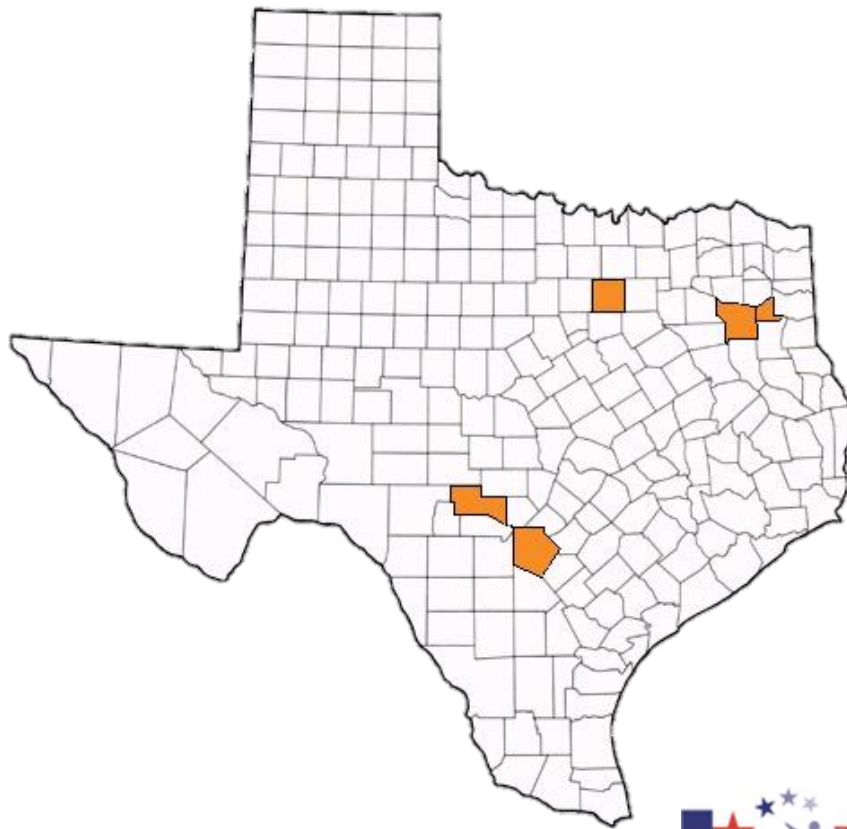




The University of Texas at Austin
**Texas Institute for Excellence
in Mental Health**
School of Social Work

Peer Specialist Integration Project

Summary Evaluation Report, August 2015



Texas Institute for Excellence in Mental Health

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Executive Summary

In November 2013, **six organizations providing services to people with lived experience with mental health challenges or homelessness** applied to participate in the **Peer Specialist Integration (PSI) Project**, an initiative of Via Hope's Recovery Institute. This initiative, funded by the Texas Department of State Health Services (DSHS), assists organizations to deepen their recovery orientation through effective integration of peer specialists.

The Texas Institute for Excellence in Mental Health (TIEMH) is contracted by DSHS to evaluate the Via Hope's PSI Project. Data is collected through observation, documentation of project activities and surveys administered at three time points to site staff and people receiving services. The TIEMH evaluators use these data to answer four evaluation questions:

1. Does the recovery orientation of the organizations change from the start to the end of the PSI Project?
2. Do organizations demonstrate successes (movement) in Via Hope's 5 key areas of peer specialist Integration (Supervision, Roles, Organizational Culture, Hiring, Funding) from project start to end?
3. Do people receiving services demonstrate increases in recovery markers and/or better quality of care from project start to end?
4. How do site contextual factors affect success in the PSI project?

In this report to Via Hope and DSHS, the evaluation team at TIEMH provides observations about the impact of Via Hope's work with the organizations, the emergent findings that relate to the PSI Project activities, and recommendations intended to edify the future work of Via Hope and other DSHS funded initiatives.

PSI Project successes

Overall, the organizations demonstrated successes in these areas:

- Organizational Culture – Educated staff about recovery orientation and peer specialists' role.
- Funding – Identified or maintained funding to preserve the peer support role.
- Role – Identified roles peer specialists could fill within the organization and educated non-peer staff about this role.
- Recruitment, Hiring and New Staff Training – Sites created job descriptions and incorporated education about peer specialists in the new hire training.
- Supervision and Career Advancement – Some sites created a career ladder and established a supervision structure.

Emergent Findings

Emergent challenges inevitably will arise with the implementation of a social innovation. The challenges experienced offer opportunities for further evaluation of the organizational and project processes.

- Organizational Culture – The slow movement of organizational culture toward recovery orientation was sometimes challenged by multiple, sometimes conflicting, priorities.
- Funding – Funding sources often dictated the manifestation of the peer role in each Change Unit, resulting in cooptation of the role.
- Role and Program Development – Organizations faced fitting the peer specialists within the existing structure, sometimes struggling keeping role fidelity within that structure.

- Hiring, Recruitment, and New Staff Training – Organizations had to tackle the challenge of finding qualified individuals and simultaneously helping organizational staff understand that peer specialists' role was not supported employment for the peer.
- Supervision and Career Advancement – Supervisors had to navigate the unique supervisory needs of the role while maintaining needed productivity standards.

Introduction

Overview of the Initiative

The Via Hope Recovery Institute exists to promote transformation of the mental health system by helping organizations develop recovery oriented practices and promoting the voice of people with lived experience, youth and family members in this transformation process. The Recovery Institute aims to meet this end through initiatives designed to support the implementation of new practices, shift organizational culture, promote innovation and increase collaboration within and between organizations. The Via Hope Recovery Institute interfaces with transformation efforts facilitated directly by Texas Department of State Health Services (DSHS) Mental Health and Substance Abuse Division and is a significant component of the Division's transformation strategy. The Institute is funded through DSHS and evaluated by The University of Texas at Austin Center for Social Work Research (Via Hope, 2013).

One initiative, the **Peer Specialist Integration (PSI) Project**, assists organizations to deepen their recovery orientation through effective integration of peer specialists. The project requires a significant level of commitment by the organizations. An individual must take on the role of Executive Sponsor and assemble a Core Leadership Team to execute the project. The organization must commit to required project activities. The Core Leadership Team is expected to demonstrate change within the five project domains: Organizational Culture; Funding Peer Specialist Positions; Recruitment, Hiring and Retention of Peer Specialists; Peer Support Role and Program Development; and Supervision and Career Advancement. Organizations selected Change Units in which to implement the PSI Project: a single section of the organization in which the impact could be evaluated.

Goals of the PSI Project

The primary goals of the PSI Project are (1) organizations will demonstrate change in practices and policies that reflect more recovery oriented practices, (2) peer specialists will become an integral aspect of service provision and (3) people receiving services from these organizations will report improved recovery and the experience of recovery oriented care.

Goals of the evaluation

The development and implementation of Via Hope's PSI program has been established over the past two years, the research efforts for FY 2014 - 2015 focused on assessing recovery-oriented organizational change, peer specialist integration, and individual client outcomes related to the program.

The goal of this evaluation was to assess organizational and staff processes and outcomes as well as individual client outcomes related to the Via Hope-sponsored PSI Project. Data collection was intended to determine if organizational teams engage in recovery-oriented activities and make practice and policy changes to improve peer specialist integration within their organization. Data also helped determine whether such organizational activities/changes affect client recovery outcomes. Results of this evaluation are intended to be part of a continuous process improvement effort that assists teams with improving recovery orientation and sharing lessons learned with other community center and hospital sites.

The following research/evaluation questions were examined:

1. Does the recovery orientation of the organizations change from project start to end?
2. Do organizations demonstrate successes (movement) in Via Hope's 5 key areas of Peer Specialist integration (Supervision, Roles, Organizational Culture, Hiring, Funding) from project start to end?

3. Do people receiving services demonstrate increases in recovery markers and/or better quality of care from project start to end?
4. How do site contextual factors affect success in the PSI project?

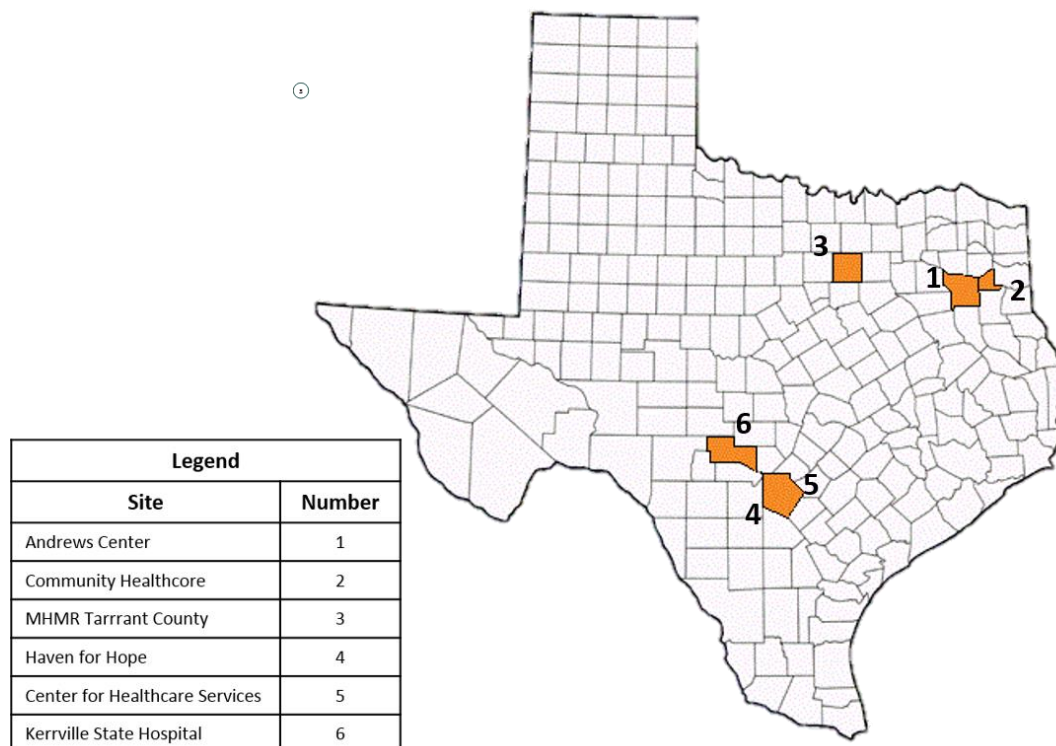
These data are strategically presented to provide the context in which the program occurred as well as to answer specific evaluation questions (presented above). Together, this information will be used to shape future Recovery Institute and PSI initiatives by refining training and technical assistance as well as improving understanding of the needs specific to Texas public mental health agencies.

Method

Participants

Following a competitive application process, Via Hope selected six sites to participate in the PSI Project: (1) Andrews Center in Tyler, Texas, (2) Community Healthcore in Longview, Texas, (3) MHMR Tarrant County in Fort Worth, Texas, (4) Haven for Hope in San Antonio, Texas, (5) Center for Healthcare Services – Project HEALTH in San Antonio, Texas and (6) Kerrville State Hospital in Kerrville, Texas. Initially, Behavioral Health Center in Corpus Christi, Texas engaged in the project; however this organization left the project in March 2014. Community Healthcore originally began in another Recovery Institute initiative: the Recovery Institute Learning Academy, but shifted to PSI in April 2014, four months after the initiation of the project.

Figure 1: Locations of organizations participating in the PSI Project



Project Activities

To engage the sites in the project, Via Hope designed strategic Training and Technical Assistance activities (TTA) (**Table 1**) informed by lessons learned in previous initiatives and evaluation recommendations. The project requires that the sites participate in these activities to facilitate

successful organizational change and peer specialist integration. Project activities took place over an eighteen month period running from January 2014 to June 2015 (**Figure 2**).

