Peer Specialist Integration Project:

Process Evaluation

Submitted to Texas Health and Human Services Commission

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

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ACKNOWLEDGEMENT

Recommended Citation: Earley, J., Lodge, A., Peterson, L., Kuhn, W., Stevens Manser, S. (2017). Peer Specialist Integration Project: Implementation Evaluation of the 2017 Open Access Activities. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

Contents

Introduction

Via Hope's Peer Specialist Integration (PSI) project provides education about best practices, tools, and technical assistance to guide organizations' integration of peer specialists. Previous evaluation identified a need for specific information and support for organizations to integrate the unique peer specialist role into the behavioral health workforce and Via Hope has been providing PSI training and technical assistance for several years. Historically, a competitive application process limited the number of organizations and personnel participating in PSI activities. The 2017 PSI project offered a new format: open access to educational opportunities provided online and in-person. Open access meant that interested individuals or organizations could sign up to attend one or more of the activities offered throughout the year. Researchers at the Texas Institute for Excellence in Mental Health (TIEMH) under contract with the Texas Health and Human Services Commission (HHSC) developed an evaluation plan approved by the HHSC program specialist to observe and report descriptive results on these activities.

PSI Activities and Evaluation Plan

Planning for the PSI Project

The Via Hope Recovery Institute Manager and other staff began planning for the PSI activities in September 2016 and continued for the duration of the project (Figure 1). To assist with PSI planning and implementation, Via Hope hired a consultant. The consultant, previously the Via Hope Deputy Director, assisted with the application development, the PSI project design, PSI content development, revised the *Demystifying the Peer Workforce* training curriculum, and facilitated the *Demystifying* workshops with another peer specialist consultant. Via Hope intended to hire a Project Coordinator for PSI, however this role remained unfilled for the project duration. The Via Hope Recovery Institute Manager and the consultant shared responsibility for planning and coordinating all PSI activities. The TIEMH evaluation lead attended planning meetings.

Figure 1: Peer Specialist Integration Project Planning Meetings
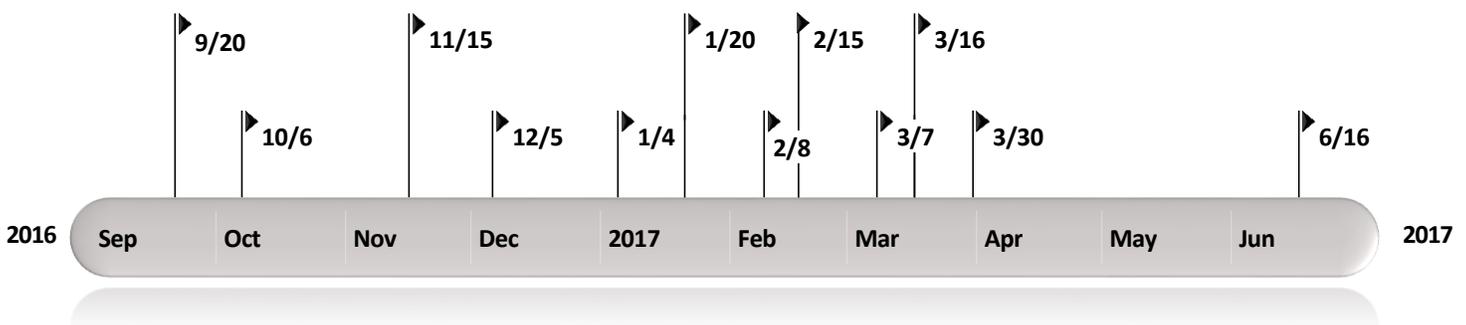
Application. Via Hope developed an application for all Recovery Institute projects. Applicants could register for two open access projects, PSI or Awareness Building, or apply for competitive Recovery Institute projects: Transition Age Youth, Person Centered Recovery Planning, and Recovery Institute Leadership Academy. The Via Hope staff worked with the consultant to develop the application and TIEMH staff developed the application for distribution on Qualtrics, a secure, web-based survey administration platform (Qualtrics, 2016). To garner interest and inform potential applicants about the application process, Via Hope hosted a webinar providing information and instructions on the day the application launched, October 19, 2016. A link to the application was sent by email to Via Hope's contact list and posted on the organization website. The application closed on November 18, 2016.

