Using Peer Specialists
To Advance Recovery:
A snapshot of today and a glimpse of tomorrow

Texas Council of Community Centers
November 2013
“Yes Virginia, there is a Santa Claus!” A simple sentence in an 1897 editorial which fostered a sense of hope and a belief that someone in the world can hear our desires and make them come true.

In looking back at the Texas public mental health system over the past twenty years, one must pause and say thank you to the advocates and proponents of a recovery based system. The efforts of legislators, community leaders, parents, and consumers fighting long, sometimes uphill battles have brought to light the realization that recovery is possible and a diagnosis mental illness is not an insurmountable barrier to being a tax paying, contributing member of society.

In fact, the public mental health system has made great strides over the past twenty years and is well-positioned to become a recovery-based system of care. There is a growing recognition that people with mental illness who have reached recovery can be productive citizens. Indeed, their lived experience is a valuable asset for developing leadership, advocacy, serving on advisory committees and even holding public office.

Yes Virginia, there is a Santa Claus and someday people with mental illness will not be seen as “those people” but will be fully embraced and respected for the knowledge they share based on their lived experience.

Consumer advocates now demand more than just keeping symptoms under control. They demand the instillation of hope into treatment. More and more persons living and recovering from mental illness return to school, get jobs, and raise families. Once consumers find hope within their treatment, they begin leaving the system and forging ahead in the world. Hope is a powerful, motivating force in achieving life dreams. For people with mental illness it is essential for having the ability and strength to push through the challenges and remove the limitations to achieving dreams.

How do you instill hope? Peer support is one answer. People who have been through similar experiences, and thrived, are inspiring to those who have yet to live and tell their recovery story.

Dr. Dan Fisher, a well-known psychiatrist and a person with lived mental health experience, has conveyed a simple yet powerful message for years, “Recovery is all about relationships!”

This relationship is one in which people are heard, feel safe, feel understood and where one is always seen with the potential for wellness is the basis of recovery. Most of the time licensed professionals cannot provide a relationship like this due to restrictions in ethical standards, time management challenges and/or organizational policy. However, in a professional peer relationship, consumers have the opportunity for hope and skills to overcome some of these barriers. Professional peers serve as role models and mentors. Knowing someone who has struggled and overcome life challenges is a very powerful motivator to begin a recovery journey.

This same relationship works with family partners. Parents often enter the mental health system with their children, not knowing anything about it. They struggle to navigate the system encumbered with fear of the unknown and sometimes overwhelming guilt. When parents come in for treatment of their children, they often have an Alice In Wonderland experience. Surprises, turns of events and unexpected requests can leave parents who are already worried about their children feeling out of control. However, a family partner has been through those experiences and can answer
questions in a way many licensed professionals cannot. They have an understanding of the parent’s point of view to answer questions, alleviate fears and convey hope. Ultimately, family partners provide significant benefit to children in services by helping a child’s parents feel calmer and more in control of their future.

Effectiveness of Peers

There are many studies on the effectiveness of utilizing peer specialists. Notable work was accomplished by Dr. Jean Campbell, a researcher who also is a person with the lived experience of mental health issues. In a seven year grant, Dr. Campbell successfully demonstrated the effectiveness of using peers, showing people doing better, staying out of the hospital and enjoying a more fulfilled life. In presenting her 1998 – 2006 Consumer Operated Service Providers (COSP) Multisite Research Initiative, Dr. Campbell found that adding peer support to traditional services improves individual outcomes. Her findings reflected that peers working with peers yielded:

- Greater levels of independence, empowerment, and self-esteem
- Improved sense that participants can make their own decisions, solve problems, and help others
- Improved quality of life
- Increases in social support, employment skills, education

The World Psychiatry publication, Peer support among persons with severe mental illnesses: a review of evidence and experience, showed peers providing certain conventional mental health services were just as effective as non-peers. Moreover, peer staff was more effective in engaging their peers and more likely to decrease hospital days and substance use. The study also showed utilizing peer staff increased the likelihood of a person in services advocating for themselves regarding everyday life concerns, increased a person’s sense of hope and raised overall satisfaction with various life domains.

States across the nation have invested in training consumers to become peer specialists. In Texas, Via Hope is the sole agency currently authorized by the Texas Department of State Health Services (DSHS) to train and certify peer specialists. Via Hope was formed as a result of a grant released by the Department of State Health Services in 2008. From their website, www.ViaHope.org, describes their organization as a “Texas Mental Health Resource providing training, technical assistance and consultation to individuals in recovery from mental illness, their family members, youth who are interested in mental health, organizations and mental health professionals throughout the state of Texas. Via Hope works to transform the Texas mental health system into one that fosters resilience, promotes recovery, is person-centered, and consumer, youth and family-driven.”

A growing number of professionals in Community Centers and other organizations recognize the value of using peers within the delivery system. Because peers are often in the recovery process, many questions about hiring peers must be addressed:

- What should be done to ensure a peer specialist’s wellness?
- What types of training should peers as consumers receive?
- How should organizations and businesses bill for services provided by peers?

Via Hope is working with DSHS to address these concerns. The Via Hope Recovery Institute Initiative emphasizes dimensions of successful peer specialist integration. This initiative is specifically designed to help organizations
integrate peer specialists. Based on extensive experience promoting the peer workforce and collecting strategies to support this effort, Via Hope developed a draft workbook to support successful peer specialist integration.

