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Evaluation of the Massachusetts Peer Specialist Training and Certification Program (Phase Two)

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Presentation Overview

➢ Evaluation purpose

➢ Information collection process

➢ Major findings

➢ Discussion and recommendations

Evaluation Purpose

➢ The Center for Health Policy and Research (CHPR) at UMass Medical School completed a Phase One evaluation of the peer specialist training program in 2008.

➢ Given the evolving nature of the training program, a second phase of the evaluation was requested by the Massachusetts Department of Mental Health (DMH) and MassHealth.

- Continue to assess the training program's strengths and opportunities for improvement

- Continue to explore changes in employment outcomes

- New focus on how the training is preparing peer specialists to work in a variety of settings in the state's redesigned mental health system

Evaluation Purpose

The study objectives were as follows:

➢ Examine the strengths and opportunities for improvement of the training program to facilitate continuous quality improvement;

➢ Describe the competencies unique to the peer specialist role, and explore how the training impacts development of these competencies among its participants;

➢ Assess factors that help and/or hinder certified peer specialists applying their learning from the training program in their jobs as peer specialists;

➢ Identify continuing education topics that would be important for certified peer specialists working in various mental health settings; and

➢ Explore mental health consumers' experiences receiving services and supports from certified peer specialists.

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Information Collection Process

- ➢ Literature Review

- ➢ Surveys with 26 Training Participants completed at 3 points in time

- ➢ Interviews with 30 Training Participants

- ➢ 2 Focus Groups with 15 Certified Peer Specialists

- ➢ 2 Focus Groups with 14 Supervisors of Certified Peer Specialists

- ➢ Interviews with 10 Clients receiving services from a Certified Peer Specialist

Data Analysis

➢ Atlas ti used to aid in qualitative analysis

➢ Initial codes based on evaluation aims

➢ Consensus coding approach was used which entailed several team meetings to come to agreement on how team members should code for these concepts

➢ Individual team members then reviewed coding results to identify common themes that emerged related to each evaluation aim

Table 1: Characteristics of Training Participants and Interview Respondents

Characteristic	Fall 2009 Training Participants (n=45)	Spring 2010 Training Participants (n=42)	All Training Participants (n=87)	Interview Respondents (n=30)
Exam Status				
Passed	18 (40%)	22 (52%)	40 (46%)	14 (47%)
Failed	16 (36%)	12 (29%)	28 (32%)	9 (30%)
Did not take	11 (24%)	8 (20%)	19 (22%)	7 (23%)
Work Status				
Not working	6 (13%)	4 (10%)	10 (12%)	6 (20%)
Peer support job	26 (58%)	29 (69%)	55 (63%)	21 (70%)
Non-peer support job in mental health	8 (18%)	2 (5%)	10 (12%)	2 (7%)
Job in non-mental health field	1 (2%)	0	1 (1%)	1 (3%)
Unknown setting	0	2 (5%)	2 (2%)	0
Unknown status	4 (9%)	5 (12%)	9 (10%)	0
Current or Former DMH Client	---	---	---	7 (23%)

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Employment Changes

Table 2: Work Status for Training Participants with Time 1 and Time 3 Data (N=26)

Work/Volunteer Status	Time 1 N	Time 3 N
Working Either Part-time or Full-time in a Paid Position	22	22
Working in a Peer Role	21	22
Working in a Non-Peer Role in a Mental Health Setting	1	1
Volunteer	5	3

Table 3: Change in Work Status for Training Participants with Time 1 and Time 3 Data (N=26)

Status	N
Changed from Not Employed to Employed	2
Changed from Employed to Not Employed	2
No Change in Employment Status - Employed	20
No Change in Employment Status - Not Employed	2

Training Program Strengths

- ➢ Targeted outreach
- ➢ Effective application
- ➢ Supportive training staff
- ➢ Strong foundation for understanding the peer role
- ➢ Confidence in the value of one's lived experience
- ➢ Development of a strong community of peer specialists
- ➢ Increase in participant's knowledge and skills for peer specialist work

I felt inspired. To be part of a new profession rings true for me. I was inspired by people in my cohort who transcended such limitations and challenges. Some people there had been locked in wards, and now they are working with people in a new positive way. They left a lasting impression with me.