Data Collection

Evaluation of project activities and outcomes

Data collection for the 2014-15 PSI Project took place over a period of 18 months from January 2014 through June 2015. The evaluation team collected data from the TTA activities (**Table 1**) in the format of discussion notes, observations, checklists and activity feedback surveys completed by participants. Additionally, at three points during the course of the Project (**Figure 2**), surveys were administered to staff and some people receiving services to measure specific organizational outcomes and outcomes for individuals receiving services. Staff surveys were administered electronically; emails sent to a list of staff provided by the organization offered a link allowing staff to choose to participate. The people receiving services from the organizations were provided the opportunity to voluntarily participate in surveys on site; these were taken individually or administered by the organizational staff.

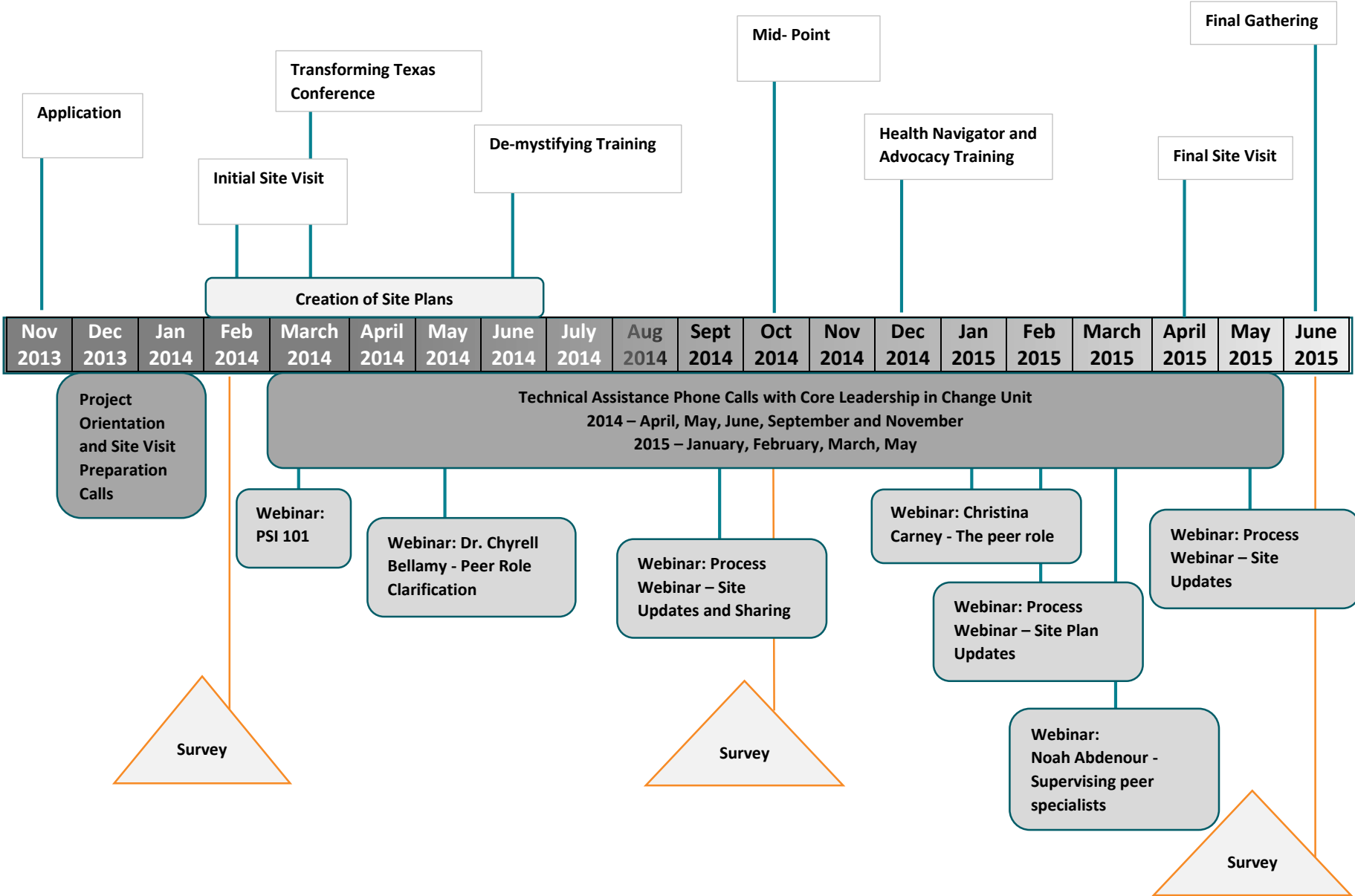
Evaluation of emergent findings

The PSI Project, as previously mentioned, stands as the culmination of two years of endeavors by Via Hope to create a structured process supporting organizational recovery orientation and peer specialist integration. However, the Project implementation occurs in complex and variable environments. To that end, the evaluators, while monitoring the specified outcomes, also observed and documented emergent findings that may provide valuable information about future implementation.

Table 1: PSI Project training and technical assistance activities

Activity	Strategic Purpose
Project Application	<ul style="list-style-type: none"> • Assess and select candidate sites for project • Collect PSI data from sites state wide
Orientation Phone Call	<ul style="list-style-type: none"> • Clarification of expectations • Finalization of change unit, Core Leadership Team • Preparation for initial site visit
Initial Site Visit and Site Visit Report	<ul style="list-style-type: none"> • Orient Core Leadership Team and Executive Sponsor to project • Share facilitation activities to begin collaborative process • Gather critical information about site to target project content and consultation • Provision of a report reflecting observations by the Via Hope consultants
Transforming Texas Cross-Project Conference	<ul style="list-style-type: none"> • Brings together all organizations participating in the Recovery Institute initiatives • Provides a foundation for the work to come • Initiates cross-site collaborations
Development of Recovery Project Plan	<ul style="list-style-type: none"> • Invite staff in change unit to prioritize targeted goals and action steps to achieve those goals • Identify key players to achieve goals
Demystifying Peer Support Training	<ul style="list-style-type: none"> • Education leadership team and change unit staff about the role of peer support • Help staff identify unwanted patterns and organizational culture norms related to peer support • Identify further action steps and a wider array of individuals to effect the integration of peer support
Monthly Individual Site Calls	<ul style="list-style-type: none"> • At the beginning of the project, these calls orient the sites to the project and the evaluation • Track progress, celebrate successes, address barriers, and highlight learning and development • Keep sites engaged in process and aware of progress • Provide consultation to address challenges
Monthly Webinars – Presentations Related to Domains	<ul style="list-style-type: none"> • Invite sites to engage in learning and interaction • Presentation of tailored material to assist organizations with meeting challenges emerging during the project
Mid-Point Gathering	<ul style="list-style-type: none"> • Highlights lessons learned • Forum for encouraging cross-site consultation • Promote PSI domain learning
Final On-Site Consultation Visit	<ul style="list-style-type: none"> • Reflect with Core Leadership team the achievements of the project on site • Provide consultation for ongoing or potential challenges • Provide consultation for next steps to sustain and further develop recovery oriented organizational culture and peer specialist integration
Closing Event	<ul style="list-style-type: none"> • Final conference inviting reflection upon progress • Opportunity to plan for sustaining the change

Figure 2: Timeline of PSI Project TA and TTA activities



Results

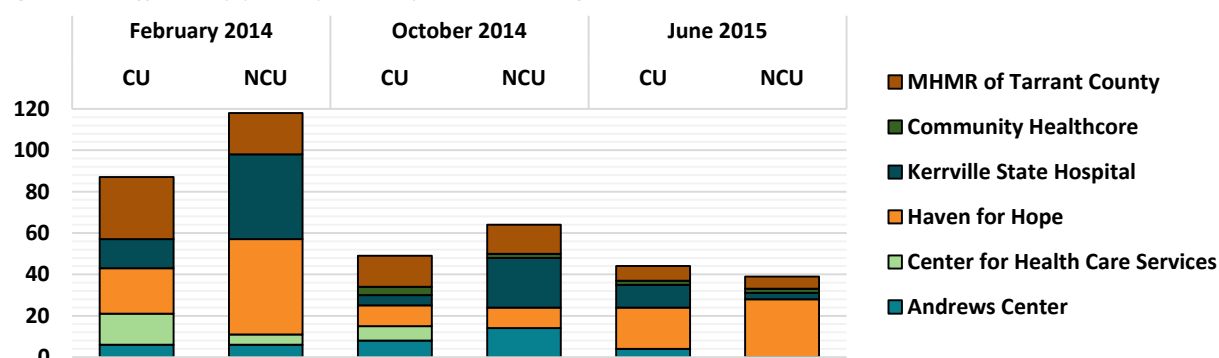
Findings are based on all data collected from the project TTA (**Table 1**) and survey data collected at three points (**Figure 2**) during the project cycle. Staff surveys were organized by Change Unit and Non-Change Unit and surveys from people receiving services by whether a person worked with a peer specialist **Table 2** provides the number of responses.

Table 2: Survey Participation - Staff and people receiving services

Survey Time	Staff Surveys		People Receiving Services Surveys	
	Change Unit	Non-Change Unit	Worked with Peer Specialist	No Peer Specialist
Feb 2014	87	118	86	166
Oct 2014	49	64	142	166
June 2015	44	39	86	158

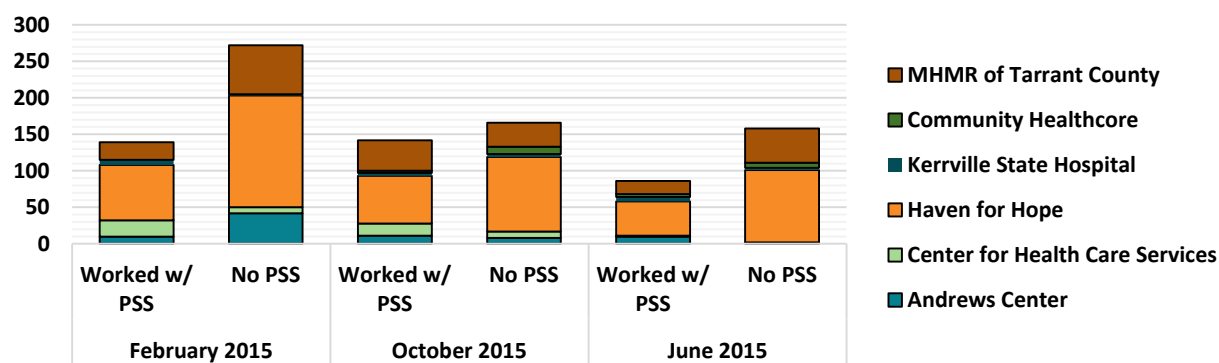
Representation by each organizations varied greatly by site and survey time as depicted in **Figure 3** and **Figure 4**.

Figure 3: Staff survey participation by individual organizations*



*CU=Change Unit, NCU=Non-Change Unit

Figure 4: Person receiving services survey participation by individual organization



Organizational Context

Executive sponsors from each of the sites completed an application in November 2013 to vie for the opportunity to participate in the PSI Project. The organizations selected Change Units in which PSI Project efforts were focused (**Table 3**).

Table 3: Change units at organizations participating in the PSI Project

	Change Unit	Number of People Served Monthly	Staff Turnover Rate
Andrews Center	Case Management	3000	5%
Community Healthcore	Integrated Team	240	15.5%
Tarrant County	Penn Square Clinic	1,200	No response
Haven for Hope	Case Management	850	30%
Center for Healthcare Services	Project HEALTH	20-25*	1%
Kerrville State Hospital	Unit 2A	6	2.5%

* Only site to represent person receiving services flow as caseload, no monthly average provided.

