REPORT / CERTIFIED FAMILY PARTNERS

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Assessing the Status of the Family Partner Workforce:

Findings to Support Expansion and Retention

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Introduction

A Family Partner (FP) is a family member of a child with one or more health care concerns who has a strong connection to their community and uses this to assist other families navigate the systems of care in those communities (Osher & Penn, 2010). Models of parent peer support vary on many dimensions, including those are diagnosis-specific and those with a general purview (Young, McMenamy, & Perrin, 2001). Some models of parent peer support serve family members of children with chronic medical conditions, while others exist in the mental and behavioral health care system (Collins & Collins, 1990; Hoagwood, 2005; Lopez, Cohen, & Szlyk, 2014; Robbins et al., 2008; Stroul & Friedman, 1986).

Parents of children with behavioral health concerns experience many barriers when attempting to access psychological treatment for their child, including structural barriers and lack of knowledge and understanding of mental health problems and the health-seeking process (Reardon, Harve, Baranowska, O'Brien, Smith, & Creswell, 2017). Studies have shown that parent peer support can reduce a recipient's feelings of isolation (Slowik, Willson, & Loh, 2004), lower anxiety (Ireys & Sakwa, 2006), increase engagement with other health/mental health services (Koroloff & Friesen, 1991), and improve service quality overall (Stroul, 1996).

As evidence of the efficacy of parent peer support has grown, many states have codified Family Partners as credentialed professionals. In Texas, a Certified Family Partner (CFP) is "a parent or guardian who has lived experience raising a child with mental or emotional challenges" who has attained state certification and is experienced in navigating systems of care (Via Hope, 2018a, para. 1). In Texas, CFPs may be employed to provide mentorship and guidance to other family members of children with similar challenges.

Via Hope has been the certifying body of Family Partners in Texas since 2011 (Via Hope, 2018a). Via Hope is a non-profit organization that provides the training and certification programs to for aspiring peer specialists and family partners throughout the state (Via Hope, 2018a). Via Hope also creates and implements Endorsement trainings for CFPs, which provide continuing education in select topics including the Wraparound Process, Special Education, Juvenile Justice, and Nurturing Parenting (see Via Hope, 2018a).

Prior Surveys

In 2013, in anticipation of the addition of CFPs as eligible providers for reimbursable services in Texas, researchers at the Texas Institute for Excellence in Mental Health (TIEMH) summarized the literature on support services offered by Family Partners (Lopez, 2013). Researchers conducted a survey of Texas CFPs, supervisors, and program administrators to examine features of CFP employment, including employee benefits, training and supervision, and core functions of CFP employment from the perspective of the respondents (Lopez, 2013). Additionally, researchers examined administrative data, including the number of individuals in CFP services at each Community Mental Health Center (CMHC), volume of service encounters, and changes in the amount of CFP and support group services provided over three years. Results of the survey indicated that CFPs felt that they had received adequate training and were well supported in their employment. However, during supervision CFPs identified that there was little focus on skill development and that much of their supervision was problem-oriented. Additionally, the following areas for future examination and improvement were identified:

- Difficulty with recruitment and retention

- Differences in capacity for providing CFP services across the state
- Limited opportunities for professional development
- Concerns that productivity standards may negatively impact service quality
- Concerns that administrators & supervisors have differing views on CFP priorities
- Concerns that families may confuse the role of CFPs given their involvement in different aspects of agency tasks
- Concerns about the discretionary nature of financing CFP services, outside the YES Waiver

In 2014, researchers sought to investigate concerns regarding increased turnover of Family Partners. Researchers also wanted to explore the impact of policy changes allowing CFPs to provide parent-focused skills training. Researchers developed and implemented a new survey of CFPs to examine their level of job satisfaction (Lopez et al., 2014). Additionally, state administrative data was examined to determine whether the 2014 policy changes had affected the services provided by CFPs. Researchers found evidence that CFP job satisfaction was related to their perception of their impact on the families they serve and percent of time they spent in direct contact with their assigned families. Additionally, researchers found that the intention to maintain employment at their agency was closely related to the CFPs satisfaction with their employment. One recommendation researchers made was for employers to increase the percentage of time CFP employees spend in direct contact with families and to reduce the amount of time they spend completing administrative tasks.

In 2016, researchers at the TIEMH implemented a survey of CFP training and employment outcomes based on findings from the 2013 study of CFP employment (Peterson, Stevens Manser, Lopez, Kaufman, & Granger, 2017). The survey included questions about the following features of their certification and employment:

- Features of CFP training, certification, and continuing education
- Benefits and salary information
- Productivity standards and caseload size
- Opportunities for professional development
- Mechanisms of funding for CFP services
- Content of supervision
- Perceptions of supervisor and coworker supportiveness and understanding of the CFP role
- CFP perceptions of their agency's Organizational Recovery Orientation

In this report, researchers found that the average CFP employment tenure was six years. Caseload sizes and productivity standards were highly variable. For example, some respondents included individuals employed as CFP supervisors, and other respondents were employed at organizations that did not provide direct care services. Many respondents were unsure about what funding mechanisms were used to pay for the services they provided. Similar to the 2014 survey, CFPs reported that a nearly equal amount of time in supervision was spent building skills as was problem-oriented (discussing assigned families). Many CFPs reported that they were infrequently able to discuss wellness and self-care during supervision. Respondents rated their supervisors' level of supportiveness as high (8.21/10) and their understanding of the CFP job role (7.84/10) as moderately high. They rated their coworkers' level of understanding (6.40/10) and supportiveness (6.93/10) less highly. Recurrent themes of the survey included discussion of CFPs providing financial support and resources (e.g. food) during group sessions with the families they served, a lack of career advancement opportunities, and the desire for additional trainings, including more information on the topic of trauma informed care.

The Current Survey

Under contract with the HHSC, researchers at the TIEMH implemented a follow-up survey of CFP employment outcomes, job satisfaction, types of services offered by Family Partners, and the utilization of training skills in Family Partner job roles with individuals who have completed the state-recognized Family Partner Training and Certification program, in order to assess any changes that may have occurred since the prior year. The content and domains of the prior year's survey remained the same, though the survey underwent minor revisions for clarity. Results of the current survey are compared with the prior year's results in order to determine any differences that may exist in the workforce, as the profession continues to mature and expand across the state.

Methods

Individuals Surveyed

Via Hope maintains a list of CFPs in Texas that have received training through their organization. This list included 225 people who received CFP training and been certified since 2011. Among these individuals, in the current year, 132 were actively certified and 93 were previously certified (inactive). Figure 1 shows the geographic distribution of trainees.

Survey Instrument

A survey was created in Qualtrics to elicit feedback on features of CFP employment and certification. Survey domains included sections on details of the respondents' CFP training, certification, vocational status, employment environment, perceptions of support and satisfaction, and perceptions of their agency's Organizational Recovery Orientation. Survey development for the current survey year was based on the prior Certified Family Partner training and employment outcomes survey (Peterson et al., 2017). The survey underwent some revisions for clarity.

