

Exploring Peer and Family Support Services Report

County of San Diego Behavioral Health Services
June 2015



PEER AND FAMILY SUPPORT SPECIALISTS: “LIVED EXPERIENCE” IN ACTION

A PEER SUPPORT SPECIALIST/PARTNER is...

Someone who has progressed in his or her own recovery from mental health challenges and can now offer professional services to other individuals experiencing mental health challenges. Because of their life experience they provide a perspective that professional training cannot replace.

A FAMILY SUPPORT SPECIALIST/PARTNER is...

Someone who has personal experience as a caregiver to a family member with mental health challenges. They use this experience to provide hope and education to other people who have family members with mental health challenges and encourage them to support their loved ones.

Support Specialists (SSs) help bridge the gap between an individual’s needs and the County of San Diego Behavioral Health Services’ (SDCBHS) ability to meet those needs. Peer Support Specialists/Partners (PSSs) and Family Support Specialists/Partners (FSSs) offer support to individuals 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 individuals experiencing mental health challenges. Given the widespread presence of SSs in the behavioral health system in San Diego and many other counties throughout the United States, it is important to assess the presence, function, and effectiveness of these specialists. To explore these issues, we looked to four sources: (1) service recipients, (2) PSSs, (3) FSSs, and (4) program managers. The following report highlights feedback from these four sources to assess the role and effectiveness of peer and family support services throughout the SDCBHS system of care.

Who provided feedback?

In November of 2014, four groups were asked to provide feedback about their experiences with Peer and Family Support Services within the SDCBHS system: (1) service recipients, (2) PSSs, (4) FSSs, and (4) program managers.

Each group was provided a slightly different version of the Exploring Peer and Family Support Services Survey that was appropriate for their role. Service recipients were provided the client survey as an addendum to the semiannual Consumer Satisfaction Survey.

Program managers, PSSs, and FSSs were asked to provide feedback via online versions of the survey that were also administered in November of 2014.

Surveys were made available to both the Adult and Older Adult System of Care (AOA SOC) and the Children, Youth, and Families System of Care (CYF SOC).

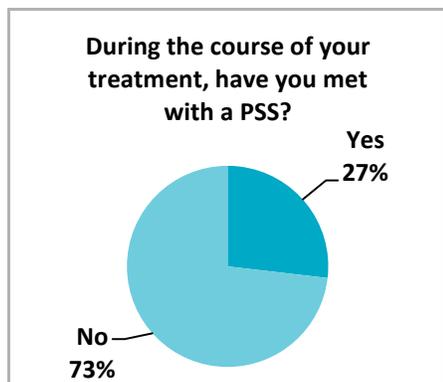
Number of respondents:

(1) Service Recipients:	
Youth Clients (YC)	868
YC Caregivers	1,344
AOA Clients	1,621
(2) Peer Support Specialists:	
CYF SOC	5
AOA SOC	46
Both Systems	2
(3) Family Support Specialists:	
CYF SOC	13
AOA SOC	5
Both Systems	3
(4) Program Managers:	
CYF SOC	29
AOA SOC	30

SERVICE RECIPIENT Feedback: Youth Clients

Who provided feedback?

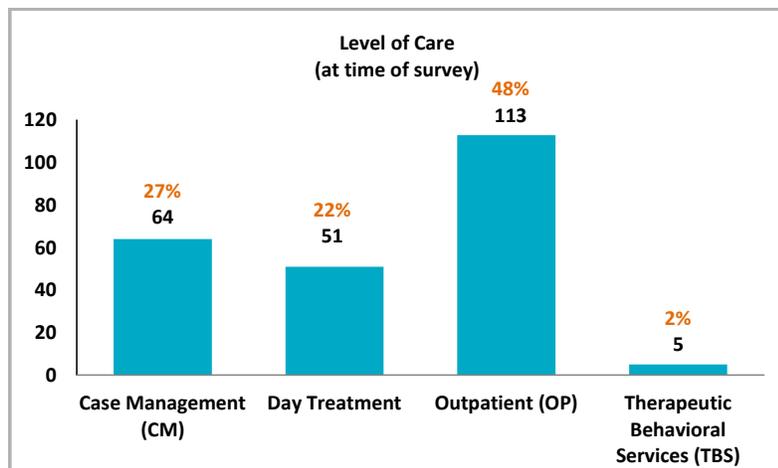
In November 2014, as part of the semiannual Youth Services Survey (YSS), youth receiving CYFBHS services were asked additional questions about their experience(s) with Peer Support Partner (PSS) services. 868 youth responded to these items with 233 (27%) reporting that they had met with a PSS during the course of their treatment with CYFBHS.



Who received PSS services?