The completion of the applications provided initial information about the status of organizational history related to peer specialists and recovery orientation activities. **Table 4** summarizes the information about the Core Leadership Team and employed peer specialists

Table 4: Core Leadership Team and employed peer specialists

	Core Leadership Team Composition*	Employed Peer Specialists / Certified Peer Specialists*
Andrews Center	<ul style="list-style-type: none"> • Chief Executive Officer • Director of Mental Health Community Support Services • Certified Peer Specialist 	7 employed / 7 certified
Community Healthcore	<ul style="list-style-type: none"> • Director of Strategic Initiatives • 2 Peer Specialists 	10 employed / 5 certified
Tarrant County	<ul style="list-style-type: none"> • Clinical Director • Peer Provider Program Manager • Program Manager 	9 employed / 9 certified
Haven for Hope	<ul style="list-style-type: none"> • Vice President of Strategic Relationships • Director of Human Resources • Director of Residential Services • Director of QA Compliance 	2 employed / none certified
Center for Healthcare Services	<ul style="list-style-type: none"> • VP of Community and Transformational Services • Program Administrator • HR Representative • Clinical Trainer 	More than 10 employed / More than 10 certified
Kerrville State Hospital	<ul style="list-style-type: none"> • Hospital administrator • Director of Information Management • Registered Nurse 	2 employed / 1 certified

*Represents those identified at the time of the application.

Table 5 summarizes the organizations' previous experiences with recovery oriented or peer specialist focused projects and funding received related to recovery change or peer specialists.

Table 5: Past participation in recovery oriented activities

	Previous Participation in Recovery Institute Initiatives	Funding Received in Past Year for Recovery Change or Peer Specialists
Andrews Center	<ul style="list-style-type: none"> • 2012 RILA 	Hogg Foundation Grant as a part of the East Texas Coalition for Mental Health Recovery (Funded the peer operated drop in centers and trainings, including Certified Peer Specialist training)
Community Healthcore	No response recorded	None
Tarrant County	No response recorded	None
Haven for Hope	<ul style="list-style-type: none"> • 2013 RILA • 2013 RPCI-PSI 	Source not stated, but funds utilized to hire two peer support specialists. Mention of pending grant applications including peer support positions.
Center for Healthcare Services	<ul style="list-style-type: none"> • 2012 RILA • 2013 ROCI-PSI 	CMS research grant testing the efficacy of peer support within an integrated healthcare model.
Kerrville State Hospital	<ul style="list-style-type: none"> • 2011 RFLC • 2012 RILA • 2013 RILA 	None

Evaluation Question # 1:

Does the recovery orientation of the organizations change from project start to end?

TIEMH evaluators integrated a modified version of the Recovery Self-Assessment (RSA) into the staff and client surveys. The RSA has five subscales measuring domains of recovery oriented services: helping a person to work on **life goals**, providing **choice** in services, offering the opportunity to **access and engage** non-clinical activities, asking for peoples' in services **involvement** in organizational development and engaging in **community development** and education with regard to recovery.

Figure 5 shows the aggregate of the Change Units. In 4 of the 5 domains and the Total of all domains, the means demonstrated modest decline between February 2014 and October 2014, and then rebounded with the June 2015 survey. Only the Choice domain demonstrated a continuous, modest gain.

Figure 5: Recovery self-assessment results from staff surveys, Change Unit

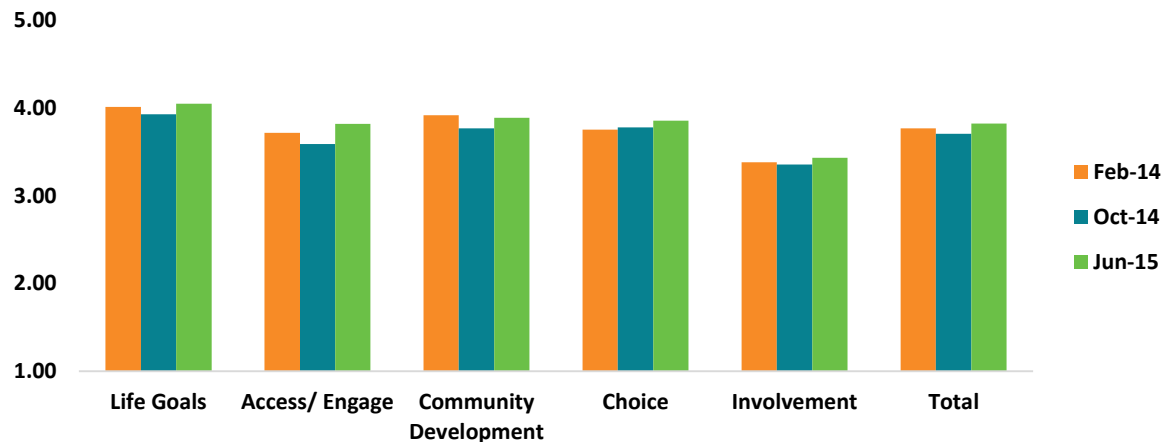
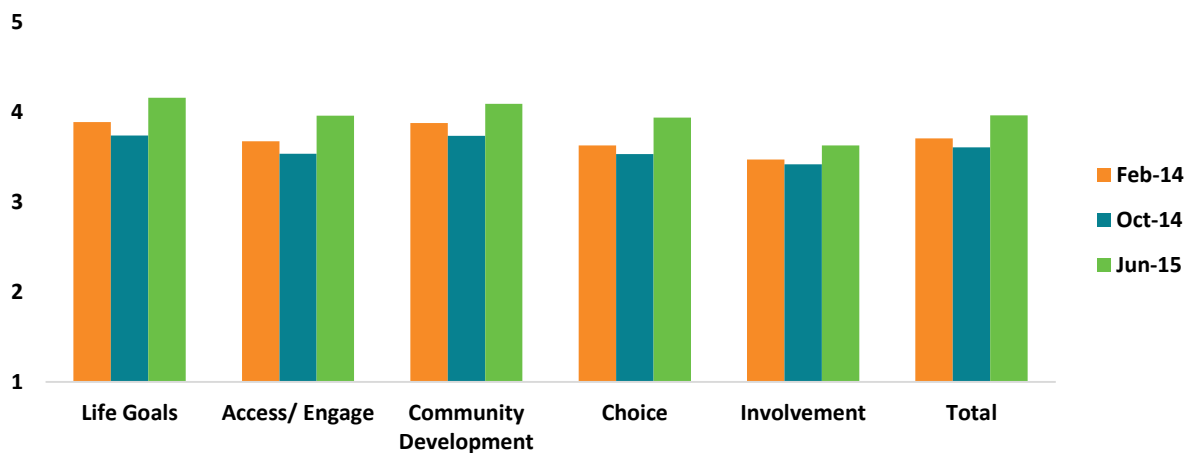


Figure 6 shows the aggregate of the non-Change Units. The domain and total means began and ended higher than those of the Change Unit. The pattern of slight decline and then rebound or slight gain occurred in a similar pattern to the Change.

Figure 6: Recovery Self-Assessment results from staff survey, Non-Change Unit



The differences between the Change Units and the Non-Change Units presents an opportunity for evaluating emergent information about the project. Caution is exercised when interpreting survey data (as discussed in the limitations section), two immediate possible interpretations emerge:

- The introduction of the Peer Specialist Integration Project exposes the entire organization to recovery orientation, thus between Feb 2014 and Oct 2014, all staff in the organization who participated in the survey gained new understanding of recovery orientation and the results reflect this; and

- The staff in the Change Unit may have developed a more enlightened view of recovery orientation and therefore are more conservative in their assessment of the recovery orientation of the organizations.

The PSI Project, as a social innovation, involves “shaking up” of the system. The activities require that the Core Leadership Team and organizational staff critically examine the organizational status quo and attempt to apply new methods. Results of social innovations will be modest in the beginning but evolve over time. The data from the Recovery Self-Assessment demonstrate change over time: decline and then recovery of the scores or even a modest gain over the initial survey results from February 2014. There is possibility that toward the end of the project, staff began to see the effects of the PSI Project’s efforts, and reflecting upon the services offered at the organization, began to see the services as more recovery oriented.

Evaluation Question # 2:

Do organizations demonstrate success (movement) in Via Hope’s 5 domains of peer specialist integration?

The evaluation of the organizations’ success in Via Hope’s 5 Domains required the analysis of the surveys administered to staff and the review of notes taken during observations of project activities, specifically noting progress on the organizations’ project plans.

Organizational achievement of Project Plan Goals

Table 6 summarizes the movement in the five PSI Project Domains demonstrated by the. Overall, the organizations demonstrated success in:

- The efforts educating staff about recovery orientation;
- Seeking and identifying some stable funding sources;
- Creating a structure for the peer specialist job role and establishing roles for peer specialists at the organizations;
- Creating job descriptions specific to the peer specialist role; and
- Organizing supervision structures, sometimes including the very helpful co-supervision format.

A full listing of each organizations’ PSI Project Plan Goals and observed efforts to meet those goals is listed in **Appendix A**.

Table 6: Summary of organizational achievement of goals from the project plan

Organizational Culture
Summary of Project Plan Goals Achieved
<ul style="list-style-type: none"> • Sites informed staff and leadership about peer specialists and recovery oriented practices by presenting at organizational meetings, giving peer specialists the opportunity to take on leadership roles and engaging staff throughout the organization in the Via Hope activities (e.g. De-mystifying Training).
<ul style="list-style-type: none"> • The community outside the organization was engaged in learning about recovery orientation and peer specialists by participating in community activities.
<ul style="list-style-type: none"> • Efforts were made to make the organization more recovery focused by finding all possible avenues to integrate recovery orientation: organizations changed aspects from building aesthetic to practices.

Funding
Summary of Project Plan Goals Achieved
<ul style="list-style-type: none"> Sites identified grant funding, utilized the Texas Administrative Code Rehabilitation Services option, and allocated funds from general revenue.
Peer Support Role and Program Development
Summary of Project Plan Goals Achieved
<ul style="list-style-type: none"> Sites educated non-peer specialist staff about the peer specialist role, utilizing Via Hope trainings and site visits, Core Leadership Team training non-peer specialist staff and peer specialists engaging in education of non-peer specialist staff during daily interactions. Organizations identified roles in which peer specialists could hold, consulted with other organizations to develop roles, introduced recovery oriented practices (e.g. Person Centered Recovery Planning) with integrated peer specialist roles, and integrated peer specialists into recovery teams.
Recruitment, Hiring and New Staff Training
Summary of Project Plan Goals Achieved
<ul style="list-style-type: none"> Places were identified within the organizations in which peer specialists would work, followed by the development of job descriptions to meet the role.
Supervision and Career Advancement
Summary of Project Plan Goals Achieved
<ul style="list-style-type: none"> Sites funded training and created a career ladder specific to the peer specialist role. <p>*NOTE: This goal was identified by some sites under the Recruitment, Hiring and New Staff Training Domain. It is consolidated here for concise evaluation.</p> <ul style="list-style-type: none"> Some sites utilized a combination of co-supervision and one-on-one supervision.

Survey Data Suggesting success in the 5 Domains

Only the survey data from staff working in the Change Units is evaluated for this section.

Table 7 contains selected items suggesting change in the 5 Domains. Data from all three survey collection times are presented in some instances to support the demonstration of the change.

