REPORT / TEXAS PEER PROVIDERS: WORK TASKS AND ACTIVITIES

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Texas Peer Providers:

Work Tasks and Activities

Submitted to the Texas Health and Human Services Commission

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

CONTACT

Texas Institute for Excellence in Mental Health
Steve Hicks School of Social Work
The University of Texas at Austin
1823 Red River St.
Austin, Texas 78712

Phone: (512) 232-0616 | Fax: (512) 232-0617
Email: txinstitute4mh@austin.utexas.edu
sites.utexas.edu/mental-health-institute

CONTRIBUTORS/PROJECT LEADS

Amy Lodge, Ph.D.
Stacey Stevens Manser, Ph.D.
Susannah Parkin, B.A.

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Executive Summary

This report provides an overview of Texas peer providers' work activities with a focus on how these activities vary by Public Health Region (PHR). PHR differences were examined to inform the provision of peer training and technical assistance (TTA) 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 provider respondents who are currently or have ever been employed in a peer role and who provided a response to an open-ended survey question about the tasks and activities that they perform on a typical day (n=322). Figure 1 displays the number of peer providers who responded to this question by PHR. Figure 1 and all other figures exclude respondents with missing PHR data. However, respondents with missing PHR data were included in the analytic sample.

*Figure 1: Number of peer provider respondents who responded to the tasks and activities item by PHR**

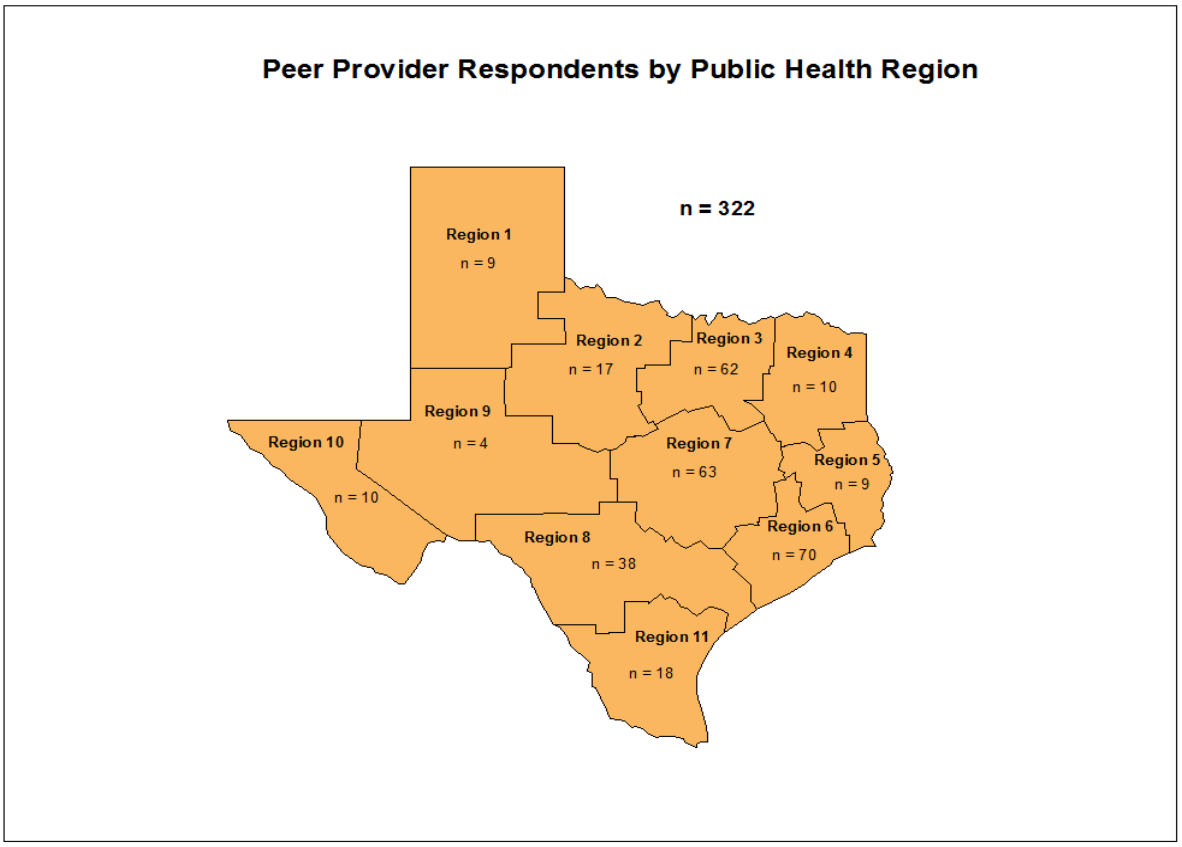


**Figure 1 (and subsequent figures) includes respondents who are currently or ever worked as a peer provider.*

These data were reanalyzed to develop qualitative codes. These codes were then organized into three broad categories of respondents' work tasks and activities: peer services; clinical and other non-peer activities; and supervision, management, and training.

Peer Services

Among peer providers who responded to the open-ended question about tasks and activities that they perform on a typical day (n=322), 290 (n=90%) reported that they currently provide or previously provided peer services. Most commonly, respondents reported providing the following specific peer services:

- One-on-one peer support (including peer specialist services, peer mentoring, and recovery coaching; n=201);
- Peer support groups (n=137);
- Connecting individuals to resources and supports (n=84);
- Outreach and engagement (n=41);
- Advocacy (n=37);
- Documentation and records (n=33);
- Classes and education (n=30);
- Community advocacy (n=22);
- Creating wellness or recovery plans (n=22); and,
- Social activities and events (n=20).