Among the 233 youth clients who had met with a PSS during the course of their treatment:

- ◆ 49% were male.
- ◆ 43% were ages 12-15 and 39% were ages 16-17.
- ◆ Nearly half (48%) of the youth that received PSS services were receiving services from Outpatient programs at the time of the survey.



Types of help provided:

The top 3 types of help provided by PSSs to youth were:

- ◆ Provided advice/counseling (96%).
- ◆ Helped with understanding what resources were available (95%).
- ◆ Helped set the goals for treatment (94%).

What types of help did the Peer Support Partner provide?	Yes	
	N	%
a. Provided advice or counseling.	221	96%
b. Helped me understand what resources were available.	219	95%
c. Helped me to fill out paperwork.	183	80%
d. Helped me understand what was being asked of me by staff.	203	89%
e. Served as a role model.	185	82%
f. Helped me set the goals for my treatment	214	94%
g. Helped me monitor treatment progress.	208	92%
h. Helped me understand the mental health services system.	202	89%
i. Provided social support or helped me feel less alone.	202	89%
j. Helped me get additional services	186	82%
k. Other	34	52%

Perceptions of PSS services:

Youth were also asked to rate whether they strongly agreed, agreed, disagreed, strongly disagreed, or were neutral about specific statements pertaining to their experiences with PSSs. The top three areas of perceived support were:

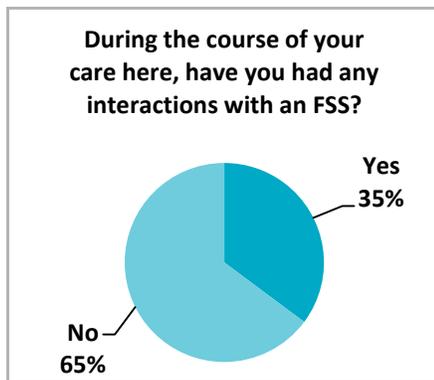
- ◆ Provided helpful advice (83%).
- ◆ Helped me believe I could get better (82%).
- ◆ Understood my experiences (77%).

Please rate the following statements: The Peer Support Partner...	Agree & Strongly Agree		Disagree & Strongly Disagree		N/A
	Agree	Strongly Agree	Disagree	Strongly Disagree	
a. helped me believe I could get better.	82%	10%	5%	3%	
b. understood my experiences.	77%	16%	4%	3%	
c. was easier to speak with than other clinic staff.	67%	20%	8%	5%	
d. was easier to speak with than my therapist.	54%	26%	12%	8%	
e. provided helpful advice.	83%	9%	6%	2%	
f. made a difference in my treatment.	72%	17%	6%	5%	
g. had experiences that were similar to my own.	58%	23%	8%	11%	

SERVICE RECIPIENT Feedback: Youth Client Caregivers

Who provided feedback?

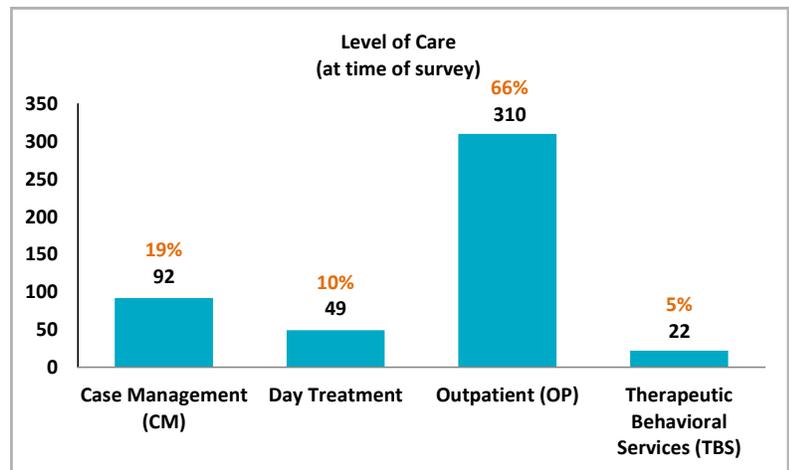
In November 2014, as part of the semiannual YSS, caregivers were asked additional questions about their experience(s) with Family Support Partner (FSS) services. 1,344 caregivers responded to these items with 473 (35%) reporting that they had met with an FSS during the course of their child's involvement with CYFBHS.



Who received FSS services?

Among the 473 caregivers who met with an FSS during the course of their child/youth's treatment:

- ◆ 59% of the children/youth in services were male.
- ◆ 37% of the children/youth were 6-11 years old and 33% were ages 12-15.
- ◆ The majority of the children/youth whose caregiver received FSS services were in Outpatient programs (66%) at the time of the survey.



Types of help provided:

The top 3 types of help provided by FSSs to caregivers were:

- ◆ Provided advice or counseling (96%).
- ◆ Helped me understand what resources were available (95%).
- ◆ Helped me monitor my child's treatment progress (85%).

