



The University of Texas at Austin
Texas Institute for Excellence
in Mental Health
School of Social Work

Survey of the Peer Specialist Workforce in Texas - 2015

Summary Report, fiscal year 2016



Texas Institute for Excellence in Mental Health
School of Social Work
University of Texas at Austin
1717 West 6th Street, Suite 310
Austin, Texas 78703
<http://sites.utexas.edu/mental-health-institute/>

Juli Earley, LMSW
Amy Lodge, PhD
Laura Kaufman, MA
Wendy Kuhn, MA
Kelsi Urrutia, MSSW
Stacey Stevens Manser, PhD

Acknowledgment: This work is funded through a contract with the Texas Department of State Health Services. The contents are solely the responsibility of the authors and do not necessarily represent the official views of Texas DSHS.

Information contained in this document is not for release, publication, or distribution, directly or indirectly, in whole or in part. Report and data prepared by research/evaluation staff at the University of Texas at Austin Center for Social Work Research.

Recommended Citation: Earley, J., Lodge, A., Kaufman, L., Kuhn, W., Urrutia, K., and Stevens Manser, S. (2016). *Survey of the Peer Specialist Workforce in Texas - 2015: Summary report, fiscal year 2016*. Texas Institute for Excellence in Mental Health, Center for Social Work Research, School of Social Work, University of Texas at Austin.

Background

- Peer specialists are in recovery from a mental health condition and use their lived experience to support others receiving mental health services in their recovery journeys (Davidson, Chinman, Sells, & Rowe, 2006; Gates & Akabas, 2007). Evidence for the effectiveness of this workforce is growing (Chinman et al, 2014).
- In 2010, to support and expand Texas's peer workforce, the Department of State Health Services (DSHS) authorized Via Hope to develop and implement a standardized peer specialist training and certification (PSTC) program. The PSTC program enhances the peer role, providing the requisite skills necessary for peer specialists to work in the mental health system. Peer specialists receiving this training meet the professional standards of accountability required of all professionals in the mental healthcare system.
- As of October 2015, 723 individuals have been trained and certified through the Via Hope Peer Specialist Training and Certification program.
- Since fiscal year 2010, DSHS has contracted with researchers at the Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas School of Social Work to examine factors related to the development and implementation of the PSTC Program. In fiscal year 2011 and subsequent years, the survey has focused on assessing individual peer specialist employment outcomes after completion of the training program.

Methods

- Each year, the survey is reviewed and modified if needed to reflect changes in the training program or in the scope of the peer specialist role.
- The survey is administered online to peer specialists who completed the Via Hope Peer Specialist Training from 2010 through 2015.
- The survey is open for one month and several email reminders are sent during this period.
- Branching logic is used in the survey so individuals employed as peer specialists responded to survey items that others did not.
- The survey contains several domains that gather information on:
 - Participant Characteristics
 - Training and Certification
 - Employment Outcomes
 - Work Environment
- Descriptive results of quantitative and qualitative data is presented in this report.
- Some results show comparisons to previous surveys, others focus on 2015 results.

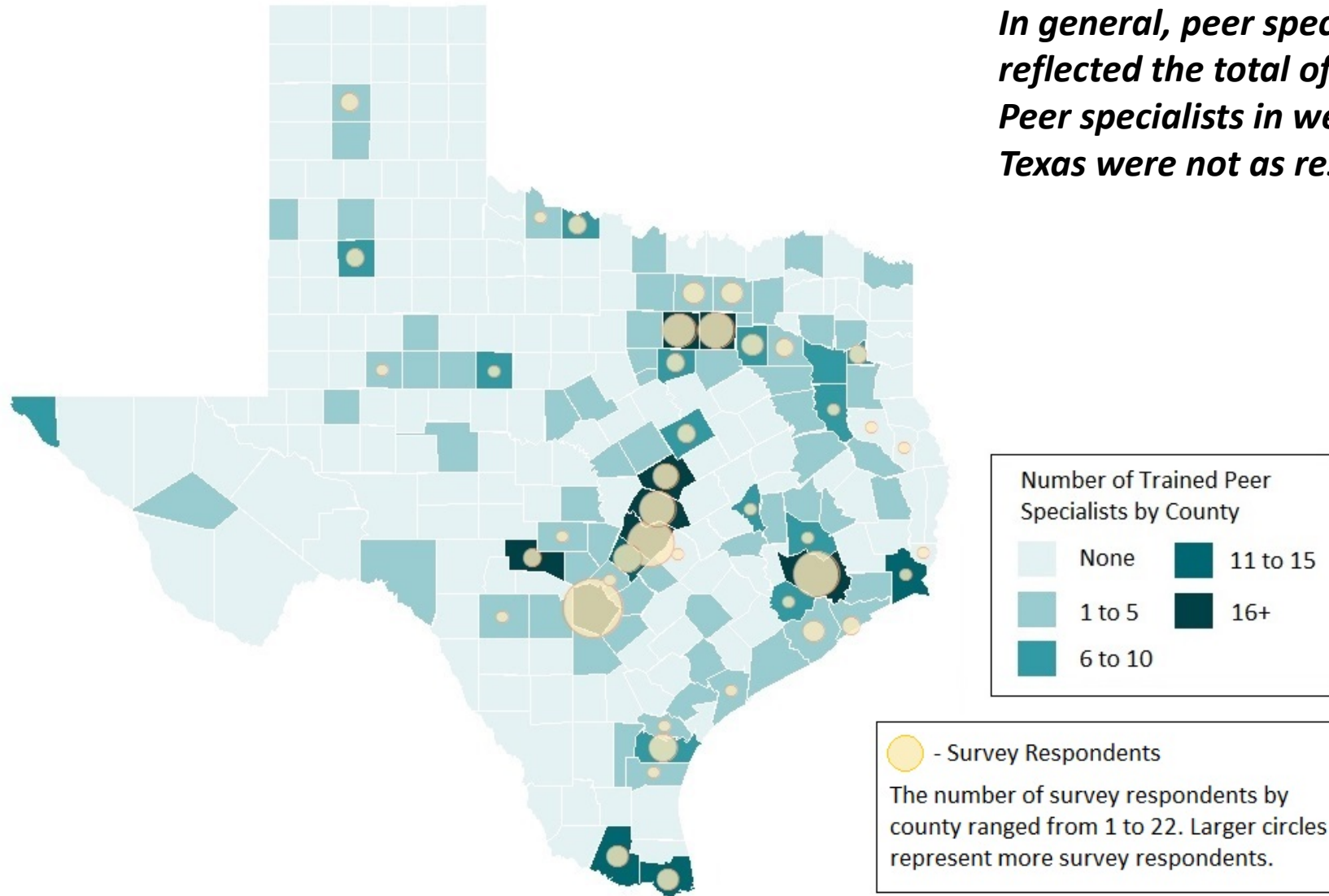
Participating Peer Specialists

	2011	2012	2013	2014	2015
Number receiving survey*	98	309	369	537	605
Training cohort	March 2010 – Nov. 2010	March 2010 – July 2012	March 2010 – August 2013	March 2010 – August 2014	March 2010 – October 2015
Number participating	32	111	115	126	162
Response rate	33%	36%	31%	23%	27%
Number included in analysis	31	96	95	108	127

**Only includes those with active email addresses as possible participants.*

Peers Trained vs Completing Survey

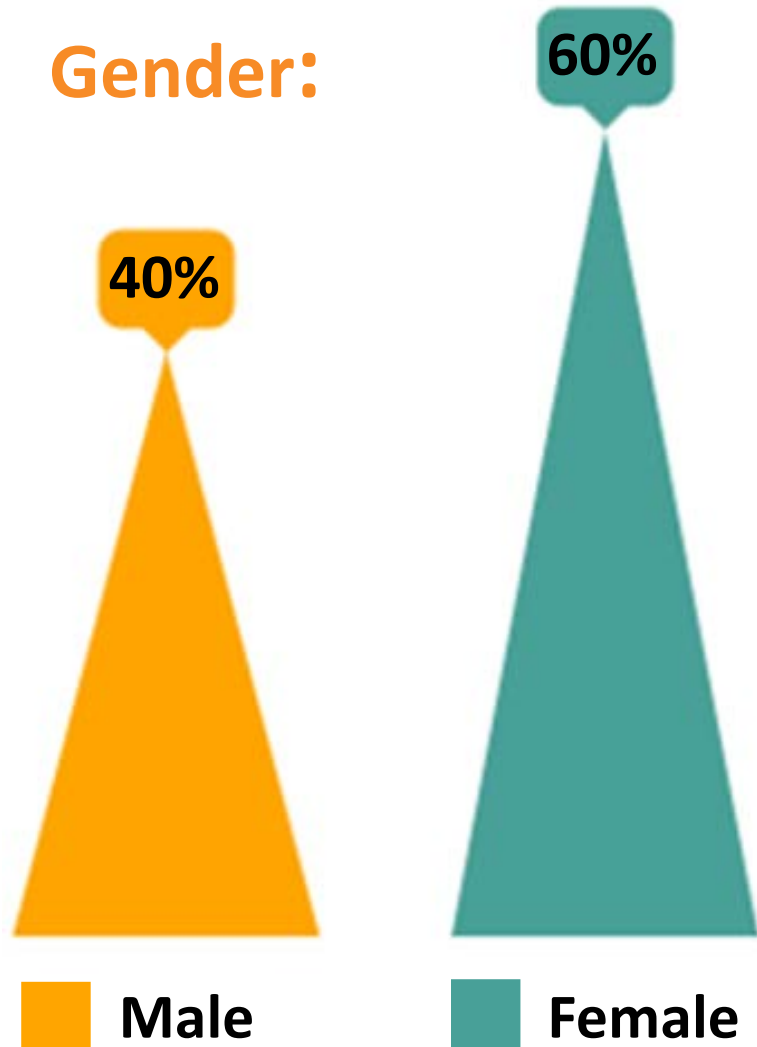
In general, peer specialist survey respondents reflected the total of trained peer specialists. Peer specialists in west, north, and northeast Texas were not as responsive.