Respondents from PHRs 3 and 10 were the most likely to report providing peer services, whereas respondents from PHR 9 were the least likely to do so[1]. In terms of specific peer services, respondents from PHRs 2 and 10 were the most likely to report providing one-on-one peer support, whereas no respondents from PHR 9 reported providing one-on-one peer support. Respondents from PHRs 5 and 10 were the most likely to report planning and running peer support groups, whereas respondents from PHRs 1 and 4 were the least likely to do so. Respondents from PHRs 4 and 6 were the most likely to report connecting people in services to resources and supports, whereas no respondents from PHR 9 reported doing so. However, these differences by PHR should not be interpreted as definitive differences because sample sizes are small and vary by PHR.

Clinical and Other Non-Peer Activities

Among peer providers who responded to the open-ended question about tasks and activities that they perform on a typical day (n=322), 91 (28%) reported that they currently provide or previously provided clinical or other non-peer activities or services. Respondents reported providing the following clinical and other non-peer activities or services:

- Psychosocial rehabilitative services/skills training (n=37);
- Transportation (n=27);
- Greeting and intake (n=14);
- Daily operations (n=12);
- Case management (n=12);
- Assessment (n=5);
- Counseling (n=4); and,
- Data entry (n=4).

[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.

Respondents from PHRs 2 and 4 were the most likely to report providing clinical or other non-peer services, whereas no respondents from PHR 1 reported doing so. In terms of specific clinical or non-peer activities, respondents from PHRs 3 and 9 were the most likely to report providing psychosocial rehabilitative or skills training services, whereas no respondents from PHRs 1 and 5 reported doing so. Respondents from PHRs 4 and 5 were the most likely to report providing transportation whereas no respondents from PHRs 1, 9, and 10 reported doing so. However, these differences by PHR should not be interpreted as definitive differences because sample sizes are small and vary by PHR.

Supervision, Management, and Training

Among peer providers who responded to the open-ended question about tasks and activities that they perform on a typical day (n=322), 54 (17%) reported that they currently or previously provided supervision, management, or training. Specifically, respondents reported providing the following activities:

- Supervising other peers (n=24);
- Director or management duties (n=20);
- Training peers and other staff (n=13); and,
- Program development (n=12).

Respondents from PHRs 2, 9, and 10 were the most likely to report engaging in supervision, management, and training activities, whereas respondents from PHRs 4 and 11 were the least likely to do so. In terms of specific activities, respondents from PHRs 2 and 10 were the most likely to report supervising other peers, whereas no respondents from PHRs 5 and 9 reported doing so. Respondents from PHRs 2 and 9 were the most likely to report engaging in director or management duties, whereas no respondents from PHRs 2, 4, 10, or 11 reported doing so.

SAMHSA Peer Support Role Activities

The Substance Abuse and Mental Health Services Administration (SAMHSA; 2019) outlines 10 key activities that define the peer role. These activities are:

- Advocating for people in recovery;
- Sharing resources and building skills;
- Building community and relationships;
- Leading recovery groups;
- Mentoring and setting goals;
- Providing services and/or training;
- Supervising other peer workers;
- Developing resources;
- Administering programs or agencies; and,
- Educating the public and policy makers.

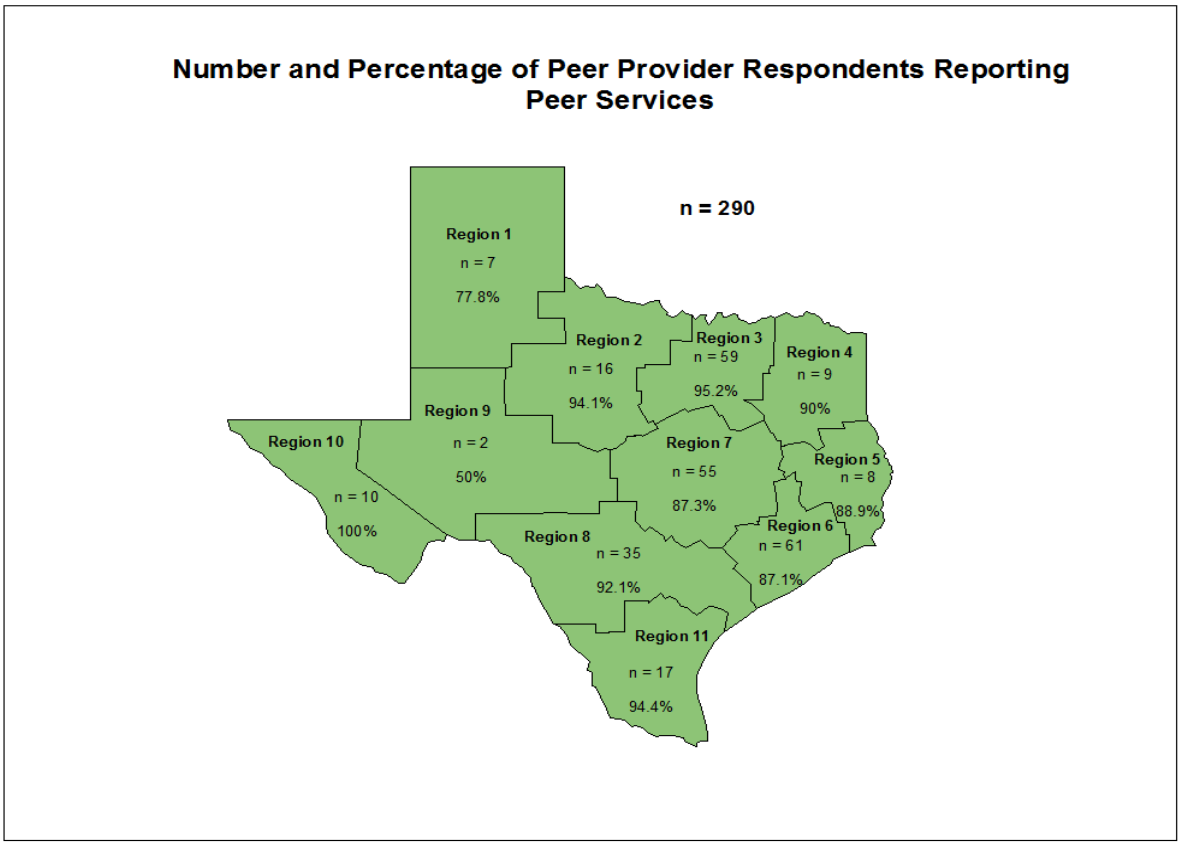
This report also includes a discussion of how SAMHSA's peer support activities compare to the activities reported by peers in Texas. Peers in Texas reported doing all of the peer support activities outlined by SAMHSA. However, many peers also reported engaging in clinical and other non-peer activities. Therefore, future TTA efforts may consider targeting appropriate and inappropriate activities for peers as an area for education.