What types of help did the Family Support Partner provide?	Yes	
	N	%
a. Provided advice or counseling.	444	96%
b. Helped me understand what resources were available.	434	95%
c. Helped me to fill out paperwork.	246	55%
d. Helped me understand what was being asked of my child by staff.	368	82%
e. Served as a role model.	360	80%
f. Helped me monitor my child's treatment progress.	382	85%
g. Helped me navigate the mental health services system.	319	72%
h. Provided social support or reduced feelings of isolation.	359	80%
i. Attended meetings with me.	216	48%
j. Helped me get additional services for my child.	320	71%
k. Other.	71	46%

Perceptions of FSS services:

The caregivers were also asked to rate whether they strongly agreed, agreed, disagreed, strongly disagreed, or were neutral about specific statements pertaining to their experiences with FSSs. The top three areas of perceived support were:

- ◆ Understood my experiences (86%).
- ◆ Provided helpful thoughts and insights (86%).
- ◆ Helped me believe my child could get better (85%).

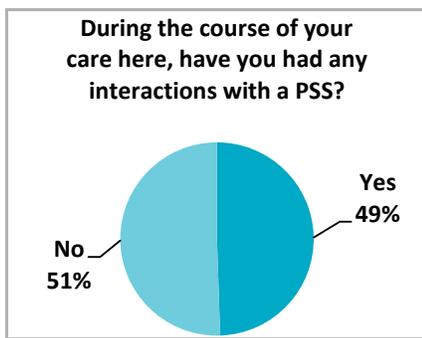
Please rate the following statements: The Family Support Partner...	Disagree & Strongly Disagree				N/A
	Agree & Strongly Agree	Neutral	Disagree	Strongly Disagree	
a. helped me believe my child could get better.	85%	9%	3%	3%	
b. understood my experiences.	86%	7%	4%	3%	
c. was easier to speak with than other clinic staff.	67%	21%	6%	6%	
d. was easier to speak with than my child's therapist.	53%	28%	10%	9%	
e. provided helpful thoughts and insights.	86%	8%	3%	3%	
f. made a difference in my child's treatment.	76%	15%	5%	4%	
g. made me feel better able to help my child.	81%	11%	5%	3%	

SERVICE RECIPIENT Feedback: Adult and Older Adult Clients

Who provided feedback?

In November 2014, as part of the semiannual Consumer Satisfaction Survey, AOA clients were asked additional questions about their experience(s) with PSS services. 1,621 clients filled out these items (the Client survey). Nearly half of the respondents (802, 49%) reported having interacted with a PSS during the course of their care with AOABHS.

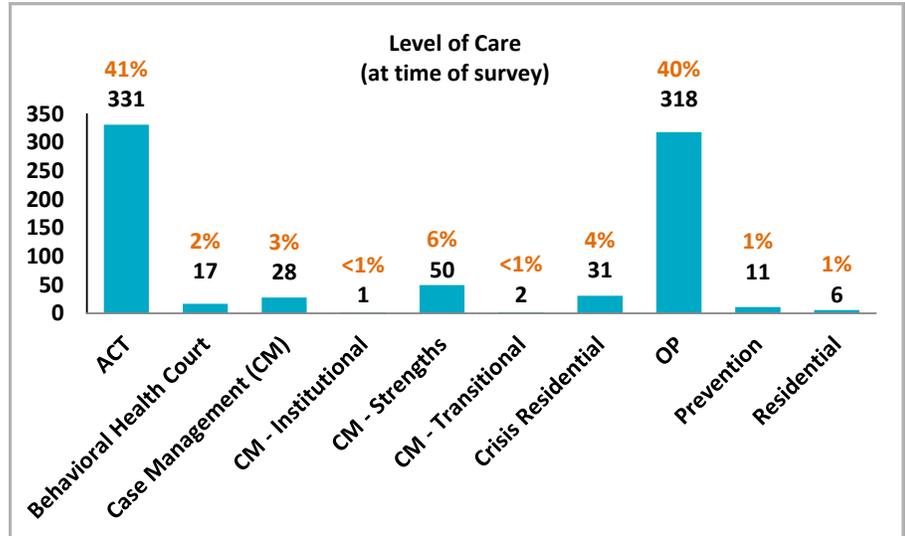
NOTE: In the Spring of 2010, clients were asked the same set of questions. Among clients who responded to the survey items, 47% had interacted with PSSs.



Who received PSS services?

Among the 802 clients who had experiences with PSSs:

- ◆ 55% were male.
- ◆ 73% were adults ages 25-59 and 19% were between the ages 18-24.
- ◆ The majority were receiving services from Assertive Community Treatment (ACT) or Outpatient (OP) programs (41% and 40%, respectively).



