

Reflecting on 5 Years of Texas Transformation: Initiative Results

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Texas Institute for Excellence in Mental Health



Texas Mental Health Transformation (MHT) 2005 – 2014

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
 - MHT-State Incentive Grant (MHT-SIG)
- MHT Working Group:
 - Headed by Governor's Office; Lead Agency: Department of State Health Services
 - 13 agency partners; consumer and family representatives; legislative representation
- *Lasting effects:*
 - Via Hope (2009)
 - Recovery Oriented Systems of Care
 - Peer Specialists
 - Veterans
 - Children's SOC
 - Supported Employment, Supported Housing Learning Communities
 - Community Collaborative Models

Via Hope

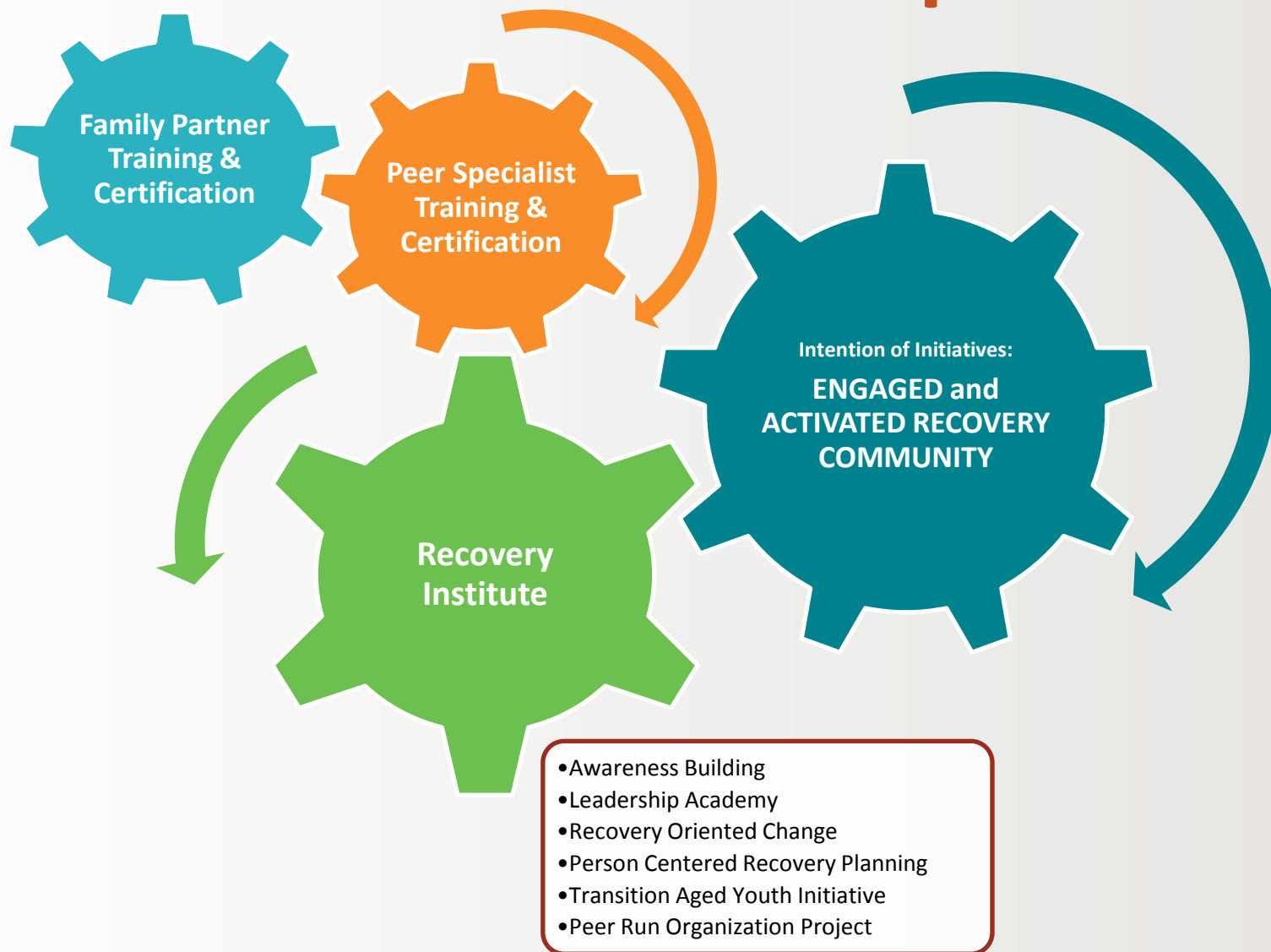
VISION

Hope, resilience, recovery, and wellness for all Texans.