Table 7: Survey data suggesting success in Via Hope's 5 domains of Peer Specialist Integration

Organizational Culture

Staff report having access to resources to provide recovery oriented services/ supports.	
Survey Date	% Agree
February 2014	69%
October 2014	90%
June 2015	84%
Staff believe leadership demonstrates a commitment to recovery orientation.	
Survey Date	% Agree
February 2014	79%
October 2014	79%
June 2015	85%

Peer Specialist Role and Program Development

Staff believe organizational staff understand the roles and activities of peer support staff.	
Survey Date	% Agree
February 2014	54%
October 2014	65%
June 2015	70%
Staff believe the organization made efforts to educate non-peer staff about peer support.	
Survey Date	% Agree
February 2014	59%
October 2014	75%
June 2015	92%

Recruitment, Hiring and New Staff Training

<i>New Employee Orientation includes information about peer support staff.</i>	
<i>Survey Date</i>	<i>% Responding Yes</i>
February 2014	31%
October 2014	59%
June 2015	68%
<i>Staff believe organizational policies do <u>not</u> create barriers for recruitment, hiring and training.</i>	
<i>Survey Date</i>	<i>% Agree</i>
February 2014	33%
October 2014	37%
June 2015	55%

Supervision and Career Advancement

<i>Supervisors feel confident working through boundary issues that arise with peer support staff.</i>	
<i>Survey Date</i>	<i>% Agree</i>
February 2014	88%
October 2014	80%
June 2015	100%
<i>Staff referring to peer support staff at least once a week.</i>	
<i>Survey Date</i>	<i>% Agree</i>
February 2014	33%
October 2014	45%
June 2015	62%

Each survey item listed shows gains, but also leaves room for further improvements. As organizations continue to integrate peer specialists, the expectation is that the positive trajectory of these items would continue.

Emergent success in the five Domains

Beyond the successes related to the project plans, sites experienced emergent successes: those that occurred during the course of the project without necessarily being planned upon. **Table 8** lists a summary of these emergent successes. A comprehensive listing of each sites' emergent successes is in **Appendix B**.

Table 8: Emergent successes in each domain.

Organizational Culture	
<ul style="list-style-type: none"> <u>Engagement and Commitment of Leadership</u>: organizational leadership engaged with people receiving services, trained staff, demonstrated appreciation for lived experience and sought ways to spread peer specialists integration beyond the Change Unit. 	
<ul style="list-style-type: none"> <u>Creation of Peer and Peer Specialist "space"</u>: four sites created or enhanced spaces utilized by peer specialists. 	
<ul style="list-style-type: none"> <u>Commitment to the Advancement of Peer Specialist Work</u>: peer specialists engaged in work beyond direct services and some engaged in community education efforts. 	
<ul style="list-style-type: none"> <u>Adjustments to Practices and Policies</u>: some sites revised organizational language/ messages to be more recovery oriented and changes to times for support group services. 	
Funding	
<ul style="list-style-type: none"> <u>Organizations Identified Funding Sources</u>: identified grants and other ways to fund peer specialist services while maintaining fidelity of role. 	
Peer Support Role and Program Development	
<ul style="list-style-type: none"> <u>Peer Specialists Maintain Role Fidelity</u>: peer specialists in this PSI Project worked in varied organizations with different situations influencing the job role at each organization, and in each situation endeavored or advocated for the fidelity of the peer specialist role. 	

Peer Support Role and Program Development
<ul style="list-style-type: none"> • <u>Peer Specialists Propagated the Peer Support Role and Recovery</u>: peer specialists effectively provided information to non-peer specialist staff and people receiving services to increase utilization of peer support.
<ul style="list-style-type: none"> • <u>Organizational Leadership and Staff Endeavored to Support Role Fidelity</u>: organization staff directly involved in the PSI Project and those not directly involved sought out information about the peer support role and attempted to implement changes needed to maintain fidelity, utilizing Via Hope's training.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> • <u>Organizations Established Hiring Policies and Practices</u>: organizations created job descriptions, sought information about hiring guidelines and made determinations about what applicant pool to utilize (e.g. some organizations hire from those receiving services, some seek peer specialists from outside the organization).
<ul style="list-style-type: none"> • <u>Organizations Include Information Related to Peer Specialists in New Staff Training and Training for Established Employees</u>: organizations created videos and Human Resources provided ADA training as it relates to individuals with mental health disabilities.
Supervision and Career Advancement
<ul style="list-style-type: none"> • <u>Supervisors Proved to be the Staunchest Advocates for the Peer Specialist Role</u>: supervisors advocated for pay raises, career ladders and sought training to become better supervisors of the peer role.
<ul style="list-style-type: none"> • <u>Supervision Structure was a Priority at the Organizations</u>: the organizations established a structure and revised it as needed.
<ul style="list-style-type: none"> • <u>Peer Specialists Established Co-Supervision</u>: five of the six sites (one site has only one peer specialist) utilized co-supervision; one of the five initiated co-supervision following a suggestion during the site visit.

Evaluation Question # 3:

Do the people receiving services at the organizations demonstrate increases in recovery markers and do they report better quality of care (more recovery oriented care) from project beginning to end?

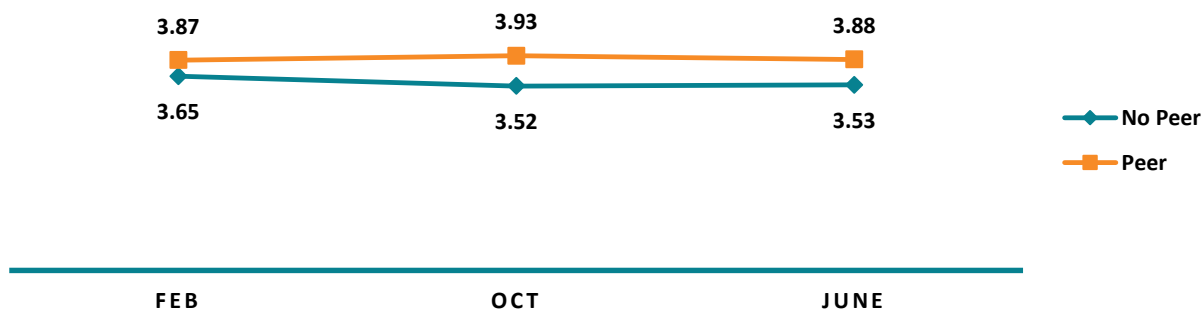
Two validated tools embedded in the surveys administered to the people receiving services measured recovery markers for an individual: the Recovery Self-Assessment (RSA) and the Maryland Assessment of Recovery Scale (MARS).

The results are presented comparing people receiving services who worked with a peer specialist, not necessarily contained within the Change Unit. The evaluators found that the unit of service was not consistently tracked by the people completing the surveys.

Person receiving services RSA results

The results suggest that over time, people who work with peer specialists perceive services to be more recovery oriented (**Figure 7**).

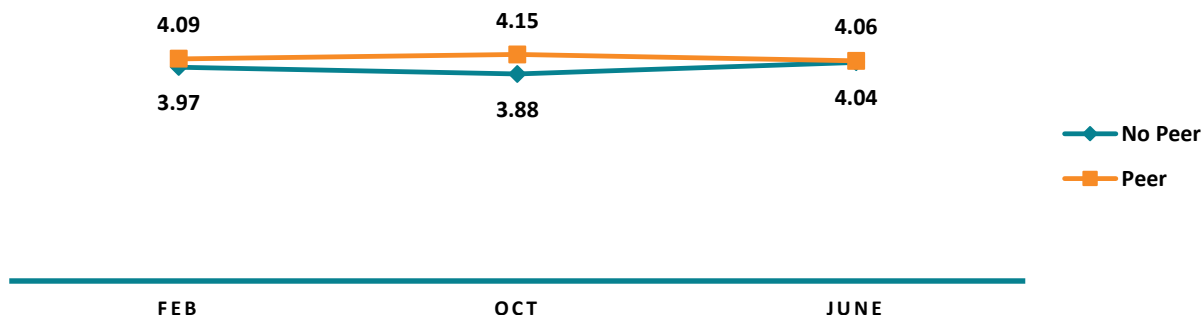
Figure 7: Recovery Self-Assessment: People receiving services



Person receiving services MARS Results

People receiving services responded to another measure, the Maryland Assessment of Recovery (MARS). This tool measures an individual's recovery. For those working with Peer Specialists, the results remained mostly steady. For those not working with a peer specialist, the results declined slightly between Feb 2014 and Oct 2014, then rebounded to the same level as people who work with peer specialists (**Figure 8**).

Figure 8: Maryland Assessment of Recovery



These results suggest that people who work with peer specialists perceive services to be more recovery oriented. While this measure did not increase from October 2014 to June 2015, the measure maintained a higher mean for those working with peer specialists than those who did not.

It is difficult to interpret the results of the MARS: people who don't work with peer specialists perceive their recovery to be at a similar level as those who do by the June 2015. The people receiving services who partake in the survey do not represent a cohort of individuals followed through the project, but a point-in-time representation of the perceptions of individuals receiving services. The MARS is a measure sensitive to an individual's experiences of recovery, which can be variable. At Haven for Hope, the site with the most people receiving services responding, people receive time limited service, thus a person's recovery experience would be limited to a short time. The RSA, however, reflects the consistency of the services: measures of recovery oriented services should remain steady and independent of a person's reflection upon their own recovery (MARS).

Evaluation Question # 4:

How do site contextual factors affect success in the PSI Project?

Social innovations, such as the PSI Project are injected into the complex, stratified world of organizations. Implementation of projects is affected by conflicting priorities, limited resources and unstable environments. The practice of developmental evaluation allows evaluators to follow shifts in the projects as these emerge. Sometimes the effects are immediately perceived, in other instances, the effects come over time as other factors fall into place.

Changes in Organizational Context

For this project, the evaluation team at TIEMH observed changes in the organizations context (**Table 9**).

Table 9: Changes in Organizational Context

Change	Sites
Changes in Core Leadership Team	<ul style="list-style-type: none">• 4 organizations demonstrated fluctuation in the Core Leadership Team depending upon the time in the project cycle.
Involvement of Executive Sponsor	<ul style="list-style-type: none">• At 3 organizations, the Executive Sponsor was minimally involved in the activities.• At one other organization, an Executive Sponsor was heavily involved until this person's role changed at the organization.
Organizational Changes	<ul style="list-style-type: none">• Change of location of the drop-in center, at which people received peer support services.• Implementation of new service provision model.• Culmination of a grant funded project.• Change of a Change Unit.
Peer Staff Changes	<ul style="list-style-type: none">• 2 sites experiences loss of peer specialists. One site was able to hire a replacement within the project cycle.

Survey Data Suggesting Challenges

From the surveys administered to staff, two items showed decline, both associated with the perceptions of peer specialists about supervisors (**Table 10**):

Table 10: Survey responses suggesting challenges

Peer support staff report that their supervisor can explain the complementary role that peer support plays with clinical care.		Peer specialists reporting that their supervisor helps them navigate challenges at work.	
Survey Date	% Agree	Survey Date	% Agree
February 2014	100%	February 2014	100%
October 2014	100%	October 2014	100%
June 2015	67%	June 2015	83%

Emergent challenges in the Dive Domains

From the recorded observations of the activities, evaluators identified several challenges that emerged during the course of the project. Most of these challenges stand independent of any possible organizational action or inaction, particularly within the Organizational Culture Domain. Some emergent challenges suggest possible areas that Via Hope can review for future iterations of the Project. These emergent challenges are categorized according to the Five Domains (**Table 11**). A full listing of the emergent challenges faced by organizations is in **Appendix C**.