Types of help provided:

The top 3 types of help provided by PSSs to clients were:

- ◆ Helped with understanding what resources were available (90%).
- ◆ Provided advice/counseling (88%).
- ◆ Provided social support or reduced feelings of isolation (84%).

What types of help did the Peer Support Specialists provide?	Yes	
	N	%
a. Provided advice or counseling.	696	88%
b. Helped me understand what resources were available.	706	90%
c. Helped me to fill out paperwork.	533	69%
d. Helped me understand what was being asked of me by other staff.	592	76%
e. Served as a role model.	615	79%
f. Helped me set goals for recovery.	611	79%
g. Helped me monitor my progress.	612	79%
h. Helped me navigate the mental health services system.	596	77%
i. Provided social support or reduced feelings of isolation.	649	84%
j. Other	198	65%

Perceptions of PSS services:

Clients were also asked to rate whether they strongly agreed, agreed, disagreed, strongly disagreed, or were neutral about specific statements pertaining to their experiences with PSSs. The top three areas of perceived support were:

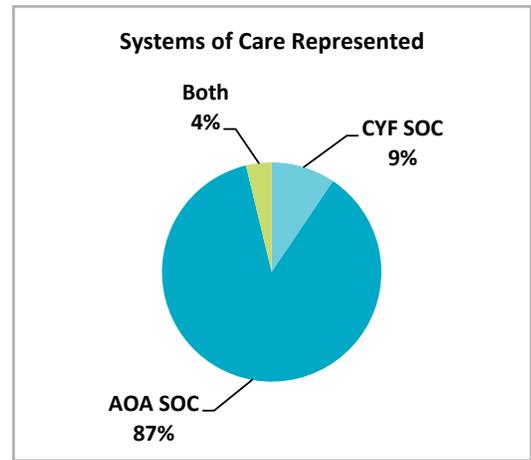
- ◆ Provided helpful thoughts and insights (82%).
- ◆ Helped me believe I could recover (80%).
- ◆ Understood my experiences (80%).

Please rate the following statements: The Peer Support Specialist...	Agree & Strongly Agree		Disagree & Strongly Disagree		N/A
	Agree	Neutral	Disagree	Strongly Disagree	
a. helped me believe I could recover.	80%	13%	4%	3%	
b. understood my experiences.	80%	13%	3%	3%	
c. was easier to speak with than other clinic staff.	65%	25%	8%	3%	
d. was easier to speak with than my doctor.	57%	27%	11%	4%	
e. provided helpful thoughts and insights.	82%	13%	4%	2%	
f. made a difference in my recovery.	76%	17%	5%	3%	
g. had experiences that were similar to my own.	61%	23%	8%	8%	

PEER SUPPORT SPECIALIST/PARTNER Feedback

Who provided feedback?

In November 2014, Peer Support Specialists/Partners (PSSs) working in programs within the SDCBHS were asked to fill out the Peer version of the online survey. 53 Peers opted to respond to help us better understand what it is like to work as a PSS within SDCBHS. Among those who participated, 46 (87%) worked in the AOA SOC, 5 (9%) worked in the CYF SOC, and 2 (4%) provided feedback from their experience working with both systems of care. It was expected that a smaller proportion of PSS would be working in the CYF SOC because the peer model is not utilized with younger children.



Types of help most frequently provided:

Peers were asked how often they provided specific services to clients (Never, Sometimes, Often, or Always). The 3 types of help most frequently provided were:

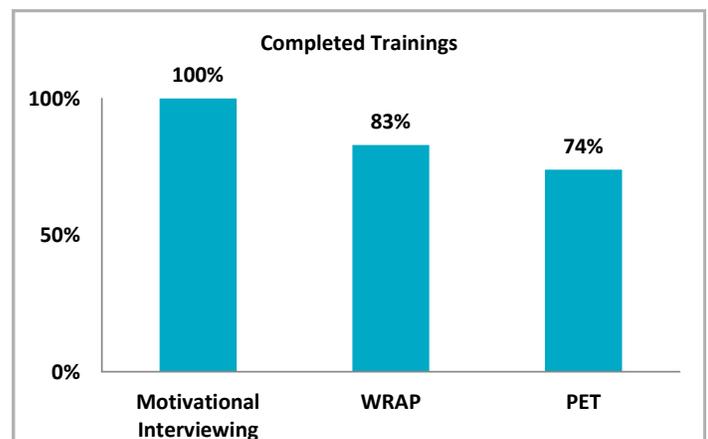
- ◆ Emotional support (94% Often or Always).
- ◆ Education about mental health problems and recovery/management strategies (90% Often or Always).
- ◆ Education to improve mental health literacy (75% Often or Always).

