REPORT / PEER SPECIALIST SUPERVISORS

AUGUST 30, 2023

PEER SPECIALIST SUPERVISORS:

Findings from a Survey of Texas Peer Specialist Supervisors

Submitted to the Texas Health and Human Services Commission

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Contents

Executive Summary

Project Overview

This project examines the workforce needs and strengths of individuals certified as Peer Specialist Supervisors (PSS) in Texas. Towards that end, researchers at the Texas Institute for Excellence in Mental Health (TIEMH) administered a survey (n=70) exploring the following topics: PSS supervision frequency, types of supervision provided, internal and external supervision, funding sources for peer specialists, challenges providing supervision to peer specialists, and peer supervisor core competencies.

Results and Recommendations

The vast majority of survey respondents reported attending the PSS training and most were trained in the three years prior to survey administration. Additionally, 71% of PSS respondents reported being a certified peer specialist. The median PSS tenure was 2.5 years and the mean PSS tenure was 3.1 years.

More than half of PSS reported providing weekly supervision, over one-third provide daily supervision, and the remaining provide monthly supervision. Forty percent of PSS respondents reported always providing in-person supervision while only 3% never provide in-person supervision. PSS most commonly reported providing online supervision often (34%), while 7% never provide online supervision and 9% always provide online supervision.

The most commonly provided types of supervision included problem resolution, review of cases and activities, and peer ethics. Over 90% of PSS respondents reported that they provide supervision to peers internal to their organization. On average, PSS provide internal supervision to 6.1 individuals. One-third of PSS respondents also indicated providing supervision to peers external to their organization. On average, PSS provide external supervision to 6.5 individuals.

Challenges that PSS face providing supervision to peers include issues related to: a lack of time for supervision, peer role clarity, peer professionalism, agency and state policies, funding for peer specialist services and salaries, documentation, peer retention, and peers not being treated as equals on treatment teams. These findings suggest that PSS may need more support from their employer organizations to balance administrative demands with providing direct supervision; more training and technical assistance (TA) on documentation, agency and state policies, and professional development for peers; higher wages and more funding for peer services; and implementation of system-wide training on the peer role.

The three most frequently practiced supervisor core competencies are: supporting ongoing training and education for peers, maintaining professional boundaries and confidentiality with peers, and supporting meaningful peer roles. The four least frequently practiced competencies (although still frequently practiced) are: assisting peers with professional system navigation, providing role clarity to peers, maintaining regular supervision appointments with peers, and engaging in equitable hiring and employment practices. Barriers to practicing core competencies include: agency not understanding peer support, responsibility without corresponding authority, agency rules or legal mandates, and administrative burden. These findings suggest the need for system-wide training on the peer and PSS roles, additional training and TA for PSS, and more support to balance administrative demands.

Introduction

Peer specialists are individuals who are in recovery from mental health or substance use issues and are employed to support people receiving behavioral health services (Davidson et al., 2006; Gates & Akabas, 2007). Texas has been a leader in promoting self-directed care via peer-delivered services (HHSC, 2016). In a recent Texas Health and Human Services Commission survey of providers and people receiving services in the Texas behavioral health system, respondents ranked the availability of peer services as one of the top strengths of the current behavioral health system; however, the survey also identified limited access to peer services as a service gap (HHSC, 2016). The use of peer services was listed as *Gap 8* in the *Texas Statewide Behavioral Health Strategic Plan*, with increasing access to peer services identified as a cost-effective strategy to expand the behavioral health workforce and reduce reliance on crisis, inpatient, and other restrictive levels of care (HHSC, 2016).

Supervision has been identified in previous research as an important predictor of peer specialist job satisfaction (Abraham et al., 2022; Kuhn et al., 2015). Therefore, as part of an effort to expand and codify the peer specialist workforce, since 2019 Texas has offered a training and certification for Peer Specialist Supervisors (PSS). Supervision has three broad functions: supportive, educative, and administrative (Smith, 2011). In the context of supervising peers, supportive supervision fosters morale and job satisfaction through feedback, support, and validation; educative supervision provides opportunities to reflect on peer practice and to develop knowledge, skills, and competencies; and administrative supervision ensures implementation of policies and standards for practice (Altarum, 2022). Some of these functions are codified in the Texas Administrative Code (TAC) which specifies that PSS focus on peer specialists' provision of services, including review of cases and activities, skill building, problem resolution, and professional growth; peer supervision may also include aspects specific to the organization, such as following organizational policy or other administrative matters. The guidance for effective peer specialist supervision is just beginning to emerge. The results from this survey identify current strengths and needs of peer specialist supervisors with hope to contribute to that guidance.

Purpose of Project

The Texas Institute for Excellence in Mental Health (TIEMH) is contracted by Texas Health and Human Services (HHS) to examine the workforce needs and strengths of individuals who are certified as PSS in Texas. Towards that end, in Fiscal Year 2023 TIEMH researchers administered a survey measuring PSS supervisor competencies, supervision styles, and supervision issues. The survey data collection focused on topics such as:

- supervision frequency (both in person and online),
- types of supervision provided,
- internal and external supervision,
- funding sources for peer specialists,
- challenges providing supervision to peer specialists, and
- peer supervisor core competencies.

Method

Survey development

TIEMH researchers convened to discuss the purpose of the survey and to develop survey questions based on the TAC and the Texas PSS Training Manual. The survey was also reviewed by members of the HHS Peer and Recovery Services Programs, Planning, and Policy Unit, who provided feedback on survey items. In response to this feedback, the survey was further revised.

The final survey examined the following areas: demographic characteristics, PSS training, peer certification, supervision frequency, types of supervision provided, challenges supervising peers, funding for peer specialists, internal and external supervision, and supervision competencies. See the Appendix for a complete list of survey questions.

Recruitment

Recruitment efforts targeted individuals certified as peer specialist supervisors (PSS) by the Texas Certification Board (TCB). TCB provided TIEMH researchers with a list of individuals certified as PSS in Texas (n=299). This list included 287 valid email addresses. On March 9, 2023 PSS were emailed an invitation to participate in the survey through Constant Contact, a platform used to launch and monitor email marketing efforts. Among these 287 PSS, 15 (5%) had emails that bounced or were undeliverable. On April 3, 2023 PSS were emailed a reminder to participate in the survey before the survey closed on April 11, 2023.

Survey Administration

Survey administration took place over a period of one month (March-April 2023). The email invitation included information about the purpose of the survey and a link that redirected the individual to the survey, which was administered through the web-based system, Qualtrics. To protect anonymity, Qualtrics settings were enabled so that no names, email addresses, or IP addresses were stored with the data. Upon clicking the survey link, participants were directed to an introductory consent page describing the survey, any risks or benefits to completing the survey, and the ability to discontinue survey participation at any time without incurring negative consequences. Upon completion of the survey, participants were eligible to enter into a drawing for one of 10 $25 gift cards. If interested in entering the drawing, participants were redirected to a separate form at the end of the survey to provide their name and email address to be contacted with if selected as a winner. This information was not linked to the survey data. This study was reviewed and determined to not be research by the University of Texas at Austin IRB.

Analysis

Survey data were downloaded from Qualtrics and cleaned and analyzed with IBM SPSS v29. First, duplicate cases (n=3) were identified. In cases where one response was more complete than the other, the more complete response was retained. For the remaining cases, one response was randomly selected for retainment while the other response was deleted. The qualitative survey responses for these duplicate cases were combined into one response when each response contained unique information that provided greater context and information. After identifying duplicates, the total N for the sample was 70. Finally, some variables were recoded into new variables for analysis: a Public Health Region variable was created from respondents' zip code responses and a continuous

variable based on total number of job tenure months was created from respondents' job tenure months and years responses. Basic descriptive statistics were run for all variables using SPSS v29 and are presented in this report. Open-ended or qualitative survey data were analyzed using NVivo qualitative data analysis software (QSR International, 2018).

