Peer and Recovery Services in Texas
Results of a Statewide Survey of Organizations

Introduction In FY 2022, Texas Health and Human Services (HHS) contracted with the Texas Institute for Excellence in Mental Health (TIEMH) to conduct a survey of organizations that provide peer and recovery services in Texas. The purpose was to better understand the organizations, the services they offer, and what may impact the delivery of these services.

Part One of the Survey An email with a link to the survey was sent to one recipient at 119 organizations. Recipients were directors or program managers who were asked to respond on behalf of the organization as a whole. The survey was conducted in two parts. The first part of the survey included questions that addressed the following:
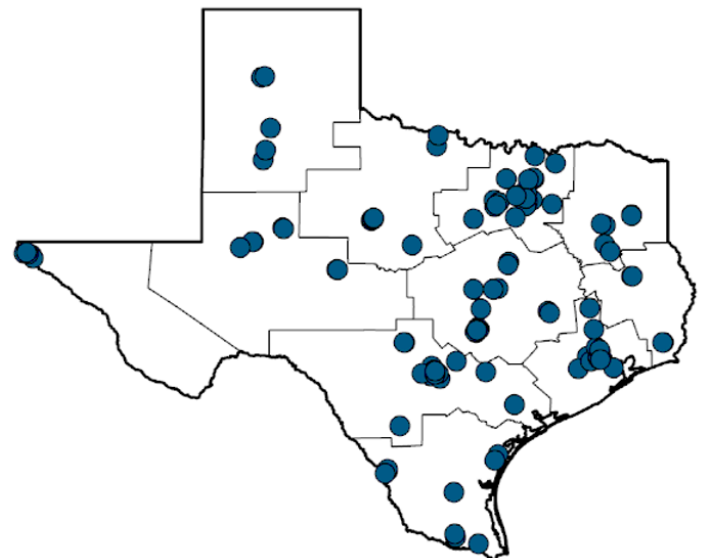
- Name and address of the organization
- Addresses of all locations where peer and recovery services are provided
- Category or categories that best describe the organization
- Number of peer specialists employed
- Number of peer specialists that hold specific certifications including Mental Health Peer Specialist, Recovery Support Peer Specialist, Peer Recovery Support Specialist, Family Partner, and Re-entry Peer Specialist
- Number of Certified Peer Specialist Supervisors employed
- The specific peer and recovery services offered

119 Organizations were Invited to Participate in the Survey*

- Local Mental Health Authorities
- State Hospitals
- Recovery Community Organizations
- Consumer Operated Service Providers
- Clubhouses
- High School and Collegiate Recovery Programs
- Substance use treatment providers
- Other community-based behavioral health services organizations

*These organizations were identified based on established relationships with HHS (e.g., organizations that receive contracts, grants, or participate in HHS sponsored programs) or recommendations from survey participants.

Main Offices of 119 Organizations Invited to Participate

Sources: ArcGIS Map Service.   Powered by Esri

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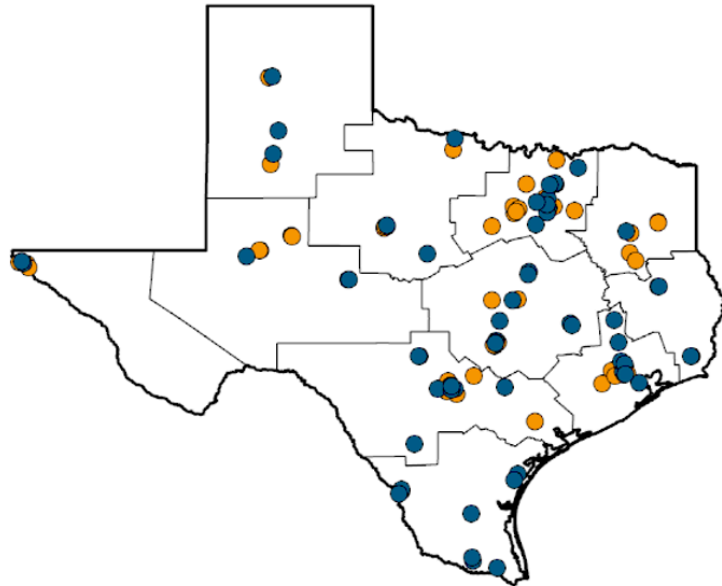Steve Hicks School of Social Work

Survey Part One - Participating Organizations

Of the 119 organizations invited to participate, 63 organizations responded to part one of the survey for a response rate of 53%. The map below compares the invited organizations to the participating organizations.