Data Collection and Analysis

The survey was distributed to all CFPs on the Via Hope distribution list with valid email addresses (n = 225) through the Qualtrics platform. The survey was open for responses over a period of approximately three weeks, from November to December of 2017. Three reminder emails sent were sent during this period. Respondents were able to register for a chance to win one of five gift cards in exchange for their time completing the survey.

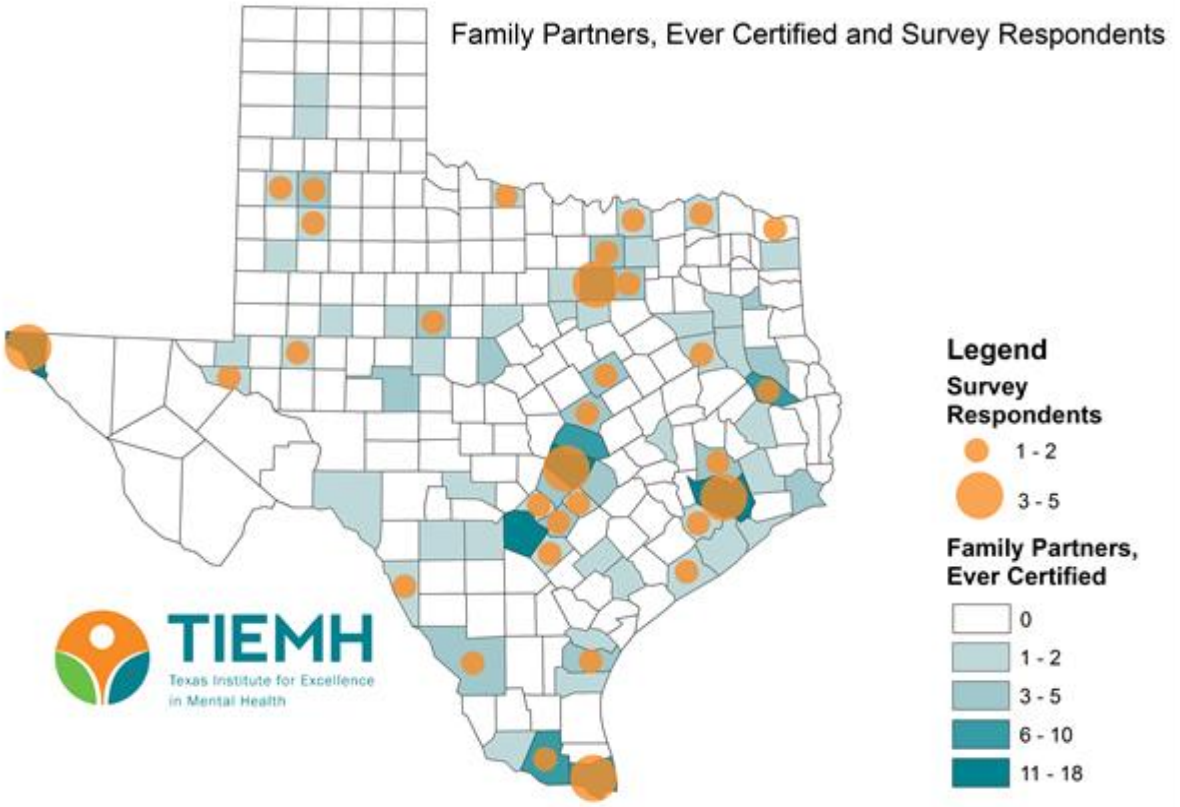
Survey responses were analyzed using SPSS 25. Descriptive statistics are presented; in addition, qualitative responses to the final question on the survey are summarized. Responses to the current survey are compared with those from the prior year's survey. In addition, developments from findings and recommendations from the 2013 and 2014 studies were examined and reported.

Results

Of the 225 Family Partners that have been certified by Via Hope since 2011, seventy-five responded to the survey, resulting in a cooperation rate of 33.33%.

Figure 1 shows the geographic distribution of all CFPs (blue) compared to the distribution of CFP survey respondents (orange). Overall, survey respondents were representative of the distribution of trained CFPs in Texas. CFP survey respondents were employed in 42 zip codes across Texas. They represented 27 of the 39 existing Local Mental Health Authorities (LMHAs) in Texas, as well as 32 counties. The largest group of respondents worked in large metropolitan regions (29.9%). This was followed by small metropolitan areas (20.9%), and medium metropolitan areas and rural areas with metropolitan areas within 100 miles (19.4% each). Finally, rural areas with no nearby metropolitan areas were represented, although they comprised the minority of responses (10.4%).

Figure 1. *Map of Certified Family Partners and survey respondents.*



Respondent Characteristics

Demographic information is summarized in Table 1. Respondents identified primarily as female (98.5%). Most respondents were 50-64 years of age (40.3%), followed by 40-49 (37.3%), 30-39 (17.9%), and 65 and older (4.5%). Approximately one-third of the respondents identified as Hispanic or Latino (34.3%). Respondents were primarily Caucasian or White (72.1%), followed by Black or African American (25.6%), and two or more races (2.3%).

Most respondents had at least some post-high school training (75.4%). For those who attended some college or post high-school training, but did not complete an associate's degree or higher (32.3%), five reported attending college for general courses and studies (24%). Additional fields of study included: Psychology, Nursing, Child Development and Education, Political Science, and Real Estate. For those who completed a 2-year associate's degree (7.7%), areas of study included Social Work, Psychology, Real Estate, Applied Science, and Sign Language. For those who completed a 4-year bachelor's degree (24.6%), areas of study included: Criminal Justice, Fine Arts, Social Work, Biology, Psychology, Human services, History, and Computer Science. Six respondents completed some graduate-level training (10.8%). Among these individuals, areas of study included: Leadership, Health, and Social Work.

Table 1. *Descriptive information of respondents.*

Age in years	**Number**	**Percent**
18 to 25	0	–
26 to 29	0	–
30 to 39	12	17.9
40 to 49	25	37.3
50 to 64	27	40.3
65 or older	3	4.5
Race	**Number**	**Percent**
White or Caucasian	31	72.1
Black or African-American	11	25.6
American Indian or Alaskan Native	0	–
Asian	0	–
Native Hawaiian or other Pacific Islander	0	–
Two or more races	1	2.3
Ethnicity	**Number**	**Percent**
Hispanic or Latino	23	34.3
Highest Education Obtained	**Number**	**Percent**
Less than 12th grade	0	–
High school diploma / GED	16	24.6
Some college or post-high school training	21	32.3
2-year Associate degree	5	7.7
4-year college degree	16	24.6
Post-college graduate training	7	10.8

Most respondents lived with at least two other people in their household (79.1%). They were most often the primary caretaker for their child or children with behavioral, emotional, or mental health challenges (85.1%) and lived with this child or children (83.6%).

Training and Certification

Almost all of the respondents were currently certified by Via Hope (93.8%). Ten respondents (15.4%) had attended training and been certified by Via Hope in the past year. Overall, there was good representation in responses from Family Partners who attended each year of training since 2011 (see Figure 2).