Scheduled for release in FY 2014, the Peer Specialist Integration Workbook offers insight and success strategies on topics such as promoting the recovery orientation in behavioral health provider organizations, funding peer support staff positions, peer support staff roles, the importance of role clarification, frequently asked questions about peer staff, hiring, recruitment, new staff training, and supervision. The workbook includes tools for empowering organizations and businesses that hire peer specialists to maximize the potential of this critical new workforce. The training and technical assistance center of Via Hope also offers an on-site training called De-Mystifying the Peer Workforce to educate other staff about the role and training of peer specialists.

Today, peers work throughout the system at many different levels. They help others by having the courage to share experiences and talk about how they are living this thing called “life.” Parents now work with other parents to help them navigate the mental health system and provide reassurance that life can and will be better again.

Ultimately, the goal of these efforts is to ensure the successful inclusion of peer staff in all areas of the mental health and substance use disorder system. Via Hope staff has many tools and considerable experience in this area and are a ready resource for questions or concerns.

Statistical Data: Peer Specialists

A 2012 survey completed by the University of Texas at Austin, Center for Social Work Research (UT-CSWR, 2012) directed at peers who completed the Peer Specialist Training and Certification program by Via Hope, found over 86% had a minimum of some college or post high school training and 40% had some kind of degree (two-year Associate degree, or four-year college degree or post-college graduate training).

The study also showed:

- Peers self-reported an average of 12.7 years of recovery.
- Most peers (66.7%) also participated in another consumer/advocacy organization.
- A majority of peers (73.3%) also attended additional peer related trainings (for example, Focus for Life, Intentional Peer Support, NAMI’s Peer-to-Peer Training, Via Hope’s Peer Support Whole Health & Resiliency, WRAP, etc.).
- A majority of trained Peer Specialists (80.6%) are over the age of forty.

In summary, consumers taking the training are educated, involved in community and interested in attaining skills and knowledge. They have been walking this recovery journey for a while and understand what motivated them and what motivates others. Most importantly, they complete the training to inspire others to a life of recovery.
Texas Council Survey

In February 2013 the Texas Council conducted a survey of the 39 Community Centers and found 92 Peer Specialists are employed at 27 Community Centers (Appendix A). According to data compiled by the UT-CSWR in 2011, Community Centers demonstrated a 104% increase in the number of peers hired from beginning to end of the project (22 to 45). Additionally, when looking at Via Hope’s Recovery Focused Learning Communities for 2012, the Institute reveals similar findings. The Hogg Foundation provided grant funding to support growth in the use of peer specialists across East Texas. This effort, in partnership with ETBHN, significantly increased the number of peer specialists hired (Appendix B).

In East Texas, various strategies are used by Community Centers to incorporate peers. Some Centers contract with local consumer organizations, while others utilize Consumer Operated Service Providers (COSP) or volunteers to incorporate peers within their local systems of care. While there are advantages to engaging outside organizations to integrate peer specialists, hiring peers directly within the Community Centers has had a significant impact. Perhaps most importantly is the shift in attitude about what consumers are capable of accomplishing. When peers are hired to work within a Community Center, traditional staff recognizes the peer specialists as part of the treatment team. Moreover, staff begins to see the people in services living in recovery.

The majority of Community Centers describe an understanding of the role of peer specialists and how to effectively use them while a few were unclear. Most Centers identified that having peer specialists tell their story is a key component to effectively using peers within systems.

Family partners are a mandated part of the Community Centers contract with the state (Appendices C & D). While the majority of Community Centers have hired at least one family partner, a few have elected to contract out that function.

Benefits of Hiring Peers

A 2011 survey conducted by UT-CSWR found that Community Centers (LMHAs) identified many benefits to employing peer specialists: 43% of Community Centers indicated the most significant benefit is peer specialists being able to connect with consumers in service and offering them hope; 35% indicated that promoting recovery was the most significant benefit. Other benefits noted in the survey include providing insight for consumers and staff, increasing a sense of hope, greater consumer engagement, broadening the service array, role modeling, bridging the gap between provider and consumer, strengthening support systems and de-stigmatizing mental illness.
Barriers to Hiring Peers

Despite many ongoing efforts to expand use of peer specialists, there are still significant challenges in achieving this goal. While higher management in an organization embraces the practice of hiring peers and recognizes the value of this approach, this same sentiment is not always reflected throughout the entire organization. The resistance is understandable considering the same people who were once receiving services are now working beside the people who helped them reach for recovery. This resistance has led to peers being hired but not given work space or allowed to participate in treatment team meetings. As staff recognizes the contributions of peers and the impact they are having on people in services, the resistance is dissipating. However, our system of care has a long way to go before peers are fully integrated in to the fabric of local healthcare systems.

Funding remains a significant challenge. According to the 2011 survey of Community Centers by UT-CSWR, the average hourly pay for Peer Specialists employed at Community Centers across Texas is $10.57. All Centers can bill Medicaid for peer specialist services as long as certain conditions are met. Texas Administrative Code Title 25 Part 1 Chapter 419 Subchapter L Rule §419.453 (33) states:

(33) Peer provider—A staff member who:
(A) has received:
   (i) a high school diploma; or
   (ii) a high school equivalency certificate issued in accordance with the law of the issuing state;
(B) has at least one cumulative year of receiving mental health services for a disorder that is treated in the target population for Texas; and
(C) is under the direct clinical supervision of an Licensed Practitioner of the Healing Arts (LPHA).

