

Peer Specialist Training and Certification Program

Evaluation Report: October 2010

Executive Summary



DISCLAIMER: This report is property of the Center for Social Work Research of the University of Texas at Austin. Please do not distribute, disseminate or republish all or part of any of the content of this document without the express written consent of authors.

Center for Social Work Research University of Texas at Austin 1717 West 6th Street, Suite 335 Austin, Texas 78703

Phone: (512) 232-0616 Fax: (512) 232-0617

Prepared by:
Michelle Steinley-Bumgarner, M.A.
Laura Kaufman, B.S.
Stacey Stevens-Manser, Ph.D.
Michele Murphy-Smith, Ph.D., R.N., R.D.

Suggested citation: Steinley-Bumgarner, M., Kaufman, L., Stevens-Manser, S., & Murphy-Smith, M. (2010). *Peer Specialist Training and Certification Program: Evaluation Report October 2010, Executive Summary*. Texas Institute for Excellence in Mental Health, Center for Social Work Research, University of Texas at Austin.

Funding for this report was made possible (in part) by the Mental Health Transformation State Incentive Grant (MHT-SIG Grant Number: 5 U79 SM57485-05) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderator do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices or organizations imply endorsement by the US Government.

Executive Summary

Background Information

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 in federal fiscal year (FY) 2010. Via Hope contracted with the Depression and Bipolar Support Alliance (DBSA), Appalachian Consulting Group (ACG), and Recovery Innovations (RI) for assistance adapting, implementing and marketing the "Georgia model" for peer specialist training and certification. Several other states have adopted or adapted this model, and it is also used nationally by DBSA. The Annapolis Coalition highlighted this model as a promising innovation in 2007.

The curriculum for the basic peer specialist training uses a recovery-oriented philosophy that is neither diagnosis nor treatment specific. The curriculum strives to teach participants how to provide peer support services to enhance the wellness and recovery of the peers they serve by developing the following overarching competencies:

- An understanding of the job and the skills needed to perform that job
- An understanding of the recovery process and how to use their own recovery story to help others
- An understanding of, and the ability to establish healing relationships

In addition to completing the requisite 40-hour, five-day training, to become certified individuals must also take and pass a certification exam.

As part of a marketing strategy, Via Hope co-sponsored a Peer Specialist Learning Community (PSLC) with DSHS. The PSLC consisted of teams of professionals and consumers working together to develop implementation plans for the successful creation and integration of CPS positions in the day-to-day operations of their provider organizations. (Further details regarding this initiative are summarized in a companion report, Peer Specialist Learning Community: Summary Report.)

DSHS contracted with a team of researchers at the Center for Social Work Research (CSWR) in the University of Texas at Austin's School of Social Work to evaluate the PSTC program sponsored by Via Hope. The evaluation documented stakeholder feedback on the factors related to the successful development and implementation of the Via Hope-sponsored PSTC program and explored the experience of individual PSTC participants.

Stakeholder Feedback

Based on what stakeholders shared and information obtained from secondary sources, prior to the Via Hope-sponsored PSTC program, no comparable training and certification program existed in Texas. Stakeholders considered the Via Hope-sponsored training curriculum flexible and practical enough to apply across the state, across provider settings, and across individual needs of consumers, though concerns were raised about the lack of emphasis on skill building and cultural competency. Stakeholders repeatedly commented on the need for a system—wide culture shift to embrace recovery—oriented practices, and to

help providers better understand how to integrate and support CPSs in their workforce. In the initial year of implementation, Via Hope contracted with ACG to provide training and DBSA to administer the exam. Maintaining program fidelity may become more challenging once Texas trainers transition into taking lead on more (or all) of the training and Via Hope staff transition into taking lead on more (or all) of the certification exam administration and scoring.

Via Hope received 102 applications for the inaugural peer specialist training held in March, 2010, and an additional 42 new applications for the second peer specialist training held in June, 2010. Applications were received from 44 different counties, with the majority of applicants indicating that they were currently employed or volunteering as a peer specialist. Stakeholders emphasized a pre-training need to select the best qualified candidates for the CPS training, in order to recruit and select individuals far enough along in their personal recovery; as well as the post-training need for follow up with CPSs to support their ongoing professional development.

Stakeholders indicated a great need for more widespread marketing of the PSTC program. Stakeholders shared concern that the program would be underutilized if CPS jobs are not readily available across the state. Stakeholders expressed concern about continued funding for the PSTC program past the current arrangements with DSHS and the Hogg Foundation. Peers strongly stressed the need to conduct CPS trainings in locations other than Austin, indicating widespread interest in regional trainings.

The majority of stakeholders indicated that both the training and certification fill real needs in Texas, and characterized the PSTC program as compatible with the existing needs of mental health services in Texas, noting the void CPSs "fill" in services to consumers. As such, stakeholders expressed high expectations for both the training and the certification to create positive consequences on the Texas mental health system. Stakeholders described both the training and certification as being worth the effort, time, and resources, and reported overall satisfaction with the PSTC program. Similarly, peers rated the training quite high on the satisfaction surveys collected by Via Hope at the end of each training.

PSTC Participants

Overall, 57 individuals were trained in March and June, 55 took the certification exam, and 48 passed and are now CPSs. The majority of participants in both trainings were 40 years old or older; most trainees reported their race as non-Hispanic, White; more than twice as many females attended than males; and over 80% of trainees completed at least some post-high school education. Peers from both the March and June cohorts strongly endorsed recovery attitudes and reported strong agreement with many markers related to the experience of recovery.

After attending the CPS training, all of the peers who responded to the evaluation surveys reported working (either through paid employment, contract, or volunteer). The majority of respondents indicated holding paid positions as peer specialists in which they provide direct mental health services to the consumers with which they work. Most respondents in peer specialist positions provided ratings that indicate overall satisfaction with their employment and confidence in their ability to do their job well.

Recommendations

Recommendations on various aspects of the program are included throughout the report and in the conclusion, but overall, to improve program quality and inform future efforts to expand the PSTC program, CSWR evaluators recommend Via Hope consider the following:

- Improve and expand marketing efforts to increase program visibility
- Develop a formal sustainability plan
- Expand the selection criteria and standardize the selection process by which participants are accepted for the CPS trainings
- Include cultural competency material in the basic curriculum that reflects the diversity of individuals served by the Texas mental health system
- Clarify for peers and providers how specific skills taught in the CPS trainings relate to the most current Medicaid billing options available in Texas
- Train supervisors on how to utilize and support CPSs
- Expand class locations to include sites outside central Texas
- Increase post-training support for participants in the CPS trainings
- Routinely review exam psychometrics to ensure reliability and validity across groups and cohorts
- Develop a detailed exam scoring rubric and score by item with multiple scorers
- Continue to work with providers to promote recovery culture, including the active involvement of consumers, and the integration of CPSs
- Evaluate the long term success of certified peer specialists in the workplace