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FOR-U

Evaluation Report
Connecticut Recovery Employment
Consultation Service
(C-RECS)

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EXECUTIVE SUMMARY

Overview/Background:

This is a report of evaluation findings of the Connecticut Recovery Employment Consultation Service (C-RECS) project of Focus On Recovery-United, Inc. (FOR-U), funded from May 2008 through January 2011. As part of Connecticut's Mental Health Transformation State Incentive Grant (MHT-SIG), the C-RECS initiative was developed with the primary goal to increase employment of People in Recovery (PIR) from diverse cultural backgrounds in all levels of employment within the behavioral health workforce. While employment of PIR in all sectors of the economy was equally as important, this initiative focused on competitive employment in Behavioral Health Organizations (BHOs). The following report contains findings from a mixed-methods study (quantitative and qualitative analysis) of participants involved with the C-RECS project. The aims of the evaluation project were to explore the various elements of the C-RECS project and the experiences of the participants, particularly the ways in which people in recovery from mental illness and/or co-occurring diagnoses experienced the project.

Description of Evaluation Process:

This evaluation study consisted of a quantitative survey using several recovery-related measures and a coaching measure which was developed for the purpose of this evaluation. The coaching measure was developed in collaboration with the peer coaches. Survey data were collected from 24 C-RECS participants; 13 C-RECS participants participated in the qualitative interviews. Study participants were from diverse backgrounds, including African Americans (50%), Hispanics (12.5%); and Whites (37.5%), with a mean age of 49.6.

Results:

Findings from this evaluation study demonstrated significant predictive findings for the following:

- Participants considered the coaching experience as a partnership and felt they were not pushed too fast. Reasons for working with coaches included to get help finding a job, to work on their recovery plan and to find out about discussion groups or classes. On the coaching measure, coaches scored higher on items such as emphasizing the person's strengths, goal, and interests, setting reasonable short-term goals, and being open-minded;
- Education of participants was significantly predictive of how often a peer interacted with a coach; those who were more educated interacted less;
- Age was significantly predictive of whether participants thought coaching was a partnership, with older participants less likely to think coaching was a partnership. Age also was related to overall satisfaction with the program, with younger participants reporting more satisfaction; people who thought coaching was more of a partnership indicated needing fewer mental health services;
- Participants working with a peer coach to gain support were less likely to follow case manager's advice; and,

- Identifying as White racial status was predictive in working with peers to gain instrumental support; meaning that those of White racial status were less likely to work with peers for instrumental support.

Qualitative Themes:

Focus group data revealed several key themes among participants. Participants discussed the importance of the partnership with the peer life coaches and a sense of belonging experienced in participating in the C-RECS project. Several spoke of the strengths of C-RECS, with some notable strengths including coaches' flexibility, attention to individualized needs, and to C-RECS being a welcoming environment. Participants spoke of peer life coaches having an ability to relate, being role models, caring for and encouraging participants and of the coaches' persistence and dedication to the coaching partnership. The group experiences also seemed to be an important aspect of participants' positive experiences with C-RECS, with those attending the groups discussing the sense of belonging, and the mutual benefits of giving, receiving and learning from each other.

Several barriers to employment were identified, including: effects of dealing with an illness and/or addiction; need for extra support; coping with rejection, lacking credentials or certifications; having a criminal background; time lapses since schooling or needing more education; transportation, self-esteem and stigma; menial or low paying jobs; disclosure concerns; and life stressors (i.e., family burden, finances).

Challenges of C-RECS and Suggestions for Improvement:

Concerns and challenges of the C-RECS project included comments from participants about their inability to get jobs through the project; transportation; and scheduling – either because of difficulty getting in contact with staff or because of their own personal and work schedules.

Suggestions for improvement by study participants included providing more outreach and expanding the project to include: assisting with basic education for individuals who already have their high school diplomas; adding an exercise component; adding a volunteer program so people can gain experience prior to being employed; assisting with transportation; and extending the project to include a focus on individuals transitioning from incarceration.

While continuation funding for the C-RECS project was not available when federal funding terminated, FOR-U has subsequently been awarded funds as an Access to Recovery (ATR) agency for recovery-oriented vocational services, using the C-RECS model. The Evaluation Study observations and recommendations will be helpful in implementing employment services based on the C-RECS experience.

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I. OVERVIEW OF THE EVALUATION REPORT

This is a report of evaluation findings of the Connecticut Recovery Employment Consultation Service (C-RECS) project of Focus On Recovery-United, Inc. (FOR-U). FOR-U is a statewide peer-run organization located in Middletown, Connecticut dedicated to promoting a culture of wellness by encouraging positive change in the lives of adults, their family members, providers, and the community. FOR-U values include: Mutual Respect; Shared Responsibility; Honesty; Hope; Education; Self-Advocacy; and Support. FOR-U provides various trainings for People In Recovery (PIR), community members, and providers. As part of Connecticut's Mental Health Transformation State Incentive Grant (MHT-SIG), the C-RECS initiative was developed with the primary goal to increase employment of People in Recovery (PIR) from diverse cultural backgrounds in all levels of employment within the behavioral health workforce. While employment of PIR in all sectors of the economy was equally as important, this initiative focused on competitive employment in Behavioral Health Organizations (BHOs).

The aims of the evaluation project were, using both quantitative and qualitative methods to explore the various elements of the project and the experiences of the participants, particularly the ways in which people in recovery from mental illness and/or co-occurring diagnoses experienced the project. FOR-U contracted with the Yale Program on Recovery and Community Health (PRCH) to conduct the evaluation with the hope of learning from the experiences shared by participants and assessing the effectiveness and implications for replication of the project based on the experiences described by individuals receiving the peer life coaching services through C-RECS.

II. BACKGROUND

About Peer Delivered Services and Coaching

Peer mentoring and support programs have bloomed in the past few years. Research has indicated that involvement by those who have “been there” can be effective in engaging participants; providing role models of the recovery process, mutual support, and opportunities for “peers” to take on nontraditional risks of running their own businesses (Ireys, H., Sills, E., Kolodner, K., & Walsh, B., 1996; Kulik, J. A., Mahler, H. I., & Moore, P.J., 1996; Solomon & Draine, 1995; Mowbray & Moxley, 1998; & Nussbaum, 2000; Rowe, Bellamy, Rowe, Baranoski, Wieland, et al, 2007; Sells, Black, Davidson & Rowe, 2008). The empirical evidence supporting peer-provided services unfortunately lags behind their rapid proliferation. None of these studies evaluated *peer life coaching per se* (, as contrasted with peer case management), and even fewer evaluated those aspects of peer support thought to be unique to this form of service delivery.

Life Coaching has been professionalized and involves several processes. According to Whitworth (1998), the coach’s role is to assist individuals in “articulating their dreams, desires and aspirations, help them clarify their mission, purpose and goals, and help them achieve that outcome” (p.5) in any area of life (i.e., personal, professional, relational, health). Life coaching involves using active listening, asking questions, and brainstorming techniques to enhance an

individual's likelihood of working through constraints towards actualizing dreams and goals. The life coaching experience allows the participant to work closely with a life coach to assess identified strategies and to identify "actual resources and commodities" toward obtaining "actualized functionings," based on the participant's agenda and not that of the coach.

About Focus On Recovery-United, Inc. (FOR-U)

FOR-U is an independent statewide consumer-directed and managed non-profit agency, formally established in 2002 and incorporated in 2003. Its purpose is to empower PIR to help other PIRs through education and peer support. In 2004, FOR-U was certified by Mary Ellen Copeland, PhD [developer of Wellness Recovery Action Plan (WRAP) and other educational resources] and The National Copeland Center for Wellness and Recovery to train Mental Health Recovery Educators, which has enabled FOR-U to develop a network of trainers and reach many more individuals seeking such information. FOR-U offers educational mental health recovery seminars, wellness workshops, and support groups to adult consumers of mental health and/or addiction services, providers, family members and the community at large. These seminars are open to all adult Connecticut residents and are based on the five recovery concepts of *hope, education, personal responsibility, self-advocacy* and *support*. Core values are grounded in the ideals of self-determination, respect, mutuality, unconditional high regard, and the unwavering belief that each person is the expert in his or her own recovery. Trainings offer wellness and recovery tools such as the WRAP (Mary Ellen Copeland), Intentional Peer Support (IPS) (Shery Mead), Pathways FOR-U (with Priscilla Ridgway, PhD), and also include workshops on topics including Self-Esteem 101, Healthy Relationships 101, and Reducing Stigma. With the Mental Health Transformation State Incentive Grant (T-SIG), FOR-U was able to offer work-life balance coaching and peer employment support through the C-RECS Program.

About C-RECS

The program design was first conceptualized in Connecticut with funding from the Federal Transformation State Incentive Grant (T-SIG # 57456) provided to the State of Connecticut by the Substance Abuse and Mental Health Services Administration (SAMHSA). The T-SIG goal was to transform *infrastructure* within the state—the way systems operate—in order to better benefit the people in the State of Connecticut receiving mental health and/or addiction services. Even more so, the goal was to transform the *orientation*, the guiding principles and values, of the state to be geared toward *recovery*.

The T-SIG Workforce Transformation Workgroup identified two key concerns related to employment of PIR in the mental health workforce:

- (1) Inadequate infrastructure to support the recruitment, training and organizational change necessary for successful employment of PIR across the behavioral health system; and
- (2) A behavioral health system that has not promoted the employment and retention of PIR in that system.

The Workforce Transformation Workgroup noted that “[d]ramatically increasing the roles, responsibilities, influence, and authority of PIR from diverse cultural backgrounds is the strategic direction most likely to produce substantive transformation within Connecticut’s system of services...” To help meet this goal and the concerns above, the Workgroup issued a Request for Proposals for organizations to design a program that would create the infrastructure to change this situation on a long-term sustained basis.

Focus on Recovery-United, Inc. (FOR-U), along with partners Advocacy Unlimited, Inc. and consultants, submitted a successful proposal to start the **Connecticut Recovery Employment Consultation Service (C-RECS)** project in 2008. The team, along with the Workforce Transformation Workgroup, envisioned a system that hired PIR at all levels of the behavioral health system as a way to de-stigmatize mental illness, promote recovery and role modeling to other PIR and family members, and to better inform the creation of services and programs to be used by PIR. Through the C-RECS initiative, FOR-U and other partners expanded efforts to prepare PIR and organizations working with PIR by developing a peer-provided work-life balance coaching and training framework to assist with the preparation and retention of PIR choosing employment in behavioral health positions.

Core C-RECS Values

The core values of C-RECS reflected the recovery-oriented, person-centered and cultural responsiveness philosophy of care that is supported by the federal government and most states across the U.S.

A Recovery Orientation—Mental health recovery is a journey of healing and transformation enabling a person with mental health and/or co-occurring substance abuse issues to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential (National Consensus Statement, SAMHSA). Recovery includes the five concepts of hope, education, personal responsibility, self-advocacy and support. FOR-U’s core values are based on self-determination, respect, mutuality, unconditional high regard, and the unwavering belief that each person is the expert in his or her own recovery. Recovery does not equate to being “recovered” or being without symptoms or challenges, but instead speaks to the journey of each individual living with, or living beyond, the experiences of mental illness and/or addictions.

