Survey 3: Consumer, Family Member and Parent/Caregiver (CFP/C)
TRAINING ORGANIZATION
DRAFT SURVEY CONTENT

Section 1: Organization Information

1. Organization Name (Text box)

2. Job Title/Role? (Text box)

3. County Where Organization is Located (Text box or drop down)

4. Counties Where Organization Provides Training (drop down)

5. Approximately how many CFP/C workers does your organization train each year? 
   # ______

6. What general requirements must a candidate meet in order to enter your training program? (select all that apply)
   [Seeking feedback on additional possible answer choices]
   - 18+ years of age
   - High school diploma or equivalent
   - Identify as a person with lived experience or family member, parent/caregiver of person with lived experience
   - Willing to share personal experiences with mental illness publicly
   - Interview by peers
   - Letters of recommendation
   - Background check
   - Well-grounded in recovery (or a minimum time spent in recovery)
   - More than one year (or minimum time) since first diagnosed with a serious mental illness
   - X
   - X
   - Other ____________

7. Does your training program offer certification for CFP/C workers? 
   - No
   - Yes
     - If Yes, does your program offer different levels of certification?
       - No we only offer one level of certification (will be asked to list certification type and title)
       - Yes
         - If yes, please list the levels of certification in the boxes below
           - Certification Type 1 (name or title of certification)
           - Certification Type 2 (name or title of certification)
           - Certification Type 3 (name or title of certification)

8. How many hours of training does your training/certification program require? 
   - 1-9
   - 10-19
   - 20-39
   - 40-59
   - 60-79
   - 80-99
   - 100 or more
9. How long does the training/certification program typically take (coursework, exams, etc)?
   Weeks ______
   Days ______

10. What is the minimum exam score required in order to pass the training/certification program?
   □ Program does not require a competency exam
   □ No minimum score required
   □ Minimum _____% on exams

11. Is it necessary for CFP/C workers certified through your organization to periodically renew their certification?
   □ No recertification is necessary
   □ Yes, every _______ years
   □ N/A, training program does not provide certification

12. Approximately how long does it typically take for a CFP/C worker to find employment following completion of the training/certification program?
   □ 1 to 2 weeks
   □ 3 to 4 weeks
   □ 1 to 3 months
   □ 4 to 6 months
   □ Longer than 6 months

13. Do you provide any of the following types of assistance to your CFP/C trainees?
    [Seeking feedback on additional possible answer choices]
    □ Career and job counseling
    □ Employment and job finding services
    □ Assistance with housing or living expenses
    □ Assistance with transportation
    □ Assistance with tuition
    □ X
    □ X
    □ Other: ____________

14. How would you rate the typical experience for a newly-trained CFP/Cs with regard to finding a job as a CFP/C worker?
    □ Very difficult
    □ Somewhat difficult
    □ Neutral
    □ Somewhat easy
    □ Very easy

15. How do newly trained workers most typically find jobs? (select all that apply)
    [Seeking feedback on additional possible answer choices]
    □ Recommendation through a training provider
    □ Employment at program where they currently or have in the past received services
    □ Word of mouth
    □ Through online, newspaper, or other job postings
    □ X
    □ Other: ____________
16. In the table below, please indicate the specific core competencies your training includes, and whether they are required in any exams:

<table>
<thead>
<tr>
<th>SKILL GROUP</th>
<th>Taught as a Competency</th>
<th>Tested in Competency Exams</th>
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</thead>
<tbody>
<tr>
<td>Ability to attend and participate in program meetings</td>
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<tr>
<td>Administrative skills (ability to understand and fill out forms and paperwork, track hours and time, etc)</td>
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<tr>
<td>Advocacy</td>
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<td>Advocacy for Positive Outcomes</td>
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<td>Americans with disabilities act</td>
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<td>Benefits</td>
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<td>Communication skills</td>
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<td>Computer and technical skills</td>
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<tr>
<td>Confidentiality</td>
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<td>Conflict resolution</td>
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<td>Crisis intervention</td>
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<td>Cultural awareness and competency</td>
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<td>Education through shared experience</td>
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<td>Effective coping techniques</td>
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<tr>
<td>Establishment of positive relationships</td>
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<td>Goal setting</td>
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<td>Group facilitation</td>
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<td>History of mental health and recovery</td>
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<td>Holistic recovery approaches</td>
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<tr>
<td>Hope and Recovery</td>
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<tr>
<td>How to use your personal story</td>
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<tr>
<td>Management and supervisory skills</td>
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<td>Mandatory reporting requirements</td>
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<tr>
<td>Mentoring</td>
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<tr>
<td>Motivational Interviewing</td>
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<td>Principles of empowerment</td>
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<td>Professionalism and ethics</td>
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<td>Professional boundaries</td>
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<tr>
<td>Recovery and Wellness Recovery Action Plan (WRAP)</td>
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<td>training or similar</td>
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<td>Recovery practices in leadership and coaching</td>
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<td>Rehab and therapeutic skills</td>
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<td>Resiliency</td>
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<td>Risk indicators and response</td>
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<td>Role challenges and conflict resolution</td>
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<td>Service documentation/billing</td>
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<td>Skills and knowledge in partnering with organizations/supervisors</td>
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<tr>
<td>Stigma</td>
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<td>Strength-based approaches</td>
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17. **What are the most common barriers to employment following certification?**
[Seeking feedback on additional possible answer choices]

- Employers do not have a role for CFP/C employees
- Employers do not have the budget to employ CFP/C employees
- Employers do not know about the possibility of employing CFP/C employees
- Employers do not think CFP/C workers are qualified to perform the required tasks
- There are not enough available jobs for CFP/C employees
- Employers are not open to hiring CFP/C employees
- X
- X
- Other: (fill in reason) __________________________

18. **What are the biggest challenges to training CFP/C workers?**
[Seeking feedback on additional possible answer choices]

- X
- X
- X
- Other: (fill in)

19. **Does your training/certification program include training in a specific code of ethics?**

- Yes
- No

If yes, please indicate which of the following areas are included:
[Seeking feedback on additional possible answer choices]

- Moral standards
- Professional standards
- Criminal activity
- Sexual misconduct
- Fraud-related conduct
20. Once employed, what types of services do your trainees/graduates 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: ____________________________

21. What are the minimum qualifications for trainers in your training program? (select all that apply)

[Seeking feedback on additional possible answer choices]

- 18+ years of age
- High school diploma or equivalent
- Identify as a person with lived experience or family member, parent/caregiver of person with lived experience
- Certification as a CFP/C worker
- Further training as a CFP/C
- Willing to share personal experiences with mental illness publicly
- Interview by peers
☐ Letters of recommendation
☐ Background check
☐ Well-grounded in recovery (or a minimum time spent in recovery)
☐ More than one year (or minimum time) since first diagnosed with a serious mental illness
☐ X
☐ X
☐ Other: (please list) ___________________________

22. We are interested in the number of courses, objectives, and focus of the coursework of any required curriculum. If your program has a Training/Certification Program Curriculum available, please paste it in the space below: (LARGE TEXT BOX)