Peer Services

Peer providers who responded to the FY2019 Texas Peer Provider Work Settings and Practices survey were asked to qualitatively describe the tasks and activities that they perform on a typical day. Among peer providers who responded to this item (n=322), 90% (n=290) reported that they provide some type of peer service. Figure 2 displays the number and percentage of peer provider respondents who reported providing some type of peer service by PHR.

There were some differences in the percentage of respondents who reported providing peer services by PHR, although these should be interpreted with caution. Respondents from PHR 10 were the most likely to report providing peer services (n=10, or 100% of respondents from PHR 10 who responded to this question). Respondents from PHR 9 were the least likely to report providing peer services (n=2, or 50% of respondents from PHR 9 who responded to this question).

Figure 2: Number and percentage of peer provider respondents who reported providing peer services by PHR



One-on-One Peer Support

The most commonly reported peer service or activity was one-on-one peer support (n=201; 62%). One-on-one peer support includes mental health peer support, recovery coaching, and peer mentoring. For example, one respondent described engaging in one-on-one peer support:

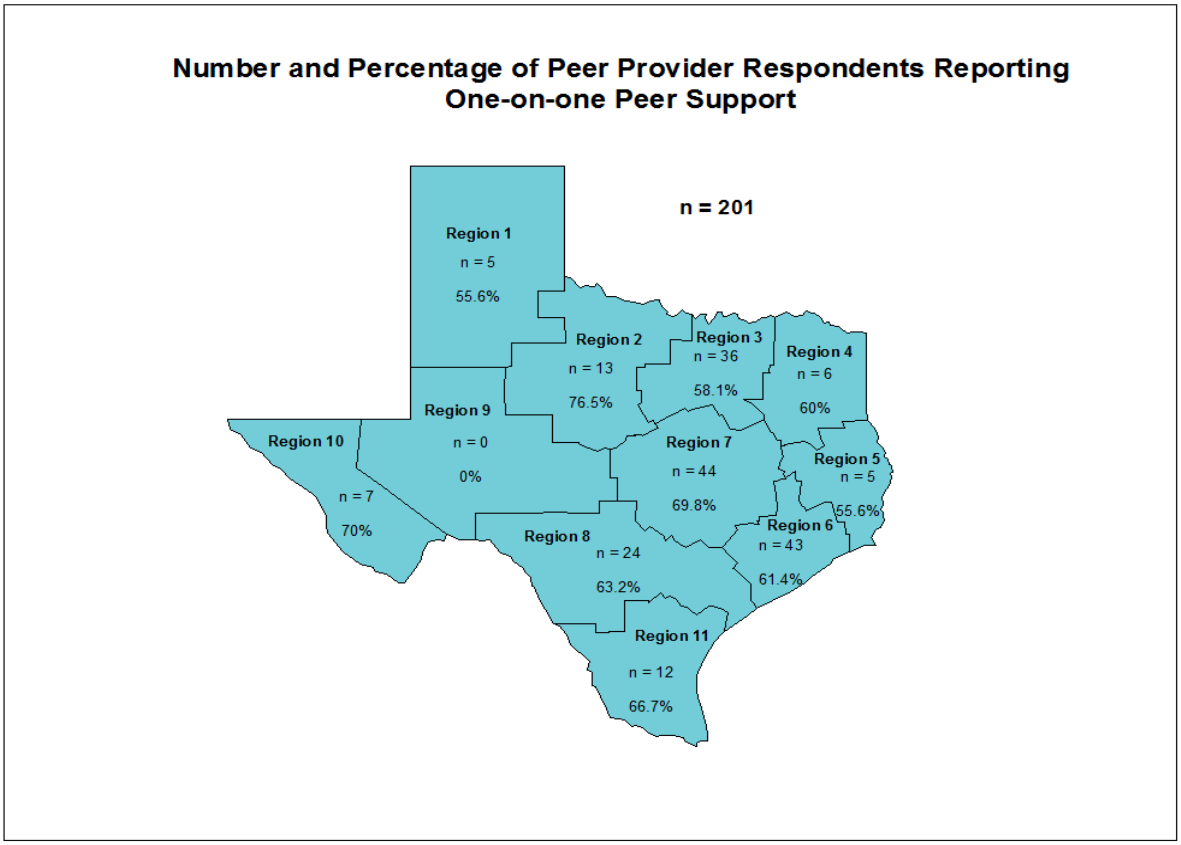
> *I talk to them [individuals in services] about their current situations and what they want to do and where they see themselves in the near and far future and discuss ways they can attain these goals. I offer my experience of recovery and so far have gotten really good feedback. Sometimes, I just simply listen.*

"[I] meet with clients to support their recovery through mutuality"

Another peer provider respondent described engaging in one-on-one peer support: "[I] meet with clients to support their recovery through mutuality." A third respondent wrote: "I give encouragement, talk about wellness tools … [and] share my story."

Figure 3 displays the number and percentage of peer provider respondents who reported providing one-on-one peer support by PHR. Respondents from PHRs 2 and 10 were the most likely to report providing one-on-one peer support (77% and 70% of peer providers from these PHRs who responded to the question) compared to respondents from other PHRs. No peer providers from PHR 9 who responded to this question reported providing one-on-one peer support.

