# Core Peer Training Follow Up Survey Report


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# Introduction

The Oregon Health Authority (OHA) contracted with Portland State University (PSU) to conduct an impact evaluation of the second round of State Opioid Response funding (SOR2).[1] Part of the evaluation examined the impact of SOR2 funding on Oregon's workforce providing substance use disorder (SUD) treatment and recovery services. The Mental Health and Addiction Board of Oregon (MHACBO) received SOR2 funds to provide the OHA-approved Core Adult Addictions Peer Support training program at no cost to participants (referred to here as the "Core Peer training"). This 40-hour training program fulfills the education requirement for Certified Recovery Mentors (CRM) and Peer Support Specialists (PSS). Increasing the number of trained and certified peers can help remedy the ongoing shortage in the behavioral health workforce (Chapman et al., 2015), which is particularly dire when even before the COVID-19 pandemic almost 90% of people with substance use disorders did not receive treatment (Canady, 2021). Certification and placement on the Traditional Health Worker (THW) registry through OHA's Office of Equity and Inclusion[2] is required for peer-delivered services to be reimbursed by Medicaid; many organizations need their peer workforce to have these qualifications to remain financially viable (Medicaid and CHIP Payment and Access Commission [MACPAC], 2019).[3] The SOR2 funding goal was to expand Oregon's SUD workforce by increasing the number of certified peers.

1 The SOR2 funding period was September 30, 2020 through September 30, 2022.

2 https://www.oregon.gov/oha/OEI/Pages/THW-Become-Certified.aspx

3 Certified Recovery Mentors (CRMs) who have been placed on the MHACBO registry can bill state funding sources (e.g., Drug Addiction and Treatment Act [Measure 110] or other contracts) for services provided. All of the MHACBO-certified peers are also put on the OHA THW registry. Certified peers can also apply directly for placement on the THW registry, which has more stringent background check requirements and a separate administrative process.

OHA expresses a commitment to health equity in Oregon, achieved in part through the equitable distribution of resources.[4] With a lack of culturally- and linguistically-specific peer services in Oregon (Scavera & O'Neill-Tutor, 2020), it is important to recruit a diverse group of participants for the Core Peer training. MHACBO provided the Core Peer training in English and Spanish, marking an effort to make the training accessible for Spanish-speaking participants and to expand Oregon's SUD workforce to meet the needs of both English- and Spanish-speaking clients. There were six trainings with 169 total participants, one of which was conducted in Spanish (30 participants). PSU followed up with Core Peer training participants to learn about how the training influenced their career trajectories.

# Evaluation Method

PSU created an online survey in collaboration with MHACBO and OHA partners. Like the Core Peer training, the survey was offered in both English and Spanish. The survey included questions about participants' motivations for pursuing the training program, progress towards a peer certification, and their career plans since completing the training. It also asked participants to share information about their background, including demographic data, education, and employment. PSU developed the brief (approximately 15-minute) survey using the Qualtrics survey platform, and it included multiple choice, rating scale, and open-ended questions.

PSU provided a link for the survey to a Core Peer trainer who then distributed the survey link and sent reminders via email. All survey respondents received a $30 Amazon gift card. The survey was distributed to training participants on April 1, 2022 and remained open until April 27, 2022. Of the 169 training participants, 112 people responded to the survey (66%); 8 of those survey respondents completed the survey in Spanish (7%). On average, participants responded to the survey five months after they completed the training (ranged from one to 13 months).[5] PSU analyzed the survey data using descriptive statistics and thematic analysis of qualitative responses.

4 https://www.oregon.gov/oha/oei/pages/health-equity-committee.aspx#:~:text=OHA%20and%20OHPB%20Health%20Equity%20Definition&text=The%20equitable%20distribution%20or%20redistribution,rectifying%20historical%20and%20contemporary%20injustices.

5 There were nine respondents who took the training prior to the SOR2 funding period, who are not represented here. Those nine respondents took the training between 24 and 72 months prior to completing the survey.

# Survey Findings

The findings are based on responses from 112 individuals who completed the survey. It includes their demographic background and employment characteristics, reasons for taking the training, and impact on their career trajectories.