PSI Project Planned Activities

The proposed PSI project would include four activities designed to address the five domains of PSI: organization culture, funding peer specialist positions, recruitment and hiring of peer specialists, peer support staff role definition and clarification, and supervision and career advancement. These activities included:

- Informational Mailers – Emails composed of basic information addressing one of the five peer specialist integration domains with links to register for upcoming webinars, technical assistance phone calls, or the Demystifying the Peer Workforce training.
- Webinars – Live, web-based events expanding on the domain content described in the mailers.
- Technical Assistance Calls – Live, web-based events providing consultation to webinar participants, addressing particular questions they had about the webinar content.
- Demystifying the Peer Workforce Training – An in-person training designed to introduce organizations to recovery-oriented service provision, certified peer specialists, and their role in recovery-oriented care.

Figure 2: Timeline of Proposed PSI Project Activities
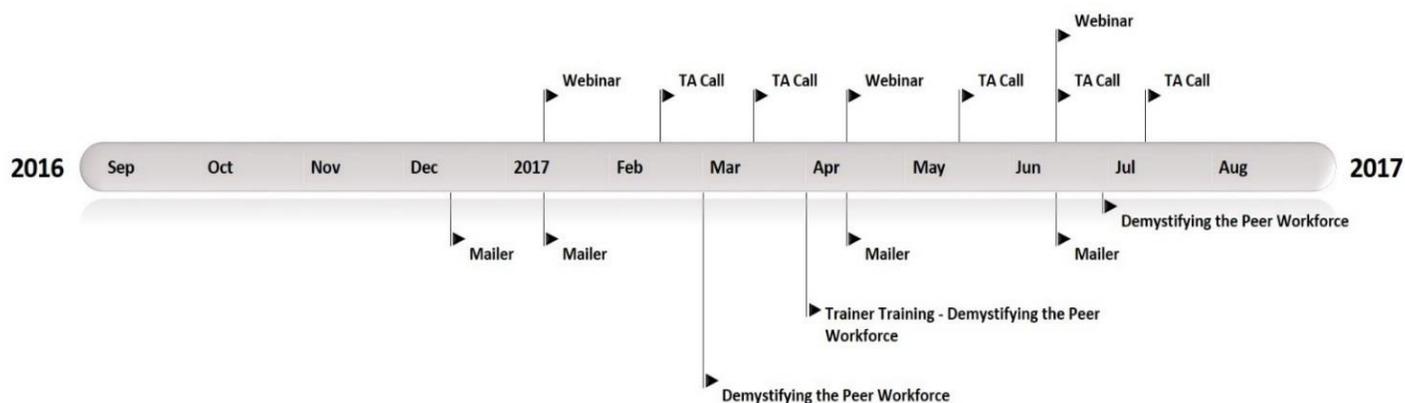
Via Hope originally planned to send four informational mailers, host three webinars, conduct five technical assistance phone calls, facilitate two Demystifying the Peer Workforce trainings, and facilitate one Demystifying the Peer Workforce training for trainers.

TIEMH PSI Project Evaluation Plan

Considerations affecting the evaluation effort. TIEMH's evaluation plan balanced the required deliverables stipulated in the HHSC MHRR contractual statement of work with Via Hope's planned project activities. Via Hope's scope of work was limited due to staffing limitations – particularly the lack of a PSI Coordinator. Via Hope, therefore, developed project activities that would be executable with minimal administrative requirements and enlisted the support of a consultant for coordination. The open-access project format limited TIEMH's ability to conduct an overall PSI evaluation or measure specific organizational outcomes related to PSI. Additionally, tracking participant outcomes potentiated validity concerns given that attendance was not consistent across activities as well as the possibility of low response rates due to oversaturation (participants receiving too many emails given the number of project activities). One stand-alone activity within the PSI project, the *Demystifying the Peer Workforce* training, presented an opportunity for TIEMH to evaluate this training and design an initial training fidelity assessment. Results of these more focused evaluation activities are described in another report, *Demystifying the Peer Workforce: Fidelity Assessment Development and Training Evaluation.*

Process evaluation of the PSI activities. For each PSI activity, TIEMH would observe, monitor and collect data on the evaluation domains. Table 1 details each evaluation domain, the attributes observed and the data sources:

Domain	Domain Attributes Observed	Source
Planning Process	Content development Production planning	Observation at planning meeting
Recruitment	Communication of activities to potential participants	Email communication with participants
Content Delivery	Learning objectives, Presenters Agenda Production Technical difficulties Activity execution Start and end times	Observation of the activities Activity materials Biographical descriptions of the presenters
Participation (Individual Activities and Overall)	Number of individuals Number of organizations represented Number of individuals representing each organization Organizational roles of individual participants Different roles from each organization	Participant information collected from activity registration and webinar platform participation logs
Participant Engagement	Length of time engaged on the webinars Participant comments	Participant information collected from activity registration and webinar platform participation logs