A person-centered approach—Being person-centered refers to an approach to work in partnership with others that views the person as an expert on him or herself. The goals, hopes and dreams of the person receiving services are of primary importance. In behavioral health settings, this is often referred to as “person-centered planning,” which specifically targets the planning process for achieving individual life goals as occurring in collaboration with providers and natural supporters.

An approach which considers cultural and personal diversity—Awareness and respect for cultural values and each individual’s worldview is essential for working successfully in supporting a person’s growth. This includes not only awareness about cultures different from our own, but also a self-awareness of biases and tendencies which impact working with others.

C-RECS Objectives

The objectives identified in the C-RECS project were:

- ➔ To develop an infrastructure led by PIR to promote the hiring and retention of PIR in the behavioral health workforce and to assist in education and culture change through consultation and technical assistance to behavioral health organizations
- ➔ To increase the number of PIR employed and retained in competitive positions at all levels in the behavioral health workforce
- ➔ To recognize the capabilities and strengths, and promote acceptance and social inclusion of PIR who receive/provide services within a culturally responsive, person/family-centered, and recovery-oriented behavioral health system

Participant-related Objectives outlined in the C-RECS Logic Model were:

- Increased participant understanding of and access to employment resources
- Better use of Peer Life Coaching and Peer Employment Support Groups
- Greater PIR preparation for employment in behavioral health organizations (BHOs)
- Increased sense of community, feelings of empowerment, and self-efficacy among C-RECS participants
- An achievement of goals and improved work-life balance for C-RECS participants
- An increased understanding of challenges/obstacles of employment by PIR and BHOs

Core Program Components:

- Work-Life Balance Coaching
- Peer Employment Mentoring, Education, and Support Groups
- Education and Training on Recovery Topics
- On-Line Job Search
- Resource Guide
- Training and Consultation for Employers in the Behavioral Health Workforce

Staff Training:

FOR-U C-RECS staff members were trained in life coaching skills from Collaborative Support Programs of New Jersey (CSP-NJ), with follow-up training offered by both CSP-NJ and Yale-PRCH. In addition to work-life balance coaching, staff were trained by UMDNJ on facilitating

Peer Employment Support Groups. Basic group work training was also offered to the staff by Yale-PRCH. Finally, staff also received ongoing trainings in the following: Wellness Action Recovery Planning (WRAP), Pathways to Recovery (Pathways FOR-U), Intentional Peer Support (IPS, Mead), and Co-Supervision Training by Benedict of Yale-PRCH.

III. EVALUATION DESIGN AND METHODS

Sample Selection

The sample included individuals who participated in the C-RECS project. C-RECS participants of C-RECS volunteered to participate in the employment coaching project. Upon orientation to the project participants were assigned a “work-life balance coach”, a person in recovery from mental illness or co-occurring disorder. Participation was based on willingness/desire by the individuals to seek employment in the behavioral health arena rather than on agency referrals. The only requirement of FOR-U was that the person had to express this desire and to disclose as a person in recovery (PIR). Participants were mailed a flyer requesting their participation in the evaluation study. Each participant received a small token of appreciation for their time.

Evaluation Components

1. **Participant Survey:** developed to measure coaching and C-RECS experiences, employment, quality of life, mental health confidence, and community involvement/integration. Surveys were completed only once by participants. All participants received the Information/Verbal Consent Form and were told that their participation in the survey was anonymous; no names were collected on the forms. In addition, it was explicitly stated that non-participation would not impact their program participation. The survey included the following measures:
 - A. **Reasons to Come Scale (RTC)** (modified). The 19-item Reasons to Come Scale (Mowbray & Tan, 1993) was originally used to measure consumer-reported reasons for attending a program. All items were rated using a 3-point, Likert-type scale (0 = no, 1 = sometimes, 2 = yes). Mean scores from the following subscales were used: Social (3 items: “see friends and socialize,” “meet new people,” and “be around other people similar to me”; M = 1.59, SD = 0.54, α = .61) and Problem-Solving (4 items: “get help finding a job,” “get help solving a problem,” “get help finding a place to live,” and “get help with my mental health issues”; M = 1.13, SD = 0.43, α = .59). Additionally, several individual items from the Reasons to Come Scale were used (e.g., “I come here for the food,” M = 1.19, SD = 0.54; “I come here because I have to,” M = 1.10, SD = 0.43). Mowbray, C. T., & Tan, C. (1993). Consumer-operated drop-in centers: Evaluation of operations and impact. *Journal of Mental Health Administration*, 20 (1), 8-19. The RTC scale is reported in the publications listed below (see 1. F.). This measure was modified to 13 items (see attached measure) and participants responded to the following statement: *“Some people have described various reasons for working with a peer coach. For each item below, circle the one that best describes whether each of these is a reason for you....”*

- B. Social Support measure (14 items) was assessed through the *Social Support Questionnaire* [SSQ]. The SSQ measures 3 aspects of social support: instrumental, affirmative, and affective. This scale asks participants to list the members of their support system and then to rate them in terms of their supportiveness. Calculations as to both the size of an individual's support system and the person's satisfaction with the quality of support received can be obtained from this scale. The SSQ has been shown to have good reliability and validity [106]. Norbeck, J.S.; Lindsay, A.M.; & Carrieri, V.L.: The development of an instrument to measure social support. *Nursing Research*, 1981, 30: 264-269; Norbeck, J.S.; Lindsay, A.M.; & Carrieri, V.L.: Further development of the Norbeck Social Support Questionnaire: Normative data and validity testing. *Nursing Research*, 1983, 32: 4-9. Byers, J.A.; Mullis, L.A.: The Norbeck Social Support Questionnaire: Reliability and validity. *Education and Psychological Measurement*, 1987, 4: 445-458.
- C. Mental Health Confidence Scale is a 16-item scale measuring dimensions specific to self-efficacy/confidence in the lives of people with mental illness. It has been found to have an alpha = .94. Carpinello, S.E.; Knight, E.L.; Markowitz, F.E.; & Pease, E.L.: The development of the Mental Health Confidence Scale: A measure of self-efficacy in individuals diagnosed with mental disorders. *Psychiatric Rehabilitation Journal*, 2000, 23:236-243.
- D. Quality of Life (one question – global assessment); The Quality of Life measure [QOL] is a structured interview that assesses satisfaction with various life domains and level of functioning. The reliability of its scales ranges from acceptable to highly acceptable (Cronbach alpha= .56 to .87 on the subscales). In this study, we used only one item to measure global quality of life: Which of the following best describes how you feel about your life as a whole? (7 point scale from Terrible to Delighted). Lehman, A. F. (1998). A quality of life interview for the chronically mentally ill. *Evaluation and Program Planning*, 11, 51-62.
- E. Hope was assessed using the *State Hope Scale* [SHS]. The SHS measures hopefulness and optimism using 6 items on a 4-point scale, and has an alpha=0.81. Snyder, C.R.; Sympson, S.C.; Ybasco, F.C.; Borders, T.F.; Babyak, M.A.; & Higgins, T.F.: Development and validation of the state hope scale. *Journal of Personality and Social Psychology*, 1996, 70(2): 321-335.
- F. Recovery Markers Questionnaire (Ridgway, P. A., 2005). For this study, we used the *Recovery Markers Questionnaire* which assesses the person's perception of his or her progress in important life domains such as housing, education, employment, and symptom management (24 items).

- G. Coaching and C-RECS: Developed by Priscilla Ridgway (2010) in collaboration with FOR-U and C. D. Bellamy, PhD, Yale PRCH. The instrument was piloted for the first time for this survey. It is a 45-item instrument divided into 4 sections: **I. About my peer coach** (27 items – for example: “My coach was enthusiastic”; “My coach helped me identify community resources”; “My coach helped me set reasonable measurable goals”); **II. About other C-RECS activities** (3 items – “C-RECS gave me information/knowledge on working that met my needs”); **III. As a direct result of being served by C-RECS** (28 items – “I have more self-esteem”; “I feel a part of a community”; “I am more motivated”); and, **IV. Current Job Status** (5 items).
- H. Additional items including Demographics, and Mental Health Background questions. The items used to collect demographic and mental health background were used by Mowbray, Bellamy et al. in a previous study with over 1000 mental health services consumers (people with a history of serious mental illnesses) at 60 consumer-centered service sites in Michigan (people with a history of serious mental illnesses). The survey items were successfully administered and the questions answered without any adverse effects. Several papers were published using these measures:

Holter, M. C., Mowbray, C. T. Bellamy, C. D., MacFarlane, P. & Dukarski, J. (2004). Critical Ingredients of consumer-run services: Results of a national survey. Community Mental Health Journal, 40(1), 47-63.

Mowbray, CT, Bybee, D., Holter, M., & Lewandowski, L. Validation of a Fidelity Rating (2006). Instrument for Consumer-Operated Services, American Journal of Evaluation, 27; 9-27.

Bellamy, C. D., Garvin, C., MacFarlane, P., Mowbray, O. P., Mowbray, C. T., & Holter, M. C. (2006). An Analysis of Groups in Consumer-Centered Programs. American Journal of Psychiatric Rehabilitation, 9(3), 219-240.

Bellamy, C. D., Jarrett, N. C., Mowbray, O. P., MacFarlane, P., Mowbray, C. T., & Holter, M. C. (2007). Relevance of Spirituality for People with Mental Illness Attending Consumer-Centered Services. Psychiatric Rehabilitation Journal, 30(4), 287-294.

- 2. Participant Qualitative Interview.** Participants were interviewed about their experience with Coaching and C-RECS. Questions were provided to the participants prior to the interview to guide the discussion. The questions developed specifically for this study, were modified from previous qualitative studies done by Yale-PRCH with a similar population.

Interview Guide:

The following questions were used to guide the conversation:

1. Please share with us how you became involved with the C-RECS project.
2. How did the experience of working with C-RECs differ from other vocational services you have received?

3. What, if anything, was special about working with a coach who is a peer?
4. What barriers did you find in seeking employment, and what type of help were you given to overcome the barriers?
5. What did you like best about working with C-RECS?
6. What would you describe as some of the challenges of the C-RECS project?
7. What are some ways in which the C-RECS project can be improved?

Approach to Analysis:

After completion of the interviews, the tapes were transcribed. The qualitative interpretation of the data involved inductive analysis, where the themes emerge from the data, rather than being derived prior to data collection (Patton, 1990). The analysis process involved an ethnographic approach, relying more on direct quotations rather than using the content analysis approach, which produces numerical descriptions (Morgan, 1988). Two researchers independently analyzed the transcripts to identify themes. The questions provided some structure for thematic identification. The analysis involved an iterative process of reexamination of the data and development of coding themes.

Protection of Human Subjects

Participation in the evaluation study was completely voluntary and confidential. No names were given to the Yale evaluation team at any point during the study. Participants were told to come to FOR-U in Middletown or they could drop off surveys At Yale-PRCH New Haven.