The UT-CSWR survey (2011) found the most significant challenge to using peer specialists, is identifying and recruiting qualified individuals. Funding was third on the list of perceived challenges. Also in the top five challenges, training for their job and over 29% indicated concern over peer specialist’s wellbeing. Although the Via Hope training is not a requirement, most Community Centers recognize the value in both initial certification and ongoing peer training.

When recruiting peer specialists, some Centers place job announcements on their website. Often a more varied solicitation is required to have a diverse pool of applicants. Consumers are often willing to move for a job, so broadening the recruitment net as wide as possible can yield better results. Other ways of advertising for peer specialists include:

- Via Hope’s website, www.ViaHope.org
- Via Hope’s list serve
- Word of mouth
- Posting flyers within your clinics
- Existing consumer groups structured meetings along with newsletters and/or list serves such as:
  - TCE (Texas Catalyst for Empowerment),
  - NAMI (National Alliance on Mental Illness)
  - DBSA (Depression and Bipolar Support Alliance)
  - Prosumers

The University of Texas at Austin, Center for Social Work Research identified that employing a minimum of two peers created greater job satisfaction than having just one peer employed.

Another challenge arising from hiring peer specialists is the issue of criminal background checks.

In the NAMI Guide to Mental Illness and the Criminal Justice System (1991), a survey of 1,400 parent members found that 40% of their
children had at least one arrest and many had multiple arrests. A peer with lived experience and in recovery could be of significant benefit to other people in services, but because they were involved in the criminal justice system they find themselves barred from employment (Appendix E).

For the past several legislative sessions, a Second Chance Bill has been considered to help with the barriers to employment for peer specialists, especially if the crime can be connected to the lack of treatment. However, this has not yet come to pass.

The Future
Looking ahead, peer specialists and family partners will fulfill a central role in providing services. In large part this is due to the federal government expecting states to enhance recovery focused services. Specifically, services that produce outcomes which result in people having fulfilled lives.

The 1115 Transformation Waiver is one vehicle being used by the Centers for Medicare and Medicaid Services (CMS). This waiver allows certain providers to propose projects to transform service delivery practices to improve quality, health status, patient experience, coordination and cost-effectiveness. There are four main project areas, all designed to demonstrate certain desirable outcomes (http://www.hhsc.state.tx.us/1115-Waiver-Guideline.shtml).

- Category 1: Infrastructure Development lays the foundation for delivery system transformation through investments in technology, tools, and human resources that will strengthen the ability of providers to serve populations and continuously improve services.
- Category 2: Program Innovation and Redesign includes the piloting, testing, and replicating of innovative care models.
- Category 3: Quality Improvements includes outcome reporting and improvements in care that can be achieved within four years.
- Category 4: Population-focused Improvements is the reporting of measures that demonstrate

In Category 2 of the 1115 Waiver Guideline, peers can be used for many aspects of the suggested projects, such as integrated care, improved patient experience, person-centered wellness self-management, and patient care navigation. The suggested project under Category 2.18 to “Recruit, train and support consumers of mental health” is central to the future of peer specialists in the delivery system since it speaks to building the peer specialist workforce in Texas. Fourteen projects were submitted under this goal by nine Community Centers: Burke Center, Behavioral Health Center of Nueces County, Austin Travis County Integral Care, Central Plains Center, Texas Panhandle Center, Heart of Texas Regional MHMR Center, and Life Path System. In addition, the Helen Farabee Center submitted two proposals under this category and Hill Country MHDD Centers have submitted five proposals (Appendix F).

As of May 24, 2013, 13 of the 14 Projects were initially approved. Total investment in Peer Workforce for years two and three is more than $8,757,586.

There were also eight Centers that proposed twelve projects including the use of peer specialists or family partners in the project.
description: Bluebonnet Trails Community Services, Burke Center, MHMR of Tarrant County, The Center for Health Care Services, Gulf Coast Center (GCC) and Tropical Texas Behavioral Health. Spindletop Center proposed two projects utilizing peers and Hill Country MHDD Center proposed three projects utilizing peers who are veterans and one project utilizing family partners (Appendix G).

If all the 1115 Transformation Waiver projects are approved and funded, at least 37 of the 39 Centers will employ peer specialists (Appendix H). This represents a significant step toward a recovery based system. According to the results of the Texas Council Community Center Profile February of 2013, 72% of Community Centers are seeking to hire peer specialists in the future. Eleven of those Centers, 30% are hiring peer specialists for the first time. While we know there is still much to be accomplished to effectively integrate peer specialists into the mental health system and bring forth transformation in Texas, this is a significant step in the right direction (Appendix B Figure 2).

Examining how Centers plan to use peer specialists is also enlightening because of the variety of areas identified. Most of the proposals have peers specialists working in a clinical environment. This could be an outpatient clinic, an after-hours clinic, or a veteran’s clinic. Of the 69 services Centers listed to use peer specialists, more than 38% of those services were working in a clinical environment. Some of the Centers listed this at multiple locations. This is not surprising given that reimbursement for peer specialist services has been traditionally tied to services provided in clinical settings.

The second most listed services were having peer specialists providing training or peer specialists helping with transitional services. The training ranged from rehabilitation services, new employee orientation, personal skills training and group skills training. Transitional services ranged from post incarceration to post hospitalization and other transitional services such as community linkages.

Centers most frequently listed the following program areas as where they would place peer specialists: crisis or ACT (Assertive Community Treatment), case management and support services such as peer support and homeless programs. Other services listed included employment, intake, outreach, integrated care, substance use disorder and court diversion.

