

**THE BRINGING RECOVERY SUPPORTS TO SCALE TECHNICAL ASSISTANCE
CENTER STRATEGY (BRSS TACS) DATA COLLECTION PROJECT TO IDENTIFY
CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH
SERVICES**

SUPPORTING STATEMENT

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling Methods

The BRSS TACS team will work with our partners and through our extensive network for nominations of expert peer workers who will be invited to participate based on their expertise and their ability to represent their perspective in a survey. Expert peer workers are defined as: 1) a person with lived experience of recovery from mental illness and/or addiction; 2) currently working in a peer role in a behavioral health or primary care setting; 3) has at least two years of continuous work experience in that role and 4) received training and/or certification as a peer worker. This definition will form the inclusion criteria for the sample responding to the Core Competency Survey.

The Core Competency Project will use expert sampling, a subcase of purposive sampling, which is a non-probability sampling method that meets the project's purpose of soliciting feedback from experienced peer workers in behavioral health about the relative importance of specific core competencies to their work. Expert sampling is appropriate for this project because the goal is to discover which competencies are rated as most important for peer workers by expert peer workers. Expert peer workers are in the best position to rate the importance of specific competencies to their work. It is theorized that high performing peer workers use a range of competencies in their work and have an important perspective to contribute. The data from the survey will provide information about which competencies are most important and which may not be as relevant to peer workers.

To date, there has not been a national census of the number of peer workers in the behavioral health workforce. In 2009, a survey of 21 states reported that there were more than 2,700 peer workers in state-funded mental health services (Daniels, Grant, Filson, Powell, Fricks, & Goodale, 2010). It has been reported that since August 31, 2012, when President Obama issued an Executive Order to improve veterans' access to behavioral health services, the Veterans Administration has hired over 800 peer support workers for the U.S. Department of Veterans Affairs (VA)'s behavioral health services (U.S. Department of Veterans Affairs, 2013). However, these data do not suggest the total number of peer workers currently delivering behavioral health services and supports in the United States. It is anticipated that the demand for peer workers will increase over the next decades as a result of the Affordable Care Act and its impact on the number of people who have access to health insurance and behavioral health services (Vestal, 2013).

The Core Competency Project team and advisors will survey 100 expert peer workers from a range of behavioral health programs and organizations. It is feasible to recruit 100 peer workers nationwide. One hundred expert peer workers is a sufficient number to learn about the relative

importance of the approximately 61 individual competencies to a sample of expert peer workers. To ensure regional representation of peer workers, the BRSS TACS team will recruit ten peer workers from each of the ten regions of the U.S. Department of Health and Human Services to participate in the survey. Recruitment through the 10 regions will be done to ensure regional representation, so that the sample is not skewed to peer providers in one region and not so that researchers will be able to draw conclusions about regional differences in the responses of expert peer workers. From the 100 respondents to the Core Competencies Survey, 20 will be selected to participate in the Telephone Interview.

The sample will be comprised of 100 peer workers who meet the following criteria:

1. Has lived experience of recovery from mental illness and/or addiction;
2. Is currently working in a peer role in a behavioral health or primary care setting;
3. Has at least two years of continuous work experience in that role;
4. Received training and/or certification as a peer worker.

Recruitment will happen through the vast network of BRSS TACS partners and associates. Partners and associates will nominate peer workers who meet the criteria and BRSS TACS staff will conduct and invite them to participate in the survey. The staff will continue to recruit potential survey respondents until there are 10 respondents, 5 who work in primarily mental health support services and 5 from who provide addiction or co-occurring disorder support services. When BRSS TACS has exhausted nominations from partners and associates, they will solicit nominations directly from peer-run/recovery community organizations and traditional behavioral health organizations until there are 10 peer respondents from each of the Department of Health and Human Services regions.