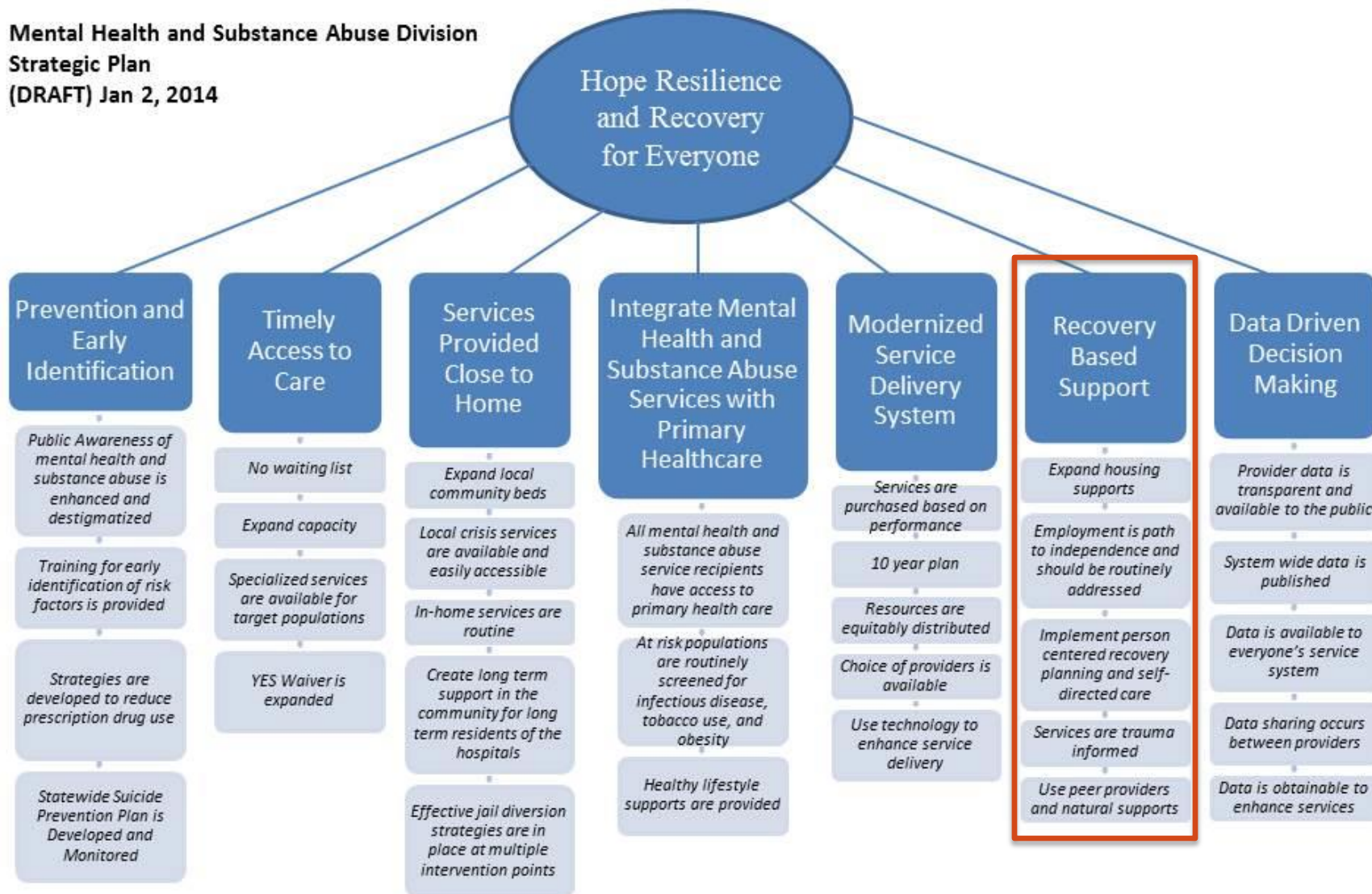
MISSION

Provide education, training, and consultation to empower individuals, families, and youth to develop resilience, achieve recovery, and further mental health system transformation.

Via Hope Initiatives



**Mental Health and Substance Abuse Division
Strategic Plan
(DRAFT) Jan 2, 2014**



Cross Cutting Principles

Create strategies to develop an adequate, well trained workforce.
Expand and strengthen partnerships and stakeholder collaborations.
Only Evidenced-based or promising practices are used.

“Sometimes you see these great new ideas and they’re the flavor of the month. Then you just wait for them to fade. But this one isn’t fading.”

