



## Peer, Family, and Youth Support Specialists: Lived Experience in Action

A **Peer Support Specialist (PSS)** is an individual that has experience receiving services from a public agency and who is employed full or part time to provide direct (potentially billable) services to clients receiving behavioral health services.

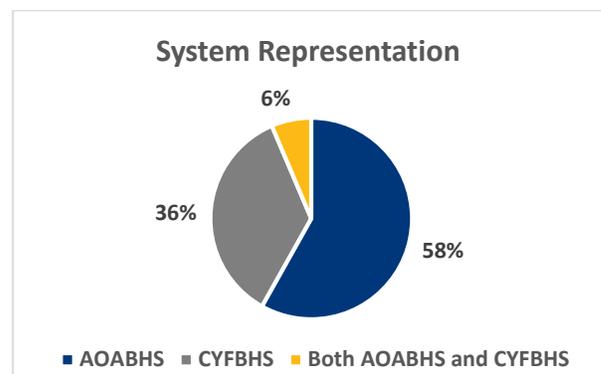
A **Family Support Partner (FSP)** is an individual with experience as a family member/parent/caregiver of someone that has or is currently receiving services from a public agency and who is employed full or part time to provide direct (potentially billable) services to a child, youth, or family receiving behavioral health services.

A **Youth Support Partner (YSP)** is an individual that has experience as a child/youth receiving services from a public agency serving children, youth, and families and who is employed full or part time to provide direct (potentially billable) services to a child, youth, or family receiving behavioral health services.

Support specialists and partners help bridge the gap between an individual’s needs and the County of San Diego Behavioral Health Services’ (BHS) ability to meet those needs. Peer, Family, and Youth Support Specialists/Partners offer support to individuals experiencing mental health challenges and/or their family members from the unique perspective of someone with a similar life experience. These specialists and partners provide a resource to programs and clinics that can potentially expand the services available to those experiencing mental health challenges, and their families. Given the extensive presence of support specialists and partners in both the San Diego County BHS system and across many other counties throughout the United States, it is important to assess the presence, function, and effectiveness of these positions. To explore these elements, 141 Peer Support Specialists (PSS), Family Support Partners (FSP), and Youth Support Partners (YSP) in the County of San Diego were surveyed via a web-based survey in July and August of 2017. Findings from the online survey are highlighted in this report.

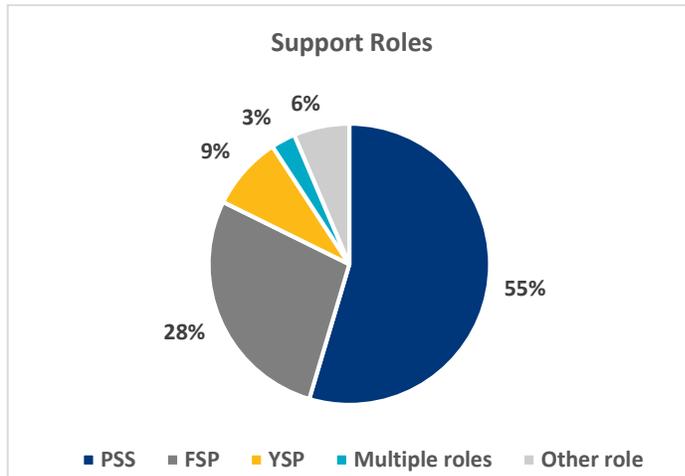
### Who provided feedback?

The majority of respondents (58%) reported working with the Adult and Older Adult Behavioral Health Services (AOABHS) system, approximately one-third (36%) reported working with the Children, Youth, and Families Behavioral Health Services (CYFBHS) system, and the rest (6%) reported working with both systems.



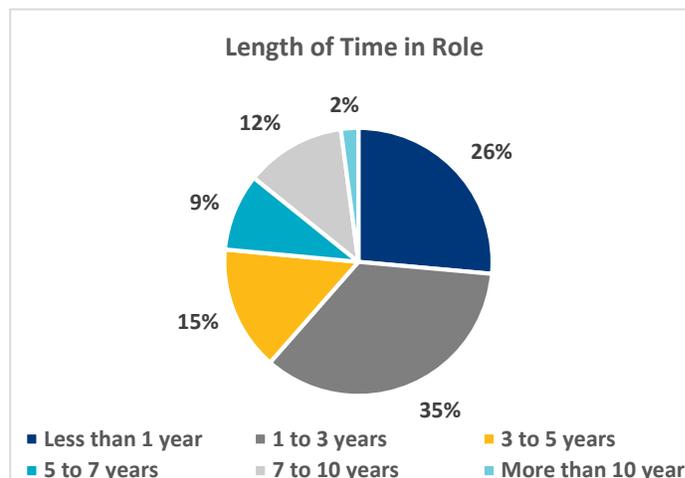
About half of respondents (55%) identified as PSS, roughly one-quarter (28%) identified as FSP, and 9% identified as YSP. Four respondents (3%) indicated that they served multiple support roles, and the rest (6%) selected a role other than the three given. The other responses included:

- Admin with lived experience
- Café Manager
- Employment Specialist
- Family Advocate
- Family Youth Partner
- Health Navigator
- Program Manager
- Senior Bilingual Parent Partner



Note: Percentages may not equal 100%, due to rounding.