Process Evaluation of the PSI Project

Planning

Planning for the PSI activities began in October. Primary planning took place in the months and weeks leading up to the scheduled date for each activity. Planning meetings were held on-site at Via Hope or via conference call. The consultant, the Director of Via Hope and the Recovery Institute manager were the usual attendees, and Lyn Legere attended those meetings specific for her webinar and TA presentations. The meetings did not focus on content development, but were usually centered on the administrative tasks associated with executing the project. The Recovery Institute Manager was overseeing several other projects simultaneously and sometimes these were discussed in conjunction with PSI.

Recruitment

Invitational Mailers

Invitation Mailers were the only tool utilized to inform potential participants of the activities. No information about the activities was placed on the Via Hope website, however a link to sign up and receive emails was on the organization's Peer Specialist Integration page for the duration of the project. Figure 3 shows the schedule of mailers sent and the related activities.

Figure 3: Invitational Mailer and Related Activities
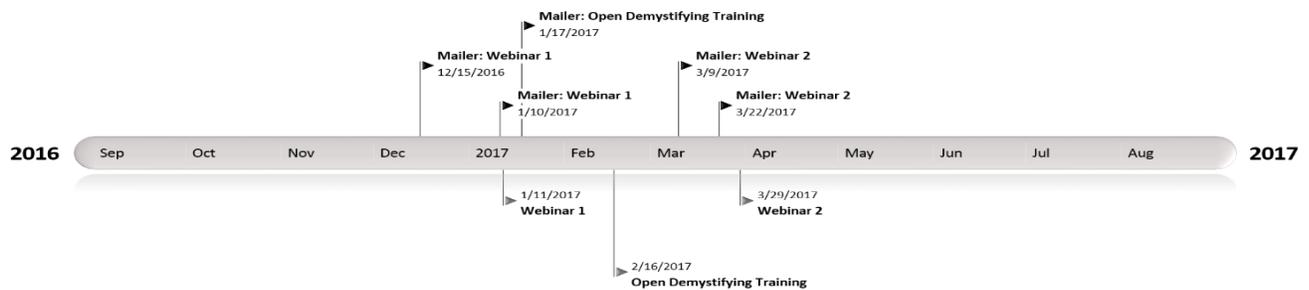
Content Delivery

Webinars

Via Hope hosted two webinars over the course of the 2017 PSI Project. Adobe Connect was used for the first webinar and GoTo Webinar was used for the second webinar. Conference America was used for both webinars as the conference phone line connecting participants to the webinar.

The webinars occurred approximately two and one half months apart. The two webinars addressed two of five peer specialist integration domains: 1) peer support staff role definition and clarification, and 2) the recruitment and hiring of peer specialists.

Content development for the webinars occurred up to the presentation date. For the first webinar, obtaining confirmation for all of the facilitators led up to one week before the webinar. The second webinar and the technical assistance conference call benefitted from the use of an outside presenter who had previously developed content that could be customized for the PSI project. Some technical difficulties affected the execution of the webinars: presenters unable to connect, participants needing assistance with connecting, background noises and facilitators rearranging computers during the presentation.

Fact and Fiction: Certified Peer Specialists in Texas. This first webinar was held on January 11, 2017. The planning for this activity began in November 2016 with a total of six planning meetings held. The content was finalized in the week before the webinar. The webinar content was provided by two Certified Peer Specialists and an HHSC Program Specialist, all of whom have expertise in peer specialist integration.

Via Hope recruited participants with an Invitational Mailer sent to 1,160 individuals. The email invitation was sent in December 2016 and included a link to the Google Forms registration. Due to an error in the management of the user account for the registration form, Via Hope retained only the registrants' email addresses. Based on the email addresses, the evaluators were able to identify some of the organizations represented, but not all due to missing information (organizations identified were based on the email addresses with organizational names).

- Number of registrants: 114
- Number of organizations represented in registration: 38 (based on email addresses)

The webinar was held on January 11 from 11:30 a.m. to 1:00 p.m. This webinar covered basic information about the definition of the peer specialist role, eligibility to become a peer specialist in Texas, the certification process, ethical guidelines and oversight of the peer profession in Texas, and data about peer specialists from the fiscal year 2016 TIEMH peer specialist employment outcomes survey. The presentation included an agenda, but no learning objectives. The webinar facilitators included:

- Michele Murphy-Smith (moderator) — *Director, Via Hope Recovery Institute*

- Dennis Bach — *Director, Via Hope*
- Wendy Latham — *HHSC Program Specialist*, *Medical and Social Services Division*
- Jill Jendzry, CPS — *Principal, The Joy Journey, LLC*
- Jason Johnson, CPS — *Director of Peer Support, Hill Country MHDD Centers*

Technical issues prevented a presenter from connecting to the webinar and these issues were resolved within thirty minutes.

