REPORT / TEXAS PEER PROVIDERS: SATISFACTION WITH WORK AND WORK SETTINGS

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Texas Peer Providers:

Satisfaction with Work and Work Settings

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Contents

Executive Summary

This report provides an overview of Texas peer providers' satisfaction with work and work settings, with a focus on how satisfaction varies by Public Health Region (PHR). PHR differences were examined to inform the provision of peer training and technical assistance to support regional needs. The results in this report are based on secondary data analysis of the FY2019 Texas Peer Provider Work Settings and Practices survey (Stevens Manser, Earley, Lodge, & Parkin, 2019).

Results include data from peer providers who responded to two questions about satisfaction in their peer role at the organization where they currently work or previously worked. The first question asked peer provider respondents to rate how satisfied they are or were on a seven-point scale (n=432). Overall, 55.1% of respondents reported being extremely satisfied and another 29.6% reported moderate satisfaction. Respondents from PHRs 1, 4, and 11 were the most likely to report being extremely or moderately satisfied in their peer role. In contrast, respondents from PHRs 5, 9, and 10 were the most likely to report being dissatisfied in their peer role. Although the sample sizes were small, 40.0% of respondents from PHR 10 and 15.4% of respondents from PHRs 5 and 9 reported being slightly, moderately, or extremely dissatisfied with their peer role.

A second item asked respondents to describe why they selected the satisfaction response that they did. Figure 1 displays the number of peer providers who responded to this question by PHR (n=242). Figure 1 and all other figures exclude respondents with missing PHR data. However, respondents with missing PHR data were included in the analytic sample. Additionally, because no peers from PHR 9 responded to this question, PHR 9 is not included in discussions about PHR differences.

*Figure 1: Number of peer providers who described why they selected the satisfaction response they did by PHR**

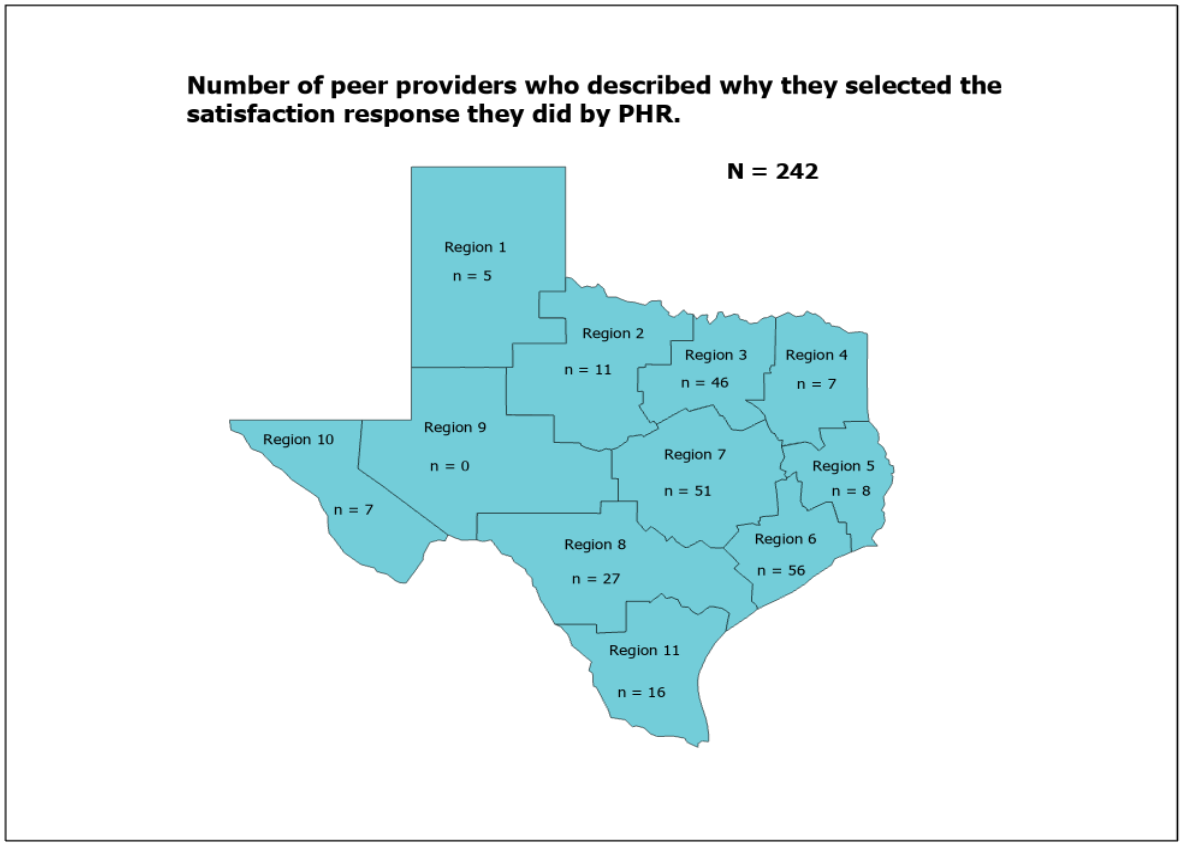


**Figure 1 (and subsequent figures) includes respondents who are currently or ever worked as a peer provider.*

Data from this item were reanalyzed to develop qualitative codes. These codes were then organized into categories related to satisfaction and categories related to dissatisfaction with their peer role at their organization. Satisfaction codes fell into two broad categories: satisfaction related to the peer role and satisfaction related to the organizational setting. Dissatisfaction codes fell into three broad categories: dissatisfaction related to organizational culture; dissatisfaction related to role and role clarity issues; and dissatisfaction related to compensation, funding, and/or career advancement.

It is important to note that respondents often described factors that have contributed to both their satisfaction and dissatisfaction. For example, many respondents described being satisfied with the peer role but dissatisfied with characteristics of the organization at which they work or previously worked.

