000; Campbell & Leaver, 2003), with added benefits associated with giving, as well as receiving support (Salzer & Shear, 2002). The role of persons with mental illnesses as providers also has the potential to bring new voices and perspectives into specific programs, agencies, and the mental health system, thereby furthering efforts to transform services toward community integration and recovery goals.

The move toward obtaining Medicaid reimbursement for peer support services has already dramatically changed how these services are delivered. One change has been the need to demonstrate that service providers, in this case peers, meet competency standards in order to provide quality peer support services. Peer support programs traditionally vary in the degree to which they provided training, either informally or formally, from very little training to extensive training. Georgia became the first state in 1991 to gain approval to offer peer support as a Medicaid billable service. In order to bill Medicaid leaders in Georgia needed to identify core competencies for peer providers, develop a training curriculum, and initiate a training and peer specialist certification program. South Carolina and Arizona have also developed their own

programs and have secured Medicaid reimbursement. These training programs generally focus on personal development, recovery and community integration concepts, communication skills, ethics associated with supporting others, workplace issues, and other topics. Katz and Salzer (2007) produced a compendium that describes various training programs from around the United States.

In 2004 the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) received funding from the Center for Medicaid and Medicare Services to develop and support a Peer Specialist Certification Program in the Northeast, Central and Western regions of the state. OMHSAS contracted with the Institute for Recovery and Community Integration at the Mental Health Association of Southeastern Pennsylvania to provide technical assistance and conduct the training. Pennsylvania is the most recent state to adopt a certification process and approved Medicaid reimbursement for the services offered by certified peer specialists (CPS) in May 2007. A total of seven states have received Center for Medicaid and Medicare approval for reimbursement of peer specialist services.

An evaluation was conducted as part of this initiative to address a number of important questions that arise in such an undertaking. The results should prove to be helpful to other mental health systems throughout Pennsylvania and the country as they move toward including CPS in their workforce. This evaluation examined five sets of questions related to its implementation and effectiveness. The two implementation questions were:

#1 Applicant Pool - Is there an adequate pool of qualified applicants to fill available training slots? In order for this type of initiative to be successful there must be an adequate pool of qualified and interested applicants and successful outreach efforts to ensure that these applicants apply and attend the CPS training program.

#2 Supervision/Administration – How supportive and helpful are CPS supervisors and to what extent have they created a welcoming work atmosphere? The CPS training organization has determined based on previous experience that the environment must be adequately prepared to maximize the success of the PSS initiative and reduce stress on the PSS. Success in this area would be seen in high ratings associated with good supervisory practices and feeling accepted by co-workers.

The effectiveness questions were:

#1 Training outcomes – What percentage of trainees become certified? To what degree do trainees demonstrate an increase in knowledge about recovery and peer support?

#2 Employment outcomes – What are the impacts of training on employment?

#3 Work Satisfaction – Are CPS doing what they thought they would be doing and how satisfied are they with their positions?

Methods

Certified Peer Specialist Training

The grant was initiated in October 2004 and included a statewide event in which administrators, staff, and persons in recovery were invited from the three regions in Pennsylvania that were targeted for the project – Central, Northeast, and Western. The Institute utilized an approach that was based on the knowledge and experience they formulated through implementation of CPS initiatives in Montgomery County, Pennsylvania starting in 2002. This approach involved an intensive, two-week curriculum that involved 75-hours of didactic and experiential training that focused on communication skills, cultural competency, outreach, engagement strategies, problem solving skills, how to help clients build their own self-directed recovery tools (e.g., Wellness Recovery Action Plan), and how to navigate the workplace. The

approach also involved a unique focus on preparing the environment for hiring and supporting CPS in mental health agencies, that included training administrators and staff in recovery perspectives, the role of peer support in programs, assisting them in developing job descriptions, awareness of workplace and personal challenges associated with hiring CPS, teaching effective supervisory skills, and creating long-term peer support among CPS.