Participants signed into the webinar using different criteria: some entered their first and last name, some their email addresses and others nothing specific to identification. Evaluators identified the individual participants and verified organizations based on email addresses and names from the registration.

- Number of participants in attendance: 45
- Number of organizations represented for activity: 15 (based on email addresses and names matched to registrants)

As a measure of engagement, Adobe Connect tracked the length of time each person was in the webinar session. The average participant session was 72 minutes, with high variability in participation ranging from 5 to 91 minutes.

Participant engagement data were also collected via Adobe Connect chat during the webinar. Via Hope posed one question to participants via chat that participants responded to during the course of the webinar. Participants also posed questions to Via Hope during the webinar. Of the four questions asked via the chat function, two received responses during the webinar.

Nuts and Bolts of Peer Specialist Roles and Hiring. The second webinar occurred on March 29, 2017. Planning for this webinar began in February 2017. Via Hope invited Lyn Legere, a consultant and recognized expert on peer providers from Boston University Center for Psychiatric Rehabilitation, to present this webinar based on her expertise on the topic of recruitment and hiring. Four planning sessions were held for this activity. GoTo Webinar, a platform designed to manage all aspects of webinar presentation, was utilized to send the invitational mailer, collect registration information, host the webinar, and collect participant information. Conference America was utilized as the conference phone line connecting participants to the webinar.

An Invitational Mailer was sent to 1,160 people on the Via Hope Contact list on March 9, 2017. The email included a link to register on the presentation platform, GoTo Webinar. Registrants received a confirmation email with the link to the webinar and the conference call phone number upon signing up. Registrants received a second reminder of confirmation on March 22, 2017. GoTo Webinar collected registrant information including name and organization of employment:

- Number of participants signed up: 161
- Number of organizations represented in sign-up: 77

On the day of the webinar, participants received a link to view the webinar and a phone number to a Conference America call line in order to ask questions or provide comments. The webinar started at 12:00 p.m. and ended at 2:00 p.m.

The stated webinar objectives included helping people understand the unique contributions of peer specialists, the appropriate roles and tasks for peer specialists, effective recruitment and hiring for peer support roles, and emerging roles for peer specialists. The facilitators included:

- Lyn Legere, MS, CPS
- Christina Carney, CPS
- Jessie Hodet, CPS

The content included detailed information about the complementary role of peer specialists in mental health and substance use services, considerations for hiring peer specialists, and the concept of universal design for employee management. Each presenter discussed different sections, sharing their first-hand expertise. Presenters spoke for approximately 35 minutes each. Ten minutes were used for participant questions at the end of the webinar, with some questions referred to Via Hope for follow-up after the webinar. Participants verbally responded to poll questions posed during the webinar.

Initially, some participants had difficulty getting the webinar to open on their computers. Via Hope staff spent five minutes assisting the participants with this issue. No responses or comments were recorded in the chat box function, Via Hope reported this was possibly due to technical issues with the web platform.

GoTo webinar collected precise participation data:

- Number of participants in attendance: 82
- Number of organizations represented: 50

GoTo webinar tracked the length of time each person was in the webinar session, a measure of engagement. The majority of the participants ($n=62$), attended for a duration of ninety minutes or more. The average participant session duration was 98 minutes, with participation duration ranging from 1 minute to 2 hours.

Technical Assistance Phone Call

Nuts and Bolts of Peer Specialist Role and Hiring. The planning for this technical assistance call began immediately after the March 29th webinar. This activity supplemented the Nuts and Bolts webinar, providing the participants on the webinar with the opportunity to ask questions and receive consultation. Only the 82 participants from the March 29th webinar received a follow-up email inviting them to sign up for the technical assistance phone call and to pose questions for consultation.

Via Hope conducted this activity on GoTo Webinar and participants called in through Conference America phone conferencing line. Participants sent in questions, and Lyn Legere created a PowerPoint incorporating those questions and providing responses.