If every 1115 Transformation Waiver projects proposed by the Community Centers were funded, an additional 113 FTE positions for peer specialists will be created. Sometimes finding individuals who have the lived experience with mental health issues and wants to work full time, is more difficult; therefore, Centers could elect to hire two half time positions, which could result in at least 226 consumers or former consumers of services to fill these positions. While promising, this can also be daunting when looking at recruitment, training of the newly hired peer specialist and the traditional staff in preparation of the cultural change to work beside people they formerly served.

The good news is that many agencies including Texas Council of Community Centers are searching for answers for these challenges while embracing this new work force. Many of the organizations mentioned in this reports are examining these issues and coming up with answers and solutions. A peer specialist conference is planned for December. One of the potential outcomes of this gathering besides education and support, is to develop a peer consortium. Texas Council of Community Centers will be assisting in sponsoring this conference.

Through the use of peers and family partners the mental health system of Texas is transforming. In the past 20 years we’ve come from a hesitant recognition that people with serious mental illness might be able to one day hold a job outside the system to an emerging
regard for the value of peers working within in a recovery-based system.

Alleviating the suffering of people is a common desire for people who have the lived experience and found their path to recovery. To show someone a different way, to guide their path, to bring a sigh of relief is a quintessential part of being human. And that is what life is all about.
References


East Texas Behavioral Health Network (ETBHN) Meeting March 28, 2013


National Alliance on Mental Illness. (1991) A Guide To Mental Illness and the Criminal Justice System (Department of Policy and Legal Affairs Publication)


Appendices
<table>
<thead>
<tr>
<th>Please name one program involving Peer Specialists and/or Family Partners that you offer or would like to offer that you are enthusiastic about? Please describe.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having Peer Support specialists working with individuals that treat compliance problems resulting in frequent hospitalizations as part of their treatment team.</td>
</tr>
<tr>
<td>Would like to offer TCOOMMI services, veterans peer specialists and MH Rehab.</td>
</tr>
<tr>
<td>The Dove Springs clinic and supportive employment projects are two programs that have generated excitement that would include peer specialists and family partners. The Dove Springs community has been an area of focus to improve outcomes, access to care and awareness in the Hispanic population about behavioral health and developmental disabilities. It is an evidence based practice to incorporate a peer specialist or a family partner as part of the treatment plan. By having peer specialists and family partners available, this would preserve the fidelity of the model and improve outcomes for the communities and consumers we serve.</td>
</tr>
<tr>
<td>We have great success in our Children and Adolescent unit with Family Partner work. Have struggled more with Adult population to keep certified peers working. I am excited about possibility of involving peers with supported employment, with developing self advocacy, etc...</td>
</tr>
<tr>
<td>Peer-Supported Transitional Housing</td>
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<tr>
<td>Having process groups where individuals learn/discuss mental illness, coping skills and to open groups to family members.</td>
</tr>
<tr>
<td>Whole Health Risk Assessment, to improve functioning and quality of life of individuals served.</td>
</tr>
<tr>
<td>Adult outpatient behavioral health services</td>
</tr>
<tr>
<td>We utilize three family partners in our Children's mental health services. These FP's have helped us build relationships with our consumers and have helped engage parents into treatment.</td>
</tr>
<tr>
<td>Crisis Respite Peer Support Group</td>
</tr>
<tr>
<td>Family support groups - Family partner offers these groups currently, but would like to see more of this.</td>
</tr>
<tr>
<td>Development of the Veteran Services including Veteran Court and housing component.</td>
</tr>
<tr>
<td>Currently have a Family Partner in the Child and Adolescent services. Would be excited to hire a Peer Specialist in the future with additional funding.</td>
</tr>
<tr>
<td>1115 Project to Recruit, Train, and Support Peers. Will provide a variety of support services including group and individual interventions in the community, serving a minimum of 550 individuals. Use of peers at Veterans One Stop - Peers are paired with vets who come for assistance to help walk them through whatever may be needed to acquire specific services</td>
</tr>
<tr>
<td>Recovery Based Treatment Planning</td>
</tr>
</tbody>
</table>
Wrap around

We would like to offer Peer Support for consumers in Service Package 1 to assist with ongoing engagement in services.

Mary Lake Peer Support Center

Community Center Peer-led services: Wellness Recovery Action Plan (WRAP), person directed services for leisure, job-seeking, personal support and growth

MHMRA has a robust Consumer Advocate Council (CAC) whom are all certified peer specialist. While they are not full time employees, they are compensated above minimum wage to provide 15 to 20 hours of service in the outpatient clinics. They are responsible for assisting consumers who are having some concerns; they do clinic satisfaction surveys; they publish a quarterly consumer paper; they interface with the case workers and clinic management to resolve problems and locate resources. They are perceived as being extremely valuable by staff and consumers. Another function of the CAC is to participate in New Employee Orientation (NEO) trainings where they tell their stories to new employees. The design is to help new employees understand the issues and successes of recovery when they first come on the job.

In addition, three peer specialists have been hired in full-time positions and are qualified QMHPs, providing peer support services in all of the adult outpatient clinics and are able to bill Medicaid for their services.

In the child/adolescent services, three parent partners effectively work with parents in navigating the school system; teaching classes on Parenting with Limits; advocating for services within the MHMRA system; and, interfacing with the juvenile justice system.

All in all, MHMRA of Harris County has a focus on recovery and continues to find new opportunities for creating full time employment for persons in recovery.