- 2011 Recovery Focused Learning Community change team member

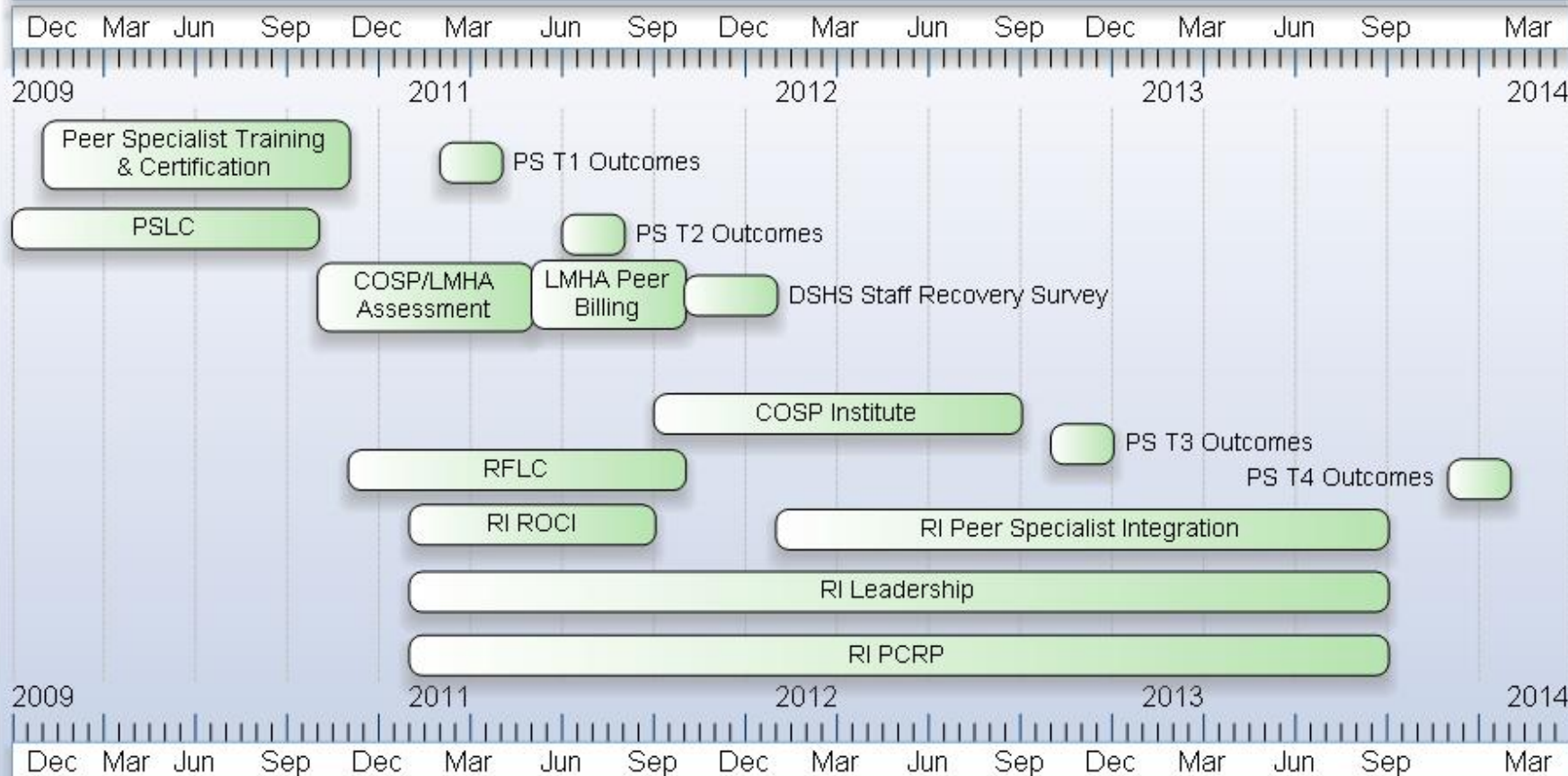
RESULTS

Context:


To date, our evaluation has used a participatory action framework with a focus on developmental evaluation, examining quality improvement and diffusion.

This approach involves Via Hope, DSHS, and participating organizations as partners in the process.

Timeline of Evaluation and Assessment Activities



Legend:

 Unassigned

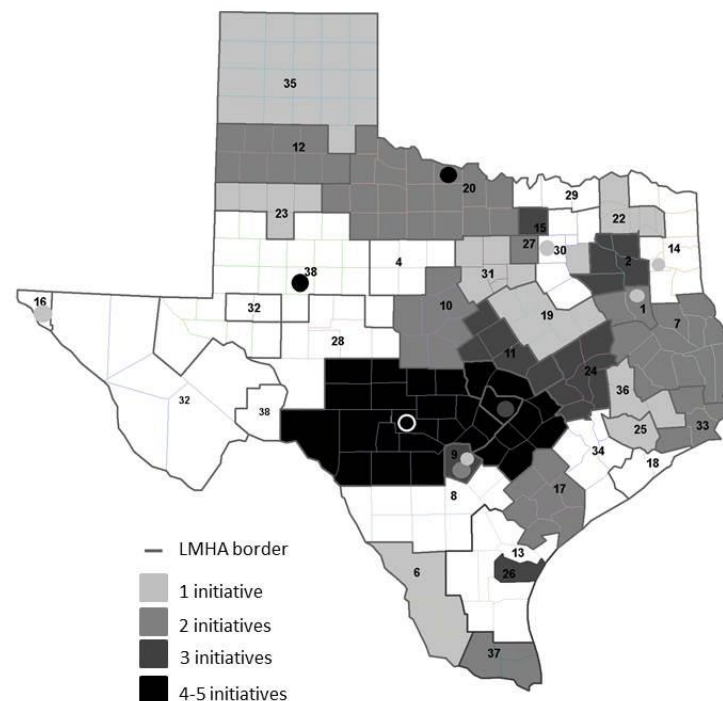
VH Recovery Institute Initiatives

•Participation* since 2009:

- 30 community organizations
- 7 state hospitals

ACCESS, Andrews Center, Austin Travis County Integral Care, Bluebonnet MHMR, Border Region Behavioral Health Center, Brazos Valley MHMRA, Burke Center, Center for Healthcare Services, Center for Life Resources, Central Counties Center for MHMR, Central Plains Center, Community Healthcore, Dallas Metrocare, Denton County MHMR, Emergence Health Network of El Paso, Gulf Bend Center, Harris County MHMR, Haven for Hope, Heart of Texas Region MHMR, Helen Farabee Center, Hill Country MHDD Centers, Lakes Regional MHMR, Lubbock Regional MHMR, MHMR of Nueces County, Pecan Valley Centers, Spindletop, Tarrant County MHMR, Texas Panhandle, Tri-County MHMR, Tropical Texas Behavioral Health, Austin State Hospital, Big Spring State Hospital, Kerrville State Hospital, North Texas State Hospital, Rusk State Hospital, San Antonio State Hospital, Terrell State Hospital

** These numbers do not include organizations in the TAY, COSP, PROP, or other peer run organization participants.*



Learning Communities

- **FY 2010 Peer Specialist Learning Community (PSLC)**

Limited intervention with 12 organizations.