Results

PSS Demographic Characteristics

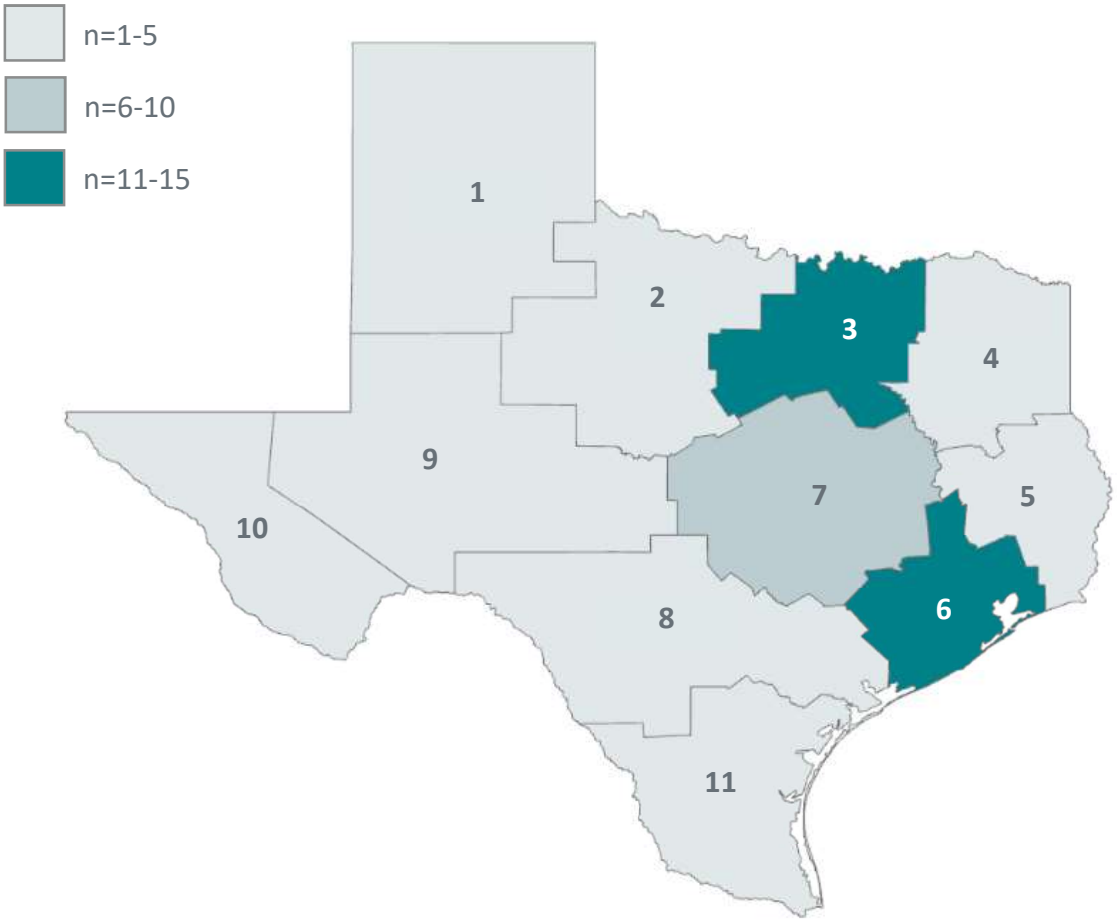
More respondents identified as a woman (49% of total respondents) than identified as a man (39%) or gender non-binary (1%; see Table 1). The majority of respondents identified as White (43% of total respondents), Black/African American (27%), or Hispanic/Latino (10%). In terms of age, midlife respondents were well represented in the sample with the most common age groups being 45-54 years old (23% of total respondents) and 55-64 years old (30%). In terms of educational attainment, respondents most commonly reported having completed post-college graduate training (31% of total respondents), followed by some college (20%) and 4-year college degree (17%).

Table 1: Demographic Characteristics (n=70).

	N (%)
Gender	
Gender queer, gender fluid, or non-binary	1 (1%)
Man	27 (39%)
Woman	34 (49%)
Missing	8 (11%)
Race/Ethnicity	
Black or African American	19 (27%)
Hispanic or Latino	7 (10%)
White	30 (43%)
Two or more races	3 (4%)
Other	1 (1%)
Missing	10 (14%)
Age	
25-34	5 (7%)
35-44	14 (20%)
45-54	16 (23%)
55-64	21 (30%)
65 or older	8 (11%)
Missing	6 (9%)
Education	
High school diploma or GED	5 (7%)
Some college or post-high school training	14 (20%)
2-year associate degree	11 (16%)
4-year college degree	12 (17%)
Post-college graduate training	22 (31%)
Missing	6 (9%)

In terms of geographical representation, the survey sample included respondents from all public health regions (PHRs) in Texas and the sample mirrors the population distribution of Texas with a greater number of individuals being from the major metro areas of Austin, Dallas/Fort Worth, and Houston than from South Texas, the Panhandle region, the Piney Woods region of East Texas, and West Texas. Figure 1 displays the number of survey respondents from each PHR.

Figure 1: Number of respondents from each Public Health Region (PHR; n=70).



Employment Characteristics

Job Title

Respondents were asked to qualitatively describe their job title. Figure 2 displays the many job titles that were reported, with more commonly reported job titles appearing in larger font. The most commonly reported job titles were: Peer Specialist Supervisor (n=19), Mental Health Peer Specialist (n=3), Program Manager (n=3), and Project Coordinator (n=3). Of the 47 different job titles reported by 70 individuals, 33 individuals reported 12 job titles with the word “peer” in the title.

Figure 2: Respondent job titles (n=70).

Training and Certification

The majority of respondents (n=66; 94%) reported that they have attended the Texas Peer Specialist Supervision (PSS) training, while four respondents (6%) reported that they have not attended the PSS training. The majority of survey respondents reported that they are certified as a peer specialist (n=50, 71%) while the remaining 20 respondents (29%) reported that they are not certified as a peer specialist. Figure 3 displays the percentage of respondents trained as a PSS as well as certified as a peer specialist. Table 2 displays the year that respondents attended PSS training. The majority of survey respondents were trained as a PSS in the three years prior to survey administration – 39% were trained in 2022, 19% were trained in 2021, and 17% were trained in 2020.

Figure 3: Percent of respondents trained as PSS and certified as CPS (n=70).

