National Survey of Compensation Among Peer Support Specialists

The word cloud graphic used in this report is a visual summary of comments provided by peer support specialist respondents to this survey. The size of each word represents the frequency of its use.

Recommended Citation

Daniels, A.S., Ashenden, P., Goodale, L., Stevens, T. National Survey of Compensation Among Peer Support Specialists. The College for Behavioral Health Leadership, www.acmha.org, January, 2016

Acknowledgements

The idea for this study began at a recent College Summit when the authors began a discussion about how little there was known about average wages for peer support specialists. As often happens at College events, a new idea was incubated. There was discussion about how to conduct and fund this kind of survey, followed by immediate recognition that if any organization were to fund the study then they would potentially own the results which could prejudice how they might be used. The principal author (A. Daniels) pledged that if the organizations affiliated with the other authors (Ashenden – International Association of Peer Supporters (iNAPS); Goodale – Depression and Bipolar Support Alliance (DBSA); and Stevens and Rosenthal – New York Association of Psychiatric Rehabilitation Services (NYAPRS) would promote the distribution of the survey, then he would self-fund the study, make the results publically available, and preserve the neutrality of the results. Based on this intent The College for Behavioral Health Leadership became the logical, public domain choice for the publication of this report. The authors also recognize Rebecca Daniels, MSPH, for her contributions to the study and data analytics, and Kris Ericson, PhD, for editorial and publication support.

Peer Support Specialists

In this survey the term Peer Support Specialist is used to describe the workforce that is comprised of Peer Specialists who have received the necessary training, and where available have certification to be employed in these roles. In this report the terms Peer Support Specialist and Peer Specialist are used interchangeably.

© 2015 Allen S. Daniels, EdD *and* The College for Behavioral Health Leadership. All rights reserved.

Table of Contents

Executive Summary 4
Background and Introduction 5
Methods 7
Results – Individual Peer Support Specialists 7
Survey Demographics 7
Table 1. Response Rate by State 8
Table 2. Response Rates by Gender 8
Table 3. Response Rates by Gender 8
Table 4. Response Rates by Type of Organization Where Employed 8
Table 5. Hours Worked in an Average Week 9
Table 6. Tenure in Current Position 9
Compensation – Individuals 9
Table 7. Average Wage by Hours Worked per Week 10
Table 8. Average Wage by Gender 10
Table 9. Average Hourly Wages by Gender and Hours Worked 10
Table 10. Average Salary by Gender and Certification 11
Wages and Compensation – Organizations 11
Table 11. Average Wages by Hours Worked and Type of Organization 12
Table 12. Average Tenure in Job and Wages by Organization 12
Analysis of Peer Support Specialist Wages by HHS Region 13
Figure 1. Health and Human Services (HHS) Regional Map 14
Table 13. Survey Response Rates by HHS Regions 14
Figure 2. Regional Map by Average Wage and Gender 15
Table 14. Average Wages per Organization Type and HHS Region 16
Individual Feedback on Wages 16
Organizations that Employ Peer Support Specialists 16
Table 15. Response Rates by Types of Organizations 17
Table 16 Organizational Type and Number of Peer Support Staff 17
Table 17. Salary Range for Peer Specialists by Type of Organization 18
Table 18. Frequency of Peer Specialist Wage Increases by Employer Organization Type 18

Work Responsibilities – Key Aspects 19
Table 19. Established Job Descriptions for Peer Specialists by Organizational Type 19
Table 20. Face-to-face Service Requirements 19
Table 21. Supervision of Peer Specialists 20
Discussion 20
Conclusions 22
Appendix 1: Average Peer specialist Wages by HHS Regions and Organization 23
Appendix 2: Calculating Peer Specialist Wages Based on Fee-for-Service Reimbursement Models 34
References 36

Executive Summary

The peer support specialist workforce has been growing and expanding since Medicaid established funding for these services in 2007. A majority of States have developed training and certification standards and research has continued to expand and support the evidence base for these services. Peer support specialists are now a routine part of most behavioral health service systems. They are also increasingly recognized for their essential role in promoting person-centered services that promote engagement and activation that fosters recovery and resiliency.

Absent from much of the research on the peer support specialist workforce has been a review of wages and compensation. Work that has been done in this area has primarily examined satisfaction with employment roles and current compensation. The goals of this study are to examine wages and salaries for the peer specialist workforce with a specific focus on pay rate differences between the types of organizations in which they work, regional differences in compensation, and any prevailing inequities. The genesis for this study began at The College for Behavioral Health Leadership during an annual summit, with the recognition that leaders in the peer support services field did not have any reasonable benchmarks for compensation standards.

In order to address the focus of this study two surveys were constructed. One was designed for peer support specialists to report their current compensation. A second survey was developed as a comparison for organizations who employ peer specialists. Non-probability sampling methods were used and three lead consumer organizations (Depression and Bipolar Support Alliance, International Association of Peer Supporters, and New York Association of Psychiatric Rehabilitation Services) were recruited to promote and disseminate the surveys. Historically, surveys of the peer support specialist workforce have garnered about 300 – 500 responses. The response rate for this survey includes 1,608 individuals, and 271 organizations.

The findings of this study illustrate that there is diversity among the current national structure for the wages of peer specialists. This includes significant differences in average compensation rates between those who work all different hours ($15.42) and only full-time ($16.36). There are also different wage rates among the types of organizations (consumer and peer run organizations, community behavioral health organizations, health care provider organizations, inpatient psychiatric facilities, and health plan and managed care organizations) that employ this workforce. An analysis of the wages of peer specialists in the 10 US Department of Health and Human Services (HHS) regions also demonstrates geographic differences in compensation rates and compares regional and national averages. Inequities in compensation rates are also noted between male and female peer specialists, with men receiving on average in excess of $2.00 more per hour than women. Peer specialists have expressed concerns about needing to earn wages that support and sustain their independence and recovery, as well as the significant contributions that working in these roles provide them.

A comparison between responses of individuals and the organizations that employ peer specialists illustrates consistencies in the use of job descriptions, frequency of pay increases, and pay ranges.

The implications for the findings of this study are discussed and include the need for greater attention and focus on the wages of the peer specialist workforce. The geographic differences in wage rates can be used to foster strategic planning for further development of this workforce and provide direction for technical assistance opportunities within the HHS regions. Ongoing support is needed at the federal and state levels to addresses inequities identified in the study. Additionally, as the reimbursement for peer support services increasingly includes fee-for-service payment structures for direct encounters, a model is presented to assist peer specialists and leaders in establishing and advocating for wages that are consistent with this payment model.

Background and Introduction

In 2007 the Center for Medicare and Medicaid Services (CMS) described peer support services as evidence-based and designated these services as reimbursable under state Medicaid Plans. They also defined a qualified peer support provider (Peer Specialist) as a self-identified consumer who is in recovery from a mental health or substance use condition and assists others with their recovery (CMS, 2007). Since CMS recognized peer support services, many studies and reports have examined the emergence and evolution of the workforce that provides these services.

Some notable examples of the review of the peer support services include the core principles for this field as described by the Pillars of Peer Support initiative (www.pillarsofpeersupport.org) reports (Daniels, et al., 2010, 2011, 2012, 2013 a & b, 2015), and *Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services* (Hendry, Hill, Rosenthal, 2014 – www.acmha.org/images/uploads/files/Peer_Services_Toolkit.pdf). Training and certification requirements for peer support specialists have been reviewed and are outlined by Kaufman, et al., (2014). A range of core competency standards have been described by the International Association for Peer Supporters (iNAOPS, 2014), and the Substance Abuse and Mental Health Services Administration – Health Resources and Services Administration (SAMHSA-HRSA) Center for Integrated Health Solutions (Hoge et al., 2014). The roles and practice of Peer specialists has been described by Salzer (2010) and Chinman (2006) among others. Reviews of the outcomes and evidence for peer support services have been reported by Repper and Carter (2011), and Chinman et al., (2014), among others. Coverage and reimbursement for peer support services have also been examined by Kaufman et al., (2014) and Daniels (2013).

Among all of the studies and reports on the peer support services workforce, one significant area that has not been specifically reviewed are the wages and compensation for peer support specialists. In a 2014 update of a 2007 survey on peer support provider's education and work and compensation satisfaction, iNAOPS conducted a preliminary review among its constituents of workforce characteristics. This includes self-reported information and does not include input from organizations that employ this workforce. Minimal additional information exists for the peer specialist workforce and their employment and compensation.

From a federal perspective, the Bureau of Labor Statistics (www.bls.gov) maintains the Standard Occupational Classification (SOC) system. This includes over 800 detailed occupational categories that are used for collecting, calculating, and disseminating data and information on job characteristics, workforce distribution, and annual mean wages. There is no specific job classification for the peer support specialist workforce. However, the closest similar category is for Community Health Workers (#21-1094) which serves as a useful benchmark for this workforce. The BLS describes the Community Health Worker role as:

> Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs" (http://www.bls.gov/oes/current/oes211094.htm).

Workforce demographics including geographic distribution, industry sectors, and mean hourly and annual wages are also reported.