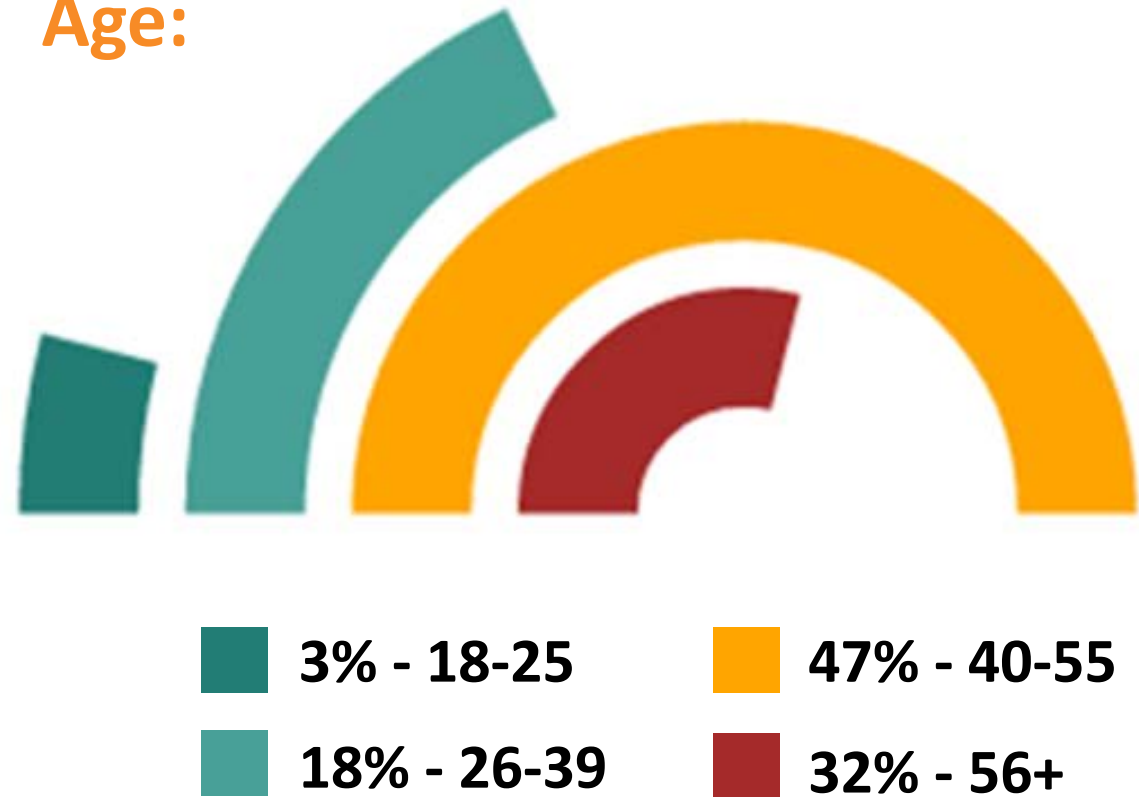
Participant Characteristics

New peers will need to be recruited and trained as peer specialists retire. This is indicative of broader mental health professional workforce shortage concerns.

Gender:



Age:



Male

Female

3% - 18-25

18% - 26-39

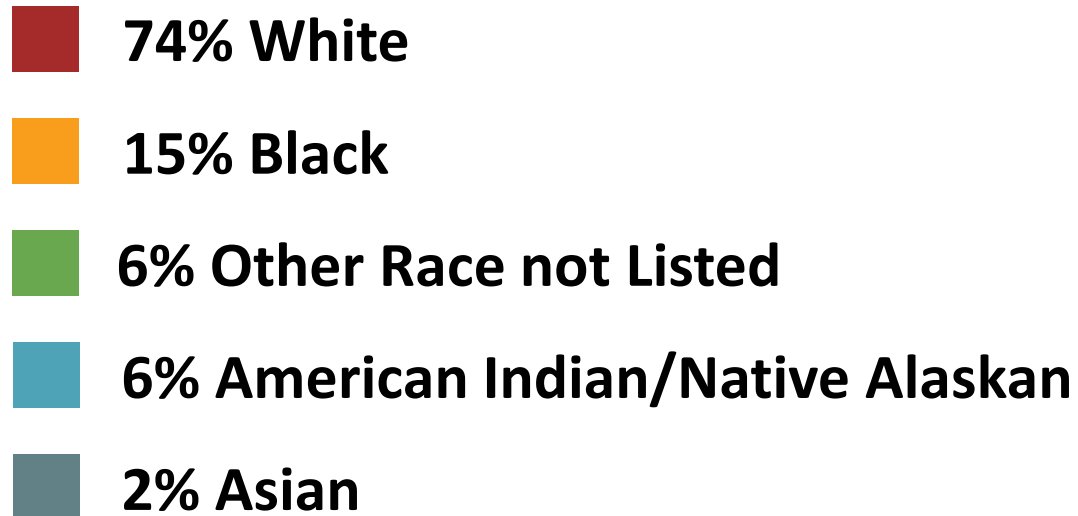
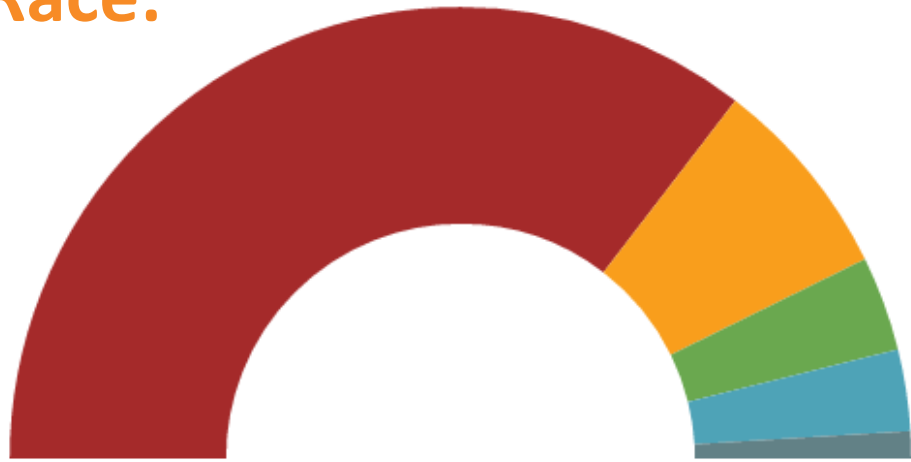
47% - 40-55

32% - 56+

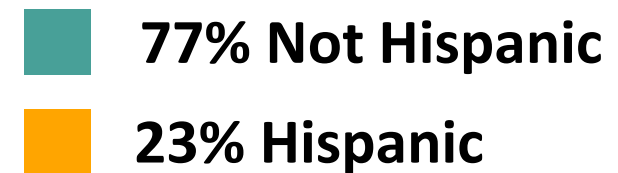
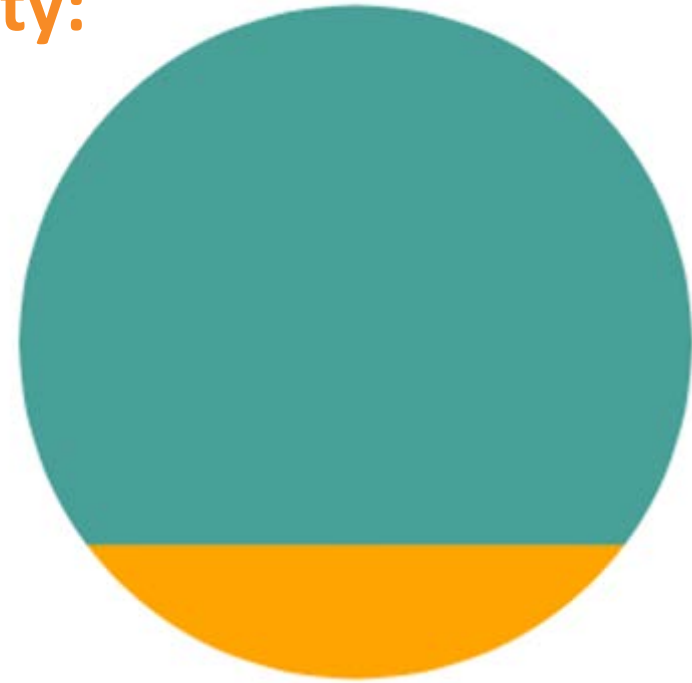
Participant Characteristics

A majority of peer specialists are white. Efforts to recruit a more representative, diverse peer workforce should increase.

Race:

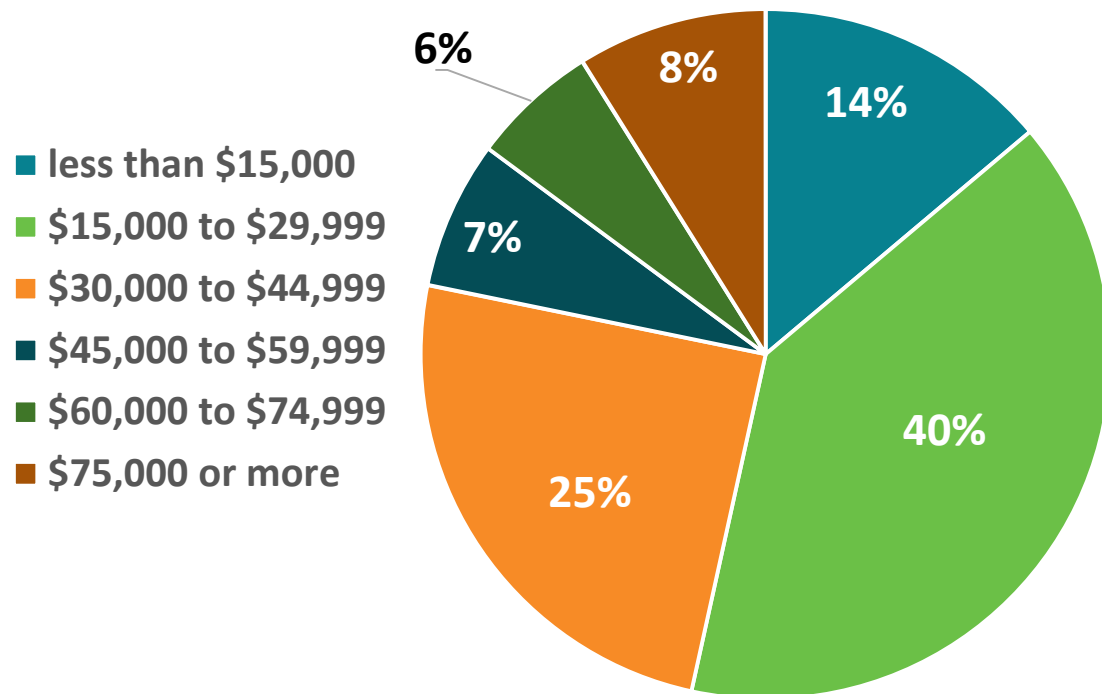


Ethnicity:

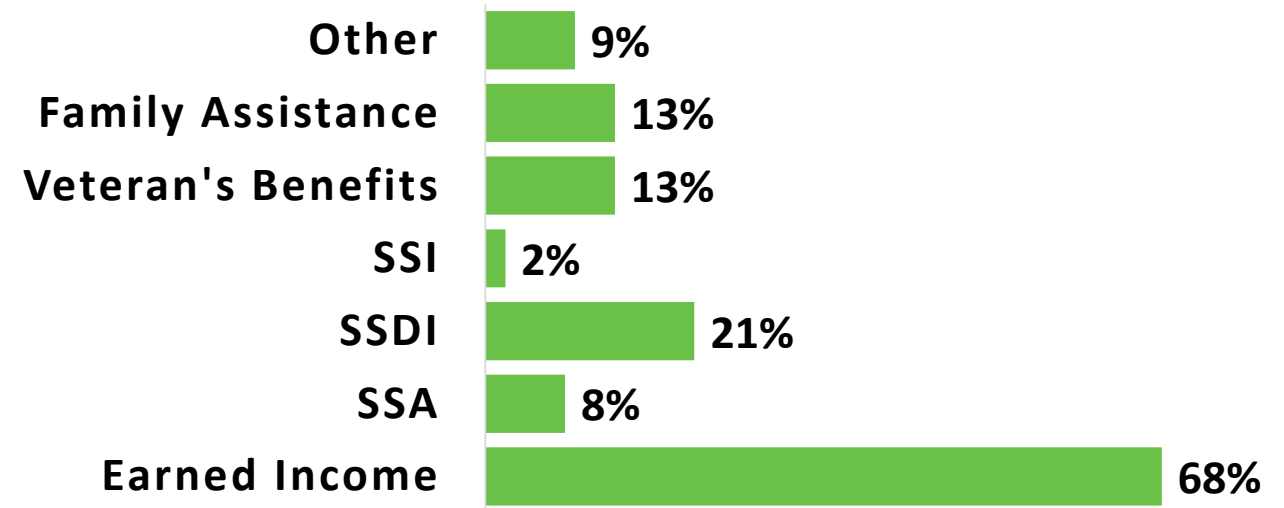


Participant Characteristics

Annual household income:



Sources of financial support:*



* participants could select multiple sources of income

*A majority rely on earned income as a source of financial support.
A majority also earn \$30,000 or less in annual income.*

Participant Characteristics

Most peer specialists report some college or a college degree.



- 15% Post College Graduate Training
- 26% 4-Year Degree
- 8% 2-Year Degree
- 37% Some College
- 13% HS Diploma/GED
- 1% Less than 12th Grade

Participant Characteristics

To better understand what started the peer specialist on their road to recovery, an open-ended survey item asked them to reflect on this.

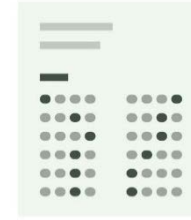
142 participants provided responses and their reasons were coded into thematic categories.

What started you on your road to recovery?

- 51% Experiencing a crisis or trauma
- 50% Mental health or substance use services
- 49% Self-Empowerment
- 18% Social Support
- 13% Having responsibilities
- 3% Religion

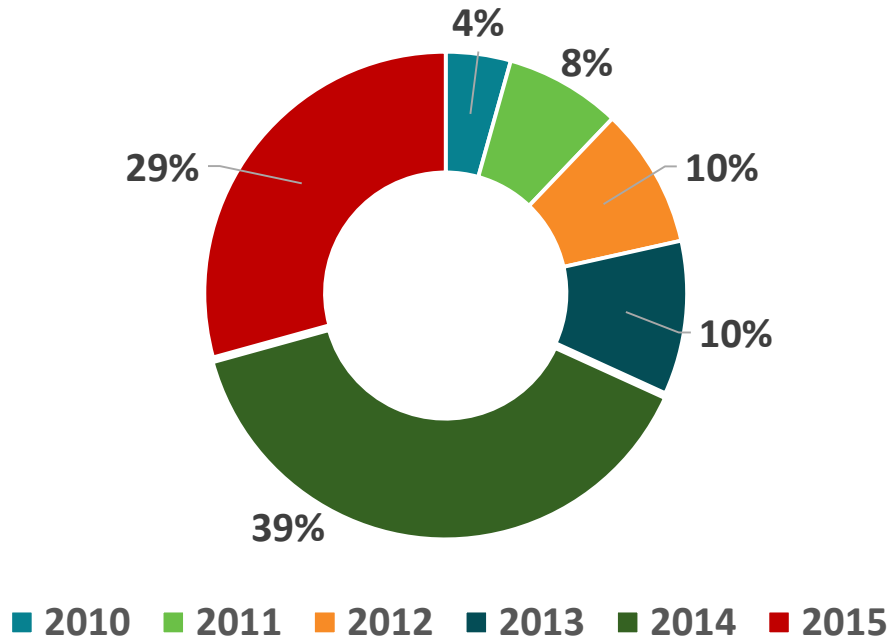
Training and Certification

Via Hope reports 454 peer specialists currently certified.*



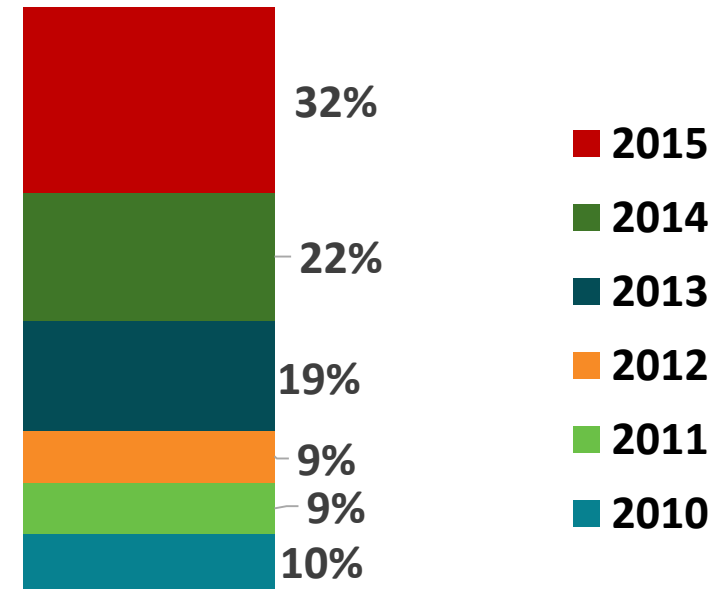
98% of respondents passed the Via Hope certification exam after training.

Certified peer specialists by class year:*



The majority of certified peer specialists in Texas were trained in the last two years.

2015 respondents by PSTC class year:



The majority of the respondents participated in the training within the last three years.

*Data obtained from Via Hope database of Certified Peer Specialists

Training and Certification

To maintain certification, 20 continuing education units must be obtained every 2 years.

CEUs obtained by training cohort:

Cohort	<i>n</i>	0	1 to 4	5 to 9	10 to 14	15 to 19	20 or more
2010	12						100%
2011	11					9%	91%
2012	11		9%	9%			82%
2013	24					4%	96%
2014	27	4%	4%	10%	19%		63%
2015	40	34%	13%	13%	13%	7%	20%

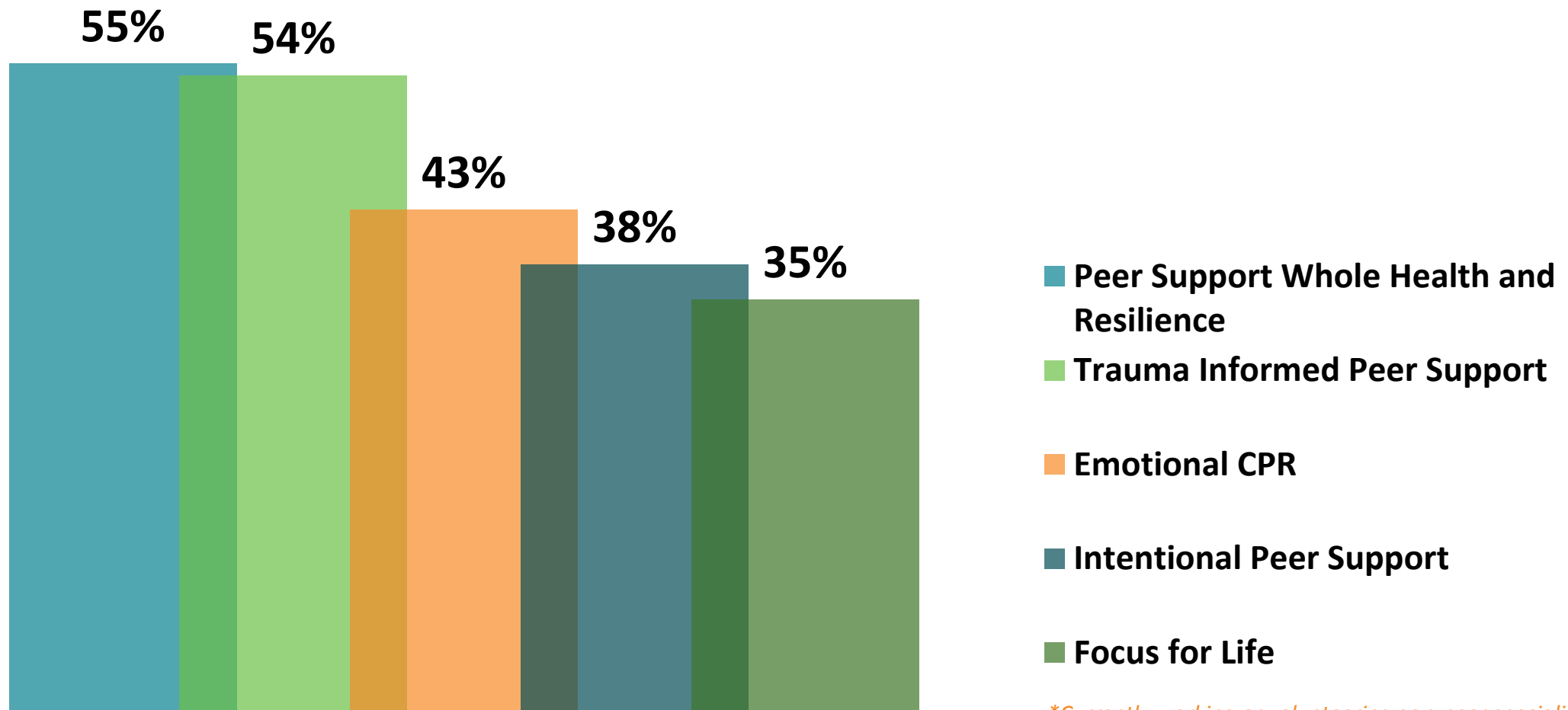
37% of the 2014 training cohort is falling short of obtaining needed continuing education units.