## Background Characteristics

Most survey respondents identified as female and spoke English at home (see Table 1). One third of respondents identified as African American/Black, American Indian/Alaska Native, Hispanic/Latinx, or Native Hawaiian/Pacific Islander, and the remaining identified as white. This group of respondents represents greater diversity than Oregon's overall population (2% Black/African American, 2% American Indian/Alaska Native, and 75% as white; United States Census Bureau, 2020). Approximately half of respondents held a high school diploma or equivalent, and half had post-secondary education and/or advanced degrees. A quarter of respondents lived in rural or frontier areas, and the remaining lived in urban areas.

When asked about their current employment status, 84% (n=88) of respondents reported that they were employed. Of those employed, 91% (n=80) worked in full-time positions, and 9% (n=8) were employed part-time. Almost half of respondents (47%, n=41) indicated working in a peer role, and 88% (n=36) were in the SUD field. Other roles included:

- → Direct service behavioral health (e.g., case manager, counselor, navigator): 38% (n=33), and 24% (n=8) of these respondents worked in the SUD field
- → Administrative staff/program director: 8% (n=7)
- → Employed outside of the behavioral health/SUD field: 8% (n=7)

## Table 1. Survey Respondent Demographics

| Gender | No. of Responses |
|---|---|
| Female | 71 (67%) |
| Male | 30 (28%) |
| Non-Binary | n<5 |
| Prefer not to say | n<5 |

| Racial or ethnic background* | No. of Responses |
|---|---|
| African American/Black | 9 (8%) |
| American Indian/Alaska Native | 14 (13%) |
| Hispanic/Latinx | 23 (22%) |
| Native Hawaiian/Pacific Islander | n<5 |
| White | 68 (61%) |
| Unknown | n<5 |

| Languages typically spoken at home* | No. of Responses |
|---|---|
| English | 99 (96%) |
| Spanish | 16 (16%) |
| Brazilian Portuguese | n<5 |
| Sign language | n<5 |

| Urban, rural, or frontier zip code | No. of Responses |
|---|---|
| Rural/Frontier | 27 (26%) |
| Urban | 73 (71%) |
| Urban (out of state) | n<5 |

| Highest level of education attained | No. of Responses |
|---|---|
| Some high school | 7 (7%) |
| High school/GED | 53 (51%) |
| Trade school | 14 (13%) |
| Associate degree | 17 (16%) |
| Bachelor's degree | 9 (9%) |
| Graduate degree | n<5 |
| Other | n<5 |

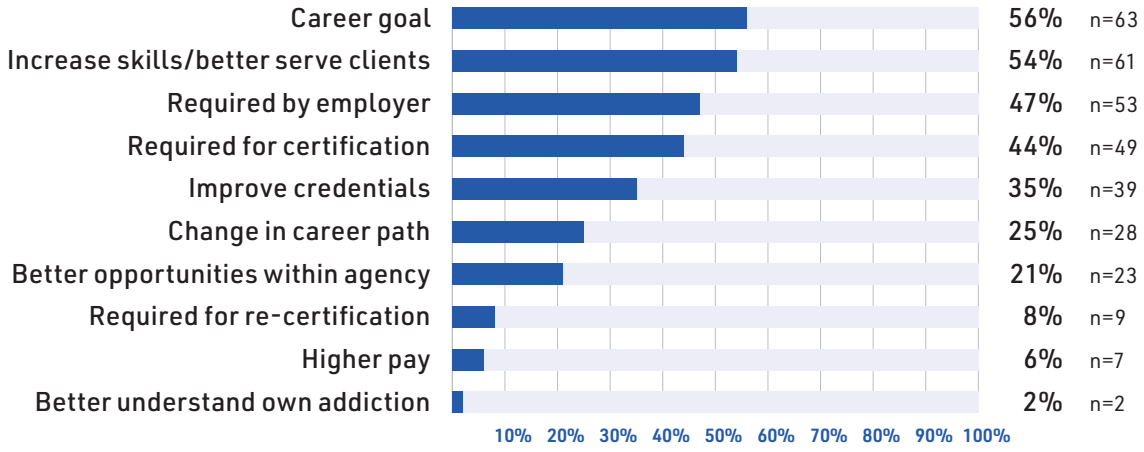
* Respondents could choose more than one response.
Note: n<5 is masked due to small sample sizes.

# Most respondents attended the Core Peer training to further their careers.

Over half of the respondents indicated they attended the training to pursue a career goal (56%, n=63) or increase their skills and better serve clients (54%, n=61). Figure 1 shows the reasons that respondents took the Core Peer training (respondents could select more than one reason). It is noteworthy that a quarter of respondents attended the training to change their career path (25%, n=28). Interestingly, higher pay was not a common reason that respondents participated in the training (6%, n=7).

