Employment Needs of Consumers, Family Members & Parents/Caregivers in the Public Mental Health System

Pre and Post-Project Survey

Working Well Together
A collaborative effort to promote the employment of consumers, family members, parents and caregivers in the public mental health system.

2014
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*The views expressed in this publication do not necessarily reflect the views of the Office of Statewide Health Planning and Development.*

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*Nancy Frank & Associates

PLANNING & EVALUATION FOR COMMUNITY CHANGE*
Executive Summary

Introduction

The Working Well Together Technical Assistance Center (WWT) was a six-year project involving multiple agencies, staff, consultants, volunteers and other stakeholders, working to “improve California county public mental health agencies’ ability to assess their readiness to initiate or expand a consumer, family member, and parents, caregivers workforce.” When the project was initially launched through funding from the California Department of Mental Health’s Mental Health Services Act (MHSA) in 2006-07, WWT developed a survey to help inform program priorities and needs. In spring 2014 we reissued the survey to compare results and learn about the impact of our work, along with identifying areas that need continued training and support.

During the past six years, WWT conducted over 300 site visits to counties and agencies, offered dozens of regional trainings and webinars, and held regular conference calls for consumers, family members, parents and caregivers in the workforce. We also convened stakeholders, researched and met with policy makers, and wrote reports on the role of Peer Specialists in our public mental health system (all found on WWT’s website, www.workingwelltogether.org).

As the Office of Statewide Health Planning and Development (OSHPD) implements a new five-year MHSA Workforce Education and Training Plan, we believe the information in this report will be helpful for future efforts focused on the employment of consumers, family members and parents/caregivers in our system. We appreciate the opportunity to share this information and are grateful for the opportunity we have had to grow the public mental health workforce.

Kimberly Mayer, MSSW, Associate Director
California Institute for Behavioral Health Solutions
(formerly California Institute for Mental Health)

Purpose

The purpose of this two-point survey was to identify baseline needs in 2008 for successful employment of mental health consumers, family members, parents and caregivers throughout California in the public mental health system, and to then revisit those needs in 2014 after six years of the Working Well Together Project (WWT) to understand progress on those needs and ongoing issues.

Given the time lapse between anonymous surveys, it is important to recognize that the survey did not necessarily reach the same individuals it reached in 2008, but rather, it reached individuals found through the same outreach methods.

The data were cleaned to eliminate those respondents who provided demographic data but no input on the substantive questions about workforce needs and challenges. A total of 192 surveys in 2008 and 241 surveys in 2014 are included in the analysis provided here.
Who Answered the Survey

- Significantly more “peers” (used here to refer to consumers, family members, parents and/or caregivers) who answered the survey were employed in 2014 than in 2008. This may be because there are more jobs available to peers in 2014, or it may be that employed peers were “easier to reach” for participation in the survey.
- Respondents in 2014 were from 37 counties, although 46% came from just 11 counties.
- Race/ethnicity, gender, sexual orientation and primary language questions are not valid descriptors of the population in 2014 for two reasons:
  - Respondent comments indicate that some were answering from a personal, individual perspective while others were reporting who their organization served; and
  - Many respondents who viewed these as personal questions were not happy to be asked these questions – as evidenced by 29% skipping the race/ethnicity and gender questions in 2014 and 32% skipping the question on sexual orientation.

Key Findings on Needs and Challenges

**The 2014 survey shows progress in every single issue area since 2008.**

- An average of 54% of respondents indicate improvement across all categories and all issues.
- An average of 36% of respondents report remaining challenge on any single issue (without progress) compared to 61% in 2008.
- An average of 12% of respondents in 2014 view problems as solved - a fairly small proportion of respondents.

**There is a fairly consistent level of perceived progress across issue categories.** However:

- The Pay and Benefits category shows the least progress and highest remaining challenge, and
- Jobs and Careers show the second highest level of remaining challenge.

**Improvements most recognized by respondents in 2014** are:

- Supervisors have the ability to supervise peers and recognize their skills,
- Some co-workers and managers do not acknowledge the benefit of employees with peer experience,
- Linking with educational/vocational programs, and
- Outreach and engagement of peers from racial/ethnic/culturally specific communities.

The issue of staff acknowledging the benefit of employees with lived experience had one of the highest challenge ratings in 2008. These most recognized improvements come from four different categories.
**Issues least recognized as improved in 2014** are:

- Limited opportunities for career advancement,
- Adequate benefits counseling in several languages,
- Hiring as “independent contractors,” and
- Ease of providing health benefits.