How often do YOU typically PROVIDE this type of service in your role as Peer?	PERCENT	
	Never or Sometimes	Often or Always
Coordinating physician visits and/or other mental or physical health appointments.	57%	43%
Arranging transportation to and from mental or physical health services.	69%	31%
Accessing and maintaining insurance coverage.	76%	24%
Providing education about mental health problems and recovery/management strategies.	10%	90%
Facilitating communication with mental health care providers.	54%	46%
Maintaining telephone contact between clients and mental health care providers.	70%	30%
Motivating and educating about the importance of preventive services.	27%	73%
Assisting with the completion of medical, financial, or other forms.	69%	31%
Coordinating care among providers.	77%	23%
Arranging for translation services.	81%	19%
Providing education to improve mental health literacy.	25%	75%
Providing emotional support.	6%	94%
Assisting with medication management and financing.	81%	19%
Assisting with issues related to housing.	44%	56%
Assisting with issues related to employment.	54%	46%

Which trainings have PSSs completed?

PSSs reported having completed a wide range of trainings, such as courses through Behavioral Health Education and Training Academy (BHETA), Wellness and Empowerment in Life and Living (WELL), Transformational Advocacy, Medication for Success, Advocacy for Positive Outcomes, Recovery Practices in Leadership and Coaching, Dual Diagnosis, and LGBT to name a few. The top 3 trainings completed by PSSs were:

- ◆ Motivational Interviewing (100%).
- ◆ WRAP—Wellness Recovery Action Planning (83%).
- ◆ PET—Peer Employment Training (74%).



PEER SUPPORT SPECIALIST/PARTNER Feedback continued...

What is it like to work as a Peer?

Peers were asked to Strongly Disagree, Somewhat Disagree, Somewhat Agree, or Strongly Agree with 21 statements to help understand what it is like to work as a PSS within SDCBHS. All 21 items presented below were rated on a 4 point scale ranging from 0 to 3. Items highlighted green are those where more than 50% of PSSs Strongly Agreed with the statement.

The 3 statements that PSSs most strongly agreed with were:

- ◆ I think I am a positive role model of a client in recovery for the non-Peer staff (100%, mean=2.8).
- ◆ I think my presence here benefits the other staff (100%, mean=2.7).
- ◆ I experience benefits from interacting with clients (96%, mean=2.7).

What is it like to work as a Peer? (0=Strongly Disagree; 1=Somewhat Disagree; 2=Somewhat Agree; 3=Strongly Agree)	Strongly & Somewhat Disagree	Somewhat Agree & Strongly Agree	Mean
	1. I have a clear job description.	12%	88%
2. I am clear about what I can and cannot do in my role as a Peer.	8%	92%	2.6
3. Identifying as both a consumer and a staff member is challenging for me.	66%	34%	1.0
4. I identify with the consumers more than with other staff.	66%	34%	1.2
5. I receive high quality supervision.	10%	90%	2.5
6. I receive enough supervision.	10%	90%	2.6
7. I receive the individual support I need.	8%	92%	2.5
8. I am afraid to ask for help.	84%	16%	0.6
9. I feel comfortable discussing my diagnosis with others.	14%	86%	2.3
10. I experience burnout.	54%	46%	1.4
11. I experience feelings of isolation in my role as Peer.	67%	33%	0.9
12. I get paid an adequate amount for the services I provide.	67%	33%	1.0
13. I experience benefits from interacting with clients.	4%	96%	2.7
14. I am recognized as a valuable member of the team by the non-Peer staff.	13%	87%	2.4
15. I feel stigmatized by the non-Peer staff.	82%	18%	0.7
16. I think my presence here benefits the other staff.	0%	100%	2.7
17. I think I am a positive role model of a client in recovery for the non-Peer staff.	0%	100%	2.8
18. It seems like the non-Peer staff do not like mental health clients.	92%	8%	0.4
19. I have good communication with other staff.	6%	94%	2.5
20. I feel like a colleague with the other staff.	12%	88%	2.4
21. The culture where I work is Peer friendly.	6%	94%	2.6

What do you LIKE about being a Peer?

- ◆ Connecting with clients/Peers (49%).
- ◆ Helping others with their recovery (24%).
- ◆ Empowering clients (18%).

What do you DISLIKE about being a Peer?

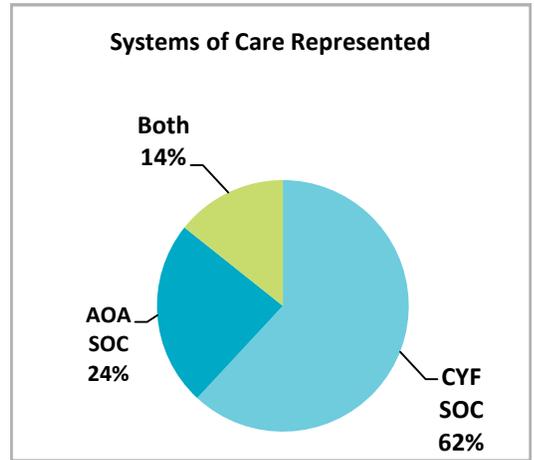
- ◆ Low wages/No raise (21%).
- ◆ Stigma from other staff/professionals (12%).
- ◆ Feedback/perspective not valued as part of the treatment team (9%).