The Whole Health Program for Peer Specialists

Through 1115 Waiver funding Tropical Texas Behavioral Health (TTBH) plans to establish peer-run drop-in centers at our Edinburg, Brownsville and Harlingen clinics for adults served. Evidence indicates that peer providers have a unique ability to facilitate and support recovery in people with mental illness through the sharing of their lived recovery experiences. Through the peer-run drop-in centers, TTBH will support the creation of settings in which people with mental illness continue their recovery through their involvement in the planning, development and operation of the drop-in centers, and foster recovery in others through the activities offered by center programs and through the supportive relationships that are cultivated in the process. The array of services and activities available at the drop-in centers will be established by program participants and will include support groups, workshops, recreational interests and training in self-advocacy, rehabilitation and socialization.

Training on Mental Health...WTC Family Partners work with the mental health program, specifically skills trainers and psychosocial rehab providers. WTC has no Peer Specialists.

Whole Health Peer Support Services
Number of Peer Specialists* Currently Employed in Texas

*As reported by Texas Council 2013 Survey, 2011 University of Texas at Austin, Center for Social Work Research survey (UT-CSWR, 2011), and reporting from East Texas Behavioral Health Network

Appendix B

Number of Peer Specialists* Currently employed and Potential Hires with 1115 Waiver Project in Texas

*As reported by Texas Council 2013 Survey, 2011 University of Texas at Austin, Center for Social Work Research survey (UT-CSWR, 2011), and reporting from East Texas Behavioral Health Network and HHSC 1115 Waiver Project Report

Figure 2
Current Number of Certified Family Partners* (CFP) in Texas

1 CFP
2 CPF
3-4 CPF
>5 CPF

* Numbers from Texas Council of Community Centers 2013 Community Center Profile
Appendix D

Requirements for Family Partner Certification from Via Hope

Must be a parent or legally authorized representative (LAR) with a minimum of one year of lived experience being responsible for making the final decisions for a child/youth (person 17 years or under) who has been diagnosed with a mental, emotional or behavioral disorder.

Must be at least 18 years or older and must have a high school diploma or GED.

Have successfully navigated a child serving system for at least one year (i.e. mental health, juvenile justice, social security or special education) and,

Be able to articulate their lived experience as it relates to advocacy for their child/youth and success in navigating these systems.

Have lived experience that speaks to accomplishments concerning their child/youth’s mental health including their child/youth being in a stable place in their recovery and/or resiliency.

Meets requirements for a Medicaid background check.
Appendix E

Texas Department of State Health Services: Criminal History Checklist - Bars To Employment

Pursuant to Health & Safety Code, Chapter 250 the following convictions constitute an **absolute bar** to employment.

If the conviction is for:

- Homicide – Chapter 19, Penal Code (Murder, Capital Murder, Manslaughter, Criminally Negligent Homicide)
- Kidnapping or unlawful restraint – Chapter 20, Penal Code
- Indecency with a child or continuous sexual abuse of young child – Section 21.02; or 22.11 Penal Code
- Agreement to abduct from custody – Section 25.031 Penal Code
- Sale or purchase of a child – Section 25.08 Penal Code
- Arson – Section 28.02 Penal Code
- Robbery – Section 29.02 Penal Code, or
- Aggravated robbery – Section 29.03 Penal Code
- Sexual assault – Section 22.011 Penal Code
- Aggravated assault – Section 22.02 Penal Code
- Injury to a child, elderly person or disabled person – Section 22.04 Penal Code
- Abandoning or endangering a child – Section 22.041 Penal Code, or
- Aiding suicide – Section 22.08 Penal Code
- Indecent exposure – Section 21.08 Penal Code
- Improper relationship between educator and student – Section 21.12 Penal Code
- Improper photography or visual recording – Section 21.15 Penal Code
- Deadly conduct – Section 22.05 Penal Code
- Aggravated sexual assault – Section 22.021 Penal Code
- Terroristic threat – Section 22.07 Penal Code
- Online solicitation of a minor – Section 33.021 Penal Code
- Money laundering – Section 34.02 Penal Code
- Medicaid fraud – Section 35A.02 Penal Code
- Cruelty to animals – Section 42.09 Penal Code

Pursuant to Health & Safety Code, Chapter 250 the following convictions constitute a **five year bar** to employment after conviction.

If the conviction is for:

- Felony theft – Chapter 31 Penal Code (theft, theft of service, unauthorized use of vehicle, organized retail theft)
- Burglary – Section 30.02 Penal Code
- Assault (Class A misdemeanor or felony) – Section 21.01 Penal Code
- Misapplication of fiduciary property or property of a financial institution (Class A misdemeanor or felony) – Section 32.15 Penal Code
- Securing execution of a document by deception (Class A misdemeanor or felony) – Section 32.46 Penal Code
- False identification as a peace officer – Section 37.12 Penal Code
- Disorderly conduct (relating to display or discharge of a firearm) – Section 42.01 (a)(7),(8) or (9) Penal Code
## Appendix F