Satisfaction with Peer Role

Among peer providers who responded to the open-ended question about why they chose the satisfaction rating that they did, 119 respondents (48.3%) reported that they are satisfied because they are satisfied with the peer support role. Respondents reported several specific reasons that they are satisfied with the peer support role including:

- Love the job (n=37);
- Helping others in recovery (n=36);
- Giving back/serving others (n=19);

- Rewarding to see people grow (n=17);
- Making a difference (n=16);
- Enjoy working with people in services (n=12);
- Found my purpose (n=10);
- Enhances recovery (n=9);
- Role is meaningful because of personal experiences (n=6);
- Personal growth (n=3); and
- Valued by people served (n=3).

Respondents from PHRs 10 and 11 were the most likely to report being satisfied with the peer support role (57.1% and 56.3% of respondents from these regions, respectively)[1]. However, these (and other) differences by PHR should not be interpreted as definitive differences because sample sizes are small and vary by PHR.

Among peer providers who responded to the open-ended question about why they chose the satisfaction rating that they did, 46 respondents (19.0%) reported that they are satisfied because of characteristics of the organization where they currently work or previously worked. Respondents reported several specific organizational setting characteristics, including:

- Valued by organization/leadership (n=29);
- Supportive colleagues (n=14);
- Supervisor support/mentorship (n=9);
- Organizational mission, vision, and/or values (n=5);
- Professional development and career advancement support (n=4);
- Organization supports the growth of peer services (n=3);
- Able to perform peer support role (n=2); and
- Satisfied with compensation (n=1).

Respondents from PHR 1 were the most likely to report being satisfied due to organizational setting characteristics with 40.0% of respondents from this PHR reporting one of the above factors. In contrast, no respondents from PHR 5 reported being satisfied due to organizational setting characteristics.

Dissatisfaction with Peer Role

Among peer providers who responded to the open-ended question about why they chose the satisfaction rating that they did, 47 respondents (19.4%) reported being dissatisfied with factors related to the culture at the organization where they work(ed). Respondents reported several specific organizational culture factors, including:

- Inadequate support from leadership, staff, and/or organization (n=32);
- Organizational and state-level bureaucracies (n=9);
- Organizational values (e.g., not recovery-oriented, self-directed; n=6); and,
- Inadequate structure (n=5).

Respondents from PHR 4 were the most likely to report dissatisfaction with organizational culture issues, with 42.9% of respondents from that region reporting one of the above factors.

[1] Percentages are based on the number of respondents from a PHR who reported a code divided by the number of respondents from a PHR who responded to the survey item.

Among peer providers who responded to the open-ended question about why they chose the satisfaction rating that they did, 46 respondents (19.4%) reported being dissatisfied with factors related to role and role clarity issues. Respondents reported several specific role issues, including:

- Role clarity issues (i.e., performing non-peer duties; n=26);
- Overworked/burn out (n=11);
- Dissatisfied with peer role (n=7);
- Underutilized (n=3); and,
- Dissatisfied with documentation requirements (n=2).

Respondents from PHRs 7 and 10 were the most likely to report dissatisfaction due to role and role clarity issues (27.5% and 28.6%, respectively).

Among peer providers who responded to the open-ended question about why they chose the satisfaction rating that they did, 45 respondents (18.6%) reported being dissatisfied with factors related to compensation, funding, and/or career advancement opportunities at the organization where they work(ed). Respondents reported several specific factors related to compensation, funding, and/or career advancement, including:

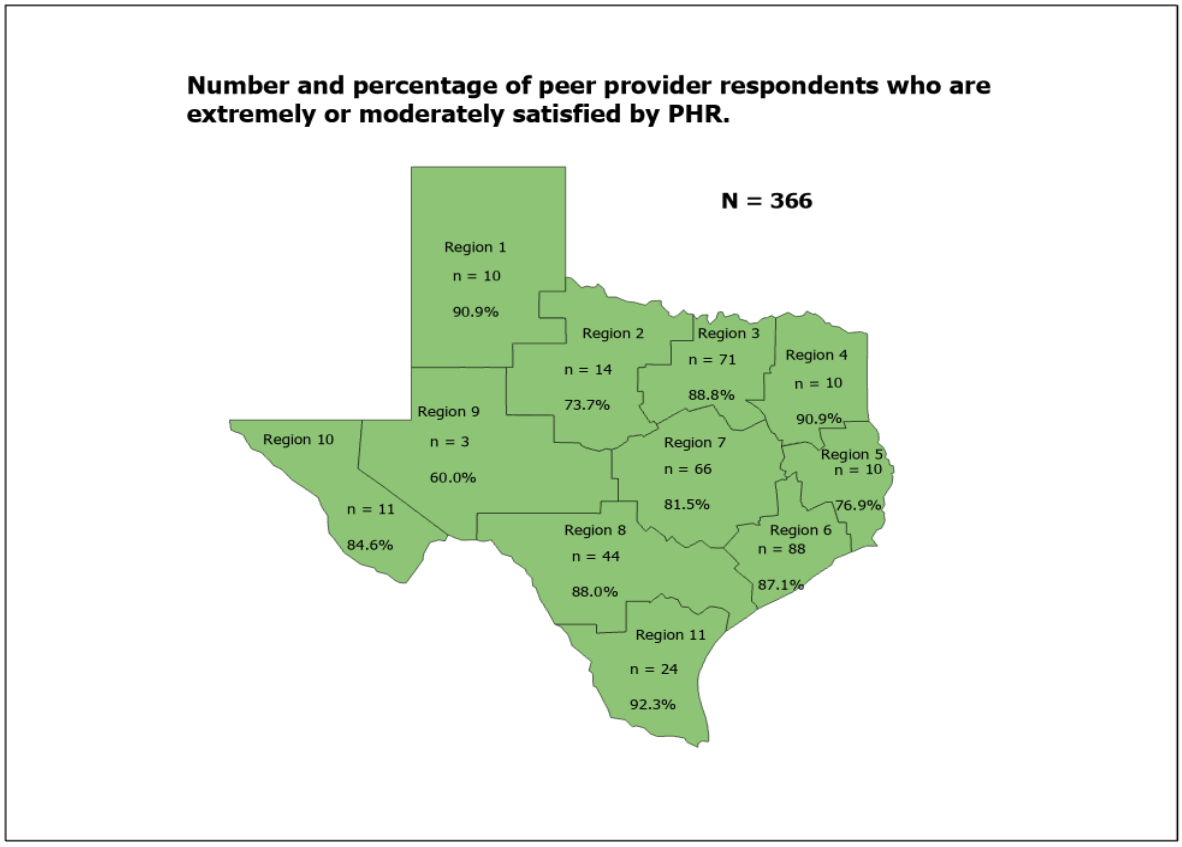
- Inadequate compensation (n=24);
- Inadequate training (n=14);
- Inadequate career advancement opportunities (n=7);
- Inadequate funding and resources for peer program (n=4); and,
- A lack of staff benefits (n=2).