Table 3: U.S. Department of Health and Human Services Regions

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

2. Information Collection Procedures

Sample Selection

Respondents in the Core Competencies Survey

The respondents in the Core Competencies Survey will be peer workers who are considered to be expert in their role, employed in behavioral health services, peer-run programs, and recovery community organizations. A vast network of BRSS TACS partners will nominate peer workers directly or will nominate peer-run and recovery community organizations and behavioral health organizations that hire peer workers from which we can recruit participants. To ensure geographic representation of the whole of the United States, the BRSS TACS team will recruit ten peer workers from each of the ten U.S. Department of Health and Human Services Regions.

Respondents will be invited to participate in the survey via email. A second and third email will be sent to those who do not reply. The team will continue securing nominations and inviting peer workers until there are 100 respondents to the survey, ten from each region representing peer workers across the United States.

Participants in the Telephone Interview of Peer Workers

Participants in the Telephone Interview of Peer Workers will come from the sample of respondents to the Core Competencies Survey. Two peer workers, one working primarily with people with substance use disorders or co-occurring conditions, and the other working primarily with people with mental illness, from each of the U.S. Department of Health and Human Services Regions, for a total of 20 interviewees, will be invited to participate in the telephone interview. Participants will be invited to participate in the interview when they return the completed survey until there are two participants from each region.

Information Collection Procedures

As described previously, the BRSS TACS Core Competencies for Peer Workers in the Behavioral Health Services data collection will gather original data using two distinct methods, a quantitative survey of peer workers and a telephone interview of peer workers.

Table 4: Data Collection Methods

Method	Timeline	Sample	Type of Information
Telephone interviews	April- June 2015	Expert peer workers from across the U.S. from a range of agencies/organizations, providing a range of recovery support services	Telephone interviews will provide an enriched understanding of peer workers' beliefs and attitudes about the proposed core competencies specifically, and the benefits of identifying competencies for their field generally.
Web-based surveys	April-June 2015	Expert peer workers from across the U.S. from a range of agencies/organizations, providing a range of recovery support services	The survey will ask participants to report on their demographic information and will ask participants about the relevance of individual

Method	Timeline	Sample	Type of Information
			competencies to their work.

Data Collection Strategies

Protocols have been established to guide the qualitative interviews and the Core Competencies Survey. See Attachment 3.

3. Methods to Maximize Response Rate

The BRSS TACS team anticipates a 70-80% response rate for respondents to the Core Competencies Survey. Potential respondents will be nominated by experts in peer support and through peer-run/recovery community organizations and traditional behavioral health organizations from across the country. The fact that respondents are nominated based on their expertise and work performance may create a sense of responsibility to the survey. Also following the invitation, BRSS TACS staff will send two email reminders over the course of two weeks to those who do not respond to the invitation within a week. To encourage responses, respondents who return a completed survey will be given a \$25.00 honorarium for their time and information.

Other strategies to the maximize response rate include:

- The instrument is in an easy-to-complete format that has been piloted with four volunteer peer workers
- Participants will be informed about the potential benefits of identifying core competencies for peer workers in the behavioral health workplace.
- The BRSS TACS team has strong relationships with partners and behavioral health agencies and organizations across the country.
- Electronic instruments are easy to use and convenient.

4. Tests of Procedures

The BRSS TACS team and advisors will review the content of the survey and the qualitative interview protocols. The BRSS TACS team will recruit four volunteers to complete the electronic survey to assess comprehensibility and to test the functions of the electronic survey. The interview protocols will also be tested by conducting pilot telephone interviews with two peer workers.

5. Statistical Consultants

The BRSS TACS team has access to the statistical expertise required for the data analysis. BRSS TACS is a project housed at the Center for Social Innovation (C4). Dr. Kathleen Ferreria, a senior associate at C4 will provide the statistical tasks for this project.

Kathleen Ferreira, Ph.D.

