EXECUTIVE SUMMARY

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The Peer Specialist Workforce in Texas: Training and Certification, Workforce Outcomes, and Workforce Integration

The Texas Institute for Excellence in Mental Health (TIEMH) is contracted by HHSC to evaluate employment outcomes for peer specialists who have completed the state-recognized Via Hope Peer Specialist Training and Certification program. Towards that end, in fiscal year 2017 TIEMH researchers administered a survey (n=115) measuring peer specialist employment outcomes as well as conducted in-depth interviews (n=25) with a subset of peer specialists. Data collection efforts focused on the following topics: 1) the Via Hope training and certification program, 2) working as a peer specialist in Texas, and 3) peer specialist integration in Texas.

Key Findings and Recommendations

Via Hope Training and Certification.

- Interviewees described the training as informative, empowering, and providing hands-on skills and knowledge.
- Interviewees reported that the training was too short to cover all of the information they needed to acquire, that the testing process was stressful, that the test did not always align with the training curriculum, and that they wanted the trainers to cover documentation and provide more breaks and support when sharing their recovery story.
- Most survey respondents and interviewees had an active peer specialist certification. Among those with inactive certifications, the most commonly reported reasons for not maintaining their certification were: career change, job layoff/termination, and Via Hope process issues.
- Interviewees described many benefits to being a certified peer specialist.
- Survey and interview data suggest that the CEU requirements to maintain certification are realistic. For example, over half of survey respondents reported that they had obtained 20 or more CEU hours since their most recent certification.
- Some interviewees identified barriers to maintaining their certification, including: a lack of access to trainings for CEUs due to geographical and financial barriers; employers not providing time off to attend trainings; and issues with Via Hope process issues with peer specialists regarding documenting CEUs and the recertification process.

Working as a Peer Specialist.

- The data suggest that peer specialists find providing peer support immensely rewarding. For example, 15 interviewees reported enjoying a sense of mutuality (i.e., shared experience and rapport) with people in services.
- Interviewees also reported enjoying the following aspects of being a peer specialist: sharing their recovery story, being an advocate/helping people, and that helping others provides a sense of fulfillment and positively impacts their own recovery.
- The survey data corroborate these findings: 67% of respondents who were currently working as a peer specialist "strongly agreed" with the statement: "working in my current position has positively impacted my recovery."
- Despite this positivity, 44% of interviewees and nearly 24% of survey respondents were not currently working or volunteering as peer specialists.
- The most common explanations for no longer working as a peer specialist were: a lack of peer specialist job opportunities in their area; career changes; being terminated, asked to resign, or laid off; physical health issues; burn out; returning to school; and a lack of support from their employer.
- Of the 11 interviewees who were not currently working, 7 reported that they would like to return to providing peer support in the future.

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Peer Specialist Integration: Career Advancement and Development.

- Survey data indicate that less than 21% of currently employed peer specialists have a career ladder at their organization. Adopting Peer Specialist I, II, and III designations with an established pay grade would help to address this issue, along with creating a peer specialist supervisory position (e.g., a "Peer Services Manager/Director" position filled by a peer specialist who supervises other peer specialists and/or directs peer services).
- Nearly 66% of survey respondents who were currently employed as a peer specialist reported that they receive opportunities for career development. Survey respondents and interviewees most commonly reported that their organization pays for them and provides time off to attend trainings.
- However, 9 interviewees reported that their organization provides no funding for training and 4 reported that their organization does not provide any time off to attend trainings. Organizations should therefore adopt policies that mandate the provision of career advancement and development opportunities for peer specialists.

Peer Specialist Integration: Collaboration.

- In general, peer specialists described having effective collaborative relationships with other peer specialists at their organization. Most commonly, interviewees reported that peer specialists at their organization met regularly and that peer specialists engage in cooperative problem-solving (or co-supervision).
- A few interviewees described organizational or structural barriers to collaboration -- for example, peers being spread out across different units/clinics, being the only peer at the organization, or not having offices or a place to meet. Creating a peer specialist department (with a central hub and supervisor) would help to reduce structural barriers.
- Although interviewees described several indicators of effective collaborative relationships with non-peer staff (e.g., having a shared purpose, capitalizing on individual strengths, and engaging in cooperative problem-solving), they also frequently described not being a part of the recovery team and not receiving client referrals.
- Interviewees mentioned several barriers to collaboration, with most of them related to resistance from non-peer staff (e.g., non-peer staff do not want to work with peer specialists, caseworkers resent peer specialists).
- To address barriers to collaboration organizations should set up policies that: incorporate referrals to peer specialists into the standard service array and flow and ensure peer specialists attend staff meetings and are active and equal members of recovery teams.
- Organizations should also regularly conduct team-building exercises and trainings that emphasize the shared purpose of all staff as well as the benefits to staff when they engage in cooperative problem-solving and capitalize on the unique strengths of different staff roles.

Peer Specialist Integration: Funding and Billing.