Intent: Increase peer specialists employed.

Results:

- *1 created, 5 enhanced, 6 expanded peer specialist positions*
- *Leadership support is critical*
- *Focusing on peer support with organizational change may be ineffective*

- **FY2011 Recovery Focused Learning Community (RFLC)**

More intensive intervention with 15 organizations.

Intent: Recovery orientation improvements; increase peer specialists employed.

Results:

- *Increased peer specialists employed 104% and expanded peer services*
- *Significant change in one to three of the five RSA subscales for 80% of organizations (consumer involvement & recovery education; choice; diversity of treatment options)*
- *Significant change in one to two of the five RSA subscales by individuals in services (consumer involvement & recovery education; diversity of treatment options)*

People in the consumer group here are just blossoming out in all kinds of different directions, going back to college, pursuing employment opportunities, taking some small steps, but very courageous steps towards the idea of recovery in their lives.

- Recovery Focused Learning Community change team member

Recovery Institute (RI): 4 Levels

FY2012 - present

Person Centered Recovery Planning (PCRP)

Focus on the **practice**

Organizational culture and processes are identified and addressed during implementation

Recovery Oriented Change Initiative – Peer Specialist Integration

Focus on **organizational culture and processes**

Implement practices in recovery plans that are informed by organizational strengths and needs

Leadership Academy

Develop leaders for recovery concepts & practices

Assess recovery practices, build a community network, increase community tenure

FY13 RI Leadership Academy

Participating organizations:

- Big Spring State Hospital, Central Counties Center, Denton County, Kerrville State Hospital, MHMR Brazos Valley, and North Texas State Hospital (Wichita Falls & Vernon campuses)
- Engaged formal and emerging organization leaders in recovery oriented mental health system transformation.
- Activities in **key organizational practice areas**:
 1. Your local recovery community
 2. Use of story and organizational messaging
 3. Recovery orientation of boards and committees
- Focus of evaluation was measurement of recovery-oriented organizational change and improvement in practice areas.

RILA Accomplishments

1. Local Recovery Community

- Presenting to NAMI
- Engaging with local organizations on recovery
- A recovery rally within the local community
- Disseminating recovery stories (via newspaper and radio) to the community.
- Building connections with social service agencies

“It was useful to collaborate with [participating] hospitals and centers. It is helpful to get out of our own ‘box’ and think from new perspectives.”

RILA Accomplishments

2. Use of Story and Organizational Messaging

- 2 or more full time peer specialists employed:
T1 = 34% and T2 = 63%
- Develop vision and mission statements that reflect recovery principles
- Recovery discussion during staff meetings
- Increased voice
- Revising organizational materials (website, brochures, lobby) to include recovery oriented language
- Developing brochures with recovery stories

“We would not have believed a year ago that we would now be hiring multiple peer providers because of the recovery success they live, and living hope they inspire for the future recovery success in others.”

RILA Accomplishments

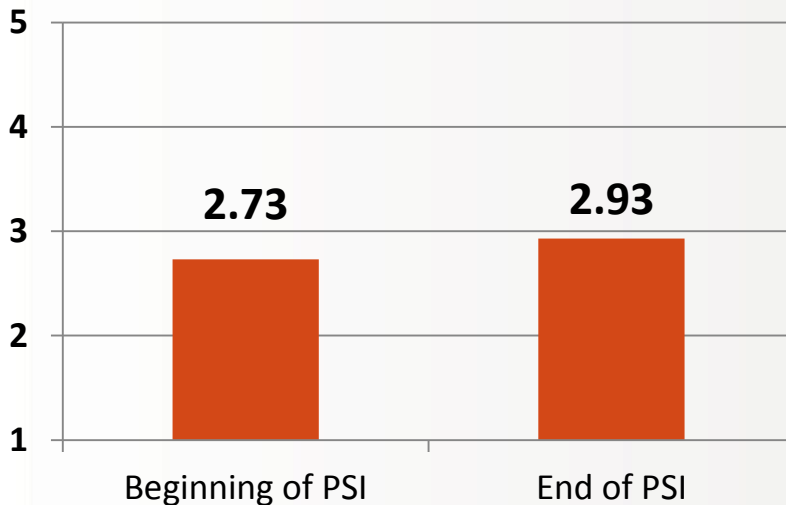
3. Recovery Orientation of Boards / Committees

- A higher percentage of clients serving on boards and committees:
T1 = 47%; T2 = 80%
- Peer specialists included on quality and utilization management committees
- Peer specialists shared recovery stories with their boards
- Board members educated on recovery & the recovery movement
- Recovery incorporated into new employee orientation

“You can see how the whole organization has changed from the board down.”