Senior Associate, Distance Education
Center for Social Innovation
200 Reservoir Street
Needham, MA 02494
781-247-1784

Catherine D. Nugent, LCPC

Senior Public Health Analyst
Center for Mental Health Services
Substance Abuse & Mental Health
Services Administration (SAMHSA)
1 Choke Cherry Road – Room 7-1007
Rockville, MD 20857
240-276-1577

REFERENCES

- Anderson G. F. (2005). Medicare and chronic conditions. *New England Journal of Medicine*, 353(3), 305-309.
- Baird, J., Cooper, C., Margetts, B. M., Barker, M., & Inskip, H. M. (2009). Changing health behaviour of young women from disadvantaged backgrounds: Evidence from systematic reviews. *The Proceedings of the Nutrition Society*, 68(2), 195-204.
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science and Medicine*, 51, 843–857.
- Boisvert, R. A., Martin, L. M., Grosek, M., & Claire, A. J. (2008). Effectiveness of a peer-support community in addiction recovery: Participation as intervention. *Occupational Therapy International*, 15(4), 205-220.
- Brothers, B. M., & Borrelli, B. (2011). Motivating Latino smokers to quit: Does type of social support matter? *American Journal of Health Promotion*, 25(5 Suppl), S96-102.
- Canady, V. (2013). Peers easing strain of MH workforce issues, ACA service demand. *Mental Health News Weekly*, Retrieved from: <http://www.mentalhealthweeklynews.com/Article-Detail/peers-easing-strain-of-mh-workforce-issues-aca-service-demand.aspx>
- Castro, C. M., Pruitt, L. A., Buman, M. P., & King, A. C. (2011). Physical activity program delivery by professionals versus volunteers: The TEAM randomized trial. *Health Psychology*, 30(3), 285-294.
- Chapin, R. K., Sergeant, J. F., Landry, S., Leedahl, S. N., Rachlin, R., Koenig, T., & Graham, A. (2013). Reclaiming joy: Pilot evaluation of a mental health peer support program for older adults who receive Medicaid. *Gerontologist*, 53(2), 345-352.
- Chinman, M., Salzer, M., & O'Brien-Mazza, D. (2012). National survey on implementation of peer specialists in the VA: Implications for training and facilitation. *Psychiatric Rehabilitation Journal*, 35(6), 470-474.
- Cook, J. A. (2011). Peer-delivered wellness recovery services: From evidence to widespread implementation. *Psychiatric Rehabilitation Journal*, 35(2), 87-89.
- Cook, J. A., Steigman, P., Pickett, S. A., Diehl, S., Fox, A., Shipley, P., ... Burke-Miller, J. K. (2011). Randomized controlled trial of peer-led recovery education using Building Recovery of Individual Dreams and Goals through Education and Support (BRIDGES). *Schizophrenia Research*, 136(1-3), 36-42.

- Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., & Goodale, L. (2010). *Pillars of Peer Support: Transforming Mental Health Systems of Care Through Peer Support Services*, Retrieved from: www.pillarsofpeersupport.org
- Davidson, L., Chinman M., Sells, D., & Rowe M. (2006). Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin*, 32(3), 443-450.
- Doughty, C., & Tse, S. (2011). Can consumer-led mental health services be equally effective? An integrative review of CLMH services in high- income countries. *Community Mental Health Journal*, 47, 252–266.
- Gagne, C. (2009, September 15). Peer support: Results from the systematic review of peer programs and peer training programs. Webinar with the Research and Training Center on Disabilities in Rural Communities, Missoula, MT.
- Gallant, M. P. (2003). The influence of social support on chronic illness self-management: A review and directions for research. *Health Education and Behavior*, 30(2), 170-195.
- Hebert, M., Rosenheck, R., Drebing, C., Young A. S., & Armstrong, M. (2008). Integrating peer support initiatives in a large healthcare organization. *Psychiatric Services*, 5(3), 216-227.
- Hunkeler, E. M., Meresman, J. F., Hargreaves, W. A., Fireman, B., Berman, W. H., Kirsch, A. J., ... Salzer, M. (2000). Efficacy of nurse telehealth care and peer support in augmenting treatment of depression in primary care. *Archives of Family Medicine*, 9(4), 700-709.
- Kaplan, L. (2008). *The role of recovery support services in recovery-oriented systems* (DHHS Publication No. SMA 08-4315). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. http://partnersforrecovery.samhsa.gov/docs/rss_financing_report.pdf
- Laudet, A., & Humphreys, K. (2013). Promoting recovery in an evolving policy context: What do we know and what do we need to know about recovery support services? *Journal of Substance Abuse Treatment*, 45(1), 126-133.
- Min, S., Whitecraft, J., Rothbard, A. B., & Saltzer, M. (2007). Peer support for persons with co-occurring disorders and community tenure: A survival analysis. *Psychiatric Rehabilitation Journal*, 30(3), 207-213.
- Moran, G. S., Russinova, Z., Gidugu, V., Yim, J. Y., & Sprague, C. (2011). Benefits and mechanisms of recovery among peer providers with psychiatric illnesses. *Qualitative Health Research*, 22(3), 304-319.
- National Association of Peer Specialists, (2007). Peer specialists compensation and satisfaction survey report. Retrieved from www.papeersupportcoalition.org/peer/PeerSpecialistCompensationandSat
- Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health

