Peer Specialists in Mental Health Services: Workplace Integration and Outcomes

In an effort to expand and promote the delivery of quality peer support services, the Department of State Health Services, Mental Health and Substance Abuse Services Division (DSHS-MHSA) contracted to develop Via Hope, Texas Mental Health Resource. In 2010, The Texas Peer Specialist Training and Certification program was created. Peer Specialists completing the Via Hope training meet the professional standards of accountability required of all professionals in the mental healthcare system and can bill Medicaid for Rehabilitation Services as outlined in the Texas Administrative Code.

Researchers at the Texas Institute for Excellence in Mental Health at the University of Texas at Austin School of Social Work have been contracted by DSHS as independent third party evaluators to examine factors related to the successful integration of Peer Specialists into the behavioral health workforce. Evaluation efforts include a Peer Specialist survey related to employment outcomes administered annually since 2010. In addition, researchers have evaluated the results of a variety of initiatives designed to train and integrate Peer Specialists into the behavioral health workforce over six years. These efforts have involved 28 community mental health centers, seven state hospitals and other behavioral health advocacy or peer run organizations that employ Peer Specialists.[i] Results were used to prepare this brief report.

What is a Peer Specialist?

A Peer Specialist is an individual who uses his or her lived experience of recovery from mental health issues, plus recovery support skills learned in formal training, to deliver services that promote the mind-body recovery and resilience of others living with mental health issues.[ii] Besides Texas, 38 other states have state sponsored Peer Specialist training and certification programs. In addition, Texas and 26 other states also have specific competencies required of Peer Specialists. In Texas and 32 other states, services provided by peers are Medicaid billable.[iii] Since 2010, 703 individuals in Texas have completed the training and were offered the opportunity to take a certification exam. As of October 2015, 448 individuals have maintained certification.

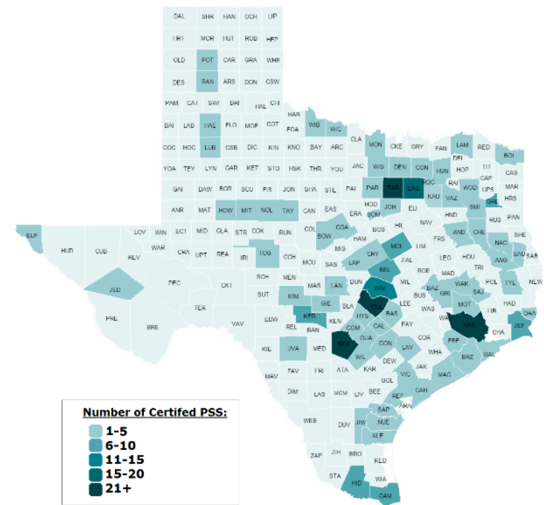


Figure 1. Certified Peer Specialists by County, 2015

Texas Peer Specialist Characteristics

64% of participants who completed the 2015 Peer Specialist employment outcomes survey were female, with 79% reporting to be age 40 or older (54% to be between ages 40 to 55). Participants were roughly representative of Texas when compared to the 2014 US Census, with higher African American representation (21% among survey participants compared to 12.5% of the state as a whole). 12% of participants reported to be Hispanic, substantially lower than the state as a whole (37%). Average hourly wage reported was $14.02, lower than the national average of $16.36, [iv] and 59% were employed in full-time positions. This is an educated workforce, with 86% reporting some college education while 48% hold a college degree (Associate degree or more).[v]

"Increased hope results in decreased depression and substance use and an increase in the ability for people to manage their own lives. With the support of Peer Specialists, people are able to move from passive hopelessness to active self-determination." *Larry Davidson, Professor of Psychiatry at the Yale University School of Medicine*

What Peer Specialists Do

Peer Specialists are effective because they have the unique ability to share their own personal lived experience, strengths and hope. This is accomplished by building relationships and helping individuals identify and accomplish goals that are important to them. Surveyed[vi] Peer Specialists report working in established programs, including:

- Mental Health Rehabilitation (65%)
- Therapeutic Recreation/Socialization (51%)
- Transition from Inpatient (46%)
- Vocational Rehabilitation (41%)

"I enjoy my job and being able to be part of others' lives and to watch them grow and progress in their recovery is a true blessing."
- Certified Peer Specialist

Peers engage in a variety of activities appropriate to their unique role:

- One-on-One Support (97%)
- Helping People Advocate for Themselves (94%)
- Goal Setting (94%)
- Connecting People to Resources/ Networking (93%)
- Facilitating Support Groups (80.5%)