PSI Results

Peer Specialist Integration



Via Hope staff and the TA staff are all so responsive and really helped keep us on track.

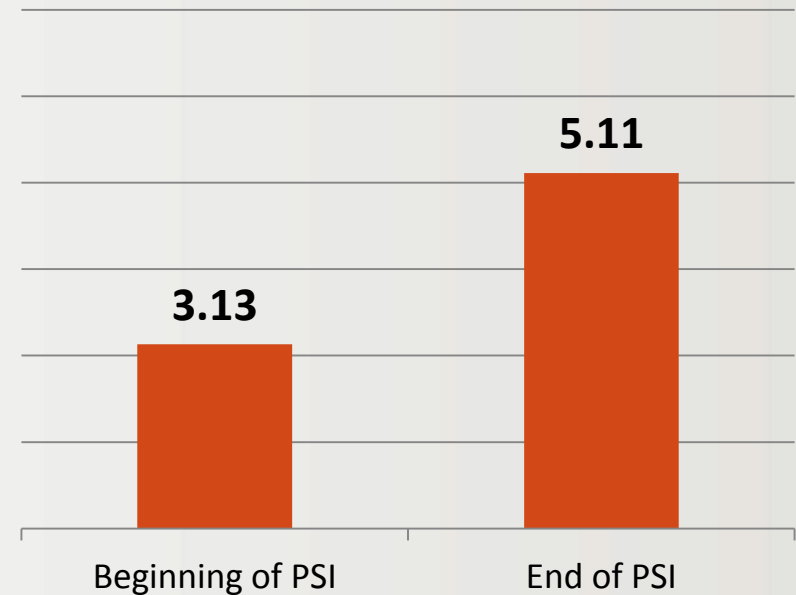
- PSI Team Member

Participating organizations: ACCESS, Spindletop, and Haven for Hope/Center for Healthcare Services


Referrals to Peer Specialists

Everyday

Never



PSI Accomplishments

- Developed a Peer Staff-specific field training module
- Created video about the role of Peer Staff to use in trainings and presentations
- Present on recovery and trauma-informed care to the Board
- Established a peer support career ladder 
- Reallocated vacant clinical position to Peer Staff
- Established HR guidelines regarding the hiring of peer providers
- Created a strategic Peer Staff supervisor position
- Shared PSI work at an executive meeting

The PSI Initiative helped with the merging of CPS and clinical staff.

- PSI Team Member

PSI Reported Barriers

- Not meeting certain job requirements (e.g., having a car)
- Concerns about benefit losses with full-time employment
- Agency & state policies related to criminal background checks
- Concerns related to the Electronic Health Record
- Case Management versus Peer Staff role confusion
- Boundary issues
- Budget constraints to hiring Peer Staff
- Discrimination / stigma
- Lack of recovery knowledge among staff
- Apathy of staff about recovery
- Disputes about disclosure of lived experience by Peer Staff

Sound familiar?

Person Centered Planning is:

- A collaborative process resulting in a recovery oriented treatment plan;
- Directed by consumers and produced in partnership with care providers and natural supporters for treatment and recovery; and
- Supportive of consumer preferences and a recovery orientation.

Adams and Grieder (2005 and 2013)

Participating Organizations:

Austin State Hospital, Bluebonnet Trails Community Services,
Austin Travis County Integral Care, Hill Country MHDD

Implementation Drivers – PCRPP Evaluation Model



PCRP Implementation Barriers

Won't get paid, meet regulations, medical necessity.

We already do it.

Planning forms don't have right fields.

PCP doesn't fit with EBP.

PCP devalues clinical expertise.

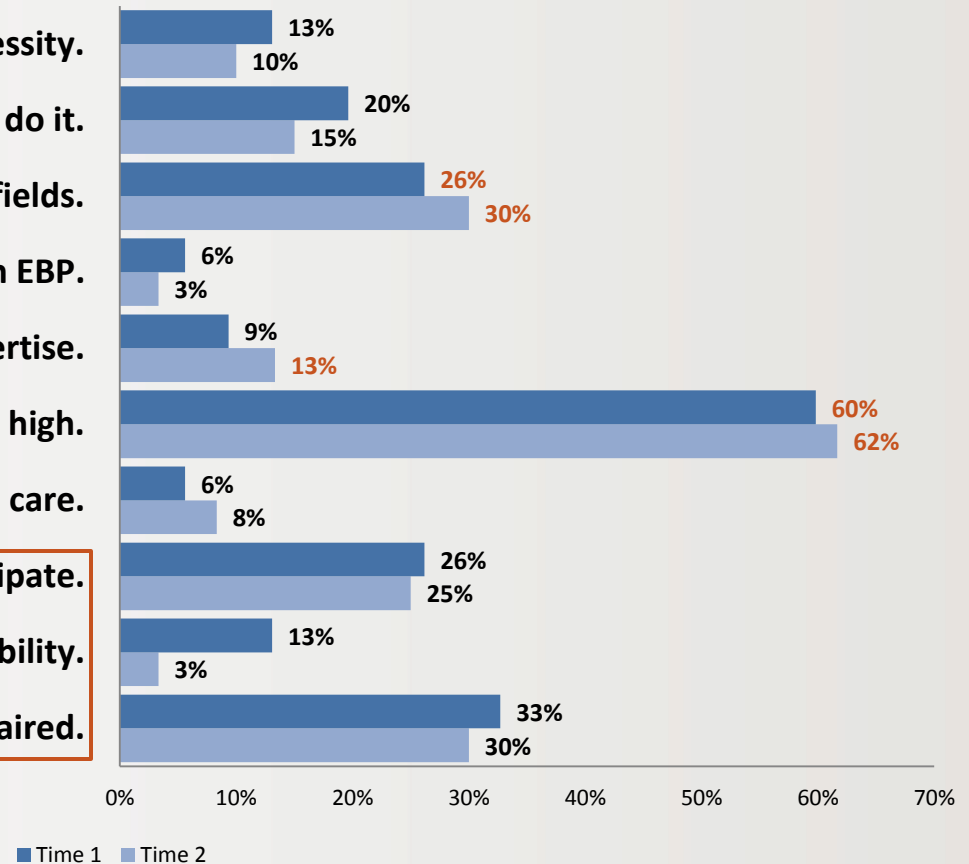
Not enough time. Caseloads too high.

