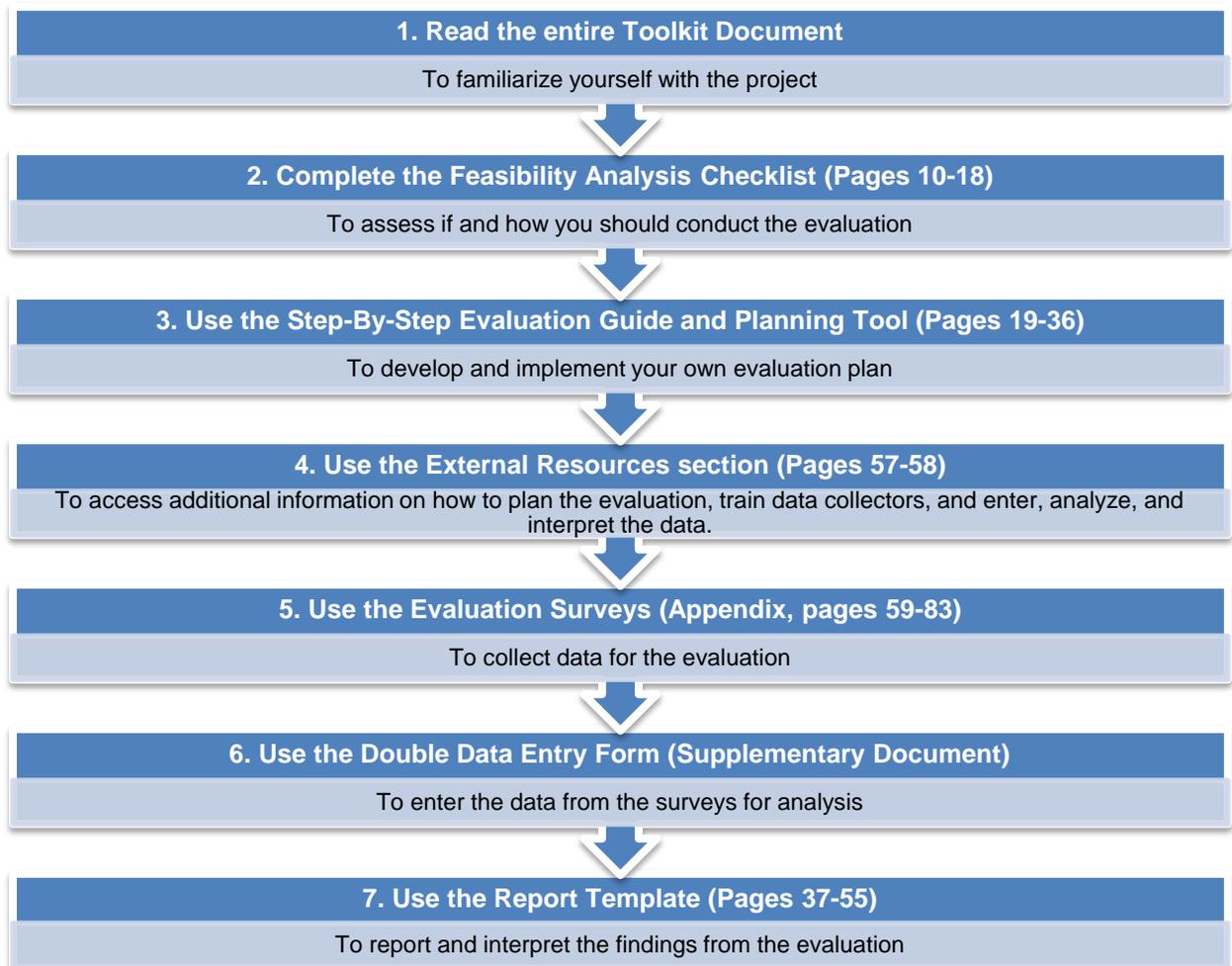


**** ABBREVIATED PRESENTATION PACKET****

TRANSITION AGE YOUTH (TAY) PEER AND FAMILY SUPPORT SERVICES PROGRAM EVALUATION TOOLKIT

Step-by-Step Technical Assistance Guide: *TAY Peer and Family Support Services: Process and Outcomes Evaluation*

Using the TAY Peer and Family Support Services Toolkit



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GLOSSARY/ACRONYMS

FSS: Family Support Specialist, a person with lived experience in the child and family mental health system of care who can provide services and advice to parents of children receiving mental health services.

MHSIP: The Mental Health Statistics Improvement Program Consumer Satisfaction Survey. The MHSIP is a state mandated survey that is collected by California county adult mental health programs twice each year.

MS: Microsoft, referring to the Microsoft Office Suite of software products

Outcomes Evaluation: An evaluation project that seeks to measure and assess the impact of a program on consumers' wellbeing. In the case of mental health services, outcomes may include changes in symptom severity, recovery, functioning, quality of life, social connectedness, achievement of age-appropriate milestones (e.g., education, employment), or consumer satisfaction.

Process Evaluation: An evaluation project designed to assess how a program operates, if a program is meeting its operational goals, and operational barriers. A process evaluation collects data on how many consumers a program reaches and how long each consumer is exposed to the program (i.e., engagement, duration), how many program staff are trained and work on the program, the number of program sessions held, and operational barriers such as the supply of program staff.

PSS: Peer Support Specialist, a person with lived experience in the mental health system of care who can provide services and advice to people receiving mental health services.

TAY: Transition Age Youth, refers to youth consumers of mental health services age 16-25 who may be included in child or adult mental health systems of care.

UCSD: University of California, San Diego, where the TAY Evaluation project was conducted.

QI: Quality Improvement, a systematic process of collecting information and data to study and improve programming and procedures.

YSS: Youth Satisfaction Survey. The YSS a state mandated survey that is collected by California county child and family mental health programs twice each year. There are two versions of the YSS; the YSS-Youth for children, adolescents, and young adults receiving services in the child and family mental health system, and the YSS-Family for parents and guardians of children receiving services in the child and family mental health system.