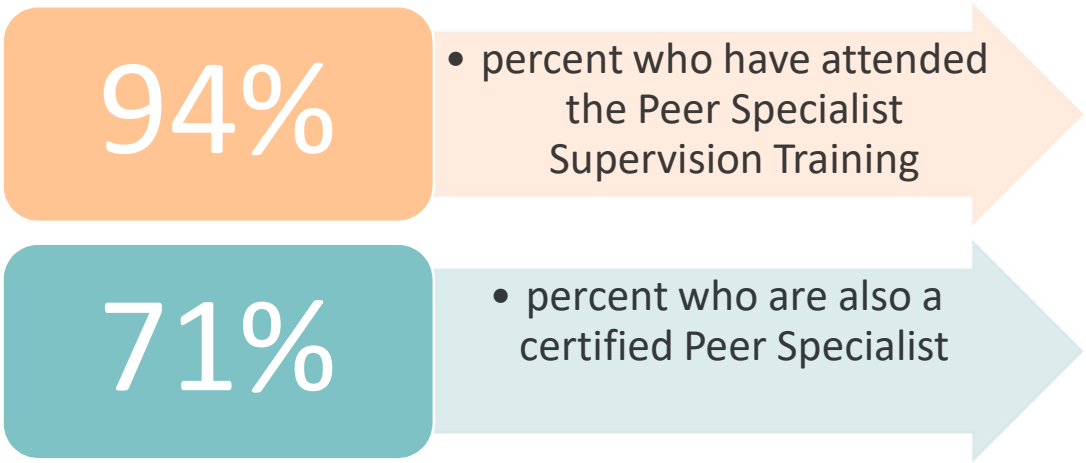


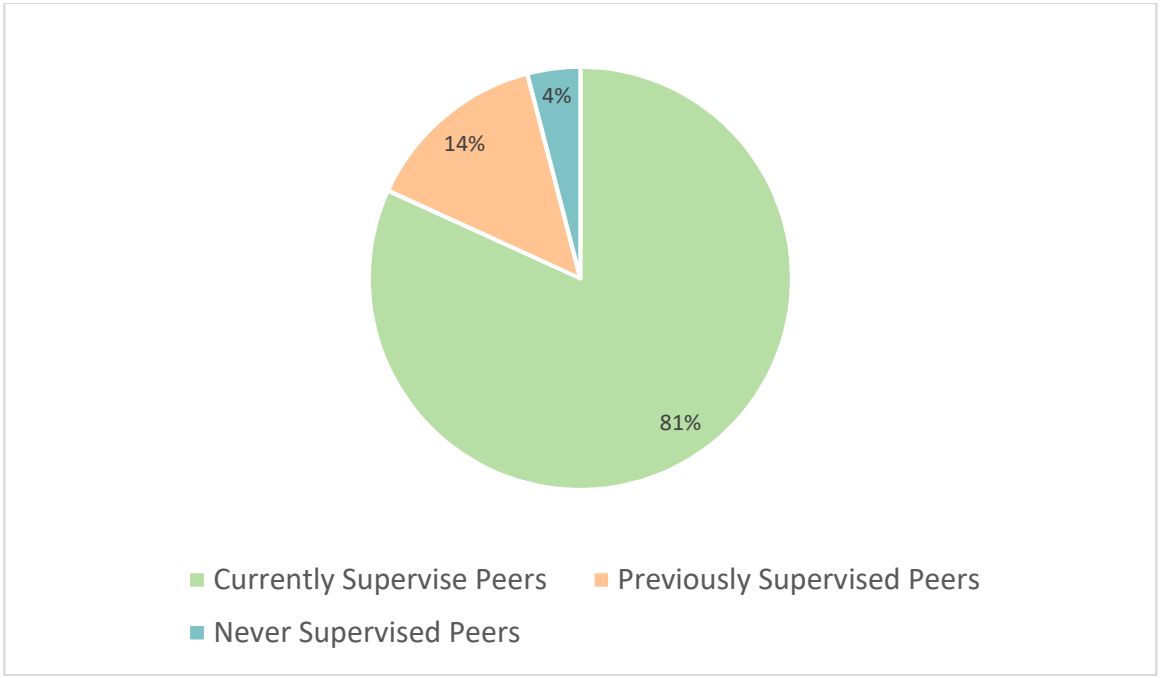
Table 2: Year attended PSS training (n=64).

Year	N (%)
2012	1 (2%)
2014	1 (2%)
2015	2 (3%)
2018	1 (2%)
2019	7 (11%)
2020	11 (17%)
2021	12 (19%)
2022	25 (39%)
2023	4 (6%)

Supervision Status

The majority of survey respondents (n=57; 81%) reported that they currently supervise peer specialists. An additional 10 respondents (14%) reported that they supervised peer specialists in the past while three respondents (4%) reported never supervising peer specialists (see Figure 4). These three respondents were then directed to the end of the survey.

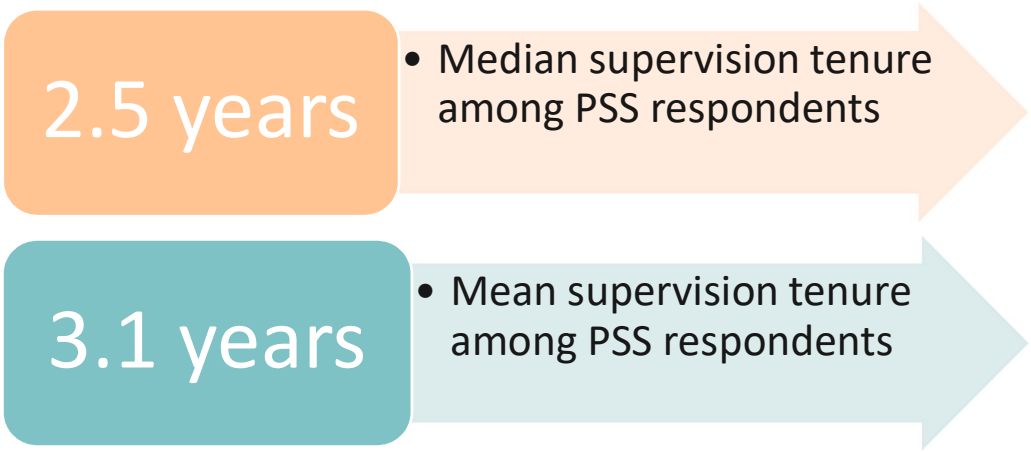
Figure 4: Supervision status among PSS respondents (n=70).



Supervision Tenure

Survey respondents were asked how long they have supervised peers. The median length of supervision was 30 months (or 2.5 years) and the mean length of supervision was 37 months (or 3.1 years; see Figure 5). Supervision tenure ranged from two months to 198 months (or 16.5 years) and the standard deviation (SD) was 31.1 months (or 2.6 years).

Figure 5: Supervision tenure (n=67).

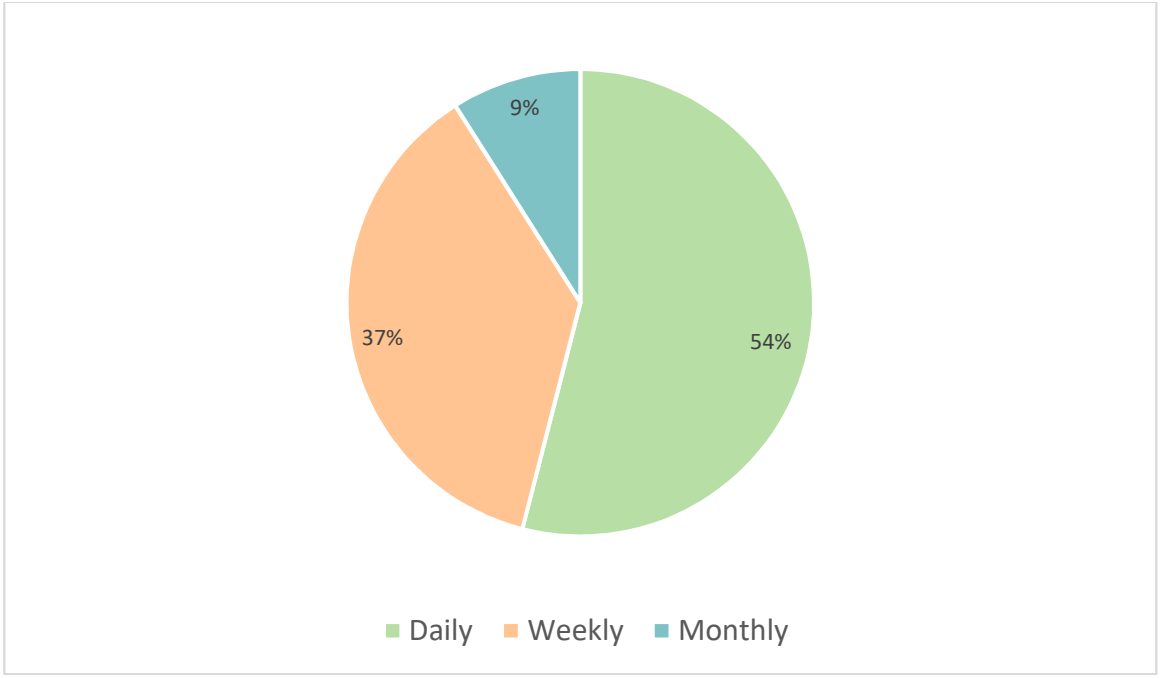


Supervision Process

Supervision Frequency

PSS indicated how frequently they provide supervision to each peer that they supervise. Most commonly, PSS reported providing weekly supervision (n=36; 54%); another 37% of respondents (n=25) reported providing daily supervision while 9% (n=6) reported providing monthly supervision (see Figure 6). No PSS indicated providing annual supervision or never providing supervision. The survey did not ask about the tenure of the peer specialists being supervised, but responses appear to align with TAC supervision requirements of at least once weekly for peers with an initial certification and at least once monthly for peers with a two-year certification.