Figure 3: Number and percentage of peer provider respondents who reported providing one-on-one peer support by PHR

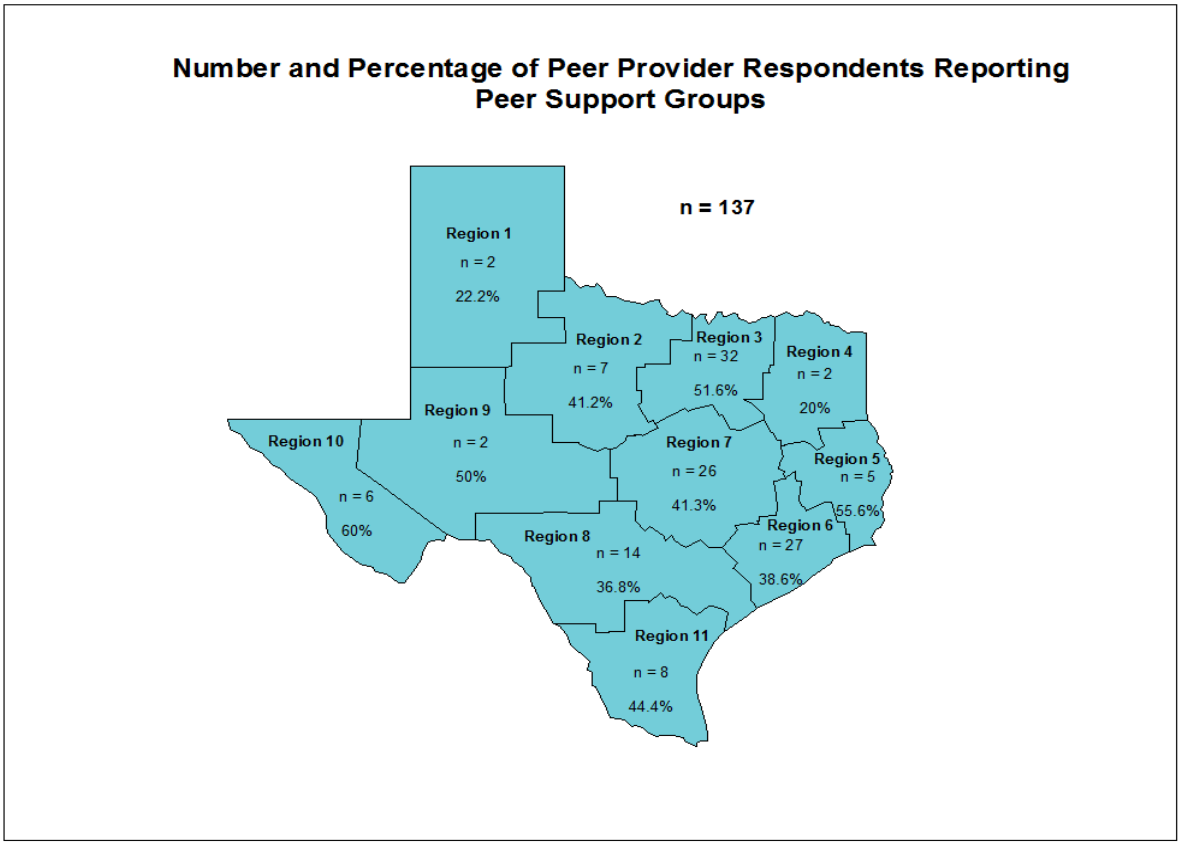


Peer Support Groups

The second most commonly reported peer service or activity was planning and facilitating peer support or recovery groups (n=137; 43%). For example, one respondent explained: "I facilitate a general support group, where we discuss topics pertaining to mental health." Similarly, another respondent wrote that their activities included: "Peer support group facilitation in 7 counties of rural Texas." A third respondent wrote: "I plan group curriculum. I contact clients to remind them about group."

Figure 4 displays the number and percentage of peer provider respondents who reported planning or facilitating peer support groups by PHR. Respondents from PHRs 5 and 10 were the most likely to report planning and facilitating peer support groups (56% and 60% of peer providers from these PHRs who responded to this question). Respondents from PHRs 1 and 4 were the least likely to report planning or facilitating peer support groups (22% and 20% of peer providers from these PHRs who responded to this question).

Figure 4: Number and percentage of peer provider respondents who reported planning or facilitating peer support groups by PHR



Connecting Individuals to Resources and Supports

The third most commonly reported peer service or activity was connecting individuals in services to resources and supports (n=84; 26%). For example, one respondent explained their activities:

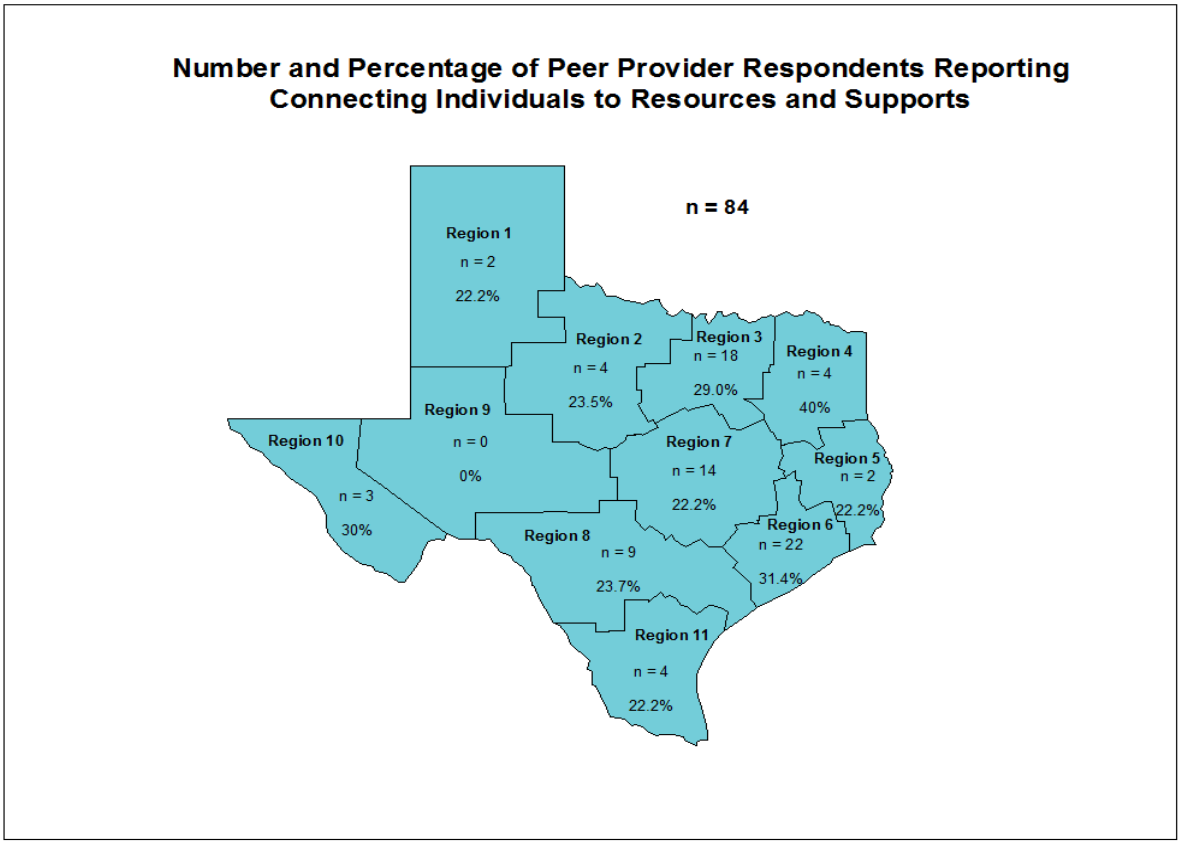
> *[I] actively identify and provide linkages to community resources (communities of recovery, educational, vocational, social, cultural, spiritual resources, mutual self- help groups, professional services, etc.) that support the recovering person's goals and interests. [It is] a collaborative effort including the recovering person, agency staff and other relevant stakeholders.*

Similarly, another respondent explained their activities: "[I] support connections to community based, mutual self-help groups. [I] link individuals to appropriate professional resources when needed." A third respondent reiterated this activity: "[I] provide community services such as connecting individuals to mental health and medical services and other community organizations as needed."

"[I] actively identify and provide linkages to community resources that support the recovering person's goals and interests."

Figure 5 displays the number and percentage of peer provider respondents who reported connecting individuals in services to resources and supports by PHR. Respondents from PHRs 4 and 6 were the most likely to report connecting individuals to resources and supports (40% and 31% of peer providers from these PHRs who responded to this question). No peer providers from PHR 9 reported that they connect individuals in services to resources and supports.

Figure 5: Number and percentage of peer provider respondents who reported connecting individuals to resources and supports by PHR



Outreach and Engagement

The fourth most commonly reported peer support activity was outreach and engagement: 41 respondents (13% of those who responded to this question) reported that they engaged in some form of outreach or engagement. For example, one respondent explained their activities: "[I] maintain contact by phone and/or e-mail with recovering persons to insure their ongoing success and to provide re-engagement support." Similarly, another respondent explained: "I talk to [individuals in services] about who I am and what I do. I make phone calls and follow-ups with the peers that I assist."

Respondents from PHR 10 were the most likely to report engaging in some form of outreach or engagement, with 50% of respondents from that region reporting doing so. In contrast, no respondents from PHR 9 reported that outreach and engagement are part of their job activities.

"[I] write down client concerns for review with administration at the end of the month."

Advocacy

The fifth most commonly reported peer support activity was advocacy with 37 respondents (12% of peer providers who responded to this question) reporting that they engage in some type of advocacy efforts related to people in services. For example, one respondent explained: "[I] write down client concerns for review with administration at the end of the month." Similarly, another respondent wrote that they "advocate for peers with our clinicians."

Respondents from PHRs 1 and 10 were the most likely to report engaging in advocacy with 33% of respondents from PHR 1 and 30% of respondents from PHR 10 reporting that they do so. No respondents from the following PHRs reported engaging in advocacy: PHR 2, 4, and 9.

Documentation and Records

The sixth most commonly reported peer support activity was documentation and record keeping with 33 respondents (10% of peer providers who responded to this question) reporting that they engage in documentation and record keeping. For example, one respondent explained their documentation activities:

> *I had to type notes for each group session regarding all present peers' reactions, involvement, [and] participation in group that day. These notes were necessary to receive payment from Medicaid so it was crucial to be up to date on 'notes*.'

Respondents from PHRs 10 were the most likely to report that their job duties include documentation and record keeping with 40% of respondents from this PHR reporting that they do so. In contrast, no respondents from PHRs 4 and 9 reported that they engage in this activity.

Classes and Education

The seventh most commonly reported peer support activity was teaching classes and providing education to individuals in services with 9% (n=30) of peer providers who responded to this question reporting that they do so. For example, one respondent wrote: "I currently teach two yoga classes and four tai chi classes." Other respondents reported facilitating classes and providing education on topics such as: self-advocacy, various arts and crafts classes, Wellness Recovery Action Plan (WRAP), Whole Health Action Management (WHAM), harm reduction, vocational skills, and cooking.

Respondents from PHR 3 were the most likely to report that they teach classes and provide education to individuals in services with 33% of respondents from this PHR reporting that they do so. No respondents from PHRs 1 or 9 reported facilitating classes or providing education to individuals in services.

"[I] develop relationships with community groups/agencies to assist them in becoming familiar with potential opportunities."