Limited opportunities for career advancement was the most highly recognized challenge in 2008 and continues to be the most highly identified challenge in 2014. The other three issues, which address understanding and receiving benefits and structuring the job as a contractor rather than employee, appear in the Pay and Benefits category.

**Issues recognized by most as solved in 2014** are:

- Making reasonable accommodations to adapt for a person’s disability,
- Providing support required for a person’s work assignment,
- Some appear only to employ peers to please reviewers/auditors, and
- HR communicates well with potential applicants regarding specific job requirements and/or benefits.

**Slight differences across role groups can be seen.**

There is heavy overlap between role groups because of the high number of respondents who selected more than one role. Therefore, it is not very surprising that the areas showing most/least progress or most/least remaining challenge are clustered. However:

- **Consumers** were much more likely than families, parents, caregivers or staff to indicate progress in the areas of supervision and appropriate job descriptions. They reported the least progress in the area of adequate benefits counseling and ease of hiring into full time positions.
- **Families, parents, caregivers** shared views with staff more closely than consumers but were more likely than staff to report that the ability to hire racially/ethnically/culturally diverse individuals with lived experience had improved. They were also slightly more likely than any other group to report progress in the area of HR communicating well when someone’s first language is not English. They were also interested to see more progress in career ladders and peer support groups.
- **Staff** tended to be less likely to report ongoing challenges in general than peers.
Technical Assistance Needs

Over 100 suggestions were made on the types of technical assistance and training needed. While most focused on supporting those with lived experience to do their jobs better, grow in their jobs, gain education and develop their careers, some were focused on other staff in the mental health system and their need to better understand, value, and work with consumers, family members, parents, and or caregivers. Commonly mentioned issues include:

- For organizations that hire peer support specialists:
  - training to develop career pathways for peer employees,
  - supervision of peers,
  - overcoming stigma, and
  - working as a team with peers.

- For peers who are hired:
  - initial training,
  - stigma,
  - teamwork,
  - best practices in mental health,
  - computer skills,
  - note taking skills,
  - leadership training,
  - outreach for greater diversity,
  - crisis intervention, and
  - engagement of families.
Introduction

The Working Well Together Technical Assistance Center (WWT) was a six-year project involving multiple agencies, staff, consultants, volunteers and other stakeholders, working to “improve California county public mental health agencies’ ability to assess their readiness to initiate or expand a consumer, family member, and parents, caregivers workforce.” When the project was initially launched through funding from the California Department of Mental Health’s Mental Health Services Act (MHSA) in 2006-07, WWT developed a survey to help inform program priorities and needs. In spring 2014 we reissued the survey to compare results and learn about the impact of our work, along with identifying areas that need continued training and support.

During the past six years, WWT conducted over 300 site visits to counties and agencies, offered dozens of regional trainings and webinars, and held regular conference calls for consumers, family members, parents and caregivers in the workforce. We also convened stakeholders, researched and met with policy makers, and wrote reports on the role of Peer Specialists in our public mental health system (all found on WWT’s website, www.workingwelltogether.org).

As the Office of Statewide Health Planning and Development (OSHPD) implements a new five-year MHSA Workforce Education and Training Plan, we believe the information in this report will be helpful for future efforts focused on the employment of consumers, family members and parents/caregivers in our system. We appreciate the opportunity to share this information and are grateful for the opportunity we have had to grow the public mental health workforce.

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(formerly California Institute for Mental Health)

Background

WWT is a joint initiative of CAMHPRO/PEERS\(^1\), NAMI California, United Advocates for Children and Families (UACF) and the California Institute for Mental Health (CiMH). The collaborative responded to a Request for Proposals from the Department of Mental Health for a Statewide Client and Family Member Technical Assistance Center and was funded in 2008 for six years. In 2011-2012, the funding for the project was moved to the Office of Statewide Health Planning & Development (OSHPD), and a second three-year contract was awarded, ending June 30\(^{th}\), 2014.

WWT is part of the Mental Health Services Act’s commitment to a transformed public mental health system that is client and family driven, culturally competent, and recovery/resilience oriented. WWT contributes to this vision through support for the effective employment of

\(^1\) The California Network of Mental Health Clients was a contractor on the project for the first four years of the project. In 2012-13 CAMHPRO/PEERS became a contractor on the project representing the consumer/client perspective.
consumers, family members, parents and caregivers from diverse cultural and ethnic communities within the public mental health system.