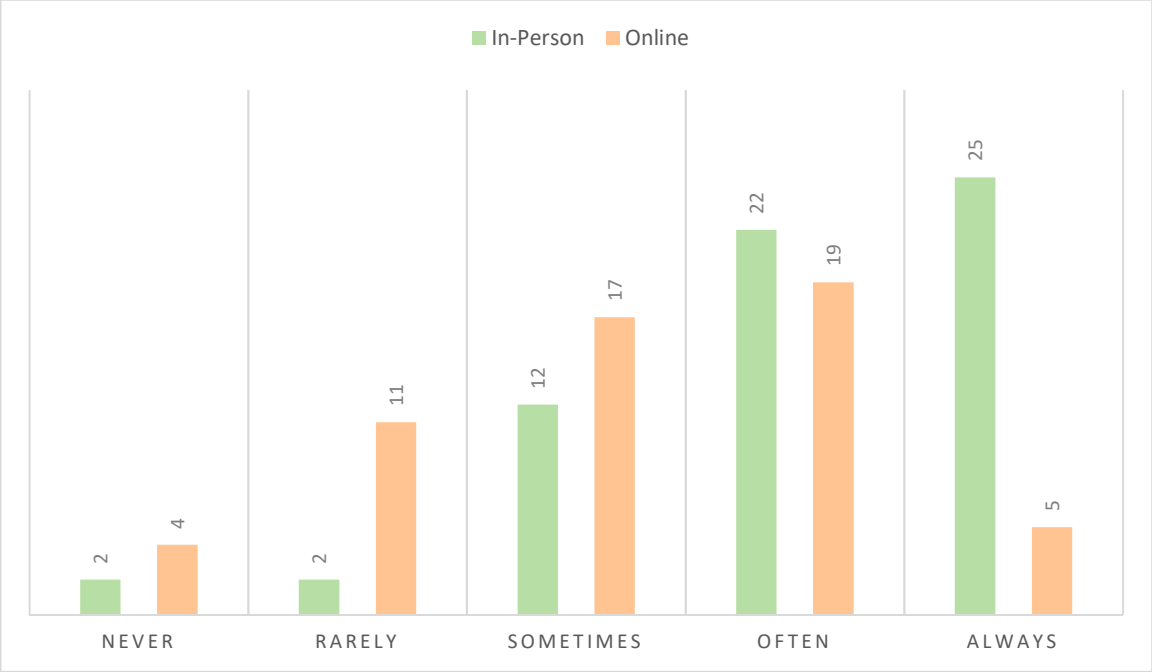
Figure 6: Supervision frequency (n=67).



Respondents were also asked to indicate on a scale from always to never how often they provide both in-person supervision as well as online supervision (see Figure 7). In terms of in-person supervision, PSS most commonly reported always providing in-person supervision (n=25, 40%). Only 3% of PSS (n=2) reported never providing in-

person supervision. In terms of online supervision, PSS most commonly reported providing online supervision often (n=19; 34%) while 7% (n=4) reported never providing online supervision and 9% (n=5) reported always providing online supervision.

Figure 7: In-person (n=63) and online (n=56) supervision frequency.



Types of Supervision

PSS were asked to indicate if they provide several types of supervision to peers (n=67). Among the types of supervision respondents were asked about, the most commonly provided include: problem resolution (n=60; 90%), review of cases and activities (n=60, 90%), and peer ethics (n=59; 88%). The least commonly provided include: administrative supervision (n=48, 72%). supervision for special issues or circumstances (n=50; 75%), and peer competencies supervision (n=54, 81%). Five respondents also reported providing an additional type of supervision and were asked to qualitatively describe this supervision. Responses included: self-care, wellness modeling, navigating the process for new peers, personal growth, motivational interviewing, and client specific supervision. See Table 3 to see how many PSS respondents provide each type of supervision.

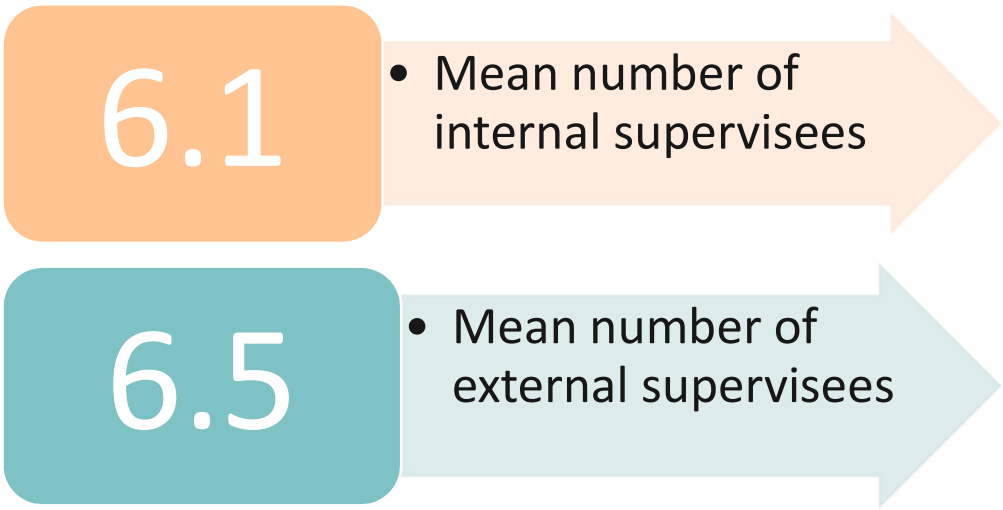
Table 3: Types of supervision (n=67).

	n (%)
Problem resolution	60 (90%)
Review of cases and activities	60 (90%)
Peer ethics supervision	59 (88%)
Skill building	57 (85%)
Professional growth	56 (84%)
Provision of peer services	55 (82%)
Peer competencies supervision	54 (81%)
Supervision for special issues or circumstances	50 (75%)
Administrative supervision	48 (72%)
Other	5 (7%)

Internal and External Supervision

PSS were asked to indicate if they provide supervision to peers internal to their organization as well as if they supervise peers external to their organization, and if they do how many peers they supervise both internally and externally. The majority of PSS (n=61; 91%) reported that they provide supervision to peers internal to their organization. Of these 61 PSS providing internal supervision, 43 (70%) reported *only* providing internal supervision. On average, PSS indicated providing supervision to 6.1 individuals internal to their organization (with a range of 1 to 40). One-third (n=22; 33%) of PSS respondents also indicated providing supervision to peers external to their organization. Of these 22 PSS providing external supervision, four reported *only* providing external supervision. On average, PSS indicated providing supervision to 6.5 individuals external to their organization (with a range of 1 to 30; see Figure 8). For PSS who reported providing both internal and external supervision (n=18; 27%) the average number of combined total supervisees was 11.5.

Figure 8: Mean number of internal and external supervisees (n=67).



Funding Sources

PSS were asked about funding sources that their organization uses to pay for peer specialist services or peer specialist salaries. Most commonly, PSS reported the following funding sources: federal grants (n=33; 49%), other state grants or funds (n=26; 39%), and general revenue (n=22; 33%). Eight PSS reported additional funding sources not listed in the survey. These funding sources include: United Way, fundraising, self-funded, private pay, and National Council on Mental Wellbeing. See Table 4 for a list of funding sources for peer specialist services or salaries.

Table 4: Funding sources for peer specialist services and salaries (n=67).

	n (%)
Federal grants	33 (49%)
Other state grants or funds	26 (39%)
General revenue	22 (33%)
Local funds	12 (18%)
Medicaid peer services	10 (15%)
Other	8 (12%)
Medicaid non-peer services	6 (9%)
Delivery System Reform Incentive Payment (DSRIP) pool in the Texas Medicaid 1115 Demonstration Waiver	5 (7%)
Peer Workforce Support Hub (PeerForce) funds	4 (6%)
Military Veteran Peer Network funding	1 (1%)

Supervision Challenges

PSS were asked to qualitatively describe the biggest issue they face providing supervision to peers. Fifty-nine respondents provided a response to this question. Of these, four reported that they have not experienced any challenges providing supervision to peers. The remaining respondents (n=55) described the types of challenges they have experienced. Responses included issues with supervision content and process, collaboration issues between peers and non-peer staff, employee wellness issues, funding and compensation issues for peers and peer services, organizational culture issues, and role clarity issues for PSS and peers (see Figure 9).

First, in terms of supervision content, PSS most commonly reported challenges with documentation (n=3). For example, one PSS wrote: "Formal documentation for supervision. There isn't a guide for documenting supervision or what that process looks like." Additional supervision content challenges included: providing supervision in vivo while peers are interacting with clients (n=1), supporting peers through loss (n=1), providing new material for peers to utilize in their groups (n=1), navigating different learning styles (n=1), a lack of understanding of the peer role (n=1), teaching topics (n=1), and guiding peers to work from universal recovery principles (n=1).