The other large system that employs peer support specialists in formal workforce roles is the Department of Veterans Affairs (VA). In the VA system, Peer Specialists are employees who help Veterans with serious mental illnesses and substance use disorders to successfully engage in treatment. The Peer Specialist position is classified as a GS - 6, 7, 8, or 9. Peer Specialists are required to be Veterans; be individuals who self-identify as being in recovery from a mental health condition; and, have obtained peer specialist certification training. These GS positions require that the employee has his/her peer specialist certification at the time of hire. There is also a GS - 5 position that is considered an "apprentice" position, and the individual does not have to have certification at the time of hire. They are given time to obtain this certification through their state or a VA-approved organization providing peer specialist training and certification. These positions are governed by Office of Personnel Management (OPM) and VA Human Resources principles including job descriptions, supervision requirements, and workforce classifications (OBrien-Mazza, 2015).

Methods

This study was designed to examine key issues in the compensation of peer support specialists nationally. In order to do this, two parallel surveys were developed for completion by peer support specialists and organizations that employ them. The survey of individual peer specialists included 13 questions and the survey for organizations that employ peer specialists included 14 questions. Both open ended and fixed response questions were used.

Surveys were available online (via Survey Monkey) and were live for a one-month period in May/June, 2015. The primary dissemination channels for these surveys were promoted through newsletters and communications from leading consumer organizations and others. Non-probability sampling methods were used and no limitations were placed on respondents. The response rate for individual peer support specialists was 1,608. For organizations employing peer support specialists the response rate was 271. Individuals responding to the survey included broad geographic distribution and every state in the country was represented except North Dakota. The responses for organizations that employ peer specialists were also broadly distributed and included all states except AR, CT, ID, IN, ME, MS, MO, NV, ND, RI, and VT. In order to accommodate variable response rates across states, the Health and Human Services (HHS) regional framework was used to aggregate state responses.

This study was conducted without external funding support in order to assure that the results were not biased or reporting limited by any organizations. The study was self-funded by the principal author. Survey distribution support was promoted by the authors and their affiliated organizations (Ashenden – iNAOPS Board, Goodale – DBSA, and Rosenthal – NYAPRS). Publication as a white paper format was selected for expedience in making results available in the public domain. The College of Behavioral Health Leadership was selected as a publication source based on its mission as an incubator of new ideas and as a neutral convener in the behavioral health field.

Results – Individual Peer Support Specialists

Survey Demographics

The demographics of the survey respondents demonstrate a diverse national peer support specialist workforce. There is broad geographic representation across states (Table 1). The workforce included in this survey is also predominantly female (Table 2). Overwhelmingly, over 80% of the survey respondents self-identified themselves as certified (Table 3). Almost half of respondents report working in community behavioral health organizations and there is also a core constituency employed in consumer/peer run organizations and health care provider organizations (Table 4). Individuals participating in this survey are predominately employed full time (Table 5). The job tenure for those included is primarily between 1 and 3 years (Table 6).

Table 1. Response Rate by State

Responses	States
0 – 5	AK, AR, CT, DE, ID, ME, MN, ND, NE, NH, NM, PR, RI, SC, SD, UT, VT
6 – 10	HI, KS, KY, MO, MT, NV
11 – 25	AL, DC, IN, MS, NJ, OK, OR, VA, WV, WI, WY
26 - 50	FL, GA, IL, IA, LA, MA, MI, NC, OH
51 – 75	CO, MD
76 - 100	CA, TX
> 100	AZ, NY, PA, TN, WA

Table 2. Response Rates by Gender

Certification	Percentage Responding
Yes	87.2%
No	12.7%

Table 3. Response Rates by Gender

Gender	Total
Male	561
Female	1,035
No Response	12

Table 4. Response Rates by Type of Organization Where Employed

Organization Type	Respondents
Consumer/Peer Run Organizations	220
Community Behavioral Health Organizations	670
Health Care Provider Organizations	222
Psychiatric Inpatient Facilities	117
Health Plan/Managed Care Organizations	63
Multiple Organizations	89
No Response	227
Total	1,608

Table 5. Hours Worked in an Average Week

Hours Worked	Percentage Responding
< 10 hours/week	3.7%
11-20 hours/week	14.0%
21-30 hours/week	9.2%
31-40+ hours/week	72.9%

Table 6. Tenure in Current Position

Tenure	Percentage Responding
< 1 year	21.3%
1 – 3 Years	40.8%
>3 Years	21.2%
Other	16.5%

Note: some respondents indicated other responses including inconsistent work histories, job changes, and interruptions in employment for health and other reasons.

The survey also examines issues related to the employment of peer support specialists. Overwhelmingly, almost all respondents indicated that they have an established job description (93.9%). Additionally, survey respondents were asked how often they are eligible to receive increases in pay. The majority of respondents indicated that they were eligible on an annual basis (45.8%) and almost one-third (30.2%) said they didn't know. Occasional eligibility for increases were noted by 12.9% and never was 10.9%.

Compensation – Individuals

The wages in this survey are presented across a range of average hours worked per week. These are defined in 10 hour increments with 31 to 40+ hours per week considered as full time. Survey respondents are predominantly employed full time (72.9%). Details for the distribution of the wages for hours worked are included in Table 7. Across all respondents the average wage reported is $15.42.

Table 7. Average Wage by Hours Worked per Week

Avg. Hours Worked/ Week	Total
< 10 Hours/Week	$13.62
11-20 Hours/Week	$12.49
21-30 Hours/Week	$12.67
31-40+ Hours/Week	$16.36
No Response	$16.73
Total	$15.42

The respondents for this survey are primarily female (64.8%). Not all respondents indicated their gender and therefore, some wages that were unattributed to gender are also included in the overall average wage totals. A difference is noted between mean wages for male and female peer specialists in this survey. On average, male peer specialists in this survey receive hourly wages that are $2.06 higher than the average for female peer specialists (Table 8). Differences are also seen in the average wages of males and females by the number of hours worked per week. Males are paid at a higher rate in all categories except for the 21 – 30 hour per week category.

Table 8. Average Wage by Gender

Average Salary by Gender	Total
Female	$14.70
Male	$16.76
No Response	$19.47
Total	$15.42

Table 9. Average Hourly Wages by Gender and Hours Worked

Hours Worked per Week	Female	Male	No Response	Total
< 10 hours/week	$13.45	$14.03	--	$13.62
11-20 hours/week	$12.26	$13.21	$13.16	$12.49
21-30 hours/week	$12.91	$12.12	$13.00	$12.67
31-40+ hours/week	$15.57	$17.69	$15.95	$16.36
No Response	$12.15	$20.00	--	$16.73
Grand Total	$14.70	$16.76	$15.24	$15.42

Survey respondents also noted differences in wages based on their certification status. Females who are not certified reported higher wages than those who are certified, and males

reported higher wages when certified. Unattributed responses are also included in the summary totals.

Table 10. Average Salary by Gender and Certification

Certification Status and Gender	Female	Male	No Response	Total
No	$15.93	$15.94	$17.30	$15.94
Yes	$14.52	$16.81	$14.63	$15.32
No Response	$14.39	$26.31	$19.23	$19.47
Total	$14.70	$16.76	$15.24	$15.42

Note: The No Response category includes individuals reporting wages, but not gender and certification. Additionally, compensation by certification does not adjust for regional differences in wages.

Wages and Compensation – Organizations

Peer specialists surveyed were asked to identify their employing organizations among five different settings. These are described in Table 11 below and include the wages for both full- and part-time work equivalencies. Average wages are calculated for each of the different employment settings and hours worked. Both unattributed responses and those working in multiple employment sites are also included. Across the organizations there are differences noted by average wages for the types of organizations in which peer specialists' work. Both Consumer/Peer Run and Community Behavioral Health Organizations full-time wages are below the national average. Wages for peer specialists are also influenced by the number of years of job tenure and the type of organization in which they work. On average, peer specialist compensation increases with longer job tenure as reflected in Table 12.

Table 11. Average Wages by Hours Worked and Type of Organization

Hours Worked and Type of Organization	< 10 Hours/ Week	11-20 Hours/ Week	21-30 Hours/ Week	31-40+ Hours/ Week	No Response	Total
Consumer/Peer Run Organization	$12.04	$11.07	$11.58	$14.93	$11.69	$13.73
Community Behavioral Health Organization	$14.01	$12.54	$12.95	$14.80	$13.79	$14.18
Health Care Provider Organization	$13.60	$12.26	$12.26	$18.02	$27.22	$17.23
Psychiatric inpatient Facility	$10.45	$14.76	$14.20	$16.43	- -	$15.85
Health Plan/Managed Care Organization	--	$13.40	$11.95	$18.85	--	$17.96
Multiple	$12.95	$13.21	$12.31	$17.86	$19.23	$16.43
No Response	$16.37	$13.03	$12.24	$18.60		$17.76
Total	$13.62	$12.49	$12.67	$16.36	$16.73	$15.42

Table 12. Average Tenure in Job and Wages by Organization

Average Tenure in Job and Wages by Organization	<1 Year	1-3 Years	>3 Years	No Response	Total
Consumer/Peer Run Organizations	$12.93	$13.71	$14.40	$7.00	$13.73
Community Behavioral Health Organizations	$13.72	$14.16	$14.55	$15.88	$14.18
Health Care Provider Organizations	$14.34	$17.49	$18.46	$31.30	$17.23
Psychiatric inpatient Facilities	$14.68	$14.76	$18.37	--	$15.85
Health Plan/Managed Care Organizations	$17.82	$17.25	$18.89	$19.71	$17.96
Multiple Organizations	$16.84	$17.02	$15.05	$16.82	$16.43
No Response	$17.29	$17.54	$18.11	$26.44	$17.76
Total	$14.39	$15.62	$15.82	$19.63	$15.42

Analysis of Peer Support Specialist Wages by HHS Region

For the geographic analysis of peer support specialist wages, the results of this survey have been divided into the 10 HHS regions which are also used by the Substance Abuse and Mental Health Services Administration (SAMHSA). This provides the aggregation of results across states where there are variable response rates. A regional map and the states included in each region are included (Figure 1). This is followed by a regional wage and salary map with results of this survey (Figure 2). For each of the regions there is a breakout of the average salary, and a breakout of the average differences by gender for the peer specialist workforce.