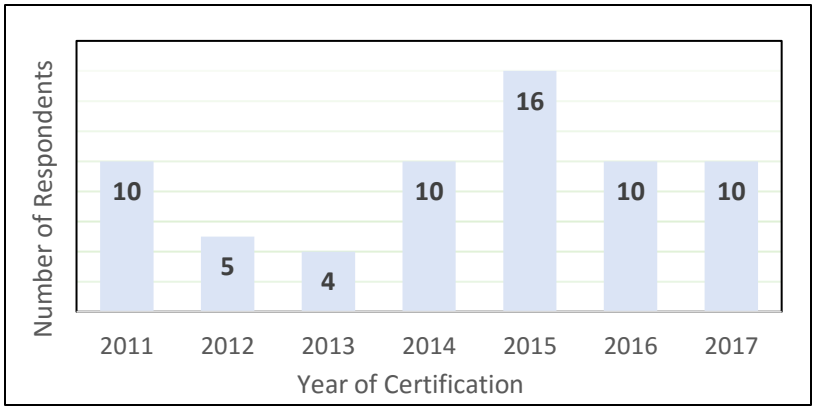


Figure 2. *Number of survey respondents by year certified*.

Endorsement trainings attended by the respondents included Special Education, Wraparound, Juvenile Justice, and Nurturing Parenting trainings. Almost half of respondents had attended the Special Education (*n* = 36) and Wraparound (*n* = 35) trainings. In addition to Via Hope sponsored training, 65.7% of CFPs reported receiving additional training for their role through their employer. These included trainings on Co-Occurring Psychiatric and Substance Use Disorders (COPSD), Child and Adolescent Needs and Strengths (CANS), Motivational Interviewing (MI), community resources, suicide prevention, mental health and medication training, and general job training. However, fewer than half of respondents (48.5%) had the opportunity to shadow a more experienced Family Partner as a part of their employee training. Many CFPs reported interest in attending additional trainings in the future, based on the following topics (see Figure 3).

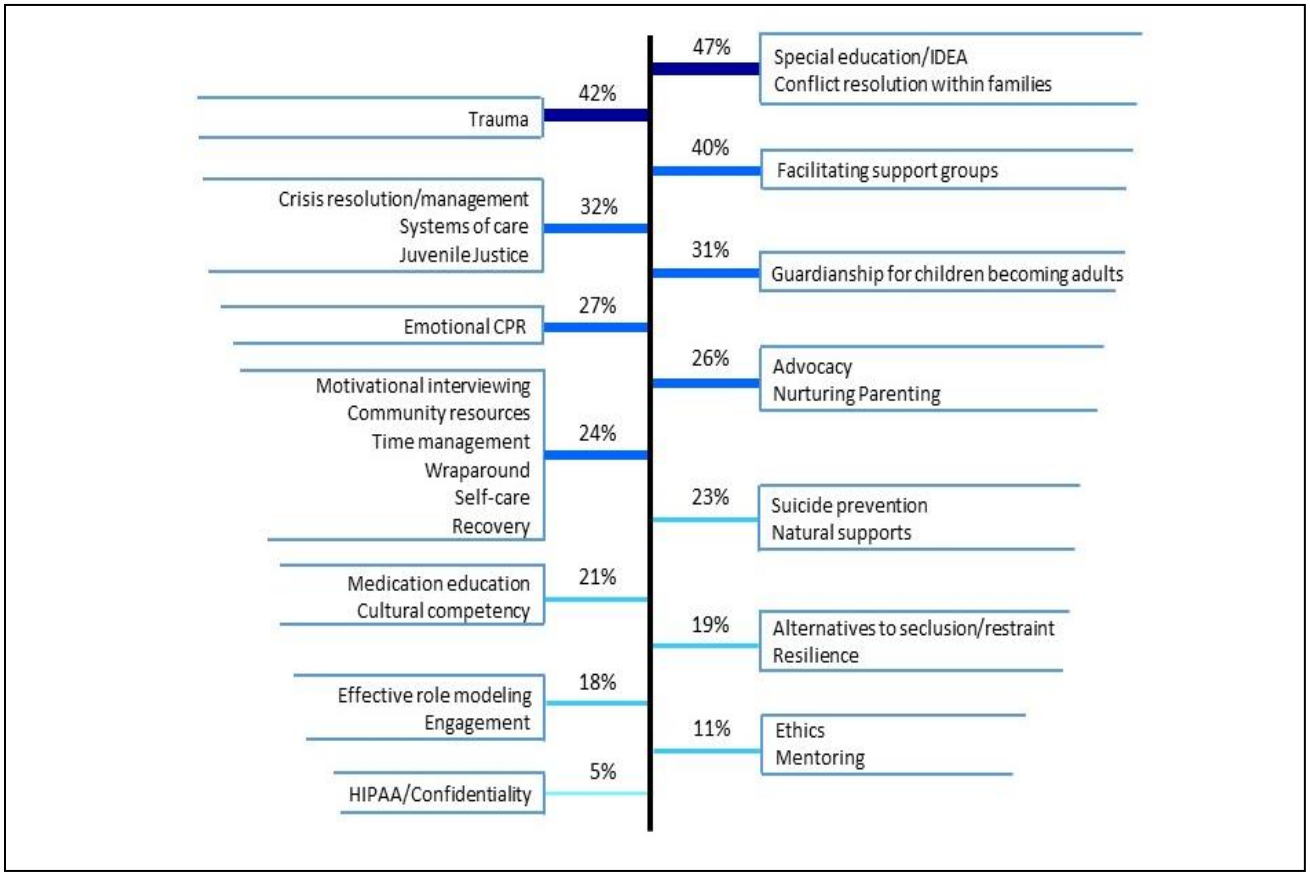


Figure 3. *Percent of respondents that reported they were interested in additional trainings on selected topics.*

Respondents also reported on additional training and conferences they had attended since becoming CFPs. One respondent each reported attending: trauma-based care trainings and conferences, Individual Placement and Support training, South Texas Family Support Conference, Texas Systems of Care Conference, Via Hope Intersections presentation, National Wraparound Initiative (NWI) Training, and the Children's Disabilities Symposium.

Employment Status, Salary, and Benefits

Type of Employment and Job Tasks

The majority of respondents reported that they were employed full-time (*n* = 50). Other respondents were employed part time (*n* = 5), as contract workers (*n* = 3), as volunteers (*n* = 1), or were unemployed (*n* = 4). Several respondents listed other types of employment, including self-employment and employment in non-CFP positions. Respondents' average pay per hour was $14.94 (SD = $4.63), ranging from $9.38 to $30.63 per hour.

Respondents reported receiving a range of benefits (see Table 2). Most respondents receive paid vacation, dental insurance, paid sick leave, medical insurance, and retirement benefits. Fewer than half reported they receive disability insurance and medical insurance for their family. In addition, several respondents reported that their employer also offers Accidental Death and Dismemberment (AD&D) and life insurance, unpaid leave, and vision insurance. Of the seven respondents who reported that they did not receive any employee benefits, three were unemployed, one was self-employed, two were employed part-time, and one was employed full-time as a contract worker.