Peer Specialists also reported that they are sometimes expected to perform duties not related to their peer role. Some report that they are viewed as case management extenders and are responsible for activities that case managers may not have time to complete. To maximize the contributions of Peer Specialists, they should not be identified with clinical functions performed by other professional staff. The contributions of Peer Specialists reside in their ability to help create the culture and climate to empower the people they are serving by sharing their lived experience. A variety of therapeutic activities can be appropriate to the Peer Specialist role but entangling that role with other duties typically performed by professional staff can undermine the effectiveness of their unique position and skills. In Texas, Peer Support Services are not specifically covered by Medicaid. Rather, peers are included as rehabilitation providers. Some activities covered by the Rehabilitation Services plan are also appropriate to peer support, but some unique peer services are not covered. Including peers as Medicaid Rehabilitation providers was a step forward, but this funding is not fully utilized and can contribute to role confusion.

"I have really enjoyed my role as a Peer Specialist, but I feel there is not enough awareness about what a Peer Specialist is or does. I'm sometimes expected to do things not within my job description, and I frequently need to explain what I'm doing and why I'm doing it."
-Certified Peer Specialist

Successful Integration of Peer Specialists into Behavioral Health Workforce

The employment of Peer Specialists in the behavioral health workforce represents an innovation, and requires change in some organizational policies and culture. Often more difficult, it requires non-peer staff and organizational leadership to rethink more traditional roles and attitudes. Successful integration is critical to effective implementation of the Peer Specialist role.

Based on surveys of Peer Specialists over five years (2011-2016) and evaluation of the Via Hope Peer Specialist Integration Initiative (2012-2016), the degree of integration of participating agencies is presented in five key areas in Table 1. Texas has observed many successes related to hiring policies and practices, and acceptance and advocacy of supervisors. In spite of these successes, challenges remain.

Table 1. Peer Specialist Integration: Successes and Challenges

Supervision and Career Advancement

- Supervisors must balance organizational requirements with Peer Specialist role fidelity, particularly when organizational measures of performance (e.g. billing hours) are at odds with some Peer Specialist functions
- The percentage of organizations with a career ladder for Peer Specialists increased from 0% in the first year of the survey to 37% in 2015
- Only 41% of Peer Specialists report they receive supervision once a month or more

Peer Support Role and Program Development

- The Peer Specialist role is not always clearly defined and Peer Specialists are often pulled into performing case management functions
- There are extreme differences between the minimum (1) and maximum (65) number of people each Peer Specialists serves per week

Organizational Culture

- A medical model of care continues to dominate organizations
- Stigmatization of Peer Specialists and persons served continues to be present
- Non-peer staff received lower ratings for their understanding and supportiveness of the peer role

Recruitment, Hiring and New Staff Training

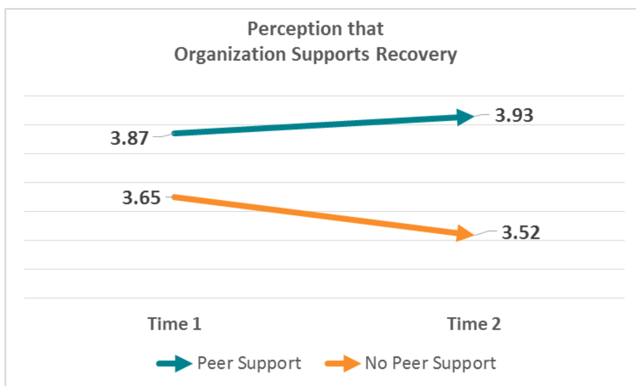
- Organizations faced challenges finding qualified Peer Specialist applicants
- Peer job descriptions convey unequal expectations (when compared with job descriptions of other staff) and use stigmatizing language (e.g. "applicant must manage their wellness")
- Hiring policies were often stigmatizing (e.g., applicants might not be "ready")

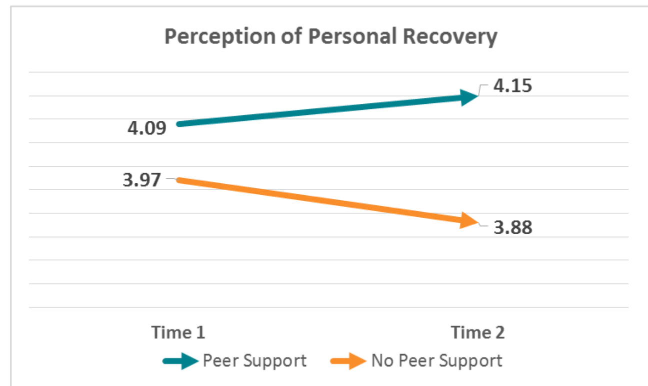
Funding

- Some funding sources have requirements that are in conflict with Peer Specialist role
- Grants, general revenue, and local funds are often used to fund peer services, but may not be sustainable long-term
- 65% of Peer Specialists reported providing rehabilitation services; only 41% of these responded that their organization billed Medicaid for those services

Do Peer Specialists make a difference in recovery outcomes?