Those interested in participating in the qualitative interview were asked by FOR-U to sign up for an interview time. Interviews took place either in Middletown in a private conference room or at Yale-PRCH in New Haven according to the participant's choice. Interviewers took notes in a private setting. The interview was tape-recorded and transcribed. The transcribed information did not include any identifiers, nor were names linked to other aspects of the evaluation study.

IV. RESULTS

In this section, findings are reported from the quantitative analysis (IV. A.) and the qualitative analysis (IV. B.)

A. Quantitative – Findings from Analysis of Participants' Surveys

C-RECS Participant Sample Characteristics

There were 24 participants in this evaluation study of whom 75% were female. Fifty percent (50%) of the participants were African-American, 12.5% were Hispanic, and 37.5% were

Caucasian. The mean age was 49.6. Seventy-five percent (75%) of the participants had at least a high school education. Fifty-eight percent (58%) were single, and 25% were in a romantic relationship or married. Forty-six percent (46%) lived alone in their own apartment/house and 34% lived with family or friends, either in their own apartment or the family/friend's apartment/house. Eight percent (8%) of the sample had no current residence (living in a shelter or on the streets).

Table 1 below displays participant characteristics.

| Table 1: Participant Characteristics | | (n=24) |
|--|--|---------------------------|
| | | N (%) or Mean (sd) |
| Education | | |
| < than High School | | 3 (12.5%) |
| High School | | 6 (25.0%) |
| Voc or Tech. Training | | 1 (4.2%) |
| Some College | | 9 (37.5%) |
| Graduated College | | 5 (20.8%) |
| Race | | |
| White | | 9 (37.5%) |
| African American | | 12 (50.0%) |
| Spanish or Hispanic | | 3 (12.5%) |
| Age (years) | | 49.6 (6.3) |
| Gender | | |
| Male | | 6 (25.0%) |
| Female | | 18 (75.0%) |
| Marital Status | | |
| Single | | 14 (58.3%) |
| Married | | 3 (12.5%) |
| Separated | | 2 (8.3%) |
| Divorced | | 2 (8.3%) |
| In a Relationship | | 3 (12.5%) |
| Living Situation | | |
| Staying with Parents/Relatives | | 4 (16.7%) |
| Staying with Friends | | 2 (8.3%) |
| Own house or Apt.- ALONE | | 11 (45.8%) |
| Own house or Apt.- w/friends | | 4 (16.7%) |
| No current residence (living in shelter or on the streets) | | 2 (8.3%) |
| Other | | 1 (4.2%) |

Results

Time spent with employment coaches. Most participants had been linked with their peer coach for at least 6 months (17; 77%). Most saw their peer coach a couple of times per month (10; 46%); while others saw their coach once per week (7; 32%); several times per week (4; 18%); or every day (1; 5%). No one indicated that the amount of time was “just the right amount of time.” Half of the participants thought it was “not enough time (wish I had more time” (12; 60%), and some thought it was “too much time” (8; 40%). The majority of people described the coaching as a partnership (13; 65%) and about a third of people said it sometimes was (6; 30%). When asked about the pace of the relationship, most said they were not pushed too fast (16; 84%). Most people said overall they were satisfied with C-RECS (16; 76%), while others said “sometimes (4; 19%) and one person said “no” (1; 5%). Most said they were given clear information about the C-RECS program (19; 91%).

| Table 2: Time with Employment Coaches | | n=24 |
|---|---------------------------|-------------|
| Length of time linked to Peer Coach | N (%) or Mean (sd) | |
| <i>A few weeks</i> | 2 (9.1%) | |
| <i>One month</i> | 1 (4.5%) | |
| <i>Three months</i> | 2 (9.1%) | |
| <i>Six months</i> | 5 (22.7%) | |
| <i>Twelve months</i> | 5 (22.7%) | |
| <i>More than a year</i> | 7 (31.8%) | |
| Frequency of interaction with peer coach? | | |
| <i>Every day of the week</i> | 1 (4.5%) | |
| <i>Several times a week</i> | 4 (18.2%) | |
| <i>About once a week</i> | 7 (31.8%) | |
| <i>A couple times per month</i> | 10 (45.5%) | |
| Perceptions about amount of time spent with peer coach | | |
| <i>Too much time</i> | 8 (40.0%) | |
| <i>The right amount of time</i> | 0 (%) | |
| <i>Not enough time</i> | 12 (60.0%) | |
| Given clear information | | |
| <i>Yes</i> | 19 (90.5%) | |
| <i>No</i> | 2 (9.5%) | |
| Coaching was a partnership | | |
| <i>Yes</i> | 13 (65.0%) | |

| Table 2: Time with Employment Coaches | | n=24 |
|--|--|-------------|
| <i>No</i> | | 1 (5.0%) |
| <i>Sometimes</i> | | 6 (30.0%) |
| <i>Pace of working was right</i> | | |
| <i>Not too slow</i> | | 3 (15.8%) |
| <i>Not pushed too fast</i> | | 16 (84.2%) |
| <i>Overall Satisfaction</i> | | |
| <i>Yes</i> | | 16 (76.2%) |
| <i>Sometimes</i> | | 4 (19.0%) |
| <i>No</i> | | 1 (4.8%) |

Reasons for working with peer coaches. Participants were asked to rate on a three point scale their reasons for working with a peer coach. The major reasons for participants were to get help finding a job (19; 82.6 %), to work on their recovery plan (19; 86.4%), and to find out about discussion groups and other classes (19; 86.4%). Other important reasons were to find out about community resources (18; 81.8%), to learn about recovery and mental health (18; 81.8%), to learn more about WRAP (18; 85.7%), to get support from someone with similar experiences (17; 81%), and to talk about problems and challenges (17; 81%).

Table 3 contains item-level responses to each of the reasons for working with the peer coach sorted by domain (support, instrumental, alternative).

| Table 3: Reasons for Working with Peer Coaches | | n=24 | | |
|---|---------------|--------------------------|--------------------|--|
| | Yes n (%) | No n (%) | Sometimes n (%) | |
| Supportive Reasons | | Mean (sd) = 1.55 (0.47) | | |
| To get support from someone with similar experiences | 17 (81.0%) | 1 (4.8%) | 3 (14.3%) | |
| To talk to about problems or challenges | 17 (81.0%) | 1 (4.8%) | 3 (14.3%) | |
| To socialize | 12 (57.1%) | 5 (23.8%) | 4 (19.0%) | |
| To attend support groups | 10 (43.5%) | 5 (21.7%) | 8 (34.8%) | |
| Instrumental Reasons | | Mean (sd) = 1.52, (0.47) | | |
| To find out about other community resources | 18 (81.8%) | 4 (18.2%) | 0(%) | |

| Table 3: Reasons for Working with Peer Coaches | | n=24 | | |
|---|---------------|-------------------------|--------------------|--|
| | Yes n (%) | No n (%) | Sometimes n (%) | |
| Supportive Reasons | | Mean (sd) = 1.55 (0.47) | | |
| To work on his/her recovery plan | 19 (86.4%) | 2 (9.1%) | 1 (4.5%) | |
| To learn about recovery and mental health | 18 (81.8%) | 3 (13.6%) | 1 (4.5%) | |
| To learn about discussion groups and other classes | 19 (86.4%) | 2 (9.1%) | 1 (4.5%) | |
| To learn more about WRAP | 18 (85.7%) | 2 (9.5%) | 1 (4.8%) | |
| To learn about advocacy | 11 (50.0%) | 5 (22.7%) | 6 (27.3%) | |
| To get help to find someplace to live | 3 (15.0%) | 17 (85.0%) | 0 (%) | |
| To get help finding a job | 19 (82.6%) | 1 (4.3%) | 3 (13.0%) | |
| Alternative Reasons | | Mean (sd) = 0.87 (0.79) | | |
| Because someone else made him/her | 10 (43.5%) | 12 (52.2%) | 1 (4.3%) | |
| Because he/she has nothing else to do | 6 (26.1%) | 10 (43.5%) | 7 (30.4%) | |

Qualities of peer coaches: Participants were asked to rate qualities of their coaches on a 4-point scale from strongly disagree to strongly agree. Coaches were rated highest on emphasizing the person’s strengths, goals, and interests (M=3.5, SD=0.6), setting reasonable measurable short-term goals (M=3.5, SD=0.5), being open-minded (M=3.5, SD=0.5), helping the person increase their self-confidence (M=3.4, SD=0.5), showing empathy and making the person feel really understood (M=3.4, SD=0.6), making the person feel supported (M=3.4, SD=0.6), helping the person pull their thoughts and ideas together (M=3.4, SD=0.6), and being well-organized and keeping the participant’s paperwork in good order (M=3.4, SD=0.5). Coaches received the lowest ratings on helping the person develop social supports (M=2.7, SD=0.7), supporting the person in approaching potential employers (M=2.95, SD=0.8), helping the person figure out what kind of job they wanted (M=2.95, SD=0.7), and helping the person get job leads (M=3.0, SD=0.7).

The C-RECS program was given slightly higher ratings than peer coaches in giving instrumental support for employment--“C-RECS gave me information/knowledge on working that met my

needs,” (M=3.3, SD=0.6), “C-RECS gave me opportunities for peer support” (M=3.2, SD=0.5)—but did not rate better than the peer coaches on providing job leads (M=3.0, SD=0.6).

Table 4 displays information on quality of peer coaches.

| Table 4: Quality of Peer Coaches | | n=24 |
|--|--|------------------|
| | | Mean (sd) |
| Enthusiasm | | 3.35 (0.49) |
| Empathy | | 3.37 (0.58) |
| Open-mindedness | | 3.48 (0.51) |
| Availability | | 3.33 (0.48) |
| Supportiveness | | 3.37 (0.58) |
| Had enough time | | 3.21 (0.59) |
| Concerned about whole life | | 3.17 (0.57) |
| Pulled thoughts and ideas together | | 3.36 (0.58) |
| Well-organized | | 3.38 (0.50) |
| Helped figure out what kind of job participant wanted | | 2.95 (0.65) |
| Helped make important choices | | 3.09 (0.61) |
| Looked at what individual valued | | 3.09 (0.60) |
| Expressed own choices | | 3.09 (0.73) |
| Set short-term goals | | 3.50 (0.51) |
| Took specific actions | | 3.17 (0.65) |
| Checked in about progress | | 3.35 (0.65) |
| Identified community resources | | 3.18 (0.66) |
| Helped get resume together | | 3.19 (0.93) |
| Supported approaching potential employers | | 2.95 (0.81) |
| Helped develop social supports | | 2.71 (0.72) |
| Got job leads | | 3.00 (0.67) |
| Looked at what needed to be done | | 3.10 (0.63) |
| Emphasized strengths, goals and interests | | 3.52 (0.60) |
| Helped overcome limiting beliefs and fears | | 3.15 (0.67) |
| Increased self confidence | | 3.41 (0.50) |
| Had a vision for how life could change for the better | | 3.24 (0.54) |
| Gave information/knowledge | | 3.33 (0.58) |

| Table 4: Quality of Peer Coaches | | n=24 |
|----------------------------------|--|-------------|
| | | Mean (sd) |
| Gave peer support | | 3.24 (0.54) |

Outcomes

Employment. Corroborating the previous findings that peer coaches and C-RECS did not provide strong instrumental support to finding a job, when asked about employment activities, the mean scores across participants were all below a “3” which would indicate “agreement” with the statements. Participants came the closest to agreeing that they were actively job seeking (M=2.8, SD=0.8), and that they were working part time (M=2.6, SD=0.9), while lower ratings were given to being in school (M=2.4, SD=0.9) or not looking for work at this time (M=2.4, SD=1.1), and the lowest rating was given to working full-time (M=2.2, SD=1.0).