Numerous meetings and phone contacts occurred between Institute staff and regional planning teams (various stakeholders such as County administrators, individuals in recovery, mental health agencies, and advocates and family members) to identify and recruit potential applicants and prepare the environment for their CPS workforce. Four CPS trainings were held between March 2006 and July 2006 with residents from the three Pennsylvania regions.

Measures and Data Collection

Initial plans called for 60 CPS training slots to be made available to individuals from the three regions in Pennsylvania. Regional staff were responsible for working with local agencies to identify potential trainees and forwarded all applications to the Institute who were responsible for selecting from among the applicants. Data pertaining to the number of applicants, number accepted for training, and number who successfully completed the training program were provided by the Institute for this evaluation. Given strong demand a fourth training was added and a total of 74 individuals were accepted for training.

The evaluation team, in collaboration with Institute staff, created a 60-item knowledge test based on the CPS training curriculum. Institute training staff administered a different subset of items as a pretest in the four trainings and the full 60-item version as a posttest to all 74 individuals who were accepted into the program. Answers to the test were entered by the evaluation staff into a database in order to calculate raw scores for correct answers and percent of

correct responses on the pre- and posttests. Additional data from 16 individuals who received the same training in Montgomery County, Pennsylvania are also included for comparison purposes.

Institute staff informed trainees about the evaluation that was being conducted and requested that they participate by providing contact information and consent to allow the evaluation team to contact them over the next year to obtain their employment information. Trainees were assured that their information would remain confidential and that their participation was completely voluntary and the decision to participate would not affect their ability to be trained or obtain employment. The Institute obtained signed consent to contact forms from 69 out of the 72 individuals who were certified. Twenty individuals out of 20 (100%) from the Western region provided consent to contact and 17 of these (85%) were successfully contacted one year subsequent to training. Twenty-nine individuals out of 31 (94%) from the Central region provided consent to contact and 24 of these (83%) were successfully contacted one year subsequent to training. Twenty individuals out of 21 (95%) from the Northeast region provided consent to contact and 16 of these (80%) were successfully contacted one year subsequent to training.

CPS provided information about their employment experiences immediately prior to training and over the past year, including questions about their employers, job title, start date, end date (if applicable), number of hours per week, starting hourly salary, and current hourly salary. Job titles varied greatly and it was not always apparent whether or not it was related to their CPS training. They were determined to be working as a Peer Support Specialist (PSS) (but not necessarily as a Certified Peer Specialist (CPS)) if they indicated that the position involved the use of the knowledge and skills that they obtained from their CPS training. Those who worked

as PSS were also asked how many individuals they worked with at their agencies. An additional set of questions were added later about their job satisfaction and the extent to which their job description reflected the reality of your job experience, as well as questions about the extent to which supervisors explain the skills or procedures associated with their positions, listen to their ideas and suggestions, and are supportive, as well as how often they meet with their supervisor.

Results

Applicant Pool

A total of 151 individuals applied for the training across the three regions and 74 (49%) were accepted to participate (see Table 1). The Northeast region had the highest number of applicants because seven counties joined together from this region. As with the other regions, there was a limited number of training slots available to applicants from this region, resulting in a smaller percentage of accepted applicants.

Table 1. Number of applicants, number accepted for training, and number who were certified by region

Region	Applied for CPS Training (N)	Entered Training (N; % of applicants)	Certified (N; % of entering trainees)
Central	35	31; 89%	31; 100.00%
Northeast	83	22; 27%	21; 95%
Western	33	21; 64%	20; 95%
Total	151	74; 49%	72; 97%

Training Outcomes

Knowledge Gain. The Institute provided exam data for trainees from the Central, Northeast, and Western regions, and exams from a training session in Montgomery County. Exam data for

a total of 90 individuals was obtained. For the total sample, the mean on the pretest was 63% (SD=10.40) correct, the mean % correct on the post-test for only those items asked on the pretest for that person was 85% (SD=9.27), and the mean % correct on the post-test for all items, including some not asked on the pretest, was 84% (SD= 8.08). The average % increase from the pretest to the posttest was approximately 22% and was statistically significant (paired t = 14.829, df=72, p<.001). Table 2 reports the average correct percentages by region. Statistically significant increases in knowledge (p<.001) were seen within all regions. Table 3 reports individual scores on the pretest and posttest and their change over time. The range on the pretest went from 40%-91% correct with 64 out of 90 (71%) scoring below 70% correct. The range for the posttest was from 47%-95% with two people (2%) scoring below 70% correct.