Respondents from PHRs 5 and 11 were the most likely to report dissatisfaction due to issues related to compensation, funding, and/or career advancement opportunities (37.5% and 43.8% of respondents from these regions, respectively).

Satisfaction with Peer Role: Quantitative Ratings

Peer providers who responded to the FY2019 Texas Peer Provider Work Settings and Practices survey (Stevens Manser et al., 2019) were asked to rate their satisfaction with their peer role at the organization where they currently work or previously worked (using a Likert scale where 1=extremely satisfied to 7=extremely dissatisfied). The mean satisfaction rating was 1.84 (SD=1.37), reflected in 55.1% reporting extreme satisfaction and another 29.6% reporting moderate satisfaction. Figure 2 displays the number and percentage of peer provider respondents who reported either extreme or moderate satisfaction by Public Health Region (PHR).

Figure 2: Number and percentage of peer provider respondents who are extremely or moderately satisfied by PHR



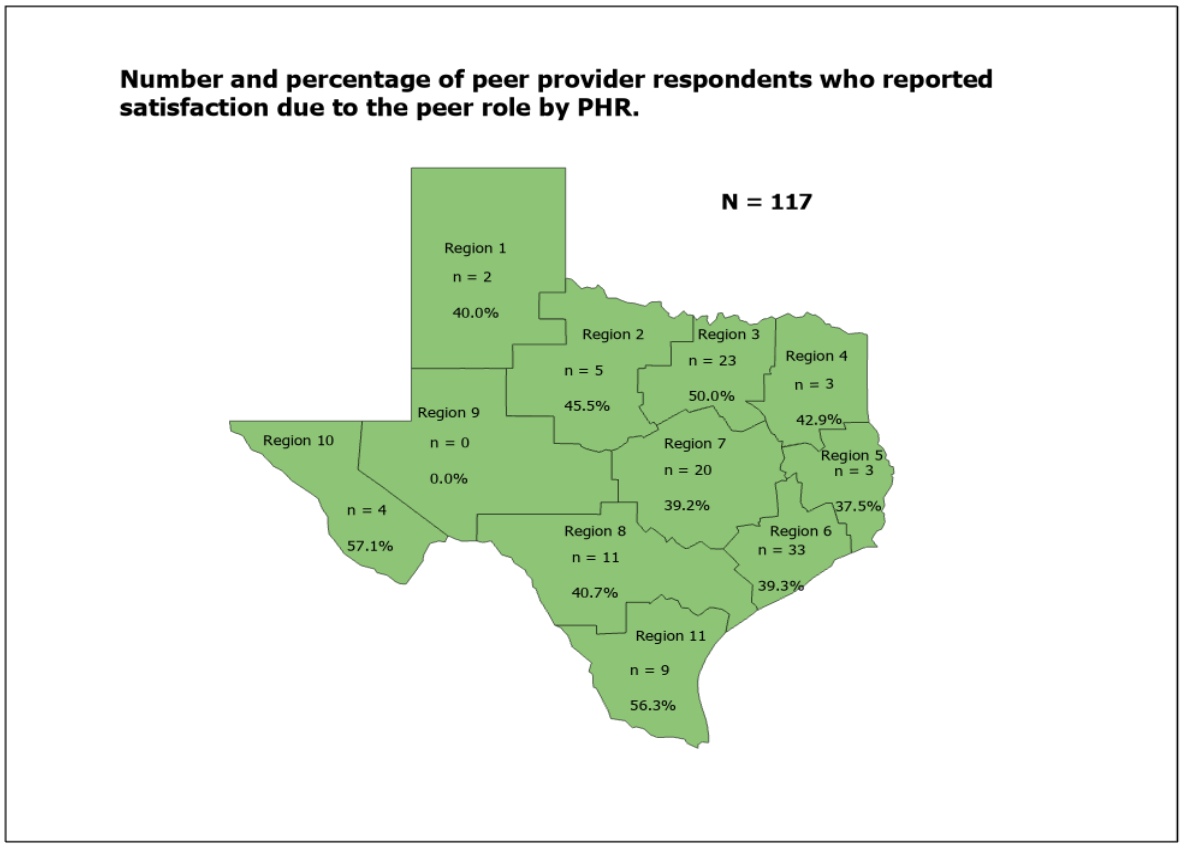
Overall, only 7.3% of respondents (n=32) reported being either slightly, moderately, or extremely dissatisfied with their peer role. Although the sample sizes were small, respondents from PHR 9 were the most likely to report being dissatisfied with the peer role at the organization where they work(ed). Specifically, 40% of respondents from PHR 9 reported being either slightly, moderately, or extremely dissatisfied. Respondents from PHRs 5 and 10 also had relatively high rates of dissatisfaction, with 15.4% of respondents from both of these regions reporting dissatisfaction with their peer role at the organization where they work(ed).

Satisfaction with Peer Role: Qualitative Explanations

The Peer Role

Peer providers who responded to the FY2019 Texas Peer Provider Work Settings and Practices survey were asked to qualitatively describe why they chose the satisfaction rating they did (described above). Among peer providers who responded to this item (n=242), 48.3% (n=117) reported that they are satisfied due to aspects of the peer role itself. Figure 3 displays the number and percentage of peer provider respondents who reported satisfaction due to the peer role by PHR.

Figure 3: Number and percentage of respondents who reported satisfaction due to the peer role by PHR



There were some differences in the percentage of respondents who reported satisfaction due to the peer role by PHR, although these (and other PHR differences) should be interpreted with caution due to small sample sizes. Respondents from PHRs 10 and 11 were the most likely to report satisfaction due to the peer role (57.1% and 56.3% of respondents from these regions who responded to this question, respectively).