Overall, respondents were most likely to have been in their role as a PSS, FSP, or YSP for one to three years (35%), or less than one year (26%). Fifteen percent of respondents reported they were in their support role for three to five years, followed by 12% who indicated being in their role for seven to 10 years. Three respondents (2%) reported being in their role for more than 10 years.



Note: Percentages may not equal 100%, due to rounding.

Considering each support role separately, FSPs and YSPs were more likely than PSSs to be in their role for one to 3 years (40-57% versus 29%). About two-thirds of FSPs reported being in their role for three years or less (65%), compared to just over half (54%) of PSSs. More than three-quarters of YSPs were in their role for three years or less, which is not surprising with a population inevitably aging out of youth services.

Length of Time in Role	PSS (n=79)	FSP (n=43)	YSP (n=14)
Less than 1 year	20 (25%)	11 (26%)	3 (21%)
1 to 3 years	23 (29%)	17 (40%)	8 (57%)
3 to 5 years	15 (19%)	3 (7%)	2 (14%)
5 to 7 years	8 (10%)	4 (9%)	0 (0%)
7 to 10 years	12 (15%)	6 (14%)	1 (7%)
10+ years	1 (1%)	2 (5%)	0 (0%)

Note: Percentages may not equal 100%, due to rounding.



# Peer Support Specialist (PSS) Experience

## What is it like to work as a PSS?

PSSs were asked if they strongly agreed, somewhat agreed, somewhat disagreed, or strongly disagreed with 21 statements about their experience working as a PSS within BHS. Each item was rated on a 4-point scale ranging from zero to three. Items highlighted below are those where more than half of PSSs strongly agreed or strongly disagreed with the statement.

### Statements that PSSs most strongly agreed with were:

- The culture where I work is peer/family partner friendly (79% strongly agreed, average = 2.7).
- I have good communication with other staff (78% strongly agreed, average = 2.7).
- I think I am a positive role model for the non-peer/family partner staff (72% strongly agreed, average = 2.7).

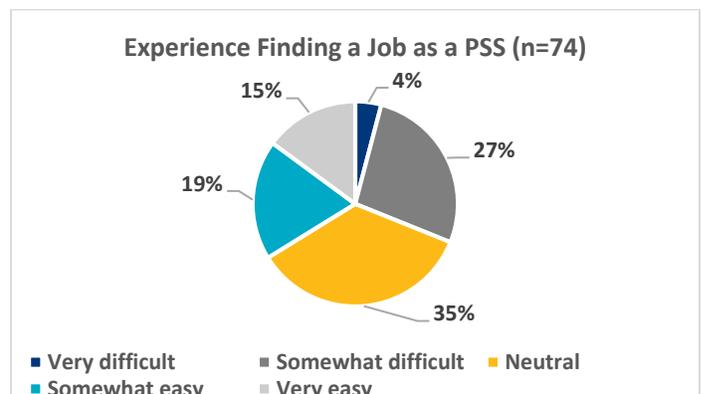
### PSS Experience

	Strongly and Somewhat Disagree	Strongly and Somewhat Agree	Average
1. I have a clear job description.	11%	89%	2.5
2. I am clear about what I can and cannot do in my role as a PSS/FSP.	4%	96%	2.6
3. Identifying as both a client/caregiver and a staff member is challenging for me.*	68%	32%	1.0
4. I identify with the clients/caregivers more than with other staff.	51%	49%	1.4
5. I receive high quality supervision.	11%	89%	2.5
6. I receive enough supervision.	8%	92%	2.5
7. I receive the individual support I need.	16%	84%	2.4
8. I am afraid to ask for help.*	88%	12%	0.4
9. I feel comfortable discussing my (or my family member's) diagnosis with others.	18%	82%	2.3
10. I experience burnout.*	47%	53%	1.5
11. I experience feelings of isolation in my role as a PSS/FSP.*	75%	25%	0.9
12. I get paid an adequate amount for the services I provide.	70%	30%	1.0
13. I experience benefits from interacting with clients.	9%	91%	2.6
14. I am recognized as a valuable member of the team by the non-peer/family partner staff.	16%	84%	2.3
15. I feel stigmatized by the non-peer/family partner staff.*	82%	18%	0.7
16. I think my presence here benefits the other staff.	8%	92%	2.6
17. I think I am a positive role model for the non-peer/family partner staff.	4%	96%	2.7
18. It seems like the non-peer/family staff do not like mental health clients.*	88%	12%	0.5
19. I have good communication with other staff.	4%	96%	2.7
20. I feel like a colleague with the other staff.	7%	93%	2.6
21. The culture where I work is peer/family partner friendly.	7%	93%	2.7

\*Disagreement with these statements indicates a more favorable experience.

### Finding a Job as a PSS

When asked about their experience finding a job as a PSS, almost one-third (31%) of PSS respondents reported it was somewhat or very difficult, one-third (35%) reported a neutral response, and the remaining one-third (34%) reported it was somewhat or very easy to find a job as a PSS.



## Hourly Wage as a PSS

Almost half (47%) of PSS respondents reported making between \$14 and \$16 per hour as a PSS. About one-quarter (27%) reported making between \$11 and \$12 per hour. No PSSs reported making less than \$11 per hour, and only two (3%) reported making \$20 or more as a PSS.

