Part 1: PRSS and the PSS Workforce
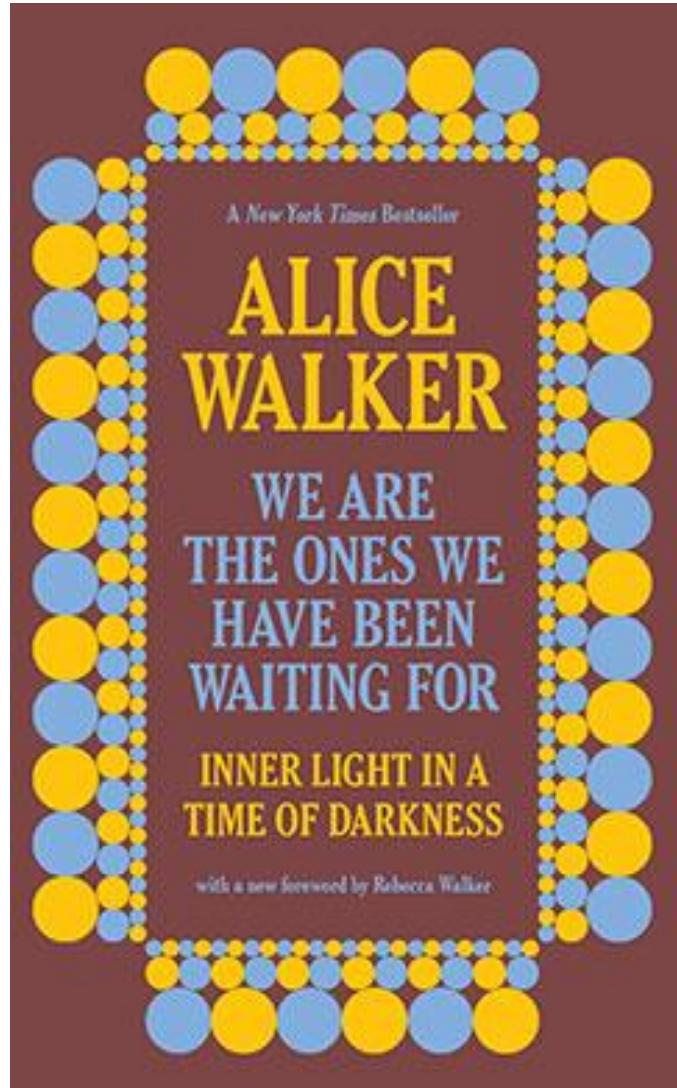
- Celia Brown, late President of MindFreedom International
- Human and Civil Rights Leader and Activist
- First to hold Peer Specialist civil service title ever in the 1990s in New York
- Certification not until 2016

Look What Happened

- Development of Peer Certification
  - Standard SAMHSA definition of recovery
  - Training based on recovery values
  - Input from people with lived experience
- Recognition of peer recovery support services (PRSS) best practice reimbursable under Medicaid
- Proliferation of peer/consumer-led organizations

Change is never easy, but always possible.