The Peer Role: Love the Job

The most commonly reported explanation for being satisfied with the peer role was that respondents love or are passionate about the job (n=37). For example, one respondent wrote: “I have a great passion for the work and love it very much.” Similarly, another respondent wrote: “I am doing what I love.”

"I found great personal satisfaction in helping others recover from situations exactly like I had experienced."

The Peer Role: Helping Others in Recovery

The second most commonly reported explanation for being satisfied with the peer role was that respondents enjoy helping others in recovery (n=36). For example, one respondent wrote:

> *I love being a peer and sharing my story with those I serve. I love assisting them and accompanying them on their journey of recovery. I love hearing their stories and getting to know them as a friend. I love that I get to be open about my struggles with mental illness in a way that helps others.*

Similarly, another respondent wrote: "I found great personal satisfaction in helping others recover from situations exactly like I had experienced."

The Peer Role: Giving Back to Others

A third explanation for being satisfied with the peer role was that respondents enjoy giving back or serving others (n=19). For example, one respondent wrote: "Giving back to others is the best feeling in the world." Similarly, another respondent wrote:

> *I myself am in recovery and love to give back to others that are struggling with addiction and alcoholism. I was there one time and that's what gives me that same drive to help others and in return helps me stay sober too! Best Job Ever in my Life!*

"Giving back to others is the best feeling in the world."

The Peer Role: Rewarding to See People Grow

Another explanation for being satisfied with the peer role was that respondents find it rewarding to see people grow (n=17). For example, one respondent wrote: "I am satisfied because I see people change, I see improvement, and I see happiness in individuals." Similarly, another respondent wrote: "I had the opportunity to see people's life change right in front of my eyes because of the great team of recovery coaches I worked with."

The Peer Role: Making a Difference

A similar explanation for being satisfied with the peer role that respondents described was the ability to make a difference (n=16). Respondents described satisfaction regarding making a difference in the lives of individual people in services as well as making a difference culturally and structurally in terms of making recovery services and peer support more broadly available. For example, one respondent described making a difference for

individuals served: “Being able to make a difference in the lives of others who are suffering is very important to me.”

Similarly, another respondent described making a difference culturally and structurally: “My satisfaction with the role comes from being a part of a movement to make recovery relevant, accessible, and credible.” A third respondent described making a difference on both individual and cultural levels:

> *I have witnessed the culture change peers provide in the clinic setting. I have seen the workforce acknowledge the need for Peers, and the impact they make, as well as their ability to connect with individuals on a level other staff cannot. I enjoy being a change agent and see how this will benefit the people we serve.*

The Peer Role: Enjoy Working with People Served

Another explanation for being satisfied with the peer role that respondents described was that they enjoy working with people in services (n=12). For example, one respondent wrote: “I love the interaction with peers.” Similarly, another respondent wrote: “I enjoy meeting people in their community as they work toward achieving their personal goals.”

The Peer Role: Found My Purpose

Respondents also described being satisfied with the peer role because they have found their purpose or “calling” in life (n=10). For example, one respondent explained: “I feel that I have found a job that utilizes my abilities, past experiences, passion and purpose, all in this role! Extremely hard to find!” Similarly, another respondent wrote: “This is what I dreamed of doing since college. I feel it is my purpose in life, my vocation.”

The Peer Role: Additional Explanations

Peer provider respondents described additional reasons for being satisfied with the peer role. Respondents noted that working as a peer enhances their recovery (n=10). For example, one respondent wrote: “While helping others I am helping myself to grow in the recovery process.”

Respondents also reported that the peer role is meaningful specifically because it allows them to draw on their personal experiences (n=6). For example, one respondent explained: “I'm passionate about recovery coaching [because] I have my own personal past in regards to the subject so I relate on another level and it means that much more to me.”

Respondents also reported that serving in a peer role has led to experiences of growth, both personal and professional (n=3). For example, one respondent wrote:

> *I learned so much from clients and other Peer Coaches. I was enlightened to many new perspectives. I discovered so much awareness about myself by engaging with those who suffered as I once did and seeking recovery for new way of life!*

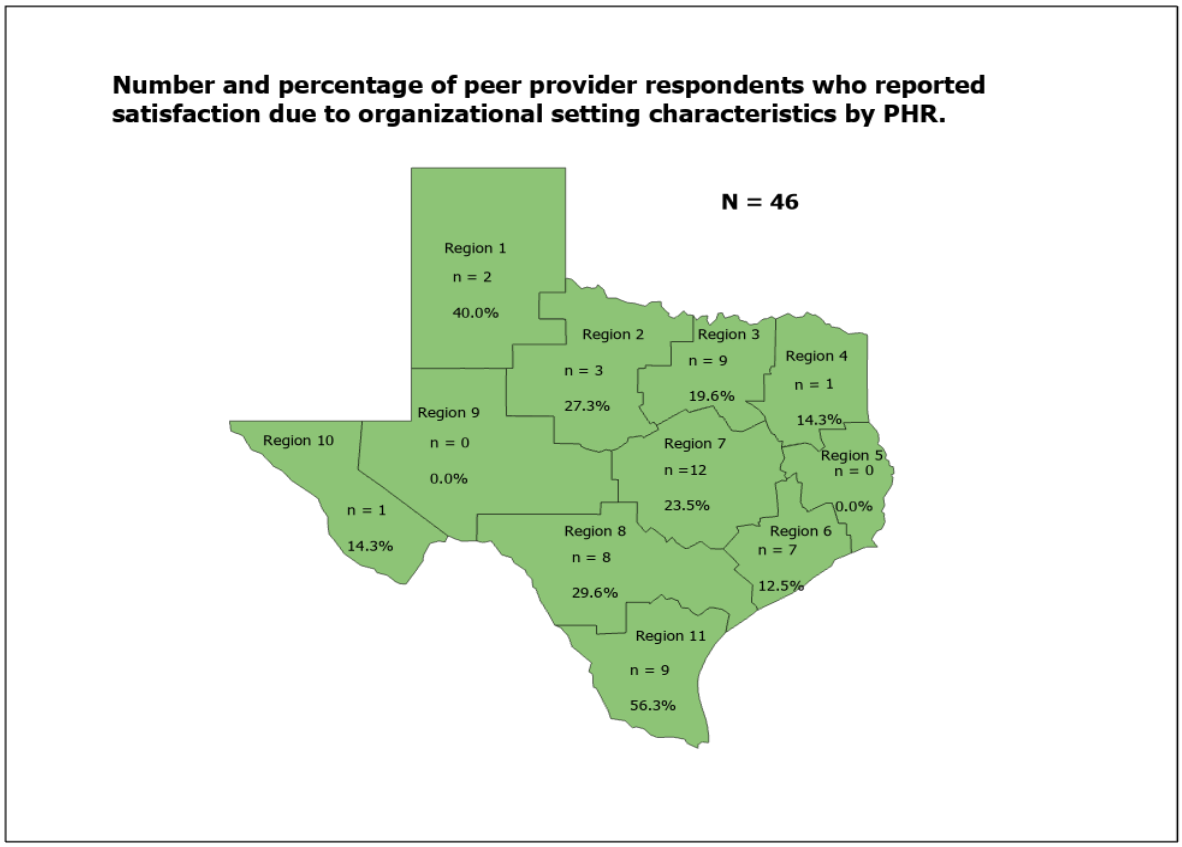
"Our work environment is exceptionally supportive."