The purpose of this activity was to provide responses to questions sent in via Survey Monkey and any posed by participants during the live webinar. The technical assistance call was held on April 12, 2017. The technical assistance call started at 12:00 p.m. and ended at 2:00 p.m. The technical assistance call began with didactic content covering the factors to consider when hiring peer specialists and emphasized the peer specialist role as complementary, not duplicative, of other organizational roles. The presenter intermixed responding to questions sent in and those asked during the session. The questions sent in from the registrations had slides included to support the responses provided. Questions asked during the session were posed primarily by the peer specialist attendees; these questions addressed topics beyond the primary intent of the technical assistance call, but the facilitator responded to these questions and comments, reframing those responses within the context of the technical assistance call.

Of the 82 participants invited to attend, 29 individuals representing 18 organizations signed up. Seventeen participants from 13 different organizations attended. The average attendance time for participants was 89 minutes.

Participation and Engagement

A total of 265 individuals registered for at least one activity, with 122 (46.0%) attending at least one activity. Table 2 shows the total number of participants who registered and the number who participated in each of the three activities.

Table 2: Number of Registrations and Participants

Number of Activities	Number Registered	Number Participated
One Activity	195	102
Two Activities	44	18
Three Activities	7	2
Total	265	122

Ninety-two different organizations registered for at least one activity over the course of the project with 60 participating in at least one activity (65%). Table 3 presents the number of organizations that registered and the number who participated in each of the three activities. A detailed list of the organizations and which activities participants from these organizations attended is in Appendix 2: For the first webinar, the lack of information collected did not allow for an accurate count of the unique organizations participating.

Table 3: Number of organizations registered or participating*

Number of Activities	Number Organizations Registered	Number Organizations Participated
One Activity	55	40
Two Activities	27	17
Three Activities	10	3
Total	92	60

Registrant and participant organizational role data was collected for the second webinar and the technical assistance phone call. The majority of the registrants and attendees were in leadership and managerial roles (program managers, mental health directors, and organizational executives). The second largest group was peer specialists. Table 4 lists the percentages of the categorized job roles.

Table 4: Organizational Job Roles as Percentage of Registrants and Participants

	3/29/17 Webinar Registrants	3/29/17 Webinar Participants	4/12/17 Technical Assistance Call Registrants	4/12/17 Technical Assistance Call Participants
Leadership/ Manager	34%	35%	31%	24%
Peer Specialist	25%	21%	28%	35%
Peer Program Manager or Supervisor	9%	11%	10%	12%
Direct Care Staff	11%	11%	10%	18%
Other organizational Staff	8%	9%	7%	0%
Family Partner	6%	5%	7%	6%
Independent Consultant	1%	1%	0%	0%
None/Other	4%	5%	3%	0%
Recovery Manager	2%	2%	3%	6%
Student	1%	0%	0%	0%

Observations and Recommendations

Planning and Production

Observations. Staffing hindered the planning process. First, Via Hope was challenged by the lack of a staff person to coordinate the development of content, identify presenters, and manage the administrative tasks of executing the PSI Project. The consultant seemed to carry most of these tasks with the Recovery Institute Manager providing the follow-through on the tasks planned by the consultant. Second, the role of Recovery Institute Manager shifted from one person (who retired) to another, who was also responsible for other Via Hope projects.

Recommendations. A PSI coordinator hire would have alleviated some of the challenges faced. However, appointing one or two staff people to manage the administrative execution of project tasks would ameliorate some of the struggles with technology and challenges linking people to the activities. An administrative assistant could assist coordinating the multiple lines of communication with facilitators and internal staff. Further, identifying one person with extensive knowledge of the webinar platform capabilities who can provide support in planning and the execution of the webinar would also be ideal. This would allow anyone who is planning and overseeing coordination to concentrate on the development of content and identification of presenters. When planning for future projects, Via Hope should not base activities on expected new staff hires but on existing staff capacity.

Content and Presenters

Observations. Via Hope identified diverse external experts to provide and present the content of the activities. The peer specialists particularly enhanced the activities; their experiential knowledge as peer specialists who have worked in organizations in Texas provided concrete examples for the participants. Lyn Legere brought established content that was readily adaptable to the PSI project, not to mention tenured expertise in the integration of peer specialists.

Recommendations. The webinar content presented during this project should be recorded and added to an online library or compiled and presented to supplement the final peer specialist integration tool kit. This is especially important as Texas moves forward with developing peer provider roles in line with implementation of HB 1486. This content can set the standard for the role, tasks, and provide organizations a starting place for best practices in peer specialist integration. Via Hope should continue to identify and utilize experts with experiential knowledge of peer specialist integration processes and finalize their PSI toolkit.