Community Advocacy

Community advocacy was reported by 22 respondents (7% of peer providers who responded to this question). The community advocacy efforts described by respondents included serving on committees and coalitions, developing community partnerships, educating community stakeholders, and engaging in legislative and policy efforts. For example, one respondent explained their community advocacy efforts "[I] develop relationships with community groups/agencies to assist them in becoming familiar with potential opportunities." Similarly, another respondent wrote:

> *I speak with as many resources as I can to spread the word of recovery coaches and how we can be an asset to their centers and clients. I've spoken to police in the area, I make and send blessing bags to treatment centers, I speak on-air of recovery coaches, why we're important to have in every treatment center…I speak to mental health professionals, LCDCs, more experienced recovery coaches, I have a YouTube channel and other social media that are based on recovery and resources, etc.*

Respondents from PHR 4 were the most likely to report that they engage in some form of community advocacy with 20% of respondents from this PHR reporting that they do so. In contrast, no respondents from PHRs 10 or 11 reported engaging in community advocacy.

Creating Wellness or Recovery Plans

Creating wellness or recovery plans with individuals in services was reported by 22 respondents (7% of peer providers who responded to this question). For example, one respondent explained "[I] help clients devise their own recovery plan of action." Similarly, another respondent wrote that their activities include "Building a goal-oriented treatment plan for individuals."

Respondents from PHR 8 were the most likely to report that they create wellness or recovery plans with people in services with 18% reporting that they do so. In contrast, no respondents from PHRs 1, 4, 5, 9, or 10 reported that they create wellness or recovery plans with individuals in services.

Social Activities and Events

Planning and facilitating social activities and events was reported by 20 respondents (6% of peer providers who responded to this question). For example, one respondent explained: "I will sometimes lead a game of bingo or Uno on Wednesdays, and on the second and third Thursdays and third Monday of the month, I will show a movie, with a free baggie of popcorn and 50 cent soda." Other types of social activities and events respondents described include: poetry jams, talent shows, attending sporting events, and trips to the state capitol, the zoo, museums, restaurants, stores, waterparks, and the beach.

Respondents from PHR 2 were the most likely to report that they plan and facilitate social activities and events with 12% of respondents from this PHR reporting that they do so. In contrast, no respondents from PHRs 1, 4, 5, 9, or 10 reported that they plan or facilitate social activities and events.

> *"[I] offer peer support services through the sharing of personal experiences of homelessness."*

Additional Peer Support Activities

Respondents also reported engaging in several additional peer support activities. PHR differences were not calculated for these codes due to small sample sizes. Additional peer support activities included:

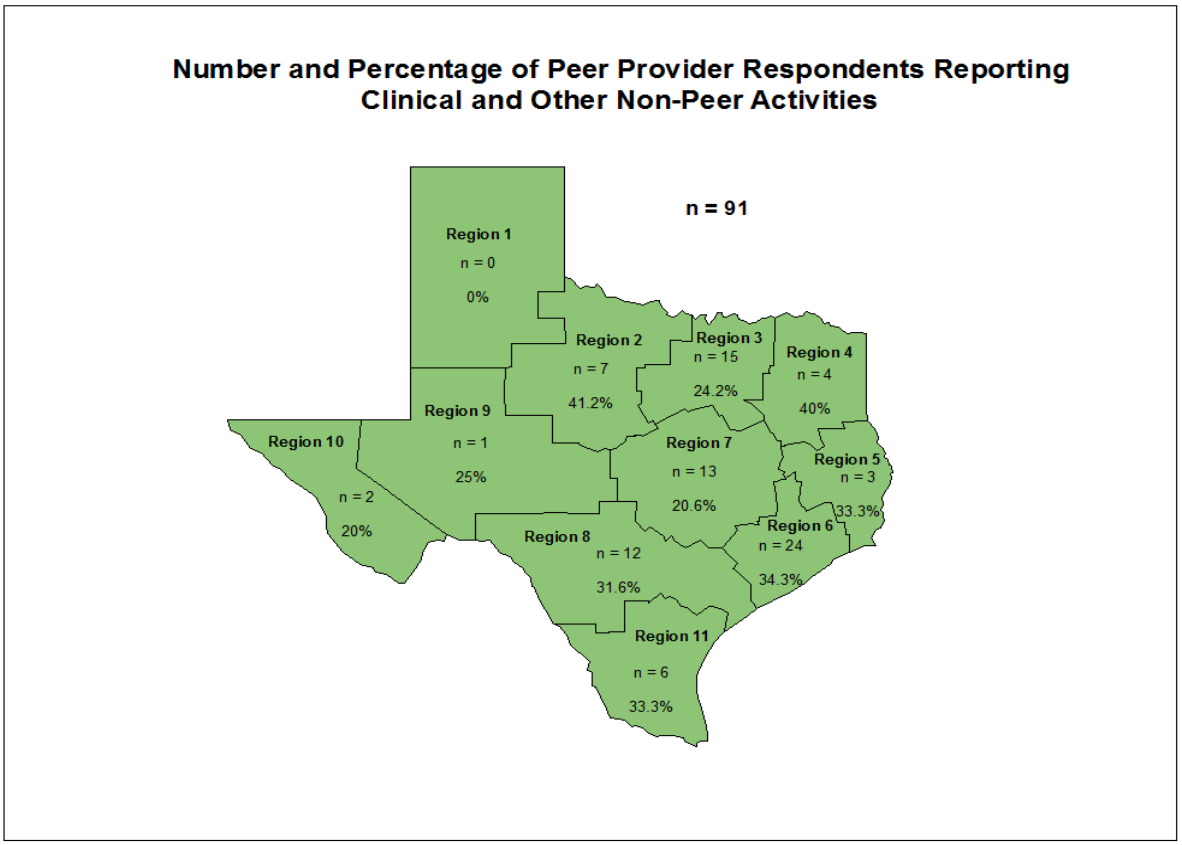
- Goal setting and assessing progress on goals (n=19);
- Staffing (n=15);
- Crisis intervention and de-escalation (n=14);
- Sharing one's story (n=12);
- Motivational interviewing (n=6);
- Instilling hope (n=5); and,
- Wellness Recovery Action Plan (WRAP; n=5).