Main Offices of Invited but Nonparticipating and Participating Organizations

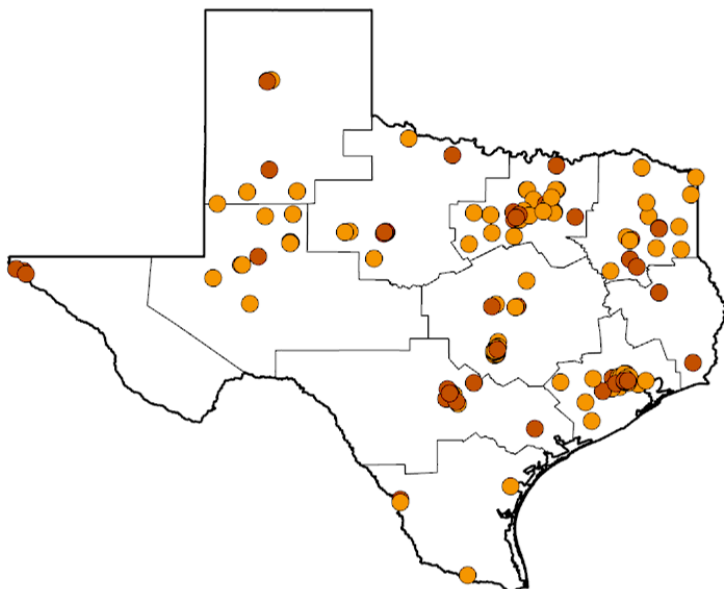Sources: ArcGIS Map Service.   Powered by Esri

The 63 organizations reported providing services at 156 locations. The map below depicts the organizations' main offices and additional service locations reported.

Main Offices and Additional Service Locations

Sources: ArcGIS Map Service.   Powered by Esri

The table below summarizes the number of the participating organizations' main offices by Public Health Regions (PHR). The range of main offices per PHR was one (PHR 11) to 12 (PHR 3).

Main Offices of the Organizations by PHR

PHR	# of Orgs
1	2
2	5
3	12
4	6
5	2
6	10
7	7
8	11
9	4
10	3
11	1
Total	**63**

The table below summarizes the number of service locations by PHR. The range of service locations per PHR was three (PHR 5 and PHR 10) to 31 (PHR 3).

All Service Locations in Each PHR

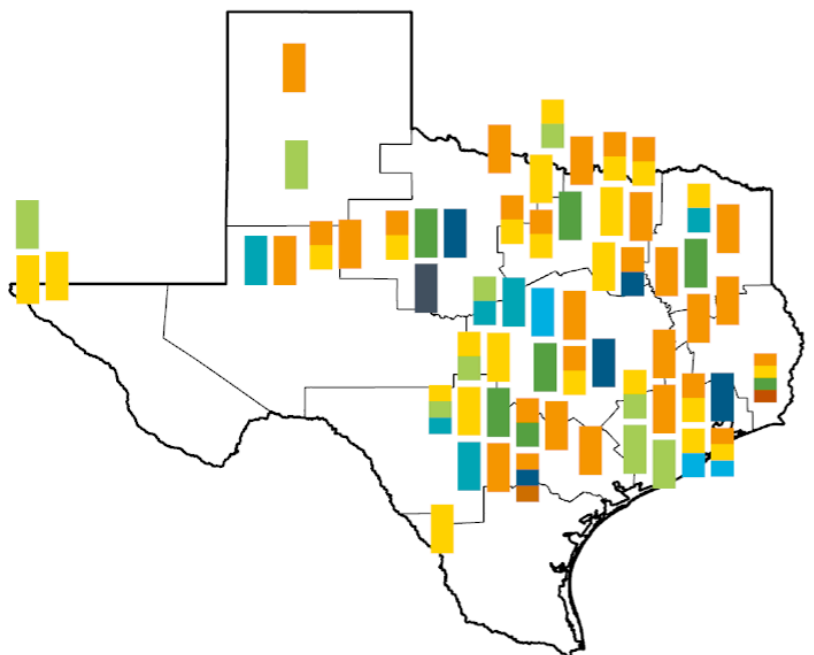| PHR	# of Locations
1	9
2	8
3	32
4	17
5	2
6	31
7	24
8	13
9	11
10	3
11	6
Total	**156**

Survey Part One - Organization Category

The organizations were asked to select a category that best describes the organization (organizations could select more than one category). Most organizations reported mental health service/treatment provider (n=29, 46%) or substance use service/treatment provider (n=24, 38%) as categories that best describe their organizations. The table below summarizes the organization categories reported.

Organization Category	N	%
Mental Health Service/Treatment Provider	29	46%
Substance Use Service/Treatment Provider	24	38%
Recovery High School or Collegiate Recovery Program/Center	9	14%
Consumer Operated Service Provider (COSP)	8	13%
Recovery Community Organization (RCO)	6	10%
Clubhouse	5	8%
Recovery or Sober Housing	3	5%
Community Based Non-Profit	1	2%
Drop-in Center	1	2%
MHPS Training Program	1	2%

Organizations that Reported more than One Category	19	30%

Organization Categories by Location

The map below shows the categories reported for each organization's main office. The organizations that reported more than one category are represented by multicolored bars. One bar represents one organization.