NOTE: The two questions above were asked as open-ended questions. The responses listed are the 3 most common themes for the responses to each question. The percentages reported represent the proportion of PSSs that provided a response that matched that theme out of the total number of responses to that item.

FAMILY SUPPORT SPECIALIST/PARTNER Feedback

Who provided feedback?

In November 2014, Family Support Specialists/Partners (FSSs) working in programs within the SDCBHS were asked to fill out the FSS version of the online survey. 21 FSSs opted to respond to help better understand what it is like to work in the role of FSS within SDCBHS. Among those who participated, 13 (62%) worked in the CYF SOC, 5 (24%) worked in the AOA SOC, and 3 (14%) provided feedback from their experience working with both systems of care. It was expected to see a larger proportion of FSSs working in the CYF SOC because the peer model is not utilized with younger children; instead, FSSs are utilized to work with the families/caregivers of the children that are receiving BHS services.



Types of help most frequently provided:

FSSs were asked how often they provided specific services to families/caregivers (Never, Sometimes, Often, or Always). The 3 types of help most frequently provided were:

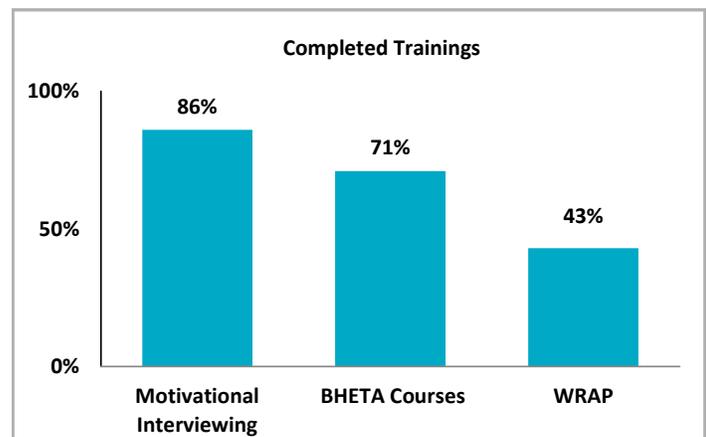
- ◆ Emotional support (100% Often or Always).
- ◆ Education about mental health problems and recovery/management strategies (95% Often or Always).
- ◆ Education to improve mental health literacy (90% Often or Always).

How often do YOU typically PROVIDE this type of service in your role as FSS?	PERCENT	
	Never or Sometimes	Often or Always
Coordinating physician visits and/or other mental or physical health appointments.	52%	48%
Arranging transportation to and from mental or physical health services.	62%	38%
Accessing and maintaining insurance coverage.	71%	29%
Providing education about mental health problems and recovery/management strategies.	5%	95%
Facilitating communication with mental health care providers.	52%	48%
Maintaining telephone contact between clients and mental health care providers.	52%	48%
Motivating and educating about the importance of preventive services.	10%	90%
Assisting with the completion of medical, financial, or other forms.	62%	38%
Coordinating care among providers.	71%	29%
Arranging for translation services.	71%	29%
Providing education to improve mental health literacy.	10%	90%
Providing emotional support.	0%	100%
Assisting with medication management and financing.	81%	19%
Assisting with issues related to housing.	19%	81%
Assisting with issues related to employment.	29%	71%

Which trainings have FSSs completed?

FSSs reported having completed a wide range of trainings, such as Recovery Practices in Leadership and Coaching, WELL, Family to Family, Medication for Success, Advocacy for Positive Outcomes, and LEAP to name a few. The top 3 trainings completed by FSSs were:

- ◆ Motivational Interviewing (86%).
- ◆ BHETA Courses (71%).
- ◆ WRAP (43%).



FAMILY SUPPORT SPECIALIST/PARTNER Feedback continued...

What is it like to work as an FSS?

FSSs were asked to Strongly Disagree, Somewhat Disagree, Somewhat Agree, or Strongly Agree with 18 statements to help us understand what it is like to work as an FSS within SDCBHS. All 18 items presented below were rated on a 4 point scale ranging from 0 to 3. Items highlighted green are those where more than 50% of FSSs Strongly Agreed with the statement.

The 3 statements that FSSs most strongly agreed with were:

- ◆ I have good communication with other staff (100%, mean=2.6).
- ◆ The culture where I work is FSS friendly (90%, mean=2.6).
- ◆ I experience benefits from interacting with families/caregivers (90%, mean=2.5).