Clinical and Other Non-Peer Activities

Among peer providers who described the tasks and activities that they perform on a typical day (n=322), 28% (n=91) reported that they provide some type of clinical or other non-peer service. Figure 6 displays the number and percentage of peer provider respondents who reported providing some type of clinical or other non-peer activity by PHR.

There were some differences in the percentage of respondents who reported providing clinical or non-peer activities by PHR, although these should be interpreted with caution. Respondents from PHRs 2 and 4 were the most likely to report providing clinical or other non-peer services (41% of respondents from PHR 2 and 40% of respondents from PHR 4 who responded to this question), whereas no respondents from PHR 1 reported engaging in non-peer activities.

Figure 6: Number and percentage of peer provider respondents who reported providing clinical or other non-peer activities by PHR



Psychosocial Rehabilitative Services/Skills Training

The most common non-peer activity that peer provider respondents reported was psychosocial rehabilitative services or skills training (n=37; 11%). For example, one respondent wrote that their job activities include: “Skills Training and/or Psychosocial Rehabilitation on an individual basis primarily, sometimes in a group setting.” Similarly, another respondent described their activities: “[I] see peers one-on-one at home, clinic, or community up to one hour weekly for adult skills training.”

"[I] see peers one-on-one at home, clinic, or community up to one hour weekly for adult skills training."

Respondents from PHR 9 were the most likely to report providing psychosocial rehabilitative services or skills training (25% of respondents from PHR 9), whereas no respondents from PHRs 1 or 5 reported providing these services.

Transportation

Transportation was the second most commonly reported non-peer activity (n=27; 8%). For example, one respondent explained: "I help peers get to their doctor's appointments, take them to 12-step meetings, [and] to get food."

Respondents from PHRs 4 and 5 were the most likely to report providing transportation (20% of respondents from PHR 4 and 22% of respondents from PHR 5). No respondents from PHRs 1, 9, or 10 reported providing transportation.

Greeting and Intake

Greeting and intake was the third most commonly reported non-peer activity (n=14; 4%). For example, one respondent wrote: "[I] greet people that come in the door looking for services." Similarly, another respondent wrote that their activities involve "completing intake paperwork at a peer crisis respite."

Although the sample size for this code was very small, respondents from PHRs 5, 6, and 10 were more likely to report engaging in this activity (11%, 10%, and 10% of respondents from these PHRs reported this activity, respectively). No respondents from the following PHRs reported engaging in greeting and intake: 1, 2, 4, 7, and 9.

Daily Operations

Twelve peer provider respondents (4%) reported that they engage in daily operations activities. Respondents reported a variety of daily operations activities including: building management (e.g., cleaning and maintaining appliances), serving lunches, running a library and art studio, receiving payments, and arranging transportation for individuals in services.

Again, although sample sizes for this code are very small and PHR differences should be interpreted with this in mind, respondents from PHR 4 were the most likely to report engaging in daily operations (10% of respondents from this PHR reported doing so). No respondents from the following PHRs reported engaging in daily operations activities: 1, 5, 9, and 10.

"[I do] case management for those without case workers."

Case Management

Twelve peer provider respondents (4% of respondents) reported that they engage in case management. For example, one respondent wrote that they provide "case management for those without case workers."

Respondents from PHRs 2, 4, and 10 were the most likely to report that they do case management (12%, 10%, and 10% of respondents from these PHRs respectively reported doing so). No respondents from the following PHRs reported engaging in case management: PHRs 1, 3, 5, 9, and 11.

Other Clinical and Non-Peer Activities

Peer provider respondents reported three additional non-peer activities. These activities were:

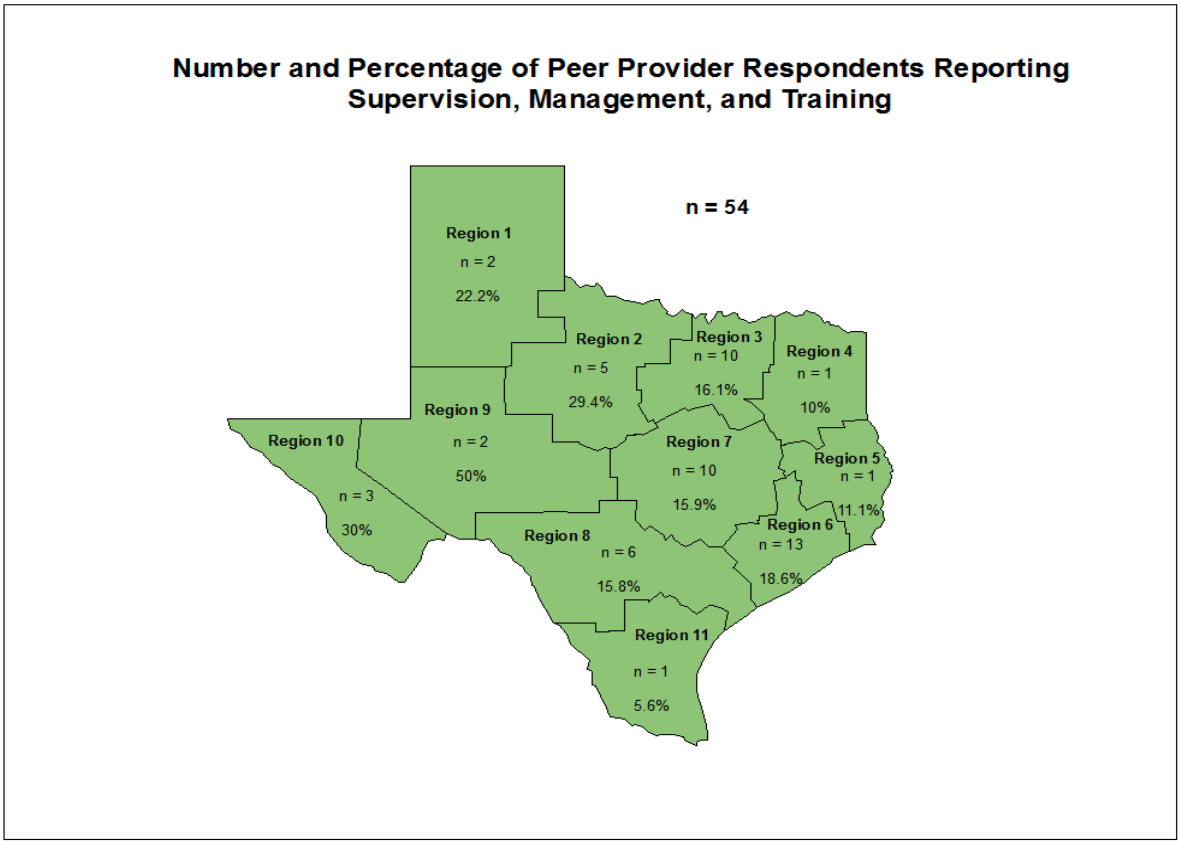
- Assessment (n=5);
- Counseling (n=4); and,
- Data entry (n=4).