Table 2. *Employee benefits received by respondents.*

Benefit	Number	Percent
Paid vacation	47	76%
Dental insurance	46	74%
Paid sick leave	41	66%
Medical insurance for myself	39	63%
Retirement	33	53%
Disability insurance	20	32%
Medical insurance for my family	13	21%
No benefits	7	11%

Most respondents were employed at a Local Mental Health Authority (LMHA) (76.2%). Respondents had worked for their current employer an average of five years (*M* = 5.13, *SD* = 4.98). Respondents served from 0-50 families per week, with an average rate of 15 families per week (*M* = 14.66, *SD* = 9.7). See Table 3 for a summary of the number of families served per week by respondents.

Table 3. *Number of families served per week*

Number of families	Number	Percent
0	2	3%
1-9	13	21%
10-19	28	46%
20-29	16	26%
More than 30	2	3%

Respondents reported responsibility for a range of activities (see Table 4). Almost three-quarters of respondents reported that they served as a role model and inspired hope for a better future (74.2%) on a daily basis. Other tasks most respondents completed on a daily basis included providing social support (65.6%), engaging families in services (64.4%), identifying community resources for families (62.7%), sharing a personal story (62.3%) and gathering information about a child or family (61.8%). Activities that were

conducted less frequently, either monthly or never, included facilitating team meetings, responding to crisis events, serving on work groups, and facilitating parent support groups.

Table 4. *Tasks performed by respondents.*

Task	Daily	Weekly	Monthly	Quarterly	Yearly	Never
Serving as a role model	74.2%	16.1%	8.1%	0.0%	1.6%	0.0%
Inspiring hope for a better future	74.2%	16.1%	6.5%	3.2%	0.0%	0.0%
Providing social support	65.6%	26.2%	4.9%	0.0%	1.6%	1.6%
Engaging family in services	64.4%	22.0%	8.5%	0.0%	3.4%	1.7%
Identifying community resources for families	62.7%	25.4%	8.5%	0.0%	1.7%	1.7%
Sharing personal story when appropriate	62.3%	29.5%	6.6%	0.0%	1.6%	0.0%
Gathering information about a child or family	61.8%	25.5%	5.5%	1.8%	0.0%	5.5%
Helping families access community resources	49.2%	37.7%	9.8%	1.6%	0.0%	1.6%
Assisting the family in planning services and support	46.6%	41.4%	12.1%	0.0%	0.0%	0.0%
Providing education about mental health and service options	44.3%	29.5%	22.9%	1.6%	0.0%	1.6%
Assisting families in navigating the other systems (e.g., school)	44.1%	35.6%	16.9%	0.0%	0.0%	3.4%
Teaching advocacy skills to families	44.1%	35.6%	6.8%	3.39%	0.0%	10.2%
Teaching parenting skills	30.5%	30.5%	20.3%	5.1%	1.7%	11.9%
Educating families about policy issues affecting their families	28.1%	28.1%	17.5%	5.3%	5.3%	15.8%
Assisting the family in transitioning out of services (or to less intensive services)	17.5%	21.1%	33.3%	15.8%	5.3%	7.0%
Facilitating team meetings	12.5%	8.9%	21.4%	7.1%	12.5%	37.5%
Responding to crisis events	12.1%	24.1%	24.1%	8.6%	8.6%	22.4%
Serving on work groups or committees	6.8%	11.9%	30.5%	15.3%	8.5%	27.1%
Facilitating parent support groups	6.7%	5.0%	43.3%	10.0%	8.3%	26.7%

Career Development

Most respondents (54.8%) reported that their organization did provide opportunities for career development. Others reported that there were no such opportunities (14.5%). Compared to previous surveys, more respondents reported that they were unaware whether there were employee opportunities for career development (30.6%) than in prior years of this survey. Opportunities for development that respondents reported were offered included endorsement trainings, local, state, and national conferences, college degree reimbursement, reimbursement for Continuing Education Units (CEUs), and Via Hope trainings. Many respondents reported that they received reimbursement, time-off, and occasionally paid-time for trainings, conferences, and other career development opportunities.

Supervision

Table 5. *Frequency of supervision.*

Number of families	Number	Percent
Daily	8	12.7%
Weekly	16	25.4%
Monthly	24	38.1%
Quarterly	8	12.7%
Yearly	2	3.2%
Never	5	7.9%

Respondents were asked about the frequency and content of supervision they received (see Table 5 and Table 6). Respondents most frequently met with their supervisors on a monthly basis (38.1%), followed by weekly (25.4%). The same number of respondents reported meeting daily and quarterly (12.7%). Some respondents reported they received supervision only yearly (3.2%) or never (7.9%). Of the seven respondents that reported they receive supervision only yearly or never, five were employed either full or part time (71.4%); the other two were unemployed (*n* = 1) and self-employed (*n* = 1), so infrequent supervision or lack of supervision would be expected.

Most topics of supervision were discussed either weekly or monthly (see Table 6). Discussing assigned families (35.0%), wellness and self-care (33.9%), and case documentation (33.9%) were the most frequent content of monthly supervision. Reviewing administrative tasks (32.3%) was the most frequent topics of weekly supervision. Almost 20% of respondents reported that they "never" discuss their personal wellness and self-care during supervision meetings.

Table 6. *Topics of supervision.*

Topic of supervision	Daily	Weekly	Monthly	Quarterly	Yearly	Never
Discuss or review assigned families	13.3%	28.3%	35.0%	5.0%	6.7%	11.7%
Discuss or review case documentation	11.9%	27.1%	33.9%	6.8%	10.2%	10.2%
Discuss or review administrative tasks	6.5%	32.3%	29.0%	4.8%	6.5%	21.0%
Discuss your wellness and self-care	12.9%	19.4%	33.9%	9.6%	4.8%	19.4%
Learn or practice skills	9.8%	23.0%	32.8%	8.2%	8.2%	18.0%
Review fidelity information	4.8%	19.4%	32.3%	19.4%	4.8%	19.4%

Most respondents reported that their supervisor does sometimes observe their work with family members (61.3%). A fair number reported that their supervisor never observes their work with families (21.0%). In some cases, this was inapplicable to the respondent's employment situation (17.7%). Additionally, half of respondents reported that their supervisor had completed training as a Family Partner through Via Hope (49.2%). The remainder of responses were split evenly between being unsure and confirming that their supervisor had not attended Via Hope Family Partner training (25.4%).

Productivity Expectations

The majority of respondents reported that there were expectations for productivity related to their employment (77.4%). Of these 48 respondents, most reported that only face-to-face hours counted toward their productivity standards (81.3%). Compared to last year's survey, the number of respondents who reported that they had some productivity expectations was up, from 63.9%. However, the number of respondents who reported that only direct contact hours counted toward productivity standards was approximately the same (82.1% in the prior year). See Figure 4 for a breakdown of respondents' reported productivity standards.