SAMPLE BLANK TABLE FOR ANALYSIS AND REPORTING

OUTCOMES EVALUATION FINDINGS

Findings from the MHSIP/YSS: Demographics, Outcomes, and Satisfaction Measures

[Insert narrative of MHSIP findings, including ranking of findings from best to worst responses, using the data from Table 3]

Table Template 3: Demographics, Mean Outcomes and Satisfaction scores for all [Organization Name] TAY participants who completed the MHSIP, and comparing TAY who interacted with a PSS to TAY who did not interact with a PSS in the last six months [Month, Year of MHSIP Survey].

| See Appendix Table 1 for Question Text | All TAY Participants (n=XX) | TAY who interacted with a PSS (n=XX) ¹ | TAY who did not interact with a PSS (n=XX) ¹ |
|--|---|--|--|
| MHSIP Demographics | | | |
| Mean age (min-max) | Page 5, Q11 | Page 5, Q11 | Page 5, Q11 |
| Gender | - | - | - |
| % Male | Page 4, Q8 | Page 4, Q8 | Page 4, Q8 |
| % Female | Page 4, Q8 | Page 4, Q8 | Page 4, Q8 |
| Ethnicity- % Mexican, Latino, Hispanic origin | Page 4, Q9 | Page 4, Q9 | Page 4, Q9 |
| Race | - | - | - |
| % American Indian/Alaska Native | Page 4, Q10 | Page 4, Q10 | Page 4, Q10 |
| % Asian | Page 4, Q10 | Page 4, Q10 | Page 4, Q10 |
| % Black/African American | Page 4, Q10 | Page 4, Q10 | Page 4, Q10 |
| % Native Hawaiian/Other Pacific Islander | Page 4, Q10 | Page 4, Q10 | Page 4, Q10 |
| % White/Caucasian | Page 4, Q10 | Page 4, Q10 | Page 4, Q10 |
| % Other | Page 4, Q10 | Page 4, Q10 | Page 4, Q10 |
| % Unknown | Page 4, Q10 | Page 4, Q10 | Page 4, Q10 |
| Duration in Care | - | - | - |
| First visit | Page 4, Q1 | Page 4, Q1 | Page 4, Q1 |
| More than one visit but receiving services for less than 1 month | Page 4, Q1 | Page 4, Q1 | Page 4, Q1 |
| 1-2 months | Page 4, Q1 | Page 4, Q1 | Page 4, Q1 |
| 3-4 months | Page 4, Q1 | Page 4, Q1 | Page 4, Q1 |
| 6-12 months | Page 4, Q1 | Page 4, Q1 | Page 4, Q1 |
| 1 year or more | Page 4, Q1 | Page 4, Q1 | Page 4, Q1 |
| MHSIP DOMAINS (See Appendix Table 1 for unlisted question text and numbers) | Mean scores, all TAY participants (n=XX) | Mean scores, TAY who interacted with a PSS (n=XX)¹ | Mean scores, TAY who did not interact with a PSS (n=XX)¹ |
| General Satisfaction | | | |
| Perception of Access | | | |
| Perception of Quality and Appropriateness | | | |
| Perception of Outcomes | | | |
| Functioning | | | |
| Social Connectedness | | | |
| Perception of Participation in Treatment Planning | | | |
| Arrests/Police Interactions | Page 4, Q4 & Q7 | Page 4, Q4 & Q7 | Page 4, Q4 & Q7 |
| ¹ Significantly different values: *** p<0.01, ** p<0.05, * p<0.10 | | | |

Summary of TAY responses to MHSIP Survey Open-Ended Questions:

[Obtain relevant open-ended questions from current MHSIP, if any]

Outcomes Evaluation Measure Domains

Table 1: Adult MHSIP Domain Items

| Adult MHSIP Domains ¹ | Question Number, 2015 MHSIP Survey | Response Options |
|---|------------------------------------|--|
| General Satisfaction: | | |
| I liked the services that I received here. | Page 1, Q1 | Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree; N/A |
| If I had other choices, I would still get services at this agency. | Page 1, Q2 | |
| I would recommend this agency to a friend or family member. | Page 1, Q3 | |
| Perception of Access: | | |
| The location of services was convenient. | Page 1, Q4 | Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree; N/A |
| Staff were willing to see me as often as I felt it was necessary. | Page 1, Q5 | |
| Staff returned my calls within 24 hours. | Page 1, Q6 | |
| Services were available at times that were good for me. | Page 1, Q7 | |
| I was able to get all the services I thought I needed. | Page 1, Q8 | |
| I was able to see a psychiatrist when I wanted to. | Page 1, Q9 | |
| Perception of Quality and Appropriateness: | | |
| Staff believed that I could grow, change and recover. | Page 1, Q10 | Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree; N/A |
| I felt free to complain. | Page 1, Q12 | |
| I was give information about my rights. | Page 1, Q13 | |
| Staff encouraged me to take responsibility for how I live my life. | Page 1, Q14 | |
| Staff told me what side effects to watch for. | Page 1, Q15 | |
| Staff respected my wishes about who is and is not to be given information about my treatment. | Page 1, Q16 | |
| Staff were sensitive to my cultural/ethnic background. | Page 1, Q18 | |
| Staff helped me obtain the information needed so I could take charge of managing my illness. | Page 1, Q19 | |
| I was encouraged to use consumer-run programs. | Page 1, Q20 | |
| Perception of Outcomes: | | |
| I deal more effectively with daily problems. | Page 1, Q21 | Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree; N/A |
| I am better able to control my life. | Page 1, Q22 | |
| I am better able to deal with crisis. | Page 2, Q23 | |
| I am getting along better with my family. | Page 2, Q24 | |
| I do better in social situations. | Page 2, Q25 | |
| I do better in school and/or work. | Page 2, Q26 | |
| My housing situation has improved. | Page 2, Q27 | |
| My symptoms are not bothering me as much. | Page 2, Q28 | |
| Functioning: | | |
| My symptoms are not bothering me as much. | Page 2, Q28 | Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree; N/A |
| I do things that are more meaningful to me. | Page 2, Q29 | |
| I am better able to take care of my needs. | Page 2, Q30 | |
| I am better able to handle things when they go wrong. | Page 2, Q31 | |
| I am better able to do things that I want to do. | Page 2, Q32 | |
| Social Connectedness: | | |
| I am happy with the friendships I have. | Page 2, Q33 | Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree; N/A |
| I have people with whom I can do enjoyable things. | Page 2, Q34 | |
| I feel I belong in my community. | Page 2, Q35 | |
| In a crisis, I would have the support I need from family or friends. | Page 2, Q36 | |
| Perception of Participation in Treatment Planning: | | |
| I felt comfortable asking questions about my treatment/medications. | Page 1, Q11 | Strongly Agree; Agree; I am Neutral; Disagree; Strongly Disagree; N/A |
| I, not staff, decided my treatment goals. | Page 1, Q17 | |
| Arrests/Police Interactions: | | |
| Since you began receiving services, have your encounters with the police: | Page 4, Q4 and Q7 | Reduced; Stayed the same; Increased; N/A |
| Demographics | | |
| What is your gender? | Page 4, Q8 | Female; Male; Other |
| Are you of Mexican/Hispanic/ Latino origin? | Page 4, Q9 | Yes; No; Unknown |
| What is your race? | Page 4, Q10 | American Indian/AK Native; Asian; Black/ African American; Native HI/Other Pacific Islander; White/Caucasian; Other; Unknown |
| What is your date of birth? | Page 5, Q11 | MM-DD-YYYY |
| Approximately, how long have you received services here? (Duration of Services) | Page 4, Q1 | 1 st visit; >1 visit but received services for <1 mo.; 1-2 mo.; 3-5 mo.; 6 mo. to 1 yr.; >1 yr. |