Supervision, Management, and Training

Among peer providers who described the tasks and activities that they perform on a typical day (n=322), 17% (n=54) reported that they perform supervision, management, or training duties. Figure 7 displays the number and percentage of peer provider respondents who reported supervision, management, or training duties by PHR.

There were some differences in the percentage of respondents who reported performing supervision, management, or training duties by PHR, although these should be interpreted with caution. Respondents from PHRs 9 and 10 were the most likely to report performing supervision, management, or training duties (50% of respondents from PHR 9 and 30% of respondents from PHR 10 who responded to this question), whereas only 6% of respondents from PHR 11 reported performing supervision, management, or training duties.

Figure 7: Number and percentage of peer provider respondents who reported providing supervision, management, or training by PHR



Supervising Other Peers

Within the category of supervision, management, and training, respondents most frequently reported that they supervise other peers (n=24; 7%). For example, one respondent wrote: "I am the Peer Support Coordinator. I supervise 7 mental health peer specialists."

> *"I am the Peer Support Coordinator. I supervise 7 mental health peer specialists."*

Respondents from PHRs 2 and 10 were the most likely to report that they supervise other peers (18% of respondents from PHR 2 and 20% of respondents from PHR 10), whereas no respondents from PHRs 5 and 9 reported that they supervise other peers.

Management/Director Duties

Within the category of supervision, management, and training, the second most frequently reported activity was management or director duties (n=20; 6%). For example, one respondent wrote: "I'm currently the manager of Recovery Support Services programs within the center where I'm employed."

Respondents from PHRs 1 and 9 were the most likely to report that they perform management or director duties (22% of respondents from PHR 1 and 50% of respondents from PHR 9), whereas no respondents from PHRs 2, 4, 10, or 11 reported doing so.

Training Peers and Other Staff

Thirteen (4%) peer provider respondents reported that they train peers and other staff as part of their job duties. For example, one respondent wrote: "I actually trained clients to become recovery coaches so that they can be certified to work as recovery coach specialists after taking 40 hours of additional training." Similarly, another respondent wrote: "[I] train all new hires [at the] clinic: Case Management staff, including QMHP and Peers. [I] author curriculum and train Employment Specialist Peers agency wide."

Program Development

Twelve (4%) peer provider respondents reported that they engage in program development as part of their job duties. For example, one respondent wrote that their activities include: "Planning, obtaining and evaluating services for clients." Similarly, another respondent described engaging in program development activities: "[I] plan and coordinate new groups and activities for Peer Support on both campuses."

"I plan and coordinate new groups and activities for Peer Support on both campuses."

Discussion

The Substance Abuse and Mental Health Services Administration (SAMHSA; 2019) outlines ten key activities that define the peer role. These activities are:

- Advocating for people in recovery;
- Sharing resources and building skills;
- Building community and relationships;
- Leading recovery groups;
- Mentoring and setting goals;
- Providing services and/or training;
- Supervising other peer workers;
- Developing resources;
- Administering programs or agencies; and,
- Educating the public and policy makers.

Peers in Texas reported doing all of the peer support activities outlined by SAMHSA. Some of the activities reported by Texas peers align directly to the SAMHSA peer support activities. For example, leading recovery groups and advocacy are both SAMHSA peer support activities that were frequently reported by Texas peers.

Other reported activities align indirectly to SAMHSA peer role activities. For example, the SAMHSA activity 'building community and relationships' did not emerge from the data, but several of the activities that Texas peers reported include building community and relationships such as one-on-one peer support, outreach and engagement, and planning and facilitating social activities and events.

However, some of the activities that Texas peers reported do not correspond to SAMHSA's peer role activities. Most notably, these include the clinical and other non-peer activities that peer provider respondents reported, such as psychosocial rehabilitation and adult skills training, transportation, greeting and intake, daily operations, case management, counseling, assessment, and data entry. They also include some activities that may not be strictly peer support, but that may be necessary tasks for some peers such as documentation, record keeping, and staffing.

Future TTA efforts may consider targeting appropriate and inappropriate activities for peers as an area for further education. Specifically, these efforts may need to focus in particular on defining what the peer role does not and should not include. However, it is also important to note that this may vary by organizational context. For example, in peer-run organizations, it may be necessary to employ peers to perform activities that are not typically considered peer support activities. It is also important to note that only 16 respondents reported that their activities and tasks *only* include non-peer duties. Most respondents who reported performing non-peer duties reported that they also perform peer role duties.

Furthermore, although sample sizes are small and therefore results must be interpreted cautiously, respondents from PHRs 2 and 4 were more likely to report engaging in clinical and other non-peer activities than respondents from other PHRs. TTA efforts may therefore need to be especially targeted to these PHRS.

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