Each region is also profiled in this report (Appendix 1) and includes a brief summary of each state in the region's status for certification of peer specialists (based on Kauffman, 2014) and Medicaid billable status (based on National Association of State Mental Health Program Directors - NASMHPD State Survey, 2015). In addition, there is a summary map for each region that also includes the average wages by organizations in which peer support specialists are employed and the national average compensation for each organization type.

It is important to note that the training, certification, and Medicaid reimbursement for peer support services is an evolving process and results are only as accurate as the timing of data collection for this information. For example, in the regional profiles detailed in Appendix 1, some states are listed as in the process of developing training and certification requirements. For those states reporting Medicaid reimbursable services, these results are based on NASMHPD's 2015 state survey of any reimbursable peer support service. The HHS regional framework also includes US Territories. In this survey, Puerto Rico was the only territory with any responses and, therefore, the only territory reported. Details of the response rates by region are included in Table 13.

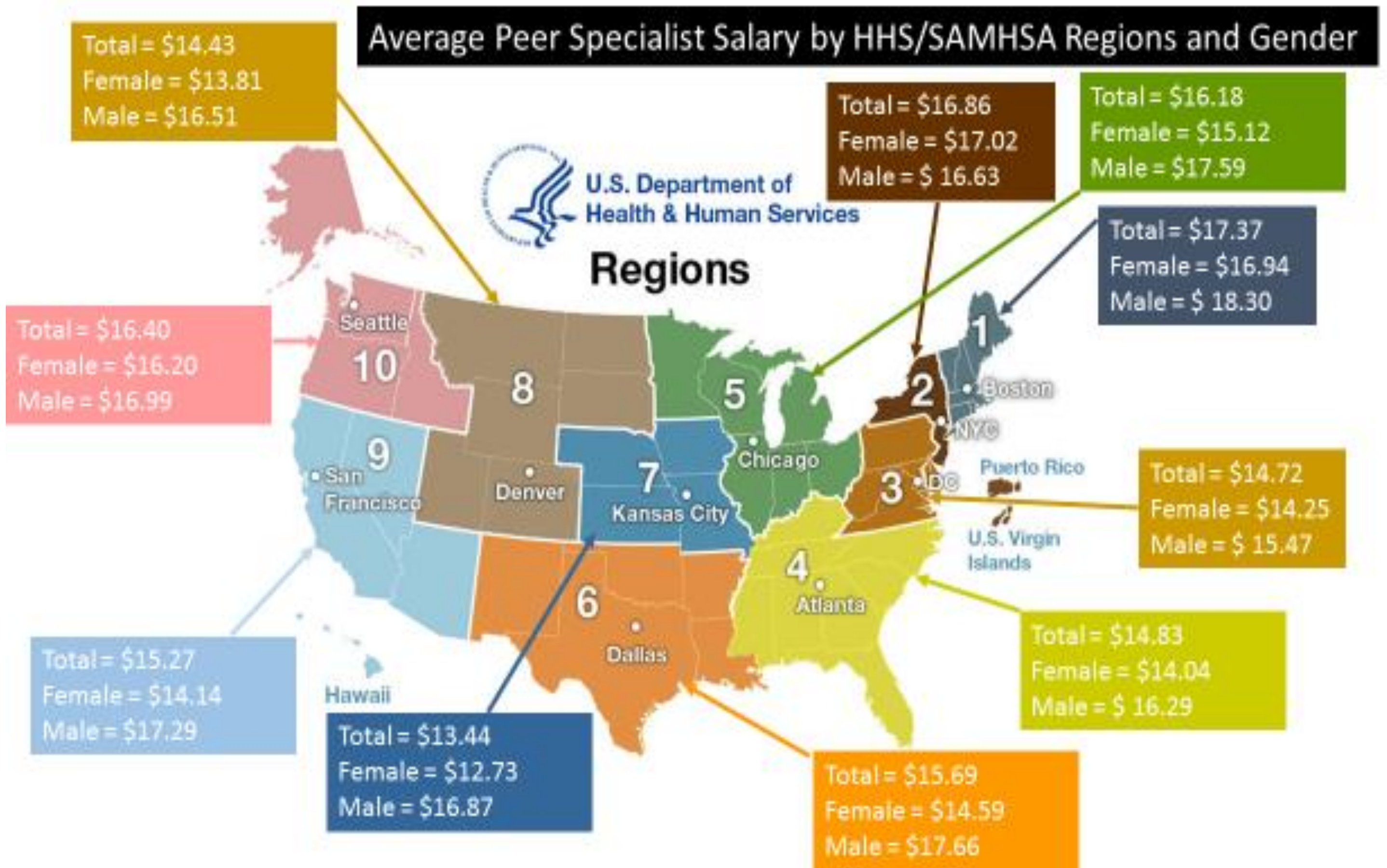
Figure 1. Health and Human Services (HHS) Regional Map

- Region 1 - Boston
  Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
- Region 2 - New York
  New Jersey, New York, Puerto Rico, and the Virgin Islands
- Region 3 - Philadelphia
  Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia
- Region 4 - Atlanta
  Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee
- Region 5 - Chicago
  Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- Region 6 - Dallas
  Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- Region 7 - Kansas City
  Iowa, Kansas, Missouri, and Nebraska
- Region 8 - Denver
  Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
- Region 9 - San Francisco
  Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau
- Region 10 - Seattle
  Alaska, Idaho, Oregon, and Washington

Table 13. Survey Response Rates by HHS Regions

HHS Region	Responses
Region 1	54
Region 2	131
Region 3	255
Region 4	300
Region 5	155
Region 6	159
Region 7	69
Region 8	89
Region 9	224
Region 10	165
No Response	7
Total	1,608

Figure 2. Regional Map by Average Wage and Gender



Note: Detailed Regional maps and compensation are included in Appendix 1.

Within each region the average wages by organizational type are also reported in Table 14. This illustrates the different rates of compensation between the organization types in each of the regions. A detailed comparison of each of the regions and the compensation within organizations is also included in Appendix 1.

Table 14. Average Wages per Organization Type and HHS Region

Org Type/ Region	Consumer/ Peer Run	Community Behavioral Health	Health Care Provider	Psychiatric Inpatient	Health Plan/ Managed Care	Multiple	No Response	Total
No Response	--	$14.42	$14.87	--	$23.00	--	$9.00	$15.09
Region 1	$16.68	$17.62	$14.44	$20.24	$12.71	$15.77	$19.68	$17.73
Region 2	$14.37	$15.28	$17.34	$17.83	$23.92	$18.41	$19.35	$16.86
Region 3	$14.29	$14.18	$15.69	$13.91	$15.55	$15.10	$16.10	$14.72
Region 4	$13.23	$12.77	$16.12	$16.57	$18.08	$13.45	$17.56	$14.83
Region 5	$13.80	$14.14	$19.51	$17.26	$18.32	$14.88	$18.39	$16.18
Region 6	$11.84	$13.44	$19.19	$12.27	$18.84	$22.40	$18.88	$15.69
Region 7	$11.83	$12.88	$16.29	$12.58	$11.99	$13.31	$17.41	$13.44
Region 8	$13.42	$13.63	$20.04	$13.41	$16.57	$12.90	$15.50	$14.43
Region 9	$13.07	$14.06	$17.51	$17.43	$15.00	$17.43	$19.56	$15.27
Region 10	$15.68	$15.58	$16.36	$19.00	$22.03	$17.45	$16.88	$16.40
Total	$13.73	$14.18	$17.23	$15.85	$17.96	$16.43	$17.76	$15.42

Individual Feedback on Wages

Survey respondents had the opportunity to share comments about employment and wages in an open-ended text field; 754 individual responses are included in the analysis. In order to describe the responses a word cloud was developed to represent the frequency of words provided. This graphic is used as the cover of this report and the size reflects the frequency of key words, including work; pay; job; peer; support; and, wage and salary, among others.

Organizations that Employ Peer Support Specialists

There are 271 organizations that employ peer specialists who responded to this survey, including organizations in each of the HHS regions. For analytical purposes the classification of organizations employing peer specialists from the individual survey are used here as well. While the response rate for this portion of the survey was not as robust as it was for individuals, it offers a useful point of comparison for the individual peer specialist survey. The distribution of respondents by the organization type is included in Table 15. This survey also examined the staff size of those organizations responding. This differs across the types of organizations and is included in Table 16.