¹ Allard, L. (2014). "MHSIP Survey Analysis by Planning and Policy Region: An evaluation of parent/guardian satisfaction with community mental health services." Tennessee Department of Mental Health and Substance Abuse Services, Office of Research. Available at: www.tamoc.org.

Table 2: YSS-Youth Domain Items

| YSS-Youth Domains ² | Question Number, 2015 YSS-Youth Survey | Response Options |
|--|--|--|
| Satisfaction with Services: | | |
| Overall, I am satisfied with the services I received. | Page 1, Q1 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| The people helping me stuck with me no matter what. | Page 1, Q4 | |
| I felt I had someone to talk to when I was troubled. | Page 1, Q5 | |
| I received services that were right for me. | Page 1, Q7 | |
| I got the help I wanted. | Page 1, Q10 | |
| I got as much help as I needed. | Page 1, Q11 | |
| Participation in Treatment: | | |
| I helped to choose my services. | Page 1, Q2 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| I helped to choose my treatment goals. | Page 1, Q3 | |
| I participated in my own treatment. | Page 1, Q6 | |
| Good Access to Service: | | |
| The location of services was convenient for me. | Page 1, Q8 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| Services were available at times that were good for me. | Page 1, Q9 | |
| Cultural Sensitivity: | | |
| Staff treated me with respect. | Page 1, Q12 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| Staff respected my religious/spiritual beliefs. | Page 1, Q13 | |
| Staff spoke with me in a way that I understood. | Page 1, Q14 | |
| Staff were sensitive to my cultural/ethnic background. | Page 1, Q15 | |
| Positive Outcomes of Services: | | |
| I am better at handling daily life. | Page 1, Q16 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| I get along better with family members. | Page 1, Q17 | |
| I get along better with friends and other people. | Page 1, Q18 | |
| I am doing better in school and/or work. | Page 1, Q19 | |
| I am better able to cope when things go wrong. | Page 1, Q20 | |
| I am satisfied with my family life right now. | Page 1, Q21 | |
| Functioning: | | |
| I am better at handling daily life. | Page 1, Q16 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| I get along better with family members. | Page 1, Q17 | |
| I get along better with friends and other people. | Page 1, Q18 | |
| I am doing better in school and/or work. | Page 1, Q19 | |
| I am better able to cope when things go wrong. | Page 1, Q20 | |
| I am better able to do things I want to do. | Page 1, Q22 | |
| Social Connectedness: | | |
| I know people who listen and understand me when I need to talk. | Page 2, Q23 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| I have people that I am comfortable talking with about my problems. | Page 2, Q24 | |
| In a crisis, I would have the support I need from family or friends. | Page 2, Q25 | |
| I have people with whom I can do enjoyable things. | Page 2, Q26 | |
| Arrests/Police Interactions: | | |
| Since you began receiving mental health services, have your encounters with the police ... | Page 3, Q7 and Q13 | Been reduced; Stayed the same; Increased; N/A |
| Demographics | | |
| What is your gender? | Page 4, Q17 | Female; Male; Other |
| Are you of Mexican/Hispanic/ Latino origin? | Page 4, Q18 | Yes; No; Unknown |
| What is your race? | Page 4, Q19 | American Indian/AK Native; Asian; Black/ African American; Native HI/Other Pacific Islander; White/Caucasian; Other; Unknown |
| What is your date of birth? | Page 4, Q20 | MM-DD-YYYY |
| Approximately, how long have you received services here? (Duration of Services) | Page 2, Q4 | 1 st visit; >1 visit but received services for <1 mo.; 1-2 mo.; 3-5 mo.; 6 mo. to 1 yr.; >1 yr. |

² Ibid.

