Peers in Crisis Services: Results of a 2023 State Survey



Summary

The Wisconsin Department of Health Services is transforming Wisconsin's system of services for people experiencing mental health and substance use emergencies to align with the national framework for these services known as Crisis Now.

The Crisis Now model features three components:

- Someone to contact
- Someone to respond
- A safe place to get help

The Substance Abuse and Mental Health Services Administration recommends emergency services for mental health and substance use provide opportunities for people experiencing a crisis to have contact with peers or people who share the experience of living with mental health and substance use concerns. Given the feelings of isolation and fear that may accompany a mental health and substance use emergency, this peer-to-peer connection can provide the hope and support needed for healing and recovery.

The Division of Care and Treatment Services created a survey in 2023 to learn more about peer support in Wisconsin, specifically peer support in crisis services. Some questions only were asked based on answers from previous questions. The survey was intended for people at least 18 years-old who identify as a peer. It was open for responses from October 6, 2023, through December 23, 2023. Peers were invited to complete this survey through emails from the Division of Care and Treatment Services and the Wisconsin Peer Specialist Employment Initiative managed by Access to Independence as well as posts on the Wisconsin Department of Health Services' Facebook, X, and LinkedIn feeds.

This is a report on the submitted responses. All questions were optional. A total of 589 people completed all or part of the survey. Duplicate responses with the same name and contact information were removed from the results. The first response submitted from these individuals was included in the results. Responses in which people identified solely as a parent peer specialist, youth peer specialist, or someone with no personal lived experience were removed from the results because this survey was not intended for these groups.

Key findings

Peer identity

- Over half of the people who completed the survey identified as a certified peer specialist, a person with lived experience of mental health and substance use challenges who has completed a training and passed a certification exam on the knowledge and skills of providing peer support.
- Of the people who did not identify as a certified peer specialist, the top reported barriers to certification included access to training and the application process.
- More than two-thirds of the responses came from people with more than 10 years of lived experience.
- Only a few respondents who are working in the peer field have a clinical license.

Overall peer work experience

- About two-thirds of the people who completed the survey have been employed full-time providing peer services for five years or less.
- The average hourly rate of pay for people working in peer services is \$20.40.
- Nearly a third of people working in the peer field have secondary employment or two jobs.
- The top reasons for leaving the peer field include lack of a living wage, career advancement, and employer support.

Peer crisis services experience

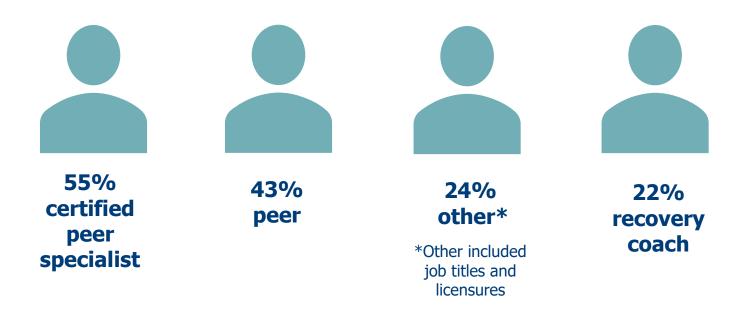
- Most people who completed the survey have experience working with people experiencing a mental health or substance use emergency.
- Respondents are interested in answering calls from people in crisis; responding with a team of professionals to someone who is in crisis; working at place that provides voluntarily short-term support to people in crisis; and supporting people after the crisis through community programs.
- People who have experienced involuntary or voluntary hospitalization for mental health or substance use concerns had the highest level of consideration in working in peer roles supporting people experiencing these types of hospitalizations.

Peer identity

These questions were included in the survey to understand the characteristics of people who identify peers.

Classification

Question: For work experience purposes, how do you identify? Select all that apply. 574 responses, 97% response rate



13% identified as both a certified peer specialist and recovery coach

Barriers

This question only was asked to people who did not identify as a certified peer specialist.

Question: If you are not currently a certified peer specialist, please share any barriers you may have faced in becoming certified.