> ***"There isn't a guide for documenting supervision or what that process looks like."***

In terms of supervision process, the most common challenge was a lack of time for supervision (n=9). For example, one PSS wrote: "Insufficient time to mentor or shadow with new peers to ensure they have achieved a level of proficiency and understanding of the peer role." Additional supervision process challenges included: finding CEUs to maintain PSS certification (n=1), communication issues between peers and PSS (n=1), finding an LPHA to supervise PSSs (n=1), a lack of experience as a peer (n=1) or peer supervisor (n=1), a lack of clarity about what counts as supervision hours (n=1), and challenges with peers securing a site to complete their supervised hours (n=1).

"Insufficient time to mentor or shadow with new peers."

In terms of collaboration, PSS reported that peers are not treated as equals on treatment teams (n=3). For example, one PSS wrote: "Unprofessionalism on behalf of licensed/QMHPs not seeing Peer as equal. That is a consistent issue that I coach these types of professionals on." Another PSS reported challenges with peers collaborating with non-peer staff (n=1).

In terms of employee wellness, PSS reported challenges with peer retention (n=3). For example, one PSS wrote: "Issue being able to keep them because the pay is too low." Other challenges related to employee wellness include administrative burdens for PSS (n=2), burnout and stress for peers (n=2), ensuring peers maintain their recovery and wellness (n=1), and recruitment challenges (n=1).

"Issue being able to keep [peers] because the pay is too low."

Challenges related to funding include finding funding for peer specialist services (n=4) and salaries (n=3) as well as funding for external supervision (n=1). For example, one PSS wrote: "Sometimes they feel they are not paid enough, for all their responsibility. The agency's lack of funding."

"They feel they are not paid enough for all their responsibility. The agency's lack of funding."

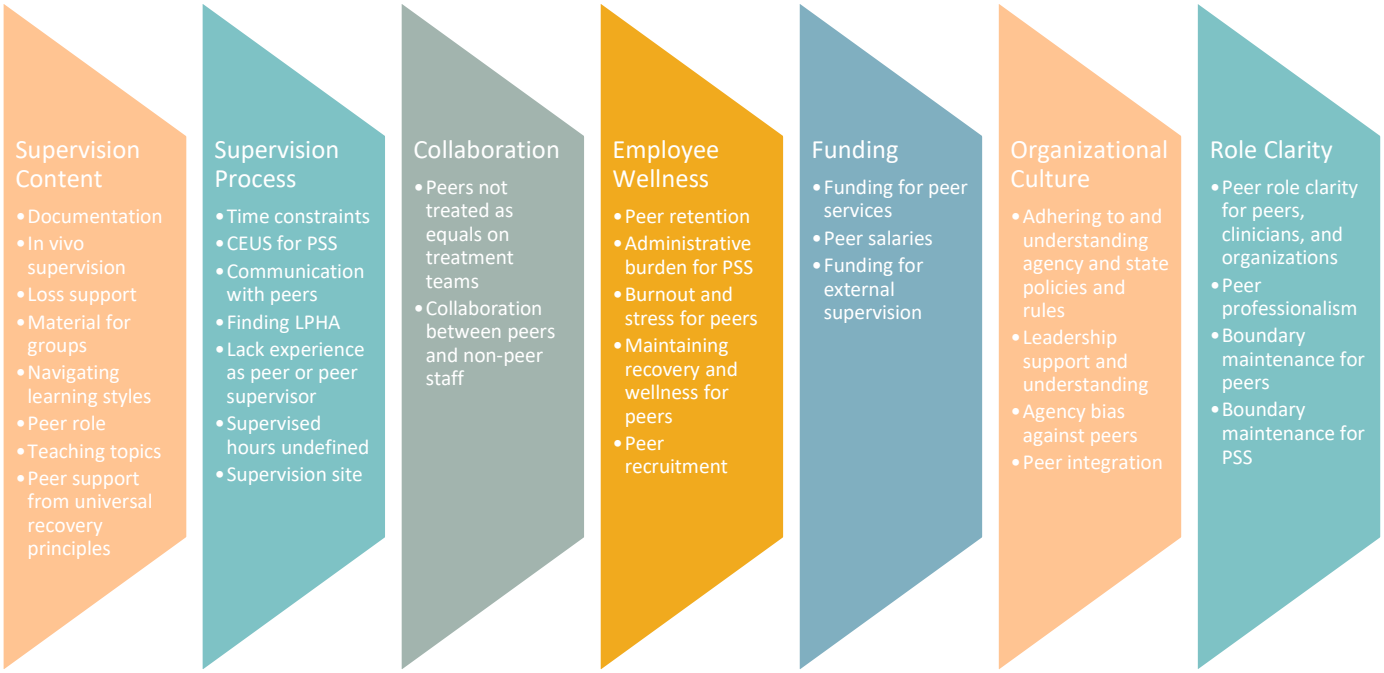
In terms of organizational culture, PSS reported experiencing challenges with adhering to and understanding agency and state policies and rules (n=4). For example, one PSS wrote: "understanding policies and TAC codes." Other organizational cultural challenges include: a lack of support and understanding from leadership (n=3), agency bias against peers (n=1), and a lack of peer integration (n=1). For example, one PSS wrote about the challenge of "Leadership [not] understanding the role of recovery support services."

"Leadership [not] understanding the role of recovery support services."

In terms of role clarity, PSS reported experiencing issues with peer role clarity (n=4); PSS reported role clarity challenges among peers, clinicians, and organizations. For example, one PSS wrote: "Dealing with clinicians misunderstanding the role peers serve." PSS also reported issues with peer professionalism (n=4), boundary maintenance for peers (n=2) and boundary maintenance for PSS (n=2).

"Dealing with clinicians misunderstanding the role peers serve."

Figure 9: Challenges PSS face providing supervision to peers (n=60).



Supervision Core Competencies

PSS were asked to indicate how frequently (on a scale from never=1 to always=5) they practice 22 peer supervisor core competencies. Table 5 displays the mean scores (and standard deviations) for each core competency from most frequently practiced to least frequently practiced (with a mean closer to five indicating more frequent practice). The three most frequently practiced competencies included: supporting ongoing training and education for peers, maintaining professional boundaries and confidentiality with peers, and supporting meaningful peer roles. The four least frequently practiced competencies (although still frequently practiced) were: assisting peers with professional system navigation, providing role clarity to peers, maintaining regular supervision appointments with peers, and engaging in equitable hiring and employment practices.

Additionally, core competency means were compared for PSS who are certified peer specialists (n=45) and PSS who are not certified as peer specialists (n=17). Independent sample t-tests for significance were run for all of the supervisor competencies to determine if there were any statistically significant differences between PSS who are and who are not certified as a peer specialist. There were significant differences in mean scores for three competencies: non-peer PSS rated their competencies higher than peer PSS in terms of maintaining professional boundaries and confidentiality with peers, supporting occupational self-care for the peers they supervise, and supporting peers to navigate workplace and community settings safely. However, due to the small sample sizes (particularly for non-peer PSS), these results must be considered preliminary or tentative.

Table 5: Supervisor core competency frequency (n=62).

Competency	All (n=62)	Peer (n=45)	Non-Peer (n=17)
I support ongoing training and education for peers.	4.94(.25)	4.93(.25)	4.94(.24)
I maintain professional boundaries and confidentiality with the peers I supervise.	4.93(.25)	4.91(.29)	5.00(.00)*
I support meaningful peer roles (e.g., instilling hope, client advocacy, system navigation).	4.92(.28)	4.93(.25)	4.88(.33)
I support occupational self-care for the peers I supervise.	4.89(.41)	4.84(.48)	5.00(.00)*
I promote a recovery orientation (e.g., hope, mutuality, person-first, strengths-based).	4.87(.34)	4.89(.32)	4.82(.39)
I advocate for peer-delivered services.	4.84(.37)	4.87(.34)	4.76(.44)
I recognize the importance of addressing trauma, social inequality, and health care disparity.	4.81(.44)	4.78(.47)	4.88(.33)
I provide consistent availability to the peers I supervise.	4.79(.45)	4.76(.48)	4.88(.33)
I understand the peer role.	4.79(.41)	4.84(.37)	4.65(.49)
I practice strengths-based, person-centered supervision.	4.77(.46)	4.78(.47)	4.76(.44)
I model principles of recovery (e.g., hope, mutuality, person-first, strengths-based).	4.74(.51)	4.78(.47)	4.65(.61)
I provide quality peer services supervision rather than only administrative/clerical supervision.	4.74(.48)	4.78(.47)	4.65(.49)
I facilitate access to community resources by finding and sharing community resource information.	4.74(.51)	4.82(.39)	4.53(.72)
I guide peers in navigating ethical dilemmas and boundary issues that arise in their work.	4.74(.44)	4.73(.45)	4.76(.44)
I promote professional development and advancement opportunities to all peer staff.	4.73(.49)	4.69(.51)	4.82(.39)
I support peers to navigate workplace and community settings safely.	4.68(.57)	4.60(.62)	4.88(.33)*
I guide peers in adhering to relevant laws and regulations.	4.67(.51)	4.68(.47)	4.65(.61)
I cultivate peer competencies (e.g., active listening, supporting self-efficacy).	4.66(.57)	4.67(.56)	4.65(.61)
I assist peers with professional system navigation.	4.63(.66)	4.64(.68)	4.59(.62)
I provide role clarity for peers through accurate job descriptions and advising peers when role ambiguity or role confusion arises.	4.63(.61)	4.71(.55)	4.41(.71)
I maintain regular supervision appointments with the peers I supervise.	4.63(.58)	4.62(.54)	4.65(.70)
I engage in equitable hiring and employment practices (e.g., ADA accommodations, grievances, employee rights).	4.61(.84)	4.56(.92)	4.76(.56)