Respondents also described being satisfied because they are valued by the people they serve (n=3). For example, one peer wrote: "I love the peers I work with. They appreciate my time and what I share on my personal experience. They make me feel useful."

Organizational Setting Characteristics

In addition to satisfaction related to the peer role, peer provider respondents also reported being satisfied due to the characteristics of the organization at which they currently work or previously worked. Among peer providers who provided an explanation for their satisfaction rating (n=242), 19.0% (n=48) reported that they are satisfied due to aspects of the organizational setting. Figure 4 displays the number and percentage of peer provider respondents who reported satisfaction due to organizational setting characteristics by PHR.

Figure 4: Number and percentage of respondents reporting satisfaction due to organizational setting characteristics by PHR



There were some differences in the percentage of respondents who reported satisfaction due to organizational setting characteristics by PHR. Respondents from PHR 1 were the most likely to report being satisfied due to organizational setting characteristics with 40.0% of respondents from this PHR reporting one of the above factors. In contrast, no respondents from PHR 5 reported being satisfied due to organizational setting characteristics.

Organizational Setting Characteristics: Valued by Organization/Leadership

The most commonly reported organizational setting characteristic that contributed to peer providers' satisfaction was being supported or valued by their organization or leadership at their organization (n=29). For example, one respondent explained:

> *I have been given room to work and develop services across campuses that align with Peer ethics and values. I was supported in my professional development and know I am appreciated. We have been able to grow our Peers on staff.*

Similarly, another respondent wrote:

> *At [name of organization redacted] I have always felt supported in ALL the work that I've done in 5 years. The flexibility to coach, run meetings, supervise, meet peers outside of the center, facilitate trainings, and grow as a leader within the organization has helped me find my sense of purpose.*

"My opinions are treated with respect and my colleagues are willing to help me be successful."

Organizational Setting Characteristics: Supportive Colleagues

Respondents also described the importance of having supportive colleagues for being satisfied with their job (n=14). For example, one respondent wrote: "The team works great together and values peer services." Similarly, another respondent wrote: "My opinions are treated with respect and my colleagues are willing to help me be successful."

Organizational Setting Characteristics: Additional Explanations

Peer provider respondents described additional reasons for being satisfied with characteristics of the organization where they work(ed).

Nine respondents described the importance of receiving support and mentorship from their supervisor (n=9) for job satisfaction. For example, one respondent explained: "I have a great management team that support and encourage me in my work and in furthering my career in this field."

Five respondents reported that the organizational mission, vision, or values align with their own values. For example, one respondent explained: “Our mission and vision are something I’m passionate about. It is a place where I get to live out my values.”

Four respondents described opportunities and support for professional development and career advancement as contributing to job satisfaction. For example, one respondent wrote: “I have had access to development trainings…learning how to bring up ideas so people can hear them is one of the most useful tools I have been taught.”

Three respondents noted that their organization has worked to expand or grow peer services, which has contributed to job satisfaction. For example, one respondent noted: “My organization worked to find alternative funding streams to ensure the presence of peers in our organization was not just maintained, but expanded.”

Two respondents reported that they are satisfied with their job because they are able to practice peer support at their organization. For example, one respondent wrote: “I am allowed to practice actual peer support on a daily basis as opposed to being used as transportation.”