Mental Health Service/Treatment Provider

Substance use Service/Treatment Provider

Recovery High School/Collegiate Recovery Program or Center

Consumer Operated Service Provider

Recovery Community Organization

Clubhouse

Recovery or Sober Housing

Community Based Nonprofit Organization

Drop-in Center

MHPS Training Program

Sources: ArcGIS Map Service.   Powered by Esri

Survey Part 1 - Peer Support Specialists

The organizations were asked whether they employ peer support specialists, how many they employ, and how many hold specific peer support specialist certifications: Certified Family Partner (CFP), Mental Health Peer Specialist (MHPS), Peer Recovery Support Specialist (PRSS), Recovery Support Peer Specialist (RSPS), and Re-entry Peer Specialist (RPS). Fifty-three organizations (84%) reported employing a total of 448 peer support specialists. The number employed ranged from one to 61. The largest number of organizations reported employing two to five peer support specialists (n=20, 38%). Six organizations (11%) reported employing only one (see the table below). The map below depicts the main office locations of organizations that employ peer support specialists, as well as the number employed.

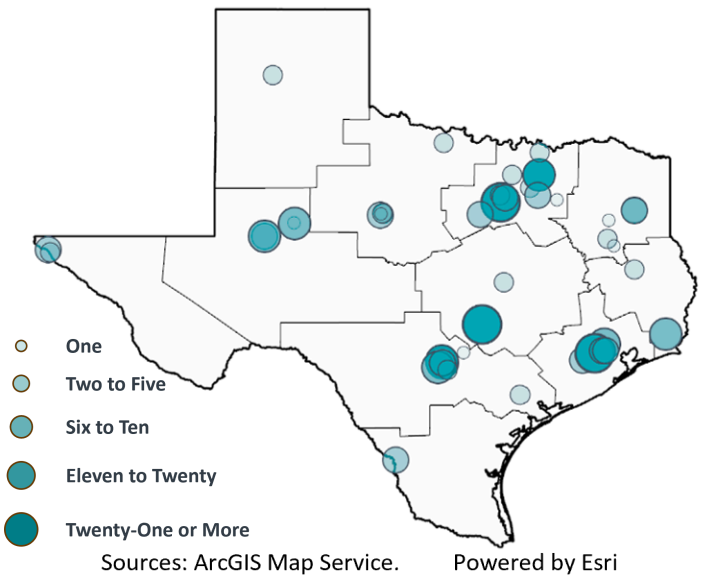| Organizations that Employ Peer Support Specialists	53
Number of Peer Support Specialists	448

Number of Peer Support Specialists Employed ▲	N Orgs	% Orgs
One	6	11%
Two to Five	20	38%
Six to Ten	15	28%
Eleven to Twenty	9	17%
Twenty-One or More	3	6%

Organizations that Employ Peer Support Specialists and the Number Employed

One
Two to Five
Six to Ten
Eleven to Twenty
Twenty-One or More

Sources: ArcGIS Map Service.   Powered by Esri

Most organizations reported that the peer support specialists are certified as MHPSs (n= 148) and RSPSs (n=94), while very few are certified as RPSs (n=2; see chart below). The map to the right shows the distribution of the different peer support specialist certifications. One bar represents one organization.

- MHPS   148
- RSPS   94
- PRSS   62
- CFPs   38
- RPS

Distribution of Peer Support Specialist Certifications by Organization

Sources: ArcGIS Map Service.   Powered by Esri
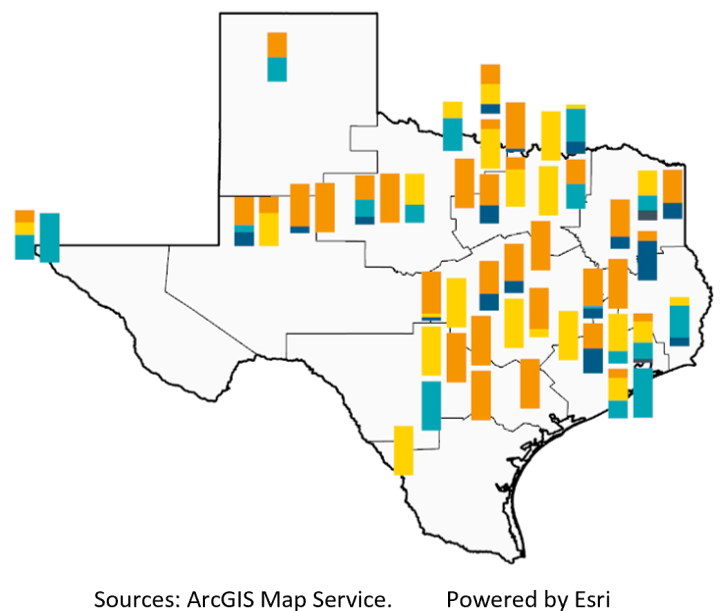
Survey Part One - Certified Peer Specialist Supervisors