Quality of Life. Quality of life was assessed by a single item that asked individuals to indicate how they felt about their lives as a whole on a 7-point rating scale (1 = terrible and 7 = delighted (Lehman, 1988)). The highest ratings were three people who reported being “pleased” (13%) and the lowest rating was one person who reported being “mostly dissatisfied” (4%). On average, participants’ ratings were between “4=Mixed (about equally satisfied and dissatisfied)” and “5=Mostly Satisfied” (M=4.4, SD=0.8).

Recovery. Recovery was assessed by the 23-item Recovery Markers Scale (Ridgway, unpublished). Respondents were asked to rate 23 items on a four-point Likert scale that persons with lived experience of mental health issues have articulated as essential components of recovery (e.g., feeling safe in home, good physical health, connections with others). The mean score across participants was 3.2 (SD=0.4), indicating “agreement” with essential components of recovery.

Hope. The State Hope Scale is a six item scale measuring the degree to which individuals believe they can pursue and accomplish their goals and handle adversity (Snyder, 1996). The average score was 3.1 (SD=0.5) indicating “agreement” with the questions assessing hope.

Social Support. Social support was measured by using the 14-item Social Support Questionnaire (Norbeck, et al. 1981). This measure assesses the degree to which respondents feel they have people in their lives that they can rely on for emotional support. The ratings ranged from 1 “strongly disagree” to 5 “strongly agree” with a midpoint (3) of “neutral.” The average score was 3.7, (SD=0.5), indicating ratings of social support close to the “agree” rating.

Mental Health Confidence. Mental health confidence and self-efficacy was measured using the 16-item Mental Health Confidence Scale (Carpinello et al., 2000), which asked about how confident the person was that they could do something to help themselves right now. The

ratings range from 1 “very unconfident” to 6 “very confident.” The average rating was 4.2 (SD=1.0), indicating an average rating closest to 4 “slightly confident.”

Table 5 displays outcomes of the recovery related measures.

| Table 5: Outcomes of Recovery Related Measures | | n=24 |
|---|----------------------------------|------------------|
| | | Mean (sd) |
| Quality of Life | | 4.43 (0.79) |
| Recovery Markers Scale | | 3.20 (0.37) |
| | Actively job seeking | 2.78 (0.80) |
| | Working part-time | 2.61 (0.89) |
| | Working full-time | 2.19 (1.03) |
| | Not currently seeking employment | 2.39 (1.12) |
| | In school | 2.41 (0.91) |
| State Hope Scale | | 3.07 (0.51) |
| Social Support Questionnaire | | 3.72 (0.46) |
| Mental Health Confidence Scale | | 4.18 (1.01) |

Service Utilization

Over the course of the thirty days prior to the interview, three persons (14%) used emergency psychiatric services and three persons (14%) had been hospitalized for mental illness. The mean number of times a person had seen a doctor regarding mental health medications within 30 days prior to their interview was 1.38 (*sd* = 1.03).

Sixteen persons (76%) had a case manager or therapist; ten persons (46%) reported attending substance abuse self-help groups and nine persons (43%) reported attending self-help/support groups for mental health. Five persons (23%) reported that they did not need any mental health services in the past 30 days and 11 (50%) reported needing mental health services a little. Eleven persons (50%) reported a current or past drug or alcohol problem. Nine persons (43%) reported receiving help for an alcohol or drug problem within the thirty days prior to their interview.

Seventeen persons (81%) reported no hospitalizations for mental illness within the 60 days prior to their interview, 2 (10%) had been hospitalized once, one (5%) had been hospitalized twice, and one (5%) had been hospitalized three or more times.

Table 6 displays service utilization and support.

Table 6: Service Utilization and Support

n=24

| | N (%)or Mean (sd) |
|---|-------------------|
| Service Utilization | |
| Used emergency psychiatric services/ past 30 days | 3 (14.3%) |
| Hospitalized for mental illness/ past 30 days | 3 (13.6%) |
| Number times see doctor re: mental health medications/ past 30 days | 1.4 (1.03) |
| Have a case manager or therapist | 16 (76.2%) |
| Number times see case manager or therapist/ past 30 days | 2.7(2.23) |
| Regularly go to AA, NA, or similar meetings. | 10 (45.5%) |
| Regularly go to self-help/support groups? | 9 (42.9%) |
| Need for mental health services/past 30 days | |
| Not at all | 5(22.7%) |
| A Little | 11 (50.0%) |
| A Lot | 6 (27.3%) |
| Drug/alcohol problem (other perception) | 15 (68.2%) |
| Drug/alcohol problem (self-perception) | 11 (50.0%) |
| In recovery from alcohol or drug problem | 14 (63.6%) |
| Help with alcohol or drug problem/ past 3 months | 9 (42.9%) |
| How much follow case manager or therapist advice | |
| Not at all | 2 (11.1%) |
| A little | 9 (50.0%) |
| A lot | 7 (38.9%) |
| How much case manager or therapist helps | |
| Not At All | 2 (11.1%) |
| A Little | 9 (50.0%) |
| A Lot | 7 (38.9%) |
| Number of times hospitalized for mental health problems/ past 6 months | |
| 0 | 17 (81.0%) |
| 1 | 2 (9.5%) |
| 2 | 1 (4.8%) |
| 3 or more | 1 (4.8%) |

Relationship between peer coach variables and demographic variables

The relationship between peer coach variables and demographic variables was assessed to determine if individual demographic variables were accounting for some of the differences in frequency, length of time, or reasons for working with peers.

How often the participant interacted with the peer coach was negatively related to the person's education level ($r = -.57, p < .01$); that is, those who were more educated interacted less often with their peer coach. In addition, there was a trend for having a Caucasian racial status being negatively related to how often a person interacted with the peer coach ($r = -.41, p = .06$). When entered as predictor variables of how often the person interacted with the peer coach, education level and Caucasian racial status predicted 33% of the variance in how often a participant interacted with their peer coach. The standardized betas showed that education level was significantly predictive of how often a participant interacted with a peer coach ($b = -.52, p < .05$), but white racial status was not ($b = -.09, p > .05$).

Whether they thought the coaching was a partnership was negatively related to age ($r = -.62, p < .01$) and whether they were living independently ($r = -.45, p < .05$). That is, those who were older and living independently were less likely to think the coaching was a partnership. When entered as predictor variables of whether they thought the coaching was a partnership, age and living independently predicted 40% of the variance in whether participants thought the coaching was a partnership. The standardized betas showed that age was significantly predictive of whether they thought coaching was a partnership ($b = -.56, p < .05$), but living independently was not ($b = .13, p > .05$).

Overall satisfaction with the program was negatively related to age ($r = -.57, p < .01$); that is, those who were older were less satisfied with the program. When entered as predictor variables of overall satisfaction, age predicted 32% of the variance in satisfaction with the program ($b = -.57, p < .01$).

Working with peers to gain support was negatively related to white racial status ($r = -.45, p < .05$) and education ($r = -.47, p < .05$); that is those who were white and more educated were less likely to work with peers to gain support. When entered as predictor variables of working with peers to gain support, the model did not reach significance ($F(2,19) = 3.31, p = .06$).

Working with peers to gain instrumental support was negatively related to white racial status ($r = .66, p = .001$) and education ($r = -.53, p = .01$); that is, those who were white and more educated were less likely to work with peers to gain instrumental support. When tested as predictor variables, white racial status and education predicted 46% of the variance in working with peers to gain instrumental support. The standardized betas showed that white racial status was significantly predictive of working with peers to gain instrumental support ($b = -.54, p < .05$), but education level was not ($b = -.18, p > .05$).

How long a participant was linked with a peer coach, whether the participant thought they were given clear information about the program, how they felt about the amount of time spent with the peer coach, whether they felt the pace of working was just right, and whether they chose to work with a peer coach for other reasons were not significantly related to any demographic variables.

Relationship between peer coach variables and recovery variables, controlling for significant demographic variables

How the participant evaluated the amount of time spent with the peer coach (i.e., was it not enough, just the right amount, or too much time) was positively related to whether they had a case manager ($r=.48$, $p=.05$) and negatively related to their assessment of their global quality of life ($r=-.61$, $p=.01$); that is, people who rated the amount of time with a peer coach as "too much time" were more likely to have a case manager and were more likely to rate themselves as having lower quality of life. No demographic controls were used in the regression tests since no demographic variables were found to be related to appraisal of time spent with the peer coach in the previous analysis. When entered as predictors, whether the person had a case manager and their assessment of their global quality of life explained 45% of the variance in how the participant evaluated the amount of time spent with the peer coach. The standardized betas showed that the person's assessment of their global quality of life was significantly predictive of the evaluation of time spent with the peer coach ($b=-.50$, $p=.03$), but whether the person had a case manager was not ($b=.30$, $p=.18$). That is, rating yourself as having a lower quality of life was significantly predictive of thinking you spent too much time with a peer coach.

How much the person thought coaching was a partnership was negatively related to how much they thought they needed mental health services in the past 3 months ($r=-.62$, $p=.006$); that is the people who thought the coaching was more a partnership needed less mental health services. In the previous analysis, age and living independently were found to be related to how much the person thought the coaching was a partnership, so these demographic variables were controlled for in this analysis. Regression analyses showed that age, living independently, and how much they needed mental health services explained 65% of the variance in whether the person thought coaching was a partnership, with how much they needed mental health services alone accounting for 15% of that 65%. How much they needed mental health services was negatively predictive of how much the coaching was seen as a partnership even after controlling for age and independent living ($b=-.48$, $p=.04$).

Overall satisfaction with the C-RECs program was negatively related to the number of times the person saw their case manager or therapist in the past 30 days ($r=-.54$, $p<.05$) and how much they needed mental health services in the past 30 days ($r=-.58$, $p<.01$); that is, the people who were more satisfied with the C-RECs program saw their case manager fewer times in the past 30 days and needed less mental health services in the past 30 days. In the previous analysis, overall satisfaction was negatively related to age, so age was controlled for in this analysis.

Regression analysis showed that age, the number of times they saw their case manager, and how much they needed mental health services accounted for 62% of the variance in overall satisfaction, with how many times they saw their case manager and how much they needed mental health services accounting for 21% of that 62%. However, standardized betas showed that how many times they saw their case manager ($b=-.34$, $p=.11$) and how much they needed mental health services ($b=-.17$, $p=.50$) were not significantly predictive of overall satisfaction after controlling for age.