**Indicates statistically significant difference at the 0.05 level or lower*

Barriers to Practicing Core Competencies

Lastly, PSS were asked an open-ended question to describe if they experienced any organizational or personal barriers putting these core competencies into practice as a supervisor. Forty-seven respondents provided a response to this question. Of these, 24 reported that they have not experienced any barriers to practicing PSS core competencies. The remaining respondents (n=23) described the types of barriers they have experienced.

Responses included organizational culture barriers, career development barriers, role clarity issues, employee wellness and workload barriers, barriers related to the supervision process, and funding barriers (see Figure 10).

"Organizational expectations can conflict with peer ethics and principals sometimes."

In terms of organizational culture barriers, PSS most commonly reported that agency rules or legal mandates conflict with peer ethics (n=2). For example, one PSS wrote: "Organizational expectations can conflict with peer ethics and principles sometimes. It is a marriage that requires work to be successful." Similarly, PSS reported a lack of authority in their job (n=2). For example, one PSS wrote: "I'm given the responsibility to make peer services successful but not the authority to do what needs to be done." PSS also reported additional organizational culture barriers: communication barriers (n=1), a lack of organizational scheduling flexibility (n=1), and not being able to use the peer billing code (n=1).

"I'm given the responsibility to make peer services successful but not the authority to do what needs to be done."

Career development barriers included: leadership not supporting peer career development (n=1), needing training with an experiential component (n=1), and peer certification process as unclear (n=1).

In terms of role clarity, PSS most commonly reported that their agency does not understand peer support (n=2). For example, one PSS said: "Our agency does not understand the roles and rules of peer support." Other role clarity barriers included: professional boundaries as a PSS are unclear (n=1), PSS does not agree with the concept of modeling recovery principles (n=1), and upper management does not understand the PSS role (n=1).

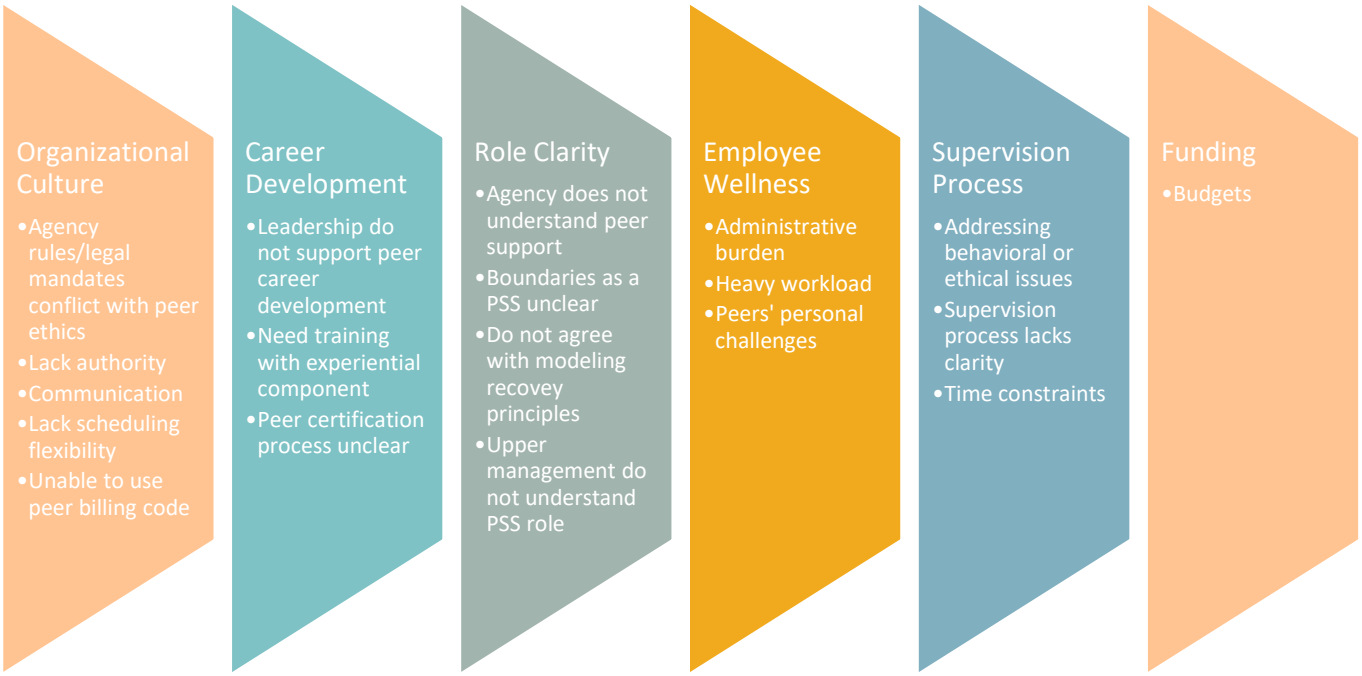
"Our agency does not understand the roles and rules of peer support."

Employee wellness barriers included: PSS administrative burden (n=2), PSS heavy workload (n=1), and peers' personal challenges (n=1). For example, one PSS wrote: "My role involves quite a bit of administrative responsibility for peer specialists. Sometimes those issues take up large amounts of time which impacts my availability for the other supervision aspects/roles."

"My role involves quite a bit of administrative responsibility for peer support."

PSS also reported supervision process barriers: addressing behavioral or ethical issues (n=1), a lack of clarity in the peer supervision process (n=1), and time constraints (n=1). A final barrier PSS reported was budgets (n=1).

Figure 10: Barriers to practicing PSS core competencies (n=23).



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Summary & Recommendations

Supervision has been identified as an important predictor of peer specialist job satisfaction (Abraham et al., 2022; Kuhn et al., 2015). Therefore, as part of an effort to expand and codify the peer specialist workforce, Texas offers a certification for Peer Specialist Supervisors (PSS). In FY2023, TIEMH was contracted to administer a survey examining the workforce needs and strengths of individuals certified as PSS in Texas. In this section, key findings from this survey are summarized and recommendations are provided based on these findings. These recommendations can contribute to an emerging understanding of best practices for supervising peer specialists.

PSS Demographic Characteristics

More respondents identified as a woman (49% of total respondents) than identified as a man (39%) or gender non-binary (1%). The majority of respondents identified as White (43% of total respondents), Black/African American (27%), or Hispanic/Latino (10%). In terms of age, midlife respondents were well represented in the sample with the most common age groups being 45-54 years old (23% of total respondents) and 55-64 years old (30%). In terms of educational attainment, respondents most commonly reported having completed post-college graduate training (31% of total respondents), followed by some college (20%) and a 4-year college degree (17%). Greater efforts should be made to attract, train, and retain a more diverse PSS workforce. In particular, based on this sample, there is an underrepresentation of Hispanic or Latino PSS compared to the Hispanic population in Texas (40% of the population in 2022; U.S. Census Bureau, 2022). Additionally, PSS appear to be an older workforce suggesting the need to recruit younger PSS or succession planning in anticipation of their retirement.