In the Peer Specialist Integration initiative, two separate measures of recovery were administered to clients receiving services (n=804). The Maryland Assessment of Recovery[vii] measures an individual's perception of their own recovery and the Recovery Self Assessment[viii] measures perceptions of the organization's recovery orientation. On both measures, those who reported working with a Peer Specialists rated their experience of recovery (both their own recovery and the recovery practices of the organization) higher than those who did not receive this support. Although state data reporting requirements do not support evaluation of peer provided services at this time, the evidence for the effectiveness of peer services is growing.





"Across the service types, improvements have been shown in the following outcomes: Reduced inpatient service use; improved relationship with providers; better engagement with care; higher levels of empowerment; higher levels of patient activation; and higher levels of hopefulness for recovery."
Matthew Chinman, Ph.D., Senior Behavioral Scientist, RAND

Conclusions

Peer Specialists make a valuable contribution to the recovery of people receiving behavioral health services. Texas has built a structure for training and certification and continues to build a Peer Specialist workforce. However, organizational issues such as the need for supervision models that are specific to the peer role and opportunities for peer career advancement; understanding the peer role and peer skills development; and, organizational culture, funding, and documentation of peer provided services for outcomes evaluation will need be to be addressed to further the advancement of this important workforce. Amending the state Medicaid plan to specifically include peer support services would help reduce role confusion, and increase available funding.

Recommendations

1. Encourage billing and productivity standards that align with a peer role. Providers often require staff to bill a minimum number of hours to Medicaid to meet productivity standards. Many services crucial to the Peer Specialist role are outside of the Medicaid Rehabilitation option, under which peers can bill some but not all of the services they provide. This can lead to unrealistic productivity expectations. Conversely, some Local Authorities have opted to simply not allow Peer Specialists to bill Medicaid so the peer role is maintained, even for activities where billing Medicaid is appropriate. Improved utilization, and more appropriate billing and productivity standards may be easier to establish if Texas would consider adding Peer Support Services to the State's Medicaid plan rather than partially addressing peer support by only including peers as rehabilitation providers.

2. Provide incentives to providers to implement and report peer provider identifiers so that peer provided services can be tracked and outcomes evaluated. Peer provider identifiers have been developed at the state level, but are not implemented with consistency at the community level. As a result, it is not possible to robustly examine the service outcomes of individuals who receive peer provided services. The ability to examine these outcomes would provide valuable information about the contribution of peers to the system and to individual outcomes.

3. The state should collect outcome measures that reflect the recovery oriented work of peers. The state sets outcome targets and collects information for individuals served by Local Authorities. These targets include expectations for employment, housing, community tenure, improvement, and engagement. These measures do not necessarily reflect the unique contributions of Peer Specialists to recovery. An example of an outcome measure that reflects the recovery oriented work of peers could be an individual accomplishing a self-selected recovery goal.

Stacey Stevens Manser & Pam Daggett. (2015). Peer Specialists in Mental Health Services: Workplace Integration and Outcomes. Texas Institute for Excellence in Mental Health, University of Texas at Austin School of Work.

[i] Texas Institute for Excellence in Mental Health: http://sites.utexas.edu/mental-health-institute/ and Via Hope, Texas Mental Health Resource: www.viahope.org
[ii] SAMHSA, http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers
[iii] Kaufman, L., Brooks, W., Bellinger, J., Steinley-Bumgarner, M., & Stevens Manser, S. (2014). *Peer Specialist Training and Certification Programs: A National Overview*. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.
[iv] Daniels, A.S., Ashenden, P., Goodale, L., Stevens, T. National Survey of Compensation Among Peer Support Specialists. The College for Behavioral Health Leadership, www.leaders4health.org, January, 2016
[v] Brooks, W., Earley, J. Urrutia, K. & Stevens Manser, S. (2015). *Peer Specialist Training and Certification Programs FY 2015 Data Summary, August 2015.* Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.
[vi] Ibid.
[vii] Drapalski, A.L., Medoff, D., Unick, G.J., Velligan, D.I., Dixon, L.B., & Bellack, A.S. (2012). Assessing recovery of people with serious mental illness: development of a new scale. Psychiatric Services, 63(1), 48-53.
[viii] O'Connell, M., Tondora, J., Croog, G., Evans, A., & Davidson, L. (2005). Recovery Self-Assessment. In T. Campbell-Orde, J. Chamberlin, J. Carpenter & H.S. Leff. (Eds.), Measuring the Promise: A Compendium of Recovery Measures. (91-96). Cambridge: The Evaluation Center.