**"This training was amazing and helped me take the next steps in changing career paths. I'm super grateful that this was available and it was very helpful to have to virtually."**

**Figure 1. Reasons for taking Core Peer training**



# The Core Peer training positively impacted participants' career trajectories in terms of certification, encouraging new people to enter the peer workforce, and retention.

## Most survey respondents attained peer certifications after the Core Peer training.

Three-fourths (n=80) of respondents earned a new peer certification (CRM, PSS, or PWS) after the training. For 72 of these respondents (90%), it was their first ever peer certification. Moreover, a large proportion of respondents who were unemployed attained a new peer certification (16 of 19, or 84%). Taken together, these findings suggest that the Core Peer training contributed to expanding the peer workforce by supporting the certification of those who were already employed, and by helping those who were unemployed have more opportunities to be hired. Some respondents noted that they would not have been able to attain their certification without this free training.

While 84% (n=86) of respondents reported no challenges to attaining certification, others experienced barriers in the certification process, such as cost (9%, n=9), having two years of recovery (n<5), or passing a criminal background check (n<5). It is important to note that a larger share of respondents identifying as African American/Black, Hispanic/Latinx, or with multiple racial backgrounds experienced one or more of these barriers. We also found that a smaller share of African American/Black and Hispanic/Latinx respondents attained peer certification since the Core Peer training compared to respondents who identified with other racial groups. These findings suggest that racial inequities may be perpetuated through systemic barriers in the certification process. In particular, systemic racism creates conditions in which Black people face higher rates of criminal convictions (The Sentencing Project, 2018), and Black and Hispanic families experience higher rates of poverty (Wilson, 2020).

**"I would have not been able to afford the certifications and training if not for it being offered through MHACBO."**

## Some respondents had concerns about maintaining continuing education requirements for recertification.

While most respondents attained and/or were in the process of attaining certification, many (23%, n=24) were concerned about the cost of continuing education unit (CEU) requirements. One respondent explained, **"If there were more CEU opportunities that were free, it would be very beneficial. Not just for recertification purposes, but for professional development opportunities and additional training with staff we are working with."** Additionally, 15% of respondents (n=16) were concerned about the availability of continuing education opportunities (see also Scavera & O'Neill-Tutor, 2020, which identified similar concerns among Oregon's peer workforce).

Like the challenges for earning certification, concerns about maintaining continuing education requirements also highlight how systemic racism perpetuates inequitable barriers to recertification. A larger share of respondents who identified with multiple racial backgrounds had concerns about the cost and availability of continuing education opportunities. We also found that a higher proportion of respondents identifying as Hispanic/Latinx were concerned about a lack of continuing education opportunities that were related to their interests. Most notably, a larger share of respondents who identified as African American/Black, American Indian/Alaska Native, and Hispanic/Latinx expressed concern about a lack of culturally relevant continuing education opportunities. One participant recommended "un poco mas e informacion al publico de estas oportunidades. Informacion de lugares para obtener CEU's en espanol [a little more and information to the public about these opportunities. Information on places to obtain CEU's in Spanish]."

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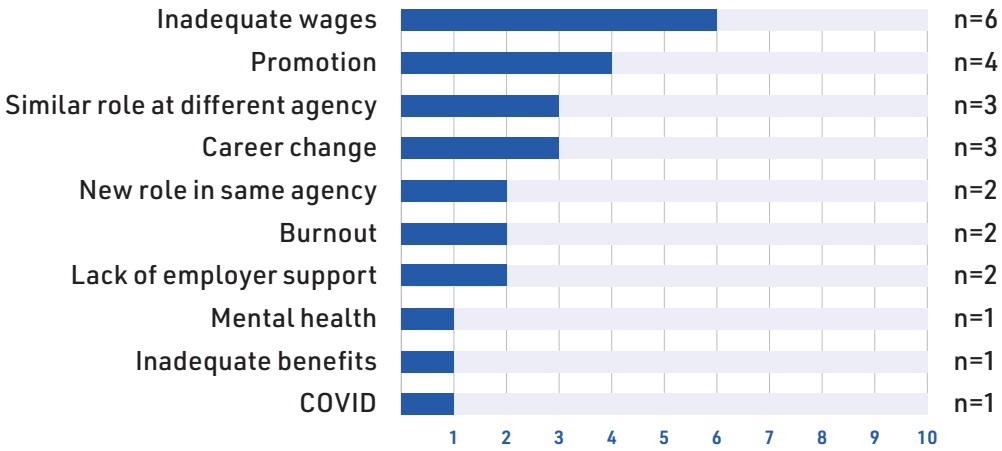
## Most respondents planned to remain in their current roles over the next year.