The organizations were asked whether they employ Certified Peer Specialists Supervisors (PSS) and how many they employ. Thirty-nine (62%) of the organizations reported employing a total of 70 Certified PSS. The number employed by the organizations ranged from one (n=21, 57%) to six (n=1, 3%; see table below). The map below depicts the main office locations of organizations that employ PSS as well as the number employed
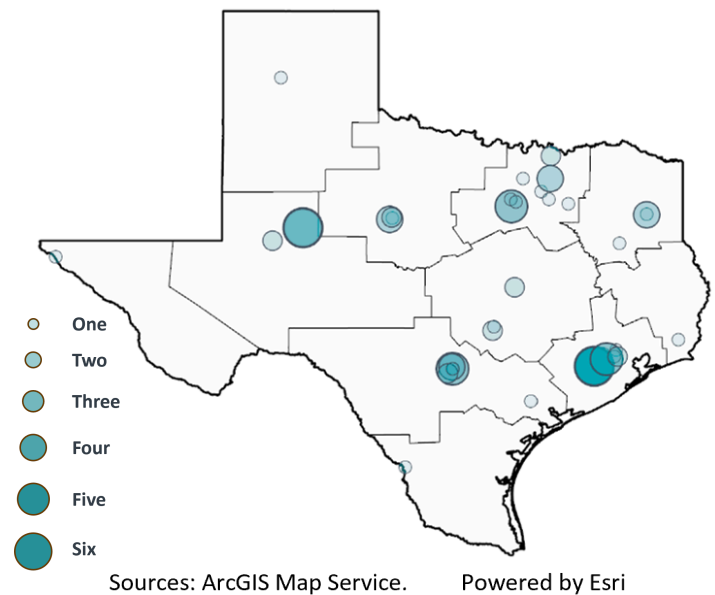
Organizations that Employ Certified PSS	39
Number of Certified PSS	70

Number of Certified PSS Employed ▼	N Orgs	% Orgs
One	21	57%
Two	7	19%
Three	4	11%
Four	3	8%
Five	1	3%
Six	1	3%

Organization (Main Offices) and the Number of Certified PSS Employed

One
Two
Three
Four
Five
Six

Sources: ArcGIS Map Service.   Powered by Esri

Peer Support Specialists and Certified Peer Specialist Supervisors by Public Health Region

The table to the right lists the number of organizations' main offices, peer support specialists employed, and Certified Peer Specialist Supervisors (PSS) employed in each Public Health Region (PHR). The number of peer support specialists per region ranged from four (PHR 1) to 113 (PHR 6). The number of PSS per region ranged from one (PHR 1, PHR 5, PHR 10, and PHR 11) to 17 (PHR 3).

PHR 3, PHR 6, and PHR 8 have the largest Texas cities and also the largest concentration of peer support specialists and Certified Peer Specialist Supervisors.

PHR ▲	N Orgs	N Peer Support Specialists	N Certified PSS
1	2	4	1
2	5	17	6
3	12	94	15
4	6	19	5
5	2	16	1
6	10	113	15
7	7	76	5
8	11	64	13
9	4	30	7
10	3	8	1
11	1	7	1
Total	63	448	70

Survey Part One - Services and Activities

The organizations were asked about what peer and recovery services and activities they offer. The services and activities were organized into five categories: instrumental needs, health, advocacy, community, and purpose.

Instrumental Needs

The first category, instrumental needs, refers to housing, food, clothing, transportation, and other needs that represent **non-medical drivers** of health. Organizations were asked to indicate for which services the organization provides referrals to other community resources and which are directly provided by the organization. Fifty-seven organizations (90%) reported that they offer referrals for instrumental needs. The top three services for which referrals were offered included emergency shelter (n=52, 91%), followed by referrals for food (n=48, 84%), and then referrals for housing (n=48, 84%). Fifty-one organizations (81%) directly provided instrumental needs. The top three instrumental needs directly provided were transportation (n=40, 78%), monetary assistance (n=26, 51%) and food (n=23, 45%). The tables below summarize the number of organization that reported offering referrals or directly providing specific instrumental needs.

Instrumental Needs - Referrals	N	%
Emergency Shelter Referral	52	91%
Food Referral	48	84%
Housing Referral	48	84%
Housing Items Referral	47	82%
Clothing Referral	45	79%
Monetary Assistance Referral	43	75%
Transportation Referral	31	54%
Wellness/Hygiene Items	2	4%
Total	**57**	**100%**

Instrumental Needs - Provided	N	%
Transportation Provided	40	78%
Monetary Assistance Provided	26	51%
Food Provided	23	45%
Clothing Provided	20	39%
Housing Provided	19	37%
Housing Items Provided	13	25%
Emergency Shelter Provided	5	10%
Wellness/Hygiene Items Provided	2	4%
Total	**51**	**100%**

Advocacy

Advocacy refers to services and activities that effect change that impacts individuals, communities, and policies. Sixty organizations (95%) reported offering advocacy services and activities. The top three advocacy services and activities offered were advocacy on behalf of people who receive services (n=54, 90%), community education (n=50, 83%), and outreach (n=49, 82%). The table to the right summarizes the number of organization that reported offering specific advocacy services and activities.