- services. *Journal of Mental Health*, 20(4), 392-411.
- Rogers, E. S., Farkas, M., Anthony, W., Kash, M., & Maru, M. (2010). *Systematic review of peer-delivered services literature 1989 – 2009*. Boston, MA: Boston University Center for Psychiatric Rehabilitation.
- Salzer, M. (2002). Consumer-delivered services as a best practice in mental health care delivery and the development of practice guidelines. *Psychiatric Rehabilitation Skills*, 6(3), 355-383.
- Salzer, M. S., Schwenk, E., & Brusilovskiy, E. (2010). Certified peer specialist roles and activities: Results from a national survey. *Psychiatric Services*, 61, 520–523.
- Sells, D., Davidson, L., Jewell, C., Faizer, P., & Rowe, M. (2006). The treatment relationship in peer-based and regular case management services for clients with severe mental illnesses. *Psychiatric Services*, 57(8), 1179-1184.
- Sledge, W. H., Lawless, M., Sells, D., Wieland, M., O’Connell, M. J., & Davidson, L. (2011). Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatric Services*, 62(5), 541-544.
- Solomon, P. (2010). Peer support/peer-provided services: Underlying processes, benefits, and critical ingredients. In M. Swarbrick & L. T. Schmidt (Eds.), *People in recovery as providers of psychiatric rehabilitation: Building on the wisdom of experience* (pp. 56-69). Linthicum, MD: United States Psychiatric Rehabilitation Association.
- Townsend, W., Fricks, L., & Evans, A. (2010). *Evolving Peer Support: Recovery Coaching, Whole Health, and System Integration* [PowerPoint slides]. Retrieved from <http://www.magellanhealth.com/training/webinars/nov2010handout.pdf>
- Umberson, D., & Montez, J. K. (2010). Social relationships and health: A flashpoint for health policy. *Journal of Health and Social Behavior*, 51(Suppl), 54-66.
- U.S. Department of Veterans Affairs, (November 5, 2013). VA Meets President’s Mental Health Executive Order Hiring Goal. News Release, Retrieved from: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2487>
- Vestal, C. (September 11, 2013). Peers seen easing mental health workers shortage. *Kaiser Health News*, Retrieved from: <http://www.kaiserhealthnews.org/stories/2013/september/11/peer-mental-health-workers.aspx>
- Volkman, K., & Castanares, T. (2011). Clinical community health workers: linchpin of the medical home. *The Journal of Ambulatory Care Management*, 34(3), 221-233.
- White, W. (2009). Executive summary. Peer-based addiction recovery support: History, theory,

practice, and scientific evaluation. *Counselor*, 10(5), 54-59.

LIST OF ATTACHMENTS

Attachment 1: Core Competency Survey

Attachment 2: Peer Worker Telephone Interview Questionnaire and Script

Attachment 3: Data Collection Protocols

Attachment 4: Letter to Potential Survey Respondents

Attachment 5: Letter to Potential Telephone Interview Participant

Attachment 6: Letter to Behavioral Health Organizations