### Proposed 1115 Waiver Projects to Develop Peer Workforce

<table>
<thead>
<tr>
<th>Project Number</th>
<th>Center</th>
<th>Population</th>
<th>Project</th>
<th>Total 4 year budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 133542405.2.6 2.18.1</td>
<td>Austin Travis County Integral Care (ATCIC)</td>
<td>ATCIC consumers at risk for or with current chronic health conditions; vast majority are Medicaid/indigent</td>
<td>Implement a multi-component, evidence-based peer support training curriculum addressing the traditional roles of peer supports in mental health and expand skill sets to help peers and those with whom they work to adopt whole health life styles (e.g., tobacco-free, proper nutrition, routine exercise).</td>
<td>$1,349,425</td>
</tr>
<tr>
<td>2 136367307.2.1 2.18.1</td>
<td>Burke Center</td>
<td>Persons with severe mental illness who have or are at risk of developing other chronic health disorders. The vast majority of these persons are medically indigent or Medicaid eligible.</td>
<td>Train and employ Peer Specialists to provide “whole health” support to mental health consumers in order to prevent or manage comorbid chronic health conditions.</td>
<td>$1,150,785</td>
</tr>
<tr>
<td>12 127374005.2.2 2.18.1</td>
<td>Central Plains Center</td>
<td>The target population for this project include adults, ages 18+ who are currently receiving adult mental health services or need to receive mental health services who have unidentified health risks and needs. Our current Medicaid population is 31% and our indigent population is approximately 60%, so we estimate that they would benefit from 91% of the encounters</td>
<td>Work with mental health consumers in identifying health risks and referring these individuals to needed medical treatment by their primary care providers.</td>
<td>$1,868,664</td>
</tr>
<tr>
<td>16 084859002.2.3 2.18.1</td>
<td>Heart of Texas Region</td>
<td>MHMR Center 85-90% of its patients are Medicaid/CHIP and the rest are uninsured.</td>
<td>This project will provide supportive services for individuals and families living with chronic behavioral health issues by utilizing trained peer support specialists who have made substantial progress in managing their own illness and who have recovered to the point where they are living successful lives in the community. The peer specialist would work with consumers to set achievable goals to prevent or self-manage chronic diseases such as diabetes or COPD.</td>
<td>$680,440</td>
</tr>
<tr>
<td>10 127373205.2.1 2.18.1</td>
<td>Helen Farabee Center</td>
<td>The target population is Adults/Children who meet diagnostic service eligibility requirements per our contract with the Department of State Health Services (Adults with Major Depression, Bipolar Disorder, Schizophrenia and Children with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental health disorders). The Center serves</td>
<td>This project will expand the Peer Provider staffing to better meet the needs of the patient population in Wise County. These Peer Providers will use Whole Health Planning and health risk assessment tools in order to improve standardized health measures.</td>
<td>$749,073</td>
</tr>
<tr>
<td>ID</td>
<td>Amount</td>
<td>Provider</td>
<td>Target Population</td>
<td>Description</td>
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<tr>
<td>19</td>
<td>$2,199,998</td>
<td>Helen Farabee Center</td>
<td>Medicaid and Uninsured</td>
<td>This project will expand the Peer Provider staffing to better meet the needs of the patient population in Wichita, Montague, Young, Hardeman, Wilbarger, Foard, Baylor, Archer, Clay, Jack, and Throckmorton counties</td>
</tr>
<tr>
<td>6</td>
<td>$1,401,600</td>
<td>Hill Country MHMR Center</td>
<td>Hill Country’s behavioral health program in RHP6, approximately 32% of our behavioral health patients within RHP6 have Medicaid and approximately 82% have income below $15,000 per year</td>
<td>This project will implement Whole Health Peer Support services within the 11 counties served by Hill Country in RHP6 in order to meet the overall health needs of individuals who have behavioral health issues.</td>
</tr>
<tr>
<td>7</td>
<td>$1,401,599</td>
<td>Hill Country MHMR Center</td>
<td>Adolescents within Hays County who have severe and persistent mental illness and other health risk factors. There are currently 273 individuals identified that meet target population. 30% Medicaid, 75% have income below $15,000 per year</td>
<td>Implement Adolescent Whole Health Peer Support services in Hays County. Implement and train adolescent behavioral health peers on whole health risk assessments and working with peers to address overall health issues in order to treat symptoms.</td>
</tr>
<tr>
<td>7</td>
<td>$1,868,801</td>
<td>Hill Country MHMR Center</td>
<td>Individuals in Hays County who have severe persistent mental illness and other health risk factors; 30% Medicaid and 75% have income below $15,000 per year</td>
<td>Implement Whole Health Peer Support Services in Hays County. Identify and train behavioral health peers on whole health risk assessments and working with peers to address overall health issues</td>
</tr>
<tr>
<td>8</td>
<td>$934,400</td>
<td>Hill Country MHMR Center</td>
<td>Individuals in Blanco and Llano counties who have severe and persistent mental illness and other health risk factors. Target pop: 27% Medicaid; 81% income &lt; $15k per year</td>
<td>Implement Whole Health Peer Support Services within Blanco and Llano counties. Identify/ train behavioral health peers on whole health risk assessments and working with peers to address overall health issues prior to the need for utilization of EDs or inpatient hospitalization.</td>
</tr>
<tr>
<td>13</td>
<td>$116,121</td>
<td>Hill Country MHMR Center</td>
<td>Target pop: 39% Medicaid; 79% have income below $15k a year.</td>
<td>Individuals within Kimble, Mason, Menard, Schleicher and Sutton counties who have severe and persistent mental illness and other health risk factors Implement Whole Health Peer Support Services within 5 counties. Identify and train behavioral health peers on whole</td>
</tr>
<tr>
<td>Project Number</td>
<td>Grantee</td>
<td>Population Description</td>
<td>Program Description</td>
<td>Amount</td>
</tr>
<tr>
<td>---------------</td>
<td>---------</td>
<td>------------------------</td>
<td>---------------------</td>
<td>--------</td>
</tr>
<tr>
<td>18 084001901.2.3 2.18.1</td>
<td>LifePath Systems</td>
<td>Individuals in Collin County with a mental illness or substance use disorder who are receiving behavioral health services at provider's outpatient clinics. Milestones suggest that 100% of those served are Medicaid/indigent.</td>
<td>Establish a peer provider program, specializing in whole health, for provider's outpatient behavioral health clinics in Collin County.</td>
<td>$3,459,530</td>
</tr>
<tr>
<td>4 138305109.2.2 2.18.1</td>
<td>MHMR of Nueces County</td>
<td>All persons receiving outpatient services, with a primary focus on persons with severe persistent mental illness at high risk for hospitalization; 95% Medicaid/indigent</td>
<td>Peer to peer day center program to increase access to peer provided behavioral health services through &quot;drop in&quot; center.</td>
<td>$1,290,265</td>
</tr>
<tr>
<td>12 127378105.2.3 2.18.1</td>
<td>Texas Panhandle Centers</td>
<td>The target population is adults with behavioral health needs in the top 21 counties of the Texas Panhandle. Approximately 90% of our clients are either Medicaid eligible or indigent.</td>
<td>A project that implements a Peer Support program that uses consumers of mental health services who have made substantial progress in managing their own illness and recovering a successful life in the community to provide peer support services.</td>
<td>$2,447,714</td>
</tr>
</tbody>
</table>
## Proposed 1115 Waiver Projects Utilizing Peer Support within Project description
(Independent of the projects to develop Peer Work force)