Table 2. Average pretest and posttest percent correct scores and change over time by region.

Region	Pretest % Correct	Post-test % Correct (only post-test items also appearing in pretest)	Post-test % Correct (all items)	Knowledge gained (% correct on all posttest items minus pretest)
Central region	M = 69.89% SD = 10.30 (n = 31)	M = 85.95% SD = 9.64 (n = 31)	M = 85.11% SD = 7.97 (n = 31)	M = 16.24% SD = 13.88 (n = 31)
Northeastern Region	M = 59.02% SD = 8.92 (n = 22)	M = 84.57% SD = 11.42 (n = 22)	M = 83.64% SD = 10.55 (n = 22)	M = 23.86% SD = 11.14 (n = 22)
Western Region *	M = 56.39% SD = 7.70 (n = 20)	M = 82.22% SD = 8.38 (n = 20)	M = 82.67% SD = 6.83% (n = 20)	M = 28.17% SD = 7.64 (n = 20)
Montgomery County	M = 62.50% SD = 7.50 (n = 16)	M = 84.79% SD = 5.96 (n = 16)	M = 84.79% SD = 5.96 (n = 16)	M = 22.29% SD = 8.09 (n = 16)
Total *	M = 62.84% SD = 10.40 (n = 89)	M = 84.56% SD = 9.27 (n = 89)	M = 84.14% SD = 8.08 (n = 89)	M = 21.89% SD = 11.85 (n = 89)

*One participant in this region did not take the posttest and was excluded from data presented in this table.

Table 3. Individual percent correct scores and change over time.

Trainee #	Region*	Pretest % Correct	Posttest % Correct for only those items asked on pretest	Posttest % correct for all items	Change -- Posttest % correct (all items) minus Pretest % correct
1	C	91	83	90	-01
2	C	78	87	85	07
3	C	78	87	87	08
4	C	83	100	78	-04
5	C	74	74	73	-01
6	C	70	83	80	10
7	C	70	91	90	20
8	C	78	96	95	17
9	C	87	96	87	00
10	C	78	87	75	-03
11	C	74	96	88	14
12	C	48	91	93	46
13	C	70	87	90	20
14	C	65	78	67	01
15	C	74	87	92	18
16	C	70	87	80	10
17	C	61	87	90	29
18	C	74	74	85	11
19	C	78	78	73	-05
20	C	60	78	85	25
21	C	70	94	93	23
22	C	55	94	93	38
23	C	65	100	95	30
24	C	60	67	77	17
25	C	40	78	83	43
26	C	75	83	87	12
27	C	70	94	92	22
28	C	60	100	95	35
29	C	65	89	92	27
30	C	55	78	78	23
31	C	60	61	70	10
32	NE	70	95	88	18
33	NE	65	100	93	28
34	NE	50	80	77	27
35	NE	50	60	70	20
36	NE	45	85	90	45
37	NE	55	95	90	35
38	NE	70	85	83	13
39	NE	70	95	95	25
40	NE	60	85	90	30
41	NE	60	80	80	20
42	NE	65	95	93	28
43	NE	60	50	47	-13
44	NE	55	85	78	23
45	NE	55	90	88	33
46	NE	60	85	90	30
47	NE	70	80	90	20
48	NE	65	90	78	13
49	NE	60	85	83	23
50	NE	55	85	82	27
51	NE	55	94	90	35
52	NE	65	83	87	22
53	NE	55	78	77	22
54	W	60	na	na	na