Table 3: YSS-Family Domain Items

| YSS-Family Domains ³ | Question Number, 2015 YSS-Family Survey | Response Options |
|--|---|--|
| Satisfaction with Services: | | |
| Overall, I am satisfied with the services my child received. | Page 1, Q1 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| The people helping my child stuck with us no matter what. | Page 1, Q4 | |
| I felt my child had someone to talk to when he/she was troubled. | Page 1, Q5 | |
| The services my child and/or family received were right for us. | Page 1, Q7 | |
| My family got the help we wanted for my child. | Page 1, Q10 | |
| My family got as much help as we needed for my child. | Page 1, Q11 | |
| Participation in Treatment: | | |
| I helped to choose my child's services. | Page 1, Q2 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| I helped to choose my child's treatment goals. | Page 1, Q3 | |
| I participated in my child's treatment. | Page 1, Q6 | |
| Good Access to Service: | | |
| The location of services was convenient for us. | Page 1, Q8 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| Services were available at times that were good for us. | Page 1, Q9 | |
| Cultural Sensitivity: | | |
| Staff treated me with respect. | Page 1, Q12 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| Staff respected my family's religious/spiritual beliefs. | Page 1, Q13 | |
| Staff spoke with me in a way that I understood. | Page 1, Q14 | |
| Staff were sensitive to my cultural/ethnic background. | Page 1, Q15 | |
| Positive Outcomes of Services: | | |
| My child is better at handling daily life. | Page 1, Q16 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| My child gets along better with family members. | Page 1, Q17 | |
| My child gets along better with friends and other people. | Page 1, Q18 | |
| My child is doing better in school and/or work. | Page 1, Q19 | |
| My child is better able to cope when things go wrong. | Page 1, Q20 | |
| I am satisfied with our family life right now. | Page 1, Q21 | |
| Functioning: | | |
| My child is better at handling daily life. | Page 1, Q16 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| My child gets along better with family members. | Page 1, Q17 | |
| My child gets along better with friends and other people. | Page 1, Q18 | |
| My child is doing better in school and/or work. | Page 1, Q19 | |
| My child is better able to cope when things go wrong. | Page 1, Q20 | |
| My child is better able to do things he or she wants to do. | Page 1, Q22 | |
| Social Connectedness: | | |
| I know people who listen and understand me when I need to talk. | Page 2, Q23 | Strongly Agree; Agree; Undecided; Disagree; Strongly Disagree; N/A |
| I have people that I am comfortable talking with about my child's problems. | Page 2, Q24 | |
| In a crisis, I would have the support I need from family or friends. | Page 2, Q25 | |
| I have people with whom I can do enjoyable things. | Page 2, Q26 | |
| Arrests/Police Interactions: | | |
| Since your child began receiving mental health services, have their encounters with the police ... | Page 3, Q8 and Q14 | Been reduced; Stayed the same; Increased; N/A |
| Demographics | | |
| What is your child's gender? | Page 4, Q18 | Female; Male; Other |
| Are either of the child's parents of Mexican/Hispanic/ Latino origin? | Page 4, Q19 | Yes; No; Unknown |
| What is your child's race? | Page 4, Q20 | American Indian/AK Native; Asian; Black/ African American; Native HI/Other Pacific Islander; White/Caucasian; Other; Unknown |
| What is your child's date of birth? | Page 4, Q21 | MM-DD-YYYY |
| Approximately, how long has your child received services here? (Duration of Services) | Page 2, Q5 | 1 st visit; >1 visit but received services for <1 mo.; 1-2 mo.; 3-5 mo.; 6 mo. to 1 yr.; >1 yr. |

³ Ibid.

Evaluation Measures

Program Manager Peer and Family Support Specialist Survey

Exploring Peer and Family Support Services - Program Manager Feedback

Clinics in Behavioral Health Services systems often have former or current consumers performing the role of **Peer Support Specialist (PSS)** and supportive family members in the role of **Family Support Specialist (FSS)**.

A **Peer Support Specialist** is... "Someone who has progressed in their own recovery from mental health or behavioral health challenges and can now offer professional services to mental or behavioral health consumers. Because of their life experiences, a PSS provides expertise that professional training cannot replace." NOTE: In the children's system of care, these specialists are often called **Peer Support Partners**.

A **Family Support Specialist** is... "Someone who has personal experiences as a caregiver to a family member with mental or behavioral health challenges. They use this experience to provide hope and education to other people who have family members with mental or behavioral health challenges and encourage them to support their loved ones." NOTE: In the children's system of care, these specialists are often called **Family Support Partners**.

PSSs and FSSs help bridge the gap between an individual's needs and programs' ability to meet those needs. PSSs and FSSs offer support to persons experiencing mental health challenges and/or their family members from the unique perspective of "someone who's been there." They provide a resource to programs and clinics that can potentially expand the services and insights available to mental health and behavioral health consumers and their families.

Given their widespread presence in the behavioral health system in many counties throughout the U.S., it is important to assess the presence, function, and effectiveness of these specialists.

Please answer the following questions to help us better understand the influence of PSSs and FSSs within the Behavioral Health Services system.

NOTE: Please count all PSSs and FSSs in your responses (including those PSSs and FSSs who work on your site, but may be employed by another agency). For some questions, you will be asked to think only of the PSS/FSS who work with TAY and/or their families.

1. **Which Behavioral Health Services system of care do you work with?** Select one answer.
- Children, Youth, and Families Behavioral Health Services (CYFBHS)
 - Adult and Older Adult Behavioral Health Services (AOABHS)
 - Both CYFBHS and AOABHS

2. **Your job title/role?** _____

3. **Program Name?** Provide the FULL NAME of your program. No abbreviations please.

4. **Types of services your program provides?** * Check all that apply.

- Assertive Community Treatment (ACT)
- Behavioral Health (BH) Court
- Child and Adolescent Psychiatric Services (CAPS)
- Case Management
- Case Management - Institutional
- Case Management - Strengths
- Case Management - Transitional
- Day Treatment
- Fee for Service (FFS)
- Juvenile Forensic Services (JFS)
- Outpatient
- Prevention (PEI)
- Emergency Psychiatric Unit (EPU)
- Crisis Residential
- Residential
- Therapeutic Behavioral Services (TBS)
- Inpatient Hospital
- Other: _____

5. **Do you have Peer Support Specialists (PSSs) and/or Family Support Specialists (FSSs) at your facility?** Please respond 'yes' if you have any staff where "lived experience" is a requirement for the job with TAY. NOTE: Your program may have a different job title. If so, please answer item 6. Select one answer.

- Yes, both PSSs and FSSs.
- Yes, only PSSs.
- Yes, only FSSs.
- No (If your answer is 'No', mark 'No' to the left and then skip to the end of the survey).