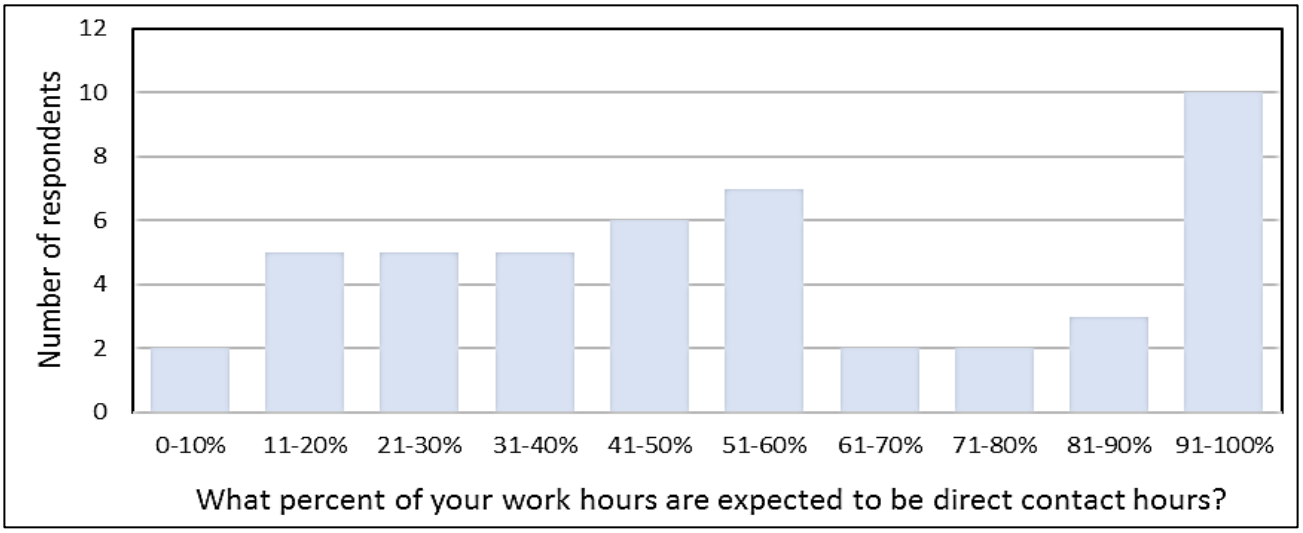


Figure 4. *Productivity standards for respondents.*

Reimbursement and Billing

Most respondents reported that at least some of the families they assist receive services through the YES Waiver (55.0%). In addition, some respondents reported that 100% of the families they assist receive services through the YES Waiver (13.3%). These numbers were up from 44.0% and 8.2% in 2017, respectively. Additionally, 10.8% of respondents reported that their organization funded Family Partner services using the 1115 Waiver and 33.9% reported using the Skills Training (for Nurturing Parenting) Medicaid billing codes.

Collaboration with Coworkers

Slightly more than half of respondents reported that they are employed at an organization that employs multiple Family Partners (59.0%). This was down from 78.0% in 2017. Many respondents reported that they

were the only Family Partner employed at their organization (36.1%); the remainder (4.9%) were unsure if their organization employed other Family Partners. The median number of Family Partners employed at the respondent's organization (including themselves) was three, down slightly from 4.5 in the prior survey year. Many respondents worked with one other Family Partner at their agency (40.0%) or with two other Family Partners (22.9%).

Respondents were asked how frequently they collaborated with non-Family Partner staff. Most reported that they collaborated with non-Family Partner staff on a daily (58.3%) or weekly (23.3%) basis. Some reported that they never collaborated with non-Family Partner staff (10.0%). This was much higher than the previous year, when 100% of respondents reported collaborating with non-Family Partner staff to some extent. Of those respondents who reported working at an organization that employed at least one other Family Partner, many reported that they collaborated with other Family Partners at their organization on a daily basis (41.7%). This was followed by monthly (25.0%) and weekly collaboration (19.4%). Some reported that they never collaborated with other Family Partners (2.8%).

Understanding and Supportiveness of Supervisors and Coworkers

Respondents were asked to rank the supportiveness of their supervisors as well as coworkers who were not employed as Family Partners (see Table 7). They were also asked to rank how well supervisors and coworkers understood their role as a Family Partner. On a scale from 1-10, where 10 was "excellent" and 1 was "poor", most respondents reported that their supervisor's *understanding of the Family Partner job role* was good (*M* = 8.16, *SD* = 2.63). The majority of respondents rated their supervisor's understanding as a 9 or 10 out of 10 (63.9%). However, 10 respondents rated their supervisor's understanding of the Family Partner's role on the lower "poor" end of the spectrum (1-5). Additionally, on a scale from 1-10, where ten was "very supportive" and one was "not at all supportive" most respondents rated their supervisor's *overall level of supportiveness* as very good (*M* = 8.82, *SD* = 2.10). Over 73% rated their supervisor as a 9 or 10 out of 10. Four reported that their supervisor was in the not-supportive range (1-5). These average levels of supervisor supportiveness and understanding were slightly higher than in the previous survey.

Table 7. *Family Partner ratings of their supervisors' and co-workers' understanding and supportiveness of the Family Partner role.*

Supervisor Ratings			
Understanding	#	**Supportive**	#
1- Very poor	4	**1- Not at all supportive**	1
2	1	**2**	2
3	0	**3**	0
4	1	**4**	0
5- Neutral	4	**5- Neutral**	1
6	1	**6**	3
7	5	**7**	4
8	6	**8**	5
9	11	**9**	7
10- Excellent	28	**10- Very supportive**	37

Coworker Ratings			
Understanding	#	**Supportive**	#
1- Very poor	1	**1- Not at all supportive**	2
2	3	**2**	3
3	2	**3**	0
4	2	**4**	1
5- Neutral	7	**5- Neutral**	2
6	7	**6**	7
7	8	**7**	9
8	7	**8**	6
9	6	**9**	6
10- Excellent	17	**10- Very supportive**	24

Respondent Family Partners found non-Family Partner staff at their organizations to be about one point less *understanding of the Family Partner job role* (*M* = 7.23, *SD* = 2.53) than their supervisors. Here, only 38.3% rated their co-worker as a 9 or 10 out of 10, compared with 63.9% for supervisors. Fifteen respondents reported that their coworkers had an understanding on the "poor" level of the spectrum (1-5). They also ranked their coworkers lower on their *overall level of supportiveness* (*M* = 7.82, *SD* = 2.53), when compared with their supervisor. Half (50.0%) rated their coworkers a 9 or 10 out of 10. Eight respondents rated their coworker's supportiveness on the not-supportive range (1-5). These averages were also slightly higher than in the previous survey year.

Satisfaction in Employment

Respondents were asked to rate their level of agreement with several statements related to their employment satisfaction (see Table 10). Most respondents reported that they strongly agree that working in their position has positively affected their family. Additionally, most respondents reported that they strongly agree that they are able to do their job well, and that their supervisor listens to their suggestions, ideas, and opinions. Most respondents either agreed or strongly agreed that they feel accepted by their colleagues, their job description realistically reflects their job duties, and that their supervisor explains the skills or procedures they are expected to perform. More than one-quarter (27.0%) reported that they feel stigmatized as a result of the actions or words of their co-workers.