Eighty-three percent (n=73) indicated they will remain in their roles for the coming year. Respondents also reported plans to advance in behavioral health (42%, n=37) and/or go back to school (18%, n=16). When asked about future career plans, nearly all respondents were "very likely" or "somewhat likely" to remain in their current position over the next year (78%, n=69 and 15%, n=13, respectively).

## Inadequate wages were the primary reason respondents were undecided or unlikely to remain in their current roles.

When asked why they were thinking about leaving their current role next year, most of the respondents (85%, or 6 of the 7 who were undecided or unlikely to remain in their current role) pointed to inadequate wages. Improving wages is a strategy for expanding and maintaining Oregon's peer workforce (Scavera & O'Neill-Tutor, 2020). As previously noted, higher pay was generally not the reason that respondents attended the training, suggesting a potential disconnect between attaining credentials and compensation. Figure 2 shows the reasons that respondents were undecided or unlikely to remain in their current roles (respondents could select more than one). Aside from inadequate wages, the next most common reasons reflected a desire to remain in the SUD workforce (all n<5): earning a promotion, moving to a similar role at a different agency, and moving to a new role at the same agency. The remaining reasons were making a career change, lack of employer support, burnout, inadequate benefits, mental health issues, and/or COVID-19.

**Figure 2. Reasons for being undecided or unlikely to remain in employment**



# Recommendations for ways to use future rounds of SOR funding to expand Oregon's SUD workforce include:

1. **Increase access to peer certification and recertification.**

   → Respondents noted concerns about attaining certification and recertification, a finding that aligns with a recent MHACBO report suggesting that 17.4% of CRMs did not recertify or request a COVID extension to recertify in 2020 (MHACBO, 2021). Future SOR funding could subsidize the cost of certification, recertification, and required training. Additionally, SOR funding could contribute to the needed diversification of Oregon's SUD peer workforce by funding culturally- and linguistically-specific training and continuing education opportunities (see also Scavera & O'Neill-Tutor, 2020 for a similar recommendation).

   Not only should these opportunities be offered in multiple languages and the content reflect diverse cultures, but the outreach should be linguistically and culturally relevant for diverse groups of participants. To this end, culturally specific organizations and community members should be included in developing training content and designing outreach efforts. Some examples are transcreating outreach and training materials (i.e., go beyond literal translation to ensure the materials makes sense from a cultural perspective); expanding outreach efforts to include specific communities' trusted messengers and channels of communication; and reviewing, revising, and/or developing new training content to increase cultural relevance (e.g., communities of color, rural/frontier communities, LGBTQIA+, immigrants).

## 2. Advocate for re-evaluating peer certification requirements.

→ OHA should consider advocating for Medicaid to use MHACBO's certified peer registry along with advocating for changes to the requirements needed for placement on the TWH registry, particularly related to more flexibility for criminal background checks. Scavera and O'Neill-Tutor (2020) echo this recommendation for Oregon's peer workforce, also highlighting the disproportionate impact on people of color who are more likely to be arrested and convicted of crimes. Moreover, peers' lived experience is a critical part of their success in working with people with SUD; in this way, having experience in the criminal justice system is an asset for peers (Reingle Gonzalez et al., 2019).

## 3. Support alternate funding sources for non-certified peers.

→ Peers on the MHACBO registry can bill for services from state funding sources, but they must be on OHA's THW registry to secure Medicaid reimbursement, which many organizations need to sustainably fund these positions. Although certification has created a pathway to sustainably fund peers, it has also had perhaps unintended impacts on service delivery. Certification promotes professionalization of the peer role, which can lead to less flexibility and individualized work with clients, making it more formal and less relational (Adams, 2020). As discussed above, certification requirements also limit who can become a peer, which restricts how much peer workforce expansion is possible (Adams, 2020). OHA might consider promoting alternatives that fund peer positions through state and local funding or federal grants, for example, by providing technical assistance to and supporting infrastructure development for organizations to access funding outside of Medicaid reimbursement (Chapman et al., 2015).

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