Hourly Wage as a PSS	n (%)	Hourly Wage as a PSS	n (%)
\$11	10 (14%)	\$17	4 (6%)
\$12	10 (14%)	\$18	5 (7%)
\$13	7 (10%)	\$19	1 (1%)
\$14	16 (22%)	\$20+	2 (3%)
\$15	9 (12%)	<b>Total</b>	<b>73 (100%)</b>
\$16	9 (12%)		

Note: Percentages may not equal 100%, due to rounding.

## Work Hours and Benefits as a PSS

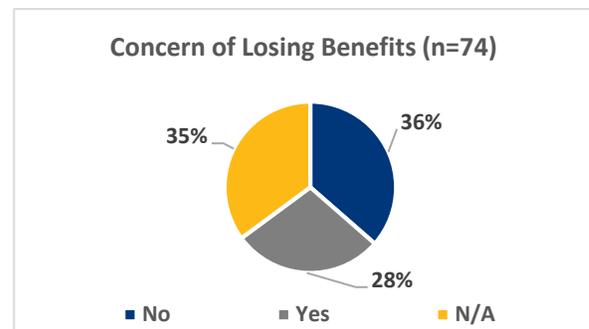
- PSS respondents most frequently reported that they typically work between 36 and 40 hours per week as a PSS (45%), followed by respondents who reported working 16 to 20 hours per week (20%).
- About half of PSS respondents (53%) reported that they would want more hours if additional hours were offered by their program.
- More than one-third of PSS respondents (36%) indicated that they would not be concerned about losing their benefits if they worked more or made more money; however, more than one-quarter (28%) indicated that they would be concerned.

Weekly Hours Worked as a PSS	n (%)	Weekly Hours Worked as a PSS	n (%)
Less than 5	4 (5%)	26-30	1 (1%)
5-10	2 (3%)	31-35	7 (9%)
11-15	4 (5%)	36-40	33 (45%)
16-20	15 (20%)	More than 40	7 (9%)
21-25	1 (1%)	<b>Total</b>	<b>74 (100%)</b>

Note: Percentages may not equal 100%, due to rounding.

## Career Advancement

About three-quarters of PSS respondents (74%) indicated interest in advancing their careers to another type of job within BHS, but a majority of respondents (61%) also reported feeling as though there were barriers to their career advancement.



Note: Percentages may not equal 100%, due to rounding.

Careers of interest from PSS respondents included clinical roles, such as case managers and social workers, counselors and therapists, care coordinators, and mental health aides. Potential careers mentioned by respondents also included certified peer support roles, victim advocates, director/lead roles, training/mentoring roles, and positions working with specific populations, such as with veterans, children, families, individuals with a substance use disorder, homeless individuals, and providing services at Clubhouses.

## Trainings/Education PSS respondents reported needing for career advancement:

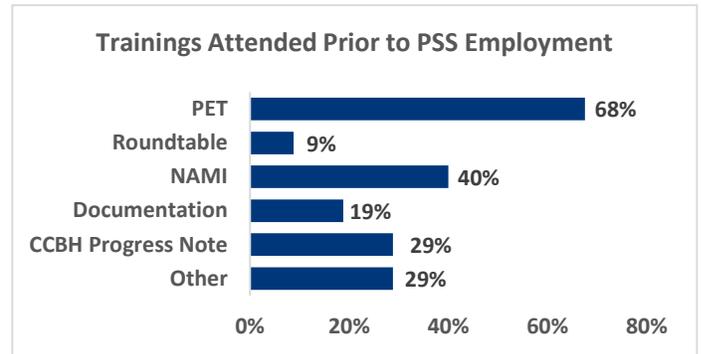
- Bachelor's degree
- Certifications (i.e., AOD, Psych Tech, Tobacco Treatment Specialist)
- Cultural competence training
- Management training
- Master's degree
- More on the job experience
- Psychology courses
- Training in specific types of therapy (i.e., CBT, DBT)
- Trauma informed care training

## Perceived barriers to career advancement reported by PSS respondents:

- Cost
- Criminal record
- Degree/credentialing requirements
- Diagnosis
- Language
- Limited number of available positions
- Low pay of desired position
- Management/supervision requirements
- Stigma
- Transportation

## Training

Prior to employment as a PSS, about two-thirds (68%) of respondents reported attending the RI International Peer Employment (PET) training, and 40% received the NAMI training. Trainings less frequently attended by PSSs include the Optum-led CCBH Progress Note training (29%), the BHS Quality Improvement team-led Documentation training (19%), and the Family and Youth Roundtable training (9%). More than one-quarter (29%) of respondents reported attending an Other training prior to their role as a PSS.



Note: Percentages sum to more than 100%, as respondents had the option to select more than one training.

## Impact of PSS Position on Recovery/Treatment Management

When asked if their work as a PSS helped with their own recovery/treatment management, most PSS respondents (84%) reported that their position did help with their own recovery/treatment management. Responses varied when PSSs were asked how their position helped with their own treatment management, but many common themes across the responses were identified.