Employment Characteristics

Training and Certification

The vast majority of survey respondents reported attending the Peer Specialist Supervision (PSS) training and most were trained in the three years prior to survey administration. Additionally, 71% of PSS respondents reported being a certified peer specialist. Efforts should be made to continue to train and hire PSS who are certified as peer specialists, given research that peers who are supervised by other peers rate their organizational culture as more recovery oriented and rate their supervisor as more supportive and having a better understanding of their job role compared to peers who are supervised by non-peers (Lodge et al., 2021). Non-peer supervisors may need ongoing training or continuing education on the peer role and supporting peer specialist integration.

Supervision Status and Tenure

The majority of survey respondents (81%) reported that they currently supervise peer specialists. An additional 14% reported that they supervised peer specialists in the past while 4% reported never supervising peer specialists and were excluded from the remaining analysis. The median length of supervision was 30 months (or 2.5 years) and the mean length of supervision was 37 months (or 3.1 years). Efforts should be made to continue to retain PSS by addressing common employment challenges PSS face. These challenges are discussed in depth in the next section on Supervision Process.

Supervision Process

Supervision Frequency

In terms of supervision frequency, PSS most commonly reported providing weekly supervision (54%); another 37% of respondents reported providing daily supervision while 9% reported providing monthly supervision. No PSS indicated providing annual supervision or never providing supervision. However, PSS reported providing supervision more frequently than peer specialists reported receiving supervision in a recent survey; 55% of peer specialists reported receiving weekly supervision, while 24% reported receiving monthly supervision and 15% reported receiving daily supervision (Lodge et al., 2023).

Respondents were also asked to indicate on a scale from always to never how often they provide both in-person supervision as well as online supervision). In terms of in-person supervision, PSS most commonly reported always providing in-person supervision (40%). Only 3% of PSS reported never providing in-person supervision. In terms of online supervision, PSS most commonly reported providing online supervision often (34%) while 7% reported never providing online supervision and 9% reported always providing online supervision. These findings were similar to findings from a recent survey of peer specialists (Lodge et al., 2023). PSS should continue to provide frequent supervision as well as be flexible in their approach to providing supervision, meeting the peer specialists they supervise where they are in terms of their needs and preferences. PSS will also need supportive organizations to provide this type of quality supervision.

Types of Supervision

The most commonly provided types of supervision included problem resolution, review of cases and activities, and peer ethics. The least commonly provided (although still frequently provided) included administrative supervision, supervision for special issues or circumstances, and peer competencies supervision. In a separate survey, peer specialist survey respondents also reported on the types of supervision they receive (Lodge et al., 2023). The most frequent types of supervision that peer specialists reported receiving included problem resolution, professional growth supervision, and administrative supervision. The least frequent types of supervision were skill building, peer competencies supervision, and supervision for the provision of peer services. Taken together, these findings suggest that PSS may need more support (e.g., training and TA) to provide peer competencies supervision.

Internal and External Supervision

The vast majority of PSS reported that they provide supervision to peers internal to their organization. On average, PSS indicated providing supervision to 6.1 individuals internal to their organization. One-third of PSS respondents also indicated providing supervision to peers external to their organization. On average, PSS indicated providing supervision to 6.5 individuals external to their organization. Most PSS who provided external supervision did so in addition to providing internal supervision. The average combined number of supervisees for PSS providing both internal and external supervision was 11.5. Suggestions or guidance on maximum supervisee numbers might be helpful for PSS and organizations where they work as supervision is often balanced with other organizational duties.

Funding Sources

Most commonly, PSS reported the following funding sources for peer specialist services or salaries: federal grants (47%), other state grants or funds (37%), and general revenue (31%). The least common funding sources (among

those provided as survey response options) were: DSRIP pool in the Texas Medicaid 1115 Demonstration Waiver (7%), PeerForce funds (6%), and Military Veteran Peer Network funding (1%). A lack of funding for peer support services and salaries was raised as a challenge that PSS face. Therefore, efforts should be made to access these underutilized funding sources by providing support for PSS and employer agencies to draw upon additional funding opportunities.

Supervision Challenges

PSS were asked to qualitatively describe the biggest issue they face providing supervision to peers. PSS most commonly described challenges related to documenting for supervision (required in the TAC), a lack of time to devote to supervision, peers not being treated as equals on treatment teams, challenges with peer retention, challenges obtaining funding for peer specialist services and salaries, challenges with adhering to and understanding agency and state policies and rules, peer professionalism challenges, and issues with the peer role not being understood by both peer and non-peer staff. These findings suggest that PSS may need more support from their employer organizations to balance administrative demands with providing direct supervision. PSS may also need more training and technical assistance on topics such as best practices for documentation for peer supervision, agency and state policies, and professional development for peers. Additionally, as recommended in reports on the peer specialist workforce in Texas (Lodge et al., 2021; Lodge et al., 2023), these findings also suggest the need to raise peer specialist wages to retain a qualified peer workforce, to increase statewide funding for peer specialist services, and to implement system-wide training on the peer role.

Supervision Core Competencies

PSS indicated how frequently they practice 22 peer supervisor core competencies. The three most frequently practiced competencies included: supporting ongoing training and education for peers, maintaining professional boundaries and confidentiality with peers, and supporting meaningful peer roles. These findings are similar to findings from the peer specialist workforce survey in which peers reported that the most frequently practiced supervisor competencies were supporting training and education for peers, supporting meaningful peer roles, and promoting a recovery orientation (Lodge et al., 2023).

The four least frequently practiced competencies (although still frequently practiced) were: assisting peers with professional system navigation, providing role clarity to peers, maintaining regular supervision appointments with peers, and engaging in equitable hiring and employment practices. These findings also echo the supervision challenges described above; PSS face challenges with providing professional development and role clarity support to peers and may need more training and technical assistance support to do so, as well as a lack of time to devote to supervision and may need greater support to balance administrative demands with time to provide direct supervision. Findings from the peer specialist workforce survey found that some of the least frequent supervision competencies are role clarity and providing quality peer services supervision rather than only administrative or clerical supervision (Lodge et al., 2023), corroborating these findings. An additional area for training and technical assistance support for PSS may also be equity in hiring and employment practices.

Barriers to Practicing Core Competencies

PSS were asked an open-ended question to describe if they experienced any organizational or personal barriers putting supervisor core competencies into practice. Responses included organizational culture barriers, career development barriers, role clarity issues, employee wellness and workload barriers, barriers related to the supervision process, and funding barriers. In terms of organizational culture barriers, PSS most commonly

reported that agency rules or legal mandates conflict with peer ethics. PSS training should consider incorporating additional content on how to deal with common scenarios when agency rules and peer ethics are in opposition to one another. PSS and peer specialists might also benefit from training or technical assistance for organizations on this issue. Some PSS also reported that they lack authority in their job. In terms of role clarity, PSS most commonly reported that their agency does not understand peer support. As previously mentioned, PSS employer organizations should consider implementing system-wide training on the peer and PSS roles. This training can also include information on the importance of PSS having supervisory authority as well as authority over or at a minimum input into the peer program and services delivered at the organizations. And in terms of employee wellness, PSS most frequently reported a heavy administrative burden. As discussed in the previous section, PSS may need greater support to balance administrative demands with time to provide direct supervision.

Conclusion

PSS are an integral part of the peer workforce in Texas. The survey results discussed in this report provide information that can be used to improve the success and satisfaction of both the PSS and peer workforces. Namely, these data suggest that efforts should continue to prioritize training and retaining PSS who are also certified as peer specialists. Efforts should also be made to train Hispanic or Latino PSS to better reflect Texas demographics. Additionally, findings suggest that PSS may benefit from more support from their employer organizations to balance administrative demands with providing direct supervision; more training and technical assistance on documentation, agency and state policies, and professional development for peers; increasing wages and funding for peer services and/or support to draw on funding opportunities; and the implementation of system-wide training on the peer role.

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Appendix: Survey Instrument

Peer Specialist Supervisor Survey – FY2023

Consent Form

The purpose of this form is to provide you information that may affect your decision to participate in this research survey. If you choose to participate, this form will also be used to record your consent.

The Texas Institute for Excellence in Mental Health at the University of Texas at Austin is conducting a survey to understand the workforce needs and strengths of individuals who are certified as Peer Specialist Supervisors (PSS) such as supervisor competencies, supervision styles, and supervision issues. You were selected to participate in this evaluation because you are a Certified Peer Specialist Supervisors (PSS) in Texas. Participation in the evaluation entails completing this survey.