Table 15. Response Rates by Types of Organizations

Organization Type	Total
Consumer/Peer Run Organization	65
Community Behavioral Health Organization	139
Health Care Provider Organization	14
Psychiatric Inpatient Facility	10
Health Plan/Managed Care Organization	9
Other	31
No Response	3
Total	271

Table 16 Organizational Type and Number of Peer Support Staff

Organization Type and Peer Support Staff Size	1-2	3-5	6-10	11-20	>20	No Response	Total
Consumer/Peer Run Organization	10	15	15	8	16	1	65
Community Behavioral Health Organization	39	34	35	16	14	1	139
Health Care Provider Organization	3	2	6	1	2	--	14
Psychiatric Inpatient Facility	3	1	2	1	2	1	10
Health Plan/ Managed Care Organization	1	2	1	1	4	--	9
Other	6	13	7	3	1	1	31
No Response	3	--	--	--	--	--	3
Total	65	67	66	30	39	4	271

The survey sought to identify the wage ranges for peer specialists employed in different types of organizations, as opposed to the average wages reported in the individual survey. This included starting wages and maximum wages. In some cases, organizations reported either just a starting salary or a maximum salary, as opposed to the full range including both. Due to very different response rates, Table 17 shows both the compensation ranges and the number of respondents for each category.

Table 17. Salary Range for Peer Specialists by Type of Organization

	Wage Range		# respondents	
Organizational Type	Starting Salary	Max Salary	Starting Salary	Max Salary
Consumer/Peer Run Organization	$12.23	$15.51	38	39
Community Behavioral Health Organization	$12.22	$15.33	82	104
Health Care Provider Organization	$13.55	$14.80	8	5
Psychiatric Inpatient Facility	$15.46	$25.14	6	8
Health plan/ Managed Care Organization	$17.25	$18.66	3	4
Other	$13.81	$20.08	17	18
Total	$12.69	$16.41	154	178

The frequency of wage increases is also addressed in the organizational survey. The range of responses included annual, occasional, and never. Some employers (271) indicated that their wage increases occurred in the form of annual bonuses. In those cases these increases were included as annual. Occasional increases were frequently tied to availability of budgeted funds and other funding circumstances. These are reported in Table 18 by organization type. Slightly more than 10% of organizations indicate that they do not provide wage increases for this workforce.

Table 18. Frequency of Peer Specialist Wage Increases by Employer Organization Type

Type of Organization/ Frequency of Wage Increases	Annual	Never	Occasional	Other	No Response	Total
Consumer or Peer Run Organization	22	10	28	2	3	65
Community Behavioral Health Organization	58	15	56	8	2	139
Health Care Provider Organization	7	3	3	1	0	14
Psychiatric Inpatient Facility	7	1	1	0	1	10
Health Plan/ Managed Care Organization	8	0	1	0	0	9
Other	17	2	8	3	1	31
No Response	1	--	2	--	--	3
Total	120	31	99	14	7	271

Work Responsibilities – Key Aspects

Three key aspects of work responsibilities are reviewed. These include: 1) established job description for peer specialists, 2) direct service workloads, and 3) peer specialist supervision. The job description requirements are reported by the type of organization (Table 19) and overwhelmingly almost all organizations have established job descriptions for these roles.

Table 19. Established Job Descriptions for Peer Specialists by Organizational Type

Established Job Description by Organization Type	No	Yes	No Response	Total
Consumer or Peer Run Organization	6	58	1	65
Community Behavioral Health Organization	7	131	1	139
Health Care Provider Organization	1	13	--	14
Psychiatric Inpatient Facility	1	9	--	10
Health Plan/ Managed Care Organization		9	--	9
Other	2	28	1	31
No Response	--	3	--	3
Total	17	251	3	271

Organizations also identified requirements for direct (face-to-face) service responsibilities for peer specialists. About one third of respondents identified that they have direct service requirements while another nearly equal group said they did not. Approximately one-third of respondents did not answer this question, which may indicate confusion about this question/definition. The responses between organization types were also fairly similar and are included in Table 20.

Table 20. Face-to-face Service Requirements

Face to Face Service Requirements by Organization Type	No	Yes	No Response	Total
Consumer or Peer Run Organization	26	15	24	65
Community Behavioral Health Organization	44	58	37	139
Health Care Provider Organization	3	8	3	14
Psychiatric Inpatient Facility	5	2	3	10
Health Plan/Managed Care Organization	3	4	2	9
Other	10	6	15	31
No Response	1	2	--	3
Total	92	95	84	271

The supervision of peer specialists is mandated differently across states and organizations. In this study, supervision options included clinical staff, other peers, and others which generally included a combination of peers, clinical staff, and other administrative staff. These results may also be influenced by differing payer and state certification requirements.

Table 21. Supervision of Peer Specialists

Organizations and Supervisor Types	Clinical Staff	Other Peers	Other	No Response	Total
Consumer/Peer Run Organization	6	33	24	2	65
Community Behavioral Health Organization	84	8	46	1	139
Health Care Provider Organization	9	2	3	--	14
Psychiatric Inpatient Facility	4	4	2	--	10
Health Plan/ Managed Care Organization	2	3	4	--	9
Other	11	7	13	--	31
No Response	--	--	3	--	3
Total	116	57	95	3	271

Discussion

This survey of wages and compensation for peer specialists garnered a robust response rate well above similar surveys of this workforce. This is likely due to the personal importance of this issue to respondents and the overall historical lack of attention to compensation of peer specialists. The response from organizations that employ peer specialists was more in line with the sample size in other peer surveys.

The observed average wages for peer specialists vary across both the types of organizations that employ them and the geographic regions in which they work. Average hourly pay rates differ between full- and part-time employees. There is also a clear difference in average wages between male and female peer specialists. Some respondents also noted challenges in working full time based on their disability status and other health related limiting factors.

The respondents to this survey were predominately female (64%) which is consistent with generally reported workforce demographics of peer support specialists. The pay inequities demonstrated in this survey are consistent with those nationally for all workers. Differences in average wages were significant and amounted to $2.06 higher for males. Based on these figures and assuming full-time employment, the total annual salary differential for men would be $4,284 higher than their female counterparts. Many respondents described challenges living on the wages paid for their current work roles; this an even greater difference for those who are at a disadvantage in pay equity by virtue of gender. It will be important and challenging for peer

specialists, the organizations that employ them, and state and federal agencies to find ways to address this array of issues.

A difference is also reported in wages paid for peer specialist roles depending on the type of organizations that employs them. It is important to note that respondents self-selected their reported work organizations based on established survey categories. When both part-time and full-time data is included, consumer and peer run organizations have the lowest rates of pay at $13.73/hour. Next higher rates are paid by community behavioral health organizations ($14.18); psychiatric inpatient facilities ($15.85); health care provider organizations ($17.23); and health plans/managed care organizations ($17.96). However, when only full-time employment is considered, community behavioral health organizations drop to the lowest rung of identified wages at $14.80 per hour. Consumer and peer run organizations pay full-time employees more than community behavioral health organizations at $14.93 per hour. The remaining organizations follow the same order when full-time hours are included.

Peer specialists overwhelmingly indicate that they have established job descriptions. This is consistent with the responses of organizations that employ peer specialists and suggests that peer specialists hold formal roles consistent with standard human resources principles and policies.

Both surveys included questions about the benefits available to peer specialists. However, it is difficult to draw meaningful conclusions about the benefits that peer specialists receive. This is based on the design of the survey questions and responses. For example, some peer specialists indicated that they are eligible for some benefits such as health insurance, but do not receive them based on required employee contribution costs.

Almost half of respondents (45.8%) indicated that they were eligible for annual pay increases. Others reported that increases were discretionary based on budgets and funding trends. Importantly, nearly a third of the respondents (30.2%) indicated that they did not know how often they were eligible for increases in wages. This might suggest that some peer specialists may not have the work and employment literacy skills to evaluate this. Or, the organizations in which they work are unable or unwilling to commit to providing regular wage increases, or meaningful information that offers wage predictability for employees. In any case, this is a significant issue requiring further attention. This is further influenced by discrepant results from the organizational survey which suggest that only about 10% of employers do not have a policy to increase wages.

Differences in wages are examined across the 10 HHS regions, providing the opportunity to evaluate regional and national trends in compensation for this workforce. Findings identify significant differences across regions. Further study should be conducted to examine how these match other regional workforce compensation trends. This also supports the need for ongoing technical assistance for SAMHSA Regional Administrators and others to support the development of the peer specialist workforce and its pay equity. It is also important to note

that the inequity in pay between males and females is seen across all regions except one (Region 2). Further analysis of this could help better understand if this is due to some important factor in the region or simply represents a survey anomaly.

This survey did not address how different reimbursement models, including Medicaid and other funders, impact the wages of peer specialists. Further review may help identify the impact of these evolving factors on peer specialist wages. Appendix 2 provides a model for analyzing potential peer specialist compensation based on a fee-for-service reimbursement system. This framework can be used to evaluate how peer specialist wages are paid within systems that are reimbursed in this manner. As health systems continue to evolve and focus on population health outcomes and value based reimbursement systems, additional attention will be required to best understand how peer specialist wages should be established.

Conclusions

As the peer support specialist workforce continues to evolve and expand, it is vital that wages and compensation are continuously reviewed and studied. This survey has demonstrated there are clear wage differences between the types of organizations that employ peer specialists, the geographic region in which they work, and significant inequities in gender compensation. This survey illustrates the important issues of compensation of peer specialists. The results can be used to promote strategic planning for workforce development and technical assistance to peer specialists and the organizations that employ them to guide their role in the continuum of health services and their compensation.