Working with a peer coach to gain support was negatively related to the extent to which they follow their case manager's advice ($r=-.51$, $p=.04$); that is, the people who worked with a peer coach to gain support were less likely to follow their case manager's advice. In the previous analysis, working with a peer coach to gain support was negatively related to white racial status and education level, so these variables were controlled for in this analysis. Regression analysis showed that white racial status, education level, and how much they follow their case manager's advice explained 47% of the variance in working with a peer coach to gain support, with following a case manager's advice explaining 23% of the 47%. Standardized betas showed that, after controlling for white racial status and education level, following a case manager's advice was still predictive of working with a peer coach to gain support ($b=-.49$, $p=.03$).

Working with a peer coach for other reasons was negatively related to the mean mental health confidence score ($r=-.47$, $p=.04$), and positively related to whether they had used emergency psychiatric services in the past 30 days ($r=.44$, $p=.05$); that is people who worked with a peer coach for other reasons were less likely to be able to do something to help themselves right now and were more likely to have used emergency psychiatric services in the past 30 days. However, when entered as regression coefficients, mental health confidence ($b=-.45$, $p=.17$) and use of emergency psychiatric services ($b=.01$, $p=.98$) were not significantly predictive of working with a peer coach for other reasons.

B. Qualitative – Findings from Analysis of Participants' Interviews

Sample

Qualitative interviews were done with a convenience sample of thirteen (13) participants by a Yale-PRCH research assistant not familiar with the C-RECS project. Interviews lasted from 30minutes to 1.5 hours. Participant demographics included: 2 men and 11 women; 2 White, 10 African American, and 1 Latino; 6 participants were currently employed.

Themes

We present major themes below together with and quotations highlighting the themes.

Note: All indented statements are direct quotations.

- 1. Challenges in keeping jobs/job search**
- 2. Initial contact with C-RECS**

3. Being a part of the C-RECS project
4. Benefits of working with peers
5. Overall C-RECS strengths
6. Barriers within C-RECS (both personal issues and programmatic problems)
7. Suggestions for program improvement
8. Reasons for wanting to work – Individuals' desire to give back/ working within the mental health field

1. Challenges in keeping jobs/job search (Work-life balance)

Common concerns at work or for those thinking about returning to work related to the following: Effects of dealing with an illness and/or addiction; need for extra support; coping with rejection, lacking credentials or certifications; having a criminal background; time lapses since schooling or needing more education; transportation, self-esteem and stigma; menial or low paying jobs; disclosure concerns; and life stressors (i.e., family burden, finances). Many of these themes have also been discussed in the employment literature as common for individuals with psychiatric illness returning to work (Anthony, 1994, 1995).

Effects of dealing with an illness and/or addiction:

An evident subtheme under this section relates to challenges experienced by participants related to being in recovery from mental illness and/or addiction. One participant said: "I really hide my disability... so, to actually find help and for somebody to believe or understand me is not easy. You learn to hide". Others talked about "impairments" from illness such as comprehension skills, motivation, and decision making skills:

I can have good comprehension skills ... but when it comes to numbers, details and things like that at my job, I can't absorb it.

It is learning how to live once again...I mean actually live again. Because you know with us with mental illness and stuff like that you know, you forget that. And just learn how to make decisions.

Well, I have different psychiatric issues... and following through and taking responsibility and getting my ass out of bed and doing everything that it took was... You know, my motivation level was a barrier; because I would get scared of succeeding. So that was a big barrier.

Needing extra support

I did call [FOR U?] about a couple months ago because I keep messing up on the cash register and did like to be enrolled in some type of program that, after I get yelled at for my mistakes that I can't help, at work, just to bounce back and have support...it's like putting alcohol on a wound. Yeah, I didn't want to do that, but sometimes they act like I, oh, I'm making a mistake because I want to, it's willful.

Coping with rejection

I went to a job interview and I thought I got a job. ... You think you're going to get a job. All of a sudden you're not, and then that's when you do something bad....Then you end up doing something you're not supposed to be doing.... It's like when your mind is prepared that things are going to work, and it didn't work...then all of a sudden you just start thinking everything is bad and you don't want to go on with life no more.

Lacking credentials or documents

I was this close to getting a job [via CRECS] but the company needed a driver's license because this job required some driving. Interviewer: Oh, so how did that feel?
Interviewee: it sucked; I was wounded.

Transportation

I walk in the community, so I take the bus once in a while....it's not a reliable source of transportation.

Criminal history

My criminal background. Actually, I got one or two, but it's not...it's just larceny and stuff like that. That's been over seven years, actually going on seven years. I got jobs with it, but some of the jobs I really wanted didn't work.

Time lapses since schooling or need for more education

I don't have any skills in my business trade because what happened was I went in the service after I got out of school.... I didn't get a chance to get a job in my major course of study like most people.

Some of this thing they taught me I didn't...because I've been out of school from the 80s. It helped me regroup myself. I helped me a lot taking this program....it just helped me for what I forgot in school, taking that class, because it's probably ten years since I hadn't done nothing with school.

Self esteem and Stigma

When I grew up I went to school, I was in special classes and stuff. And I thought I couldn't know, I thought I couldn't do anything, you know. I was in the, because I was told I wasn't going to amount to nothing.

I used to give up very quickly....beat myself up. Oh my God, you're not good enough.

All that guilt and shame and all that kind of stuff. And so called normal person that doesn't know anything, and some people don't understand addiction. You go a label on you, if they find out that you're in recovery and you've don't this and you've don't that

and they look at you totally different. They might see me one way and if I left them know that I, what I've been through and what I did, they'd probably be like, oh my God.

Menial/Low paying jobs (through previous vocational programs)

Nothing that they had on their itinerary was interesting to me....I worked for Easter Seals putting piecework together; it was just manual labor that was mindless. Did not excite me at all. A lot of the training that Voc Rehab offered me in the past was just working in food service, working in a laundry, in a nursing home, working at a shop picking parts. You know, nothing that had any longevity to it or any earning potential. (Individual did note that C-RECS was different and that "they had options that were appealing to me")

Disclosure Concerns

I finally landed a job where, at first, I didn't disclose my disability because (a vocational rehabilitation agency) told me not to, and the guy that I was working for was so strict and so detailed about everything, and it was almost like he was trying to find fault in me.... I went home and I studied all night. I tried and I kept making mistakes, and finally I had to call somebody, and advocate-type thing, and then they put me in (another location).

Life stressors - Family and finances

I'm a single woman, I'm 47 years old. I don't have any children, I live with my mother and my alcoholic brother, and I'm really the strong one in the family, to be honest with you and I'm the one with a schizo-affective.... I'm like almost the head of the house. So, it gets stressful.

I got a 17 year old that's getting ready to go to college, and then I've got a seven year old, I've got a 10 year gap between my kids. And my job is up and down. I never know when I'm going to work. My week blends right into the next week, and I work weekends and sometimes I get two days off during the week and it's killing me. So I need a set schedule and then I can stay there part time maybe three days.

2. Initial contact with C-RECS

Participants stated they heard about C-RECS from various sources, including: friends, stopped into FOR-U office, social worker or vocational rehabilitation referrals, or from other peer related programs.

I called 211. I lost my job...I was very angry, and I said, 'If you can't help me, then don't bother calling me back' ... I was really happy that someone called me back, even though I was angry. And they said, 'come on down.'

Someone told me about it.... it was informational but I wasn't ready. I didn't put my best foot forward. It probably could have benefited me more.

Um, well, I go to (a mental health center), and my social worker, we was in a women's group, and she told us about Pathways for You, and online classes, and other classes that was going on here.

I became involved with C-RECS because I have a vocational rehabilitative counselor over at _____....And she thought that it might be beneficial for me to come and utilize the things that they have here. I didn't know exactly what I was doing when I came; I didn't know what they offered here. Well, I soon found out.

3. Practical help received from the C-RECS program

Practical help from C-RECS included: providing information about job openings; assistance with disclosure; interview tips; assistance with computers; educational supports or classes; help in dealing with discouragement; guidance in dealing with criminal justice issue; and providing referrals for other assistance. Participants also discussed practical assistance received from being part of a group process.

Information about job openings

I found a job already through them.... I'm working an hour a month. It's not much, it doesn't pay much, I'm not complaining, but I'm learning to volunteer more. It's not always about the money.

Before I came here and took this program, I wasn't really prepared. By listening to people saying that they went through and how they did it, it just helped me because sometimes I like to rush things. Sometimes it's good just to get back and sit and relax.

Assistance with disclosure issues

I would just go out and get jobs on my own, but I... Like some of the things, I wish I would have known, I went to C-RECS, I wouldn't have did at the interview. Like I told them I had mental illness. You shouldn't tell everybody, you know, when you go apply for a job that you've got mental illness and stuff like that.

Interview tips/social skills tips and resume help

I didn't even know what a resume was. I was that lost. She doctored it up, filled in the gaps. I was in jail for like 26 years so she doctored it up.

It helped me with my attitude...just how to work with other people.

She helped me do like a recovery résumé, and a regular résumé to different companies.

And they interviewed you. They took you up there like they were a boss interviewing you. And then they would stop you, nope, that's not how you do it. This is how you present yourself. You know you keep your focus on then you keep your eyes on them.

And you don't say this, and you don't say that. And you know and they taught you how to do an interview.

Educational opportunities

I also took the WRAP program Wellness Recovery Action Planning program. They enhanced my knowledge in so many different ways and really gave me a direction and a focus to where I was going to go next

The trainings help you to put something on your resume to show you're trying, you know, you're excelling.

Computers and communications

It was a lot of help. She'd go online and print the papers out for me because I was computer illiterate.

They helped me get on the computer and learn a little about the internet... I'm still not great on the computer but at least I have a clue to what I'm doing.

Help in dealing with discouragement

They shared that you don't need to rush things. If something doesn't work out there's other things you could do...don't keep it in the back of your head or dwell on it... They told me that you're not going to hear 'yes' all the time. You're going to hear, "no." be prepared for what you're going to hear and don't let it keep you down.... I'm learning better now. I know a little better. I just don't beat myself up. I just keep moving and go to another thing, do something else.

Guidance in dealing with criminal justice issues

If I had a criminal background, and if I was to be hired, and I would tell them, I'd explain to them.

Referrals

Well, see they don't do housing, but they told me to get some help, go get a lawyer and, you know, they did refer you. So that was good.

She gave me all these avenues to go to somewhere to help me.

Practical benefits of being part of a group

C-RECS offered peer employment support groups. Several of the participants spoke about the benefits of mutual support, particularly that they were able to not only receive assistance but to offer assistance to others. In addition, the group process helped them not to "feel alone".

Interviewer asks about favorite parts: "sitting around talking about the leads and all this and that. ... I really like that because this person can say, "I went out to whatchamacallit.

I was out at whatchamacallit the other day in North Haven and I seen the big sign over that at Burger King. They're hiring over there. I saw Friendly's or TGI Fridays is hiring." Wow, okay. And these people was in CRECS. I mean they'd be plugged in with a lot of stuff, like these little groups and stuff.

I was in a group of people that had solutions, not—and realistic solutions, not just a fantasy.

The person that was teaching the group, if you had a question they answer it. Sometime the people that's in the group had some knowledge of it too, and they help you too, so it's not just the teacher.