55	W	65	78	88	23
56	W	50	89	85	35
57	W	60	83	88	28
58	W	50	83	87	37
59	W	55	78	80	25
60	W	45	78	80	35
61	W	55	94	85	30
62	W	65	83	85	20
63	W	60	72	80	20
64	W	65	89	87	22
65	W	60	89	87	27
66	W	55	94	83	28
67	W	40	83	83	43
68	W	50	89	88	38
69	W	55	72	73	18
70	W	50	89	82	32
71	W	65	83	82	17
72	W	55	83	87	32
73	W	50	72	85	35
74	W	40	61	58	18
75	MC	55	90	90	35
76	MC	62	80	80	18
77	MC	62	88	88	27
78	MC	68	80	80	12
79	MC	77	87	87	10
80	MC	50	82	82	32
81	MC	67	78	78	12
82	MC	62	87	87	25
83	MC	70	92	92	22
84	MC	60	90	90	30
85	MC	70	90	90	20
86	MC	63	85	85	22
87	MC	67	87	87	20
88	MC	65	85	85	20
89	MC	52	68	68	17
90	MC	52	88	88	37
Mean		62	85	84	22

* C= Central region NE= Northeast region W= Western region MC= Montgomery County

Certification. A total of 72 out of the 74 trainees (97%) completed the certification process. Trainees were required to attend 100% of the training sessions and demonstrate competence on the various skills and knowledge acquisition.

Employment. Employment related data are presented in Table 4. Most (82%) CPS were working in some capacity one year after the training. All of the CPS from the Western region were working compared to 79% from the Central region and 69% in the Northeast.

Approximately the same number (N= 44; 77%) were working in PSS positions that involved the use of their CPS training and skills one-year after training. According to the Institute, one year

subsequent to training approximately 43% of CPS had the job title “CPS.” All those in the Western region reported working as a PSS compared to 75% in Central and 56% in Northeast. An additional 4 CPS had worked as a PSS since being trained, but were not currently working. Most CPS (74%) had been employed prior to training. However, 10 out of 15 persons who were unemployed prior to their CPS training (67%) were now working in some capacity. Twenty-eight out of the 44 (64%) who were working as a PSS one-year after the training had the same job title with the same employer as prior to their training. The difference indicates a net increase of 16 new PSS positions. Six out of the 12 trainees who could not be contacted one year subsequent to training had been contacted within six months of their training. Out of these six, three (50%) reported working as a PSS. Therefore, a total of 51 individuals out of the 63 (81%) who were contacted at some point after their training had worked or were working as a PSS.

The average job tenure for those currently working as a PSS averaged approximately 11 months and they averaged 27 hours per week. The average PSS hourly wage was \$10.85. The estimated average weekly gross pay (avg. hours per week X hourly wage) came out to \$292.95.

Table 4. Employment one year post training.

	Central (n=24)	Northeast (n=16)	Western (n=17)	Total (n=57)
Currently working	19/24; 79.17%	11/16; 68.75%	17/17; 100.00%	47/57; 82.46%
Currently working as a non-PSS	1/24; 4.17%	3/16; 18.75% ¹	1/17; 5.90% ¹	5/57; 8.77%
Currently working as a PSS	18/24; 75.00%	9/16; 56.25%	17/17; 100.00%	44/57; 77.19%
Currently working as a PSS with same job title and at same employer as prior to training	14/24; 58.33% ² 14/18; 77.78%*	3/16; 18.75% ² 3/9; 33.33%*	11/17; 64.70% ³	28/57; 49.12% 28/44; 63.64%*
Currently working as a PSS with same employer as prior to training, but in a different capacity	2/24; 8.33% ⁴	3/16; 18.75% ⁴	5/17; 29.4% ⁵	10/57; 17.54%
Employed prior to training	17/24; 70.83%	9/16; 56.2%	16/17; 94.1%	42/57; 73.68%
Currently working who were unemployed prior to training	4/7; 57.1%	5/7; 71.4%	1/1; 100.00%	10/15; 66.7%