6. **If your program does not use the job title "Peer Support Specialist" and "Family Support Specialist," what job title is used for the staff members that are required to have "lived experience"?** _____

7. Please indicate the total number of PSSs and FSSs in your program. _____
8. Do you utilize Peer Support Specialists (PSSs) and/or Family Support Specialists (FSSs) with transition age youth (TAY, ages 16-25) at your facility? Select one answer. Please respond 'yes' if you have any staff where "lived experience" is a requirement for the job with TAY. NOTE: Your program may have a different job title. If so, please answer item 10.
- Yes, both PSSs and FSSs.
 - Yes, only PSSs.
 - Yes, only FSSs.
 - No (If your answer is 'No', click 'No' to the left and then skip to the end of the survey).
9. If your program does not use the job title "Peer Support Specialist" and "Family Support Specialist," what job title is used for the staff members who work with TAY that are required to have "lived experience"? _____
10. Please indicate the total number of PSSs and FSSs in your program who work with TAY.

11. Which functions do the PSS/FSS at your facility perform in providing services to TAY and/or their families? Check all that apply.
- Provide advice or counseling to consumers.
 - Help consumers understand what resources are available.
 - Help consumers fill out paperwork.
 - Help consumers understand what staff is asking of them.
 - Being a role model (for recovery).
 - Help to create/set recovery goals.
 - Help with monitoring progress.
 - Help with navigating the behavioral health services system.
 - Provide social and/or emotional support.
 - Administrative/clerical.
 - Help coordinating physician visits and other medical appointments.
 - Arranging transportation to and from medical services.
 - Accessing and maintaining insurance coverage.
 - Providing education about medical conditions and recovery strategies.
 - Facilitating communication with health care providers.
 - Maintaining telephone contact between patients and health care providers.
 - Motivate and educate consumers about the importance of preventive services.
 - Coordinating care among providers.
 - Arranging for translation services.
 - Providing education to improve health literacy.
 - Assisting with the financing and management of medication.
 - Assisting with issues related to housing.
 - Other: _____

12. Are most of the PSSs or FSSs who work with TAY at your facility volunteers or do they get paid? Select one answer.

- Paid (click, then continue on with 21 and 22)
- Non-paid volunteers (click, then skip to question 17)

13. If your PSSs/FSSs who work with TAY are paid, do you feel that it is cost effective for your program? Select one answer.

- Yes
- No

14. Do your paid PSS/FSS work full time, part time, both?

- All PSS/FSS are full time
- All PSS/FSS are part time
- Some PSS/FSS are full time, some are part-time

15. If your program had the resources, would you increase the wages of the PSSs and FSSs who work with TAY at your facility? Select one answer.

- Yes
- No

16. Are the PSSs/FSSs who work with TAY on your site contracted by another agency, paid out of your program's contract budget, or both? Check all that apply.

- Contracted by another agency.
- Paid out of our program's contract budget.

17. What are your hiring plans for PSSs/FSSs for TAY and/or TAYs' families in the next 12 months? Select one answer.

- Downsize by several (3+)
- Downsize a little (1-2)
- Stay with what we've got now
- Increase a little (1-2)
- Increase by several (3+)
- Unsure
- Other: _____

18. What kind of training do your PSSs who work with TAY typically have? Check all that apply.

- Motivational Interviewing
- PET - Peer Employment Training (through RICA)
- WRAP - Wellness Recovery Action Planning
- WELL - Wellness and Empowerment in Life and Living
- Medication for Success
- Transformational Advocacy
- Advocacy for Positive Outcomes
- Recovery Practices in Leadership and Coaching
- Other trainings through BHETA (Behavioral Health Education and Training Academy)
- Other: _____

19. What kind of training do your FSSs who work with TAY and/or their families typically have?

Check all that apply.

- Motivational Interviewing
- PET - Peer Employment Training (through RICA)
- WRAP - Wellness Recovery Action Planning
- WELL - Wellness and Empowerment in Life and Living
- Medication for Success
- Transformational Advocacy
- Advocacy for Positive Outcomes
- Recovery Practices in Leadership and Coaching
- Other trainings through BHETA (Behavioral Health and Training Academy)
- Other: _____

20. Are your PSSs who work with TAY certified? Select one answer.

- Yes, all are certified.
- Yes, some are certified.
- No, none are certified. (click, then skip to question 29)
- Don't know or not sure.

21. What, if any, additional trainings would you like to see offered to PSSs and FSSs who work with TAY and/or TAYs' families? Please describe in detail.

22. From where do you typically recruit or hire your PSSs and FSSs who work with TAY and/or TAYs' families? Please describe in detail.

23. What is an average consumer caseload for a PSS who work with TAY in one week? Please type a number 0-99 in the box below.

24. What is an average consumer case load for an FSS who work with TAY and/or TAYs' families in one week? Please type a number 0-99 in the box below.

25. On average, how long does a TAY consumer get to spend with a PSS per session? Select all that apply.

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- 61-90 minutes
- 90+ minutes

26. On average, how long does a TAY consumer /TAYs' family member get to spend with an FSS per session? Select all that apply.

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- 61-90 minutes
- 90+ minutes

27. How do the PSSs/FSSs who work with TAY and/or TAYs' families at your facility typically work? Check all that apply.

- One-on-one
- In groups as a lead or co-facilitator
- In groups as a support to someone else who is facilitating
- Other: _____

28. How would you rate your experience finding and hiring PSSs/FSSs staff who work with TAY and/or TAYs' families? Select one answer.

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

29. How would you rate your experience in being able to retain PSSs/FSSs staff who work with TAY and/or TAYs' families in your program? Select one answer.

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

30. What QUALIFIES or DISQUALIFIES a TAY consumer/caregiver as someone who gets assistance from a PSS/FSS? Explain below.

31. Are there any drawbacks or limitations in having PSSs and/or FSSs who work with TAY and/or TAYs' families at your program? Explain below.

32. Have any of the PSSs or FSSs who work with TAY and/or TAYs' families advanced to a different job within your program? Select one answer.

- Yes
- No

33. What advancement possibilities do you see for PSSs/FSSs who work with TAY and/or TAYs' families in your program? Please also describe the limitations and/or barriers related to advancement possibilities, such as trainings/certifications needed.

34. Do you have any additional comments that you'd like to share with us about your or your program's experience with PSSs or FSSs who work with TAY and/or TAYs' families?