WWT achieves its goal by developing a wide ranging sustainable technical assistance capacity. The successful employment of peers in meaningful and gainful employment within the public mental health system requires a range of competencies for both the prospective peer employees and for the workplace. The public mental health system must learn how to recruit, hire, train, supervise, and support new employees. It must prepare its own workforce and program structures to welcome and accommodate these new employees. Counties face significant barriers embedded in county rules, structures and bureaucracy and resting on historical patterns of attitudes, policies, and practices that stigmatize consumers and family members and lead to worker resistance to peer employees.

Assisting counties to overcome these challenges requires a variety of strategies. Technical assistance is provided by WWT through a diversity of methods and modalities building off and working through existing workforce activities and groups where possible and developing new mechanisms and materials where necessary.

A first step in planning WWT in 2008 was to deepen the understanding of the challenges and the presence of possible solutions. To accomplish this, the Project designed a web-based survey which was widely distributed to stakeholders in the fall of 2008. The survey, with minor changes, was repeated in May, 2014 in an effort to determine the impact of WWT’s efforts.

This report contains results from the 2014 survey with comparison to 2008. It analyzes challenges at both points in time as well as reported progress and resolution of issues in 2014.

Methods

The Original Survey

The survey, developed in 2008, contained 46 statements addressing challenges or barriers as well as necessary conditions for effective employment of consumers, families, and parents or other caregivers (peers).

The 46 statements have been grouped into six categories representing major competence required for the effective employment of peers.

- Recruitment and Hiring (12)
- Current Workforce Attitudes and Resistance (7)
- Jobs and Careers (6)
- Pay and Benefits (6)
- Orientation, Training and Supervision (8)
- Support and Accommodations (6)
Respondents were asked to indicate which statements represented a challenge and which had been addressed through a solution.

Revisions to Existing Survey

The survey used to gain baseline data in 2008 was used again in 2014 for the closest possible pre/post comparison. However, a few changes were made. They included the following:

- Demographic questions, other than role or relationship to the mental health service system, were moved from the beginning of the survey to the end of the survey. The purpose of this was to both build trust before the questions were asked and to try to reduce the number of respondents who drop out of the survey before getting to the substantive questions.
- A question asking county of residence was added to the demographic section.
- The four-point scale that was used for response to the substantive questions was modified to learn about respondents’ perceptions of change since the last survey. The before and after scales for each of 46 situations or conditions queried were:
  
  **Pre-Survey:**
  - A Challenge
  - A Solution
  - If Unknown
  - If DNA

  **Post-Survey:**
  - Still/Currently a Challenge
  - Improved but Still Needs Work
  - Problem Solved
  - Don’t Know/Doesn’t Apply

- A few minor wording changes were made in instances that did not change the meaning of a question or category but slightly clarified it. The purpose of this was to increase the number of respondents who answered the question rather than skipping it.

A copy of the 2014 post-survey can be found as Attachment 3 of this report.

Dissemination of Survey Invitation

Methods for dissemination of the survey invitation were very similar at both points in time. A wide variety of knowledgeable and interested stakeholders statewide were invited to participate and asked to share the link with others in their networks. While we do know who the primary recipients were, we have little information on who received the invitation once it “went viral.”
Primary recipients included:

- **County Level**
  - Mental Health Directors,
  - MHSA Coordinators and Workforce, Education, and Training (WET) Coordinators,
  - Full Service Partnership Managers,
  - Peer and Family Member staff, and
  - Ethnic Services Managers.

- **Consumer and Family Member Organizations**
  - NAMI,
  - United Advocates for Children and Families,
  - Wellness Centers,
  - CAMHPRO/PEERS (California Association of Mental Health Peer Run Organizations, which is currently working under the fiscal administration of PEERS),
  - Peer Certification stakeholders, and
  - In 2008 only: Participants of the 2008 Regional Partnership Summit.

For the 2014 survey, a second request/reminder to take and share the survey was issued seven days after the initial invitation was sent. The survey was closed after two weeks.