271 responses, 98% response rate

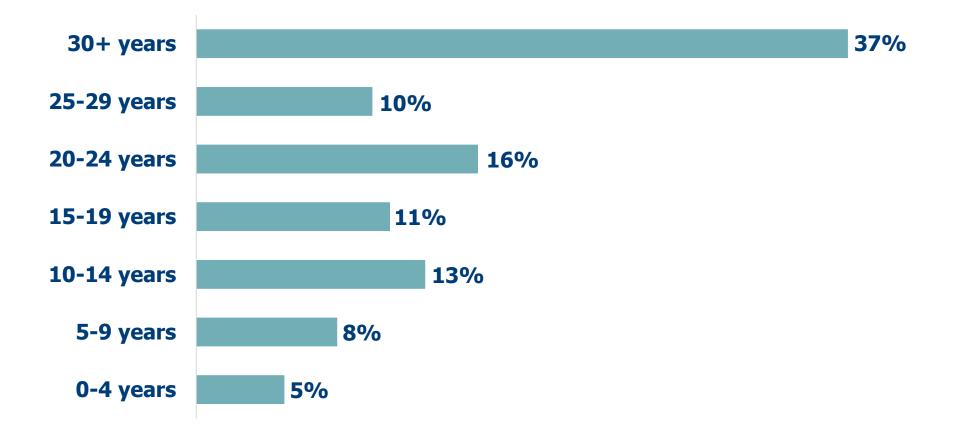
Other*	43%
Training needs	38%
Unable to cover certification costs	21%
Not interested	15%
Lack of employer support	14%
Certification lapsed	7%
Readiness	7%
Stigma	6%

*Other included the certification process is difficult to understand, the registration process for the trainings, and training availability.

Lived experience

Years of lived experience

Question: How many years of lived experience do you identify with? 574 responses, 97% response rate



Lived experience with substance use

Question: Do you identify as a peer in recovery from substance use? 584 responses, 99% response rate



Lived experience in mental health/substance use crisis

Question: Do you have personal lived experience in mental health/substance use crisis? 586 responses, 99% response rate



Lived experience with county mental health and substance use crisis services

Question: Do you have personal lived experience with a county mental health/substance use service? 587 responses, 99% response rate



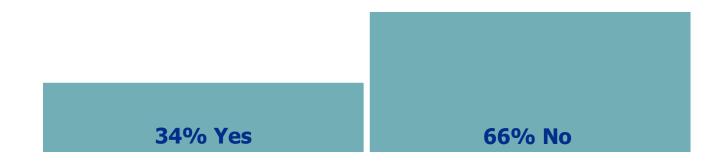
Lived experience with voluntary hospitalization

Question: Have you personally ever voluntarily hospitalized yourself for treatment of a mental health/substance use related need? 585 responses, 99% response rate



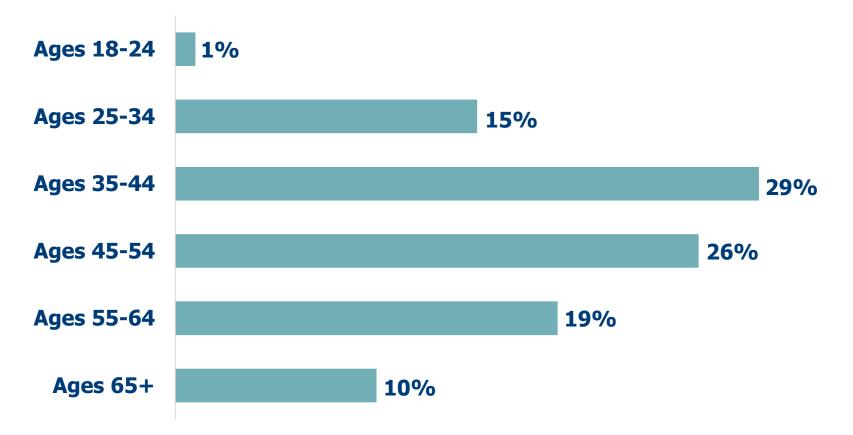
Lived experience with involuntary hospitalization

Question: Have you personally ever been involuntarily hospitalized for treatment of a mental health/substance use related need? 584 responses, 99% response rate