Thank you for helping us develop a better picture of Peer and Family Support Services for TAY. We appreciate your feedback and your time. Have a great day! For any questions regarding this survey, please feel free to contact us at: [evaluationmanageremail@organizationname.org]

Peer/Family Support Specialist Survey

In the **Adult and Older Adult System of Care**, a **Peer Support Specialist (PSS)** is someone who has progressed in their own recovery from mental or behavioral health challenges and can now offer professional services to other mental or behavioral health consumers. A **Family Support Specialist (FSS)** is someone who has personal experience as a caregiver to a family member with mental health or behavioral health challenges. Family Support Specialists (FSSs) use this experience to provide hope and education to other people who have family members with mental health or behavioral health challenges and encourage them to support their loved ones.

In the **Children, Youth, and Families System of Care**, a **Peer Support Partner / Peer Support Specialist (PSP/PSS)** is someone who has received mental health services before and is using their lived experience to help others. A **Family Support Specialist (FSS)** or **Family Support Partner (FSP)** is either a caregiver of a child/youth who is a consumer in a public agency serving children or an individual with experience as a consumer in a public agency serving children.

Because of their life experiences, Peer and Family Support Specialists/Partners provide expertise that professional training cannot replace.

Given the widespread presence of Peer and Family Support Specialists/Partners in the Behavioral Health System in many counties throughout the U.S., it is important to get feedback from the Peers themselves.

If you are employed as a Peer and Family Support Specialist/Partner within the Behavioral Health Services system, please answer the questions below to help us better understand your experiences.

* Required

1. **Which Behavioral Health Services system do you work with?** * Select one answer.
- Children, Youth, and Families Behavioral Health Services (CYFBHS)
 - Adult and Older Adult Behavioral Health Services (AOABHS)
 - Both CYFBHS and AOABHS
2. **Please choose the category that best describes you:** * Select all that apply.
- I am a current or former consumer of mental health services (or I am an individual with lived experience with mental health challenges)
 - I am the parent or caregiver of a current or former consumer of mental health services
 - If checked:
 - Parent/caregiver of youth (17 and under)
 - Parent/caregiver of adult (18 and older)
 - I am a non-parental family member of a current or former consumer of mental health services (e.g., spouse, sibling, etc.)
 - If checked:
 - Non-parental family member of youth (17 and under)
 - Non-parental family member of adult (18 and older)
 - Other (e.g., friend, neighbor, etc.): _____

****The following questions ask about your current position. If you currently hold multiple positions as an employee or volunteer, please provide responses for the role in which you spend the most time. If you spend equal time between your positions, respond for the role which is most relevant to your career.****

3. **Please choose the category that best describes the consumers served where you are employed and/or are volunteering:** Select all that apply.
- Transition Age Youth (TAY) only (services targeted specifically towards those in the TAY age ranges of 16 through 25) and NOT their families/caregivers (*continue with survey*)
 - TAY and/or families/caregivers of TAY (services targeted specifically towards those in the TAY age ranges of 16 through 25) (*continue with survey*)
 - Children (ages 0-5) and/or their families/caregivers (*skip to end of survey*)
 - Older children and adolescents (ages 6-15) and/or their families/caregivers (*skip to end of survey*)
 - Adult and Older Adult (ages 25+) (*skip to end of survey*)
 - Older Adult specific services (ages 60+) (*skip to end of survey*)

If you work with TAY age 16-25 and/or their families, please continue the survey. When answering, focus on your work with TAY and their families.

If you do not work with TAY age 16-25 and/or their families, you may end the survey now.

SECTION A: TAY Services

Please read each of the services listed below and consider the following questions: A. How often do the TAY consumers and/or their families/caregivers you work with need these types of services? B. How often do you typically provide these types of services in your role as Peer/Family Support Specialist for TAY? Keep in mind that this is not an evaluation of your work as a Peer/Family Support Specialist; sometimes there are outside factors that prevent a needed service from being provided, such as lacking funds to get certification to provide a service.

4. How often do the TAY consumers or families you work with NEED each of these types of services?

| | Never | Sometimes | Often | Always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Coordinating physician visits and/or other mental or physical health appointments. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Arranging transportation to and from mental or physical health services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Accessing and maintaining insurance coverage. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Providing education about mental health problems and recovery/management strategies. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Facilitating communication with mental health care providers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Maintaining telephone contact between consumers and mental health care providers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Motivating and educating individuals or their family/caregivers about the importance of preventive services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Assisting individuals/families/caregivers in completing medical, financial, and other forms. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Coordinating care among providers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Arranging for translation services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Providing education to improve mental health literacy. (Help understanding basic health information so that someone can make decisions about their health.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Providing emotional support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Assisting with medication management and financing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Assisting with issues related to housing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Assisting with issues related to employment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Now, how often do you typically **PROVIDE** this type of service in your role as a Peer/Family Support Specialist?

| | Never | Sometimes | Often | Always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Coordinating physician visits and/or other mental or physical health appointments. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Arranging transportation to and from mental or physical health services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Accessing and maintaining insurance coverage. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Providing education about mental health problems and recovery/management strategies. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Facilitating communication with mental health care providers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Maintaining telephone contact between consumers and mental health care providers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Motivating and educating individuals or their family/caregivers about the importance of preventive services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Assisting individuals/families/caregivers in completing medical, financial, and other forms. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Coordinating care among providers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Arranging for translation services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Providing education to improve mental health literacy. (Help understanding basic health information so that someone can make decisions about their health.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Providing emotional support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Assisting with medication management and financing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Assisting with issues related to housing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Assisting with issues related to employment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | Never | Sometimes | Often | Always |
| a. Coordinating physician visits and/or other mental or physical health appointments. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Arranging transportation to and from mental or physical health services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Accessing and maintaining insurance coverage. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| d. Providing education about mental health problems and recovery/management strategies. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Facilitating communication with mental health care providers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Maintaining telephone contact between consumers and mental health care providers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Motivating and educating individuals or their family/caregivers about the importance of preventive services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Assisting individuals/families/caregivers in completing medical, financial, and other forms. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Coordinating care among providers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Arranging for translation services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Providing education to improve mental health literacy. (Help understanding basic health information so that someone can make decisions about their health.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Providing emotional support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Assisting with medication management and financing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Assisting with issues related to housing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Assisting with issues related to employment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SECTION B