Important but not part of clinical care.

Consumers won't participate.

Consumers may make bad choices. Risk/Liability.

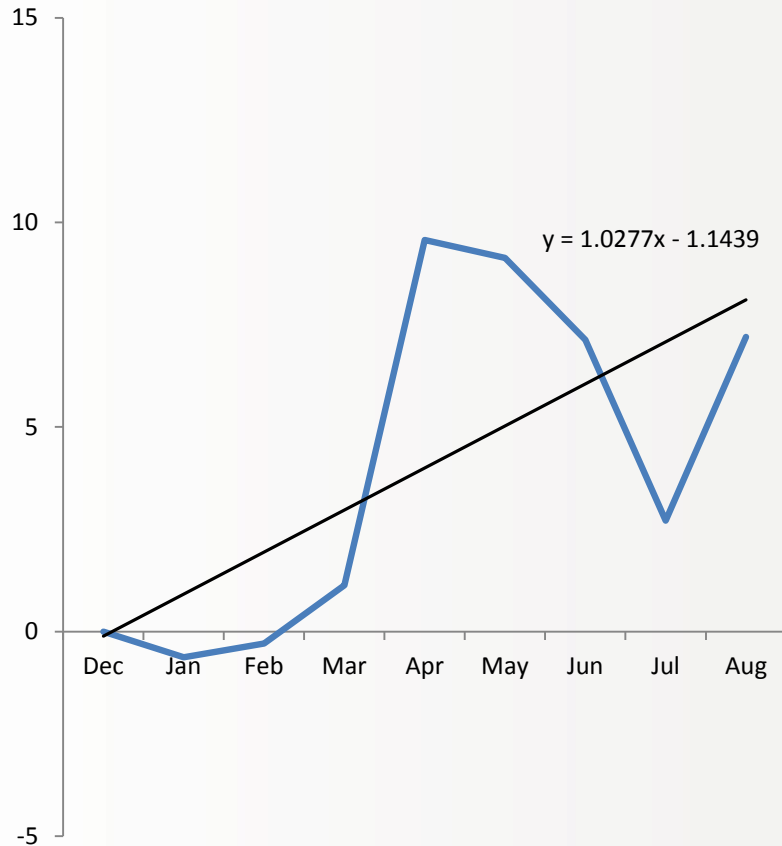
Clients are too sick/impaired.



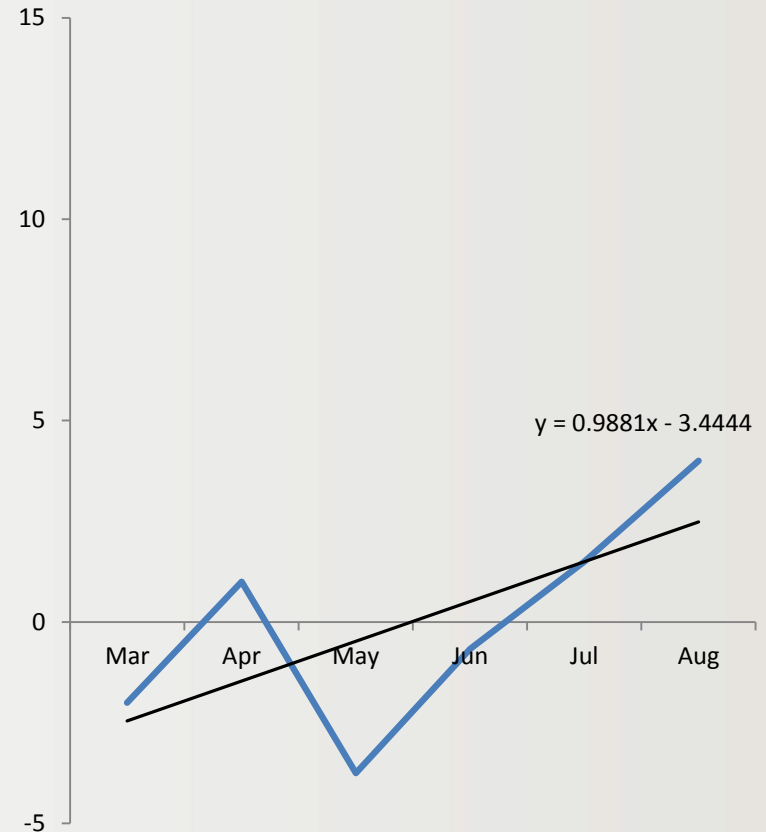
Support for and concerns about PCRP from the staff included comments such as “... we are all in support of this method of treatment planning. However, the computer programs, forms and time constraints/caseload required by our agency make it very difficult and frustrating to actually implement with clients” and “Seeing [the] client identify and work towards their achievable goals.”