<table>
<thead>
<tr>
<th>Project Number</th>
<th>Center</th>
<th>Population</th>
<th>Project</th>
<th>Total 4 year budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 126844305.2.1 2.9.1</td>
<td>Bluebonnet Trails Community Mental Health and Mental Retardation Center dba/Bluebonnet Trails Community Services</td>
<td>The target population are those users of ED services who are admitted more than 5 times in one year. We expect about 75% of the persons benefiting from these navigation services to be Medicaid or CHIP eligible or uninsured.</td>
<td>BTCS proposes to work in collaboration with the Guadalupe Regional Medical Center to implement a patient navigation project for persons who are frequent users of the Emergency Department due to behavioral health disorders. We will employ a Peer Support Specialist and a registered Nurse to work on site at Guadalupe Regional Medical Center to provide rapid triage, assessment and alternative services to frequent users of the ED.</td>
<td>$ 1,286,493</td>
</tr>
<tr>
<td>2 136367307.2.5 2.13.1</td>
<td>Burke Center</td>
<td>Persons with serious mental illness who experience repeated hospitalizations or incarcerations.</td>
<td>Promote mental health recovery and prevent individuals from experiencing repeated hospitalizations or incarcerations. This project would create a specialized interdisciplinary team (including psychiatrists, peers, substance use counselors, therapists, community health workers, and mental health deputies) to provide mobile treatment and supports for high risk/high need individuals through a variety of supportive interventions.</td>
<td>$ 5,464,369</td>
</tr>
<tr>
<td>6 133340307.2.6 2.13.1</td>
<td>Hill Country MHMR Center (dba Hill Country MHDD Centers)</td>
<td>The target population is veterans and their family members within Bandera, Comal, Edwards, Gillespie, Kendall, Kerr, Kinney, Medina, Real, Uvalde and Val Verde counties who have behavioral health issues. The target population consists of the 27,448 veterans and their families, including reservists who only receive Veteran Administration benefits for 180 days after federal deployment. Based on the population served in Hill Country’s behavioral health program in RHP6, approximately 32% of our behavioral health patients within RHP6 have Medicaid and approximately 82% have income below $15,000 per year.</td>
<td>The project will expand peer support services in an effort to identify veterans and their family members who need comprehensive community based wrap around behavioral health services, such as psychiatric rehabilitation, skills training, crisis intervention, supported housing and supported employment, that would complement, but not duplicate, potential services through the Veterans Administration and provide the community based wrap around behavioral health services for these veterans in order to treat symptoms prior to the need for utilization of emergency departments, inpatient hospitalization or incarceration.</td>
<td>$ 2,110,500</td>
</tr>
<tr>
<td>7 133340307.2.11 2.13.1</td>
<td>Hill Country MHMR Center (dba Hill Country MHDD Centers)</td>
<td>Children with behavioral health issues and their families/caretakers; 30% Medicaid and 75% have income below $15,000 per year</td>
<td>Implement a Family Partner Program in Hays County to meet the overall health needs of children with behavioral health issues and limit stressors in the family: Provide peer mentoring and support to caregivers; introduce family to the treatment process; model self-advocacy skills; provide information, referral and nonclinical skills training; assist in the identification of natural/ non-traditional and community support systems.</td>
<td>$ 3,601,249</td>
</tr>
<tr>
<td>8 133340307.2.5 2.13.1</td>
<td>Hill Country MHMR Center (dba Hill Country MHDD</td>
<td>Veterans who have behavioral health issues and their families in Blanco and Llano counties. Target pop: 27% Medicaid; 81%</td>
<td>Implement Veteran Mental Health Services within the 2 counties. Expand peer support services in an effort to identify veterans who need clinical</td>
<td>$ 934,400</td>
</tr>
<tr>
<td>Centers</td>
<td>income &lt; $15k per year</td>
<td>behavioral health services.</td>
<td>Cost</td>
<td></td>
</tr>
<tr>
<td>---------</td>
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<tr>
<td>Hill Country MHMR Center (dba Hill Country MHDD Centers)</td>
<td>Veterans within Kimble, Mason, Menard, Schleicher, and Sutton counties who have behavioral health issues. Target pop: 39% Medicaid; 79% have income below $15k a year</td>
<td>Implement Veteran Mental Health Services within 5 counties: Expand peer support services in an effort to identify veterans and their family members who need comprehensive community based wrap around behavioral health services, such as psychiatric rehabilitation, skills training, crisis intervention, supported housing and supported employment, that would complement, but not duplicate, services through the VA.</td>
<td>$145,928</td>
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</tr>
<tr>
<td>MHMR of Tarrant County</td>
<td>Mentally ill, medically indigent consumers with substance use disorder who are served at the provider’s mental health locations. Currently 80% of people served by MHMRTC have Medicaid.</td>