Advocacy	N	%
Advocacy on Behalf of People	54	90%
Community Education	50	83%
Outreach	49	82%
Advocacy by People in Services	41	68%
Policy Advocacy	32	53%
Self-Advocacy Training	30	50%
Total	**60**	**100%**

Survey Part One - Services and Activities, continued

Health

Health refers to services and activities that support physical and emotional wellbeing. Sixty-one organizations (97%) reported that they offer health related services and activities. Of those organizations, the top three health services and activities reported were overall wellbeing (n=59, 97%), symptom management (n=51, 84%), and crisis support (n=48, 79%). The table to the right summarizes the number of organization that reported offering specific health activities.

Health	N	%
Overall Wellbeing	59	97%
Symptom Management	51	84%
Crisis Support	48	79%
Health System Navigation	47	77%
Fitness	31	51%
Nutrition	23	38%
Support Animal	13	21%
Total	**61**	**100%**

Community

Community refers to the services and activities that build relationships which provide support and hope. Sixty-two organizations (98%) reported that they provide community services and activities. Of these organizations, the top three services and activities were one-on-one peer support (n=57, 92%), peer support groups (n=56, 90%), and family involvement (n=41, 66%). The table to the right summarizes the number of organization that reported offering specific community services and activities.

Community	N	%
One-on-one Peer Support	57	92%
Peer Support Groups	56	90%
Family Involvement	41	66%
Socialization with Peers	40	65%
Group Community Outings	34	55%
Peer-led Curriculum	28	45%
Warmline	1	2%
Total	**62**	**100%**

Purpose

Purpose refers to the activities that support independence, develop individual and community resources, and foster participation in society. Sixty-two organizations (98%) reported that they offer services and activities that support purpose. Of those organizations, the top three services and activities reported were employment support (n=51, 82%), education support (n=46, 74%), and skills or capacity building (n=43, 69%). The table to the right summarizes the number of organization that reported offering specific purpose services and activities.

Purpose	N	%
Employment Support	51	82%
Education Support	46	74%
Skills or Capacity Building	43	69%
Creative Expression Activities	40	65%
Volunteer at the Organization	39	63%
Volunteer in the Community	31	50%
Total	**62**	**100%**

Peer and Recovery Services in Texas
Survey Part 2

Part One of the Survey

At the end of part 1 of the survey, respondents were asked to click on a link that would open part 2. This portion of the survey was conducted separately to assure confidentiality of the responses. The questions addressed the following:

- Funding sources
- Collaborators and areas of collaboration
- Factors that support or act as barriers to the organization's work

Survey Part Two - Participating Organizations

Of the 119 organizations invited to participate, 58 organizations responded to part two of the survey for a response rate of 49%.

Survey Part Two - Funding

Organizations were asked to identify their sources of funding and indicate what percentage of the annual budget comes from each source.

Government Sources

Forty-six organizations (79%) reported that they receive funding from government sources. Of these organizations, 45 (98%) reported state funding, 31 (67%) reported federal funding, and 20 (43%) reported city and county funding. All organizations that receive government funding reported that this funding comes in the form of contracts and/or grants. The tables to the right list the government sources and type of government funding.

| Government Source	N	%
State	45	98%
Federal	31	67%
City/County	20	43%

Type of Funding	N	%
Contracts/Grants	46	100%

Of the organizations that receive government funding, 18 (50%) reported that 76-99% of their budget comes from government sources. Overall, 28 organizations (78%) reported that government sources account for 51% or more of their annual budget (see the figure to the right).

Percent of Budget from Government Sources

Percent of Budget
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

5 (14%) 4 (11%)
4 (11%)
5 (14%)
18 (50%)
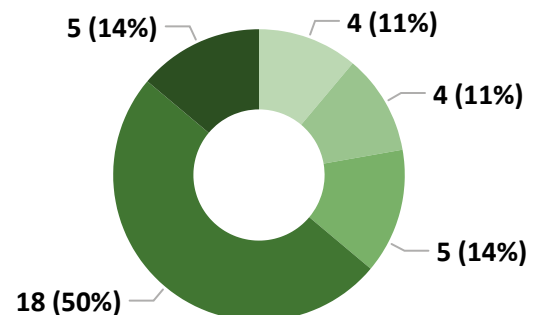
Community Sources

Forty-three organizations (74%) reported funding from community sources. Those sources included individuals (n=37, 86%), foundations (n=32, 74%), service providers (n=26, 60%), businesses (n=24, 56%), and universities (n=3, 7%).

Organizations reported several funding types from community sources, including donations from individuals, businesses, and foundations (n=35, 81%), contracts or grants from service providers and foundations (n=31, 72%), private pay for services by individuals (n=22, 51%), and university programs from universities (n=3, 7%). The tables to the right summarize the sources and types of community funding.