60% of the 2015 cohort will need more than 10 units by next year to fulfill the requirement.

Training and Certification

The trainings attended complement recovery oriented services and systems of care.

Top 5 trainings attended by peer specialists*:

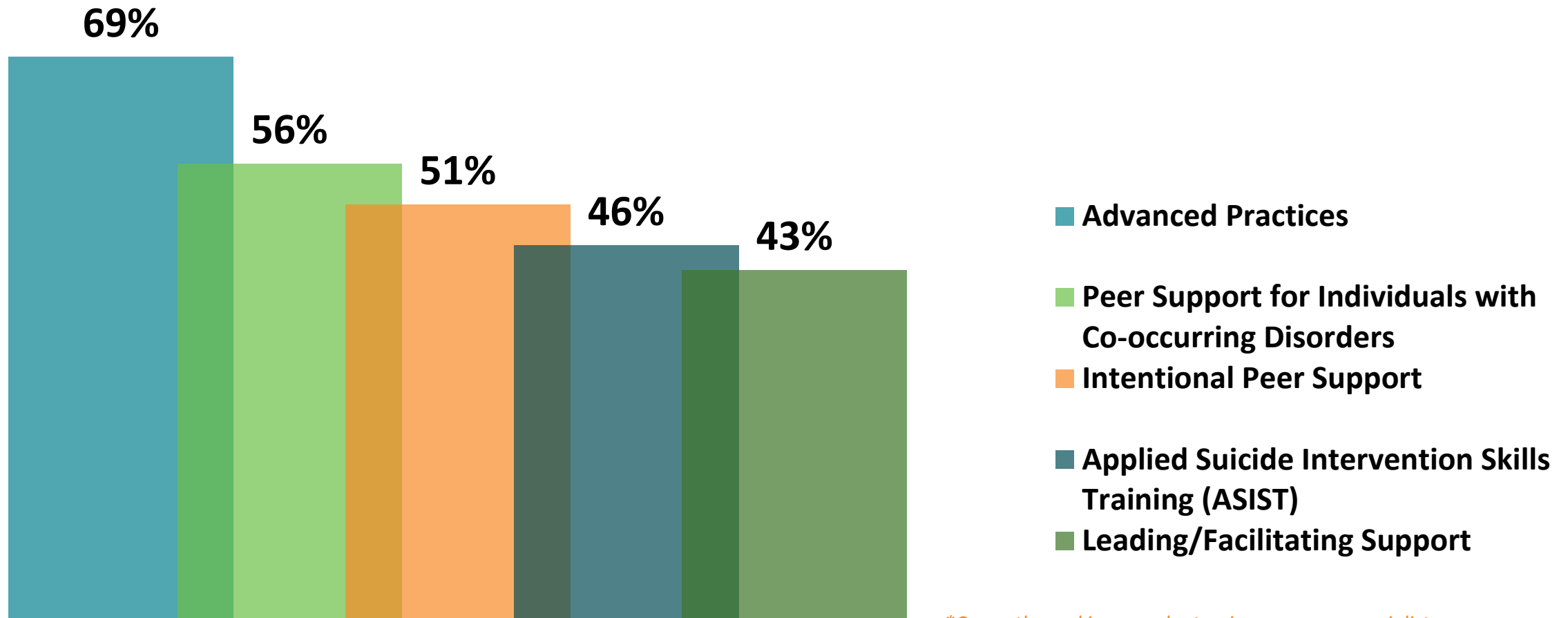


**Currently working or volunteering as a peer specialist.*

Training and Certification

The desired trainings reflect the needs of those with whom peer specialists work.

Top 5 trainings desired by certified peer specialists*:



**Currently working or volunteering as a peer specialist.*

Employment Outcomes*

* Includes all responders, not just those employed in peer specialist positions.

Employment status: ¹

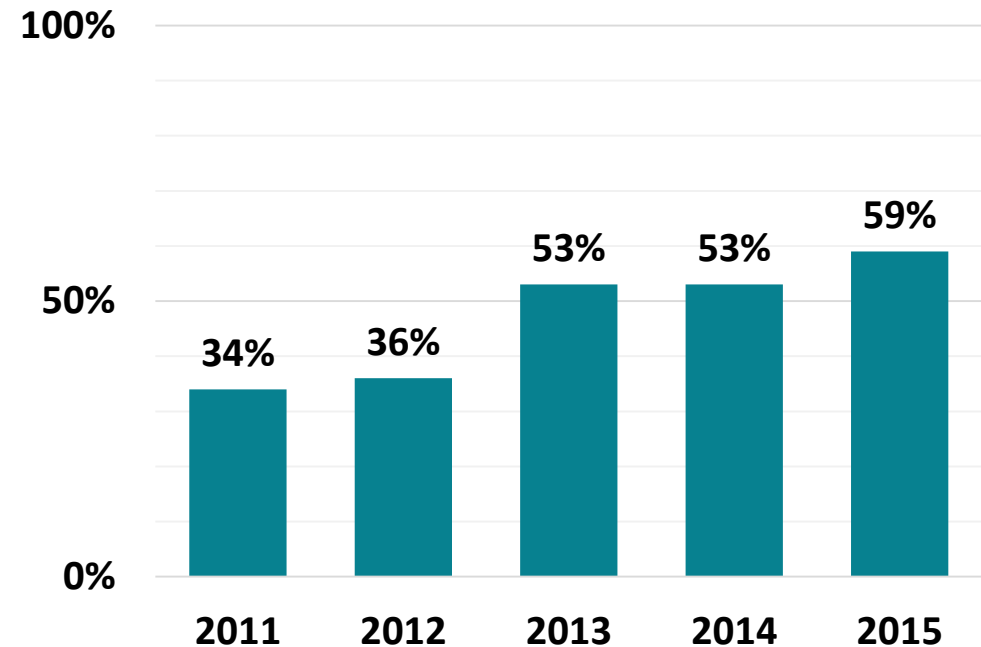
Employed Full Time	59%
Employed Part Time	21%
Volunteer Full Time	4%
Contract, Full Time	4%
Contract, Part Time	6%
Other	7%

¹ Responses reflect % of whole. Respondents could provide more than one response.

Average employment duration: 2.9 Years

Over the past 2 survey years, employment duration has averaged almost 3 years.

Full time employment over time:



Employment Outcomes

Average hourly pay:

2015	2014	2013
\$14.02	\$14.15	\$13.72

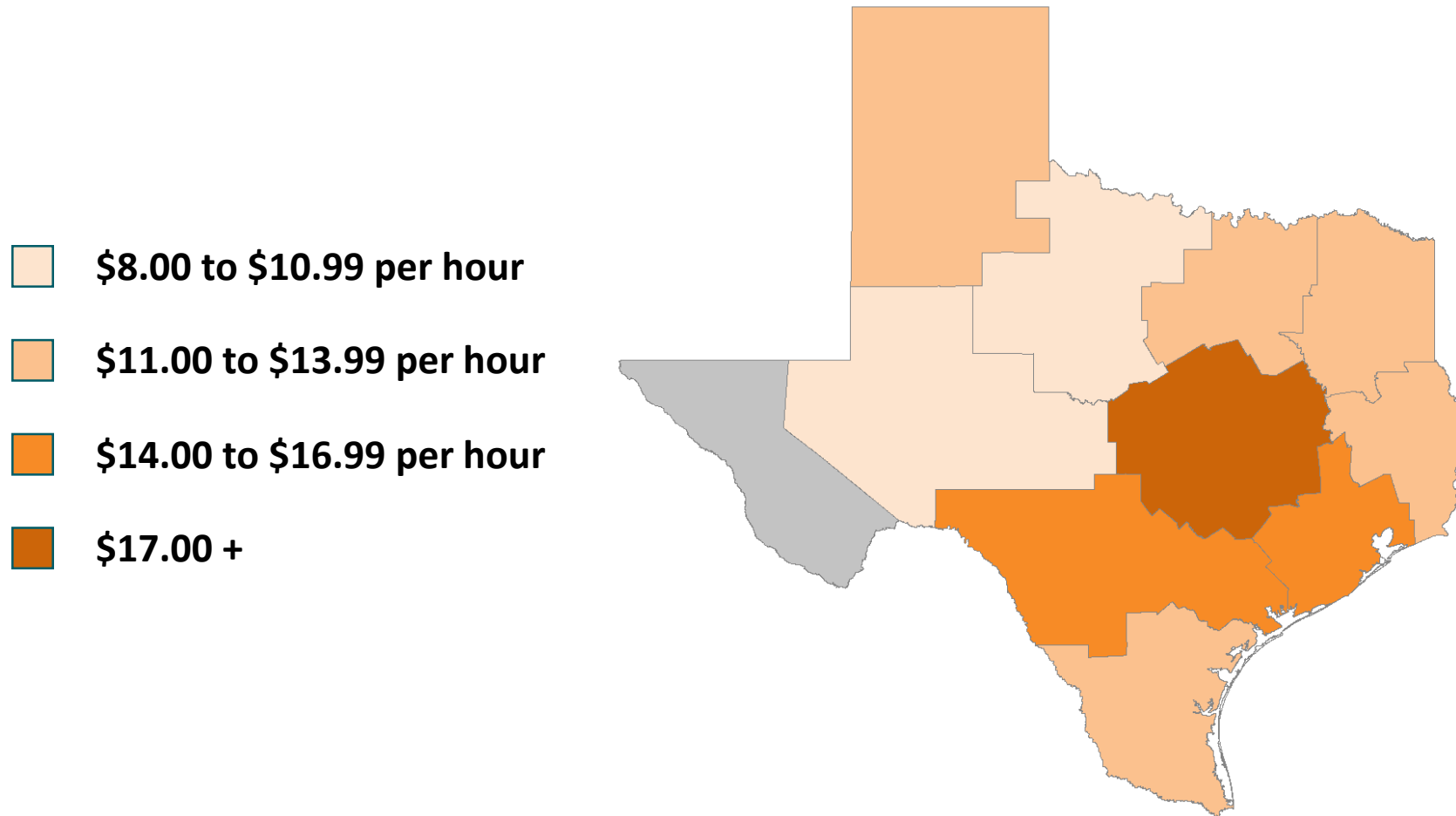
Average hours worked per week:

2015	2014	2013
31.41	31.00	32.29

- The hourly pay of peer specialists has increased over time. However, at the current hourly rate, the average yearly income is about \$29,162 which may make it difficult to make ends meet.
- Over the past 3 survey years, average hours worked has been ~30 hours per week.