### The most commonly reported themes were:

- Helps with their own treatment plan and recovery goals
- Allows for greater reflection of their own recovery progress
- A job with a sense of purpose
- Increased knowledge of symptoms/emotions
- Increased awareness of available tools/resources
- Empowerment
- Provides a sense of community/reminder to PSS that they are not alone

## Future within BHS

PSSs were asked where within BHS they saw themselves in five or 10 years.

### The most commonly reported responses were:

- An unspecified position in the mental health field
- Therapists or clinicians
- Licensed social workers
- Working with specific sub-populations (i.e., at-risk youth, children, parolees, homeless)
- Leadership positions
- PSSs
- Trainers

Other responses included motivational/public speakers, victim advocates, case managers, certified PSSs, county workers, life coaches, group facilitators, and program managers. Additionally, three PSS respondents indicated that they expected to be retired in five to 10 years, and another two expected that they would be not working in BHS in five to 10 years.

## How do PSSs receive information regarding County of San Diego BHS updates?

### Most common ways PSSs currently receive updates:

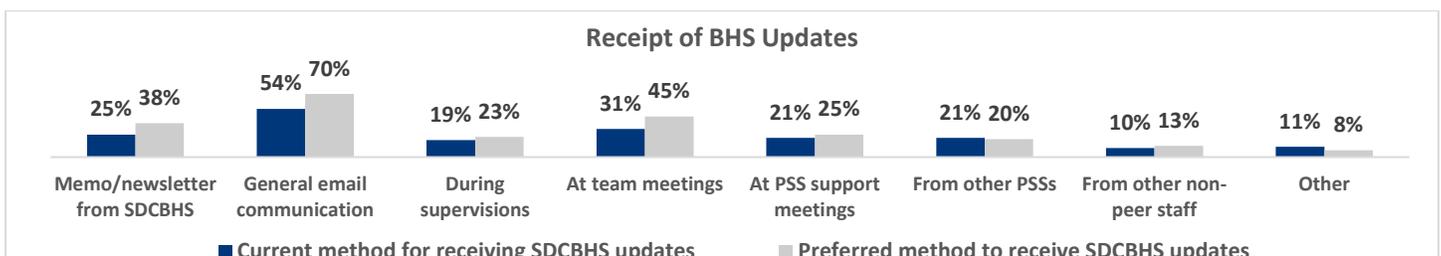
- General email (54%)
- At team meetings (31%)
- From a BHS memo or newsletter (25%)

Three PSSs indicated that they currently do not receive updates from BHS.

### Most common ways PSSs prefer to receive updates:

- General email (70%)
- At team meetings (45%)
- From a BHS memo or newsletter (38%)

Other ways PSSs indicated they would prefer to receive updates from BHS included via mail and text message.



# Family Support Partner (FSP) Experience

## What is it like to work as an FSP?

FSPs were asked if they strongly agreed, somewhat agreed, somewhat disagreed, or strongly disagreed with 21 statements about their experience working as an FSP within BHS. Each item was rated on a 4-point scale ranging from zero to three. Items highlighted below are those where more than half of FSPs strongly agreed or strongly disagreed with the statement.

### Statements that FSPs most strongly agreed or disagreed with were:

- I think I am a positive role model for the non-peer/family partner staff (87% strongly agreed, average = 2.9).
- I am afraid to ask for help (87% strongly disagreed, average = 0.2).
- I think my presence here benefits the other staff (82% strongly agreed, average = 2.8).
- The culture where I work is peer/family partner friendly (82% strongly agreed, average = 2.8).

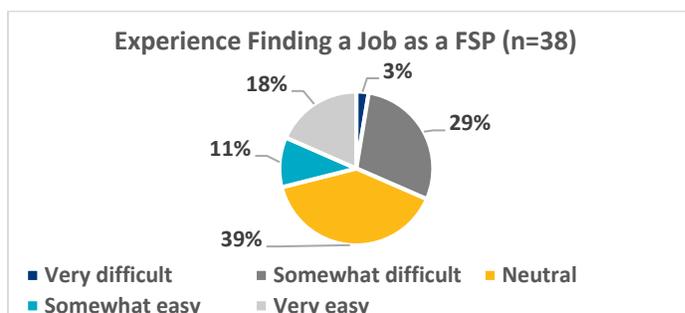
### FSP Experience

	Strongly and Somewhat Disagree	Strongly and Somewhat Agree	Average
1. I have a clear job description.	7%	93%	2.6
2. I am clear about what I can and cannot do in my role as a PSS/FSP.	0%	100%	2.7
3. Identifying as both a client/caregiver and a staff member is challenging for me.*	76%	24%	0.8
4. I identify with the clients/caregivers more than with other staff.	51%	49%	1.4
5. I receive high quality supervision.	8%	93%	2.6
6. I receive enough supervision.	0%	100%	2.7
7. I receive the individual support I need.	2%	98%	2.7
8. I am afraid to ask for help.*	98%	3%	0.2
9. I feel comfortable discussing my (or my family member's) diagnosis with others.	28%	73%	2.2
10. I experience burnout.*	45%	55%	1.5
11. I experience feelings of isolation in my role as a PSS/FSP.*	80%	20%	0.7
12. I get paid an adequate amount for the services I provide.	63%	38%	1.2
13. I experience benefits from interacting with clients.	13%	88%	2.5
14. I am recognized as a valuable member of the team by the non-peer/family partner staff.	8%	93%	2.6
15. I feel stigmatized by the non-peer/family partner staff.*	83%	18%	0.5
16. I think my presence here benefits the other staff.	0%	100%	2.8
17. I think I am a positive role model for the non-peer/family partner staff.	0%	100%	2.9
18. It seems like the non-peer/family staff do not like mental health clients.*	87%	13%	0.6
19. I have good communication with other staff.	3%	97%	2.8
20. I feel like a colleague with the other staff.	5%	95%	2.7
21. The culture where I work is peer/family partner friendly.	0%	100%	2.8

\*Disagreement with these statements indicates a more favorable experience.