- Six interviewees described their employer organization as experiencing no funding issues related to peer specialists. Most commonly, these interviewees worked at organizations receiving grant or 1115 waiver money specifically for peer support.
- Interviewees that worked at organizations that lacked these funding sources specifically for peer support were more likely to report issues such as: low pay, a lack of paid positions, hiring freezes, and a lack of benefits. This suggests that at the state level, more general revenue, waiver, and grant money needs to be allocated towards funding specifically for peer specialists. Additionally, organizations must prioritize both obtaining grant and waiver money for peer support as well as allocating general funding to ensure that there are full-time peer specialist positions that pay a living wage and provide benefits.
- Nearly 41% of survey respondents who were currently working as a peer specialist reported that their organization bills Medicaid for services they provide. The recent passage of HB 1486, however, suggests that peer specialists will be billing much more frequently for their services in the near future and that training on billing and documentation will need to be developed for peer specialists.

Peer Specialist Integration: Organizational Culture.

- Among interviewees, the most commonly described organizational culture characteristics include a revolutionary spirit amongst peer specialists; leadership and staff buy-in or lack thereof; stigma; resistance to change; and peer specialists providing input into organizational operations (e.g., serving on committees, setting up programs).
- Survey data provide some indication of how prevalent some organizational culture characteristics are. For example, when asked to rate the supportiveness of non-peer specialist staff (on a scale from 1-10 with 10 being excellent), currently employed peer specialists rated them at a 7.3. In contrast, previously employed peer specialists rated the supportiveness of non-peer specialist staff at a 5.5. Additionally, among currently employed peer specialists, 49% strongly agreed that they feel accepted and respected by colleagues whereas only 25% of previously employed peer specialists strongly agreed with this statement.
- Included among the recommendations that TIEMH makes for addressing organizational culture issues are: identifying and supporting organizational "champions" of peer support; evaluating peer services to determine if (and if so, how) peer services improve outcomes at costs equal to or lower than usual services to facilitate greater staff buy-in and reduce stigma; incorporating peer specialists into organizational committees, advisory boards, and management positions; providing peer specialists input and autonomy to set up programs; and encouraging peer specialists to see themselves as change agents and seriously considering the changes that peer specialists advocate for.

Peer Specialist Integration: Recruitment and Hiring.

- Among survey respondents who were not currently employed as peer specialists, 48% reported that they had encountered barriers related to obtaining a job as a peer specialist. These barriers included: a lack of job experience, a lack of peer specialist job opportunities, discrimination, a lack of full-time positions, and criminal charges. Interviewees reported similar barriers including a lack of jobs, volunteering for organizations that are unable or unwilling to hire them, and a lack of resources for unemployed peer specialists.
- Creating an employment hub at the state level for unemployed peer specialists to access resources and connect to hiring organizations might ease barriers to hiring for both organizations and peer specialists.

Peer Specialist Integration: Role Clarity.

- The data suggest several indicators of a lack of role clarity around the peer specialist role. For example, when survey respondents were asked to rate (on a scale from 1-10 with 10 being excellent) non-peer specialist staff's understanding of their job role as a peer specialist, currently employed peer specialists rated them at 6.7 and previously employed peer specialists rated them at 5.2.
- Similarly, 15 interviewees reported that staff do not know what peer specialists do and 5 interviewees reported that despite being employed as a peer specialist, they were not actually providing peer support. Interviewees also described being reprimanded for advocating for people in services and sharing their recovery story.
- HB 1486 mandates that the state provides a clear definition of the peer specialist role that defines the full scope of peer specialist services. This state-level role definition should be used to inform training and education efforts directed to all staff on the peer support role as well as peer specialist job descriptions and evaluations.

Peer Specialist Integration: Supervision.

- Among survey respondents, only 26% of currently employed peer specialists and 9% of previously employed peer specialists reported that they were supervised by a certified peer specialist. Organizations should consider placing advanced peer specialists in non-clinical supervisory roles over other peer specialists, which would both contribute to a peer specialist career ladder and provide newer peer specialists mentorship from someone with substantial knowledge and lived experience of the role.
- Survey data indicate that nearly 15% of currently employed peer specialists receive no supervision at all. This number is even higher for survey respondents who were previously employed as a peer specialist – nearly 43% reported that they received no supervision. Further, among currently employed peer specialists who reported that they do receive some form of supervision, over 30% reported that this supervision occurs once a month or less.

- The data also suggest that a substantial number of peer specialists are supervised by individuals who have little knowledge or training in peer support. Therefore, TIEMH suggests that the state develop a mandatory training for supervisors of peer specialists that includes information on: the peer specialist role (including scope of services), peer specialist integration domains, evidence on the effectiveness of peer support, and best practices for supervising peer specialists.

Peer Specialist Integration: Staff Training.

- The data suggest that staff need frequent trainings on peer support. This should be codified in organizational policies that mandate NEO training include information on peer support and that staff should receive regular training on peer support.
- Organizational policies should also mandate that peer specialists at the organization have the option to be involved in the development and delivery of these trainings.