- You are being asked to complete an online survey that will take approximately 15 minutes or less to complete.
- Your participation is voluntary. You do not have to participate in this survey if you choose not to, and you can stop the survey at any time. If you choose to participate, you do not need to answer every question. Your name, email address, and IP address will not be included or connected with responses you provide. Your decision to participate or not will not have any effect on your employment or your relationship with the State, peer specialist supervisor certification or training entities, or the University of Texas at Austin.
- This survey is confidential and the records of the survey will be kept private. No identifiers linking you to this survey will be included in any sort of report that might be published. Data will be reported such that no identifying information will be revealed.
- If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to you will be protected to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. The data you provide may be given to Texas Health and Human Services Commission, Representatives of the UT Austin, and the UT Austin Institutional Review Board. In these cases, the data will contain no identifying information that could be associated it with you, or with your participation in any study.
- After participating in this survey, you may register for a drawing to win 1 of 10 $25 gift cards. The drawing will collect your name and contact information (i.e., email address, mailing address, and/or phone number). The information you provide for the drawing will not be linked to your survey responses.
- Although you will receive no other direct benefit from participating in this survey, the information from this survey will contribute to a better understanding of how to support peer specialist workforces in Texas.
- The data will be retained for 3 years post completion of the study per UT record retention policies.
- The risks associated with this survey are minimal, and are no greater than risks ordinarily encountered in daily life.

If you have any questions about this survey you may contact Amy Lodge, at the Texas Institute for Excellence in Mental Health at the University of Texas, by phone: (843) 817-8255 or email: amylodge@austin.utexas.edu.

This study has been reviewed and approved by The University of Texas at Austin Institutional Review Board (UT-IRB). If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish – the UT-IRB by phone at (512)232-1543 or email at irb@austin.utexas.edu.

- Yes, I have read the information above and I would like to complete the survey
- No, I will not complete the survey

SUPERVISION PROCESS

1. What is your specific job title? _____

2. Are you a certified peer specialist?
   - Yes
   - No

3. Have you attended the Texas Peer Specialist Supervision Training?
   - Yes
   - No

[Display question if "Yes" is selected on "Have you attend the Texas Peer Specialist Supervision Training]?"]

4. When did you attend the Texas Peer Specialist Supervision Training?
   - 2010
   - 2011
   - 2012
   - 2013
   - 2014
   - 2015
   - 2016
   - 2017
   - 2018
   - 2019
   - 2020
   - 2021
   - 2022
   - 2023

Which of the following best describes your employment status?

- I currently supervise peer specialists
- I used to supervise peer specialists
- I have never supervised peer specialists

Please respond to the following items with your current employment in mind or if you are not currently working as a peer specialist supervisor, with your last peer specialist supervisor employment in mind.

5. How long have you supervised peers?
    - Years: [drop down menu 0 to more than 50]
    - Months: [0 to 11]

6. On average, how frequently do you provide supervision to each peer?
    - Daily
    - Weekly
    - Monthly
    - Annually
    - Never

7. How frequently do you provide in-person supervision?
    a. Always
    b. Often
    c. Sometimes
    d. Rarely
    e. Never

8. How frequently do you provide online supervision?
    a. Always
    b. Often
    c. Sometimes
    d. Rarely
    e. Never

9. What types of supervision do you typically provide? (Select all that apply)
    - Administrative supervision
    - Peer competencies supervision
    - Peer ethics supervision
    - Problem resolution
    - Professional growth
    - Provision of peer services
    - Review of cases and activities
    - Skill building
    - Supervision for special issues or circumstances
    - Other (specify): _____

10. Which of the following types of supervision do you provide? (Select all that apply)
    - Internal supervision to peers within my organization (Specify how many peers you supervise internally_____).
    - External supervision to peers outside of my organization (Specify how many peers you supervise externally_____).

[Display question if "Internal to peers within my organization" is selected on "Which of the following types of supervision do you provide?"]

11. Which of the following funding sources does your organization use to pay for peer specialist services or peer specialist salaries? (Select all that apply)
    - Delivery System Reform Incentive Payment (DSRIP) pool in the Texas Medicaid 1115 Demonstration Waiver
    - Federal grants (e.g., CCBHC, CMHC, and other SAMHSA grants)
    - General revenue
    - Local funds (i.e., city or county funds)
    - Medicaid billing for Peer Services
    - Medicaid billing for non-Peer Services
    - Military Veteran Peer Network funding
    - Peer Workforce Support Hub (PeerForce) funds
    - Other State Grants or Funds
    - Other (Please specify)

[Display question if "External to peers outside of my organization" is selected on "Which of the following types of supervision do you provide?"]

12. Which organization(s) do you contract with to provide supervision to peers outside of your organization? [open-ended question]

13. What is the biggest issue you face providing supervision to peer specialists? [open-ended]
    _____

SUPERVISOR CORE COMPETENCIES How frequently do you practice the following supervisor core competencies?

1. I understand the peer role.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

2. I advocate for peer-delivered services.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

3. I promote a recovery orientation (e.g., hope, mutuality, person-first language, strengths-based approach).
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

4. I model principles of recovery (e.g., hope, mutuality, person-first language, strengths-based approach).
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

5. I support meaningful peer roles (e.g., instilling hope, client advocacy, and system navigation).
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

6. I recognize the importance of addressing trauma, social inequity, and health care disparity in my work as a supervisor and organizational leader.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

7. I support ongoing training and education for peers.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

8. I assist peers with professional system navigation.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

9. I guide peers in adhering to relevant laws and regulations.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

10. I facilitate access to community resources by finding and sharing community resource information with peers.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

11. I provide role clarity for peers through accurate job descriptions and advising peers when role ambiguity or role confusion arises.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

12. I practice strengths-based, person-centered supervision.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

13. I cultivate peer competencies (e.g., active listening, supporting self-efficacy).
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

14. I support occupational self-care for the peers I supervise.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

15. I maintain professional boundaries and confidentiality with the peers I supervise.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

16. I guide peers in navigating ethical dilemmas and boundary issues that arise in their work.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

17. I provide quality peer services supervision rather than only administrative/clerical supervision.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

18. I maintain regular supervision appointments with the peers I supervise.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

19. I provide consistent availability to the peers I supervise.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

20. I promote professional development and advancement opportunities to all peer staff.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

21. I support peers to navigate workplace and community settings safely.
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

22. I engage in equitable hiring and employment practices (e.g., ADA accommodations, grievances, employee rights).
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

23. Do you run into any organizational or personal barriers putting these core competencies into practice as a supervisor? (open-ended question)

DEMOGRAPHICS

1. What is your work zip code?

2. What is your gender identity (Select all that apply):
    - Genderqueer, gender fluid, or non-binary
    - Man
    - Trans man
    - Trans woman
    - Woman
    - Additional gender category/identity (specify): _____

3. What is your age range?
    - 18 – 24
    - 25 – 34
    - 35 – 44
    - 45 – 54
    - 55 – 64
    - 65 or older

4. What race/ethnicity do you consider yourself to be? (Select all that apply)
    - American Indian or Alaska Native
    - Asian or Asian American
    - Black or African American
    - Hispanic or Latino
    - Native Hawaiian or other Pacific Islander
    - White
    - Other (specify): _____

5. What is the highest level of education you have obtained?
    - Less than 12th grade
    - High school diploma / GED
    - Some college or post-high school training
    - 2-year Associate degree
    - 4-year college degree
    - Post-college graduate training

END

Thank you for your participation! This concludes the survey. As a peer specialist supervisor, your feedback is critical to understanding the workforce needs and strengths of individuals who are certified as Peer Specialist Supervisors. Your time and input are greatly appreciated.

You are now eligible to be entered into a drawing for a chance to win 1 of 10 $25 gift cards. Your responses to the survey will remain anonymous and will not be linked to your contact information if you choose to be entered into the gift card drawing.

If you would like to enter the drawing for the $25 gift card, please click here: Enter to Win Gift Card**.**

If you have any questions or would like to be contacted regarding this survey, please contact Amy Lodge at the Texas Institute for Excellence in Mental Health at the University of Texas at Austin by phone: (843) 817-8255 or by e-mail: amylodge@austin.utexas.edu.