Not currently working	5/24; 20.83%	5/16; 31.25%	0/17; 0.00%	10/57; 22.81%
Not currently working, but did work after training as a PSS	2/5; 40.00%	2/5; 40.00%	Na	4/10; 40.00%
Not currently working, but did work after training as a PSS, but not employed prior to training	0/5; 0.00%	0/5; 0.00%	Na	0/10; 0.00%
Avg. caseload	M = 16.26 SD = 13.56 N = 17	M = 23.50 SD = 27.60 N = 4	M = 14.21 SD = 15.03 N = 7	M = 16.78 SD = 15.58 N = 28
Continuity – How many consecutive months in last year have they been working as a PSS?	M = 11.78 SD = 0.55 N = 18	M = 9.78 SD = 2.95 N = 9	M = 10.18 SD = 2.92 N = 17	M = 10.75 SD = 2.38 N = 44
Total # Hours / wk	M = 27.00 SD = 11.37 N = 18	M = 27.50 SD = 11.02 N = 9	M = 25.61 SD = 13.16 N = 17	M = 26.56 SD = 11.78 N = 44
Avg. PSS Salary / wk	M = \$10.79 SD = 0.92 N = 18 ¹²	M = \$10.91 SD = 2.58 N = 9	M = \$10.88 SD = 2.74 N = 17	M = \$10.85 SD = 2.09 N = 44 ¹²
Current total hours worked per week	M = 26.37 SD = 11.39 N = 19	M = 34.41 SD = 16.86 N = 11	M = 27.73 SD = 13.78 N = 17	M = 28.74 SD = 13.75 N = 47
Current avg. salary	M = \$10.79 SD = 0.92 N = 18 ¹³	M = \$10.50 SD = 3.05 N = 11	M = \$10.92 SD = 2.76 N = 17	M = \$10.77 SD = 2.26 N = 46 ¹³
Months worked out of past 12 months for those employed prior to training	M = 11.24 SD = 2.22 N = 17	M = 9.56 SD = 4.22 N = 9	M = 12.00 SD = na N = 16	M = 11.17 SD = 2.50 N = 42
Months worked out of past 12 months for those unemployed prior to training	M = 6.57 SD = 4.93 N = 7	M = 6.43 SD = 5.06 N = 7	M = 5.00 SD = n/a N = 1	M = 6.40 SD = 4.64 N = 15

* The top fraction uses the total sample as its denominator, while the bottom fraction uses number of PSS as its denominator

NOTES

- (1) Includes one person who is also working as a PSS
- (2) One of these individuals is also working as a PSS with the same employer as prior to training, but in a different capacity.
- (3) Two of these individuals are also working as a PSS with the same employer as prior to training, but in a different capacity.
- (4) One of these individuals is also working as a PSS with same job title and same employer as prior to training.
- (5) Two of these individuals are also working as a PSS with the same job title and same employer as prior to training.

Job Satisfaction. A benchmark of 4 or higher was used to indicate that PSS feel their job descriptions reflect their actual work and their overall job satisfaction. Overall, PSS report their job descriptions do generally reflect what they do (see Table 5). However, results from PSS in the Northeast and Western regions fall just below the benchmark on this criterion. While possibly not very significant, it is an area where some attention might be paid. Only a very small

subset of respondents was asked to report on their job satisfaction, and almost all of these were from the Central region. This was because we added the question late in the evaluation process and persons in this region were among the last to be trained. Nonetheless, we found that most were very or extremely satisfied with their job experience.

Table 5. Results for degree to which job descriptions reflects their work experiences and overall job satisfaction.

		Central	Northeast	Western	Total
Currently PSS: To what extent does your job description reflect the reality of your job experience?	1=Not at all 2=Slightly 3=Moderately 4=Very 5=Extremely	M = 4.41 SD = 0.87 N = 17	M = 3.80 SD = 1.02 N = 9	M = 3.88 SD = 1.32 N = 17	M = 4.07 SD = 1.11 N = 43
Currently PSS: How satisfied are you with your overall job experience?	1=Not at all 2=Slightly 3=Moderately 4=Very 5=Extremely	M = 4.75 SD = 0.43 N = 18	M = 5 SD = .00 N = 2	M = 3 SD = na N = 1	M = 4.69 SD = 0.56 N = 21

Supervision

A benchmark of 4 or higher was used to indicate that PSS are satisfied with the various issues related to their supervision. Overall, the results exceed this benchmark on every question and for each of the three regions and suggest that PSS are generally receiving good supervision and support in the workplace (Table 6). There is evidence of only modest variation among the regions on the various items. Only those from the last training cohort were asked about how accepted they felt by co-workers. The results indicate that most do feel accepted.

