

Peer Support Services Survey: Program Provider or Program Administrator

Introduction:

The Administration for Children and Families (ACF) is a federal agency that focuses on children and families' economic and social well-being. ACF funds social services programs for youth and adults. We are conducting a survey to gather valuable insights on peer support services offered within social services, to help ACF improve future trainings, information, and resources. **This survey is intended for peer support service providers and those who are serving, or previously served, in peer support worker roles.** Your participation is crucial in helping us learn from your experiences in building and providing peer support services within your programs. The information you provide will be instrumental in helping ACF understand how to best support and foster growth among peer services geared to support youth, parents, and caregivers.

For the purpose of this survey, we define **Peer Support Services** as: situations in which individuals receive and give encouragement to others who have gone through similar lived experiences or systems' navigation. Examples of peer support services may include mentorship programs, peer navigation or coaching, peer support groups, and other models of peer engagement.

- **Your Voice Matters:** Your feedback will directly influence our strategies and initiatives to better support peer support services.
- **Privacy:** All responses will be kept private and will be used solely for the purpose of this survey. Organizations or individuals responding to this survey will not be identified in any resources developed.
- **Time Commitment:** The survey will take approximately 15-20 minutes to complete.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information to inform planning and developing of new resources and programming, improving existing programming, and exploring emerging areas. Public reporting burden for this collection of information is estimated to average 15-20 minutes per participant, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB number is 0970-0630 and the expiration date is 3/31/2027. If you have any comments on this collection of information, please contact Nicole Dobbins (nicole.dobbins@acf.hhs.gov).

If you have any difficulties completing the survey, please get in touch with Mariana Chahrouri at mchahrouri@deloitte.com for help. If you have questions about the information in the survey, please get in touch with Nicole Dobbins at nicole.dobbins@acf.hhs.gov.

Question 1: Please list the name of your program, organization, and state(s), tribe(s), or territory(ies) that the program operates in:

Space will be provided for a short answer.

Question 2: Do you identify as:

- A. A program administrator, director, or CEO
- B. A peer support worker/someone currently or previously serving in a peer support role
- C. Both A and B

Question 3: What peer support services does your program provide? (*Select all that apply*)

- A. Emotional and moral support
- B. Mentorship programs
- C. Navigation of human services benefits
- D. Recovery coaches
- E. Mental health peer specialists
- F. Peer support groups
- G. Other/additional information (please specify)

Question 4: Please provide a description of your peer support program and the target population for those receiving peer support services. (e.g., youth experiencing homelessness, parents navigating child welfare).

Space will be provided for a short answer.

Question 5. What, if any, resources have been helpful while developing, implementing, and/or maintaining peer support services?

Space will be provided for a short answer

Question 6: How do you determine eligibility for peer support services?

Space will be provided for a short answer

Question 7: How are potential participants informed of peer support services in your program?
(*Select all that apply*)

- A. Case manager
- B. A friend or family member
- C. Online/search engine/social media
- D. Paper handout/flyer about the program
- E. Don't know/do not collect this information
- F. Other (please specify)

Question 8. What types of funding does your program use for peer support services? (*Select all that apply*)

- A. Federal government funding
- B. State funding
- C. Philanthropic funding
- D. Medicaid/insurance reimbursement
- E. Community donation
- F. Corporate donations
- G. Don't know
- H. Other (please specify)

Question 9. Describe any challenges you have faced in accessing specific funding sources for peer support services.

Space will be provided for a short answer.

Question 10. What, if any, certifications are offered or required for those serving in peer support roles?

Space will be provided for a short answer.

Question 11. What trainings do you require for those serving in peer support roles? Please describe core content areas.

Space will be provided for a short answer.

Question 12. What data or metrics does your program use to measure the success of your peer support service program(s)?

Space will be provided for a short answer.

Question 13. Please tell us about your peer support workforce, including how many peer support roles are in your program and the percentage of these roles that are paid vs. unpaid.

Space will be provided for a short answer.

Question 14. What ideas do you have for how the federal government can support peer support service programs? Please provide two or three ideas.

Space will be provided for a short answer.

Question 15. Please share anything additional you want us to know about your program or peer support service needs in your community.

Space will be provided for a short answer.

Thank you for your time and critical input!