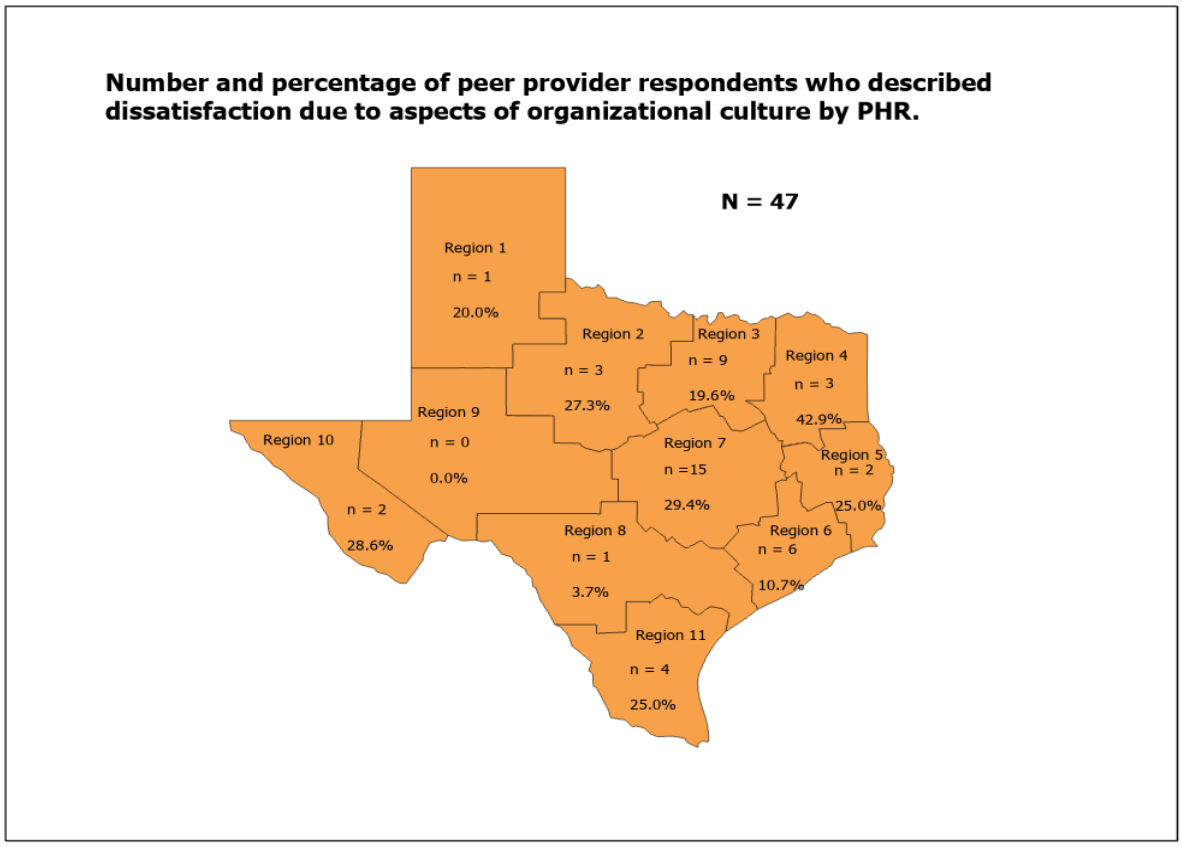
Finally, one respondent reported having job satisfaction due to the compensation they receive. They wrote: “Great company and pay.”

Dissatisfaction with Peer Role: Qualitative Explanations

Organizational Culture

Among peer providers who responded to the item about why they chose the satisfaction rating that they did (n=242), 19.4% (n=47) described dissatisfaction due to aspects of the organizational culture where they currently work or previously worked. Figure 5 displays the number and percentage of peer provider respondents who described dissatisfaction due to aspects of organizational culture by PHR.

Figure 5: Number and percentage of respondents describing dissatisfaction due to organizational culture by PHR



Respondents from PHR 4 were the most likely to report organizational culture issues – 42.9% of respondents from PHR 4 did so. In contrast, only 3.7% of respondents from PHR 8 reported dissatisfaction due to organizational culture.

Organizational Culture: Lack of Support

The most commonly described organizational culture issue was a lack of support from the organization (broadly defined), including a lack of support from leadership and other staff at the organization (n=32). Respondents described working at organizations where they and other peers were not valued, respected, or supported in their work. For example, one respondent explained:

> *I didn't feel I was getting the support or respect from the members of the Executive Board and the Organization's Administrator. I ended up quitting because I felt I was not getting the support I deserved and they would not pay me as a Peer Specialist.*

Similarly, another respondent wrote: "It's been very hard being a successful peer (for me) on a state level. Very little support, too many politics. Not any real 'buy-in' from the leadership in most places I've worked." A third peer reiterated this theme: "Stigmatizing behaviors of other mental health treatment staff within some organizations is hard to deal with as a Peer Specialist. Also I found myself often explaining what I do on the treatment team, and how I can help people."

> *"I ended up quitting because I felt I was not getting the support I deserved."*

Organizational Culture: Additional Issues

Peer provider respondents described additional reasons for being dissatisfied with the organizational culture where they work(ed).

Nine respondents described being dissatisfied with limitations of "the system" or organizational or state-level bureaucracies. For example, one respondent wrote: "The biggest struggle I have is working within the LMHA system and the bureaucracy and red tape that entails." Similarly, another respondent wrote: "At the time I felt I could help more but my hands were tied due to the requirement of having to work under the company umbrella."

Six respondents described being dissatisfied with organizational values at their organization. In particular, respondents described organizations that were not recovery-oriented, that did not support self-direction for individuals in services, that did not support non-traditional treatments, and that valued profit over people's well-being. For example, one respondent described working at an organization that did not support self-direction:

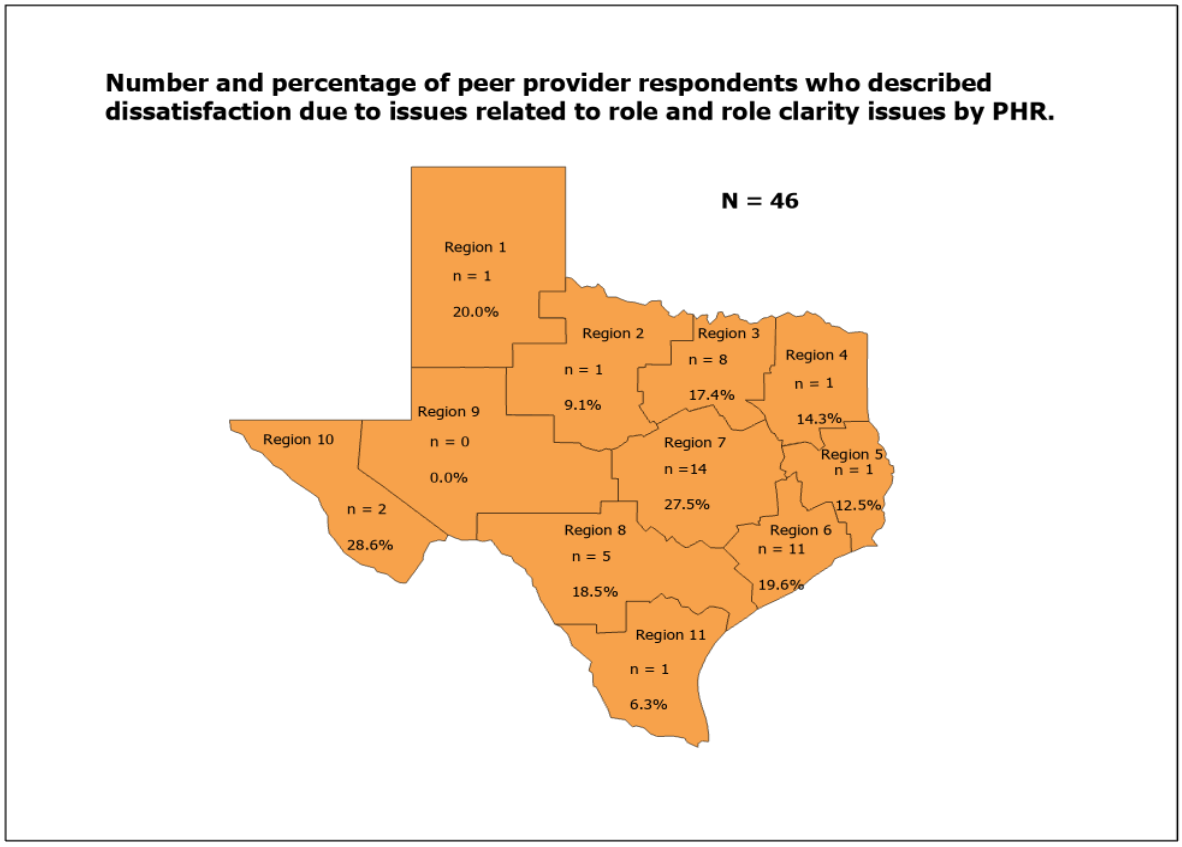
> *The consumer was not allowed to actively participate in the creation of their treatment plan. The opportunity to give the consumers the choice to take control of their treatment was not supported. This greatly baffled me because it contradicted the goal of the various training classes I trained & certified in.*