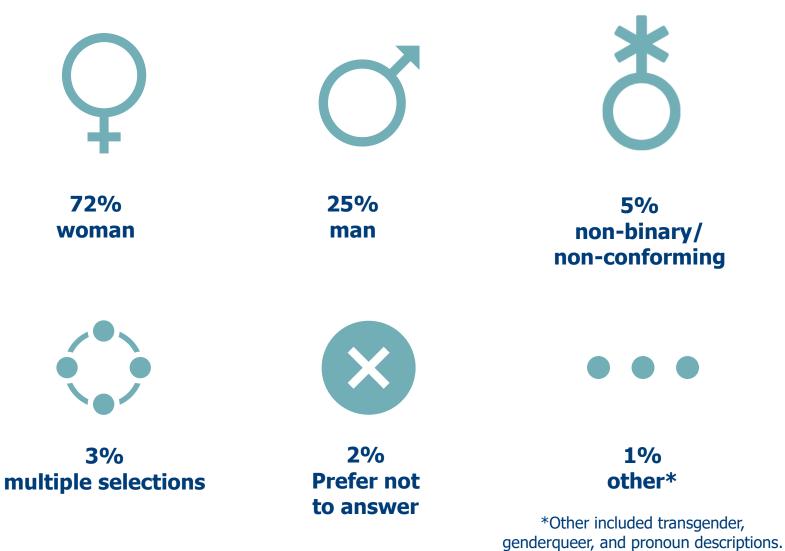
Age

Question: Which of the following best describes your age? 568 responses, 96% response rate



Gender

Question: Which of the following do you most identify with? Select all that apply. 584 responses, 99% response rate



Race

Question: Which of the following best describes you? Select all that apply. 585 responses, 99% response rate

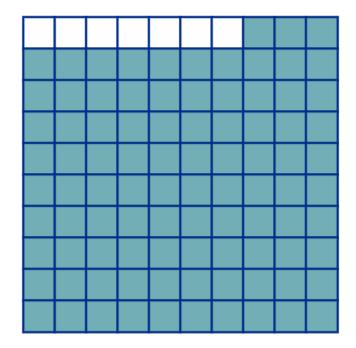
White	81%
Black or African American	11%
American Indian or Alaska Native	6%
Multiple categories	6%
Native American	4%
Other*	4%
Asian	1%
Native Hawaiian or Other Pacific Islander	1%

*Other included Hispanic identities and those who identify as multiracial.

Ethnicity

Question: Which of the following best describes you? 582 responses, 99% response rate

7% Hispanic 93% Non-Hispanic



Language

Question: Which languages do you currently speak? Select all that apply. 575 responses, 98% response rate

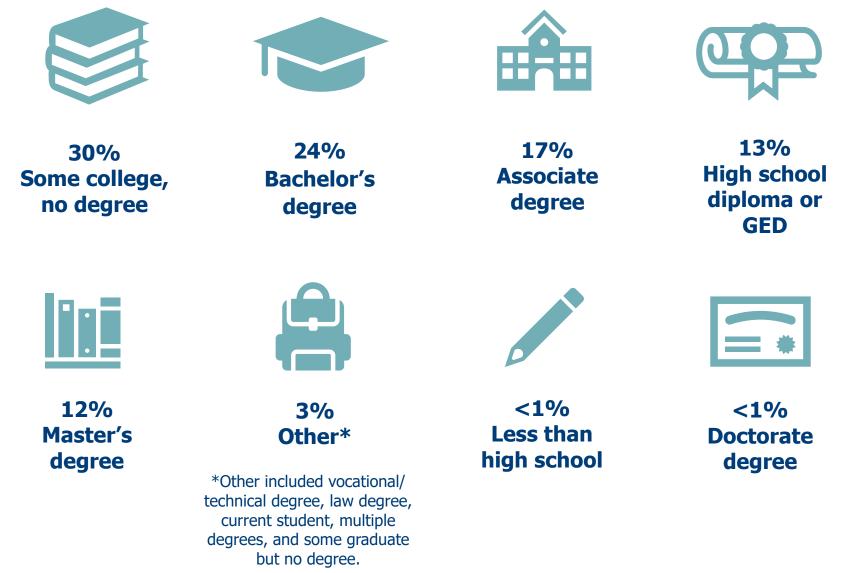
English	98%
More than one language	15%
Spanish	6%
Indigenous Native American language	3%
American Sign Language	2%
French	2%
German	1%
Other*	1%
Arabic	<1%
Chinese	<1%
Hmong	<1%
Prefer to not answer	<1%

*Other included Italian, Hebrew, Indonesian, Polish, Russian, Korean, and specific Native American Indigenous languages.

Spanish and ASL were not included in the language selection options. Write in responses that identified Spanish or ASL were tabulated into categories within the survey findings.

Education

Question: What is the highest level of education you have completed? 585 responses, 99% response rate



Clinical license

Question: Do you currently hold any clinical license?