Participants

Observations. A high number of individuals (n=265) from a variety of organizations (n=92) signed up for the activities. However, 143 (53.9%) individuals and 32 organizations (34.7%) that signed up for a PSI activity did not actually participate. Overall, there was an average drop of 47% between the number of registrants and the number of participants for all activities. Engagement in the activities was highly variable among participants, with the average engagement (minutes spent on the activity) lower than the total minutes of the webinars or technical assistance call. Examining participation in the Nuts and Bolts of Peer Specialist Role and Hiring webinar compared

to the follow-up technical assistance call revealed an increase in the percentage of peer specialists and peer supervisors over time while the percentage of participants in leadership/manager roles decreased.

Recommendations. It may be helpful to tell participants exactly what they will learn at the beginning of the webinar and in the invitation – specific, concrete learning objectives. This way, participants will have information to justify their attendance. Shorter activities may also increase participation and participant session time (engagement). Most people working at organizations may not be able to spare two hours for attending virtual learning sessions. When advertising the activities, if the intention is to draw more people who hold a specific job role, identify the target audience in the invitation mailers. Recording the webinars and posting the content on the Via Hope website would accommodate registrants who are unable to attend the activities or for those who might be browsing the Via Hope website for educational opportunities.

Conclusion

House Bill 1486, enacted during the 85th Texas legislative session, stipulates that rules governing the peer role will be developed for specific areas including training, certification criteria, scope of services, and distinction of the peer role. In addition to the development of these rules, published research and past TIEMH evaluation reveals the importance of other organizational factors that hinder peer specialist integration into the behavioral health workforce. The Peer Specialist Integration program is one way to support organizations hiring peer providers and to provide a standardized framework to address peer specialist integration.

The open-access PSI program format provided opportunity to a broader range of organizations and individuals within those organizations. The demand for easily accessible information can only grow. Via Hope's open program demonstrated the feasibility of executing multiple web-based activities. This type of program increases accessibility to organizations spanning this large state: Via Hope can strategically design future programming to better attract target audiences and develop a system to warehouse the content for on-demand viewing. Doing so will improve Via Hope's programming, the access of information to organizations and potentially the state of peer specialist integration in Texas.

Appendix

Appendix 1: Webinar Content Outlines

Webinar: Fact and Fiction: Certified Peer Specialists in Texas.
- What is Peer Support? What is Peer Specialists? What is a Certified Peer Specialist?
- Eligibility to Become a Peer Provider/Specialist in Texas: Texas Administrative Code
- How Does One Become a Certified Peer Specialist in Texas? And Why?
- Completing the Picture: Values, Ethical Guidelines, Advisory Council
- The Certified Peer Specialist Workforce in Texas: What Do the Data Show?
- Celebrity Interview
- Questions and Answers

Webinar: Nuts and Bolts of Peer Specialist Roles and Hiring.
1. *Core Role of a CPS in Mental Health and Substance Use Services*
   a. *Peer relationships*
   b. *Power with but not power over*
   c. *Myths and misconceptions*
   d. *Certified Peer Specialist*
2. *Peer Support*
   a. *Lived Experience*
   b. *Peer support voluntary*
   c. *Recovery story*
   d. *What's in your toolbox*
   e. *Common peer specialist tasks – Unique peer specialist tasks*
   f. *Complementary not duplicative*
3. *Peer support Venues and Specifications*
   a. *Keeping the core despite the setting*
   b. *How it looks it different settings*
      i. *Hospital*
      ii. *Forensic*
      iii. *Peer Bridger*
4. *Hiring*
   a. *Given the description of the role, how do you get people who understand and can articulate their recovery journey to support another?*
5. *Job Description*
   a. *Given the description of the role, how do you write a job description that focuses on those key competencies?*
6. *Peers regular employees*
   a. *Myths and misconceptions*
7. *Universal Design and Personnel Practices*
   a. *You've hired an employee, not agreed to charitable vocational rehabilitation*
   b. *ADA, family medical leave, just like all other personnel*
   c. *Supervision, performance review, improvement opportunities and firing, just like any other employee*
   d. *IMPORTANCE – model recovery for staff and people using services, inspire hope that real recovery happens, credibility to the field*