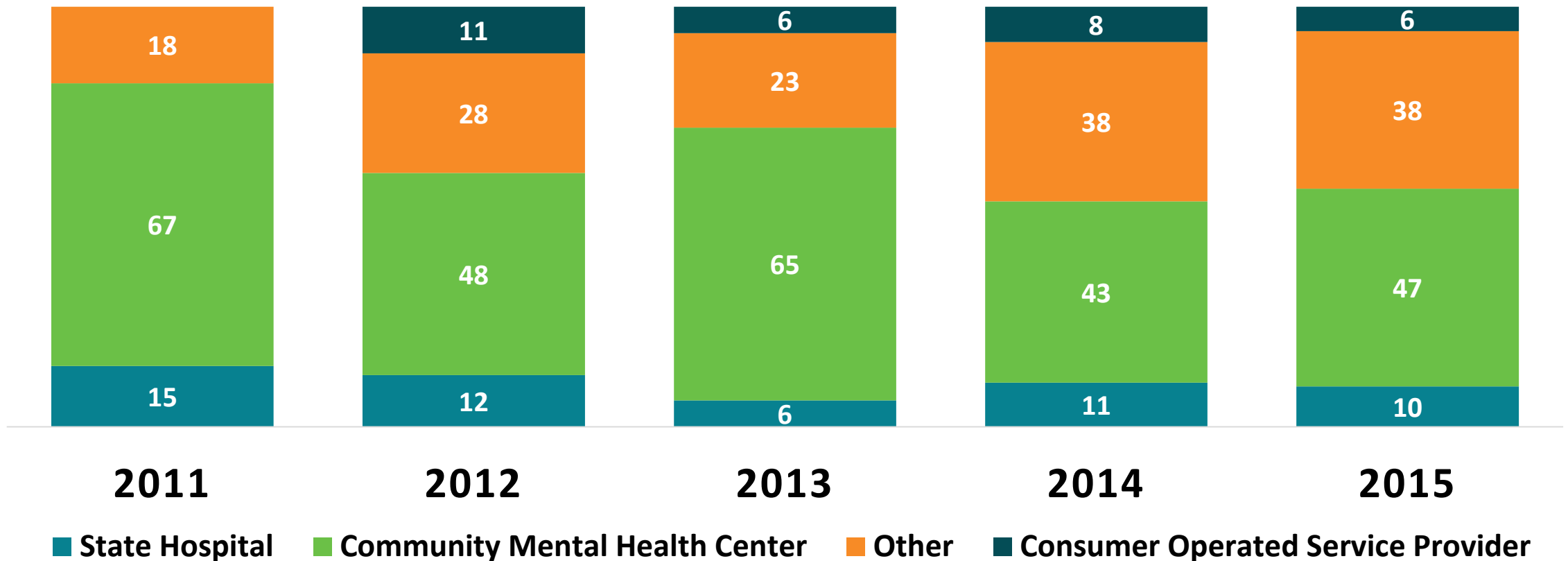
Employment Outcomes

Average hourly pay by public health region:



Employment Outcomes

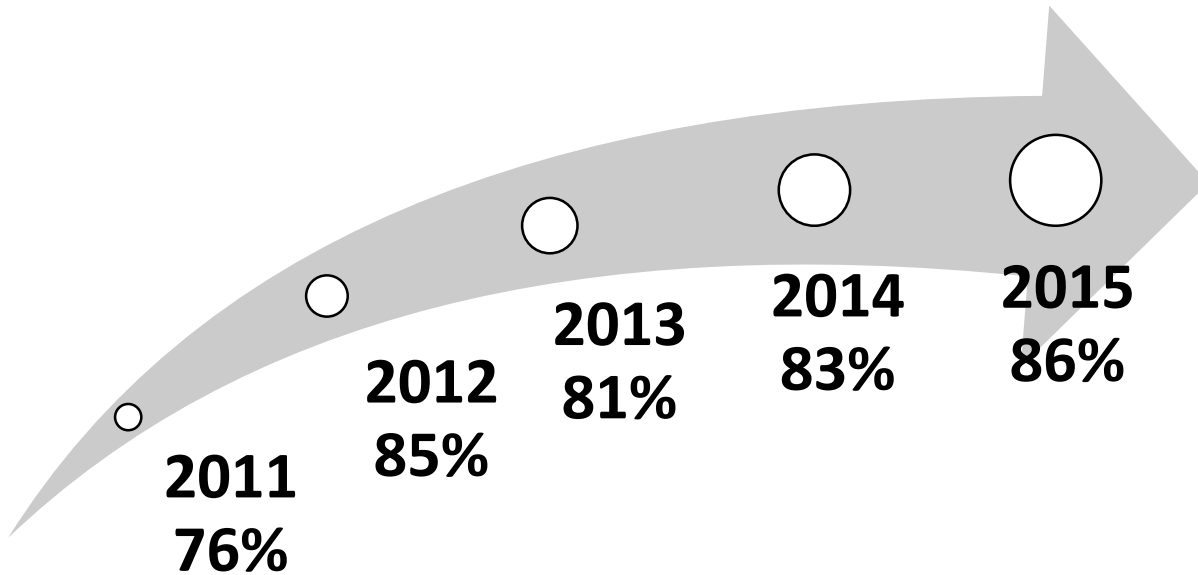
Organization of employment (%) by survey year:



Most peer specialists reported employment at community health centers each year of the survey although diversity of employment is growing. Peers employed in “other” organizations are inclusive of managed care, VA or other Veteran organization, and homeless service organizations.

Employment Outcomes

Organization has a job description for peer specialist job role:



Job description realistically depicts peer specialist's actual job duties:

70% Agree or Strongly Agree

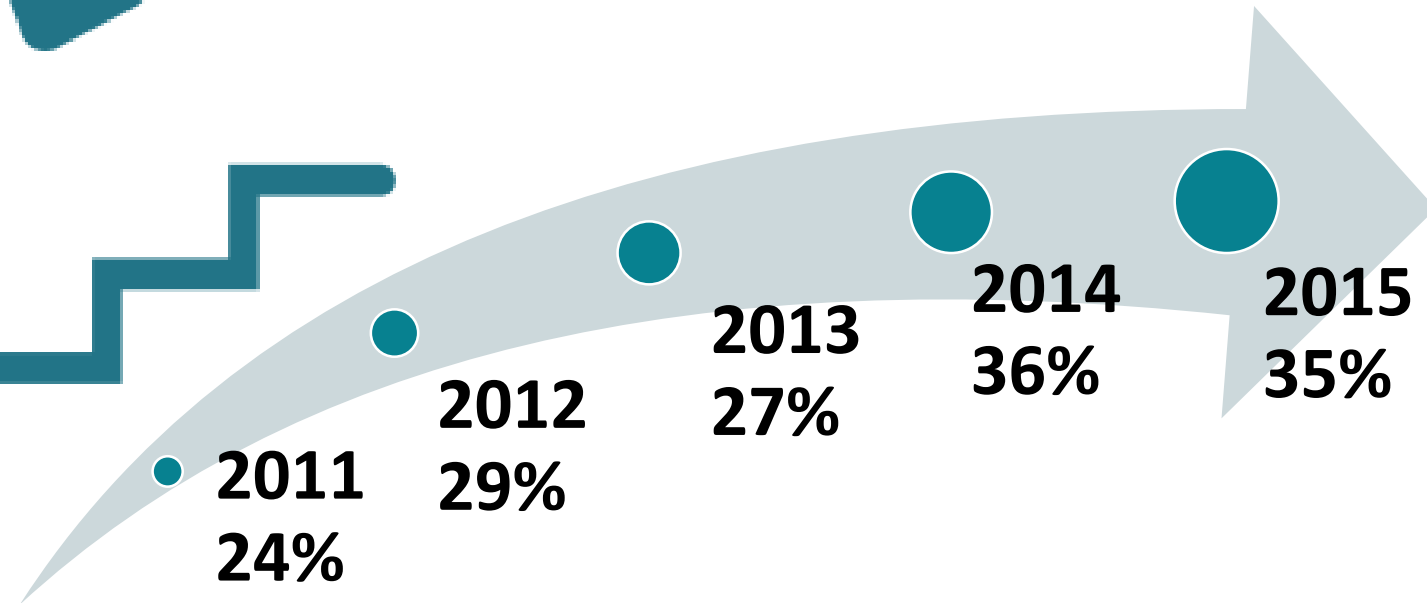


The majority of peer specialists report that organizations have job descriptions for the peer specialist role and this percentage has remained consistent over time. Job duties that correspond to the job description are important to avoid role confusion.