It felt good not to be alone, in a group meeting. And it – they were addressing some type of, everybody had a different psychological thing going, and it felt really good, in a group setting, to discuss openly the psychological aspect of your life... I felt really good that I was part of the group, *and that I was helping* and I was receiving at the same time myself everybody had a different psychological thing going, and it felt really good, in a group setting, to discuss openly the psychological aspect of your life.

Everybody got an illness. They might be bipolar, they might be schizo, they might be OCD. So we all have one kind of a thing that we're all trying to get well and trying to get back in the work field.

I liked the group conversations because they give you an opportunity to get to know someone else within the group. And that was important because then you find out more about the next person and what you have in common....

4. Benefits of working with peers

Several subthemes emerged within this theme, such as: ability to relate; having a role model; feeling cared for and genuineness; persistence and dedication of peer staff; encouragement; and individualized assistance.

Ability to relate (“down to earth”)

They're more **down to earth**. I could relate with them.... they speak what's on their mind, being truthful in reality. It's real, it's real, it's not messing around with nobody's emotions.... they don't beat around the bush...they totally say what was happening.

She [peer] said, “don't worry. I just came from jail too.” That was like okay. I can identify. She said, “I was in jail too, before. For like a year or six months or something.” That's all right. They were rooting for me... With a peer coach it was like people that had mental illness, too. It was people that had mental illness. They're just like me... It relaxed you so you don't feel different. You don't feel alienated.

They could relate to what they had themselves.... They understand my needs, they was more acceptable to me as a person... They talk to you, they get to know you as an individual, to understand your mental illness in your, you know, you as a recovering addict, they can relate.

Well, it seems like you have something in common with the person. You feel more comfortable....I notice like to kind of walk in another person's shoes when you can identify with or empathize with things that you know challenge them and sometimes it's the same thing that you know the next person has experienced. So it made me feel more comfortable that they were **down to earth**, you feel like, you know, somebody that's way over your head and they didn't talk at you basically and they talked at the same level as you.

Having a role model

There are people that's been through things that you've been through, you know what I mean, and they're a role model to you, you know, to keep on being on the right track. ... They've been through the same thing, and, "Look at me. I can do it. You can do it," you know, they push you, they motivate you, which is great, you know.

Well some of them, sharing their experiences. From the shared experience to my experience, it gave me some hope. ... you know might see a person where they are right now but you don't know how they go there. So you don't know what they went through. So that's how it impacted me because the shared experience and to see them today is like okay, well, I can do that too.

Felt cared for/felt genuineness

They seem to care.... they opened their arms to me, it was like a mother and father family.... it seemed like the first time that someone really opened up to me.

Touching base. She'd touch base with me and say, 'look in the newspaper, I saw this and this and that,' so I felt close to her.... It was people really reaching out more for me... The biggest highlight was seeing that she said she was going to do this for me and she delivered.

I guess they didn't look at me as a statistic or anything. They just looked at me as an individual.

They work with you, you know, instead of you feeling like you're with your case manager and stuff, that they want to work with you, but they work like against you because, I don't know....

She told me always put me first. Because I will take care of everybody else and put me last. Then I'm drained at that end, now I have enough left in me to push myself.

It was awesome because I know she wasn't blowing smoke up my butt, like not saying that someone learned out of a book was, but somebody can't say, oh I understand or... When she said you can do it, I believed her.

Persistence and dedication

But anyway, it's here is what's got me, guided me to stay on and [PEER] and them always stayed in contact with me. And whenever something came up, [PEER] always remembered me, you know. And it's just great because she always knew that I really, really wanted change. I mean she must have believed in me, because there was something she always wanted to know where I was at in my life. She just stayed with me. It's amazing how she did that, after, she just always had me in her mind. You know and I know and I think it's like this, and I thank her. I really do thank her for, for you know, starting me here in C-RECS.

She was dedicated to what she did with me. ... And if I forgot an appointment or I didn't call her, she would call me and say what's going on, how are you doing.

Encouragement/help with confidence/ not being alone

To just let me know not to be, don't, not to be afraid....She just said, you know, just don't give up... (and) Believing in myself. And there's nothing that I can't do. If I want to do it, try it. If you never try it you'll never know if you can do it. You know, it was, again, sometimes I feel like I'm, I was a dried up flower and I'm blooming again.

5. Overall C-RECS strengths

Strengths of the C-RECS project included the program's flexibility; fostering sense of empowerment and agency; lack of judgment; welcoming environment; and, fostering hopes and dreams.

Program flexibility

I really didn't have any barriers, because if one person was helping you and they weren't available that day, someone else could pick up, and they didn't have a problem with picking up.

If the person I was dealing with wasn't here they spoke to me too....If I needed to come here and get some paperwork that was in there to take like to a job or something like that they would just go in there, put my name up....I even had stuff mailed to me from here.

Fostering sense of empowerment and agency

It was always a seed in me, what I wanted to do was a little seed; but like a plant she nourished me to the point where I got to the point where I... not that I think I could do it, but now I know I can do it.

Yeah that's what was the good thing about it was when we were in groups and it was like, it wasn't ordering you to do anything. There was suggestions. It's up to me.

Ability to be comfortable with oneself/Non- judgment

I knew that other people understood, you know, that I'm not perfect. I don't have to pretend I'm perfect, and that I wasn't alone, as much.

Made you feel at home, you were, you know, every time, you know, the stress level when running here, running there, was like, wow, I could just let my guard down, let loose and be comfortable.

Welcoming Environment

The people was nice here. They come in, They ask you if you want coffee, tea, soda. They make you feel at home. They made me feel at home.... they'll ask me if I want something to eat, drink. How are you feeling today? How was your day? That made me feel at home.

You feel like here, you're a family. And people really, really care and want the best for you.... Because I mean, everything was accommodating. They did light snacks, and you know, you were comfortable, you knew the house rules, and where the bathrooms were, you know where everything was.

They all get to know you here. Soon as I came she was like hi, because she remembers me coming here.

Fostering hopes and dreams

Basically to fulfill my dream of working in a mental health field. I know they have some other things. I kind of focused on that; so it just... I had no direction when I came here. I was just a spinning top; I knew I wanted to do something, but I didn't know... I knew I had this in the back of my mind but never thought it was attainable.

We talked about everything. My life and what I wanted and you know what made me sad, what made me happy. You know, what are my goals, what are my dreams.

Strengths-Based / person-centered approach

They gave you a list of your goals, and what you want to do, and help you understand what your weaknesses are, and stuff like that, and your strengths.

Basically the interest is geared toward the participant and I like that.

6. Challenges/Barriers within C-RECS (both personal issues and programmatic problems)

Barriers encountered included issues with staff contact; not getting a job; scheduling conflicts; and motivation.

Issues with staff contact

I called him [peer] a couple of times and he didn't call me back.... I was kind of mad. And I came all the way down here from (about an hour away), which is an hour drive, and he didn't show up one time. I called a couple of times and nobody called me back. Sometimes coming here all the way from Enfield, and not really having anybody to help me because everybody was busy.... Communication, at first, was good, but then I kind of fell through the cracks.

Well, I mean, I came in a couple times and _____ took the day off and I was a little miffed but I wish somebody had called me ahead of time so I didn't have to come in here and get wet across the parking lot.

Not getting a job

The only thing that didn't work for me, I didn't get a job.

It's like reliving your shit all over again. It's like I tore a scab open. ... CRECS don't have a job for you. Why keep going through that and talking and this and that.

Scheduling

My job schedule was kind of messing it up, because I work all different hours. So I came when I could... You know to really stay connected because of my job and I was like slipping back from my meetings. I used to be in here all the time, all the time. And sometime your life just gets too busy. You can't do it, you know.

Transportation

Lots of times I couldn't get to the place where I, you know, I want to get a position at....

Motivation

Willingness to change. That was a really, that was a tough one. Willingness to change. You know you're so used to doing something so long. Change is not an easy thing. It isn't. But in time that was a progress.

7. Suggestions for C-RECS

Participants shared several suggestions for the C-RECS program including: more outreach and communication to get the word out about the program; partnering with employers to hire participants; offering more assistance with the computer and more computers; extending the content by adding more components (such as: a portfolio component, exercise/nutrition component; assistance with literacy and math skills, and a volunteer program) and expanding the program to other locations and to other populations such as those coming out of jail; more community involvement; and, offering transportation assistance.

Outreach/communication

Outreach over to... different areas where people can't reach you. I think another C-RECS program on the other side of the state would be great, because I know there's a lot of other people that have problems that need employment or whatever their situation is. I'm sure there's a lot of people in the dark about it, maybe some type of advertisement or PBS programming or something to let you know, to let people know that you're out there, just getting the word out.

Do an outreach thing that you could get people that...from coming out of jail, then come straight here as part of their program to help them.... Help people that's coming out of rehab to help them work instead of once they come out, you don't know what to do...They don't have nothing to do.

I fell like this place is almost a secret....not too many people know that it even exists.

Maybe putting stuff on bulletin boards and the mental health facilities....Sending memos and flyers to mental health workers.

Maybe a newsletter that's showing what's coming up as far as educational opportunities; you know, a monthly letter, something like that to the clients.

Partner with employers

If government gave me money to run C-RECS, I would be reaching out probably like for example let's say a laundry service. I'm going to talk to the general manager of a laundry service or people that's owner people, "how are you doing? I've got this program here and I've got these people who are eager to work. As a matter of fact, what we're going to do, you hire him we're going to pay half.

Computer help/ and more computers

I wish that someone would have helped me with the computer more...I wish somebody would have been more hands-on with me, and maybe wrote it in bigger letters or in different colors or something, so I could understand it more.

Extend and expand program reach and content

Participant suggested adding a portfolio component with training, certificates, etc.:
"Because you could get a job or school. They said we could use it for school, for jobs, for yourself, for your bio, for whatever you want to use it for."

I already got my high school diploma, but I still have trouble with my math and my English....I wish they would have classes around like that, or stuff like that.

Maybe get together every few months, or every six months with the people and see if they have activities they want to do, or workshops at the Labor Department or something.

Well I would add some type of exercise, because that's so much important you know. Now I'm not, no lifting weights or anything. And dietary, that would be very important, because that's needed, really, really bad. Those two things.

Maybe they need to see if they could put a program in New Haven...

Probably a volunteer program, because nowadays sometime you got to volunteer to get the experience before you can even get a job. I think most people just overlook that part.

More community involvement

And implementing more stuff for the community, for the people that are involved in it, and so they could do follow up.

Transportation assistance

Get some funds for gas....Well, for people who really don't have the transportation, a bus pass or tokens, something like that.

8. Individuals' desire to give back/ working within the mental health field

Finally, participants shared reasons why they wanted to enter the mental health field and how the program assisted them on their way towards that goal.

I have hands-on knowledge, not just out of a book. I've experienced it first hand, so I know what it's like to be in that place and to pretty much come out of that place. And that's what I want to do with my life, dedicate it to doing that.

Now, I volunteer at a nursing home and I have a program I go to once a week. So I'm up out of bed three days a week and I never have any problem getting up. So I'm like if I can do this three days a week, why can't I do it four or five? So basically, starting out slowly, engaging in life and giving back to the community is something that's also helped me a lot.