Appendix 2: Organizations Represented during the PSI Project

PARTICIPANT ORGANIZATION	ORGANIZATION TYPE	WEBINAR 1: REGISTERED	WEBINAR 1: PARTICIPANTS	WEBINAR 2: REGISTERED	WEBINAR 2 PARTICIPANTS	INVITED TA CALL REGISTERED	TA CALL PARTICIPANTS	NUMBER ACTIVITIES REGISTERED PER ORG	NUMBER ACTIVITIES ATTENDED PER ORG
1000 HILLS MINISTRIES/OPEN DOOR MISSION	Other			x	x			1	1
ACCESS	LMHA			x	x			1	1
ADDICTION RESEARCH INSTITUTE	Research Institute	x						1	0
ANCHORED HOPE WELLNESS RECOVERY CENTER	Other			x				1	0
ANDREWS CENTER BEHAVIORAL HEALTHCARE SYSTEM	LMHA			x	x			1	1
ATTENDED AS INDIVIDUAL	LMHA			x	x			1	1
AUSTIN STATE HOSPITAL	State Hospital			x	x			1	1
AUSTIN TRAVIS COUNTY INTEGRAL CARE	LMHA	x		x	x			2	1
AUSTIN VA OUTPATIENT CLINIC	Veteran			x				1	0
BEHAVIORAL HEALTH CENTER OF NUECES COUNTY	LMHA			x	x			1	1
BETTY HARDWICK CENTER	LMHA	x	x	x				2	1
BIG BLUE EYE CONSULTING, LLC	Other			x	x			1	1
BLUE BONNET TRAILS COMMUNITY SERVICES	LMHA	x	x	x	x	x		3	2
BUKE CENTER	LMHA	x		x				2	0
CAMINO REAL	LMHA	x		x	x	x		3	1
CAROLINA COMMUNITY SUPPORT SERVICES	Other			x	x			1	1
CENTER FOR HEALTH CARE SERVICES	LMHA	x	x	x	x			2	2
CENTER FOR LIFE RESOURCES	LMHA			x	x			1	1
CENTRAL COUNTIES SERVICES	LMHA			x	x			1	1
CENTRAL PLAINS COMMUNITY CENTER	LMHA	x		x	x	x	x	3	2
CENTRO DE MI SALUD. LLC	Other			x	x			1	1
CHILD AND FAMILY GUIDANCE CENTER	Other			x	x			1	1
CHRISTABEL LLC	Other	x	x	x	x			2	2
COASTAL PLAINS COMMUNITY CENTER	LMHA	x	x	x	x	x		3	2

PARTICIPANT ORGANIZATION	ORGANIZATION TYPE	WEBINAR 1: REGISTERED	WEBINAR 1: PARTICIPANTS	WEBINAR 2: REGISTERED	WEBINAR 2 PARTICIPANTS	INVITED TA CALL REGISTERED	TA CALL PARTICIPANTS	NUMBER ACTIVITIES REGISTERED PER ORG	NUMBER ACTIVITIES ATTENDED PER ORG
COMMUNITY HEALTHCORE	LMHA	x		x				2	0
COMPASS COMMUNITY CARE INC.	Other	x						1	0
CONSTELLATION ENTERPRISES	Other			x				1	0
CURTIS AND ASSOCIATES COUNSELING SERVICES	Other			x	x			1	1
DENTON COUNTY MHMR	LMHA	x						1	0
DEPRESSION CONNECTION SUPPORT GROUPS	Other	x						1	0
DREAMCATCHERS ADVOCACY CENTER, LLC	Other			x	x			1	1
EMERGENCE HEALTH NETWORK	LMHA	x		x				2	0
FELONY MENTAL HEALTH COURT	Other			x				1	0
FOUNDATION COMMUNITIES	Other	x	x					1	1
GREENE BEHAVIORAL HEALTH, INC.	Other			x	x			1	1
GULF BEND CENTER	LMHA			x	x			1	1
GULF COAST CENTER	LMHA			x	x	x	x	2	2
HARRIS CENTER FOR MENTAL HEALTH AND IDD	LMHA	x	x	x	x	x	x	3	3
HAVEN FOR HOPE	Other	x		x				2	0
HEALING PLACE	Other			x				1	0
HEART OF TEXAS MHMR CENTER	LMHA	x	x	x	x			2	2
HEAVEN ON EARTH LLC	Other			x	x	x	x	2	2
HEAVENLY HAVEN	Other			x	x	x		2	1
HELEN FARABEE CENTERS	LMHA	x		x	x	x	x	3	2
HHSC*	Government			x	x			1	1
HILL COUNTRY COMMUNITY MHDD	LMHA	x		x	x			2	1
IMPERIAL CALCASIEU HUMAN SERVICES AUTHORITY	Other			x				1	0
INAPS	Unknown	x		x				2	0
JAMES P HALLORAN, CPS, CPP, BS	Other			x				1	0
JESUS IS RISEN MINISTRIES	Other			x	x	x		2	1
JPS HEALTH NETWORK	Other			x				1	0
KERRVILLE STATE HOSPITAL	State Hospital			x	x			1	1