Community Source	N	%
Individuals	37	86%
Foundations	32	74%
Service Providers	26	60%
Businesses	24	56%
University	3	7%

Type of Funding	N	%
Donations	35	81%
Contracts/Grants	31	72%
Private Pay	22	51%
University Program	3	7%

Of the organizations that reported funding from community sources, 18 (60%) reported that 1-25% of their budget comes from these sources. Overall, 24 organizations (80%) reported that community sources account for 50% or less of their annual budgets (see the figure to the right).
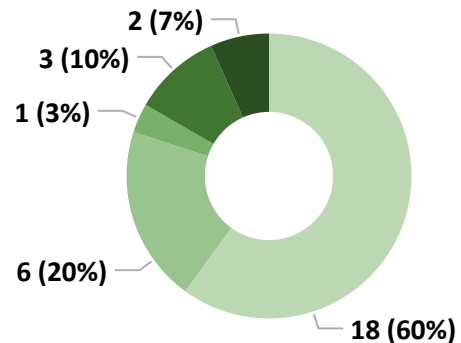
Percent of Budget from Community Sources

Percent of Budget
- 1-25%
- 26-50%
- 51-75%
- 76-99%
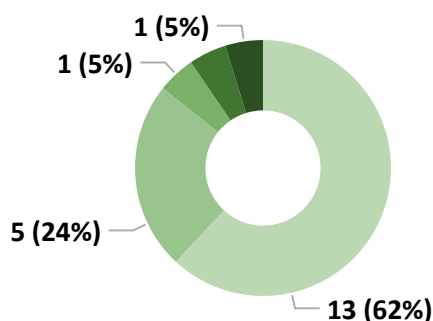- 100%

2 (7%)
3 (10%)
1 (3%)
6 (20%)
18 (60%)

Insurance

Forty-three organizations (74%) reported that they receive reimbursement from insurance sources, which included Medicaid (n=29, 67%), private insurance (n=28, 65%), Medicare (n=25, 58%), and the Veterans Administration (TriWest and TriCARE; n=1, 2%; see the table to the right).

Insurance Source	N	%
Medicaid	29	67%
Private health insurance	28	65%
Medicare	25	58%
VA (TriWest, TRICARE)	1	2%

Of the organizations that reported insurance reimbursement, 13 (62%) reported that this source accounts for 1-25% of their budget. Overall, 18 organizations (86%) reported that insurance accounts for 50% or less of their annual budget (see the figure to the left).

Percent of Budget From Insurance Reimbursement

Percent of Budget
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

1 (5%)
1 (5%)
5 (24%)
13 (62%)

Survey Part Two - Collaborations

Organizations were asked to identify collaborators from a list. These collaborators were categorized as community, healthcare and behavioral healthcare, and government. Organizations were then asked to describe qualitatively in what areas they collaborate or partner with the different categories of collaborators. Organizations were provided a word bank of possible collaboration areas for this question. The responses were analyzed, coded, and are visualized in word clouds.

Community Collaborations

Fifty-six organizations (97%) reported community collaborations. The community collaborators included peer and recovery organizations (n=43, 77%), housing organizations (n=38, 68%), the justice system (n=35,63%), religious or faith-based organizations (n=33, 59%), the education system (n=31, 55%), businesses (n=24, 43%), media (n=12, 21%), and community nonprofits (n=5, 9%). The table below lists the community collaborators reported. Most organizations reported that the community collaboration areas involved services, networks, coalitions, advocacy, and education. The word cloud below visualizes the responses for collaboration areas.

Community Collaborators	N	%
Peer/Recovery Organizations	43	77%
Housing Organizations	38	68%
Justice System	35	63%
Religious/Faith-based	33	59%
Education System	31	55%
Businesses	24	43%
Media	12	21%
Community Nonprofit	5	9%

Healthcare /Behavioral Healthcare Collaborations

Forty-five organizations (78%) reported collaborations with healthcare or behavioral healthcare entities. The collaborators reported included public healthcare (n=36, 80%), public behavioral healthcare (n=35, 78%), private behavioral healthcare (n=30, 67%), and private healthcare (n=21, 47%). The table below lists the collaborators reported. Most organizations reported that the collaboration areas included services and referrals. The word cloud below visualizes the responses for collaboration areas.

Healthcare/Behavioral Healthcare Collaborators	N	%
Public Healthcare	36	80%
Public Behavioral Healthcare	35	78%
Private Behavioral Healthcare	30	67%
Private Healthcare	21	47%

Government Collaborations

Forty-five organizations (78%) reported collaborations with government entities. The collaborators reported included state government (n=38, 84%), county government (n=29, 64%), city government (n=27, 60%), and federal government (n=25, 56%). The table below lists the collaborators reported. Most organizations reported that the collaboration areas were services, funding, advocacy, coalitions, and networks. The word cloud below visualizes the responses for collaboration areas.