The delivery of health care services and reimbursement for this level of care is in a period of transition and change. There is a growing recognition that current health care systems are too costly and outcomes fail to meet expected standards. The evolving trend is to provide care that improves population health outcomes and reimbursement for care that is tied to these goals. There is a clear role for peer support services in this new direction and the workers that provide these services must be recognized and compensated for their contributions.

Appendix 1

Average Peer Specialist Wages by HHS Regions and Organizations

Each of the profiles in this section include a listing of the states included in the region, a review of their certification requirements, and Medicaid billing status. Wages are reviewed based on the different organizations that peer specialists work in including:

- Consumer/Peer Run Organizations
- Community Behavioral Health Organizations
- Health Care Provider Organizations
- Psychiatric Inpatient Facilities
- Health Plan/Managed Care Organizations
- Multiple Organizations
- Blank – or No Response for Organizations

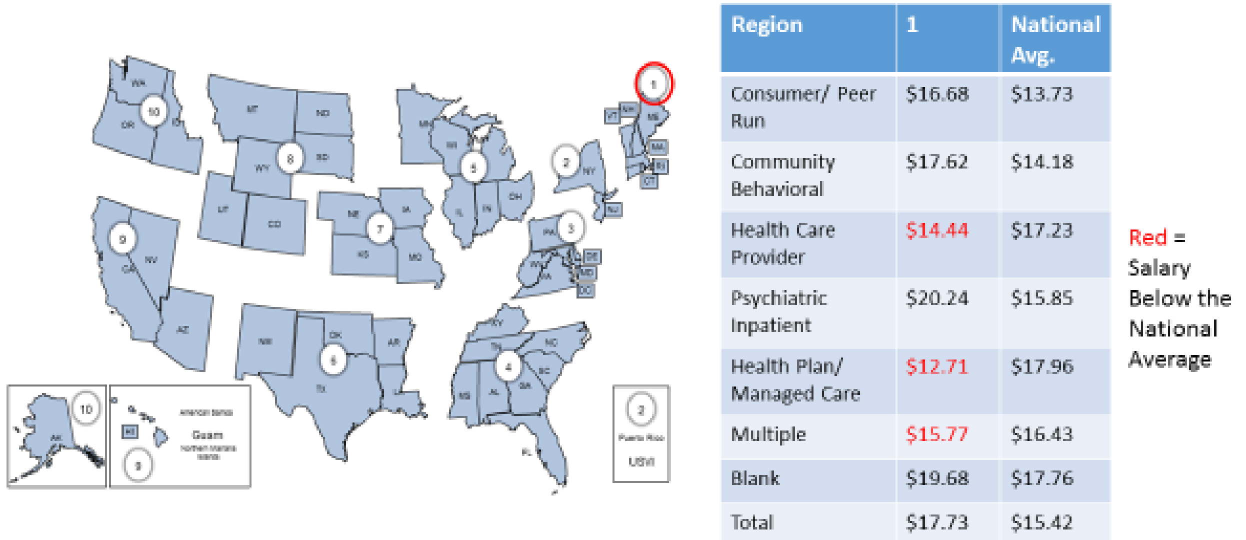
Totals are provided for both the region and the national averages. Those categories that are listed in red include average wage totals that are below the national average.

Region 1

States Included: Connecticut; Maine; Massachusetts; New Hampshire; and Rhode Island

State – Region 1	State Certification	Medicaid Billable
Connecticut	Yes	Yes
Maine	Yes	Yes
Massachusetts	Yes	Yes
New Hampshire	No	No
Rhode Island	In Development	No

Average Salary by Region and Organization Type
Region 1 Vs. All Regions



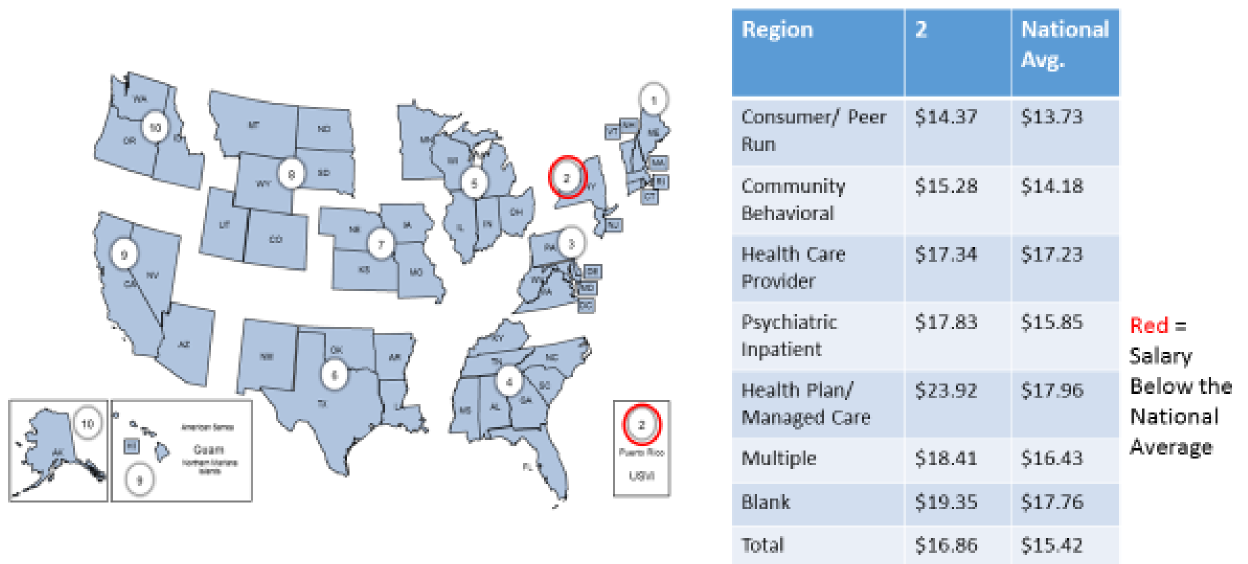
Region	1	National Avg.
Consumer/ Peer Run	$16.68	$13.73
Community Behavioral	$17.62	$14.18
Health Care Provider	$14.44	$17.23
Psychiatric Inpatient	$20.24	$15.85
Health Plan/ Managed Care	$12.71	$17.96
Multiple	$15.77	$16.43
Blank	$19.68	$17.76
Total	$17.73	$15.42

Region 2

States Included: New Jersey; New York; Puerto Rico; Virgin Islands

State – Region 2	State Certification	Medicaid Billable
New Jersey	Yes	Yes
New York	In Development	No
Puerto Rico	No	No
Virgin Islands	N/A	N/A

Average Salary by Region and Organization Type
Region 2 Vs. All Regions



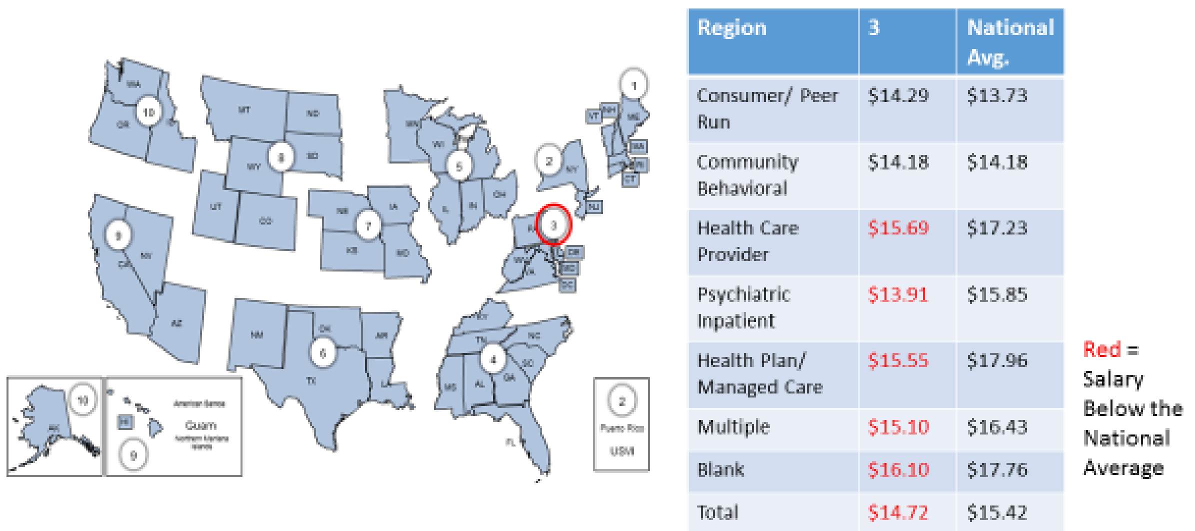
Region	2	National Avg.
Consumer/ Peer Run	$14.37	$13.73
Community Behavioral	$15.28	$14.18
Health Care Provider	$17.34	$17.23
Psychiatric Inpatient	$17.83	$15.85
Health Plan/ Managed Care	$23.92	$17.96
Multiple	$18.41	$16.43
Blank	$19.35	$17.76
Total	$16.86	$15.42

Region 3

States Included: Delaware; District of Columbia; Maryland; Pennsylvania; Virginia; West Virginia