586 responses, 99% response rate



Question: Which clinical licenses do you currently hold? Select all that apply. 53 responses, 98% response rate

Licensed Professional Counselor (LPC)	17%
Licensed Mental Health Counselor (LMHC)	2%
Licensed Clinical Social Worker (LCSW)	6%
Licensed Master Social Worker (LMSW)	4%
Clinical Substance Abuse Counselor (CSAC)	25%
Other*	75%
Multiple Selections	11%

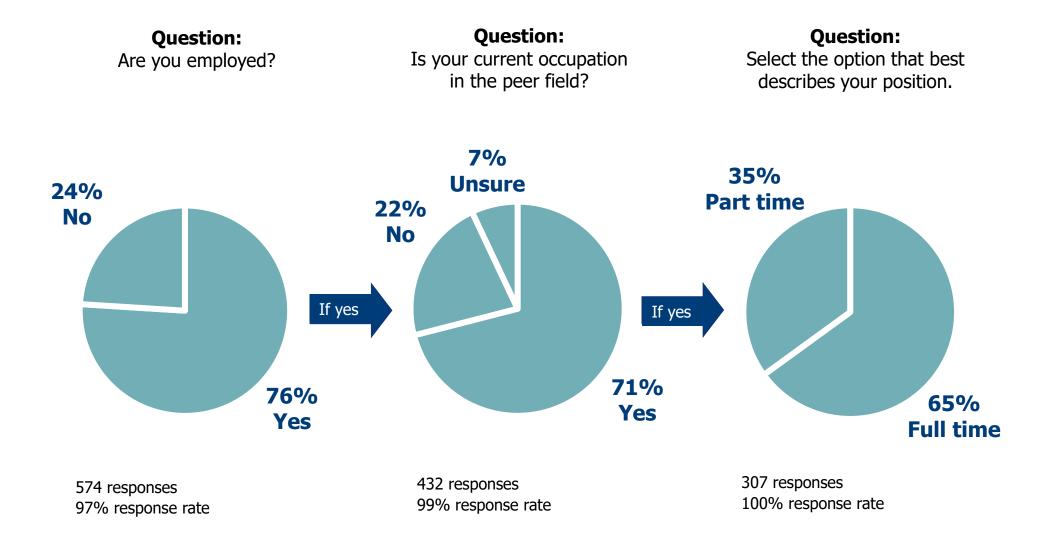
*Other included registered nurse, licensed practical nurse, licensed substance use counselor intraining, licensed professional counselor in-training, licensed advanced practice social worker, and independent clinical supervisor.

This question was asked to understand how many peers have the education and experience for positions that supervise other peers in the Wisconsin Medicaid reimbursement model. Supervision by a person with a clinical license is required in Wisconsin for Medicaid reimbursement of mental health and substance use peer services. Most supervisors of peers are not peers because few peers in Wisconsin hold a clinical license. Six percent of the people working in the peer field who completed this survey hold a clinical license.

Overall peer work experience

These questions were included in the survey to understand the current state of the peer workforce.

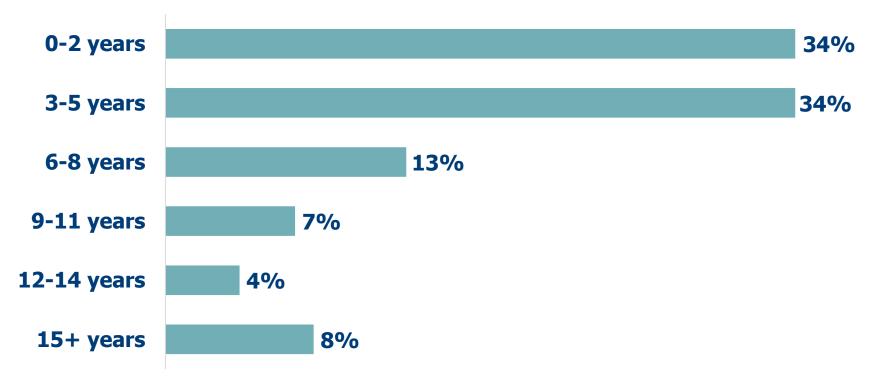
Employment



Years of peer work experience

This question only was asked to respondents that were employed in the peer field.

Question: How many years of work experience do you have working in a peer role? 307 responses, 100% response rate



Hourly wage

This question only was asked to respondents that were currently employed in the peer field.

Question: What is your hourly wage?

273 responses, 89% response rate

Minimum	Mean	Median	Maximum
\$0	\$23.04	\$20.40	\$150

There is no significant variation in hourly wage based on lived experience. Whether survey respondents reported 0-4 years of lived experience or 30+ years of lived experience, their reported hourly wage was within the range of \$20 to \$25.