### Data Analysis and Report Development

Response data from both surveys were downloaded from SurveyMonkey, uploaded to SPSS, and cleaned to eliminate all respondents who had answered the demographic questions but none of the substantive research questions, or had responded with “Unknown” or “Doesn’t Apply” to all substantive questions. A scan for “bias” in who had incomplete surveys did not provide any significant findings – consumers, family members, parents/caregivers and staff all dropped out.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2014</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Began</td>
<td>263</td>
<td>272</td>
<td>535</td>
</tr>
<tr>
<td>No Input</td>
<td>71</td>
<td>31</td>
<td>102</td>
</tr>
<tr>
<td>Remaining</td>
<td>192</td>
<td>241</td>
<td>433</td>
</tr>
</tbody>
</table>

In all, 27% of 2008 respondents and 11.4% of 2014 respondents were eliminated because they did not provide any input on substantive questions. Conversely, any respondent who answered even one substantive question remained in the analysis.

Comparisons of respondents’ characteristics at the two points in time were made, and statistical analysis was conducted to assess the significance of the differences in response populations between the two surveys.

The focus of this pre-post analysis is on the proportion of the survey population identifying a situation or condition as a challenge in 2008 v. the proportion identifying it as “still a challenge,” “improved but still needs work,” or “problem solved” in 2014.
Because the second survey changed the answer options slightly, determination of statistical significance in changes to responses between the two survey years became difficult. Coupled with the fact that the response populations also appeared to have been quite different, strict comparison between the two sets of results was not viewed as useful.

**Findings**

**Description of Respondents**

**Roles/Relationships to Mental Health Service System**

The following chart shows that a higher proportion of respondents in 2014 identified themselves as belonging to more than one group than in 2008. Breaking this down:

- Significantly more consumers and/or families/parents/caregivers identified themselves as also staff in a mental health setting (including peer services),

- The same proportion of respondents identified themselves as family members, and/or parents/caregivers in both surveys, and

- A significantly larger proportion of respondents identified themselves as consumers.

The next chart assigns multiple responders to single, unduplicated categories. From this, we can see that:

- A significantly higher percentage of consumers identify themselves as also staff in a mental health service capacity in 2014 than in 2008.\(^2\)

- While the rise in the proportion of family members and/or caregivers who are also staff can be seen visually, it is not quite statistically significant. However, the decrease in

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\(^2\) \(p=.000\)

\(^3\) \(p=.01\)
family/caregiver ONLY is significant.\textsuperscript{4} These data suggest that in 2014, family, parents and/or caregivers were more likely to identify themselves as also staff or as a member of all groups (consumer+family/caregiver+staff).

![Survey Participants by Unduplicated Category](chart.png)

Respondents’ increased identification of multiple roles or relationships to the mental health system is heartening. This is a critical change given that the goal of the project was to reduce barriers to successful peer inclusion in the mental health workforce.

However, this finding may be biased if more employed peers were approached to fill out the survey than non-employed individuals. While distribution channels for the survey were quite similar, we cannot know for sure.

\textsuperscript{4} p=.002
**County of Residence**

While not asked in 2008, 75% of all 2014 respondents report their county of residence with 37 counties represented.

A full list of those counties is included as Attachment 1 to this report. Of those who responded to the question, nearly half (46%) of respondents came from 11 counties. Those more heavily represented counties were:

<table>
<thead>
<tr>
<th>County</th>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Joaquin</td>
<td>19</td>
</tr>
<tr>
<td>Sacramento</td>
<td>17</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>16</td>
</tr>
<tr>
<td>San Mateo</td>
<td>12</td>
</tr>
<tr>
<td>Sonoma</td>
<td>9</td>
</tr>
<tr>
<td>Alameda</td>
<td>8</td>
</tr>
<tr>
<td>Riverside</td>
<td>7</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>6</td>
</tr>
<tr>
<td>Tulare</td>
<td>6</td>
</tr>
<tr>
<td>Fresno</td>
<td>5</td>
</tr>
<tr>
<td>Trinity</td>
<td>5</td>
</tr>
</tbody>
</table>

**Race/Ethnicity and Primary Languages**

Race/ethnicity and primary language data are not reliable as respondents were clearly confused as to whether they were to report on themselves as individuals or on the populations that their workplace serves. Comments also clearly indicate that respondents were unhappy to have been asked these questions. Quite a few selected all answers or no answer.

It seems that in 2008, with the demographic questions coming at the start of the survey and the WWT group (possibly) not known or not trusted, a very large proportion of 2008 respondents skipped the race/ethnicity question or responded that they belonged to all races.

In 2014, with the demographic questions at the end of the survey and WWT – the provider of the survey – better known, responses appear to be slightly more reliable. While 29% of respondents still did not answer, the behavior of choosing all responses disappeared completely.