Barack Obama
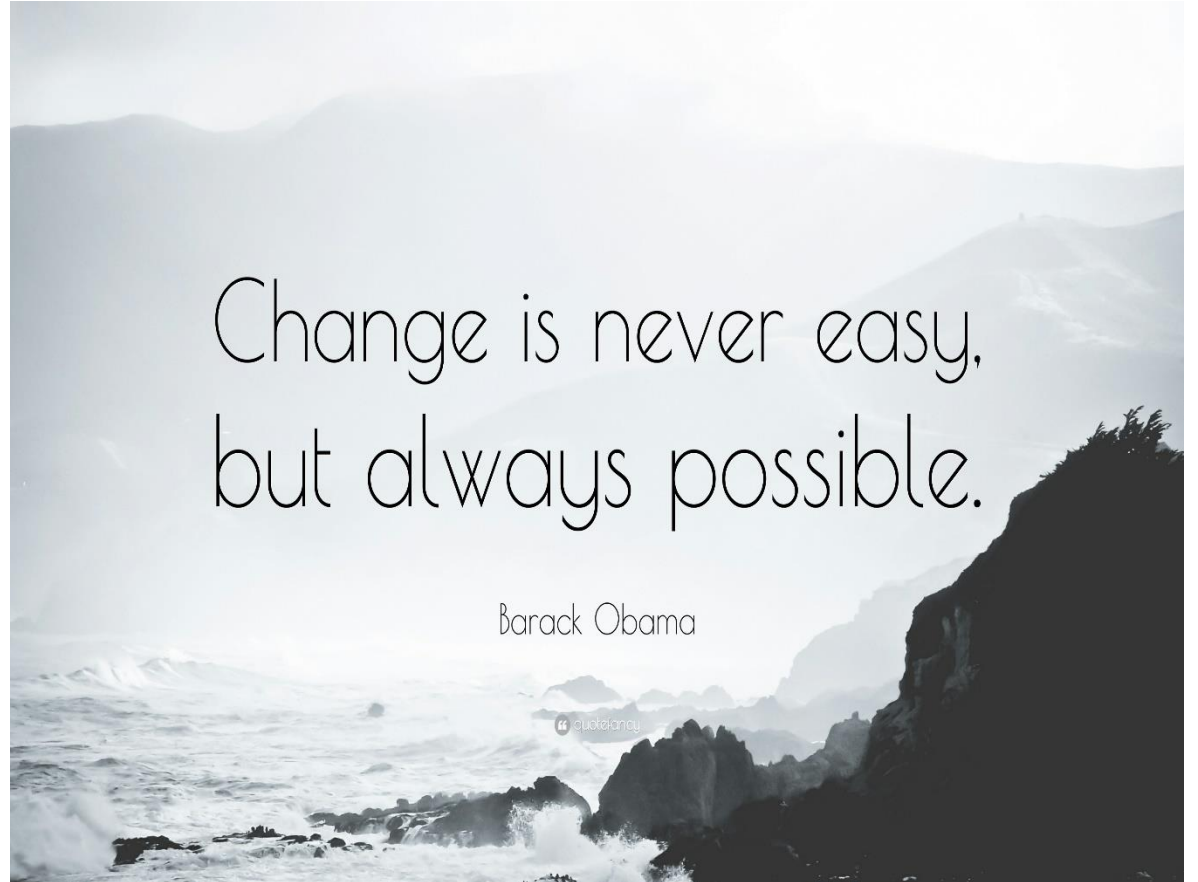
Transformational Systems Change

- Shifts in mindsets of policymakers, providers, and payers
  - Nature of mental health and substance use
  - Therapeutic value of non-medical services and supports
  - Mutual Aid outside psychiatric and medical systems
- Biden-Harris strategy for national mental health crisis
  - "Universal adoption, recognition, and integration of the **peer mental health workforce**" across a continuum of settings."
- Growth of peer workforce and workforce settings
  - Emerging unintended consequences of success

Emerging Workforce Issues: The Good News

Group	Overall Job Satisfaction	Reference
Peer Support Specialists	89% (2016)	Cronise (2016)
All Workers	51% (2023)	Pew Research Center
All Health Care Workers	72% (2022)	American Medical Association[1]
All Healthcare Paraprofessionals	77.6% (2017)	International Journal for Quality in Health Care[2]
All Care Workers	77.2% (2013)	PsycNET[3]

Emerging Workforce Issues

1. High caseloads, long work hours, lack of support
2. Role confusion or ambiguity
   - Unclear job description
   - Tasks assigned unrelated to training
3. Supervisor is not a peer, lacks lived experience, lacks recovery training
4. Reluctance to self-disclose with assigned participants
5. Stigma or discrimination by co-workers
6. Reports of stress, emotional strain, symptoms of burnout
7. Low wages

Share and Discuss (7/3/5)

1. High caseloads, long work hours, lack of support
2. Role confusion or ambiguity
   - Unclear job description
   - Tasks assigned unrelated to training
3. Supervisor is not a peer, lacks lived experience, lacks recovery training
4. Reluctance to self-disclose with assigned participants
5. Stigma or discrimination by co-workers
6. Reports of stress, emotional strain, symptoms of burnout
7. Low Wages