Table 11: Emergent challenges in the 5 domains

Organizational Culture
<ul style="list-style-type: none">• Stagnant organizational culture, persistent medical model and staff resistance to change.• Organizations managing multiple priorities simultaneously.• Pervasive stigma placed upon peer specialists and people receiving services.
Funding
<ul style="list-style-type: none">• Peer specialists were challenged to meet the minimum billable-hours requirement under the TAC Rehabilitation option.• Organizations, some chose not to bill for peer specialist services under the Rehabilitation option, however other funding sources (e.g. grants and General Revenue) may not be sustainable.
Peer Support Role and Program Development
<ul style="list-style-type: none">• Communication about the peer specialist role not always consistent throughout organization.• Peer specialist role not clearly defined, role coopted into case management or funding sources create requirements that conflict with peer specialist role.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none">• Organizations experienced challenges finding qualified applicants for positions.• Organization reviewing hiring policies through the lens that potential peer specialist new hires may not “be ready for employment”.• Job descriptions specifying that peer specialists be able to “manage their wellness”.
Supervision and Career Advancement
<ul style="list-style-type: none">• Supervisors faced balancing organizational policies and funding requirements with maintaining role fidelity.• Organizations not creating or unable to create a career ladder.• Determining policies to measure performance: basing performance on productivity or person receiving services outcomes.

Quality improvement findings: Technical Assistance, Training, and Consultation elements

Activity participation

(**Table 12**) illustrates the participation of the organization in each of the required activities. The number of staff attending is noted for training activities and PSI Leadership monthly phone calls. For some webinars and conference, it is noted only if the organization had representation at the event. Site participation remained consistent. Via Hope cancelled the March Leadership Call for 3 organizations. Other than that, most organizations participated in the activities. The number of individuals at each organization participating in the webinars is not precisely known as sometimes roll calls were not taken or organizations would simply state, “X organization is here”.

Table 12: Participation in PSI Project Activities

Activity	Date	# Sites	AC	CHC	TC	HHH	CHCS	KSH	Total
Orientation Call			2	/	3	3	2	3	13
Site Visit Prep Call	January 2014	5	7	/	4	5	3	2	21
Evaluation Pre Call	February 2014	5	4	/	3	3	3	2	15
PSI Staff Survey	February 2014	5	12	/	50	68	20	55	205
PSI Person Receiving Services Survey	February 2014	5	52	/	91	229	30	9	411
Webinar - PSI 101	March 2014	4	-	/					0
Site Visit	March 2014	5	-	/					0
Transforming Texas Conference	April 2014	6	-	/					0
PSI Leadership Call	April 2014	5	3	/	3	4	3	2	15
Creation of Site Plan	March to June 2014	6	-						0
PSI Leadership Call	May 2014	6	3	5	3	4	3	3	21
Webinar- Dr. Chyrell Bellamy – Peer Role	May 2014	6	-						0
De-Mystifying the Peer Workforce Training	June 2014	6	9	15	27	22	10	29	112
PSI Leadership Call	June/ July2014	5	/	4	4	2	1	2	13
PSI Leadership Call	September 2014	6	1	4	6	6	3	2	22
Process Webinar – Site Updates	September 2014	6	-						0
Mid- Point Gathering	October 2014	6	-						0
PSI Staff Survey	October 2014	6	22	6	29	20	7	29	113
PSI Person Receiving Services Survey	October 2014	6	19	13	75	167	26	8	308
PSI Leadership Call	November 2014	6	2	1	3	5	1	4	16
Advocacy Training	December 2014	5	3	1	0	13	4	2	24
Health Navigator Role Training	December 2014	5	2	1	0	11	5	2	21
PSI Leadership Call	January 2015	5	1	4	-	3	7	4	19
Webinar – Christina Carney	January 2015	4	-						0
PSI Leadership Call	February 2015	6	2	5	3	3	4	6	23
Process Webinar – Site Plan Updates	February 2015	6	-						0
PSI Leadership Call	March 2015	4	*	*	4	1	4	*	9
Webinar – Noah Abdenour and Peer Supervision	March 2015	6	-						0
Site Visits	April 2015	6	-						0
PSI Leadership Call	May 2015	6	2	4	2	2	4	5	19
Process Webinar – Site Updates	May 2015	6	-						0
Final Gathering	June 2015	6	-						0
PSI Staff Survey	June 2015	5	4	4	13	48	0	14	83
PSI Person Receiving Services Survey	June 2015	6	12	11	65	146	1	9	244

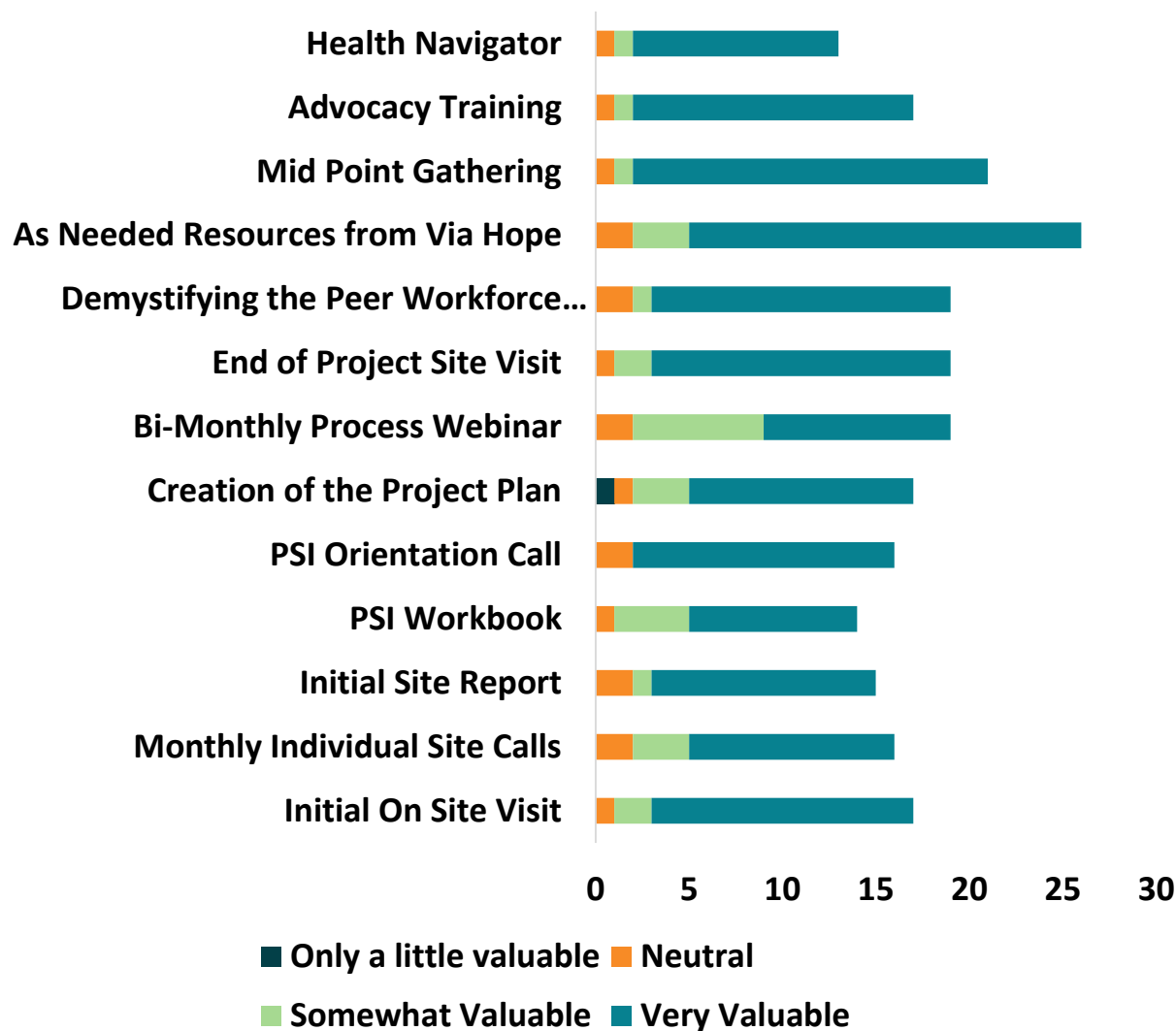
*Via Hope Cancelled

Participant Ratings of Activities

On the final survey, the staff were asked to rate the PSI Activities on a scale of 1 to 5 with the ratings: (1) not at all valuable, (2) only a little valuable, (3) neutral, (4) somewhat valuable, and (5) very valuable. The staff could also respond that they did not participate or that they did not know about the element.

Figure 9 lists the staff ratings for the staff in the Change Unit. The majority of the staff respondents in the Change Unit responded that they did not know about or did not participate in the activities, however due to unknown turnover and possible shifts from one unit to another, it is difficult to determine whether these individuals were in the Change Unit at the time of any particular activity.

Figure 9: Ratings of Training and Technical Assistance Activities



Summary and Recommendations

Summary

Changes observed during the project

Over the course of the project, the Change Units experienced fluctuation in the Recovery Self-Assessment scale suggesting that participation in the PSI Project and Via Hope's Training and Technical Assistance brought awareness about recovery orientation to the Change Units (**Figure 5**). The

organizations accomplished a number of the project goals that the evaluation team was able to observe (**Appendix A**).

Overall, the organizations demonstrated advances in these areas:

- Organizational Culture – Educated staff about recovery orientation and peer specialists’ role.
- Funding – Identified or maintained funding to preserve the peer support role.
- Role – Identified roles peer specialists could fill within the organization and educated non-peer staff about this role.
- Recruitment, Hiring and New Staff Training – Sites created job descriptions and incorporated education about peer specialists in the new hire training.
- Supervision and Career Advancement – Some sites created a career ladder and established a supervision structure.

Challenges emerging during the project

Emergent challenges inevitably will arise with the implementation of a social innovation. The challenges experienced offer opportunities for further evaluation of the organizational and project processes.

- Organizational Culture – The slow movement of organizational culture toward recovery orientation was sometimes challenged by multiple, sometimes conflicting, priorities.
- Funding – Funding source often dictated the manifestation of the peer role in each Change Unit, resulting in cooptation of the role.
- Role and Program Development – Organizations faced fitting the peer specialists within the existing structure, sometimes struggling keeping role fidelity within that structure.
- Hiring, Recruitment, and New Staff Training – Organizations had to tackle the challenge of finding qualified individuals and simultaneously helping organizational staff understand that peer specialists’ role was not supported employment for the peer.
- Supervision and Career Advancement – Supervisors had to navigate the unique supervisory needs of the role while maintaining needed productivity standards.

Another challenge not specifically derived from the activities of the participating sites relates to the project plans each site created to guide their process. Via Hope gives a template to the sites for the development of a project plan. While organizations experienced successes in meeting some of the project goals, there were instances of goals not being met (**Appendix A**). There is no documented follow up regarding specific goals not met by the sites. While meeting goals should be celebrated, reviewing unmet goals could help sites identify internal challenges and Via Hope identify possibly useful emergent information to inform future iterations of the project.

Evaluation of the Training and Technical Assistance activities offered by Via Hope

Overall, sites participated well in the Training and Technical Assistance Elements (**Table 12**). The elements viewed as most valuable were:

- As needed technical assistance offered by Via Hope
- The Mid-Point Gathering
- The De-mystifying Training
- The End of Project Site Visit
- The Advocacy Training

Also, sites identified particular elements as helpful over the course of the project.

- Sites utilized information from the De-mystifying Training to educate and engage staff;
- One site utilized the information from the initial site visit report to develop the project plan;
- Attending the role training galvanized peer specialists and supervisors alike to reinvigorate the fidelity of the peer specialist role and;
- Sites implemented portions the Advocacy and Health Navigator training into their structures, picking elements to enhance peer support practice.

At various points, the evaluators identified surges in activity associated with the TTA Elements.