<td>This project provides for the integration of substance abuse services and mental health services. The intervention is a 6 – 12 month program that includes SUD screening, assessment, individual and group counseling, and peer support services within our existing adult mental health outpatient clinics. The purpose of this project is to implement the recently developed MHMRTC SUD outpatient program at our 11 mental health clinic locations.</td>
<td>$19,217,416</td>
<td></td>
</tr>
<tr>
<td>Spindletop Center</td>
<td>Spindletop Center currently provides behavioral health services for primarily indigent or Medicaid-eligible clients who have schizophrenia, bipolar disorder, and major depression; patients that can benefit from the CAT, WRAP, and CET programs. 54% of these clients are on Medicaid, with most of the remainder being indigent.</td>
<td>Increase training of the behavioral health workforce including professionals, paraprofessionals, peer-to-peer specialists, and peer-to-peer volunteers in Cognitive Adaptation Training (“CAT”), Wellness Recovery Action Plan™ (“WRAP®”) facilitator and patient training, and Cognitive Enhancement Therapy (“CET”). Each of these evidence-based programs is designed to improve the behavioral health and coordination of physical health for the behavioral health population Spindletop serves.</td>
<td>$1,534,334</td>
<td></td>
</tr>
<tr>
<td>Spindletop Center</td>
<td>&quot;Priority population&quot; adult mental health clients that Spindletop serves. 54% of these clients are on Medicaid, with most of the remainder being indigent.</td>
<td>Implement Emotional CPR (“eCPR”) to train mental health consumers in peer-to-peer engagement services to support and encourage participation in the development of a Wellness Recovery Action Plan™ (“WRAP®”) and Peer Support Whole Health for our mental health clients.</td>
<td>$1,400,000</td>
<td></td>
</tr>
<tr>
<td>The Bexar County Board of Trustees for Mental Health Mental Retardation Services, dba The Center For Health Care</td>
<td>Services Adults with severe and persistent mental illness, substance abuse disorders and/or co-occurring disorders; 50% Medicaid, 46% indigent and uninsured</td>
<td>Expand access to MH services through new clinic locations, extended service hours; utilization of a BH care manager model to align case management and wellness education with treatment services; and increased training opportunities. Telemedicine will augment the BH workforce until the number of skilled clinicians increases. A Psychiatric Urgent Care Clinic will be opened to dispense medications and connect consumers in crisis to community-based care. Clinic services will include psychiatry, labs and medication, mental health treatment ancillary to psychiatric care, peer recovery services, and substance abuse counseling and treatment for individuals with co-occurring disorders.</td>
<td>$19,973,150</td>
<td></td>
</tr>
<tr>
<td>2 13522109.2.2 2.13.2</td>
<td>The Gulf Coast Center (GCC)</td>
<td>Adults with severe mental illness (schizophrenia, bipolar disorder and major depression) who reside in Brazoria County or Galveston County. Target pop: 50% Medicaid/ low income uninsured</td>
<td>Provide innovative evidence-based services to the targeted adult behavioral health population using increased training of the behavioral health workforce including professionals, paraprofessionals, peer-to-peer specialists, and peer-to-peer volunteers trained in Cognitive Adaptation Training (&quot;CAT&quot;), Wellness Recovery Action Plan™ (&quot;WRAP®&quot;) facilitator and patient training, and Cognitive Enhancement Therapy (&quot;CET&quot;). The CAT, CET and WRAP components are comprehensive and multispecialty community based interventions.</td>
<td>$ 1,511,425</td>
</tr>
<tr>
<td>5 13870601.2.5 2.13.2</td>
<td>Tropical Texas Behavioral Health</td>
<td>Behavioral health population served by TTBH; 74% Medicaid/indigent</td>
<td>Increase access to peer-provided behavioral health services through the addition of 1 veteran peer provider, 3 MH peer providers, 2 family partners and 1 program supervisor at 3 TTBH clinics. Will increase the percentage of individuals receiving peer provided services who also demonstrate improved functioning.</td>
<td>$ 8,480,795</td>
</tr>
</tbody>
</table>
Appendix H

Number of Community Center 1115
Waiver Project 2.18.1 to Develop Peer Workforce

1 Project
2 Projects
5 Projects

Number of Other Community Center 1115
Waiver Projects that include Peer Specialists in Project Description

1 Project
2 Projects
4 Projects
Number of all 1115 Waiver Projects by Community Centers that included Peer in the description

1 Project
2 Projects
9 Projects
Acknowledgements

The Texas Council would like to acknowledge the organizations assisting in the development of this report: Via Hope, the Department of State Health Services, the University of Texas Center for Social Work Research (UT-CSWR), the Hogg Foundation, the East Texas Behavioral Health Network (ETBHN) and the Community Centers of Texas. Many Community Centers shared their insight about hiring peer specialists, identifying potential barriers and exploring opportunity for the future.

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