Average Documentation Ratings

FY2013



FY2012



Practitioners continue to show improvement in documentation and improve at faster rates in the 2nd year of implementation.

What individuals receiving PCP services say ...

What do you like about PCRP?

- “Working with a team to come up with a mutual understanding of how to get back on my feet”
- “It gives me a chance to speak and talk about what I want and need to succeed in my recovery”
- “To actively think about my goals and steps toward reaching them”
- “It has helped me focus on certain goals and have a game plan to accomplish them”
- “My case manager working with me to achieve goals I believe are important”
- “Working toward being independent”
- “Understanding I’m not alone and the importance of planning”
- “Working with someone who understands where I’ve been”

What individuals receiving PCP services say ...

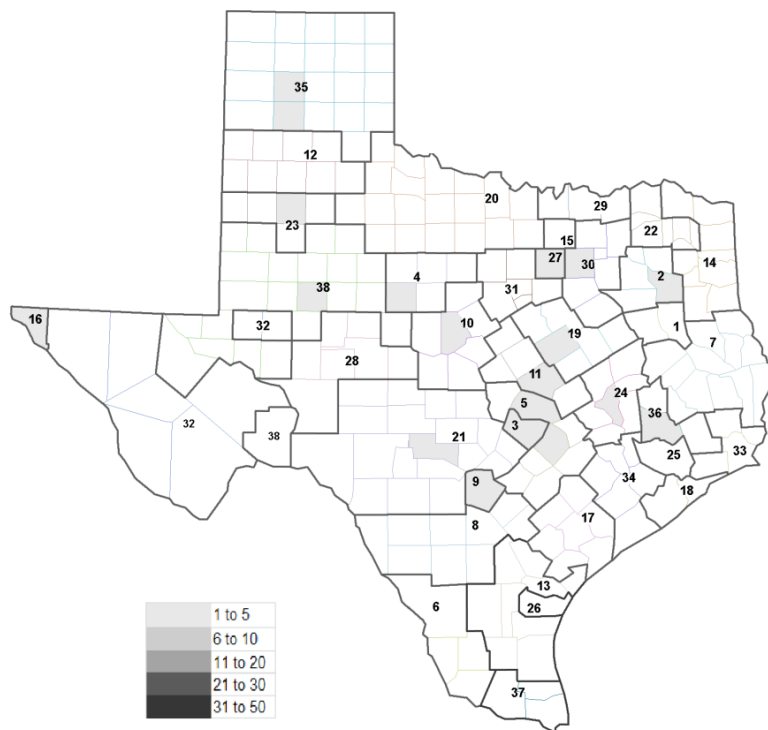
What would you improve about PCRP?

- “It being discussed with me before they have a plan, not after”
- “Spend a little more time on it together”
- “Well, I’m not sure. I want more than there is to offer”
- “Slowly but tediously and like a snail and a tortoise”
- “Just that it was necessary paperwork. It took a long time”
- “Get involved with peer groups more, socialize with the public through volunteer or community groups”
- “Get one [caseworker] that is going to be here a while instead of changing all the time”

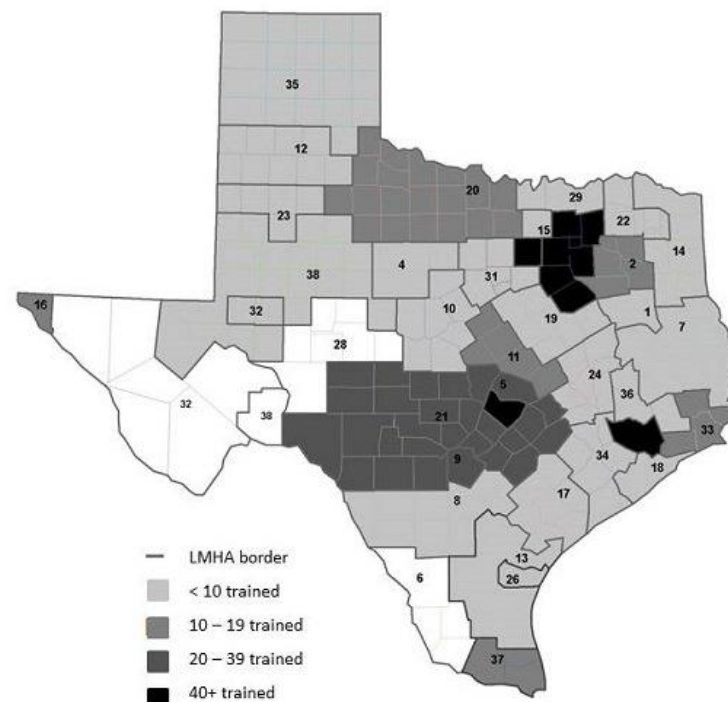
Certified Peer Specialists

Number of CPSs

March 2010 (1st CPS class)



