

**Survey 1: Consumer, Family Member and Parent/Caregiver (CFP/C) Workforce
DRAFT SURVEY CONTENT**

Section 1: Respondent Information

1. Please choose the category that best describes you:

- I am a current or former consumer of mental health services (or I am an individual with lived experience with mental illness)
- I am the parent or caregiver of a current or former consumer of mental health services
- I am a non-parental family member of a current or former consumer of mental health services
- Other: _____

2. Please choose the category that best describes the clients served where you are employed (choose all that apply)

- Adolescents, Children/Youth (ages 1 – 17)
- Adult and Older Adult (ages 18+)
- Transition Age Youth specific services (ages 18-24)
- Older Adult specific services (ages 60+)

3. Position Title (Text box)

4. Employer Name (Text box)

5. County of Employment (drop down)

6. Please identify your Race/Ethnicity

- American Indian/Native American/Alaskan Native
- African American/ Black/African
- Asian [possibly with OSHPD subcategories]
 - Cambodian
 - Chinese
 - Filipino
 - Indian
 - Japanese
 - Laotian/Hmong
 - Korean
 - Pakistani
 - Thai
 - Vietnamese
 - Other Asian
- Caucasian/White
- Latino/Hispanic
 - Central American
 - Cuban
 - Mexican
 - Puerto Rican
 - South American
 - Other Hispanic
- Middle Eastern
- Pacific Islander
 - Fijian
 - Guamanian
 - Hawaiian
 - Samoan
 - Tongan
 - Other Pacific Islander
- Other
- Decline to State

7. Not everybody uses the same labels, however, which BEST describes your current gender:

- Androgynous
- Female
- Female/Transwoman/MTF Transgender
- Male
- Male/Transman/FTM Transgender

- Questioning my Gender
- Decline to State

8. Not everybody uses the same labels to describe their sexual orientation, however, which BEST describes your sexual orientation:

- Bisexual/Pansexual
- Gay
- Heterosexual/Straight
- I'm questioning whether I'm straight or not straight
- Lesbian
- Queer
- Decline to State

9. What is your age? (write in or drop down)

10. What is the highest degree or level of education you have completed?

- Less than high school
- High school graduate (includes equivalency)
- Some college, no degree
- Post high school technical degree or certification
- Associate's degree
- Bachelor's degree
- Post-Graduate or professional degree
- Ph.D./MD or equivalent

11. Do you identify as having a disability?

- Yes
- No
- Decline to State

*****END DEMOGRAPHIC SECTION**

Section 2: Workforce and employment questions

12. What types of services do you typically provide to clients? (each of the choices below will be provided on a grid using the answer choices below)

[Never – Sometimes – Often – Always]

- a. Accessing and maintaining insurance coverage.
- b. Administrative/clerical.
- c. Arranging for translation services.
- d. Arranging transportation to and from medical services.
- e. Assisting with issues related to housing.
- f. Assisting with the financing and management of medication.
- g. Being a role model (for recovery).
- h. Coordinating care among providers.
- i. Facilitating communication with health care providers.
- j. Help clients fill out paperwork.
- k. Help clients understand what resources are available.
- l. Help clients understand what staff is asking of them.
- m. Help coordinating physician visits and other medical appointments.
- n. Help to create/set recovery goals.
- o. Help with monitoring progress.
- p. Help with navigating the behavioral health services system.
- q. Maintaining telephone contact between patients and health care providers.
- r. Motivate and educate clients about the importance of preventive services.

- s. Provide advice or counseling to clients.
- t. Provide social and/or emotional support.
- u. Providing education about medical conditions and recovery strategies.
- v. Providing education to improve health literacy.
- w. Other: _____