Table 8. *Respondents' satisfaction with aspects of their employment.*

Response	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
Working in my current position has positively impacted my family.	**53.3%**	**23.3%**	**18.3%**	**1.7%**	**3.3%**
I feel I am able to do my current job well.	**50.0%**	**30.0%**	**15.0%**	**1.7%**	**3.3%**
My supervisor listens to my suggestions, ideas, and opinions.	**50.0%**	**25.0%**	**18.3%**	**1.7%**	**5.0%**
I feel accepted and respected by my colleagues.	**43.3%**	**28.3%**	**20.0%**	**5.0%**	**3.3%**
My job description realistically reflects my actual job duties.	**45.0%**	**33.3%**	**16.7%**	**0.0%**	**5.0%**
My supervisor explains the skills or procedures I am expected to perform.	**38.3%**	**30.0%**	**21.7%**	**5.0%**	**5.0%**
I feel stigmatized as a result of the actions or words of my co-workers.	**17.0%**	**10.2%**	**20.3%**	**28.8%**	**23.7%**

Support in Employment

Respondents were also asked to rate their level of agreement with several items related to their feeling of being supported in their employment (see Table 11). Overall, respondents reported feeling more supported

in their employment than in the prior survey year. For example, in the last survey year, over 23.0% of respondents reported that they strongly disagreed that they had adequate training to be competent in their jobs. This survey found that fewer than 2% felt this way. Between 10-20% of respondents felt "neutral" on most of the support items. However, more than one-third felt neutral on whether they have adequate support for career advancement, and more than one-quarter disagreed to some extent. Overall, most respondents agreed or strongly agreed that they had adequate support, supervision, training, and professional development to be successful. They also felt that directors, managers, and coworkers understand and value the work that they do.

Table 9. *Respondents' feelings of support in their employment.*

Response	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
I have adequate support from my agency to be successful as a family partner.	**46.7%**	**21.7%**	**21.7%**	**5.0%**	**5.0%**
I have adequate supervision to be competent in my role as a family partner.	**43.3%**	**30.0%**	**20.0%**	**3.3%**	**3.3%**
I have adequate training to be competent in my role as a family partner.	**41.7%**	**40.0%**	**11.7%**	**5.0%**	**1.7%**
Directors or managers within my organization understand and value the work that I do.	**40.7%**	**28.8%**	**22.0%**	**5.1%**	**3.4%**
My coworkers within my organization understand and value the work that I do.	**36.7%**	**31.7%**	**20.0%**	**5.0%**	**6.7%**
I have adequate opportunities to network with other family partners either in my organization or in similar organizations.	**33.9%**	**37.3%**	**17.0%**	**6.8%**	**5.1%**
I have adequate opportunities for professional development.	**32.2%**	**28.8%**	**23.7%**	**10.2%**	**5.1%**
I have adequate opportunities for career advancement.	**16.7%**	**21.7%**	**35.0%**	**16.7%**	**10.0%**

Organizational Recovery Orientation

As a follow-up to the previous year's survey, respondents were asked to complete the staff version of the revised Recovery Self-Assessment (RSA) (Lodge et al., 2016). Responses were recorded and ranked (see Table 12). Overall, most responses to items on the RSA were positive. More than half of respondents reported that their organization "always" exhibits the belief that people can grow and recover (52.5%), up from 39.3% in the last survey. For all other items, the majority of respondents reported that their organization either "always" or "often" exhibited recovery-oriented beliefs and practices. Nearly half of respondents reported that their organization "always" respects people's decisions about their lives, models hope, and focuses on collaborating with people to meet their goals.

The number of respondents who reported that their organization "rarely" (5.0%) or "never" (11.7%) provides trauma-specific services remained nearly the same as in the prior year. This was no longer the least practiced recovery concept, however. More respondents reported they their organization "never" invited people to

include those who are important to them in their planning (5.1%), encouraged people to take risks to try new things (6.7%), and asked people about their interests (10.0%). An additional 8.3% of respondents reported that their organization "rarely" asks people about their interests, making this the second most frequently unused recovery-oriented organizational objective. This followed "offers people opportunities to discuss their spiritual needs when they wish", to which 16.7% of respondents reported that their organization "rarely" does and 3.3% reported that their organization "never" does.

Table 10. *Respondents' perspectives on their employer agencies' Organizational Recovery Orientation.*

Response	Always	Often	Sometimes	Rarely	Never
…believes people can grow and recover.	**52.5%**	**28.8%**	**10.2%**	**8.5%**	**0.0%**
…respects people's decisions about their lives.	**48.3%**	**31.7%**	**11.7%**	**8.3%**	**0.0%**
…models hope.	**45.7%**	**33.9%**	**11.9%**	**5.1%**	**3.4%**
…focuses on partnering with people to meet their goals.	**45.0%**	**31.7%**	**16.7%**	**5.0%**	**1.7%**
…offers people a choice of services to support their goals.	**43.3%**	**28.3%**	**21.7%**	**6.7%**	**0.0%**
…is open with people about all matters regarding their services.	**41.7%**	**30.0%**	**23.3%**	**3.3%**	**1.7%**
…partners with people to discuss progress towards their goals.	**40.0%**	**36.7%**	**15.0%**	**6.7%**	**1.7%**
…invites people to include those who are important to them in their planning.	**37.3%**	**32.2%**	**20.3%**	**5.1%**	**5.1%**
…introduces people to peer support or advocacy.	**36.7%**	**40.0%**	**15.0%**	**6.7%**	**1.7%**
…supports people to develop plans for their future.	**36.7%**	**31.7%**	**18.3%**	**10.0%**	**3.3%**
…provides trauma-specific services.	**33.3%**	**30.0%**	**20.0%**	**11.7%**	**5.0%**
…offers people opportunities to discuss their spiritual needs when they wish.	**31.7%**	**25.0%**	**23.3%**	**16.7%**	**3.3%**
…offers services that support people's culture or life experience.	**30.0%**	**40.0%**	**21.7%**	**5.0%**	**3.3%**
…asks people about their interests.	**30.0%**	**40.0%**	**11.7%**	**8.3%**	**10.0%**
…encourages people to take risks to try new things.	**28.3%**	**33.3%**	**25.0%**	**6.7%**	**6.7%**

Additional Thoughts and Comments

In closing, participants were asked if they had any additional thoughts or comments, especially related to their employment, training, and role as a Family Partner. Comments fell into the following categories:

Positivity and gratitude related to their role; Concerns about rising productivity standards and low pay; and Desire for additional training and community-building opportunities.

Sense of gratification from their role and employment.

Many participants expressed gratitude for the positive impact their role has on their own and other families. One participant remarked that the experience was "life changing". Responses included:

- I never knew such an amazing job would be available. I tell people daily that when first working with my own kiddos with mental and behavioral struggles that I could have really benefited from a family partner.
- I love my job, and am so grateful that there is a position out there such as this. We literally have the best job ever! I cannot believe I get paid to do what I do.
- I believe that I am one of the lucky ones and work for an amazing agency.
- I love working with my families. I find the work I do rewarding.
- It has been a great experience to be able to help parents that have the need to be informed and the support from another parent. This career has changed my life and has given me the opportunity to grow as a human being.
- I greatly enjoyed and learned a great deal from the [Family Partner] Certification training in Austin. I came out feeling very well prepared to fully meet the needs of my families, and that I now had a strong support system.
- I am passionate about this role; I see it help families to cope with the illness and behaviors of their children. Sometimes they express just knowing someone else gets it makes things better.
- Being a Family Partner has helped me so much with my grandchildren. I now use the Nurturing Skills for families in our lives.

