Section 1: Respondent Information

1. Please choose the category that best describes you:
   - I am a current or former consumer of mental health services (or I am an individual with lived experience with mental illness)
   - I am the parent or caregiver of a current or former consumer of mental health services
   - I am a non-parental family member of a current or former consumer of mental health services
   - Other: ________

2. Please choose the category that best describes the clients served where you are employed (choose all that apply)
   - Adolescents, Children/Youth (ages 1 – 17)
   - Adult and Older Adult (ages 18+)
   - Transition Age Youth specific services (ages 18-24)
   - Older Adult specific services (ages 60+)

3. Position Title (Text box)

4. Employer Name (Text box)

5. County of Employment (drop down)

6. Please identify your Race/Ethnicity
   - American Indian/Native American/Alaskan Native
   - African American/ Black/African
   - Asian [possibly with OSHPD subcategories]
     - Cambodian
     - Chinese
     - Filipino
     - Indian
     - Japanese
     - Laotian/Hmong
   - Caucasian/White
   - Latino/Hispanic
     - Central American
     - Cuban
     - Mexican
   - Middle Eastern
   - Pacific Islander
     - Fijian
     - Guamanian
     - Hawaiian
   - Other
   - Decline to State

7. Not everybody uses the same labels, however, which BEST describes your current gender:
   - Androgynous
   - Female
   - Female/Transwoman/MTF Transgender
   - Male
   - Male/Transman/FTM Transgender
8. Not everybody uses the same labels to describe their sexual orientation, however, which BEST describes your sexual orientation:
- Bisexual/Pansexual
- Gay
- Heterosexual/Straight
- I’m questioning whether I’m straight or not straight
- Lesbian
- Queer
- Decline to State

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

10. What is the highest degree or level of education you have completed?
- Less than high school
- High school graduate (includes equivalency)
- Some college, no degree
- Post high school technical degree or certification
- Associate's degree
- Bachelor's degree
- Post-Graduate or professional degree
- Ph.D./MD or equivalent

11. Do you identify as having a disability?
- Yes
- No
- Decline to State

***END DEMOGRAPHIC SECTION

Section 2: Workforce and employment questions

12. What types of services do you typically provide to clients? (each of the choices below will be provided on a grid using the answer choices below)
[Never – Sometimes – Often – Always]
- a. Accessing and maintaining insurance coverage.
- b. Administrative/clerical.
- c. Arranging for translation services.
- d. Arranging transportation to and from medical services.
- e. Assisting with issues related to housing.
- f. Assisting with the financing and management of medication.
- g. Being a role model (for recovery).
- h. Coordinating care among providers.
- i. Facilitating communication with health care providers.
- j. Help clients fill out paperwork.
- k. Help clients understand what resources are available.
- l. Help clients understand what staff is asking of them.
- m. Help coordinating physician visits and other medical appointments.
- n. Help to create/set recovery goals.
- o. Help with monitoring progress.
- p. Help with navigating the behavioral health services system.
- q. Maintaining telephone contact between patients and health care providers.
- r. Motivate and educate clients about the importance of preventive services.
s. Provide advice or counseling to clients.
t. Provide social and/or emotional support.
u. Providing education about medical conditions and recovery strategies.
v. Providing education to improve health literacy.
w. Other: __________________________

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

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

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

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

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

- Non-paid volunteer
- Less than $10 /hour
- $10 - $14/hour
- $15 - $19/hour
- $20 - $24/hour
- $25 - $29/hour
$30 or more/hour

16. What additional benefits do you receive other than your pay or salary?
- Dental insurance
- Eye care coverage
- Health insurance
- Paid holidays
- Paid maternity or paternity leave
- Paid sick leave
- Paid vacation time
- Retirement plan
- Other: _____________

17. How would you rate your experience finding a job as a CFP/C worker?
- Very difficult
- Somewhat difficult
- Neutral
- Somewhat easy
- Very easy

18. Typically, how many hours per week do you work as a CFP/C worker?
- less than 5 hours per week
- 5-10 hours per week
- 11-15 hours per week
- 15-20 hours per week
- 21-25 hours per week
- 26-30 hours per week
- 31-35 hours per week
- 36-40 hours per week
- More than 40 hours per week

19. If your employer could offer you more hours, would you want them?
- Yes
- No

20. Would you be concerned about losing your benefits if you worked more hours or made more money?
- Yes
- No

21. What types of career assistance do you currently receive from your employer?
- Assistance with housing or living expenses
- Assistance with transportation
- Career and job counseling
- Employer-paid benefits
- Management opportunities
- Mentoring
- Possibility of promotion to a higher position
- Professional develop opportunities
- Self help/support groups
22. **What other types of assistance would you like to see more of from your employer?**

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

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

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

Section 3: Subjective Experience Section

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

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