State – Region 3	State Certification	Medicaid Billable
Delaware	Yes	No
District of Columbia	Yes	Yes
Maryland	Yes	No
Pennsylvania	Yes	Yes
Virginia	In Development	Yes
West Virginia	Yes	Yes

Average Salary by Region and Organization Type
Region 3 Vs. All Regions



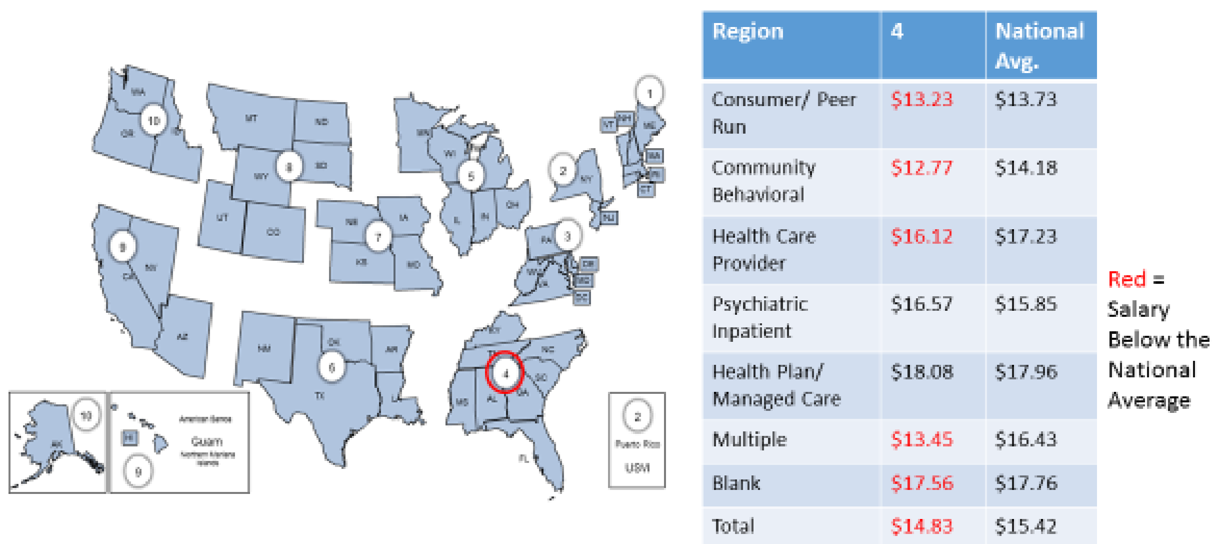
Region	3	National Avg.
Consumer/ Peer Run	$14.29	$13.73
Community Behavioral	$14.18	$14.18
Health Care Provider	$15.69	$17.23
Psychiatric Inpatient	$13.91	$15.85
Health Plan/ Managed Care	$15.55	$17.96
Multiple	$15.10	$16.43
Blank	$16.10	$17.76
Total	$14.72	$15.42

Region 4

States Included: Alabama; Florida; Georgia; Kentucky; Mississippi; North Carolina; South Carolina; Tennessee

State – Region 4	State Certification	Medicaid Billable
Alabama	Yes	No
Florida	Yes	Yes
Georgia	Yes	Yes
Kentucky	Yes	Yes
Mississippi	Yes	Yes
North Carolina	Yes	Yes
South Carolina	Yes	Yes
Tennessee	Yes	Yes

Average Salary by Region and Organization Type
Region 4 Vs. All Regions



Region	4	National Avg.
Consumer/ Peer Run	$13.23	$13.73
Community Behavioral	$12.77	$14.18
Health Care Provider	$16.12	$17.23
Psychiatric Inpatient	$16.57	$15.85
Health Plan/ Managed Care	$18.08	$17.96
Multiple	$13.45	$16.43
Blank	$17.56	$17.76
Total	$14.83	$15.42

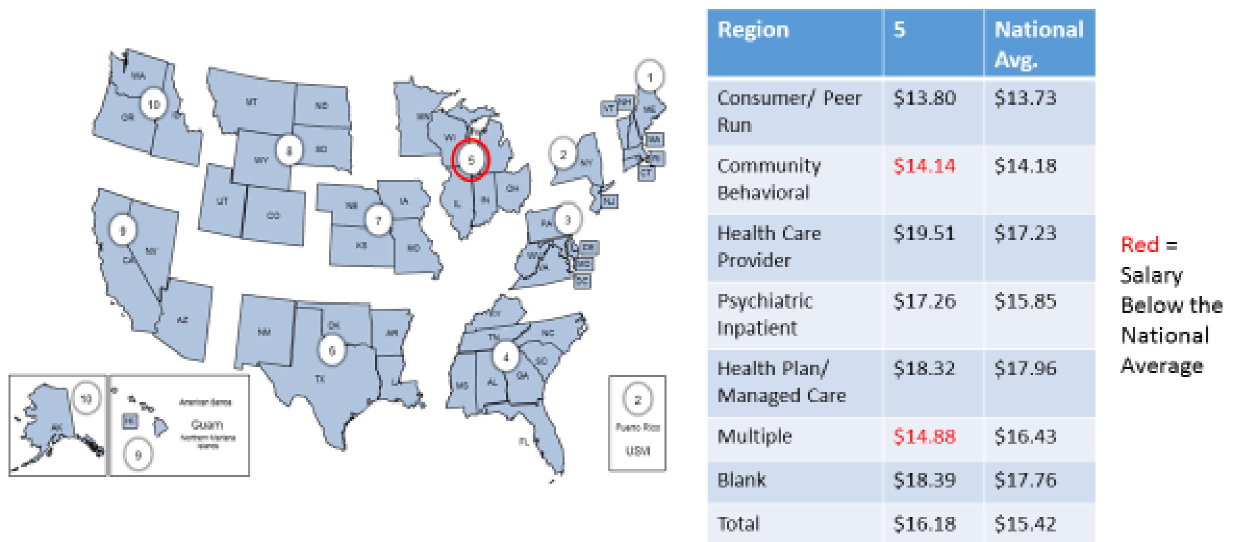
Red = Salary Below the National Average

Region 5

States Included: Illinois; Indiana; Michigan; Minnesota; Ohio; Wisconsin

State – Region 5	State Certification	Medicaid Billable
Illinois	Yes	Yes
Indiana	Yes	Yes
Michigan	Yes	Yes
Minnesota	Yes	Yes
Ohio	Yes	Yes
Wisconsin	Yes	Yes

Average Salary by Region and Organization Type
Region 5 Vs. All Regions



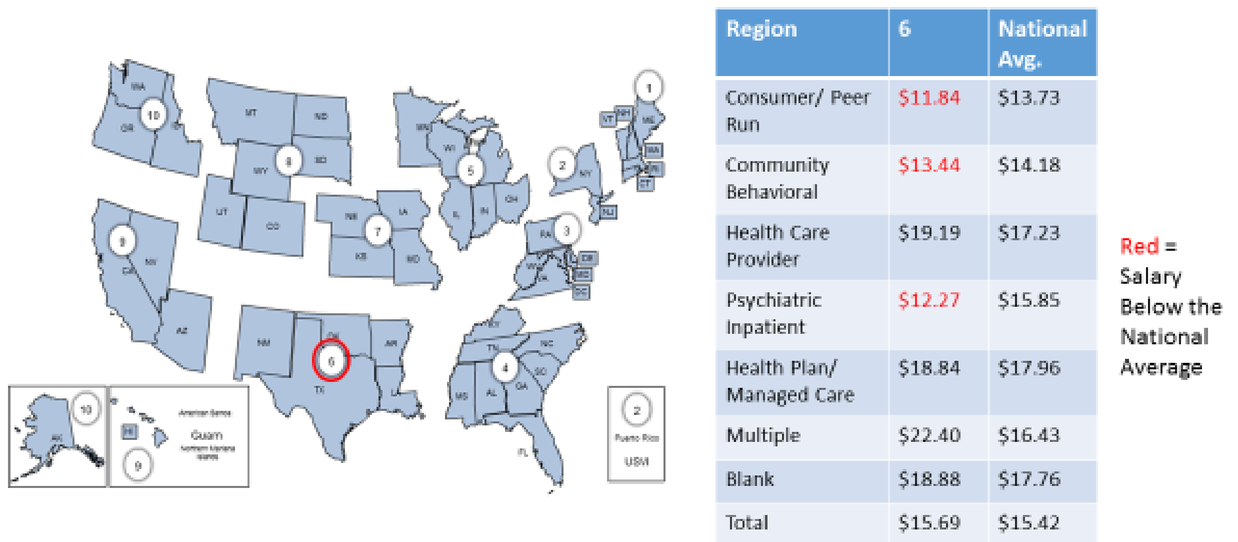
Region	5	National Avg.
Consumer/ Peer Run	$13.80	$13.73
Community Behavioral	$14.14	$14.18
Health Care Provider	$19.51	$17.23
Psychiatric Inpatient	$17.26	$15.85
Health Plan/ Managed Care	$18.32	$17.96
Multiple	$14.88	$16.43
Blank	$18.39	$17.76
Total	$16.18	$15.42