- The site visit and the report created by Via Hope and the TIEMH evaluation team sparked activity: these activities ranged from the creation of job titles to prioritization of identifying the peer specialist role. One organization in particular also cited that the site report guided the development of the project plan.
- Sites reported review of policies and procedures following the Transforming Texas Conference and the Mid-Point Gathering. The benefits of these experiences included the creation of a community of organizations working through similar challenges and the provided opportunity for reflection. Often, day-to-day demands did not allow for the pause to reflect offered by the conference.
- The December Health Navigator and Advocacy Role training, while intended to impart a particular role definition for the peer specialists, stimulated the peer specialists and supervisors to assess the fidelity of the peer specialist role. The reports from sites up to that element suggested that the role was being absorbed or coopted into more of a case management role. Following the role training, the sites recognized this cooptation and began the efforts to change this.
- The process webinars offered opportunity for the organizations to hone in on successes and challenges, reflecting upon these with the other organizations. Organizations used this opportunity to experience wisdom from the other sites and receive normalization about shared challenges related to the process of integration and social innovation.

Recommendations for the Texas Department of State Health Services and Via Hope

These general recommendations arise from the observations related to the successes and challenges faced by the organizations. TIEMH hopes that these recommendations provide a starting place to continue to build on the successes and begin to actualize the possibilities.

Department of State Health Services

- Use organization feedback and evaluation reflection as opportunity to evolve time limited projects into practices and policies:
 - Standardized practice recommendations offered by DSHS would unify the recovery orientation and peer specialist integration efforts.
 - Policies supporting the efforts would ensure maximization of funds invested by DSHS in time limited projects.
- Identify standardized innovation dissemination and processes to perpetuate the process of change. Organizational staff commented that time-limited projects were often viewed as “the flavor of the week” in service provision for individuals living with mental health challenges.
 - Solidify relationships with organizations that specialize in the training and technical support necessary to promote and propagate recovery orientation and peer specialist integration.

- In partnership with these organizations, work toward standardization of practices that are adaptable to the dynamics.
- Partner with organizations implementing recovery orientation and peer specialist integration to create accountability for implementing and sustaining the changes.

Via Hope

- Utilize Peer Specialist Integration Project Plans as guideposts to monitor progress and emergent challenges.
 - Guide sites in development to assure goals fit within the PSI Domains.
 - Identify elements within the PSI Workbook that match and can assist with goal achievement.
 - Monitor progress during monthly Core Leadership Team Phone calls.
 - Utilize the progress or emergent challenges to inform targeted Training and Technical Assistance during project.
 - Maintain data about progresses and challenges to modify future project iterations.
- Provide flexible Training and Technical Assistance from which sites can choose and Via Hope can utilize to meet emergent needs and situations.
 - Offer critical trainings, such as the De-mystifying training and the role trainings, more than one time through the iteration of the 18-month project.
 - Train sites' clinical and peer support staff to disseminate recovery-oriented knowledge and practices on site
- Systematically engage strategic staff beyond the Change Unit in the PSI Project activities to seed the organization for broader diffusion following the project and avoid a petri dish effect.
- Create a menu of follow-up training and technical assistance options for organizations following the completion of the Peer Specialist Integration Project.

Limitations to interpretation of results

The following limitations restrict interpretation of the results beyond the sites:

- The inherent dynamic nature or organizational environments.
- The process of merging the data from each site, and the qualitative analysis of this data to identify themes was accomplished is dependent upon the interpretation of the evaluator.
- The surveys were voluntary and cross-sectional; the surveys did not follow a cohort of individuals.
- One organization joined the PSI Project after the February survey (Time 1) and another organization's grant funded project ended affecting that organization's participation in the June survey (Time 3) **Figure 3**.
- The evaluation plan included collection of individual client level outcomes based on DSHS performance measures. The sites could not pull this client data at the clinic level, therefore, evaluators were unable to assess the relationship of the PSI project to DSHS outcomes.

References

Via Hope. (2013). *Via Hope Recovery Institute*. Austin: Via Hope.

Via Hope. (2015a). *Home Page*. Retrieved from <http://www.viahope.org/>

Via Hope. (2015b). *What we do - Recovery Institute*. Retrieved from Via Hope:
<http://www.viahope.org/programs/recovery-institute/>

Appendix A: Project plans for PSI Project sites

ANDREWS CENTER	
Organizational Culture	
Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Involving peers in new employee orientation. 	<ul style="list-style-type: none"> Reported in November 2014 that peer specialist was sharing the recovery story during the NEO.
<ul style="list-style-type: none"> Involving peers and workers in “Recovery Rocks” forum. 	<ul style="list-style-type: none"> Reported in February 2015 that peer specialist was sharing the recovery story during the NEO.
<ul style="list-style-type: none"> Having a Demystifying workshop for people who had not been exposed during the first forum. 	<ul style="list-style-type: none"> 9 staff members attended the training; relatively low turnout however the training does transpire on business days.
Funding	
Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Approach the Hogg Foundation in order to request that remaining monies be carried over for the next year. 	<ul style="list-style-type: none"> Reported that this goal was accomplished as of April 2015. These funds were awarded in connection with the East Texas Coalition for Mental Health Recovery
Peer Support Role and Program Development	
Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Exposing the most skeptical members of the change unit to as many Via Hope and other recovery-oriented events as possible 	<ul style="list-style-type: none"> De-mystifying training occurred June 2014. It is unknown if staff attended the webinars as documenting the participation of webinars was challenging.
<ul style="list-style-type: none"> Develop and/or expand the Peer support Program to include an afternoon group. 	<ul style="list-style-type: none"> Reported that no one would take ownership of an afternoon group session. Other additional programming was added: WRAP sessions, a peer support group, one-on-one care and a peer led COPS-D group.
Recruitment, Hiring and New Staff Training	
Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Hire new peer support staff. 	<ul style="list-style-type: none"> At the close of the project, this goal had not been achieved.
Supervision and Career Advancement	
Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Monthly supervision with LPHA 	<ul style="list-style-type: none"> Peer support specialist advocates for need to receive supervision. Supervision occurs monthly and as needed to work through challenges or celebrate successes. Supervision tasks include problem solving, brain storming, addressing ethical considerations, and navigating values issues.

COMMUNITY HEALTHCORE	
Organizational Culture	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> No goal listed on project plan 	<ul style="list-style-type: none">
Funding	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Training peer workforce to provide to provide whole health services peer support. 	<ul style="list-style-type: none"> CHC had 3 trained CPS, 1 resigned.
COMMUNITY HEALTHCORE	
Funding	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Identify needs and assessment and skills training curriculum within IMR framework to provide health services. 	<ul style="list-style-type: none"> WHAM curriculum completed by numerous peers but not implemented.
<ul style="list-style-type: none"> Obtained grant funds to develop innovative integrated health practices. 	<ul style="list-style-type: none"> Grant applications completed; at end of project, one grant was received and project about to be implemented.
<ul style="list-style-type: none"> Peers are employed within the integrated health clinics. 	<ul style="list-style-type: none"> Peers are providing IH services but not designated to clinic.
Peer Support Role and Program Development	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Network with policy institutes in the development of the patient centered medical homes inclusive of a strong peer support component. 	<ul style="list-style-type: none"> CHC visited organizations to obtain consultation about this development.
<ul style="list-style-type: none"> Identify and vet peer roles related to crisis (e.g. Peer Bridgers, Living Room, Warm Line, Peer Coaches, and other roles to be identified). 	<ul style="list-style-type: none"> Organization reports new services pending implementation, but preparation is complete.
Recruitment, Hiring and New Staff Training	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Identify and vet content specialty areas. 	<ul style="list-style-type: none"> Peer specialty areas were identified: Supported Employment, Housing, and Whole Health.
<ul style="list-style-type: none"> Identify training and develop subsequent implementation supervision requirements for the expert specialist designation. 	<ul style="list-style-type: none"> Core Leadership Team was working on documentation to support specialty designations. No funding existed for the supervision.
<ul style="list-style-type: none"> Identify and measure outcomes of the services. 	<ul style="list-style-type: none"> Not done at time of project end; however, Cornerstone Consortium seeking grant funding to engage in this work.

COMMUNITY HEALTHCORE	
Supervision and Career Advancement	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Identify and vet peer position descriptions inclusive of required experience, training, history, and education that will comprise the career ladder. 	<ul style="list-style-type: none"> Task completed and submitted to CEO of organization for approval.
MHMR TARRANT COUNTY	
Organizational Culture	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Goal 1: Peer staff to be valued member of every treatment team. <ul style="list-style-type: none"> Schedule Peer Integration Webinars sent out by Via Hope Add Peer Support services to Recovery Plan Find space availability in the clinics for peer support staff Develop Peer support progress note Administrative Leadership keeps Peer Services as ongoing focus at level of MHLT. <ul style="list-style-type: none"> Peer Support is Regular Topic of MHLT 	<ul style="list-style-type: none"> Organization was represented at each webinar. Peer support successfully added to recovery plans at the beginning of the Project. Offices identified at Penn Square within the Community Center. Mention of space acquired at other sites mentioned. Peer Support progress notes developed at beginning of project. No evaluation documentation of this goal being achieved.
Funding	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Maintain peer specialists' role as providing core peer services <ul style="list-style-type: none"> Consult with Via Hope on defining the roles of peer staff and other staff PSI Team attend Via Hope conference Participating in Via Hope consulting Advocate for our leaders to bring to state level and legislators need for peer services to be a reimbursable service (ex. As Georgia does). <ul style="list-style-type: none"> Discuss with Via Hope need to address this 	<ul style="list-style-type: none"> Site reported “pure peer services” throughout project. <ul style="list-style-type: none"> Conferences attended. Participated in all consultation activities save one phone call. Discussion about a House Bill occurred. During the site visit, also, there was discussion about the peer specialists uniting to advocate for peer support to become a recognized service provision.

MHMR TARRANT COUNTY	
Peer Support Role and Program Development	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Peer Services will be key element in our agency shifting to person-centered from services centered. <ul style="list-style-type: none"> Peer Services to remain ongoing agenda item for MHAS managers meeting. Peer Program Manager to attend Treatment/Recovery Team meetings with peer specialists. Peer staff participating in interview process. Peer staff providing feedback to Treatment Teams. 	<ul style="list-style-type: none"> Peer support staff participate in the interview process, providing feedback to interview panel about the perceived recovery orientation of incoming staff. Peer Program Manager provided training to medical staff about peer support services.
<ul style="list-style-type: none"> Staff in key leadership roles will participate in ongoing education on Peer Services and Person-Centered services. (Webinars, conferences, etc.) 	<ul style="list-style-type: none"> New Peer Program Director attended the final gathering.
Recruitment, Hiring and New Staff Training	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Treatment teams will identify good candidates from within our programs to refer to apply for positions. <ul style="list-style-type: none"> Managers refer possible candidates to peer support manager 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.
<ul style="list-style-type: none"> Peer specialist staff have same treatment as employees as any other staff. <ul style="list-style-type: none"> Eliminate stigma and discrimination of peers 	<ul style="list-style-type: none"> Per Peer Support Program Manager, peer specialists have to meet productivity standards and receive supervision related to their job performance.
Supervision and Career Advancement	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Clinical supervision and ongoing training provided by clinical supervisor knowledgeable about peer services. <ul style="list-style-type: none"> Clinical Director will participate and assist other clinical supervisors in supervision of peers as needed 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.
<ul style="list-style-type: none"> Opportunities exist for peer staff to have career advancement as it does for any other staff. <ul style="list-style-type: none"> Involve peers in professional development program 	<ul style="list-style-type: none"> Career ladder created and peer specialists can become program managers and program directors.