There is a steady increase in pay based on years of work experience in the peer field. Those with 0-2 years of experience reported an average pay of \$20.79 per hour. Those with 15+ years of experience reported an average pay of \$34.31 per hour.

Secondary employment

This question only was asked to respondents that were employed in the peer field.

Question: Do you have secondary employment? 307 responses, 100% response rate



Of the 30% who reported they have secondary employment or two jobs, their hourly wage answer for their peer position averaged \$21.82.

The secondary employment responses were broken down into two groups: full-time employment in the peer field and part-time employment in the peer field.



Not working in the field

This question only was asked to respondents that reported they were not currently working in the peer field.

Question: Rate the top three reasons why you do not work in the peer field and/or left the field.

120 responses, 98% response rate Percent reason selected ■ First reason ■ Second reason ■ Third reason 66% Living wage 44% **Other*** Training/ 40% employer support 32% **Burnout Own well-being** 21% Not interested 15% 11% Family Stigma 8% 8% Travel Transportation 6%

*Other included groups of peers waiting to test, train, certify; lack of jobs in the peer field;

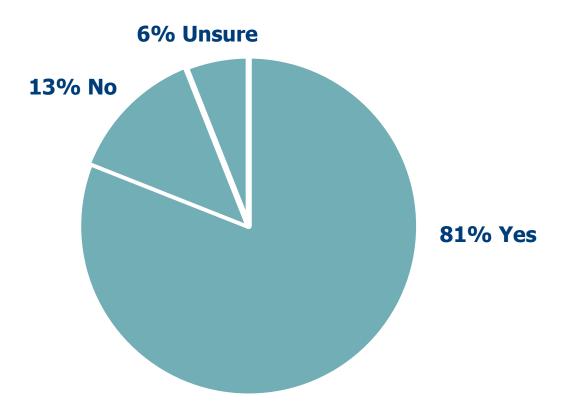
²³ lack of career ladder opportunities; and access to high-need benefits from an employer.

Peer crisis services experience

These questions were included in the survey to understand peer perspectives on working in crisis services.

Crisis work experience

Question: Do you have experience working with consumers in mental health/substance use crisis and/or providing crisis services? 586 responses, 99% response rate



Crisis model employment as certified peer specialist

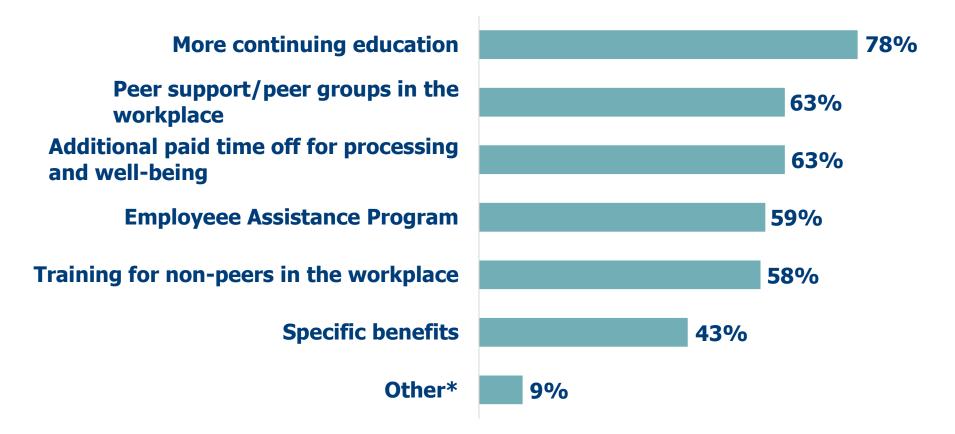
Question: Would you consider working as a trained certified peer specialist in any of the following models? If so, please check any you are interested in. 569 responses, 97% response rate

- Crisis line: Answer phone calls to help those in crisis.
- Mobile crisis team: Respond as a team, in person, to someone who is in crisis.
- Stabilization facility: Provide peer support at a safe space where those in crisis are voluntarily receiving help on a short-term timeline.
- Community intensive follow-up: Provide peer support in a community setting to those who recently had a crisis to help prevent reoccurring crises.