Region 6

States Included: Arkansas; Louisiana; New Mexico; Oklahoma; Texas

State – Region 6	State Certification	Medicaid Billable
Arkansas	In Development	No
Louisiana	Yes	No
New Mexico	Yes	Yes
Oklahoma	Yes	Yes
Texas	Yes	Yes

Average Salary by Region and Organization Type
Region 6 Vs. All Regions



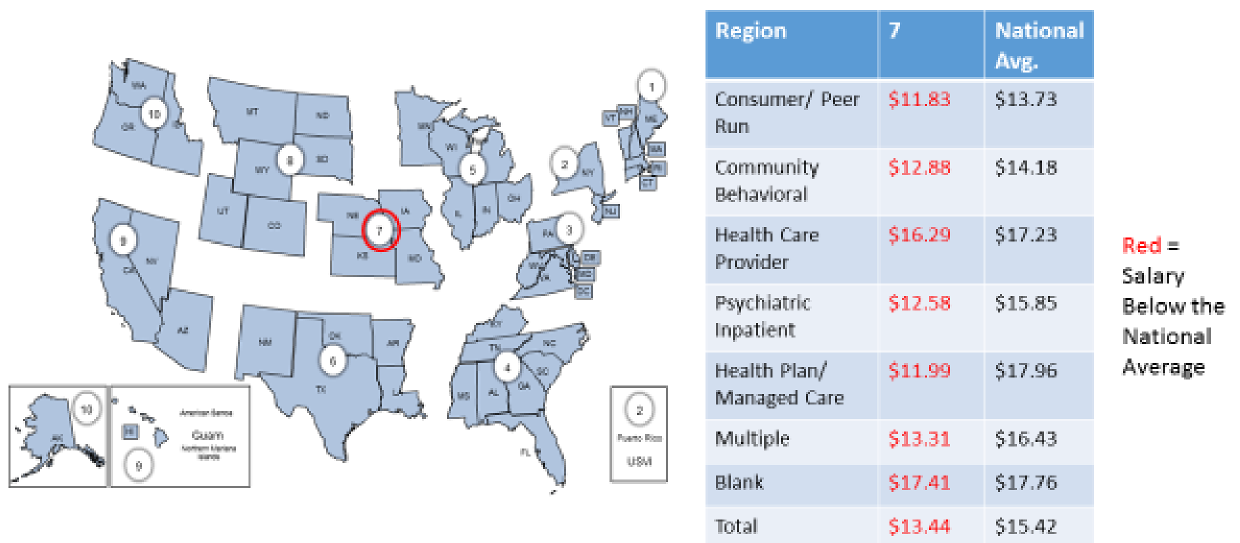
Region	6	National Avg.
Consumer/ Peer Run	$11.84	$13.73
Community Behavioral	$13.44	$14.18
Health Care Provider	$19.19	$17.23
Psychiatric Inpatient	$12.27	$15.85
Health Plan/ Managed Care	$18.84	$17.96
Multiple	$22.40	$16.43
Blank	$18.88	$17.76
Total	$15.69	$15.42

Region 7

States Included: Iowa; Kansas; Missouri; Nebraska

State – Region 7	State Certification	Medicaid Billable
Iowa	In Development	Yes
Kansas	Yes	Yes
Missouri	Yes	Yes
Nebraska	Yes	No

Average Salary by Region and Organization Type
Region 7 Vs. All Regions



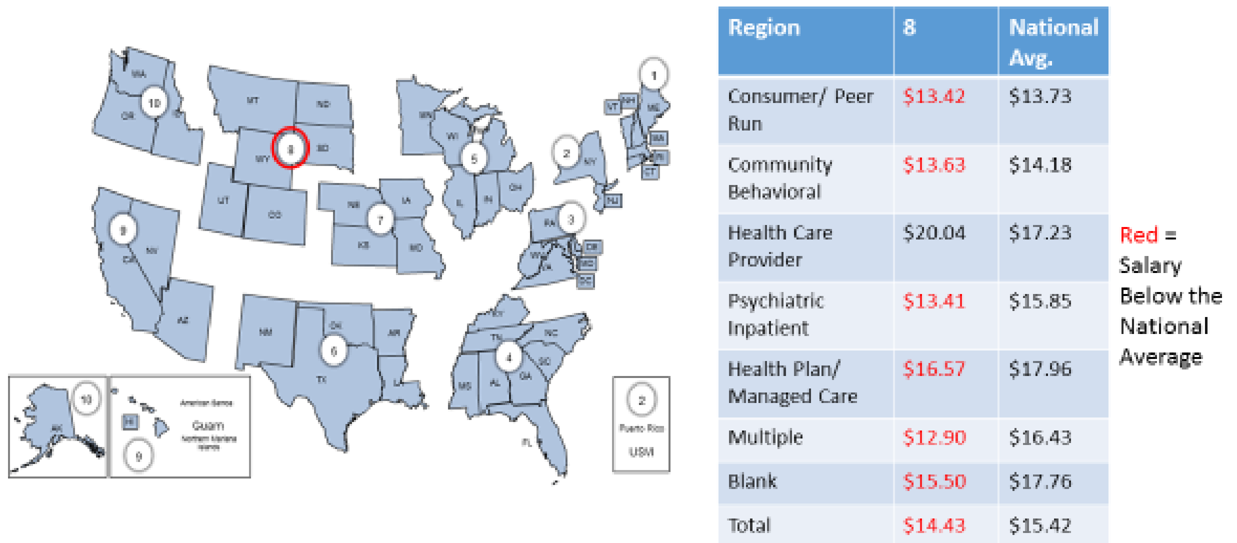
Region	7	National Avg.
Consumer/ Peer Run	$11.83	$13.73
Community Behavioral	$12.88	$14.18
Health Care Provider	$16.29	$17.23
Psychiatric Inpatient	$12.58	$15.85
Health Plan/ Managed Care	$11.99	$17.96
Multiple	$13.31	$16.43
Blank	$17.41	$17.76
Total	$13.44	$15.42

Region 8

States Included: Colorado; Montana; North Dakota; South Dakota; Utah; Wyoming

State – Region 8	State Certification	Medicaid Billable
Colorado	In Development	Yes
Montana	In Development	No
North Dakota	Yes	No
South Dakota	No	No
Utah	Yes	Yes
Wyoming	Yes	Yes

Average Salary by Region and Organization Type
Region 8 Vs. All Regions



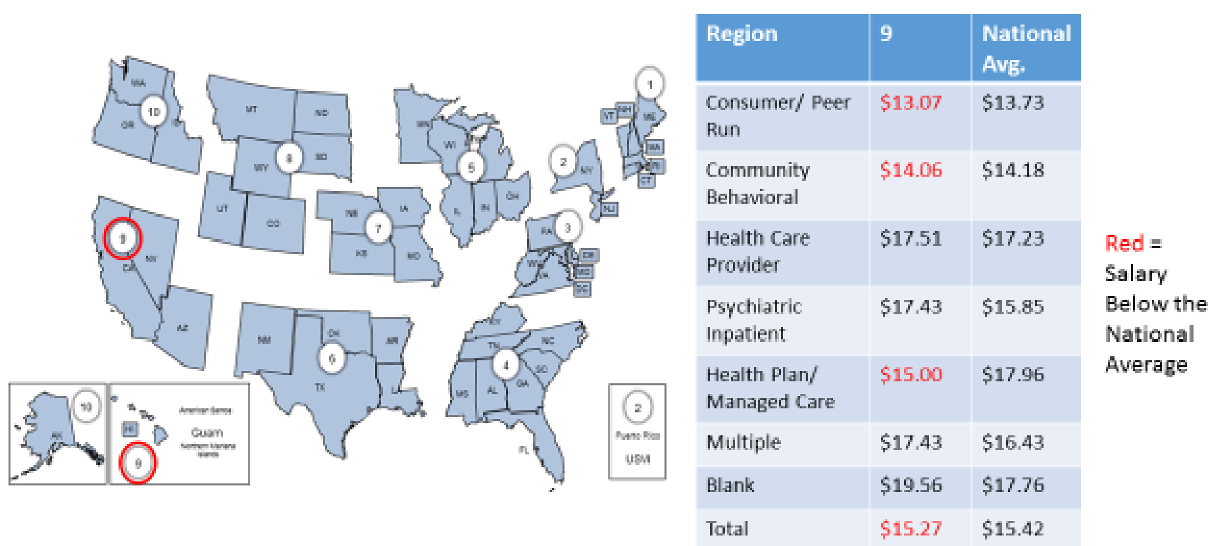
Region	8	National Avg.
Consumer/ Peer Run	$13.42	$13.73
Community Behavioral	$13.63	$14.18
Health Care Provider	$20.04	$17.23
Psychiatric Inpatient	$13.41	$15.85
Health Plan/ Managed Care	$16.57	$17.96
Multiple	$12.90	$16.43
Blank	$15.50	$17.76
Total	$14.43	$15.42

Region 9

States Included: Arizona; California; Hawaii; Nevada; American Samoa; Commonwealth of Northern Mariana Islands; Federated States of Micronesia; Gaum; Marshall Islands; Republic of Palau

State – Region 9	State Certification	Medicaid Billable
Arizona	Yes	Yes
California	No	No
Hawaii	Yes	Yes
Nevada	In Development	No
American Samoa	N/A	N/A
Commonwealth of Northern Mariana Islands	N/A	N/A
Fed. States of Micronesia	N/A	N/A
Guam	N/A	N/A
Marshall Islands	N/A	N/A
Republic of Palau	N/A	N/A