Employment Outcomes

Organization has a career ladder:

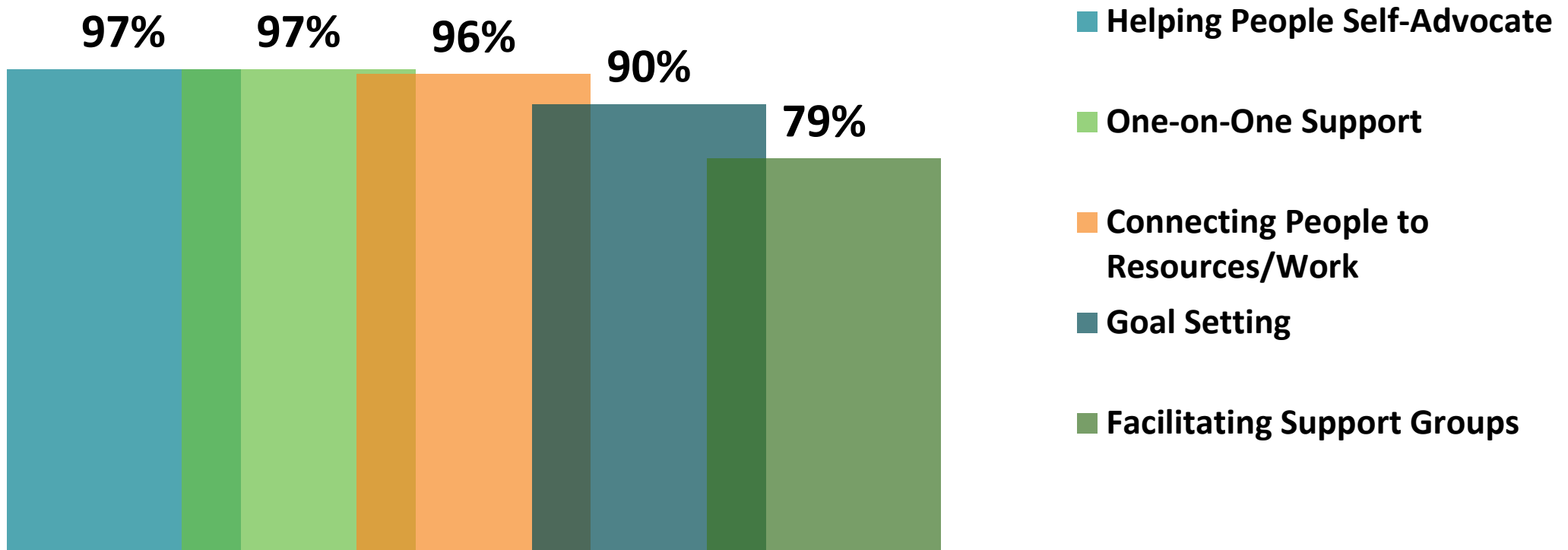
Most organizations have peer specialist job descriptions, but there are opportunities to examine the professional development of peer professionals as few organizations (35%) have developed career advancement for peer specialists within their organizations. There has been little progress made in this area over time.



Employment Outcomes

The work tasks that peer specialists reported performing the most do align with a peer specialist role.

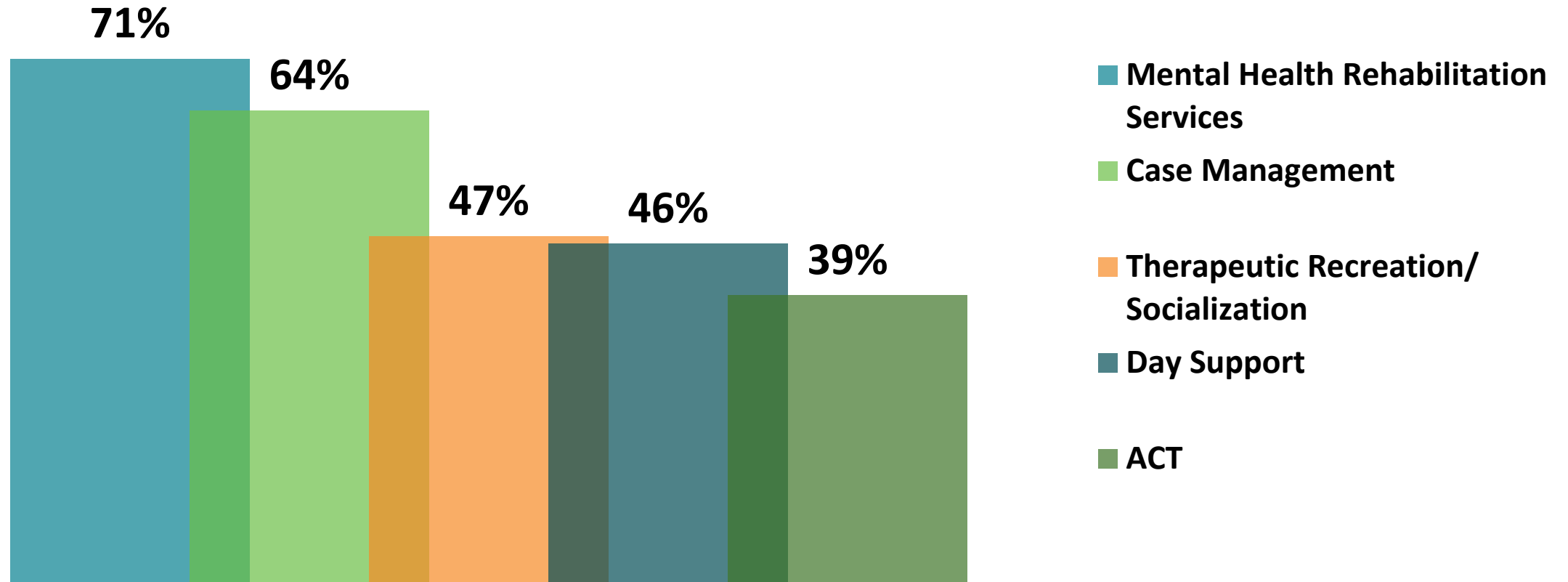
Top 5 work tasks:



Employment Outcomes

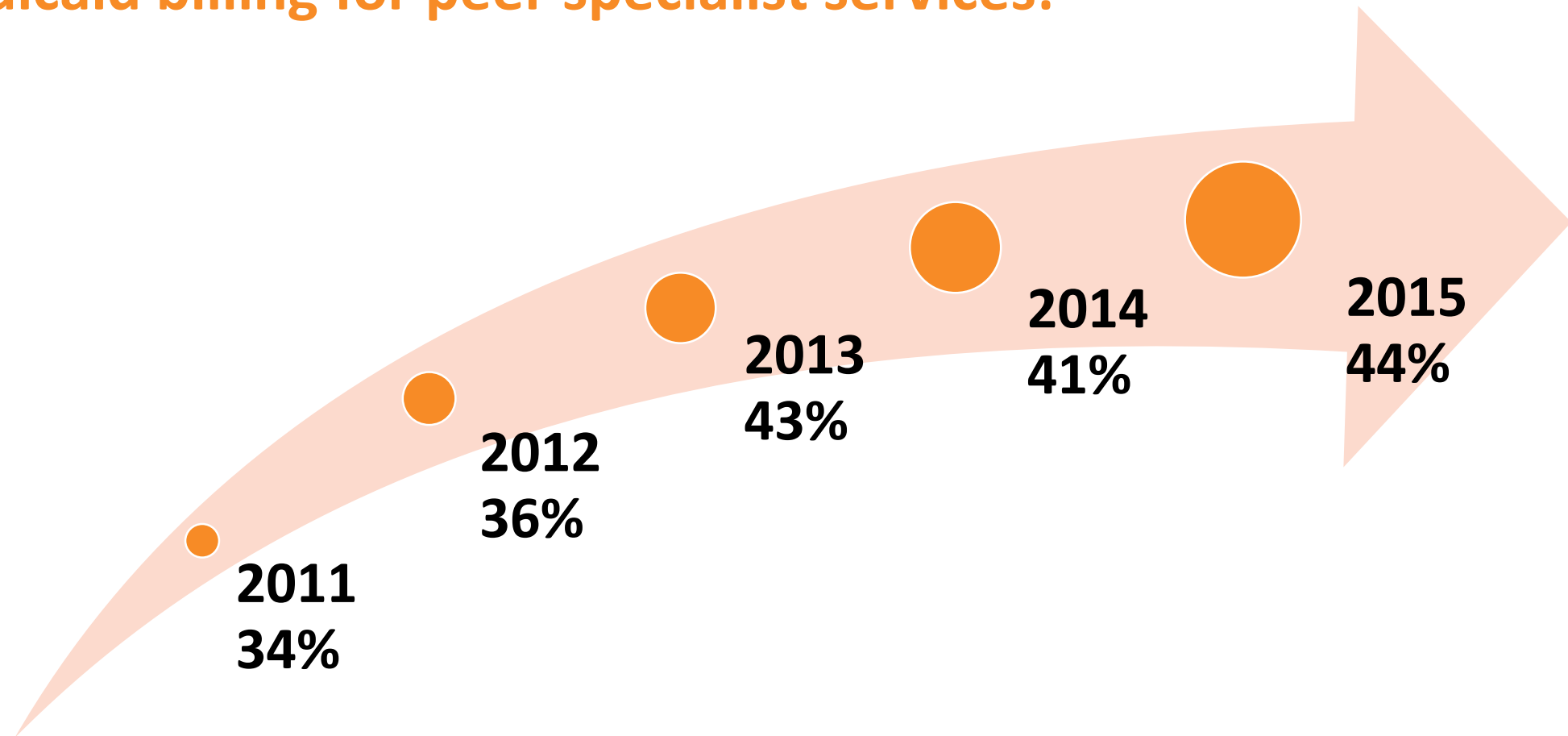
Regarding type of program they work in, peer specialists may have the ability to perform case manager functions, but serving as a case manager interferes with the power dynamic of a peer role. However, there are specific activities within a case management program that are appropriate to peer roles (such as connecting to resources).

Top 5 organizational programs:



Employment Outcomes

Medicaid billing for peer specialist services:



There is a slow increase of organizations billing Medicaid for peer services. However, 56% of organizations still could access this more sustainable funding source.

Work Environment: Supervision

Although a majority of peer specialists receive supervision, 22% report they do not receive supervision. In past surveys, peer specialists reported daily and frequent weekly supervision more often than in 2016.

Frequency of supervision:*

Frequency	2015	2014	2013
Daily	17%	22%	27%
2-3 times per week	13%	19%	16%
Once a week	34%	18%	26%
2-3 times per month	12%	13%	18%
Once per month	22%	23%	10%
< Once per month	2%	4%	2%
Never	---	3%	2%

*of those reporting that they receive supervision.