Be able to maintain and you know, be a good role model to society, because I mean, there's like, people are losing so much, you know.

My purpose is really helping others.....This is the big thing that I did learn in this, in this service, is my purpose.

That's, I had to learn how to help myself first. Then I learned how to help myself and no I'm at the point now I can begin to reach to help others.

Giving back to the community and following through with my responsibilities. Like showing up on time and stuff like that; being punctual, which I am. Capable, capable woman.

V. EVALUATION STUDY LIMITATIONS

While the results of this pilot evaluation are promising, study limitations need to be acknowledged. Sample size for the survey was relatively small. It was not possible to reach all participants for interviews. Delays in reaching participants also impacted timing of data collection. Because of the small sample size, we were not able to conduct a factor analysis of the Coaching Survey, which would have given us key factors of the coaching measure. Future research using the measure will be needed to test the effectiveness of the coaching measure. In addition, other than self-report, we are unsure of the actual “dose of participation” among those interviewed. Because the evaluation study did not include questions about participants’ experiences with criminal incarceration, we have no way, other than the comments from qualitative interviews, of knowing the number of individuals in the study with this background.

VI. DISCUSSION OF FINDINGS

Given the limitations discussed above, the findings shed some light on some of the essential components of C-RECS implementation. Highlights from analysis suggest that some key components and values were of significance to project participants, such as recovery orientation and person centered, individualized planning. Participants’ scores ranged in the agreement ratings on all of the recovery related outcomes such as quality of life; recovery; hope; social support and mental health confidence. This suggests that the C-RECS project would benefit by continuing with a focus on enhancing these important recovery outcomes.

In terms of coaching, participants considered the coaching experience as a partnership and felt they were not pushed too fast. Reasons for working with coaches included to get help finding a job, to work on their recovery plan and to find out about discussion groups or classes. On the coaching measure, coaches scored higher on items such as emphasizing the person’s strengths, goal, and interests, setting reasonable short-term goals, and being open-minded; and lower on items such as helping the person develop social supports, supporting the person in approaching potential employers, helping the person figure out what kind of job they wanted, and helping the person get job leads. The items rated lower were not key components of the C-RECS project. The project’s emphasis was on self-direction with the assistance of a life coach to work with a person in achieving work-life balance at the individual’s own pace. Unlike supported employment programs, C-RECS did not offer job placement or linkage to employers. Peer Employment Support groups offered opportunities for developing employment-related social supports. Classes and workshops such as WRAP offered to C-RECS participants through FOR-U’s

programming offered additional supports. However, there were no systematic efforts in linking participants with non-employment related natural supports.

In terms of employment outcomes, participants indicated low ratings when asked if they were currently working full-time. This might be related to the characteristics of the participants in the evaluation study. Participants completing the evaluation were probably more likely to be those not working or able to take off from work to complete the survey. In addition, when these results were shared with the life coaches, they described many of the participants as having additional impediments to obtaining full-time employment with having a criminal background one of the major issues. [It should be noted that while participants were not asked in the survey about their criminal justice background, participants did mention this in qualitative interviews]. Eleven individuals reported a current or past drug or alcohol problem and 9 reported receiving drug or alcohol services within the past 30 days prior to the interview. Three persons indicated receiving psychiatric emergency services and 3 indicated being hospitalized.

The data analysis suggested several significant findings regarding relationships between the peer coaching variables and demographic variables. Participants' education was significantly predictive of how often a peer interacted with a coach; those who were more educated interacted less. Participants with more education may have needed less interaction compared to those with less education. Those with more education probably had more experience in handling some of the key components the project offered, such as discovering what types of jobs they might want or assistance with instrumental supports such as writing a résumé and doing job interviews.

Age was significantly predictive of whether participants thought coaching was a partnership; with older participants less likely to think coaching was a partnership. Age also was related to overall satisfaction with the program, with younger participants reporting more satisfaction. We can surmise from this finding that older individuals may be more independent and need less of these types of employment related supports and services. In addition, the peer life coaching partnership is still a relatively new concept and many of the older individuals may have come through a more traditional mental health system driven by a case management model and more reliance on a service provider in contrast to the coaching model which focused on individuals taking action for themselves.

When examining peer coaching variables, recovery variables and controlling for demographic variables, we found several findings significant. Rating yourself as having a lower quality of life was significantly predictive of thinking you spent too much time with a peer coach. This finding might suggest that these participants were already receiving many services and thus spending more time with a coach took more time from their present services.

In addition, people who thought coaching was more of a partnership indicated needing fewer mental health services. This was an interesting finding and may indicate less dependence on mental health services because individuals were taking a more active partnership in their recovery and were more actively working on their recovery related plans.

Those working with a peer coach to gain support were less likely to follow their case manager's advice. This was still predictive after controlling for White racial status and education level. This finding was also interesting in that it seems to indicate that participants using C-RECS for support followed their case manager's advice less. Future research should include finding out what types of advice they get from case managers. In some studies on supported education, participants have indicated that some case managers discouraged them from going back to school and/or work because of fears that the person was not ready (Bellamy & Mowbray, 2000). Again, we are not sure what advice they are referring to in this study.

Identifying as White racial status was predictive in working with peers to gain instrumental support; meaning that those of White racial status were less likely to work with peers for instrumental support. Over the course of the C-RECS project, staff were racially diverse including peer life coaches who were African Americans, Latino, White, and Native American. Matching by racial background was not done, neither was matching by educational levels. We cannot assume from this finding that White participants felt less connected to a person of another race, only that they felt they needed less instrumental support. In discussion with peer life coaches, they saw this issue related to criminal incarceration histories; more of the participants of color tended to be younger and have criminal incarceration histories, than Whites. Thus the need for more instrumental support appeared to be greater among these participants. If anything, these data suggest that the individualized focus offered by C-RECS should be continued as different people might need different levels of services and supports.

The qualitative findings support some of the quantitative data. Participants discussed the importance of the partnership with the peer life coaches and a sense of belonging was experienced in participating in the C-RECS project. Several spoke of the strengths of C-RECS, with some notable strengths including coaches' flexibility, attention to individualized needs, and to C-RECS being a welcoming environment. Participants spoke of peer life coaches having an ability to relate, being role models, caring for and encouraging participants; and of the coaches' persistence and dedication to the coaching partnership. The flexibility of C-RECS seemed to be a key factor for participation. The group experiences also seemed to be an important aspect of participants' positive experiences with C-RECS, with those attending the groups discussing the sense of belonging and the mutual benefits of giving, receiving and learning from each other.

Concerns and challenges of the C-RECS project included comments from participants about their inability to get jobs from the project; transportation; and scheduling – either because of difficulty getting in contact with staff or because of their own personal and work schedules.

Suggestions for improvement included providing more outreach and expanding the project to include assisting with basic education for individuals who already have their high school diplomas; adding an exercise component; adding a volunteer program so people can gain experience prior to being employed; assisting with transportation; and, extending the project to include a focus on individuals transitioning from incarceration.

Several barriers to employment were addressed including effects of dealing with an illness and addiction; need for extra support; coping with rejection; transportation; dealing with stigma and disclosure issues; dealing with a criminal history; and other life stressors including taking care of family responsibilities. Peer life coaches would benefit by knowing these challenges and addressing them earlier when meeting with participants. In implementing a C-RECS project, resources might be better allocated to assist with additional needs such as providing transportation, and assisting individuals with the pardon process (as noted by some participants in the qualitative interviews).

In future applications of peer life coaching and C-RECS projects, these concerns might be addressed to augment the already significant benefits of this intervention. In terms of who this project might better fit, it appears from the data that younger participants, those less educated, and those with higher quality of life might gain more from the components of C-RECS. However, because of C-RECS' person-centered, individualized approach, C-RECS peer life coaches may also meet all individuals "where they are at" in assisting them towards meeting their goals of employment in the behavioral health field. Future research might consider a randomized study comparing the effectiveness of a C-RECS intervention to that of supported employment to better assess for whom these programs might work best.

In conclusion, this evaluation study yielded numerous results indicating significant positive impact of the C-RECS project on participants and suggested numerous areas for future research.

While continuation funding for the C-RECS project was not available when federal funding terminated, FOR-U has subsequently been awarded funds as an Access to Recovery (ATR) agency for recovery-oriented vocational services, using the C-RECS model. The Evaluation Study observations and recommendations will be helpful in implementing employment services based on the C-RECS experience.

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VIII. APPENDICES

Appendix A. Survey – Participant

HIC# _____

[Cover Page]

1C. C-RECS – Participant Survey

Participant #

Date _____

When you have completed the survey, Please be sure to put the survey in the envelope provided.

Seal the envelope. Receive your gift card and then place the sealed envelope in the box.

We are interested in learning more about projects like this, so we're coming to the experts—the people who use these peer-related services. We want to hear what you have to say about your experiences. There are no right or wrong answers to these questions; we're interested in *your* opinions.

If you have any questions while completing this, please feel free to ask at any time. Someone will be glad to help!

First, here are some background questions . . .

DEM1) How old are you? _____

DEM2) Do you consider yourself primarily White, Black, American Indian, Latino/Spanish, American Indian/Native American or Asian? Please check all the boxes that apply to you.

- White/Caucasian
- Black/African-American
- American Indian/Native American or Alaskan Native
- Asian or Pacific Islander
- Spanish or Hispanic or Latino
- Other, please specify _____

DEM4) Are you male or female? Please check one:

Male

Female

DEM5) What is the highest grade of school you have completed? Please check one box.

- Less than High School
- High School or Equivalent (GED)
- Vocational or Technical training
- Some college
- Graduated College, if yes list degree (s) _____

DEM6) What is your marital status? Check the one box that best describes your marital status right now.

- Single (never married)
- In a relationship (not married)
- Married (or Domestic Partner)

- Separated
- Widowed
- Divorced

DEM7) What kind of place are you currently living in? Please check one box.

- Group home
- Adult foster care
- Rooming or boarding house
- Staying with parents/relatives (their place)
- Staying with friends (their place)
- My own house/apartment—alone
- My own house/apartment—with family and/or friends
- No current residence (living in a shelter or on the streets)
- Other (please specify) _____

GQL1) Which of the following best describes how you feel about your life as a whole? Please check one box.

| | | | | | | | |
|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | | |
| 7 | | | | | | | |
| Terrible | Unhappy | Mostly | Mixed | Mostly | Pleased | | |
| Delighted | | Dissatisfied | (about equally satisfied and dissatisfied) | Satisfied | | | |

Next are questions about your involvement with your peer coach...