Average Salary by Region and Organization Type
Region 9 Vs. All Regions



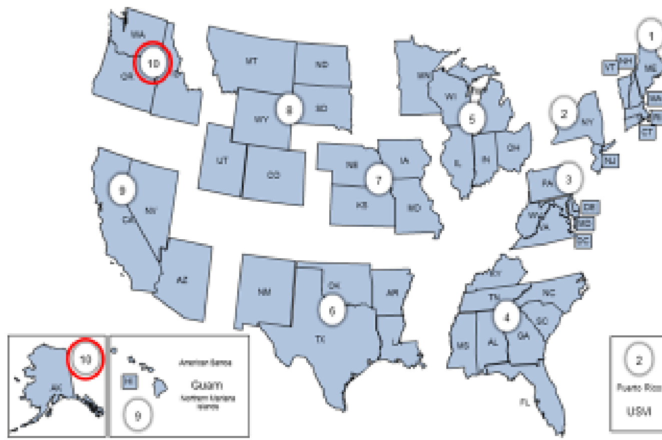
Region	9	National Avg.
Consumer/ Peer Run	$13.07	$13.73
Community Behavioral	$14.06	$14.18
Health Care Provider	$17.51	$17.23
Psychiatric Inpatient	$17.43	$15.85
Health Plan/ Managed Care	$15.00	$17.96
Multiple	$17.43	$16.43
Blank	$19.56	$17.76
Total	$15.27	$15.42

Region 10

States Included: Alaska; Idaho; Oregon; Washington

State – Region 10	State Certification	Medicaid Billable
Alaska	No	Yes
Idaho	Yes	Yes
Oregon	Yes	Yes
Washington	Yes	Yes

Average Salary by Region and Organization Type
Region 10 Vs. All Regions



Region	10	National Avg.
Consumer/ Peer Run	$15.68	$13.73
Community Behavioral	$15.58	$14.18
Health Care Provider	$16.36	$17.23
Psychiatric Inpatient	$19.00	$15.85
Health Plan/ Managed Care	$22.03	$17.96
Multiple	$17.45	$16.43
Blank	$16.88	$17.76
Total	$16.40	$15.42

Red = Salary Below the National Average

Appendix 2

Calculating Peer Support Specialist Wages Based on Fee-for-Service Reimbursement Models

As states are increasingly establishing peer support services as reimbursable under their Medicaid plans, they are also turning to managed care organizations to help administer these benefits. Many managed care payers are reimbursing peer support services on fee-for-service payment models. In these arrangements there is an established fee schedule and provider organizations bill and are reimbursed on direct (face-to-face) service encounters provided by peer support specialists. Based on a series of assumptions for peer specialist productivity, organizational overhead, and reimbursement rates it is possible to calculate what average wages should be paid. The model below provides a series of assumptions that have been collected from existing state, provider organizations (for both clinicians and peer specialists), and managed care reimbursement examples. These assumptions are collectively used for the case example. And, while it is possible to challenge or change the assumptions, the basic formula can be used with specific real-time data to formulate what average wages should be paid for peer support services.

<u>Assumptions for Productivity</u>

- A Peer Specialist can average 60% direct billable service over the course of a week/month/year.
- A full-time work year is 2080 hours X 60% = 1248 hours/year direct service
- Full-time work hours less 20 days (vacation, sick, and holidays) = 160 Hours/year or, 1920 total worked hours/year = 48 weeks
- 1248 hours direct service over 48 weeks = 26 billable hours/week

<u>Assumptions for Reimbursement</u>

- Fee for Service reimbursement rate = $15 per 15 minute unit of service, or $60/hour (note – this example is based on individual services and could be modified to include different group based services and rates)
- $60 X 1248 hours/year = $74,880 (at an unlikely 100% reimbursement rate)
- Total annual reimbursement potential for a Peer Specialist = 85% collection rate or, $74,880 X .85 = $63,648

Staff Benefits and Agency Operating Expense Assumptions (Direct and Indirect) – based on an existing state example

- Peer Specialist annual/hourly salaries carry Fringe Benefits of about 30%
- Agency direct costs include: program clinical supervisors and support staff; staff training costs; mileage and vehicle costs; telephone costs; office supplies; computer and technology costs; office space/staff; liability/malpractice insurance
- Agency indirect costs include: management and personnel costs (CEO, Medical Director, CFO); support staff personnel costs including human resources, payroll, quality improvement/accreditation, procurement, accounting, IT systems including health records, billing, and accounting systems; IT system staff; other professional costs such as audits and legal fees
- Total Operating Expenses = 20% of revenues (low end of average). Note – productivity expectations above reflect the peer specialist covering a 52 week workload over 48 weeks. In some cases where organizations only require productivity for 48 weeks worked, then operating expenses will result in a higher rate to cover these lost hours.

Calculating Peer Specialist Hourly/Annual Salary in Fee-For-Service Reimbursement

- Total annual reimbursement potential/Peer Specialist = $63,648
- $ 63,648 less 20% Organizational Overhead = $50,918.40
- $50,918.40/2080 hours (1 FTE/year) = $24.48 per hour
- $24.48 X .70 (30% employee benefits) = $17.13
- Maximum Peer Specialist salary potential based on established assumptions = $17.13, or annual wages of 35,630.40 per year

Based on the assumptions listed above it is reasonable in this scenario that a peer support specialist should be compensated in the range described above. As with any model the accuracy is only as good as the validity of the assumptions. However, if there are different factors than those described, the model can still be used to project alternative scenarios, and provide guidance and direction to both peer specialists and their employers. It is also noteworthy that the estimated hourly wage in this example is $.77 greater than the average hourly full-time wages reported in this survey, and slightly more than $1,600 per year.

References

Center for Medicare and Medicaid Services (2007), Letter to state Medicaid directors, http://www.cms.hhs.gov/SMDL/downloads/SMD081507A.pdf (accessed 11/2015).

Chinman, M., Young, A. S., Hassell, J., & Davidson, L. (2006) Toward the implementation of mental health consumer provider services. The Journal of Behavioral Health Services & Research, 33(2), 176-195, 2006.

Chinman M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., Delphin-Rittmon, M. E., (2014) Peer Support Services for Individuals with Serious Mental Illness: Assessing the Evidence. Psychiatric Services in Advance, Feb 19, 2014.

Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., Goodale, L. Pillars of Peer Support: Transforming Mental Health Systems of Care Through Peer Support Services, (January, 2010) www.pillarsofpeersupport.org; (accessed 11/2015).

Daniels, A. S., Fricks, L., Tunner, T. P. Pillars of Peer Support -2: Expanding the Role of Peer Support Services in Mental Health Systems of Care and Recovery, (February, 2011) www.pillarsofpeersupport.org; (accessed 11/2015).

Daniels, A. S., Tunner, T. P., Ashenden, P., Bergeson, S., Fricks, L., Powell, I., (2012), Pillars of Peer Support – III: Whole Health Peer Support Services", www.pillarsofpeersupport.org; (accessed 11/2015).

Daniels, A. S., Tunner, T. P., Bergeson, S., Ashenden, P., Fricks, L., Powell, I., (2013, a), Pillars of Peer Support Summit IV: Establishing Standards of Excellence, www.pillarsofpeersupport.org; January 2013, (accessed 11/2015).

Daniels, A. S., Tunner, T. P., Ashenden, P., (2013, b), Pillars of Peer Support – IV: The Role of Peers in Building Self-Management within Mental Health, Addiction and Family/Child Health Settings. www.pillarsofpeersupport.org; December, 2013, (accessed 11/2015).

Daniels, A. S., Cate, R., Bergeson, S., Forquer, S., Niewenhous, G., Epps, B., (2013) Level-of-Care Criteria for Peer Support Services: A Best Practice Guide. Psychiatric Services. Vol. 64, No 12: 1190-1192.

Daniels, A. S., Tunner, T. P., Powell, I., Fricks, L., Ashenden, P., (2015) Pillars of Peer Support – VI: Peer Specialist Supervision. www.pillarsofpeersupport.org March 2015, (accessed 11/2015).

Department of Labor, Bureau of Labor Statistics, http://www.bls.gov/oes/current/oes211094.htm

Hendry, P., Hill, T., Rosenthal, H. Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services. (2014). ACMHA: The College for Behavioral Health Leadership and Optum, www.acmha.org, (accessed 11/2015).

Hoge M.A., Morris J.A., Laraia M., Pomerantz A., & Farley, T. (2014). Core Competencies for Integrated Behavioral Health and Primary Care. Washington, DC: SAMHSA - HRSA Center for Integrated Health Solutions.

INAOPS National Competencies for Peer Supporters https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf. 2014, (accessed 11/2015).

Kaufman, L., Brooks, W., Bellinger, J., Steinley-Bumgarner, M., & Stevens-Manser, S. (2014). Peer Specialist Training and Certification Programs: A National Overview. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

O'Brien-Mazza, D. Personal Communication, November, 2015.

Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. Journal of Mental Health, 20, 392–411.

Salzer, M., Schwenk, E., & Brusilovskiy, E. (2010). Certified peer specialist roles and activities: Results from a national survey. Psychiatric Services, 61(5), 520-523.