100% of peer specialists surveyed in 2015 report some supervision

24% receive supervision once a month or less.

19% report being supervised by another peer specialist

Work Environment: Supervision

Supervisor's understanding of the peer specialist job role:*



8.32

Supervisor's supportiveness of peer specialist:*



8.76

*on a scale of 1 to 10

Perception of supervisor:

72% agreed that their supervisor explains the activities a peer specialist is expected to perform.



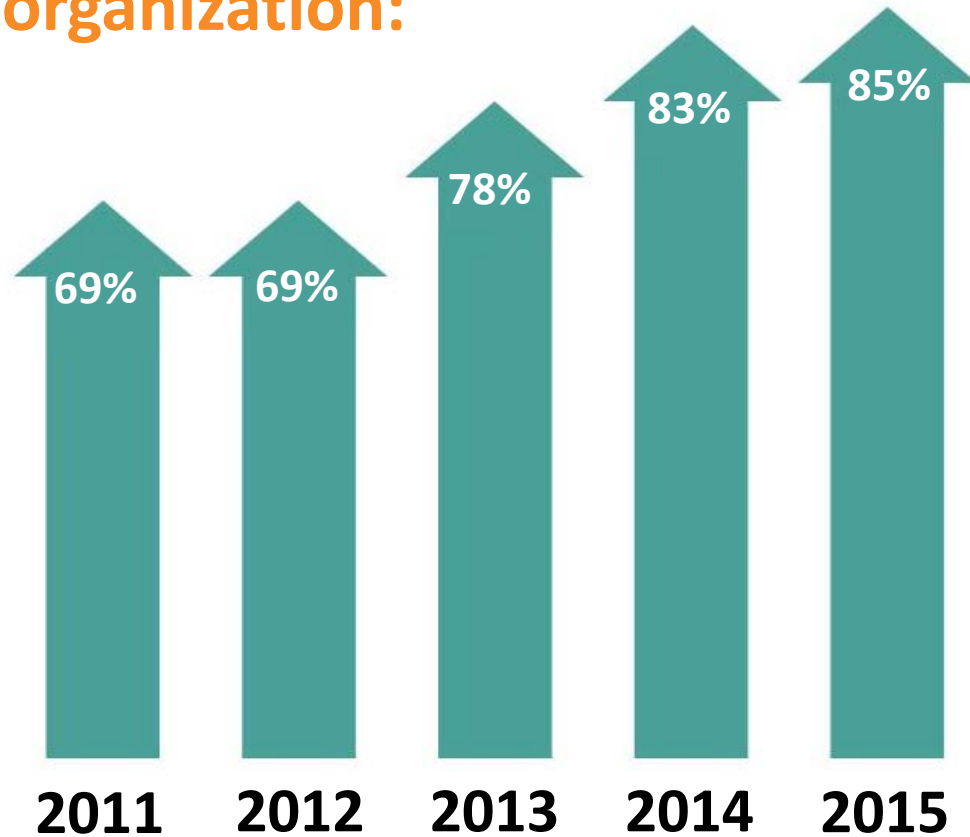
82% agreed that their supervisor listens to peer specialists' suggestions, ideas and opinions.



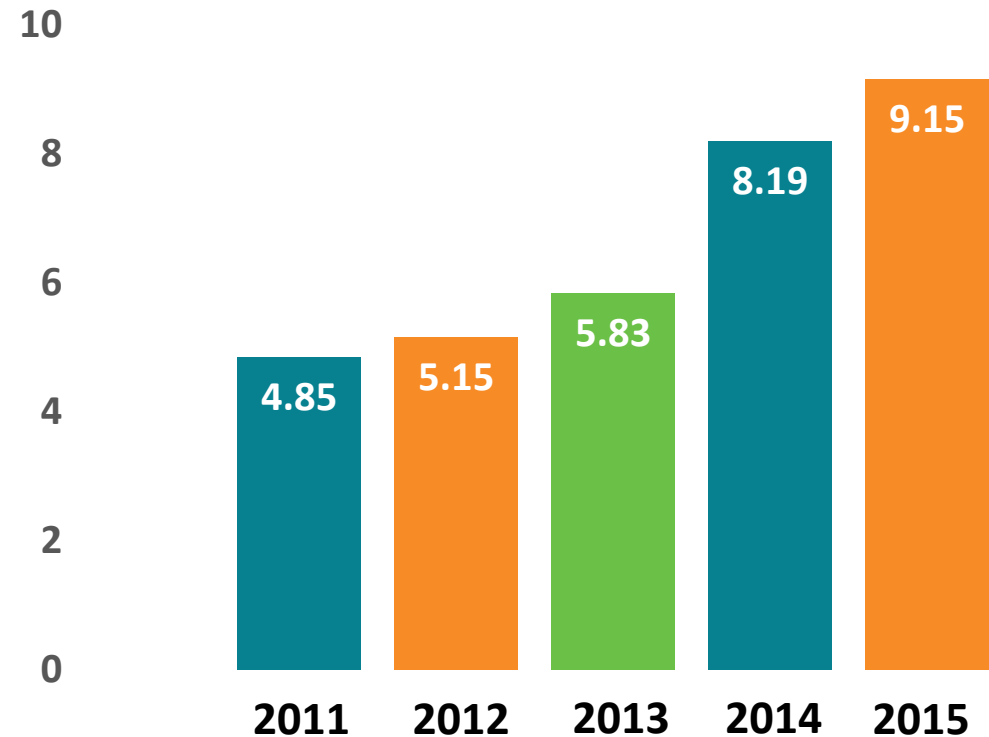
Work Environment: Number of Peer Staff

There is steady growth in organizations employing more than one peer specialist and in the average number of peer specialists employed.

Other peer specialists employed at the organization:



Average number of peer support staff employed at organization:

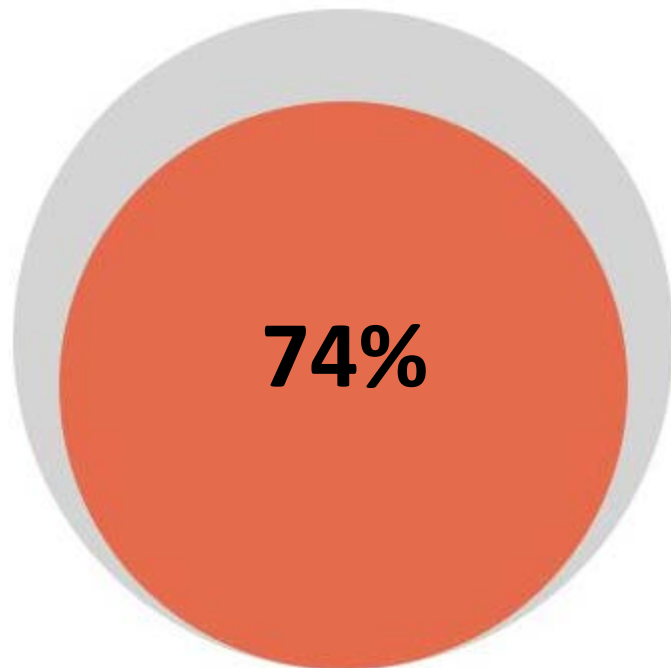


Work Environment: Peer Collaboration

Peer specialists benefit from collaboration with other peer specialists, exercising and exemplifying the contributions of mutual support for each other and the people receiving services.

Top areas of collaboration:

Peer specialist collaborates with other peer specialists at organization:



- 26% Meetings
- 24% Mutual Support
- 18% Discussion about Helping Clients
- 11% Co-Facilitating Support Groups
- 11% Team Work

Work Environment: Support of Non-Peer Staff

Rating of non-peer staff's understanding of job role:
Scaled from 1-10

6.3

Rating of non-peer staff supportiveness:
Scaled from 1-10

6.8

Feels accepted and respected by non-peer colleagues:
5-point agreement scale

81%

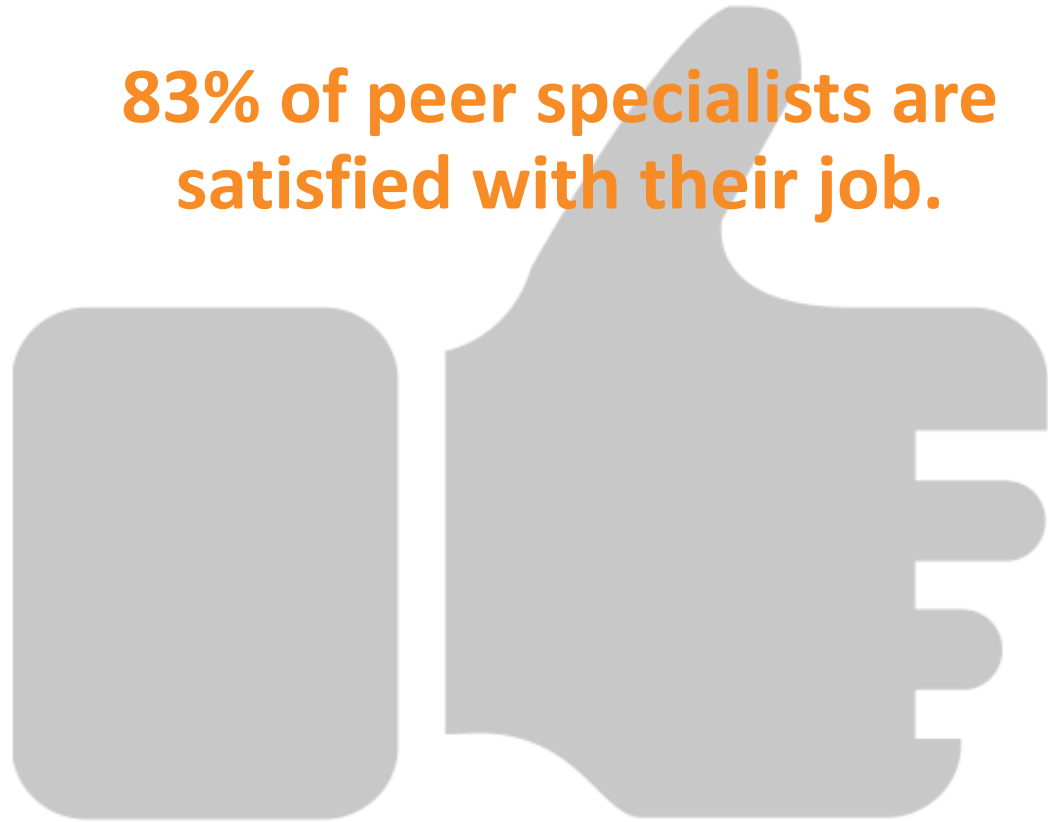
Feels stigmatized by colleagues:
5-point agreement scale

22%

A large majority of peer specialists feel accepted by their non-peer colleagues. However, the ratings of non-peer staff's understanding of the peer specialist job role and supportiveness are moderate.