**6. What is it like to work as a Peer/Family Support Specialist for TAY and/or their families?
Please enter one response per row:**

| | Strongly agree | Somewhat agree | Somewhat disagree | Strongly disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I have a clear job description. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I am clear about what I can and cannot do in my role as a Peer/Family Support Specialist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Identifying as both a consumer and a staff member is challenging for me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I identify with the consumers more than with other staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I receive high quality supervision. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I receive enough supervision. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I receive the individual support I need. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I am afraid to ask for help. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I feel comfortable discussing my diagnosis with others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. I experience burnout. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. I experience feelings of isolation in my role as Peer/Family Support Specialist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. I get paid an adequate amount for the services I provide. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. I experience benefits from interacting with consumers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. I am recognized as a valuable member of the team by the non-Peer/Family Support Specialist staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. I feel stigmatized by the non-Peer/Family Support Specialist staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. I think my presence here benefits the other staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. I think I am a positive role model of a consumer in recovery for the non-Peer/Family Support Specialist staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. It seems like the non-Peer/Family Support Specialist staff do not like mental health consumers. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s. I have good communication with other staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t. I feel like a colleague with the other staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| u. The culture where I work is Peer/Family Support Specialist friendly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SECTION C: Additional Feedback

7. Which, if any, of these trainings have you completed? Check all that apply.

- Motivational Interviewing
- PET - Peer Employment Training (through RICA)
- WRAP - Wellness Recovery Action Planning
- WELL - Wellness and Empowerment in Life and Living
- Medication for success
- Transformational Advocacy
- Advocacy for Positive Outcomes
- Recovery Practices in Leadership and Coaching
- Other trainings through BHETA (Behavioral Health Education and Training Academy)
- Other: _____

8. How would you rate your experience finding a job as a Peer/Family Support Specialist?

Select one answer.

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

9. When you meet with for TAY and/or their families, where are your sessions most typically held? Select one answer.

- In a designated private office or room
- In any available private office or room
- In the waiting room of the clinic or hospital
- At a designated desk in a larger shared common room
- In a shared common room
- In the hallway or corridor
- Other: _____

10. How much money do you make per hour working as a Peer/Family Support Specialist for TAY and/or their families?

(Round to the nearest dollar.)

\$ _____

11. Typically, how many hours per week do you work as a Peer/Family Support Specialist for TAY and/or their families? Select one answer.

- 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

12. If your program could offer you more hours, would you want them? Select one answer.

- Yes
- No

13. Would you be concerned about losing your benefits if you worked more hours or made more money? Select one answer.

- Yes
- No
- N/A

14. Are you interested in advancing your career to another type of job within the County of San Diego Behavioral Health Services? Select one answer.

- Yes
- No

15. If so, please list the job title and please describe the training you feel would be appropriate to get you there.

16. Has your perception of being a Peer/Family Support Specialist improved, worsened, or remained the same since you started working as a Peer/Family Support Specialist for TAY and/or their families? Select one answer.

- Improved
- Worsened
- Remained the same

17. What do you LIKE about being a Peer/Family Support Specialist for TAY and/or their families?

18. What do you DISLIKE about being a Peer/Family Support Specialist for TAY and/or their families, or where/when you feel stress in this role?

19. How might your relationship with non-Peer/Family Support Specialist staff be improved? Do you have any suggestions for improving the Peer/Family Support Specialist program for TAY and/or their families at your facility and/or systemwide? If so, please provide your feedback in the space below.

20. Has working as a Peer/Family Support Specialist for TAY and/or their families affected your own recovery/treatment management? Select one answer.

- Yes
- No (If no, skip to 22)
- I don't know

21. If yes, HOW has being a Peer/Family Support Specialist for TAY and/or their families affected your own recovery/treatment management? Please explain.

22. What new programs for TAY and/or their families would you like to see started if there were resources available? Specifically, what programs would fill a gap in services for TAY? Please describe the programs and why you feel these programs would be important, wanted, or necessary for consumers.

23. Where do you see yourself in 5 or 10 years within the Behavioral Health Services system of care? Please describe.

24. Do you have any other feedback that you would like to provide about being a Peer/Family Support Specialist for TAY and/or their families? Please describe.

Thank very much for helping us develop a better picture of Peer and Family Support Services for TAY. We appreciate your feedback and your time. Have a great day! For any questions regarding this survey, please feel free to contact us at: [evaluationmanageremail@organizationname.org]

MHSIP PSS Supplement Page

Some programs employ former or current consumers in the role of **Peer Support Specialist, Peer Counselor, or Peer Support Partner**. A Peer Support Specialist/Peer Counselor/Peer Support Partner is someone who has progressed in their own recovery from mental illness and can now offer to support consumers from the unique perspective of “someone with lived experience.”

1. During the course of your care here, have you had any interactions with a Peer Support Specialist/Peer Counselor/Peer Support Partner?

- Yes**— if yes, please ANSWER QUESTIONS 2, 3, 4, and 5.
- No**— if no, please skip to the next page.