Employer supports needed

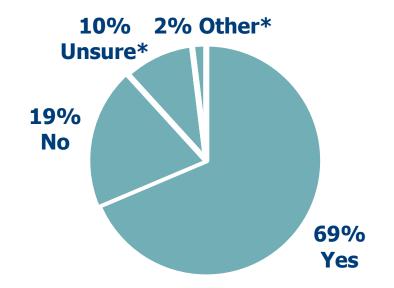
Question: As a peer working in crisis, what would you need from your employer? Select all that apply. 585 responses, 99% response rate



*Other included better compensation and benefit options, clear job/role descriptions, a trauma-informed environment with a supportive supervisor and team, and access to education and trainings.

Supervision by a non-peer

Question: As a peer working in crisis, would you be okay with your supervisor not being a peer specialist if they had continuing education and training around the peer support model and practices? 571 responses, 97% response rate

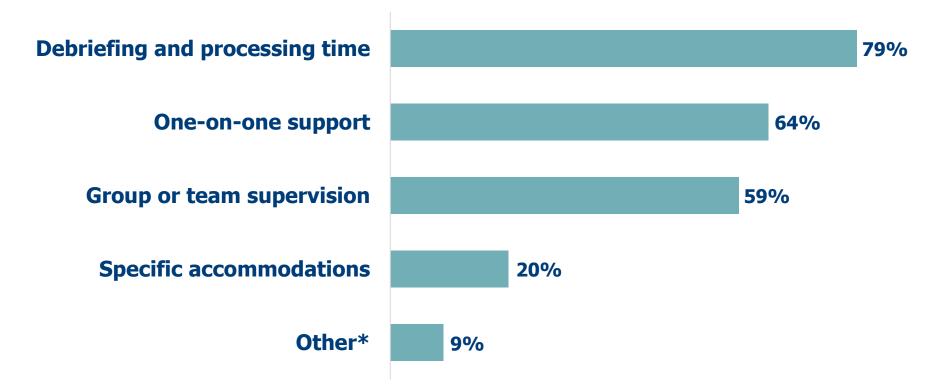


*The unsure and other categories included write-in responses that indicated a preference for having a supervisor with lived experience, an openness to the situation presented in the question if there were other peers in the workplace, and an openness to the situation presented in the question contingent on the trainings taken by the supervisor.

Based on responses to other questions, being okay with a supervisor not being a peer specialist if they had continuing education and training around the peer support model and practices increases with the peer's experience in the peer field, experience working with those in crisis and/or providing crisis services, and further education through certified peer specialist certification.

Supervision supports needed

Question: As a peer working in crisis, what types of support would you need from a supervisor? Select all that apply. 587 responses, 99% response rate



*Other included peer education for non-peers in the workplace, staff and team collaboration, the ability to reach/connect to a supervisor when needed, clear goals and expectations, connection to outside resources and training, flexibility, and work-life balance.

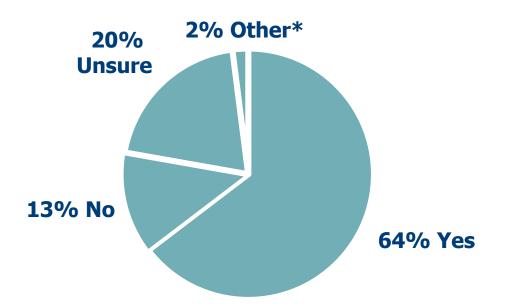
29

Involuntary hospitalizations

Workplace referrals

Question: Would you ever consider working as a certified peer specialist at an agency where mental health/substance use involuntary hospitalization could happen if you were not directly involved in the decision?

587 responses, 100% response rate



*Other included they would be fine as they already do this work, they would consider it if given a chance to review policies and procedures, and they would like to be involved to give a peer perspective prior to the hospitalization.

Based on responses to other questions, people with experience with voluntary and involuntary hospitalizations are most likely to consider working as a certified peer specialist at an agency where involuntary hospitalization could happen if they are not directly involved in the decision. Of those who said yes, 70% had a voluntary hospitalization experience and 74% had an involuntary hospitalization experience.

Comfortability of working where involuntary hospitalization could happen

Question: Please rate your comfortability on a scale of 1-10 (10 being the most comfortable), with working at an agency where involuntary hospitalization could happen, even if you were not directly involved. 528 responses, 90% response rate



Based on responses to other questions, people with lived experience of voluntary and involuntary hospitalizations are most comfortable working at an agency where involuntary hospitalization could happen if they are not directly involved in the decision. Of those who reported a high rate of comfortability, 91% had a voluntary hospitalization experience and 90% had an involuntary hospitalization experience.