In 2014, with 29% not answering the question, 39% selected Caucasian/White only, 14% chose Latino only, and 10% selected 2-4 racial/ethnic identities. All other options fell below 10%. The language question was equally misunderstood with 69% in 2014 reporting that English was their primary language while affirming that they were speaking about their workplace when they reported multiple second languages, “all” second languages or “we serve anyone.”
Gender and Sexual Orientation

As with the race/ethnicity question, nearly one-third of 2014 respondents declined to answer a question about their gender or sexual orientation, compared to just over 12% in 2008. The reasons for this are not clear. Responses between the two periods also differ in that in 2008 just over 10% of respondents identified themselves as transgender while none provided that response in 2014.

Again, it is difficult to know whether the shift in responses means that the second survey reached a different set of people, or whether the very high “No Answer” response in 2014 masked the race/ethnicity of respondents.

While findings suggest that respondents were more likely to self-identify as LGBTQ in 2008, this is also confused by the large number of respondents who declined to answer the question in 2014.
Progress and Challenges

The focus of this analysis is on identifying the most agreed upon areas of challenge in 2008, the areas where progress has been made in 2014, and the challenges going forward.

A full set of charts indicating response rates to all issues is included as Attachment 2 to this report. Select charts of greatest interest are included in this section as well. Given the change in survey answer options for 2014, changes between the two points in time are not analyzed for statistical significance.

Overall Findings

- **Progress**: The 2014 survey shows progress in every single issue area since 2008. The average percentage of respondents reporting progress on any single issue in 2014 ranges from 35% to 74% with an average of 54%.

- **Challenges**: An average of 36% report remaining challenge on any given issue (presumably without progress) in 2014. This compares to 61% in 2008. Individual issues in 2014 are identified as ongoing challenges by anywhere from 0% (2 issues) to 74.5% of respondents.

- **Solutions**: Problems were viewed as solved by a fairly small proportion of respondents. Solved problems were identified by an average of 12% of respondents with a range of 4% to 18% for specific issues.

Progress by Category of Issue

There is a fairly consistent level of perceived progress across categories (keeping in mind that Workforce Preparation is a single-issue category – not an average). However, these additional observations can be made:

- The Pay and Benefits category shows the least progress and the highest remaining challenge,
- The Jobs and Careers category shows the second highest level of challenge in 2004, and
• While the overall rates for “problems solved” are relatively low, Workforce Attitudes and Resistance; Orientation, Training and Supervision; and Support and Accommodation show slightly higher levels of successful resolution.

![Progress by Category of Issue - 2014](chart)

**Highest and Lowest Levels of Recognition – All Respondents Together**

**Challenges recognized by most respondents in 2008 (more than 75%) were:**

• Limited opportunities for career advancement,

• Historical mistrust between the MH system and racial/ethnic/cultural communities, including LGBTQ, that impacts the organizational environment,

• Historical policies, practices and/or funding patterns are barriers to creating job opportunities for peers, and

• Some clinicians fear that having clients as fellow employees could jeopardize their licensure.

“Limited opportunities” and “Historical policies, practices and/or funding patterns” both come from the “Jobs, Careers” category. While the other two – “Historical mistrust” and “Some clinicians fear having clients as employees” – are from the “Current Workforce Attitudes, Resistance” category.

While the first of these is a fairly concrete, measurable issue, the remaining three have to do with attitudes and behaviors, which are more difficult to track.
Improvements most recognized by respondents in 2014 *(more than 60%)* were:

- Supervisors have the ability to supervise peers and recognize their skills,
- Some co-workers and managers do not acknowledge the benefit of employees with peer experience,
- Linking with educational/vocational programs, and
- Outreach and engagement of peers from racial/ethnic/culturally specific communities.

The most recognized improvements come from four different categories. The issue of staff acknowledging the benefit of employees with lived experience also had one of the highest challenge ratings in 2008.

Areas least recognized as improved in 2014 *(less than 36%)* were:

- Limited opportunities for career advancement,
- Adequate benefits counseling in several languages,
- Hiring as “independent contractors,” and
- Ease of providing health benefits.

Limited opportunities for career advancement was the most highly recognized challenge in 2008 and continues to be the most highly identified challenge in 2014. The other three issues, which address understanding and receiving benefits and structuring the job as a contractor rather than employee, appear in the “Pay and Benefits” category.