2. If YES, what types of help did the Peer Support Specialist/Peer Counselor/Peer Support Partner provide?

| Please answer “YES” or “NO” to all of the following questions: | YES | NO |
|---|-----------------------|-----------------------|
| a. Provided advice or counseling | <input type="radio"/> | <input type="radio"/> |
| b. Helped me understand what resources were available | <input type="radio"/> | <input type="radio"/> |
| c. Helped me fill out paperwork | <input type="radio"/> | <input type="radio"/> |
| d. Helped me understand what was being asked of me by other staff | <input type="radio"/> | <input type="radio"/> |
| e. Served as a role model | <input type="radio"/> | <input type="radio"/> |
| f. Helped me set goals for my recovery | <input type="radio"/> | <input type="radio"/> |
| g. Helped me monitor my progress | <input type="radio"/> | <input type="radio"/> |
| h. Helped me navigate the mental health services system | <input type="radio"/> | <input type="radio"/> |
| i. Provided social support or reduced feelings of isolation | <input type="radio"/> | <input type="radio"/> |
| j. Other type of help (please fill in): _____ _____ | <input type="radio"/> | <input type="radio"/> |

3. Please rate the following statements using the provided answer choices.

| <i>The Peer Support Specialist/Peer Counselor/Peer Support Partner...</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Helped me believe I could recover | <input type="radio"/> |
| b. Understood my experiences | <input type="radio"/> |
| c. Was easier to speak with than other clinic staff | <input type="radio"/> |
| d. Was easier to speak with than my doctor | <input type="radio"/> |
| e. Provided helpful thoughts and insights | <input type="radio"/> |
| f. Made a difference in my recovery | <input type="radio"/> |
| g. Had experiences that were similar to my own. | <input type="radio"/> |

4. What did you like best about meeting with a Peer Support Partner?

5. What did you dislike about meeting with a Peer Support Partner? Or was there another kind of help you wanted the Peer Support Partner to provide?

***CSI County Client Number: _____**
 (Must be entered on every page)

YSS-Youth PSS Supplement Page

Some programs employ former or current consumers in the role of **Peer Support Specialist or Peer Support Partner**. A Peer Support Specialist/Peer Support Partner is someone who has received mental health services before but is not a therapist.

1. **During the course of your treatment, have you met with a Peer Support Specialist/Peer Support Partner?**

- Yes**— if yes, please ANSWER QUESTIONS 2, 3, 4, and 5.
- No**— if no, please skip to the next page.

2. **If YES, what types of help did the Peer Support Specialist/Peer Support Partner provide?**

| Please answer "YES" or "NO" to all of the following questions: | YES | NO |
|---|-----------------------|-----------------------|
| a. Provided advice or counseling | <input type="radio"/> | <input type="radio"/> |
| b. Helped me understand what resources were available for me | <input type="radio"/> | <input type="radio"/> |
| c. Helped me to fill out paperwork | <input type="radio"/> | <input type="radio"/> |
| d. Helped me understand what was being asked of me by staff | <input type="radio"/> | <input type="radio"/> |
| e. Served as a role model for me | <input type="radio"/> | <input type="radio"/> |
| f. Helped me set the goals for my treatment | <input type="radio"/> | <input type="radio"/> |
| g. Helped me monitor treatment progress (determine if I was getting better) | <input type="radio"/> | <input type="radio"/> |
| h. Helped me understand the mental health services system | <input type="radio"/> | <input type="radio"/> |
| i. Provided social support or helped me feel less alone | <input type="radio"/> | <input type="radio"/> |
| j. Helped me get additional services | <input type="radio"/> | <input type="radio"/> |
| k. Other type of help (please fill in): _____ | <input type="radio"/> | <input type="radio"/> |

3. **Please rate the following statements using the provided answer choices.**

| <i>The Peer Support Specialist/Peer Support Partner...</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Helped me believe I could recover | <input type="radio"/> |
| b. Understood my experiences | <input type="radio"/> |
| c. Was easier to speak with than other clinic staff | <input type="radio"/> |
| d. Was easier to speak with than my therapist | <input type="radio"/> |
| e. Provided helpful advice | <input type="radio"/> |
| f. Made a difference in my treatment | <input type="radio"/> |
| g. Had experiences that were similar to my own. | <input type="radio"/> |

4. **What did you like best about meeting with a Peer Support Partner?**

5. **What did you dislike about meeting with a Peer Support Partner? Or was there another kind of help you wanted the Peer Support Partner to provide?**

***CSI County Client Number: _____**
(Must be entered on every page)

YSS-Family FSS Supplement Page

Some programs employ individuals as a **Family Support Partner/Family Support Specialist** whose child has received mental health services before but is not a therapist.

1. **During the course of your child’s care here, have you had any interactions with a Family Support Partner/Family Support Specialist?**

- Yes**— if yes, please ANSWER QUESTIONS 2, 3, 4, and 5.
- No**— if no, please skip to the next page.

2. **If YES, what types of help did the Family Support Partner/Family Support Specialist provide?**

| Please answer “YES” or “NO” to all of the following questions: | YES | NO |
|---|-----------------------|-----------------------|
| a. Provided advice or counseling | <input type="radio"/> | <input type="radio"/> |
| b. Helped me understand what resources were available for my child | <input type="radio"/> | <input type="radio"/> |
| c. Helped me to fill out paperwork | <input type="radio"/> | <input type="radio"/> |
| d. Helped me understand what was being asked of me or my child by staff | <input type="radio"/> | <input type="radio"/> |
| e. Served as a role model | <input type="radio"/> | <input type="radio"/> |
| f. Helped me monitor my child’s treatment progress | <input type="radio"/> | <input type="radio"/> |
| g. Helped me navigate the mental health services system | <input type="radio"/> | <input type="radio"/> |
| h. Provided social support or reduced feelings of isolation | <input type="radio"/> | <input type="radio"/> |
| i. Attended meetings (for example, IEP meetings) with me | <input type="radio"/> | <input type="radio"/> |
| j. Helped me get additional services for my child | <input type="radio"/> | <input type="radio"/> |
| k. Other type of help (please fill in): _____ | <input type="radio"/> | <input type="radio"/> |

3. **Please rate the following statements using the provided answer choices.**

| <i>The Family Support Partner/Family Support Specialist ...</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Helped me believe my child could recover | <input type="radio"/> |
| b. Understood my experiences | <input type="radio"/> |
| c. Was easier to speak with than other clinic staff | <input type="radio"/> |
| d. Was easier to speak with than my child’s therapist | <input type="radio"/> |
| e. Provided helpful thoughts and insights | <input type="radio"/> |
| f. Made a difference in my child’s treatment | <input type="radio"/> |
| g. Made me feel better able to help my child | <input type="radio"/> |

4. **What did you like best about meeting with a Family Support Partner/Specialist?**

5. **What did you dislike about meeting with a Family Support Partner/Specialist? Or was there another kind of help you wanted the Family Support Partner/Specialist to provide?**

CSI County Client Number: _____
(Must be entered on every page)