Concerns about pay and productivity standards.

Though many respondents reported that they were happy in their roles, some were also concerned with low pay and rising productivity standards. Comments to this effect included:

- Benchmarks have hindered time for my open family partner clients. I was a family partner before benchmarks and had more time to provide adequate time with them. Sad day benchmarks became part of this service.
- Focusing on productivity takes the focus away from helping families. I'm worried about keeping my job to provide for my family and literally strive for quantity of time and not quality. After seeing how much I make hourly I'm pretty discouraged as well.
- Being a CFP is very important to our families; we provide services, share a lot of personal experiences about ourselves. Our services are very important; therefore, I feel our services should be billable. Not being billable makes me feel that my services don't matter.

Desire for additional trainings and community building.

Finally, several respondents reported a desire for additional training and community-building opportunities. One respondent requested additional training with Continuing Education Units. Other comments related to training and community building included:

- I would like to live up to my full potential as a family partner; I want more specific trauma based training. I would like to be certified to assist or take crisis calls. I think having a family member who has been in crisis gives me a perspective that is heartfelt and needed.
- I would like to be able to pass on to parents the policies in government that affect them or their children.
- There needs to be a Spanish version for certification both in training and testing. The endorsements need to be in Spanish also.
- It would be helpful and supportive to organize a CFP organization that goes beyond the scope of Via Hope to build community.
- I would like to see future opportunities online/video. Due to location and funding, there are barriers for me to travel to Austin for training. For me to get to an event on time, it requires an overnight stay the night prior to the event. Sometimes it requires an overnight stay after the event even with airline schedules if a company car is not available.
- [I] would like to see rural community hospitals, schools, crisis centers, IDD and juvenile justice centers to offer family partner job opportunities and not just offer employment opportunities at state contracted mental health clinics.

Discussion

The current survey was intended to assess and report on the status of the CFP workforce. Results of the current survey were compared with the survey from the prior year to examine differences in features of employment. Regarding geographic distribution of the respondents, the current survey had a higher representation of CFPs from west and southwest Texas. In the prior survey, there was no representation for those regions of the state in responses, though there were a number of CFPs residing and working in those regions. There was also representation from a larger number of LMHA regions in the current survey, as well as a larger number of counties represented in responses. Finally, there was a higher response rate from rural regions (10% compared to 3%) in the current survey year. This is a promising trend and may serve to increase the representativeness and generalizability of the results of the survey.

Most surveys of the behavioral health workforce indicate that more diversity is needed to represent the population served, but the Family Partners who responded to this survey were rather diverse. Although 72.1% of respondents identified as White or Caucasian, 25.6% identified as Black or African-American and 34.3% identified as Hispanic or Latino, which is likely more representative of the caregivers being served than other behavioral health professions. The vast majority of respondents to this survey identified as female (98.5%) which may reflect a higher percentage of female caregivers that they work with but perhaps also a need to recruit more male Family Partners. Similar to other behavioral health professions, survey responders

reported higher age ranges, with 44.8% reporting age 50 or older, indicating a need to recruit new Family Partners when some retire.

In the current survey, a higher number of respondents reported receiving additional training from their employers than in the prior year (66% compared with 43%). Additionally, many fewer reported that they lacked the training they needed to be successful in their employment (6.7% in the current year, compared with 24.9% in the prior year). A slightly lower percentage of respondents to this year's survey reported they were able to shadow an experienced CFP prior to beginning work at their organization (49% compared with 44% in the prior survey). In addition, in the prior survey, 79% of respondents worked at organizations where another CFP was employed; in the current year, this was down to 59%. This may indicate there was no CFP already employed at their organization whom they could shadow. In recognition of this potential trend, the organization that conducts CFP training in Texas, Via Hope, is currently considering implementation of a mentorship program for CFPs (Via Hope, 2018b) that would provide such an opportunity outside the scope of the employment agency. This program might include opportunities to shadow experienced CFPs, which would be especially beneficial for CFPs who will seek employment where there is currently no other CFP employed.

Compared with the prior year's survey, a larger number of respondents reported that they wished to receive additional trainings in working with families who have experienced trauma (42% compared with 34%). In the current survey, other topics in which more than 30% of respondents reported they would be interested in additional training include Special Education/IDEA, conflict resolution within families, trauma, facilitating support groups, crisis resolution/management, Systems of Care, and juvenile justice. Many of these were also rated as a high priority in the prior survey year. In light of these findings, it may be beneficial to introduce more trainings on these topics, or to develop a reference list of existing trainings that are available in other states or through other agencies. Some of these topics are already the focus of Endorsement trainings, which may mean either that CFPs struggle to attend these trainings or that there is a desire for additional information or trainings on these topics beyond the information provided in the Endorsement training. It may be helpful to survey participants at those Endorsement trainings to determine if there is additional information that would be a benefit to them in their work.

In the prior survey, a recommendation was made to develop a trauma-informed care Endorsement training because many respondents reported that they required more information on how to apply these principles when working with family members who have experienced trauma. On May 10, 2018, in collaboration with an expert on trauma, Via Hope hosted a two-hour webinar entitled "CFPs and Trauma Webinar: Parent Peer Support for Families with Trauma" (Via Hope, 2018b). The webinar was attended by 38 individuals. Presenters reviewed the causes and consequences of trauma, as well as ways to recognize and offer support to families that have experienced it. The webinar also covered the Substance Abuse and Mental Health Services Administration's (SAMHSA) 6 Principles of Trauma Informed Care. The webinar was very well received and will be presented again later this year (K. Joy, personal communication, June 26, 2018). In the future, it would be beneficial to record this webinar and make it available on the Via Hope website.

There were also similarities between the current survey and results from the prior survey. Wages rose slightly, from an average of $14.09 in 2016 to $14.94 in the current year. Family Partners reported receiving similar employee benefits as in the prior survey year, however at a lower overall rate for all benefit categories. The average number of families served monthly remained at 14. The top five tasks related to

employment as a CFP remained the same (inspiring hope for a better future, serving as a role model, engaging the family in services, providing social support, and identifying community resources). This was also true for the four least often performed tasks (facilitating team meetings, responding to crisis events, serving on work groups or committees, and facilitating parent support groups).

In the current survey, a greater number of respondents reported that their supervisor was certified as a Family Partner through Via Hope (49% compared with 38% last year). The most frequently discussed topics of supervision (on a monthly basis) were reviewing assigned families, case documentation, and administrative tasks. Since the prior year, more topics of supervision were reportedly "never" discussed. Unfortunately, discussions of the CFP's own wellness and self-care decreased, with 19% reporting that this was "never" discussed (from 12% in the prior survey). The topic of learning new skills during supervision also was more often reported to "never" occur than in the prior year. This was a concern discussed in the 2013 survey. In the prior year, 7% of respondents "never" discussed new skills during supervision; in the current year, this was up to 18%. This deviates from the prior year's findings, which suggested that a nearly equal amount of time was spent on skill building as problem solving. Supervision remains a need across the peer provider workforce (i.e., family partners, peer specialists, peer recovery coaches) and enhancing supervisor training for family partners to emphasize skill building and coaching would benefit the field.