Thirty out of 44 (68%) current PSS receive daily or weekly supervision (Table 7). The remaining PSS, 14 out of 44 (32%) report receiving supervision once a month or less, with five out of nine PSS (56%) in the Northeast region falling into this level of supervision.

Table 6. Satisfaction with supervision and degree to which they feel accepted by co-workers.

		Central	Northeast	Western	Total
Currently CPS: To what extent does your supervisor explain the skills or procedures you are expected to perform?	1=Not at all 2=Slightly 3=Moderately 4=Very 5=Extremely	M = 4.50 SD = 0.77 N = 18	M = 4.02 SD = 1.26 N = 9	M = 3.88 SD = 0.99 N = 17	M = 4.16 SD = 0.99 N = 44
Currently CPS: To what extent does your supervisor listen to your suggestions, ideas, and opinions?	1=Not at all 2=Slightly 3=Moderately 4=Very 5=Extremely	M = 4.56 SD = 0.78 N = 18	M = 4.67 SD = 0.71 N = 9	M = 3.96 SD = 0.83 N = 17	M = 4.35 SD = 0.83 N = 44
Currently CPS: How would you rate your supervisor's overall level of supportiveness?	1=Not at all 2=Slightly 3=Moderately 4=Very 5=Extremely	M = 4.56 SD = 0.70 N = 18	M = 4.50 SD = 1.00 N = 9	M = 4.15 SD = 1.06 N = 17	M = 4.39 SD = 0.92 N = 44
Currently CPS: To what extent do you feel respected and accepted by your co-workers?	1=Not at all 2=Slightly 3=Moderately 4=Very 5=Extremely	M = 4.69 SD = 0.46 N = 18	M = 4.75 SD = 0.35 N = 2	M = 3.00 SD = na N = 1	M = 4.62 SD = 0.57 N = 21

Table 7. Frequencies for how often PSS receive supervision by each region

How often do you receive supervision?	Central	Northeast	Western	Total
Not at all	0/18; 0.00%	1/9; 11.11%	0/17; 0.00%	1/44; 2.27%
Less than once a month	1/18; 5.56%	2/9; 22.22%	1/17; 5.88%	4/44; 9.09%
At least once a month	4/18; 22.22%	2/9; 22.22%	3/17; 17.65%	9/44; 20.45%
At least once a week	12/18; 66.67%	1/9; 11.11%	8/17; 47.06%	21/44; 47.73%
At least once a day	1/18; 5.56%	3/9; 33.33%	5/17; 29.41%	9/44; 20.45%

Discussion

Based on the results of this evaluation it appears that the Pennsylvania CPS initiative has been successfully implemented and achieved its primary outcome objectives. One hundred and fifty-one individuals from three regions of the state submitted applications to be enrolled in the CPS training program. This number more than exceeded the number of available slots and indicated that there is a great deal of interest among persons in recovery from mental illnesses for

such training and PSS employment opportunities. We did not evaluate how much effort was put into disseminating information about the CPS training opportunities, but imagine that there remain many individuals in each of the regions who did not hear about it and would be interested in applying for future trainings. Institute staff reported that most of these individuals had the qualifications to participate in the training, but that they only had capacity for the 74 who eventually were accepted and enrolled in the training.