What is it like to work as an FSS? (0=Strongly Disagree; 1=Somewhat Disagree; 2=Somewhat Agree; 3=Strongly Agree)	Strongly & Somewhat Disagree	Somewhat Agree & Strongly Agree	Mean
1. I have a clear job description.	14%	86%	2.3
2. I am clear about what I can and cannot do in my job.	10%	90%	2.4
3. Identifying as both a caregiver and a staff member is challenging for me.	90%	10%	0.6
4. I identify with caregivers more than with other staff.	65%	35%	1.2
5. I receive high quality supervision.	15%	85%	2.3
6. I receive enough supervision.	10%	90%	2.4
7. I receive the individual support I need.	15%	85%	2.3
8. I am afraid to ask for help.	90%	10%	0.6
9. I experience burnout.	45%	55%	1.5
10. I experience feelings of isolation working as an FSS.	65%	35%	1.0
11. I get paid an adequate amount for the services I provide.	80%	20%	0.7
12. I experience benefits from interacting with families/caregivers.	10%	90%	2.5
13. I am recognized as a valuable member of the team by the non-FSS staff.	15%	85%	2.2
14. I feel stigmatized by the non-FSS staff.	75%	25%	0.9
15. It seems like the non-FSS staff do not like mental health clients.	90%	10%	0.6
16. I have good communication with other staff.	0%	100%	2.6
17. I feel like a colleague with the other staff.	15%	85%	2.4
18. The culture where I work is FSS friendly.	10%	90%	2.6

What do you LIKE about being an FSS?

- ◆ Connecting/Relating with others (37%).
- ◆ Helping others/Being of service (37%).
- ◆ Using “Lived Experience” for something positive (26%).

What do you DISLIKE about being an FSS?

- ◆ Low wages (26%).
- ◆ Large caseloads/Limited time (21%).
- ◆ Opinions/feedback not taken seriously by other staff/treatment team (11%); Paperwork (11%).

NOTE: The two questions above were asked as open-ended questions. The responses listed are the 3 most common themes for the responses provided for each question. The percentages reported represent the proportion of FSSs that provided a response that matched that theme out of the total number of responses to that item.

PROGRAM MANAGER Feedback

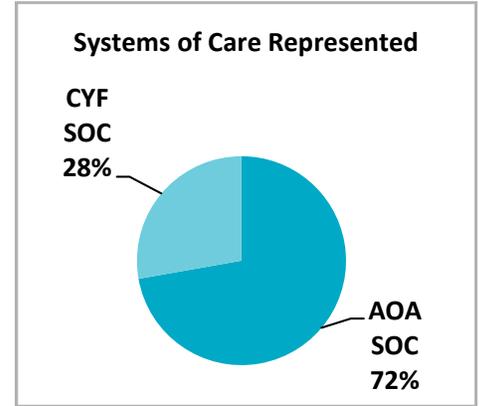
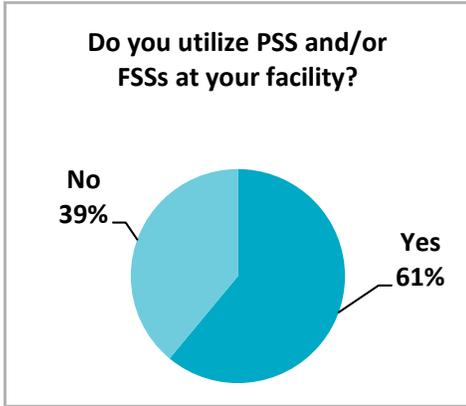
Who provided feedback?

In November 2014, SDCBHS program managers were sent the Program Manager version of the online survey that asked questions about their experience(s) with PSSs and/or FSSs within their program.

59 program managers responded to the survey with 36 (61%) reporting that they do utilize SSs as part of their program services.

Among the 36 programs managers who utilized SSs as part of the services provided at their programs:

- ◆ The majority (72%) ran programs in the AOA SOC.
- ◆ 67% (24 programs) utilized only PSSs, 17% (6 programs) utilized only FSS, and 17% (6) utilized both PSSs and FSSs.



Functions/services provided to service recipients:

The table below shows the functions that PSS and FSS staff are asked to perform at each facility. Functions/services provided in 80% or more programs were highlighted green.