The training itself is a validation that your lived experience is worthwhile. Your lived experience has value in our society. You do not need to have a Bachelor's Degree to earn a good wage.

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Training Program Areas for Improvement

- Logistics
- Rigid training schedule prevents open discussion and questions
- Learning accommodations
- Application of knowledge and skills
- Heavy emphasis on rote memory work for certification exam

The format of the modules is too strict. They are time sensitive. They always would direct us back if we got off track. I hated the first day of training because I was told I was asking too many questions.

If I hadn't had memorized the material, I wouldn't have passed it. You needed the right words or you weren't going to pass. It was a balancing act. You want people to be certified but I felt the exam went overboard with having to have the right words.

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Factors that Support a Peer Specialist

➢ Support from higher management

➢ Supportive supervisor

➢ Respect from other co-workers

➢ Orienting other staff to peer specialist role

➢ Flexibility in defining role

➢ Receiving support from other peers

➢ Confidence development

I educated clinicians and staff at one location about peer specialists and their role before the peer specialists were working there. It was clear that it would be a challenge to have peer specialists there. The clinicians and staff wanted to talk about it. The ice was broken when the peer specialists started working there.

There is a lot freedom to determine which way we want to go especially being a non-profit. Plus, Peer Specialists jobs are so new, there is the freedom to do a lot.

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Barriers to Feeling Supported

➢ Lack of understanding of the peer role among peers, supervisors and other colleagues

➢ Feeling in conflict with others on a treatment team

➢ Having job duties in misalignment with the ethics and values of the peer role

➢ Not being able to apply everything learned in the training

➢ Dealing with stigma

➢ Self care/boundaries

➢ Working with people in crisis or in early stages of recovery

➢ System issues

People at the agency don't know what to do with the peer specialist role. They want to embrace the individual (the peer specialist) but don't know how to utilize what he has to offer. The clinician doesn't know when to ask the peer specialist to step in to help a client.

I was not emotionally prepared for having to deal with my own recovery, other people's recovery and staff recovery all mixed in. The job is constantly edging into my own recovery. I needed to employ skills to maintain my own self-care.

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Continuing Education Needs of Peer Specialists

➢ Navigating the peer specialist role

➢ Improved general job skills

➢ Increased knowledge in specific topics
  - Different models of recovery
  - Background on the state mental health system
  - Working with different cultural groups
  - Understanding different types of mental health and trauma experiences

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Experience of People Using CPS Services

➤ Most of the respondents were able to explain their understanding of a CPS and how this role is unique from other staff positions.

- Some were able to articulate that the CPS has lived mental health experience

➤ Respondents were specific as to the types of activities that they do with their CPS.

- Going on errands/outings
- Providing support
- Aiding in individual needs

➤ All valued their experience of working with a CPS and desired more time with them.

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I wish it was more than one hour a week. I'd like to see her two or three times a week.

We talk about my bills, how I can get a job, and about family problems I was having.

Working with my peer specialist is more like having a rap session. We just chat with each other and she's given me support.

Discussion/Conclusion

➢ In Phase One, 42% of participants were working in peer roles at the start the training, as compared to 63% among Phase Two participants.

➢ The increase in peer specialists working in the mental health system suggests that the value of the peer specialist role is becoming more established.

  • However, with more peer specialists working, more opportunities arise for peer specialists to have negative experiences, especially given that many of them are the first peer specialists to work in their respective agency and deal with potential ambiguities of this new role.

Discussion/Conclusion

➤ A central theme in the Phase I evaluation was the personal impact of the training on the participant. In Phase II, the central theme became applying what was learned in the training to their work.

➤ Phase I participants may have had an easier time implementing what they learned from the training as their agencies were more receptive and supportive of the peer role (early adopters).

➤ Now, more mental health programs are being required by DMH to employ peer specialists, and there is much more variability in the readiness of programs to successfully employ these workers.

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