Areas most recognized as solved (more than 17.5%)
Far fewer respondents recognized any issues as solved than as having made progress. However, a few issues were recognized more often than others. They include:

- Making reasonable accommodations to adapt for a person’s disability,
- Providing supports required for a person’s work assignment,
- Some appear only to employ peers to please reviewers/auditors, and
- HR communicates well with potential applicants regarding specific job requirements and/or benefits.
Progress by Role Group

There is heavy overlap between role groups because of the high number of respondents who selected more than one role. Therefore, it is not very surprising that the areas showing most/least progress or most/least remaining challenge are clustered. However, some differences across groups can be seen:

- Consumers were much more likely than families, parents, caregivers or staff to indicate progress in the areas of supervision and appropriate job descriptions. They also uniquely reported the least progress in the area of adequate benefits counseling.
- Families, parents, and caregivers shared views with staff more closely than consumers but were more likely than staff to report that the ability to hire racially/ethnically/culturally diverse individuals with lived experience had improved. Families, parents and caregivers were also slightly more likely than any other group to report progress in the area of HR communicating well when someone’s first language is not English.

Additionally:

- Limited Opportunities for Advancement was, once again, the top issue for remaining challenges by both consumers and other peers. Consumers were also most dissatisfied with the ease of hiring into full time positions while families, parents, and caregivers were interested in career ladders and peer support groups.
- Staff tended to rate challenges lower in general than consumers or families, parents, and caregivers.
Technical Assistance Needs

Over 100 suggestions were made on the types of technical assistance and training needed. While most focused on supporting those with lived experience to do their jobs better, grow in their jobs, develop careers and gain education, some comments were focused on other staff in the mental health system and their need to better understand, value, and work with consumers, family members, parents and caregivers.

The 2014 survey provides interesting feedback on issues and conditions that affect the employment of peers in the mental health system – with identification of issues that have made progress toward resolution since 2008 and issues that remain major challenges.

Commonly mentioned issues include:

- For peers who are hired:
  - initial training of new peer support staff,
  - stigma,
  - teamwork,
  - best practices,
  - computer,
  - note taking,
  - leadership training,
  - diversity outreach,
  - crisis training, and
  - engagement of families.

- For organizations that hire peer support specialists:
  - training to develop career pathways for peer employees,
  - supervision of peers,
  - overcoming stigma, and
  - working as a team with peers.

- For ways to train:
  - webinars,
  - online,
  - after work, and
  - peer.
Pictorial Summary of Technical Assistance Needs

(word size is proportional to number of times mentioned)

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5 www.wordle.com
Attachments

1. Survey Responses by County 2014
2. Charts: Response Rates for Each Issue
3. Post-Survey 2014
Attachment 1. Survey Responses by County 2014
Attachment 2. Charts: Response Rates for Each Issue

**Workforce Preparation**

<table>
<thead>
<tr>
<th>Year</th>
<th>Challenge</th>
<th>Improved/Needs Wk</th>
<th>Solved</th>
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<tbody>
<tr>
<td>2008</td>
<td></td>
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<tr>
<td>2014</td>
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**Recruitment and Hiring**

**Outreach & Engagement**

**Racial/Ethnic/Cultural Communities**

<table>
<thead>
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<th>Improved/Needs Wk</th>
<th>Solved</th>
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<tbody>
<tr>
<td>2008</td>
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<td>2014</td>
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**Outreach & Engagement**

**LGBTQ**

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<th>Improved/Needs Wk</th>
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<td>2008</td>
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<td>2014</td>
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**Advertising and Outreach Efforts**

<table>
<thead>
<tr>
<th>Year</th>
<th>Challenge</th>
<th>Improved/Needs Wk</th>
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<tr>
<td>2008</td>
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<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Job Descriptions**

**Getting Special Designation**

<table>
<thead>
<tr>
<th>Year</th>
<th>Challenge</th>
<th>Improved/Needs Wk</th>
<th>Solved</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Current Workforce Attitudes and Resistance

### Getting Hired as a County Employee

- **2008**
- **2014**

### Historical Disparities Prevent Relationships Needed to Recruit Culturally Diverse Peers

- **2008**
- **2014**

### Some Think It’s Inappropriate to Employ Peers

- **2008**
- **2014**

### Some Co-Workers Would Be Uncomfortable

- **2008**
- **2014**

### Some Staff Don’t Acknowledge the Benefit of Employees with Lived Experience

- **2008**
- **2014**
Jobs and Careers
Historical Policies, Practices, Funding are Barriers to Creating Job Opportunities for Peers