Another implementation issue was the degree to which supervisors supported the PSS and created a welcoming, supportive environment among all agency staff. The results indicated that the PSS felt their supervisors did a very good job explaining their jobs to them and were highly supportive of their work. As mentioned earlier, one potential impact of peer support initiatives is that the presence of persons in recovery as agency staff may bring new perspectives and approaches into the service environment, thereby furthering the transformation process. The results indicate that PSS strongly felt that their supervisors listened to their suggestions, ideas, and opinions. This is one potential indication that this influence may, in fact, be occurring. However, there is a concern related to the intensity of supervision that is offered PSS. Thirty-two percent of those who were asked reported that supervision happened once a month or less. Medicaid requirements in Pennsylvania are that supervision should be provided for at least 2 hour a week¹. The current amount of supervision being offered is not frequent enough that PSS are providing maximally effective supports and limit opportunities for the supervisor to fully support the PSS as they deal with the problematic issues that arise given their presence and new perspectives in the organization and service system. Finally, lack of acceptance and respect from co-workers can be a major stressor for PSS and undermine their effectiveness (Salzer & MHASP

¹ Supervision standards are only required for CPS positions. This requirement does not apply to other PSS positions .

Best Practices Team, 2002). The PSS who were asked reported feeling very respected and accepted by their co-workers. These results bode well for the long-term success and effectiveness of these initiatives assuming that they are the same throughout the state.

The initiative was also successful in achieving its desired outcomes. A total of 72 persons successfully completed the program and obtained certification. This translates into a 97% success rate. Applicants did enter the program with a solid foundation of knowledge based on their pretest scores. This could be due to at least two factors. First, some of the items were fairly easy, with greater than 90% correct responses at both time points that had a positive effect on overall test scores. These items reflected a possible underestimation of the knowledge that trainees might have coming into the training and will likely be replaced in future test administrations. Second, many of those enrolled in the training program had some experience providing peer support prior to entering the training and likely also had some prior knowledge of recovery and other topics covered in the test. Future applicants may have less familiarity with these concepts. Nonetheless, trainees demonstrated a 22% increase in knowledge gained based on results from the CPS exam. Seventy-one percent scored below the passing benchmark on the pretest and only 2% scored below on the posttest. The substantial gains on the test suggest that the training program did lead to increased knowledge among the trainees.

From an employment outcome perspective, many of the CPS were already employed at the time they entered the training program and 28 were working in a PSS capacity prior to the training. One year after the training 44 individuals were working as a PSS (77%) and an additional 4 worked as a PSS sometime after the training. Sixteen CPS trainees worked in a new PSS position, and these new positions were fairly equally divided among the three regions. The fact that so many CPS were working as a PSS for up to one year after the training is viewed

as positive, however, it is difficult to determine the success of the initiative in producing employed PSS because so many had already been working in a similar capacity. The CPS training was associated with 10 people being employed one year later who were not employed prior to training, which was approximately a 67% employment rate among all those unemployed prior to training.

According to Institute staff, many positions are still in the process of being converted to CPS positions. Affected trainees are in the process of waiting for agencies to create and fund these new positions. The fact that this process has been slow may contribute to the finding that almost half (49%) of trained CPS were, one year later, working in the same capacity as before training. From an employment satisfaction perspective, trainees affected by the slow conversion process may be experiencing frustration and dissatisfaction.

Overall, it appears that the Pennsylvania Certified Peer Specialist Initiative has been successful in terms of producing long-term engagement in the workforce as a PSS, and very good success in assisting those who were unemployed prior to training in getting employed. However, the initiative had only moderate success in producing new PSS in the workplace given the high number of already employed persons who entered the training. There was some regional variation in employment rates. The Northeast region had more people who were not working at the time they started the training and fewer people employed in any capacity, including as a PSS one year after the training. This variation could be due to many factors, including the characteristics of the CPS trainees, lack of funded positions, etc. More exploration is needed to understand this phenomenon.

Finally, persons working as PSS reported that their job descriptions generally fit the work they did, although ratings fell below the benchmark in the Northeast and Western region,

suggesting some opportunities for improvement. Overall, CPS were very satisfied with their positions. According to Institute staff, the subset of employed PSS with the job title “CPS” report positive feelings such as self-esteem and self-confidence as a result of finding and sustaining employment.

In terms of future directions and areas still needing improvement, transportation is a major issue. In addition, despite many positive changes, stigma within the behavioral health system continues to exist and is still a major obstacle for consumers.