Finally, five respondents described being dissatisfied with a lack of structure at the organization where they work or worked. For example, one respondent wrote: "I don't like the perpetual changes in organizational practice and procedures."

Role and Role Clarity Issues

Among peer providers who responded to the item about why they chose the satisfaction rating that they did (n=242), 19.0% (n=46) described dissatisfaction due to factors related to peer role and role clarity issues. Figure 6 displays the number and percentage of peer provider respondents who described dissatisfaction due to role and role clarity issues. Most commonly, respondents described being dissatisfied because they are performing job duties that are not peer support. Respondents also described being overworked, underutilized, and dissatisfied with aspects of the peer role.

Figure 6: Number and percentage of respondents reporting dissatisfaction due to role issues by PHR



Respondents from PHRs 7 and 10 were the most likely to describe experiencing role and role clarity issues – 27.5% and 28.6% respectively. In contrast, only 6.3% of respondents from PHR 11 reported being dissatisfied due to role or role clarity issues.

Role and Role Clarity Issues: Non-Peer Duties

Most commonly, respondents described being dissatisfied because they are (or were) performing non-peer duties (n=26). Specifically, these respondents described never or rarely doing actual peer work and instead described doing clinical work, providing transportation, and providing office support. For example, one respondent wrote:

> *I felt we were used as backup office support too often. I also felt our supervisor never knew what our program was about. I had three [supervisors] in two years working at [organization] and each time was asked what was it we really did there more than once by a supervisor.*

Similarly, another respondent wrote: “The peer position that I'm in is treated more and more like a clinician/ case management position.”

"The peer position that I'm in is treated more and more like a clinician/case management position."

Role and Role Clarity Issues: Overworked/Burn Out

Eleven respondents reported being overworked or experiencing burnout in their current or prior peer position. For example, one respondent wrote: "More is asked of me and similar peer support personnel than we can reasonably accomplish." Similarly, another respondent wrote:

> *I was also the director and usually the core person to provide consistent service to anyone. I was overextended. Never really was just a peer support. Always also trying to grow the board, organization, part time staff's skills, supervising, doing outreach, financials, etc. etc. So it was on top of what I was already doing.*

Role and Role Clarity Issues: Additional Issues

Peer provider respondents described additional reasons for being dissatisfied with factors related to role and role clarity issues.

Seven respondents described being dissatisfied with aspects of the peer role including difficulties with boundaries, a lack of intellectual stimulation, difficulties engaging individuals in services, and a lack of success among people in services. For example, one respondent wrote: "I didn't find the work particularly intellectually stimulating."

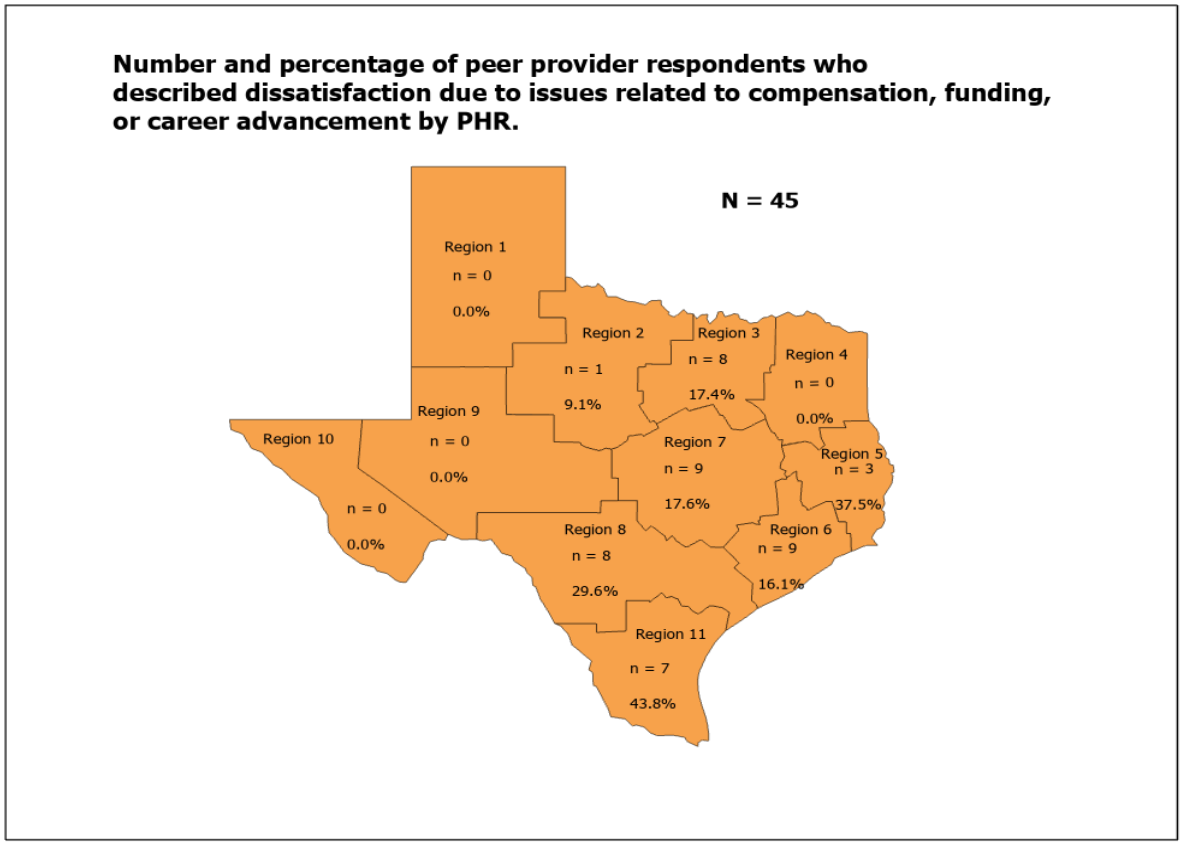
Three respondents described being dissatisfied because they are underutilized in their peer role. For example, one respondent wrote "[I] would like to do more and it seems we are limited here."