HAVEN FOR HOPE	
Organizational Culture	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Add peer integration update and discussion to monthly core and leadership meetings 	<ul style="list-style-type: none"> Reported as accomplished 5/12/2015
<ul style="list-style-type: none"> Present PSI Project to Board of directors 	<ul style="list-style-type: none"> Presentation occurred at beginning of the project.
<ul style="list-style-type: none"> Add peers to standing leadership/decision-making committees. 	<ul style="list-style-type: none"> Accomplished at the end of the project.
<ul style="list-style-type: none"> "Re-decorate" campus to be more trauma/recovery informed. 	<ul style="list-style-type: none"> Efforts ongoing
<ul style="list-style-type: none"> Provide updates and education on PSI in monthly partner meetings. 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.
<ul style="list-style-type: none"> Change LSO uniforms to be more recovery/trauma friendly. 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.
<ul style="list-style-type: none"> Eliminate the carrying of firearms by LSO's on the campus. 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.
<ul style="list-style-type: none"> Review organization through recovery lens 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.
<ul style="list-style-type: none"> Revise tour protocols 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.
Funding	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Complete DSHS grant proposal 	<ul style="list-style-type: none"> Completed in January 2014.
<ul style="list-style-type: none"> Apply to Meadows Foundation for PSS positions. 	<ul style="list-style-type: none"> Funding secured early in the project.
Peer Support Role and Program Development	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Add PSS staff to program development committees 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.
<ul style="list-style-type: none"> Integrate PSS staff into other functional areas (i.e. residential) 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.

HAVEN FOR HOPE	
Recruitment, Hiring and New Staff Training	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> • Advertise on Via Hope network for any and all new PSS position openings. 	<ul style="list-style-type: none"> • This goal accomplished
<ul style="list-style-type: none"> • Create a career ladder for PSS positions. 	<ul style="list-style-type: none"> • Career ladder developed.
<ul style="list-style-type: none"> • Add a video introducing PSS into NEO. 	<ul style="list-style-type: none"> • Evaluation team did not observe this goal being achieved.
<ul style="list-style-type: none"> • Create a Via Hope satellite on the H4H campus. 	<ul style="list-style-type: none"> • Evaluation team did not observe this goal being achieved.
Supervision and Career Advancement	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> • Create PS Learning Community 	<ul style="list-style-type: none"> • Goal attained, learning community held weekly meetings.
<ul style="list-style-type: none"> • Create PS supervisory Learning Community 	<ul style="list-style-type: none"> • Supervisory Learning Community established, but attendance was not adequate.
<ul style="list-style-type: none"> • All supervisors go through Demystifying Peer Support training. 	<ul style="list-style-type: none"> • All supervisors attended the De-Mystifying Training.
CENTER FOR HEALTHCARE SERVICES	
Organizational Culture	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> • Increase communication of ideas & information across CHCS divisions <ul style="list-style-type: none"> ○ Invite peers and peer supervisors from across CHCS to onsite trainings ○ Conduct assessment of current peer services and projects across CHCS ○ Develop PSI group subcommittees 	<ul style="list-style-type: none"> • CHCS hosted De-mystifying training and invited other units. No other training documented in observation notes. • CHCS conducted an inventory of what would be needed to support peer specialists. • Development of PSI Sub-committees not documented in the observation notes as achieved or not.
<ul style="list-style-type: none"> • Increase participation of persons served in service design and delivery <ul style="list-style-type: none"> ○ Identify opportunities for consumer participation in program design and service delivery ○ Develop Project HEALTH consumer advisory board ○ Increase Peer Support Specialist attendance in executive decision making meetings 	<ul style="list-style-type: none"> • Not documented in observation notes whether goal was achieved or not. • Peer Pillar meetings allowed peer specialists to offer input to leadership regarding quality improvement of services.

CENTER FOR HEALTHCARE SERVICES	
Funding	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Identify funding sources and infrastructure needs for sustainable peer positions <ul style="list-style-type: none"> Identify units billing Medicaid for peer services Review TAC code specifications for billing for peer services 	<ul style="list-style-type: none"> The Core Leadership Team consulted multiple sites for input about billing Medicaid for peer services. Billing not implemented by project end.
Funding	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Share information and experiences with Medicaid billing for peer services across divisions <ul style="list-style-type: none"> Share information on Anasazi codes used for services provided by peers across CHCS 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved.
Peer Support Role and Program Development	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Evaluate Peer Support Specialist use of Motivational Interviewing skills and techniques <ul style="list-style-type: none"> Develop specialized training on MI skills unique to Peer Support Specialists Develop co-consultation group across types of support (Peer, recovery, family partners) <ul style="list-style-type: none"> Identify units employing peer providers Contact peer supervisors to provide information on Peer Work Group Initiate cross-training with Restoration Center Connect with peer providers from outside agencies in a "learning community" 	<ul style="list-style-type: none"> Evaluation team did not observe this goal being achieved. CHCS peer specialists held meetings in conjunction with Haven for Hope peer specialists.

CENTER FOR HEALTHCARE SERVICES	
Recruitment, Hiring and New Staff Training	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Develop mentorship opportunities for Peer Support Specialists <ul style="list-style-type: none"> Identify senior peer staff Assess skill set specializations within senior peer staff Coordinate with peer supervisors to develop support for mentorship Develop supportive information/materials for selected peer mentors Connect with peer providers from outside agencies in a "learning community" 	<ul style="list-style-type: none"> CHCS peer specialists held meetings in conjunction with Haven for Hope peer specialists.
<ul style="list-style-type: none"> Increase information about peer support services shared with new staff <ul style="list-style-type: none"> Identify opportunities to highlight or inform on peer services in required NEO trainings Identify opportunities to highlight or inform on peer services in required divisional trainings 	<ul style="list-style-type: none"> Peer specialist workgroup set up a rotation of peer specialists who would present about the role at new employee orientation.
Supervision and Career Advancement	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Develop network of support for supervisors of Peer Support Specialists <ul style="list-style-type: none"> Identify peer supervisors in all CHCS units Invite peer supervisors to bi-monthly PSI meeting Develop email contact list to share for peer supervisors to access needed consultation Connect with peer supervisors from outside agencies in a "learning community" 	<ul style="list-style-type: none"> Meetings were attempted, with poor turnout. Pending Information Technology department having time to assist. CHCS supervisor connected with Haven for Hope
<ul style="list-style-type: none"> Increase communication on career advancement opportunities and procedures to Peer Support Specialists across CHCS <ul style="list-style-type: none"> Finalize approval on Peer Career Ladder Present Peer Career Ladder to CHCS Peer Workgroup Develop email list serve for Peer Support Specialists to communicate internal opportunities for advancement Develop email list serve for Peer Support Specialists to communicate external opportunities for advancement Develop protocol for access to funding for training and continuing education opportunities 	<ul style="list-style-type: none"> Career ladder finalized – structured, graduated peer support services. Career ladder presented to workgroup. Pending Information Technology department having time to assist. Protocol developed and \$400 per peer specialist per year allocated.

KERRVILLE STATE HOSPITAL	
Organizational Culture	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Expand people with lived experience sharing their stories more broadly. <ul style="list-style-type: none"> Plan for Recovery Month Event Implement Use of Recovery Boards Develop and Establish Recovery Radio 	<ul style="list-style-type: none"> Recovery month event held in September and included multiple activities involving the staff at the hospital and those receiving services. Recovery boards reported as completed for most communities. Obtained iPad device to produce the peer led radio show.
<ul style="list-style-type: none"> Educate KSH Community about recovery and peer support. 	<ul style="list-style-type: none"> Held De-Mystifying training. Recovery month activities encouraged staff to engage in thinking about recovery as well as those living at the hospital. Peer specialists talking to non-peer staff about recovery.
<ul style="list-style-type: none"> Engage those outside KSH to learn, share information and encourage support and involvement. 	<ul style="list-style-type: none"> Presented a display during the Christmas Holiday consisting of a tree and a video monitor with educational content. People receiving services created a float.
Funding	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> No goals recorded on the Project Plan in this Domain 	<ul style="list-style-type: none">
Peer Support Role and Program Development	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> Develop programming to support and enhance recovery oriented services and peer support. 	<ul style="list-style-type: none"> Engaging in the process of implementing PCRP into the practices at the hospital. Hosted ASH Administrator, whose introductory presentation was offered to the new change unit.
<ul style="list-style-type: none"> Educate staff hospital-wide about peer support services and their role in our vision, mission, and values. 	<ul style="list-style-type: none"> De-Mystifying training held. Peer specialists present at New Employee Orientation. Peer specialists engaged in awareness raising advocacy to attune staff to recovery oriented care (e.g. allowing choice in areas where choice was previously not recognized as a priority: bathing).

KERRVILLE STATE HOSPITAL	
Recruitment, Hiring and New Staff Training	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> No goals recorded on the Project Plan in this Domain 	<ul style="list-style-type: none">
Supervision and Career Advancement	
Summary of Plan Goals	Details of Goal Achievement
<ul style="list-style-type: none"> No goals recorded on the Project Plan in this Domain 	<ul style="list-style-type: none">

Appendix B: Emergent successes from each organization

ANDREWS CENTER
Organizational Culture
<ul style="list-style-type: none"> Members of the Core Leadership Team implemented additional on-site trainings in an effort to engage resistant staff with targeted recovery oriented content. Member of the Core Leadership Team utilized leadership as a member on an organizational committee to influence Human Resources. Peer support staff engaged in community education through news interviews and giving.
Funding
<ul style="list-style-type: none"> Identified TAC Rehab Codes as a sustainable funding source for peer support.
Peer Support Role and Program Development
<ul style="list-style-type: none"> Peer support specialist utilized her role to advocate for the needs of the peers using Serenity Place after the center was moved to a stand-alone facility away from the clinic. Doctor with the organization requesting a flier for the drop-in center, Serenity Place, to distribute to people receiving services. Peer support staff developed the drop-in center programming.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> Andrews Center identified people who volunteer in the peer support role as potential peer support staff; these individuals applying for Via Hope's CPS training. Supervisor advocated for the requirement on the job description necessitating a license be changed. Andrews Center identified funds to train volunteers to become Certified Peer Specialists. A job description specifying lived experience was created. The Human Resources department is a valuable resource to address ADA issues as these may associate with performance standards. While Andrews Center does not offer job skills training, the HR Department assisted a peer with identifying DARS as a resource to learn computer skills.
Supervision
<ul style="list-style-type: none"> The supervisor remained a staunch supporter of the PSI Project's efforts, frequently advocating for policy changes that acted as barriers to integration. The supervisor worked with Human Resources and the peer support staff to address the documentation issue that hindered meeting the billable hours requirement.
COMMUNITY HEALTHCORE
Organizational Culture
<ul style="list-style-type: none"> Peer specialists and the Director of Strategic initiatives is working to establish a peer specialist run non-profit, Cornerstone Consortium.
Funding
<ul style="list-style-type: none"> The peer specialist non-profit has received one grant and the Director of Strategic initiatives continues to identify additional funding sources.
Peer Support Role and Program Development
<ul style="list-style-type: none"> Peer specialists given space to utilize for Cornerstone Consortium and other peer support related projects. Peer specialists at Community Healthcore work in direct services and in organizational practice and policy development.