### Finding a Job as an FSP

When asked about their experience finding a job as an FSP, almost one-third (32%) of FSP respondents reported it was somewhat or very difficult, and 39% reported a neutral response. Four FSP respondents (11%) reported it was somewhat easy to find a job as an FSP, and 18% reported it was very easy.



### Hourly Wage as an FSP

All FSP respondents reported making at least \$14 per hour as an FSP. Most FSP respondents (73%) reported making between \$15 and \$18 per hour, and 19% reported earning \$20 or more as an FSP.

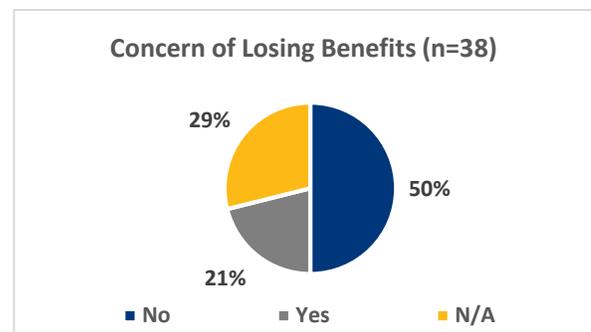
Hourly Wage as a FSP	n (%)	Hourly Wage as a FSP	n (%)
\$11	0 (0%)	\$17	8 (22%)
\$12	0 (0%)	\$18	6 (16%)
\$13	0 (0%)	\$19	2 (5%)
\$14	1 (3%)	\$20+	7 (19%)
\$15	7 (19%)	<b>Total</b>	<b>37 (100%)</b>
\$16	6 (16%)		

### Work Hours and Benefits as an FSP

- FSP respondents most frequently reported that they typically work between 36 and 40 hours per week as an FSP (47%), followed by respondents who reported working more than 40 hours per week (32%).
- Almost two-thirds of FSP respondents (62%) reported that they would want more hours if additional hours were offered by their program.
- Half of FSP respondents (50%) indicated that they would not be concerned about losing their benefits if they worked more or made more money, and 21% indicated that they would be concerned.

Weekly Hours Worked as a FSP	n (%)	Weekly Hours Worked as a FSP	n (%)
Less than 5	1 (3%)	26-30	0 (0%)
5-10	1 (3%)	31-35	4 (11%)
11-15	1 (3%)	36-40	18 (47%)
16-20	1 (3%)	More than 40	12 (32%)
21-25	0 (0%)	<b>Total</b>	<b>38 (100%)</b>

Note: Percentages may not equal 100%, due to rounding.



### Career Advancement

A majority of FSP respondents (71%) indicated an interest in advancing their careers to another type of job within BHS, but almost half of respondents (47%) also reported feeling as though there were barriers to their career advancement.

Careers of interest from FSP respondents included clinical roles, such as case managers, social workers, counselors, and therapists. Potential careers mentioned by respondents also included victim advocates, including victim advocates within child protective services, program management roles, training/mentoring roles, positions working with the elderly, positions working with probation, an administrative assistant within BHS, and a PSS in AOABHS.

### Trainings/Education FSP respondents reported needing for career advancement:

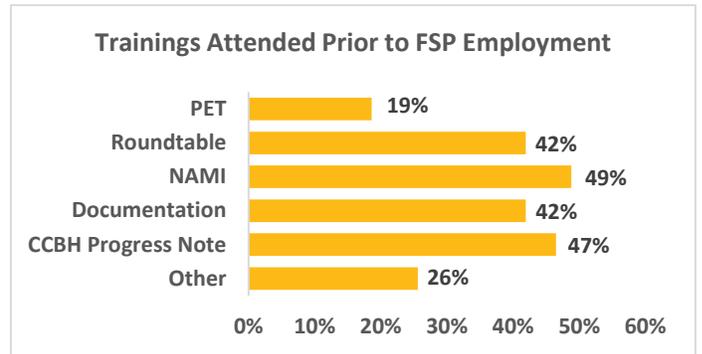
- Additional knowledge of community resources and events to refer families to
- Certifications
- College courses and seminars
- Master's degree
- NAMI Peer Support training
- Shadowing other workers
- Special needs training
- Trauma informed care training

### Perceived barriers to career advancement reported by FSP respondents:

- Cost
- Competing demands (i.e., home responsibilities)
- Degree/credentialing requirements
- Limited number of available positions
- Low pay of desired position
- Stigma

## Training

Prior to employment as an FSP, about half of respondents reported attending the NAMI training (49%) and attending the Optum-led CCBH Progress Note training (47%). A slightly smaller proportion of FSP respondents attended the BHS Quality Improvement team-led Documentation training (42%), and the Family and Youth Roundtable training (42%). The RI International Peer Employment (PET) was the least attended training by FSP respondents (19%). More than one-quarter (26%) of respondents attended an Other training prior to their employment as an FSP.