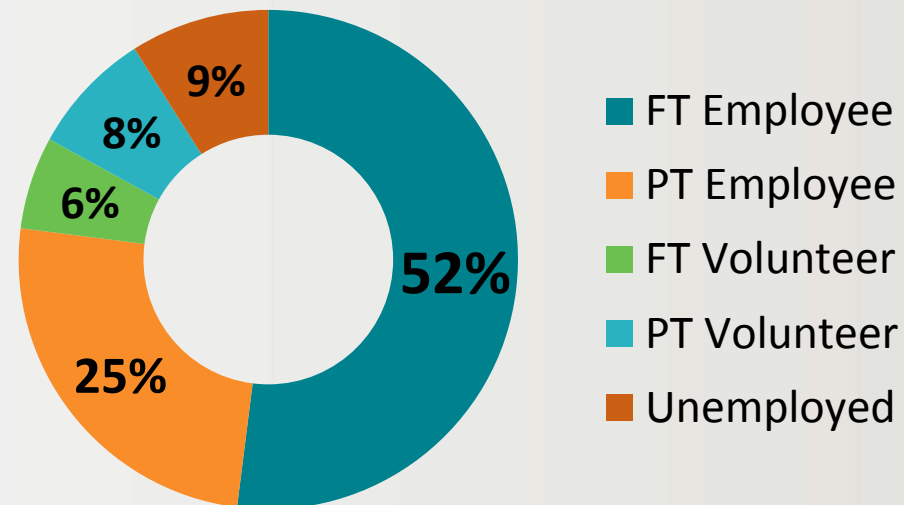
as of February 2014



Note: Not all CPSs are employed by LMHAs or Hospitals

Certified Peer Specialists

- 363 currently certified
- 453 ever certified (90 expired)
- More full-time employment over time
- Career ladder: **51% No**; 28% Yes; 22% Don't Know
- Average salary: \$13.72 hour
 - Min \$8.50 hour
 - Max \$23.08 hour



Peer Specialist Job Settings

Setting	% (2012)	% (2013)
State Hospital	12.3	6.3
Community Mental Health Center	48.1	65
Consumer Operated Service Provider	11.1	6.3
Other	28.4	22.5

Examples of other: Veterans hospital, veteran affairs, homeless programs, peer navigator, peer run organizations, drop in centers, clubhouse, higher education, state agency, emergency room, philanthropic organization, HIV prevention services, advocacy organization, and forensic setting.

Peer Specialist Job Tasks

Tasks	% (2012) N = 111	% (2013) N = 115
One-on-One Support	64.0	66.1
Resource Connection	56.8	64.3
Helping People Advocate for Themselves	60.4	64.3
Goal Setting	52.3	60.0
Facilitating Peer Support Groups	53.2	59.1
Outreach and Engagement	33.3	46.1
Administrative	39.6	40.9
Skill Building	41.4	29.6
Transportation Assistance	27.0	35.7
Education	31.5	27.8
Housing Assistance	26.1	30.4
Working on a Treatment Team	26.1	27.8
Wellness Recovery Action Planning (WRAP)	27.9	28.7
Serve on Workgroups/Committees	33.3	20.0
Support During Transition from Inpatient	---	27.8
Supervise other Peers	16.2	20.0

Peer Specialist Employment

- **Organization bills Medicaid:**
 - An increasing number of centers bill Medicaid for PS services.
 - Peer specialists reported billing Medicaid:
Yes 39% (2013) and 36% (2012)
- **76.5% reported other PSs employed at organization (FY2013)**
 - Mean = 5.83
 - Median = 4
 - Minimum employed = 1
 - Maximum employed = 20
- **Although some peer support services are billable to Medicaid (per DSHS), not all organizations have chosen to bill.**

Predictors of PS Job Satisfaction

- **Do workplace integration indicators predict PS job satisfaction?**
 - **Supervisor understanding of job role** was the only significant predictor

Indicators: supervisor's understanding of peer specialist job role; support of co-workers; support of supervisor; and working on treatment teams

- **17.4% report no supervision related to PS job role (FY2013)**
 - 25.2% reported “no” in FY2012
- **A significant positive correlation was found between job satisfaction and organizational recovery orientation (FY2013).**
 - Recovery Self Assessment Total Score and Subscales: Life Goals, Access & Engagement, Community Development, Choice, and Involvement.

What does all of this mean?

- **System change takes time.**
- **The recovery orientation of the system is changing for the better and you all are leading this change.**
- **Peer specialists are being hired in increasing numbers and full-time employment is rising.**
- **More individuals in services are engaging and viewing their recovery in a new ways.**
- **Does this work lead to improved outcomes??**
- **There is still work to do!**

FY14 RI Evaluation ...

- **Project specific measures**
- **Surveys of Staff and Individuals in Services**
 - RSA (staff and PIR)
 - MARS (PIR)
- **DSHS Performance Indicators (client level outcomes)**
- **Collecting some similar measures across projects to see how they compare.**

Thank you.

- **Questions, Thoughts, Ideas?**
- **Evaluation reports and briefs can be accessed via:**
<http://blogs.utexas.edu/mental-health-institute/publications-and-reports/>

For additional information, feel free to contact:

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