COMMUNITY HEALTHCORE
Peer Support Role and Program Development
<ul style="list-style-type: none"> Community Healthcore focused intently on developing programming and activities for the Cornerstone Consortium: this group of peer specialists were involved in internal exploratory evaluation of the staff's and client's perceptions of what recovery is, as an example of one activity.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> The organization set a priority to establish specialty job roles with specific job descriptions; these are created and pending.
<ul style="list-style-type: none"> A video highlighting peer specialists was created for the new employee orientation.
Supervision and Career Advancement
<ul style="list-style-type: none"> Toward the end of the project, peer specialists set up co-supervision.
<ul style="list-style-type: none"> Organization recognizes that peer specialists need a supervisory model and this is under development.
TARRANT COUNTY
Organizational Culture
<ul style="list-style-type: none"> Community center run cooperatively by a team of peer specialists and a group of Peers.
<ul style="list-style-type: none"> Organization addressed an accessibility issue by moving a group to a different time allowing for individual riding the bus to participate.
<ul style="list-style-type: none"> Executive leadership cited as supportive.
<ul style="list-style-type: none"> Peer Program Manager met with the Board of Directors to espouse the benefits of peer specialists' work.
Funding
<ul style="list-style-type: none"> The use of General Revenue funds ensures that pure peer services can be provided.
Peer Support Role and Program Development
<ul style="list-style-type: none"> Peer Program Manager provided training to medical staff about peer support services.
<ul style="list-style-type: none"> Proudly provided pure peer services per site report.
<ul style="list-style-type: none"> Worked diligently to integrate peer services into the clinical flow when the peer specialists were added to clinical services: initially offering a referral form to staff and then integrating peer services into the existing scheduling database.
<ul style="list-style-type: none"> Programming is moving toward the integrated health model with the peer support roles: peer specialist, recovery coach and housing peers being consolidated under a single program director.
<ul style="list-style-type: none"> During the site visit, the unity of the peer specialists' team was most evident.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> Human resources provides a 3 hour ADA training.
<ul style="list-style-type: none"> Peer specialists that received services at TC MHMR do not provide services at the same clinic where they received services.
Supervision and Career Advancement
<ul style="list-style-type: none"> Peer specialists engage in weekly co-supervision.
<ul style="list-style-type: none"> Peer specialist supervisor is a certified peer specialist.

HAVEN FOR HOPE
Organizational Culture
<ul style="list-style-type: none"> Place a high value on lived experience on the campus. Haven requested the first site visit be a conference for all staff suggesting their dedication to recovery orientation. Leadership always seeking an innovation.
Funding
<ul style="list-style-type: none"> Haven for Hope endeavors to continually identify funding sources.
Peer Support Role and Program Development
<ul style="list-style-type: none"> Peer specialists worked to advocate for the fidelity of their role. Peer specialists participated in a peer learning community to endeavor toward role fidelity. After attending the role training in December, the supervisors became galvanized to work into the cooptation of the peer specialist role, engaging in a workgroup.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> Human resources requested hiring guidelines. Peer specialist job description developed during the course of the project. Peer specialists receive the same training as the other employees. Set a goal to hire more PSS, 5 hired in the middle of the project.
Supervision and Career Advancement
<ul style="list-style-type: none"> Supervisors requested access to training akin to what the peer specialists experience to further attune to the peer specialist role. Peer support staff utilized TROIKA to provide supervision to each other and solve challenges. Peer specialists receive supervision once weekly. While initially hesitant, by end of projects peer specialists confident about bringing up concerns to peer specialists. Supervisors worked diligently with peer specialists to find a way to manage role cooptation.
CENTER FOR HEALTHCARE SERVICES
Organizational Culture
<ul style="list-style-type: none"> The Core Leadership Team demonstrated that interest was generated in the behavioral unit. Leadership grew more supportive during the progress of the Project
Funding
<ul style="list-style-type: none"> For the foreseeable future, the Director of Behavioral Health allocated funds to sustain peer specialist services.
Peer Support Role and Program Development
<ul style="list-style-type: none"> While caseloads were assigned to the peer specialists, the work was a part of a care team model: peer specialists Maintained caseload, but only met with individuals per individual's request. The Project HEALTH grant defined the peer specialist role within the project. Peer specialists utilized De-Mystifying training information to educate non-peer specialist staff about the peer specialist role.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> The Center created job descriptions for progressively advanced positions for peer specialists.
Supervision and Career Advancement
<ul style="list-style-type: none"> Peer specialists utilized the Liberating Structure, TROIKA, during a meeting to consult with peers regarding challenges.

KERRVILLE STATE HOSPITAL	
Organizational Culture	
•	Creation of the Active in My (AIM) Recovery Room: modeled after recovery rooms at other hospitals, offers a space for peer support, to meet with peer specialists, and to just hang out.
•	Organizational leadership ardently working toward peer specialist integration and recovery orientation.
•	Superintendent attended a Resident Advisory Council meeting held by the people living on campus and engages with the people in that forum.
•	Changed the Change Unit from a locked down community to a community focused on helping people prepare to return to the out-of-the-hospital community.
•	Working to shift the language of the hospital (e.g. shifting from “units” to “communities”).
Funding	
•	Seeking guidance on promoting the role within the state and making it a billable service type for hospitals.
Peer Support Role and Program Development	
•	Peer specialists worked to create artifacts to promote the role: a board with their names and a description of peer support, fliers and cards with encouraging words.
•	Peer specialists worked to support the people living on campus in having a voice: assisted with creating a “Peer Perspectives” newsletter and a radio show.
•	When the Change Unit shifted from the 2A Community, the organization expressed the surprise of the people on the unit requesting peer specialist services.
Recruitment, Hiring and New Staff Training	
•	Created a peer specialist job description.
•	Kerrville State Hospital supported the new peer specialist with the process of applying to become a Certified Peer Specialist.
Supervision and Career Advancement	
•	Peer specialist supervision changed from hospital administrator to the rehab director.
•	Supervisor advocating for higher pay and role fidelity.

Appendix C: Emergent Challenges for all sites

ANDREWS CENTER
Organizational Culture
<ul style="list-style-type: none"> Changes in the organization required the shifting of resources creating temporary upheaval. Staff resistance to the project and adherence to the medical model, and the staff imposing stigma upon the peer support staff and the people receiving services, presented a barrier and evoked fatigue among the Team.
Funding
<ul style="list-style-type: none"> Billing Medicaid under TAC Code defining rehab services establishes a required minimum of monthly billable hours; meeting this minimum proved to be challenging for the peer support specialists. Proper documentation and meeting the billable hours with the workload were mentioned as components of this challenge. A peer specialist left the organization reportedly due to this challenge.
Peer Support Role and Program Development
<ul style="list-style-type: none"> As noted, meeting the minimum billable-hours requirement is a challenge. Peer support staff report that billable hours create a demand upon the structure of the programming at the drop-in center.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> Peer support specialists are only hired for paid positions if they are certified. New peer support staff primarily identified from individuals receiving services at Andrews Center.
Supervision and Career Advancement
Andrews Center did not create a career ladder during the project cycle.
COMMUNITY HEALTHCORE
Organizational Culture
Peer specialists working in the change unit reported that their role was not well understood by the non-peer specialist staff.
Funding
<ul style="list-style-type: none"> Funding noted as a barrier: peer specialists working in the change unit report that meeting minimum billable hours challenges the ability to deliver peer services. <p>Organization has no funding for peer specialist supervision.</p>
Peer Support Role and Program Development
<ul style="list-style-type: none"> Peer specialists report that their role is not respected by staff and relations with non-peer staff is “tense”. Peer specialists report that case loads are assigned: per the recommendation of use of peer services, individuals receiving services should be able to choose whether to work with a peer specialist and which peer specialist to work with.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> Initially, the job description for the peer specialists working in the change unit was the same as a QMHP without mention of lived experience as a requirement (according to the job description provided). While new job descriptions were created, the change of job role for peer specialists hinges upon the funding of the Cornerstone Consortium. Hiring policies are being developed to address concerns brought to the table by risk management: are people whose symptoms are under control being hired.
Supervision and Career Advancement
<ul style="list-style-type: none"> Peer specialists expressed feeling isolated at site visit; there was at that time no regular co-supervision meeting set up and the peer specialists worked independently in the field.

MHMR TARRENT COUNTY
Organizational Culture
<ul style="list-style-type: none"> • Clinic environment cited as a barrier to recovery orientation. • Peer specialists serve as the only representation of recovery orientation per comment. • People receiving services are not involved in the development of programming. • There was some discussion initially about tension between peer specialists and non-peer staff. • Plan was written and then submitted to the Peer Program Manager and the peer specialists for review.
Funding
<ul style="list-style-type: none"> • The Director of Peer Services, at the final gathering, expressed concern about the sustainability of
Peer Support Role and Program Development
<ul style="list-style-type: none"> • Reported that case managers do not always know when to refer a person to peer specialist services: “there is no formula”. • Peer specialists’ role at one point reported to be viewed as supported employment, distinction not made from the peers working in the community center? • Peer specialists have to self-promote in the lobby. • Commented following the De-Mystifying the Peer Role training that “it wore off in one week”.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> • Via Hope recommends expanding the applicant pool to include applicants beyond those identified by • It is noted that finding qualified applicants is challenging at times.
Supervision and Career Advancement
<ul style="list-style-type: none"> • Performance assessment is deficit focused and requires the assessment of productivity.
HAVEN FOR HOPE
Organizational Culture
<ul style="list-style-type: none"> • There was a change to the service structure a few months into the project affecting the Peer Specialist Integration project (as noted in Peer Support Role and Program Development). • Multiple individuals on campus identify as “peers” and have lived experience, creating some confusion by staff about who is a peer specialist. • Some staff members openly against the peer movement as reported at the initial site visit. • Core Leadership Team primarily composed of top leadership who remained loosely involved in the project activities. • Ownership of change team fell upon a single individual.
Funding
<ul style="list-style-type: none"> • Via Hope recommended highly that Haven for Hope identify sustainable funding sources.
Peer Support Role and Program Development
<ul style="list-style-type: none"> • Peer specialist role noted to be coopted by the case managers, diluted by the ubiquitous use of the term “peer”, and stressed by the service provision structure implemented in the midst of the project. • Grant required peer specialists be assigned a case load.
Supervision and Career Advancement
<ul style="list-style-type: none"> • At one point, co supervision was coopted by non-peer specialist peers.
CENTER FOR HEALTHCARE SERVICES
Organizational Culture
The Core Leadership Team noted that peer support cannot be an “add on” service. This service needs to be fully integrated in the care model of an agency.
Funding
Peer specialist positions depended upon time limited grant funds and the challenge to identify a sustainable funding source was met with strategic evaluation of the options.

CENTER FOR HEALTHCARE SERVICES
Peer Support Role and Program Development
<ul style="list-style-type: none"> Project HEALTH offered a protected environment for the peer specialists to develop the role; dissemination presents the challenge of redefining the role in an established organizational structure. Other units do want to utilize peer specialists, but express uncertainty about the role. A lesson learned by the Core Leadership Team was not to underestimate the time it would take to prepare non-peer specialist staff for the integration of peer support.
Recruitment, Hiring and New Staff Training
<ul style="list-style-type: none"> With the diffusion of the Project HEALTH peer specialists into other units, Center for Healthcare Services began a process of reviewing hiring policies: expressed concerns centered on qualifications related to 1) criminal history and 2) would prospective employees be “competent” when they “suddenly have a job”. Specified in the peer specialist job description that a peer support specialist should be able to manage their own wellness: if this requirement is included in all job descriptions, otherwise this comment could be discerned as prejudicial. Human Resources concerned about hiring anyone who previously received services at CHCS.
Supervision and Career Advancement
<ul style="list-style-type: none"> Supervisors at other units, upon diffusion of the peer specialists, requested assistance to integrate the peer specialists into services.
KERRVILLE STATE HOSPITAL
Organizational Culture
Working against a medical model culture in which an “us versus them” mentality prevails at times.
Recovery orientation varies from unit to unit, depending on the community director.
Funding
State mandates how many of what role a hospital can have.
Peer Support Role and Program Development
Implementing Person Centered Recovery Plans, noted by peer specialist that staff seem to freeze up when a person makes “unrealistic goals”.
Non-peer staff person demanded the minutes from a club meeting facilitated by a peer specialist.
Peer support staff reported feeling stretched between presenting at New Employee Orientation, running groups and meeting one-on-one with peers.
Recruitment, Hiring and New Staff Training
Difficulty finding qualified peer specialists: hired one peer specialist who did not last very long in 2014. Hired a new peer specialist in 2015, this peer specialist working on certification.
Supervision and Career Advancement
Creation of a career ladder pends the state recognizing and funding the role.