Government Collaborations	N	%
State Government	38	84%
County Government	29	64%
City Government	27	60%
Federal Government	25	56%

Planning Contracts MOUs Coalitions Networks Referrals Funding Awareness Education Services Policy Facilities Information Advocacy

Survey Part Two - Factors that Support or Act as a Barrier

The organizations were asked whether specific factors supported or acted as barriers to the organization's work. The factors were organized into four categories: staff, funding, community and collaborations, and government.
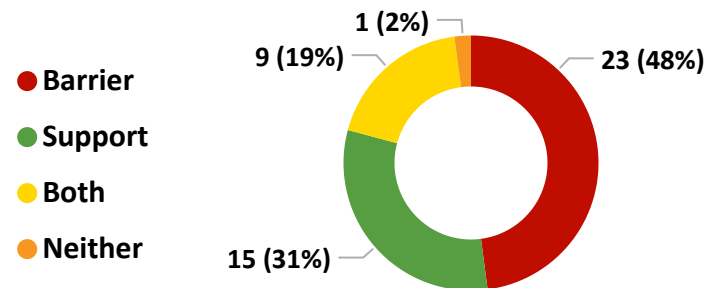
Staff

Organizations were asked whether the number of staff employed was a support or a barrier. Twenty-three organizations (47%) reported that this factor was a support, 14 (29%) both a support and barrier, and 12 (24%) a barrier.

Organizations were asked whether the availability of qualified staff was a support or barrier. Twenty-three organizations (48%) reported that this factor was a barrier, 15 (31%) a support, 9 (19%) both a support and a barrier, and 1 (2%) neither a barrier nor a support.

Number of Staff

12 (24%)
23 (47%)
● Support
● Both
● Barrier
14 (29%)

Availability of Qualified Staff

1 (2%)
9 (19%)
23 (48%)
● Barrier
● Support
● Both
● Neither
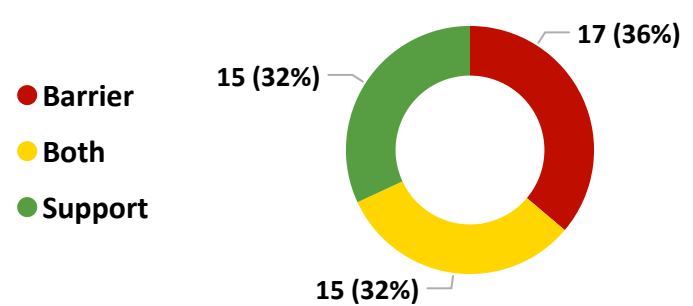15 (31%)

Funding Sources

Organizations were asked whether knowledge of funding sources was a support or a barrier. Twenty-three (50%) reported that this factor was a support, 12 (26%) both a support and a barrier, 6 (13%) neither a support nor a barrier, and 5 (11%) a barrier.
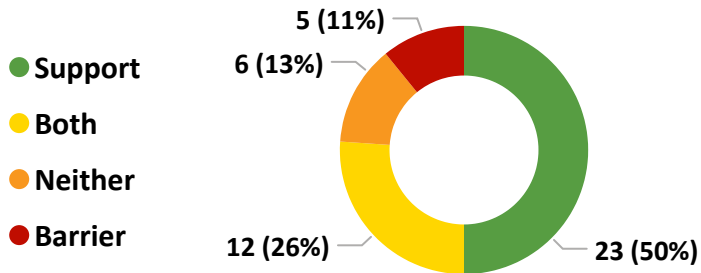
Organizations were asked whether the capacity to access funding sources was a support or a barrier. Seventeen (36%) reported that this factor was a barrier, 15 (32%) both a support and barrier, and 15 (32%) as a support.

Knowledge of Funding Sources

- Support
- Both
- Neither
- Barrier

5 (11%)
6 (13%)
12 (26%)
23 (50%)

Capacity to Access Funding

- Barrier
- Both
- Support

17 (36%)
15 (32%)
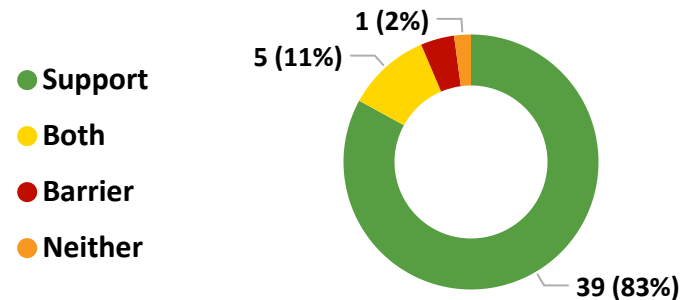15 (32%)

Community and Collaborations

Organizations were asked whether community was a support or a barrier. Twenty-nine (63%) reported that this factor was a support, 14 (30%) both a support and a barrier, 2 (4%) neither a support nor a barrier, and 1 (2%) a barrier.
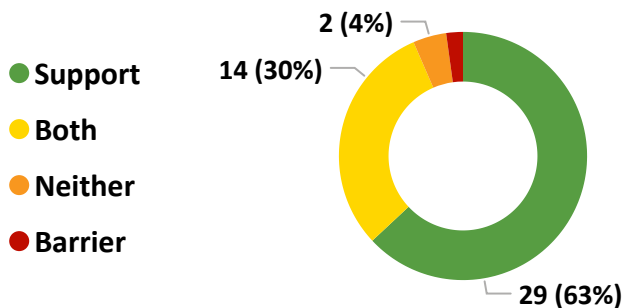
Organizations were asked whether their collaborations were a support or a barrier. Thirty-nine (83%) reported that these were a support, 5 (11%) both a support or a barrier, 2 (4%) a barrier, and 1 (2%) neither a barrier nor a support.