1. Among these, which do you consider most prevalent or problematic in your experience or observations?

2. How does it impact the ability to deliver services and supports effectively?

What the Literature Says

- PRSS are shown to have positive effects on recovery outcomes
- Delivered in settings across the care continuum
  - Many not community-based
  - Not in fidelity with recovery principles
- Workplace factors influence the delivery and outcomes of PRSS
  - Organizational culture, model fidelity
  - Job scope, role clarity, supervision
  - Stress, precarity, job satisfaction
  - Turnover, job performance, quality of PRSS

What we know

THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

Part 2: Fair and Just Compensation for Peer Support Specialists

THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

Peer Work Makes Social Connection

- **If Addiction = Isolation, then Recovery= Authentic Connection**

- **Brené Brown**
  - **Connection gives purpose and meaning to our lives**
  - **Humans are wired biologically for connections**
  - **In order for authentic connection to occur, human beings have to allow themselves to be vulnerable and be accepted as worthy**

Vulnerability is the only bridge to build connection.

— Brene Brown

Power of Vulnerability

- **Work done by peers is relational**

- **Rests on the ability of Peer Support Specialist to be authentic and vulnerable**

The Reality of Vulnerability

- PSS are triply vulnerable
  - Self-disclosure entails vulnerability
  - They are vulnerable to workplace stressors
  - Low wages adds the vulnerability of precarity

- PRSS have positive outcomes beyond the participant level
  - These not acknowledged and valued
  - Value to PRSS, Participant, and Family
  - Growing network of trust-based relationships

- Given this situation, shouldn't PSS be paid a living wage?

A Paradox: Paying for Trust?

- Trust is foundational for authentic connection.
- Isn't an authentic trust-filled relationship priceless?
- Bioethicist suggests that it is ethically justifiable to pay for time, expertise, and emotional labor
  - Nature of relationship and outcomes
  - Transparency of arrangement
  - Consent of all involved
- Outcomes involve healing and support
- Relationship based on respect, dignity and autonomy of participant
- But how do you arrive at a wage rate?

Determining Compensation

Recognized

- <u>Market rates</u>: competitive with similar positions in healthcare
  - Caring jobs are undervalued
- Therapeutic value to participant
  - <u>Premium for ROI</u>
  - **Does not account for value to society**
- Therapeutic value to PSS
  - Acknowledge value, but should not be used to justify low wages
- Qualifications: training, <u>certification, experience</u>

Needs Greater Attention

- Job demands: higher for greater risks, caseloads, caseload complexity
- Job complexity: communication and emotional labor
- **Ethical premium**: high trust levels required, personal sharing, concordant diversity
- **Living Wage**: Afford basic needs without undue stress

Propositions

1. Wage insufficiency negatively impacts the successful delivery of PRSS and negatively impacts the health and well-being of PSS.

2. Given their positive impact on society and recognizing the therapeutic value to PSS themselves as a necessary condition for a positive PRSS outcome, it is unfair and unjust that PSS should be burdened by wage insufficiency.

3. Policies that realize a de facto living wage for PSS are just and fair.

THE UNIVERSITY OF TENNESSEE KNOXVILLE

What is a Living Wage?

Living Wage = Basic Needs Budget + (Basic Needs Budget x Tax Rate)

Food / Child Care / Medical / Housing / Transportation / Civic / Other Necessities / Taxes

- A living wage approximates the income needed to meet a family's basic needs.

- It would enable the working poor to achieve financial independence while maintaining housing and food security.

- Amy Glasmeier from MIT developed a living wage calculator by capturing basic needs by state given the number of children and working adults in the household.