13. In which of the following areas have you received specific training from a training provider or your employer? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Ability to attend and participate in program meetings | <input type="checkbox"/> Recovery and Wellness Recovery Action Plan (WRAP) training or similar |
| <input type="checkbox"/> Administrative skills (ability to understand and fill out forms and paperwork, track hours and time, etc) | <input type="checkbox"/> Recovery practices in leadership and coaching |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Rehab and therapeutic skills |
| <input type="checkbox"/> Advocacy for positive outcomes | <input type="checkbox"/> Resiliency |
| <input type="checkbox"/> Americans with Disabilities Act | <input type="checkbox"/> Risk indicators and response |
| <input type="checkbox"/> Basic knowledge of mental health and substance use disorders | <input type="checkbox"/> Role challenges and conflict resolution |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Service documentation/billing |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Skills and knowledge in partnering with organizations/supervisors |
| <input type="checkbox"/> Computer and technical skills | <input type="checkbox"/> Stigma |
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Strength-based approaches |
| <input type="checkbox"/> Conflict resolution | <input type="checkbox"/> Structure of the behavioral health system |
| <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Substance abuse and co-occurring |
| <input type="checkbox"/> Cultural awareness and comp | <input type="checkbox"/> Supporting skills to assist a consumer to develop skills identified in the approved Individual Recovery Plan |
| <input type="checkbox"/> Education through shared experience | <input type="checkbox"/> Systems perspective |
| <input type="checkbox"/> Effective coping techniques | <input type="checkbox"/> Training to use a Medical Information System (MIS) |
| <input type="checkbox"/> Establishment of positive relationships | <input type="checkbox"/> Transformational advocacy |
| <input type="checkbox"/> Goal setting | <input type="checkbox"/> Trauma informed systems |
| <input type="checkbox"/> Group facilitation | <input type="checkbox"/> Trust building |
| <input type="checkbox"/> History of mental health and recovery | <input type="checkbox"/> Types and effects of medications |
| <input type="checkbox"/> Holistic recovery approaches | <input type="checkbox"/> Understand the dynamics of stress and burnout |
| <input type="checkbox"/> Hope and recovery | <input type="checkbox"/> Understanding the job of a CFP/C |
| <input type="checkbox"/> How to use your personal story | <input type="checkbox"/> Wellness tools |
| <input type="checkbox"/> Management and supervisory skills | <input type="checkbox"/> Other (text box that as many as needed can be listed) |
| <input type="checkbox"/> Mandatory reporting requirements | |
| <input type="checkbox"/> Mentoring | |
| <input type="checkbox"/> Motivational interviewing | |
| <input type="checkbox"/> Principles of empowerment | |
| <input type="checkbox"/> Professional and ethics | |
| <input type="checkbox"/> Professional boundaries | |

14. What type of specialized trainings or certifications have you completed?

- Certification from a training provider specializing in CFP/C trainings
- On the job training by my employer
- Other specialized trainings (please list)

15. What is your hourly wage as a CFP/C employee?

- Non-paid volunteer
- Less than \$10 /hour
- \$10 - \$14/hour
- \$15 - \$19/hour
- \$20 - \$24/hour
- \$25 - \$29/hour

- \$30 or more/hour

16. What additional benefits do you receive other than your pay or salary?

- Dental insurance
- Eye care coverage
- Health insurance
- Paid holidays
- Paid maternity or paternity leave
- Paid sick leave
- Paid vacation time
- Retirement plan
- Other: _____

17. How would you rate your experience finding a job as a CFP/C worker?

- Very difficult
- Somewhat difficult
- Neutral
- Somewhat easy
- Very easy

18. Typically, how many hours per week do you work as a CFP/C worker?

- less than 5 hours per week
- 5-10 hours per week
- 11-15 hours per week
- 15-20 hours per week
- 21-25 hours per week
- 26-30 hours per week
- 31-35 hours per week
- 36-40 hours per week
- More than 40 hours per week

19. If your employer could offer you more hours, would you want them?

- Yes
- No

20. Would you be concerned about losing your benefits if you worked more hours or made more money?

- Yes
- No

21. What types of career assistance do you currently receive from your employer?

- Assistance with housing or living expenses
- Assistance with transportation
- Career and job counseling
- Employer-paid benefits
- Management opportunities
- Mentoring
- Possibility of promotion to a higher position
- Professional develop opportunities
- Self help/support groups

- Skill and other job training
- Other: _____

22. What other types of assistance would you like to see more of from your employer?

- Assistance with housing or living expenses
- Assistance with transportation
- Career and job counseling
- Employer-paid benefits
- Management opportunities
- Mentoring
- Possibility of promotion to a higher position
- Professional develop opportunities
- Self help/support groups
- Skill and other job training
- Other: _____

23. How did you find your position at your current employer? (select all that apply)

- Recommendation through a training provider
- Through online, newspaper, or other job postings
- Word of mouth
- Worked at this or another program in another capacity
- Other: _____

Section 3: Subjective Experience Section

24. What is it like to work in a CFP/C position? (each of the choices below will be provided on a grid using the answer choices below)

[Strongly Agree – Somewhat Agree – Somewhat Disagree – Strongly Disagree]

1. I have a clear job description.
2. I am clear about what I can and cannot do in my role as a Peer.
3. Identifying as both a consumer and a staff member is challenging for me.
4. I identify with the consumers more than with other staff.
5. I receive high quality supervision.
6. I receive enough supervision.
7. I receive the individual support I need.
8. I am afraid to ask for help.
9. I feel comfortable discussing my diagnosis with others.
10. I experience burnout.
11. I experience feelings of isolation in my role as Peer.
12. I get paid an adequate amount for the services I provide.
13. I experience benefits from interacting with clients.
14. I am recognized as a valuable member of the team by the non-Peer staff.
15. I feel stigmatized by the non-Peer staff.
16. I think my presence here benefits the other staff.
17. I think I am a positive role model of a client in recovery for the non-Peer staff.
18. It seems like the non-Peer staff do not like mental health clients.
19. I have good communication with other staff.
20. I feel like a colleague with the other staff.
21. The culture where I work is Peer friendly.