Two respondents described being dissatisfied due to documentation requirements. For example, one respondent wrote: "Having to deal with Medicaid was awful because you were always pressured about your numbers to generate revenue and there was no real uniform training for Medicaid notes."

Compensation, Funding, and Career Advancement Opportunities

Among peer providers who responded to the item about why they chose the satisfaction rating they did (n=242), 18.6% (n=45) described dissatisfaction due to factors related to compensation, funding, or career advancement opportunities. Figure 7 displays the number and percentage of peer provider respondents who described dissatisfaction due to issues related to compensation, funding, or career advancement.

Figure 7: Number and percentage of respondents reporting dissatisfaction due to compensation, funding, or career advancement by PHR



Respondents from PHR 11 were the most likely to describe issues related to compensation, funding, or career advancement – 43.8% of respondents from PHR 11 did so. No respondents from PHRs 1 or 10 reported dissatisfaction due to issues with compensation, funding, or career advancement.

> *"I live paycheck to paycheck and make many sacrifices in my personal life because I love what I do and am willing to work for such low pay."*

Compensation, Funding, and Career Advancement Opportunities: Inadequate Compensation

The most commonly reported issue within this category was inadequate compensation (n=24). Respondents described dissatisfaction both with the amount of compensation they receive as a peer as well as dissatisfaction with their compensation in relation to other behavioral health professionals as well as in relation to peers working at other organizations. For example, one respondent wrote:

> The company I work for pays less than other mental health facilities but it is close to where I live. It is sad that a person does a job that they love and is trying to support themselves on a single paycheck that they can't afford to feed themselves properly.

Similarly, another respondent echoed this theme: “I live paycheck to paycheck and make many sacrifices in my personal life because I love what I do and am willing to work for such low pay.”

Compensation, Funding, and Career Advancement Opportunities: Inadequate Training

Fourteen respondents described receiving inadequate training for the peer role. For example, one respondent wrote: “I was just thrown in and never trained. I feel like I would be more useful if I had some kind of in-house training.” Similarly, another respondent wrote: “I believe that the opportunity for more trainings and certifications could be provided for peer specialists where I am currently employed.”

Compensation, Funding, and Career Advancement Opportunities: Additional Issues

Peer provider respondents described additional reasons for being dissatisfied with factors related to compensation, funding, and career advancement.

Seven respondents described being dissatisfied with a lack of career advancement opportunities. Specifically, respondents described a lack of raises and career ladders for peers at their organizations as well as at the state level. For example, one respondent wrote: “I feel that working as a Recovery Coach in my company there was not room for promotion. Because roles are mostly grant funded, raises are not possible.”

Four respondents described being dissatisfied with a lack of funding and other resources for the peer program at the organization where they work(ed). For example, one respondent wrote: “[I] wish I had more tools to work with and did not have to spend my own money to purchase books or workbooks.”

Two respondents described being dissatisfied due to a lack of staff benefits (e.g., personal time off [PTO], health insurance). For example, one respondent wrote: “We have no PTO or sick days so if we take a mental health day, we do not get paid.”

Discussion

Peer providers described two key reasons for being satisfied: they are satisfied with the peer role and they are satisfied with aspects of the organization where they work or previously worked. In contrast, peer providers described being dissatisfied due to aspects of the organizational culture at the organization where they work(ed); role and role clarity issues; and factors related to compensation, funding, and career advancement opportunities.

Many respondents described factors that contributed both to their satisfaction and dissatisfaction. For these respondents, the overall trend indicated satisfaction with the peer role but dissatisfaction with some aspect of the organizational setting where they work(ed).

Notable organizational factors contributing to dissatisfaction include a lack of support from leadership and staff, a lack of actual peer work, and inadequate compensation and training. These factors may contribute to peer workforce retention issues in Texas. Training and technical assistance efforts may therefore consider targeting these factors that contribute to peer workforce retention issues.

Although sample sizes are small and results must be interpreted cautiously, there were some PHR differences in factors contributing to dissatisfaction among peer provider respondents.

Respondents from PHR 4 were the most likely to report being dissatisfied with organizational culture issues. Therefore, training and technical assistance efforts focusing on fostering supportive and recovery-oriented organizational climates may therefore need to be especially targeted to this PHR.

Role and role clarity issues were most likely to be reported by respondents from PHRs 7 and 10; thus training and technical assistance related to role clarity may consider focusing on these PHRs.

Issues related to compensation, funding, and career advancement were most likely to be reported by respondents from PHR 11; thus training and technical assistance related to these factors may consider focusing on this PHR.

Overall, peer providers in Texas described experiencing a great deal of satisfaction with the peer role itself, although also described a number of ways that organizations can provide more support for peer providers. Fostering supportive organizational climates, paying living wages, and ensuring that peers are doing peer work may go a long way towards increasing peer workforce retention.

References

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