Community

- Support
- Both
- Neither
- Barrier

2 (4%)
14 (30%)
29 (63%)

Collaborations

- Support
- Both
- Barrier
- Neither

1 (2%)
5 (11%)
39 (83%)

Government

Organizations were asked whether city or county governments were a support or a barrier. Twenty-three (51%) reported that these factors were both a support and a barrier, 15 (33%) a support, 4 (9%) neither a support nor a barrier, and 3 (7%) a barrier.

City or County Government

- Both
- Support
- Neither
- Barrier

3 (7%)
4 (9%)
15 (33%)
23 (51%)
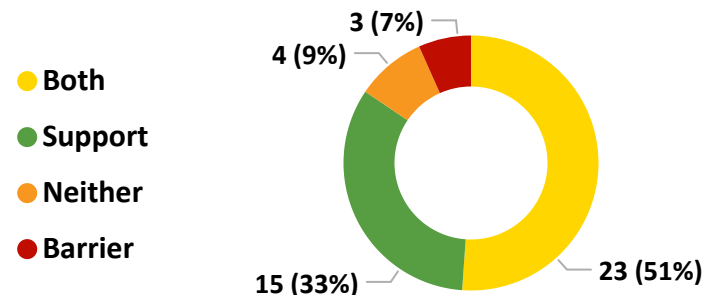
Government, continued

Organizations were asked whether the state government was a support or a barrier. Twenty three (51%) reported that this factor was both a support and a barrier, 11 (24%) a support, 9 (20%) a barrier, and 2 (4%) neither a support nor a barrier.
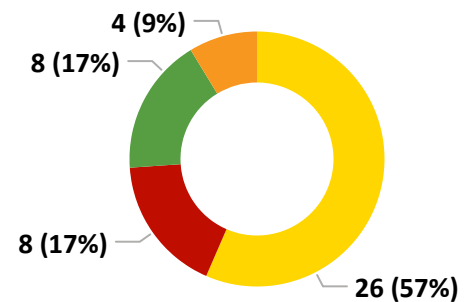
State Government

- ● Both
- ● Support
- ● Barrier
- ● Neither

2 (4%)
9 (20%)
11 (24%)
23 (51%)
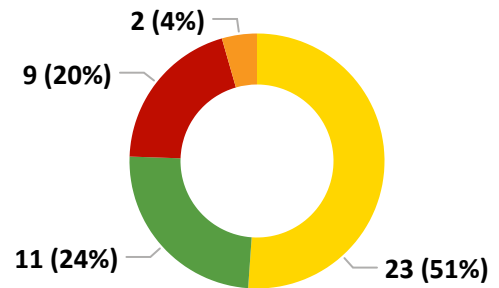
Organizations were asked whether the federal government was a support or a barrier. Twenty-six (57%) reported that this factor is both a support and a barrier, 8 (17%) a barrier, 8 (10%) a support, and 4 (9%) neither a support or a barrier.

Federal Government

- ● Both
- ● Barrier
- ● Support
- ● Neither

4 (9%)
8 (17%)
8 (17%)
26 (57%)

Recommendations

- The findings suggest that nonclinical peer and recovery services are being provided primarily by clinical mental health and substance use service or treatment providers. Consider supporting the development of more organizations that are peer-run, peer-delivered, or nonclinical.
- Peer support specialists and Certified Peer Support Specialist Supervisors are concentrated in urban areas. Consider exploring ways to build their numbers in the rural regions of the state.
- Some of the most frequently reported services and activities suggest areas of need related to the non-medical drivers of health. Consider exploring how organizations are meeting these needs and what additional community resources could be leveraged to support organizations.
- Organizations reported heavy dependence on government funding, primarily state funding. Consider ways organizations may develop community and insurance funding sources.
- Organizational collaborations, while diverse, centered primarily around services. Consider ways to diversify collaboration areas around supporting more wholistic wellness and recovery.
- Organizations may benefit from technical assistance to address the availability of qualified staff and the capacity to access funding.

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Map Reference:

Esri. "World Light Gray Reference" [basemap]. Scale not provided. "Canvas/World_Light_Gray_Reference (MapServer).
https://services.arcgisonline.com/ArcGIS/rest/services/Canvas/World_Light_Gray_Reference/MapServer (August 23, 2023).

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