Living Wage Income Compared to Poverty and Minimum Wage Incomes
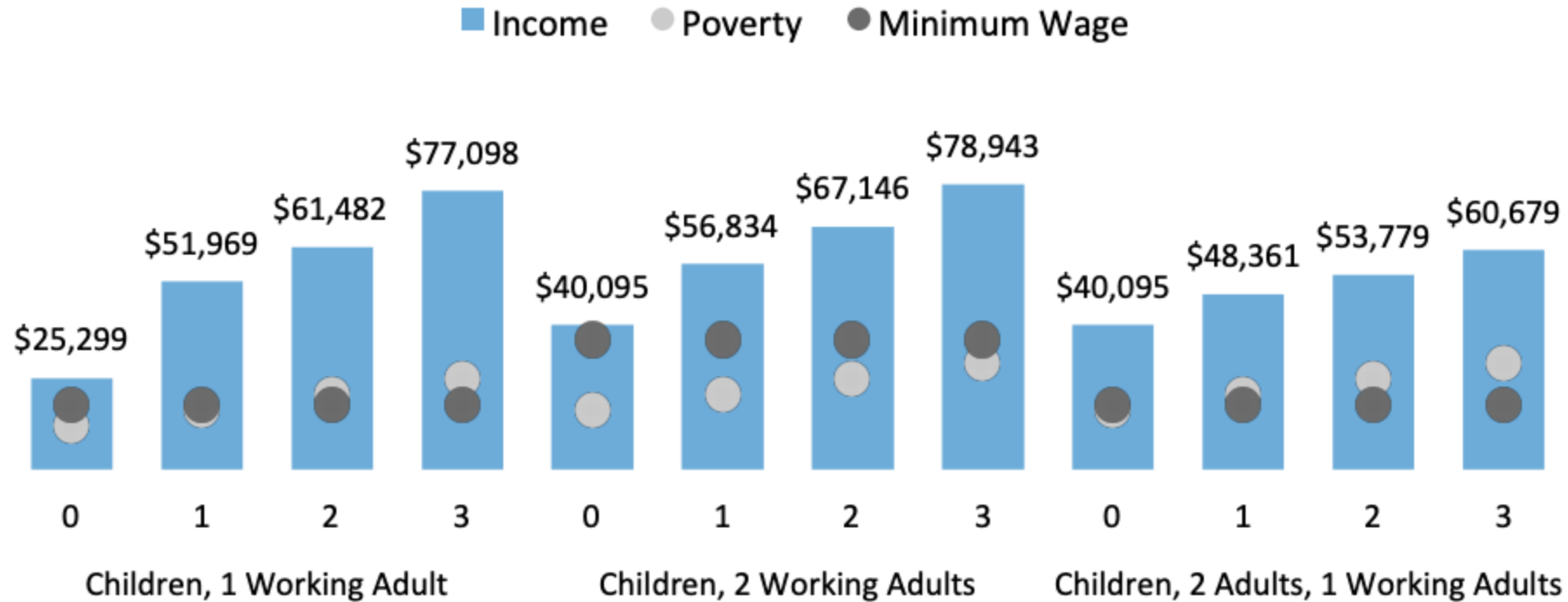
Complexity of Living Wage Policies

- Living wages differ by geography, household type, and individual benefits

- Need to consider full compensation (e.g., benefits)

- Potential to realize a de facto living wage by providing expanded benefits

- Other benefits can compensate for wage limitations
  - More self-time, sabbaticals, subsidized respite
  - Can address potential loss SSDI

- But living wage data can be used to support advocacy

Consumer Operated Orgs and Work Environment

"Authenticity is about the choice to show up and be REAL. The choice to be HONEST. The choice to let our TRUE selves be seen."

- Brene Brown

MATHER CONSULTING

- To support a workforce that is authentic and vulnerable you need a work environment that is built on trust and provides a sense of safety, both for staff and those seeking and in services.

- Leadership and Management need to create this environment with staff.

- Recovery Community and Consumer Operated Organizations delivering PRSS based on recovery values and principles are best suited to this task of supporting an effective peer workforce.

Fidelity to the Model is Critical

- Importance of developing an organizational culture based on recovery principles and values.

- Organizations that lack this culture are not likely to provide the kind of environment necessary to support peer staff and deliver effective peer services and supports.

- Recovery values and principles reflect the kinds of culture that many wider communities seek as they see the impact of rising rates of diseases of despair in their neighborhoods.

BEGIN WITH THE END IN MIND

End goals lead to a meaningful journey

1. **Living Wage or policies that indirectly realize a living wage**
   - **Sabbaticals**
   - **Greater self-care time**
2. **PRSS interventions in fidelity with recovery principles**
3. **Lived experience and diversity prioritized in hiring**
4. **Time for self-care, training, and professional development**