CU1) **How long were you linked to your peer coach? Please check one box.**

- A few weeks 1 month 3 months 6 months
- 9 months (but less than a year) 12 months (1 year) More than One year

CU2) **How often did you interact with your peer coach? Please check one box.**

| | | | |
|---|-----|----|-----------|
| RTC11) To work on my recovery plan | Yes | No | Sometimes |
| RTC12) To learn more about WRAP | Yes | No | Sometimes |
| RTC13) To attend support groups | Yes | No | Sometimes |
| RTC14) To get help to find some place to live | Yes | No | Sometimes |
| RTC15) I come here for some other reason: Please tell us what it is: _____ | Yes | No | Sometimes |

For each of the following questions, circle the one answer that is most true for you.

| About MY Peer Coach and C-RECS... | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| I. About MY Peer Coach | | | | |
| 1. My coach was enthusiastic. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 2. My coach had empathy and really understood me. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 3. My coach was open-minded and did not judge me. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 4. My coach was available when I needed him or her. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 5. I felt supported by my coach. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 6. My coach spent enough time with finding out what I want and need. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 7. My coach was concerned about my whole life, not just about me getting a job. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 8. My coach helped me to pull my thoughts and ideas together. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 9. My coach was well-organized and kept my information/paperwork in good order. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 10. My coach helped me figure out what kind of job I wanted. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 11. My coach helped me make important choices. | Strongly Agree | Agree | Disagree | Strongly Disagree |

| | | | | |
|---|----------------|-------|----------|-------------------|
| 12. My coach helped me to look at what I really valued. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 13. My coach helped me to express my own choices and preferences. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 14. My peer coach helped me set reasonable measurable short-term goals. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 15. My coach helped me take specific action steps that moved me forward. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 16. My coach checked in with me about my progress in meeting my goals. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 17. My coach helped me identify community resources. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 18. My coach helped me get my resume together. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 19. My coach supported me in approaching potential employers. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 20. My coach helped me develop my social supports. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 21. My coach helped me get job leads. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 22. My coach helped me look at what I needed to do to get ready to go to work. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 23. My coach emphasized my strengths, goals and interests. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 24. My coach helped me overcome limiting beliefs or fears. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 25. My coach helped me to increase my self-confidence. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 26. My coach helped me think about and get a vision of how my life could change for the better. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 27. Other: _____ | Strongly Agree | Agree | Disagree | Strongly Disagree |
| II. About Other CRECS Activities | | | | |
| 1. CRECs gave me information/knowledge on working that met my needs | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 2. CRECs gave me opportunities for peer support | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 3. CRECS gave me job leads | Strongly Agree | Agree | Disagree | Strongly Disagree |
| III. As a direct result of being served by CRECS: | | | | |

| | | | | |
|---|----------------|-------|----------|-------------------|
| 1. I have more self-esteem. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 2. I am more in touch with my strengths and what I have to offer. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 3. I have clearer goals. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 4. I have more hope or optimism. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 5. I am more motivated. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 6. I feel a part of a community. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 7. I feel more empowered. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 8. I understand that I can ask for workplace accommodations. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 9. I have achieved several short-term goals. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 10. I have a better balance between work and the rest of my life. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 11. I feel like what I do can make a difference in my life. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 12. I am more aware of what I want out of life. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 13. I have made positive changes in my day-to-day routine. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 14. I learned more about job seeking and working. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 15. I feel more confident in applying for positions | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 16. I have higher career aspirations | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 17. I have a better understanding of the skills I have | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 18. I have better understanding of the job market | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 19. I have improved my appearance | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 20. I have increased understanding of how to be successful in the job application process | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 21. I have better interviewing skills | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 22. I am doing more for myself. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 23. I am moving forward in my recovery. | Strongly Agree | Agree | Disagree | Strongly Disagree |

| | | | | |
|--|----------------|-------|----------|-------------------|
| 24. I decided to get more training or education. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 25. I was interviewed for a job. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 26. I became employed part time. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 27. I become employed full time. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 28. Other _____ | Strongly Agree | Agree | Disagree | Strongly Disagree |
| IV. Current Job status (check all that apply) | | | | |
| 1. I am not looking for work at this time. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 2. I am actively job seeking. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 3. I am in school. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 4. I am working part time. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 5. I am working full time. | Strongly Agree | Agree | Disagree | Strongly Disagree |

For each of the following questions, circle the ONE answer that is most true for you right now.

RMS Scale

| | | | | |
|---|----------------|-------|----------|-------------------|
| | | | | |
| 1. My living situation feels like a safe home to me. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 2. I have people I trust whom I can turn to for help. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 3. I have at least one close mutual (give-and-take) relationship. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 4. I am involved in activities I find meaningful. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 5. My psychiatric symptoms are under control. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 6. I have enough income to meet my needs. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 7. I am learning new things that are important to me. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 8. I am in good physical health. | Strongly Agree | Agree | Disagree | Strongly Disagree |

| | | | | |
|---|----------------|-------|----------|-------------------|
| 9. I have a positive spiritual life/connection to a higher power. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 10. I like and respect myself. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 11. I'm using my personal strengths, skills or talents. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 12. I have goals I'm working to achieve. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 13. I have reasons to get out of bed in the morning. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 14. I have more good days than bad. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 15. I have a decent quality of life. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 16. I control the important decisions in my life. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 17. I contribute to my community. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 18. I am growing as a person. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 19. I have a sense of belonging. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 20. I feel alert and alive. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 21. I feel hopeful about my future. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 22. I am able to deal with stress. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 23. I believe I can make positive changes in my life. | Strongly Agree | Agree | Disagree | Strongly Disagree |

How you think about yourself...

Using the choices shown below each statement, please **check the one box** that best describes **how you think about yourself right now**. Please take a few moments to focus on yourself and what is going on in your life at this moment. **Once you've thought about yourself "here and now," go ahead and answer each item.**

SH1) **If I should find myself in a jam, I could think of many ways to get out of it.**

Definitely False Somewhat False Somewhat True Definitely True

----- ----- -----

SH2) **At the present time, I am energetically pursuing my goals.**

Definitely False Somewhat False Somewhat True Definitely True

----- ----- -----

SH3) **There are lots of ways around any problem that I am facing now.**

Definitely False Somewhat False Somewhat True Definitely True

SH4) **Right now I see myself as being pretty successful.**

Definitely False Somewhat False Somewhat True Definitely True

SH5) **I can think of many ways to reach my current goals.**

Definitely False Somewhat False Somewhat True Definitely True

SH6) **At this time, I am meeting the goals that I have set for myself.**

Definitely False Somewhat False Somewhat True Definitely True

Social Support Questionnaire

Please rate the extent to which you agree or disagree with the following statements:

1. There is a special person who is around when you are in need.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

2. There is a special person with whom you can share joys and sorrows.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

3. Your family really tries to help you.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

4. You get the emotional help and support you need from your family.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

5. You have a special person who is a real source of comfort to you.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

6. Your friends really try to help you.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

7. You can count on your friends when things go wrong.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

8. You can really talk about your problems with your family.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

9. You have friends with whom you can share your joys and sorrows.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

10. There is a special person in your life that cares about your feelings.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

11. Your family is willing to help you make decisions.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

12. You can talk about your problems with your friends.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

13. Your spouse/partner supports (or would support) your efforts not to smoke.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

14. You have some family or friends who help you (or would help you) not to smoke.

| | | | | |
|----------------|-------|---------|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|----------------|-------|---------|----------|-------------------|

MENTAL HEALTH CONFIDENCE SCALE

We would like to know how confident you are about your ability to help yourself deal with those things that commonly influence our lives. For each item, **indicate how confident you are that you could do something to help yourself right now.**

| | Very Unconfident | Unconfident | Slightly Unconfident | Slightly Confident | Confident | Very Confident |
|---|------------------|-------------|----------------------|--------------------|-----------|----------------|
| 1. Be Happy | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Feel hopeful about the future | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Set goals for yourself | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Get support when you need it? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Boost your self esteem | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Make friends | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Stay out of the hospital | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Face a bad day | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Deal with losing someone close to you | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Deal with feeling depressed | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Deal with feeling lonely | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Deal with nervous feelings | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Deal with symptoms related to your mental illness diagnosis | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Say no to a person abusing you | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Use your right to accept or reject mental health treatment | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. Advocate for your needs | 1 | 2 | 3 | 4 | 5 | 6 |

In this next section we have some questions about the mental health services you receive from *other* sources (not at this place and not with the peer specialist). Here are some questions about services related to your mental health in the last 30 days. Please circle YES or NO.

SU1) Have you gone anywhere for emergency psychiatric services in the last 30 days? Yes

No

SU2) Have you been hospitalized for **mental health** problems in the last 30 days? Yes

No

SU4) How many times in the last 30 days did you see your doctor about your mental health medications? _____ # of times _____ Not Applicable

SU4) Do you have a case manager or therapist? Yes No

SU4a) If so, How many times in the last 30 days did you see your case manager or therapist? _____ #of times

SU8) Do you regularly go to self-help or support groups for mental health problems like Recovery, MDDA, Schizophrenics Anonymous, etc?

Yes No

CF2) In the past 30 days, how much have you needed mental health services? **Please check one box.**

- Not at All
- A Little
- A Lot

Many people go to a case manager or therapist for help with mental health problems. We want to know how much this helps you...

| | | | | |
|--|-------------------|-----------------|--------------|------------------------|
| SS0) How much do you follow your case manager's or therapist's advice? | Not at All | A Little | A Lot | Do Not have one |
|--|-------------------|-----------------|--------------|------------------------|

SS4) How much does your case manager or therapist help you overall?

Not at All

A Little

A Lot

Do Not have one

Now we would like to ask you about any hospitalizations you may have had for mental health problems . . .

H1) How many times have you been hospitalized within the last 6 months for mental health problems? Please **check one box**.

0

1

2

3 or more

And here are some questions about services for alcohol and drug abuse problems. Please check YES or NO...

SU10) Has anyone ever told you that you had a drug or alcohol problem?

Yes

No

SU10a) Do you think that you have a problem with alcohol or drugs?

Yes

No

SU11) Do you consider yourself in recovery from a problem with alcohol or drugs?

Yes

No

SU12) During the past 3 months, did you get any help for any problem you had with alcohol or drugs?

Yes

No

SU7) Do you regularly go to meetings of AA, NA, or some similar group?

Yes

No

GQL1) Which of the following best describes how you feel about your life as a whole? Please check one box.

1

2

3

4

5

6

7

Terrible Unhappy Mostly
Dissatisfied Mixed Mostly
(about equally Satisfied
satisfied and
dissatisfied) Pleased Delighted

COEQ1) We would love for you to write anything else you want to tell us about what the C-RECS project in the space below or on the back of the page:

Thanks for sharing your valuable thoughts and opinions! Your participation in this evaluation will help others to create and improve programs like this one.

Place the Survey in the envelope provided, seal it, Receive your Gift Card and then place envelope in the box.

Appendix B. Qualitative Interview Questions – Participant

HIC# _____

1. Please share with us how you became involved with the C-RECS project.
2. How did the experience of working with CRECs differ from other vocational services you have received?
3. What, if anything, was special about working with a coach who is a peer?
4. What barriers did you find in seeking employment and What type of help were you given to overcome the barriers?
5. What did you like best about working with CRECs? [Probe: What are some of the highlights of your experience with PeerLink? [i.e. one to one conversations, groups, social activities, training, etc.]
6. What would you describe as some of the challenges of the C-RECS project? [probe: what did not work as well for you in terms of your involvement with C-RECS?]
7. What are some ways in which the C-RECS project can be improved? [probe: if tomorrow, we found out that C-RECS had received more funding to continue, and could be re-designed, what would you change and why?]