Note: Percentages sum to more than 100%, as respondents had the option to select more than one training.

## Impact of FSP Position on Recovery/Treatment Management

When asked if their work as an FSP helped with their own recovery/treatment management, about three-quarters of respondents (76%) reported that their position did help with their own recovery/treatment management. Responses from FSPs about how their position helped with their own treatment management overlapped across a few common themes.

### The most commonly reported themes were:

- Increased use of a specific strategy, tool, or skill (i.e., coping, empathy, communication)
- Helps with their own self-care, growth, and/or development
- Allows for reflection of their own experience, progress, and recovery

## Future within BHS

FSPs were asked where within BHS they saw themselves in five or 10 years.

### The most commonly reported responses were:

- Therapists or clinicians
- An unspecified position in the mental health field
- Social workers
- Case managers
- Leadership/supervisory roles
- Trainers

Other responses included victim advocates, certified Peer and Family Support Specialists, coaching roles, an owner/operator of a domestic violence shelter, FSPs, mental health specialists, program managers, and an employee at a school/detention center.

## How do FSPs receive information regarding County of San Diego BHS updates?

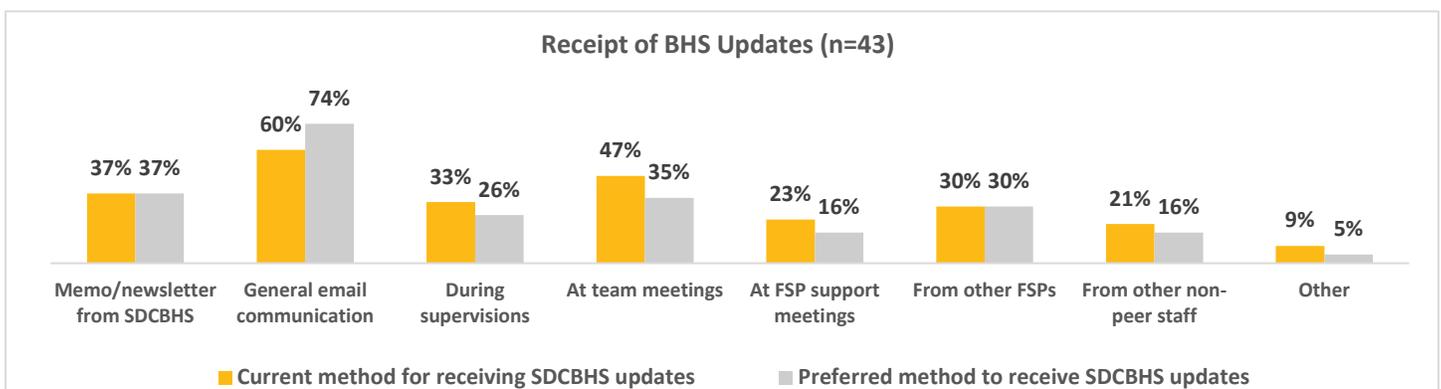
### Most common ways FSPs currently receive updates:

- General email (60%)
- At team meetings (47%)
- From a BHS memo or newsletter (37%)

### Most common ways FSPs prefer to receive updates:

- General email (74%)
- From a BHS memo or newsletter (37%)
- At team meetings (35%)

One FSP reported currently not receiving updates from BHS.



# Youth Support Partner (YSP) Experience

## What is it like to work as a YSP?

YSPs were asked if they strongly agreed, somewhat agreed, somewhat disagreed, or strongly disagreed with 21 statements about their experience working as a YSP within BHS. Each item was rated on a 4-point scale ranging from zero to three. Items highlighted below are those where more than half of YSPs strongly agreed or strongly disagreed with the statement.

### Statements that YSPs most strongly agreed with were:

- The culture where I work is peer/family partner friendly (86% strongly agreed, average = 2.9).
- I think I am a positive role model for the non-peer/family partner staff (79% strongly agreed, average = 2.8).
- I feel like a colleague with the other staff (71% strongly agreed, average = 2.6).