Work Environment: Job Satisfaction Indicators

83% of peer specialists are satisfied with their job.



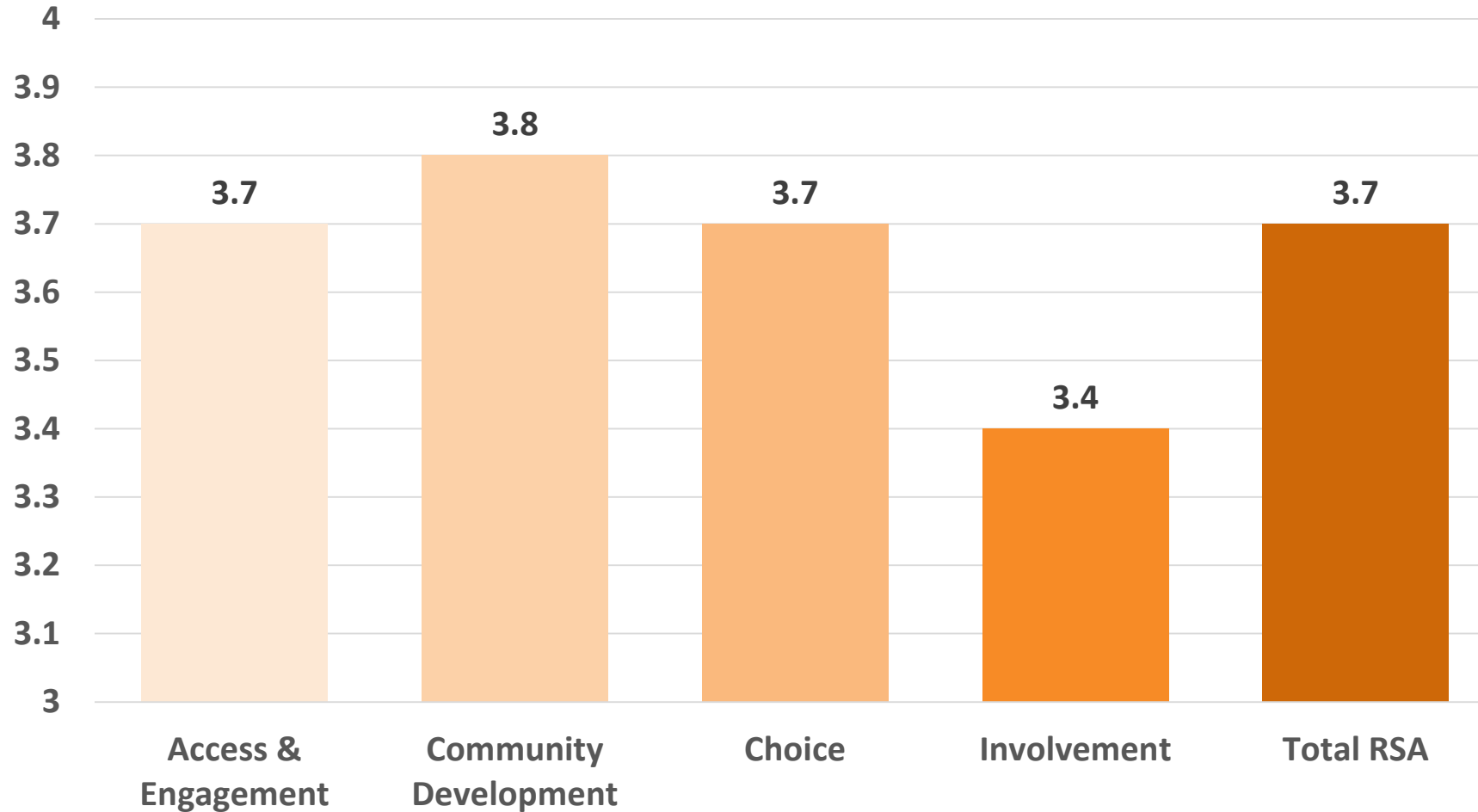
93% agree that work has a positive impact on their recovery.

Peer specialists report high satisfaction with their job. They view work as a benefit to their recovery.

Work Environment

Overall, peer specialists report that their organization is recovery oriented. Focus areas for organizational growth include Access and Engagement & Involvement.

Recovery Orientation of Organization:



On a 1 to 5 frequency scale.

Survey Findings and Recommendations

Participant Characteristics

Findings:

- Similar to other mental health professionals, a large percentage of the peer specialist workforce is white, female and approaching retirement age.
- Most have college education, but only a small majority rely on earned income for financial support and slightly more than half have a household income less than \$30,000.

Recommendations:

- Recruiting a diverse workforce, representative of those receiving services, should be a high priority for organizations and will involve outreach to the community, actively seeking candidates through different avenues.
- Diversifying the workforce will ensure sustainability of the role and meet the needs of those receiving services.
- To attract a diverse workforce, it will be necessary to compensate peer specialists commensurate to their education and training.

Survey Findings and Recommendations

Training and Certification

Findings:

- The number of trained peer specialists continues to increase, however many certified in 2010 and 2011 have let their certification lapse.
- Trainees from 2014 and 2015 need opportunities to obtain CEUs to maintain certification.
- The trainings peer specialists have attended and would like to attend are aligned and complementary to recovery oriented services and systems of care.

Recommendations:

- Affordable trainings that provide CEUs and are offered through a variety of mechanisms will help the currently certified workforce maintain this professional designation, particularly in rural areas.
- Organizations can host trainings for peer specialists in their area to facilitate access and ensure affordability
- Additional data is needed to understand why peer specialists lapse their certification.

Survey Findings and Recommendations

Employment Outcomes

Findings:

- Slightly more than half of the peer specialists are employed full time, with an average annual salary just under \$30,000.
- Most organizations have job descriptions but lack a career ladder, limiting the potential for advancement for people employed in the peer specialist role.
- Fewer than half of the organizations where participants work bill Medicaid for peer provided services.
- Peer specialists report performing tasks congruent to the peer role, but many work in programs that have tasks incompatible with the peer specialist role (e.g. case management).

Recommendations:

- Billing Medicaid for peer specialist services helps address the need for a sustainable funding source. Billing for peer services establishes a standard for the role, which can be codified by organizations into job descriptions.
- Organizations should establish paths for career advancement or development for all employees. This may reduce workforce loss when staff seek other employment outside the behavioral health system.
- Improved billing of Medicaid may allow for increased compensation.

Survey Findings and Recommendations

Work Environment

Findings:

- About 24% peer specialists reported infrequent supervision (once a month or less) with the number receiving daily or weekly supervision decreasing over the years of survey administration.
- A larger percentage of organizations are employing a larger number of peer specialists, however, 26% of the peer specialist workforce reports not collaborating with other peer specialists.
- Peer specialists rated non-peer staff understanding of and supportiveness of their role moderately.

Recommendations:

- Best practices for a successful peer specialist workforce includes supervision by individuals who understand and support the role. More frequent supervision could facilitate integration.
- To enhance the understanding and supportiveness of non-peer staff, organizations should provide trainings about the role and recovery orientation. Allowing peer specialists to introduce the role during new staff and in house training will give the staff the peer perspective.
- Organizations should create opportunities for the peer staff to collaborate and engage in co-supervision.

Survey Findings and Recommendations

Overall:

Issues to consider for the future of the peer specialist workforce are: commensurate compensation, access to training for continuing education and advanced competency, adequate supervision, and role clarity and integrity.

- Compensation commensurate with the peer specialist's education, training, and experience will draw a more diverse workforce. Peer specialists experience high levels of job satisfaction and believe work has a positive impact on their recovery, however it is difficult to remain in any position if wages do not meet cost of living needs. Further, career development with opportunities for advancement and increased earnings may stabilize the workforce within the behavioral health system.
- Multiple avenues to trainings that offer CEUs to maintain certification should be provided to assist in sustaining the initial investment in training and certification. Many organizations will not hire peer specialists unless they have certification. Lack of access to training and subsequent CEUs creates barriers to employment and may contribute to leaving the peer workforce.
- Adequate supervision creates stability for any employee. Supervisors have a dual role for peer specialists: helping the peer specialist navigate their job role and integrating peer specialists into the service flow. Supervisors can also create understanding of the role. One challenge for supervisors is time and the diverse roles which they supervise: the supervisory role is often added to other job responsibilities within the organization. Supervisors may be stretched thin and unable to adequately address the individual needs of each job role. Having a peer specialist as a dedicated supervisor could alleviate this strain.
- Clarity of the peer specialist job role can first be spelled out in the job description, reinforced by supervision, and codified by organizational policies. Knowledge of the uniqueness of the peer specialist job role and how it complements other services will help staff build understanding. The integrity of the role within service programs that may emphasize hierarchical relationships between people delivering and receiving services could be compromised: a clear job description and organizational policies help alleviate this concern.

References

- Chinman, M., George, P., Dougherty, R.H., Daniels, A.S., Shoma Ghose, S., Swift, A., & Delphin-Rittmon, M.E. (2014). Peer support services for individuals with serious mental illness: Assessing the evidence. *Psychiatric Services, 54:4* (429- 441). Retrieved 6.20.16 from <http://dx.doi.org.ezproxy.lib.utexas.edu/10.1176/appi.ps.201300244>
- 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). doi: 10.1093/schbul/sbj043.
- Gates, L.B. & Akabas, S.H. (2007). Developing strategies to integrate peer providers into the staff of mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research 34* (293-306). doi: 10.1007/s10488-006-0109-4.
- Additional peer specialist survey and evaluation reports on the TIEMH website: <http://sites.utexas.edu/mental-health-institute/peer-providers-2/>