PARTICIPANT ORGANIZATION	ORGANIZATION TYPE	WEBINAR 1: REGISTERED	WEBINAR 1: PARTICIPANTS	WEBINAR 2: REGISTERED	WEBINAR 2 PARTICIPANTS	INVITED TA CALL REGISTERED	TA CALL PARTICIPANTS	NUMBER ACTIVITIES REGISTERED PER ORG	NUMBER ACTIVITIES ATTENDED PER ORG
KICKAPOO TRADITIONAL TRIBE OF TEXAS	LKHA			x				1	0
KPA*	Unknown	x		x				2	0
LAKES REGIONAL COMMUNITY CENTER	LMHA	x	x					1	1
MENTAL HEALTH AMERICA OF ABILENE	LMHA	x		x				2	0
MHMR OF TARRANT COUNTY	LMHA	x	x	x	x	x	x	3	3
MHMR SERVICES FOR THE CONCHO VALLEY	LMHA			x				1	0
MILITARY VETERAN PEER NETWORK	Veteran			x				1	0
NAMI VOLUNTEER TEXAS*	Other			x				1	0
NEXUS RECOVERY CENTER INC.	Other			x	x			1	1
NORTH TEXAS BEHAVIORAL HEALTH AUTHORITY	LMHA			x	x	x	x	2	2
O.N.E. F.A.V.O.R	Other			x				1	0
OPTUM	Other	x	x	x	x			2	2
PECAN VALLEY CENTERS	LMHA			x	x	x	x	2	2
PERMIAN BASIN COMMUNITY MHMR	LMHA	x		x				2	0
PRIMROSE HEALTH SOLUTIONS	Other			x	x			1	1
PROVIDERS IN HOME*	Other			x	x			1	1
RECOVERY PEER SUPPORT NETWORK	Other	x		x	x	x	x	3	2
SERENITY LIGHT RECOVERY SUD TREATMENT	LMHA	x						1	0
SPINDLETOP CENTER	LMHA	x		x				2	0
STARCARE SPECIALTY HEALTH SYSTEMS	LMHA	x	x	x	x	x	x	3	3
STATE HOSPITAL	State Hospital	x	x					1	1
STREETREACH	Other			x	x			1	1
TERRELL STATE HOSPITAL	State Hospital			x	x	x	x	2	2
TEXANA CENTER	LMHA			x	x			1	1
TEXAS COUNCIL OF COMMUNITY CENTERS	Other			x				1	0
TEXAS PANHANDLE CENTERS	LMHA			x	x	x	x	2	2
TEXAS PEER ASSISTANCE PROGRAM FOR NURSES (TPAPN)	Other			x	x			1	1
TEXOMA COMMUNITY CENTER	LMHA	x	x					1	1

PARTICIPANT ORGANIZATION	ORGANIZATION TYPE	WEBINAR 1: REGISTERED	WEBINAR 1: PARTICIPANTS	WEBINAR 2: REGISTERED	WEBINAR 2 PARTICIPANTS	INVITED TA CALL REGISTERED	TA CALL PARTICIPANTS	NUMBER ACTIVITIES REGISTERED PER ORG	NUMBER ACTIVITIES ATTENDED PER ORG
TIEMH/ CHILDREN'S PROGRAMS (NOT ON EVAL TEAM)	Research Institute	x	x					1	1
TRANSAFRICAN DEVELOPMENT, INC.	Other			x	x			1	1
TRI-COUNTY BEHAVIORAL HEALTH CENTER	LMHA	x						1	0
TROPICAL TEXAS BEHAVIORAL HEALTH	LMHA	x		x	x	x	x	3	2
UNIVERSITY OF HOUSTON/DOWNTOWN	Other			x				1	0
UNKNOWN STATE HOSPITAL	Government			x	x	x		2	1
UT HEALTH SCIENCE CENTER AT SAN ANTONIO	Other			x				1	0
UVA	Veteran			x	x			1	1
VA NORTH TEXAS HEALTH CARE SYSTEMS	Veteran			x				1	0
VETERANS SERVICES* (UNSPECIFIED)	Veteran			x	x	x	x	2	2
VIA HOPE	Other	x	x					1	1
WEST TEXAS CENTERS FOR MHMR	LMHA	x		x	x			2	1
ORGANIZATION PARTICIPATION		39	16	80	53	20	14	92	60