Stigma in MH Agencies Prevents Development of Career Ladders that Acknowledge Experience/Expertise

Limited Opportunities for Career Advancement
Orientation, Training and Supervision

Ease of Providing Health Benefits

Pre-Employment Training/Orientation to Job Duties

Pre-Employment Training on Employment Law and ADA

Orientation/Initial Training Needs are Unclear

Training Programs for Family/Parents/Caregivers are Non-Existential/Not Well Developed
Support and Accommodations

Ongoing Job Training to Improve Job Performance

Working Collaboratively with Dept. of Rehabilitation

Supervisors Have Ability to Supervise Peers and Recognize Their Skills

Educate Co-Workers about Organizational Culture and Impact of Stigma and Discrimination

Support and Accommodations

Preparing Co-Workers to be Welcoming and Helpful
Attachment 3. Post-Survey 2014

Employing Clients, Family Members and Parents/Caregivers: A Survey of

Thank you for your participation in this survey.

Please provide the most appropriate response to each question - based on your own experience. If you don’t have experience in an area, mark it as “Don’t Remember/Doesn’t Apply.”

This survey is strictly confidential. We will not be asking for your name and your individual responses will be seen only by our external evaluator. Our final report, which will be available through all of our Collaborative partners, will not identify individual respondents.

*1. Which of the following best describe you? (select all that apply)

☐ Client/Consumer
☐ Family Member
☐ Parent/Caregiver
☐ Staff of a government or community-based organization - includes peer-run organizations
☐ Other (please tell us in the box below)

*2. Workforce Preparation

Please pick the answer that best applies.

<table>
<thead>
<tr>
<th>Linking with educational or vocational program(s) designed to prepare clients, family and parents/caregivers for employment</th>
<th>Still a challenge</th>
<th>Improved - Still needs work</th>
<th>Problem Solved</th>
<th>Don’t Know/Doesn’t Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Employing Clients, Family Members and Parents/Caregivers: A Survey of

#### 3. Recruitment and Hiring

**Please pick the answer that best applies to each issue.**

<table>
<thead>
<tr>
<th>Still/Currently a challenge</th>
<th>Improved - Still needs work</th>
<th>Problem Solved</th>
<th>Don't Know/Doesn't Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Outreach and engagement of clients, families, parents/caregivers from racial/ethnic/cultural specific communities</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b) Outreach and engagement of LGBTQ</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c) Getting job descriptions for positions specifically designated for clients, families and parents/caregivers approved and posted</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d) Job qualification statements (e.g. experience required/desired/preferred) are appropriate for clients, families, parents/caregivers</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e) Human Resources (HR) communicates well with potential applicants regarding specific job requirements and/or benefits</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f) Human Resources (HR) communicates well during application process regarding job requirements and/or benefits</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g) HR ability to speak with clients, family, parents/caregivers whose first language is NOT English</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h) Having to interview everyone on an existing hiring or eligibility list if a pre-existing job description is used for a new position</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i) Having traditional degree requirements for non-traditional positions (e.g.: bachelors degree in social science)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>j) Getting hired as a county employee</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
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<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>l) Advertising and outreach efforts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) Historical disparities within the mental health system that prevent development of community partnerships and the relationships needed for effective recruitment of culturally diverse client, family and paid rent/caregiver employees</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>m) Other</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(please specify)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Employing Clients, Family Members and Parents/Caregivers: A Survey of**
### 4. Current Workforce Attitudes, Resistance

**Please pick the answer that best applies to each issue.**

<table>
<thead>
<tr>
<th>a) Some people think it is inappropriate to employ individuals with client, family, parent/caregiver experience</th>
<th>Still a challenge</th>
<th>Improved - Still needs work</th>
<th>Problem Solved</th>
<th>Don’t Know/Doesn’t Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Some co-workers would be uncomfortable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Some co-workers and managers do not acknowledge the benefit of employees with client, family and parent/caregiver experience</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d) Some clinicians fear that having clients as fellow employees could jeopardize their licensure (e.g., boundary issues, inappropriate contact, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Some managers appear to only employ clients, families and/or parents/caregivers to please reviewers and auditors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Some co-workers and managers do not acknowledge the potential for reducing disparities as a result of hiring culturally diverse clients, families and parents/caregivers (Improvement in access, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Historical mistrust between the mental health system and racial, ethnic and cultural communities, including LGBTQ, impacts the organizational environment</td>
<td></td>
<td></td>
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<tr>
<td>h) Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Please describe**:

[Blank space for text]
### Employing Clients, Family Members and Parents/Caregivers: A Survey of

#### 5. Jobs, Careers

**Please pick the answer that best applies to each issue**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Stil/Currently a challenge</th>
<th>Improved - Still needs work</th>
<th>Problem Solved</th>
<th>Don't Know/Doesn't Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Obtaining input from clients, families, parents/caregivers in creating specifically designated positions</td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>b) Stigma within mental health agencies prevents useful identification and descriptions of job roles for clients, families, parents/caregivers</td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>c) Stigma within mental health agencies prevents development of career ladders that acknowledge the experience and expertise of clients, families and parents/caregivers</td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>d) Historical policies, practices and/or funding patterns are barriers to creating job opportunities for clients, families and parents/caregivers</td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>e) Structuring jobs (e.g. outreach, peer support, training of new employees) specifically for clients, families and parents/caregivers</td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>f) Limited opportunities for career advancement</td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>g) Other</td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
<td><img src="#" alt="Circle" /></td>
</tr>
</tbody>
</table>

**Please describe**

![Description field](#)
6. Pay and Benefits

Please pick the answer that best applies to each issue

<table>
<thead>
<tr>
<th></th>
<th>Still currently a challenge</th>
<th>Improved - still needs work</th>
<th>Problem Solved</th>
<th>Don’t know/doesn’t apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td></td>
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<tr>
<td>c)</td>
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<tr>
<td>d)</td>
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<td>e)</td>
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<tr>
<td>g)</td>
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</tr>
</tbody>
</table>

Please describe

[Space for description]
### 7. Orientation, Training and Supervision

Please provide the answer that best applies to each issue:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Still a challenge</th>
<th>Improved - Still needs work</th>
<th>Problem Solved</th>
<th>Don't know/Doesn't apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Pre-employment training or orientation to job duties</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Pre-employment training on Federal Equal Employment Opportunity laws, state employment laws and ADA</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Orientation and initial training needs are unclear</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Training programs for peer, family and parent/caregivers are non-existent or not well developed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) On-going job training to improve job performance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Working collaboratively with the Department of Rehabilitation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) Supervisors have the ability to supervise a client, family, parent/caregiver and recognize their skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h) Preparing co-workers by offering education about organizational culture and its impact on stigma and discrimination</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Please describe**

[Blank space for description]
8. Support and Accommodations

Please pick the answer that best applies to each issue

<table>
<thead>
<tr>
<th>Issue</th>
<th>Still a challenge</th>
<th>Improved - Still needs work</th>
<th>Problem Solved</th>
<th>Don't know/Doesn't apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Preparing co-workers to be welcoming and helpful</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b) Providing supports required for a person's work assignment</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c) Making reasonable accommodations to adapt for a person's disability (e.g., initial interview, on-the-job)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d) Resolving unresolved organizational tension related to employment of past or present clients within the same service system</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e) Providing transitional support and information regarding re-entry into services if needed when a client, family, parent/caregiver resigns or is terminated</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f) Sponsoring peer support groups for all employees to support employee empowerment within mental health organizations</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g) Other</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Please describe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. What kind of technical assistance, education or training would be most beneficial for your county in the future to continue to advance the employment of individuals with client, family and parent/caregiver experience?

""
10. Is there anything else you would like to tell us about challenges and/or improvements in the mental health system related to recruiting, hiring and retaining clients, families and/or caregivers?

It would be helpful to know a little more about you so that we can know how well respondents to this survey compare to the general population of clients, families and parents/caregivers.

*11. What county do you live in?

12. How do you describe your racial/ethnic identity? (check all that apply)
   - African American
   - Asian
   - Caucasian/White
   - Latino
   - Native American
   - Pacific Islander
   - Self Identity, please specify

13. If you identify as Asian, Latino or Native American, what countries or tribes do you most identify with?

*14. What is your primary language?
15. What is your sexual orientation?
- Heterosexual
- Bisexual
- Gay
- Lesbian
- Other

Please describe:

16. What is your gender?
- Female
- Male
- Transgender/MTF
- Transgender/FTM
- Other

Please describe:

17. Please share anything else about yourself that you would like us to know

You have now finished this survey.

Thank you very much for your time. Your input is important to support improvements for clients, families and caregivers/parents working or wanting to work in the mental health system.