Approximately half of respondents (49%) reported that the number of work hours that are expected to be direct contact with families was less than half of their total work hours. Conversely, 21% reported that majority of their work hours, 91-100%, are expected to be in direct contact. One impetus for the 2014 TIEMH study on CFP employment outcomes was stakeholder concerns that increased productivity expectations would negatively affect job satisfaction and job retention. However, findings of the prior study suggested that CFP job satisfaction and intention to maintain their current employment were positively related to the percentage of time respondents spent in direct contact with families. Thus, it is possible that productivity standards that comprise direct contact with families may actually be beneficial to CFP job satisfaction and retention if the related administrative tasks (e.g., documentation) are balanced. It will be important to study the impacts of these expectations further, to minimize the associated risk of burnout and retain family partner staff.

Overall, respondents rated *satisfaction* with their employment as high. However, 27% agreed to some extent that they felt stigmatized as a result of the actions or words of their co-workers. An additional 20% replied that they were "neutral" on whether they felt stigmatized at work. Respondents also rated items related to their feelings of *support* in employment as high. On this subject, the same item was rated the highest across the past two survey years: "I have adequate training to be competent in my role as a Family Partner". In the current survey 82% of respondents agreed to some extent with this item. The two items that received the lowest rates of agreement were also the same across the prior two survey years: "I have adequate opportunities for professional development" (15% disagree) and "I have adequate opportunities for career advancement" (27% disagree). Additionally, more respondents reported they received opportunities for career development than in the prior survey, however, many more responded that they were unaware if there were additional opportunities for career development offered through their employer (up from 10% to 31% in this survey). This may also be a result of CFPs being employed at agencies where there was not already a CFP employed. In fact, fewer respondents worked at an agency that employs multiple Family Partners (59% down from 78%) compared to the prior survey. Additionally, where respondents reported that they did work with other Family Partners, the median number of other Family Partners employed at their agencies was down, from 4.5 in the prior year to three in the current survey. These ratings of satisfaction and support provide evidence for which areas of employment can most be improved.

The most highly rated item from the Recovery Self-Assessment remained the same across the past two surveys: "Our organization believes people can grow and recover". In the current survey year, 81% of respondents rated this item as "always" or "often" occurring; no respondent rated this item as "never" occurring. Four of the top five most frequently practiced Recovery Self-Assessment items remained the same for the two survey years: believes people can grow and recover, respects people's decisions about their lives, models hope, and focuses on partnering with people to meet their goals. Some items that were reportedly less-frequently practiced amongst the past two surveys included: offers people opportunities to discuss their spiritual needs when they wish, offers services that support people's culture or life experience, asks people about their interests, and encourages people to take risks to try new things. In light of increasing evidence that recovery-oriented services are more successful than those that are not recovery oriented, it is important to examine how best to deliver services that meet these criteria (Tondora & Davidson, 2006). This includes studying where deficits may occur in providing elements of these services, including at the organizational level. These results have implications for the delivery of recovery-oriented services, and should be examined at the organizational level.

In the 2016 survey, final remarks on the subject of employment outcomes included respondents' desire for additional trainings, support, and education, their remarks on satisfaction with their employment, their thoughts on compensations and career advancement, and their thoughts on professional titles, roles, and responsibilities. In the prior study, several respondents reported that they were personally providing financial and other resources to carry out certain job functions, including resources needed to facilitate support groups. In the current survey, no respondent reported that they were required to provide resources out of their own pockets to carry out essential tasks of their job. From the prior study to the current study, respondents' closing remarks included three of the same four themes: satisfaction with employment, concerns about compensation and productivity, and desires for additional trainings. One respondent reported that increased productivity standards indicates that their agency is prioritizing quantity of time spent with families over quality of said time. Another respondent remarked that the ability to bill for the services they provide would lend a higher level of credibility to those services, both in the eyes of the respondent as well as other employees. Final thoughts on additional trainings and ways to further establish a community of professionals were also imparted, and are related in the recommendations section of this report. As in the last survey, many respondents remarked that they were gratified and felt personally fulfilled in their employment.

Recommendations

For training organizations.

1) Develop new trainings and further develop existing trainings
- Webinar on Help and Hope after trauma (https://www.viahope.org/wp-content/uploads/2018/06/CFP-Council-Minutes-4-13-18.pdf). Via Hope worked with a Trauma expert as well as other CFPs to develop content.
- Examine this report and last year's and develop more trainings on the top areas of focus.
- Develop reference list of additional trainings.
- Poll participants at endorsement trainings to develop additional content.
- Develop certification program and endorsement trainings in Spanish.
- Develop a resource list for CFPs who want to learn advocacy skills.
- Online trainings for people who cannot travel and archiving past webinars for on demand viewing

- Implement a training for non-peer staff/interdisciplinary teams on the family partner role and how to integrate peers successfully (this training has already been developed and is awaiting implementation)

2) Help with the current retention and expansion of the profession

- Ongoing effort to increase the geographical range of CFP training (https://www.viahope.org/wp-content/uploads/2018/06/CFP-Council-Minutes-4-13-18.pdf)
- Proposal "to get peer specialists in more places than just LMHAs" (https://www.viahope.org/wp-content/uploads/2018/06/CFP-Council-Minutes-4-13-18.pdf)... Respondent reported they wished there were more opportunities outside LMHAs
- Endeavor to continue recruiting diverse and representative family partners

3) Develop mentorship program and additional educational opportunities for supervisors

- Increase number of CFPs who are able to shadow a more experienced Family Partner (may not always be possible if they are the first family partner at their organization). Via Hope is examining a process to introduce a mentoring program for CFPs (https://www.viahope.org/wp-content/uploads/2018/06/CFP-Council-Minutes-4-13-18.pdf). Consideration is being given to how this will help or affect employees at agencies with only one or two CFPs, that are not able to offer mentoring to their CFP employees for these reasons. Consideration is being given to how mentoring will occur and whether or not shadowing will be involved.
- Develop and provide family partner supervisor training

For state agencies or other entities.

- Develop resource list for trainings
- Develop community for CFPs. Community could be developed and supported by the state, organizations, or through grassroots efforts.
- Increase funding opportunities for CFPs, e.g., Peer Provider Medicaid billing

For employers.

- Review this report to see areas of recovery orientation that can improve.
- Review this report to see areas of supervision that need to be addressed more frequently. Topics of supervision might extend to include the subject of career advancement as well as more time for discussion of skills and employee well-being and self-care.
- Review job descriptions
- Discuss opportunities for career advancement
- Discuss opportunities for additional training
- Attend supervisor training
- Provide information on peer services and the role of Family Partners for all new employees
- Model value and respect for the CFP role
- Consider opportunities to involve family partners in roles that increase the voice of families, supporting the agency in becoming family-driven at services and organizational levels. This could include identifying families to serve in decision-making roles in the agency, enhancing family leadership skills, and gathering feedback from families in care.

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