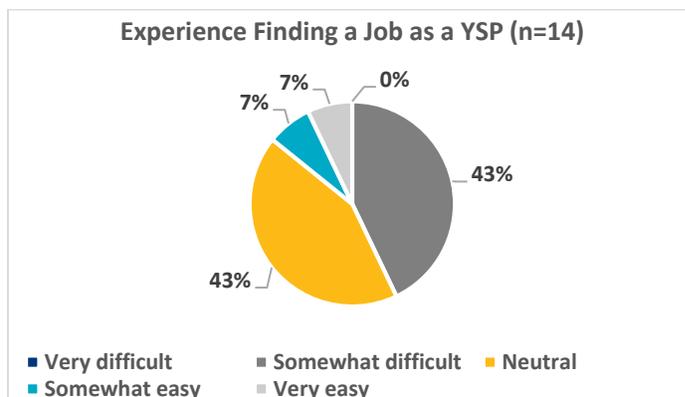
## YSP Experience

	Strongly and Somewhat Disagree	Strongly and Somewhat Agree	Average
1. I have a clear job description.	0%	100%	2.6
2. I am clear about what I can and cannot do in my role as a PSS/FSP.	0%	100%	2.6
3. Identifying as both a client/caregiver and a staff member is challenging for me.*	64%	36%	1.1
4. I identify with the clients/caregivers more than with other staff.	43%	57%	1.5
5. I receive high quality supervision.	7%	93%	2.6
6. I receive enough supervision.	8%	92%	2.6
7. I receive the individual support I need.	0%	100%	2.6
8. I am afraid to ask for help.*	93%	7%	0.4
9. I feel comfortable discussing my (or my family member's) diagnosis with others.	38%	62%	2.1
10. I experience burnout.*	38%	62%	1.6
11. I experience feelings of isolation in my role as a PSS/FSP.*	85%	15%	0.7
12. I get paid an adequate amount for the services I provide.	92%	8%	0.7
13. I experience benefits from interacting with clients.	15%	85%	2.4
14. I am recognized as a valuable member of the team by the non-peer/family partner staff.	8%	92%	2.5
15. I feel stigmatized by the non-peer/family partner staff.*	85%	15%	0.5
16. I think my presence here benefits the other staff.	0%	100%	2.5
17. I think I am a positive role model for the non-peer/family partner staff.	0%	100%	2.8
18. It seems like the non-peer/family staff do not like mental health clients.*	93%	7%	0.4
19. I have good communication with other staff.	0%	100%	2.6
20. I feel like a colleague with the other staff.	7%	93%	2.6
21. The culture where I work is peer/family partner friendly.	0%	100%	2.9

\*Disagreement with these statements indicates a more favorable experience.

## Finding a Job as a YSP

When asked about their experience finding a job as a YSP, no respondents reported that it was very difficult (0%). However, 43% of respondents each reported that finding a job as a YSP was somewhat difficult or had a neutral response. Only 14% of YSP respondents reported that it was somewhat easy or very easy to find a job as a YSP.



## Hourly Wage as a YSP

Similar to FSP respondents, all YSP respondents reported making at least \$14 per hour as a YSP. About three-quarters of YSP respondents (77%) reported making between \$14 and \$17 per hour, and 15% reported earning \$20 or more as a YSP.

Hourly Wage as a YSP	n (%)	Hourly Wage as a YSP	n (%)
\$11	0 (0%)	\$17	3 (23%)
\$12	0 (0%)	\$18	1 (8%)
\$13	0 (0%)	\$19	0 (0%)
\$14	2 (15%)	\$20+	2 (15%)
\$15	3 (23%)	<b>Total</b>	<b>13 (100%)</b>
\$16	2 (15%)		

Note: Percentages may not equal 100%, due to rounding.

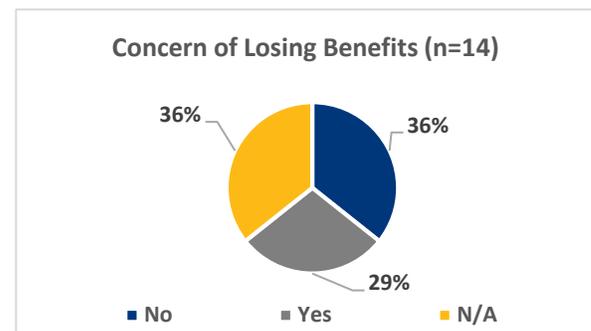
## Work Hours and Benefits as a YSP

- Half of YSP respondents (50%) reported that they typically work between 36 and 40 hours per week as a YSP, and more than one-third reported working more than 40 hours per week (36%).
- More than half of YSP respondents (57%) reported that they would want more hours if additional hours were offered by their program.
- About one-third of YSP respondents (36%) indicated that they would not be concerned about losing their benefits if they worked more or made more money, and 29% indicated that they would be concerned.

Weekly Hours Worked as a YSP	n (%)	Weekly Hours Worked as a YSP	n (%)
Less than 5	0 (0%)	26-30	0 (0%)
5-10	0 (0%)	31-35	0 (0%)
11-15	0 (0%)	36-40	7 (50%)
16-20	2 (14%)	More than 40	5 (36%)
21-25	0 (0%)	<b>Total</b>	<b>14 (100%)</b>

## Career Advancement

Almost two-thirds of YSP respondents (64%) indicated interest in advancing their careers to another type of job within BHS, but a majority of respondents (57%) also reported feeling as though there were barriers to their career advancement.



Note: Percentages may not equal 100%, due to rounding.

Careers of interest from YSP respondents included case manager positions, family therapists, social workers, substance abuse program managers, positions within the probation department, and trainer positions.