Which functions do the Support Specialists at your facility perform?	PSSs N = 24		FSSs N = 6		PSS and FSS N = 6	
	Yes	% Yes	Yes	% Yes	Yes	% Yes
Provide advice or counseling to clients.	15	63%	3	50%	3	50%
Help clients understand what resources are available.	22	92%	4	67%	6	100%
Help clients fill out paperwork.	18	75%	3	50%	5	83%
Help clients understand what staff is asking of them.	18	75%	4	67%	4	67%
Being a role model (for recovery).	24	100%	3	50%	5	83%
Help to create/set recovery goals.	16	67%	2	33%	6	100%
Help with monitoring progress.	16	67%	4	67%	4	67%
Help with navigating the BHS.	19	79%	4	67%	5	83%
Provide social and/or emotional support.	21	88%	4	67%	5	83%
Administrative/clerical.	10	42%	0	0%	2	33%
Help coordinating physician visits and other medical appointments.	14	58%	4	67%	4	67%
Arranging transportation to and from medical services.	13	54%	3	50%	5	83%
Accessing and maintaining insurance coverage.	3	13%	3	50%	3	50%
Providing education about medical conditions and recovery strategies.	11	46%	2	33%	4	67%
Facilitating communication with health care providers.	9	38%	4	67%	3	50%
Maintaining telephone contact between patients and health care providers.	5	21%	3	50%	2	33%
Motivate and educate clients about the importance of preventive services.	17	71%	4	67%	4	67%
Coordinating care among providers.	9	38%	4	67%	3	50%
Arranging for translation services.	6	25%	2	33%	3	50%
Providing education to improve health literacy.	8	33%	3	50%	4	67%
Assisting with the financing and management of medication.	4	17%	2	33%	2	33%
Assisting with issues related to housing.	15	63%	4	67%	5	83%
Other.	3	13%	0	0%	1	17%

PROGRAM MANAGER Feedback continued...

What do you see as the major role(s) of a PSS/FSS for a CLIENT/CAREGIVER?

PSS for a client

- ◆ Role Model/Hope (53%)
- ◆ Resource support (17%)
- ◆ Mentoring (13%) & Providing extra support (13%)

FSS for caregivers

- ◆ Support the family (43%)
- ◆ Connect to resources (21%)
- ◆ Advocacy (21%) & Education (21%)

What do you see as the major role(s) of a PSS/FSS for your PROGRAM?

PSS for the Program

- ◆ Role Model/Hope (30%)
- ◆ Improve quality of care with “lived experience” feedback (20%)
- ◆ Empathetic client support (20%)

FSS for the Program

- ◆ Liaison (33%)
- ◆ Improve quality of care with feedback from the caregiver’s perspective (22%)
- ◆ Advocacy (22%)

NOTE: The questions above were asked as open-ended questions. The responses listed are the most common themes for the responses provided for each question.

Staffing and Wages:

- ◆ Program managers reported that 100% of their PSS and FSS staff held paid positions.
- ◆ The total number of PSS/FSS staff positions at each program ranged between 1 to 16 staff members with a mean of 3.9; however, the majority of programs (69%) had between 1 and 3 SSs on staff.
- ◆ The total number of Full-Time Equivalent (FTE) SS staff ranged from 0 to 16 with a mean of 2.2. 47% (17 programs) reported that they had no FTE PSS/FSS staff positions.
- ◆ 92% of program managers felt that having PSSs and/or FSSs on staff was cost effective.
 - ◇ FSS staff reported that their wages ranged from \$12-19/hour, with an average of \$16/hour.
 - ◇ PSS staff reported that their wages ranged from \$9-19/hour, with an average of \$13/hour.

A special note on training:

There was a large discrepancy between how much training PSS and FSS staff actually had and how much program managers thought (or were aware) they had. For example, program managers reported that only 39% of the PSS staff and 28% of the FSS staff had been trained in Motivational Interviewing. However, 100% of the PSS staff and 86% of FSS staff reported that they had completed training in Motivational Interviewing.

LIMITATIONS:

“We found that our PSSs did poorly when brought in on a non-modified work load. We adjusted the job by eliminating productivity standards and offered part time hours. We have so far had more success with this modification.”

“Less professional, more performance issues w/timeliness of work and low productivity, some conflicts w/clinicians regarding ‘who knows best.’”

“The main struggle has been retention due to pay levels. We have also had some difficulty with their own symptom management. Just because someone has lived experience does not mean they are aware of all the various issues of every diagnosis. This can often become overwhelming and can sometimes cause difficulty for the PSS.”

“Each experience has been different - depending on where the person is at with their own recovery. We have dealt with set backs in personal recovery and multiple leaves of absence due to high stress environment and triggers.”

BENEFITS:

“PSSs have been very valuable for our program; assisting clients and providing extra support that a therapist or doctor may not have the time to do.”

“They offer support and hope to clients and families in a way that professional staff, unless they have lived experience, cannot.”

“I have experienced only advantages working with PSSs, no disadvantages at all!”

“Having a PSS has been a wonderful addition to our program. Clients have enjoyed the peer presence and seem to benefit from this person's knowledge and experience. We have enjoyed having the PSS as part of the treatment team.”

“We need more Partners and we need their expertise.”

“This role is invaluable to our program goals.”