## Trainings/Education YSP respondents reported needing for career advancement:

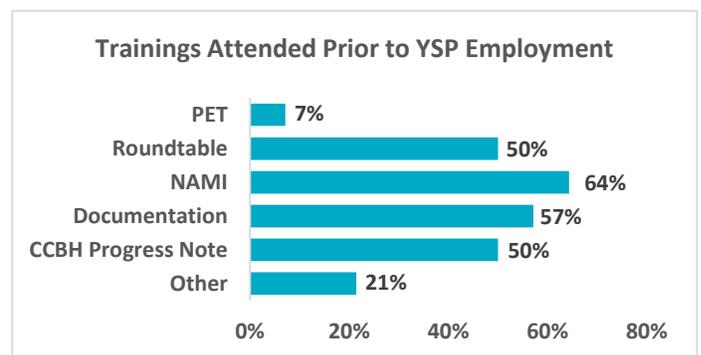
- Additional education
- County/agency partnership trainings
- Diagnosis training
- Trauma informed care training

## Perceived barriers to career advancement reported by YSP respondents:

- Competing demands (i.e., home responsibilities)
- Degree/credentialing requirements
- Limited number of available positions
- Stigma

## Training

Prior to employment as a YSP, almost two-thirds of respondents reported attending the NAMI training (64%). The next most frequently attended training by respondents prior to their employment as a YSP was the BHS Quality Improvement team-led Documentation training (57%), followed by both the Family and Youth Roundtable training (50%), and the Optum-led CCBH Progress Note training (50%). Only 7% of YSP respondents attended the RI International Peer Employment (PET) trainings, and 21% reported attending an Other training prior to their employment as a YSP.



Note: Percentages sum to more than 100%, as respondents had the option to select more than one training.

## Impact of YSP Position on Recovery/Treatment Management

When asked if their work as a YSP helped with their own recovery/treatment management, almost three-quarters of respondents (71%) reported that their position did help with their own recovery/treatment management. Responses from YSPs about how their position helped with their own treatment management overlapped across a few common themes.

### The most commonly reported themes were:

- Increased use of a specific strategy, tool, or skill (i.e., coping, communication, patience, conflict resolution)
- Helps with their own self-care, growth, and/or development
- Increased self-awareness

## How do YSPs receive information regarding County of San Diego BHS updates?

### Most common ways YSPs currently receive updates:

- At team meetings (57%)
- General email (50%)
- From other FSPs (43%)

One YSP reported currently not receiving updates from BHS.

## Future within BHS

YSPs were asked where within BHS they saw themselves in five or 10 years.

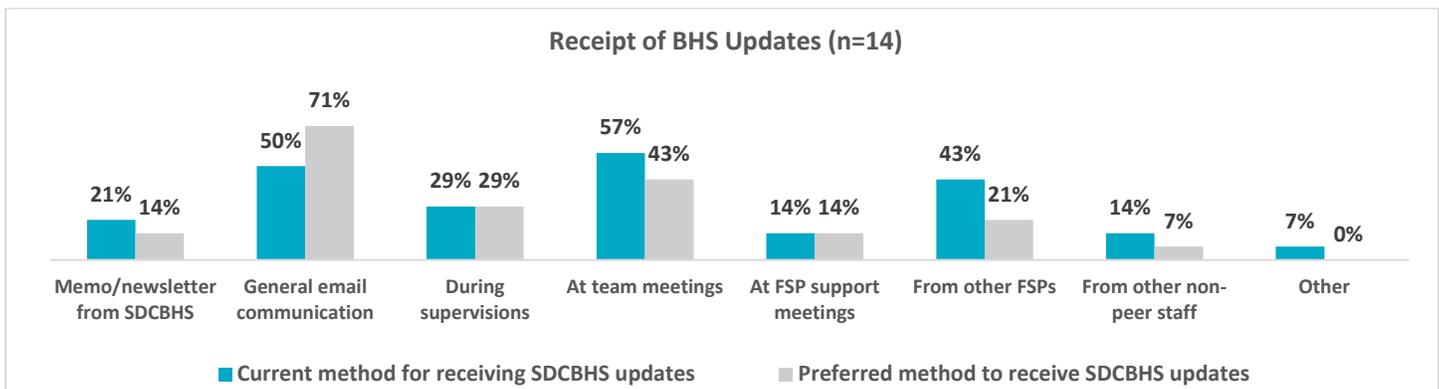
### The most commonly reported responses were:

- An unspecified position in the mental health field
- Trainers

Other responses included therapists, coaching roles, social workers, nurses, program managers, running a partner program, and public speaking to foster and at-risk youth in San Diego County.

### Most common ways YSPs prefer to receive updates:

- General email (71%)
- At team meetings (43%)
- During supervisions (29%)



*I love my job as a parent partner and wouldn't want to change it for anything.*

- FSP respondent

*It is a challenging position that can be emotionally and mentally challenging at times and deserves a higher salary.*

- FSP respondent

*I believe that peers offer a unique insight into our client's lives, as many of us have shared the same highs, lows, disappointments, and triumphs throughout the mental health services. Accordingly, we relate extremely well on a level that most case managers do not have the ability to... at times I feel undervalued in my role, as I am paid significantly less than my non-peer counterparts.*

- PSS respondent

*Being a partner has been one of the greatest experiences. I love my job, my fellow staff, and my supervisors. I love having a position where I can put everything into because I believe in the cause. I think what we are doing is changing lives.*

- YSP respondent

*This job is fulfilling and it has helped me in my own recovery, and added new meaning to my life, and showed me I am capable of more than I previously thought.*

- PSS respondent