A photograph of a desert landscape at sunset. The sky is filled with dramatic, dark clouds, and the sun is low on the horizon, creating a bright glow and lens flare. The foreground and middle ground are dominated by numerous saguaro cacti of various sizes, some with arms. The ground is covered in dry, brownish vegetation and small shrubs. A white rectangular text box is overlaid on the upper portion of the image, containing the title and subtitle in a sans-serif font.

Program Evaluation Report: Project FUTRE and PeerWORKS
Building Capacity, Diversity, and Access in Arizona's Behavioral Health Paraprofessional Workforce



Comprehensive Pain
& Addiction Center



**WORKFORCE
DEVELOPMENT
PROGRAM**
Family & Community Medicine



THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

<https://cpac.arizona.edu/>

Comprehensive Pain and Addiction Center “The University of Arizona Health Sciences Comprehensive Pain and Addiction Center (CPAC) is unique in that it focuses on all aspects of pain and addiction, including clinical care, education, research, clinical trials, neonatal abstinence, medication-assisted training, legislation and technology to improve health outcomes.”

<https://cpac.arizona.edu/>

Workforce Development Program “Successful recovery involves empowering yourself through satisfying work, joyful relationships, happiness, and a healthy body and living environment. Our goal is to teach you how to be your own wellness expert. Our trainers are committed to providing you guidance in achieving emotional, environmental, intellectual, occupational, physical, social and spiritual wellness. This is a DBHS Arizona State Certification that gives graduates the credentials to work as a peer support in Arizona's integrated behavioral health field.”

<https://www.fcm.arizona.edu/workforce-development-program>

Center for Rural Health “The mission of the Center for Rural Health at the Mel and Enid Zuckerman College of Public Health, the University of Arizona, is: To Improve the Health and Wellness of Arizona’s Rural Populations

The vision of the Center for Rural Health is: To be the leading voice for the Health and Wellness of Arizona’s Rural Populations through research, education and service.”

<https://crh.arizona.edu>

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Executive Summary

Programmatic Vision and Training Model

CPAC's Behavioral Health Paraprofessional Training Programs are funded by grants from the Health Resources and Services Administration (HRSA), led by the Comprehensive Pain and Addiction Center and conducted in productive partnership with the Department of Family and Community Medicine's Workforce Development Program and the College of Public Health's Center for Rural Health. Our programs use the behavioral health concept of *lived experience* to establish eligibility for training. Trainees have significant lived experiences related to substance use and/or mental health (either self or a family member) and are willing to leverage their experiential expertise as an asset in providing peer and family support to community members encountering similar challenges. Stipends and other technical support are offered to support participation. The overarching goal of both programs, as implemented, is to expand the behavioral health workforce in terms of diversity, and access, while continuing to advocate for integration of peer and family support across recovery-oriented systems of health and community care.

Trainees complete 6 months of virtual/online classroom preparation, which includes 24 hours of job shadowing in person at potential employers. Many trainees are subsequently placed in behavioral health clinics as apprentices in Family Support or as Peer Support Specialists, depending on the nature of their lived experiences. CPAC registered a new behavioral health paraprofessional apprenticeship with the Arizona Department of Economic Security, in order to facilitate trainee placement in hands-on work experiences under the supervision of partner sites after the conclusion of classroom training. Apprenticeship placements focus on occupation-specific skills related to these occupations including competencies such as interaction with peers, communication and empowerment, recovery orientation practices, assisting in interdisciplinary care teams, screening and prevention, and ethics and professionalism. After completing the 6-month certification course, trainees are able to apply for an apprenticeship with a partner organization. Apprentices are required to complete 2000 hours over 12 months. Project FUTRE apprentices are registered as Behavioral Health Aides – Parent and Family Support Specialists. PeerWORKS apprentices are registered as Peer Support Specialists.

The program prides itself on continuous quality monitoring and improvement. Trainees complete training evaluations at one, three, and six months into the programs to assess their experience and learning, as well as identify programmatic strengths and identify areas for improvement. Evaluations are collected independently from program administration and direct service. Data are compiled and de-identified the data. The feedback is then shared with the project leadership and training instructors lead instructor quality improvement. To monitor program outcomes, trainees are invited to complete follow-up surveys after they leave the program at 12, 18, and 24 months after the first day of class.

Project FUTRE was developed in 2020 to expand the availability of support for family members who have been personally impacted by the opioid epidemic. The curriculum training was tailored to be responsive the specific needs of opioid-impacted families. The classroom training is conducted completely online and theoretically could be open to trainees across the state. However, Family Support Specialists are uncommon in Arizona-- outside of settings exclusively serving children. Organizational development and technical assistance to understand the role and

sustainability models is part of developing opportunities for trainees. In practice, feasibility has required development of the role of Family Support Specialists in urban areas where peer support specialists are already a well-established workforce.

PeerWORKS was developed in 2021 to expand the availability of peer support, a long-standing Arizona workforce that is nonetheless often unavailable in rural and semi-rural counties, due to lack of local training and certification services. The virtual model allows rural community members to be trained and certified in the community where they live. PeerWORKS provides internet hotspots and laptops to those who may lack access to technical items needed for training. This program has expanded into 9 of Arizona's 15 non-urban counties.

Partnerships

Partner organizations working with Project FUTRE and/or PeerWORKS include the Department of Economic Security (DES) which houses Arizona's Apprenticeship Office and healthcare organizations that host onsite shadowing for trainees and employ apprentices. Healthcare organizations include, MHC Healthcare, COPE Community Services, La Frontera, Regional Center for Border Health, Community Medical Services, Helping Ourselves Pursue Enrichment Inc. (HOPE), Reach Family Services, Sage Memorial Hospital, Banner, House of Hope, and Intensive Treatment Systems. These partners represent a variety of clinical settings: Community health centers, hospital outpatient clinics, rural health clinics, opioid treatment programs, outpatient substance use treatment centers, and behavioral health agencies serving youth and children.

This report covers data collected from 45 Project FUTRE trainees, Cohorts 1-3 of six total cohorts, and 13 PeerWORKS trainees, Cohort 1 of four total cohorts. The data presented here was collected by the CPAC evaluation team, which is supervised independently from program administration and direct service activities.

Trainee Characteristics

The application processes for Project FUTRE and PeerWORKS starts with the applicants completing surveys that collect a variety of information such as age, gender, race, ethnicity, education background, whether they are bilingual or multilingual, the city and county they live in, main mode of transportation, whether they have access to a computer with a webcam and internet, and more. Project FUTRE has cohorts twice every year while PeerWORKS has cohorts once every year. There are more Project FUTRE trainees than there are PeerWORKS trainees.

Gender

Of the 45 trainees, that have participated in Project FUTRE, 32 (71%) identify as female, 10 (22%) identify as male, and three (7%) identify as non-binary/non-conforming (fig. 1.1a). Of the thirteen trainees in PeerWORKS, 10 (77%) identify as female, and three (23%) identify as male (fig. 1.1b)

Figure 1.1a Project FUTRE Gender

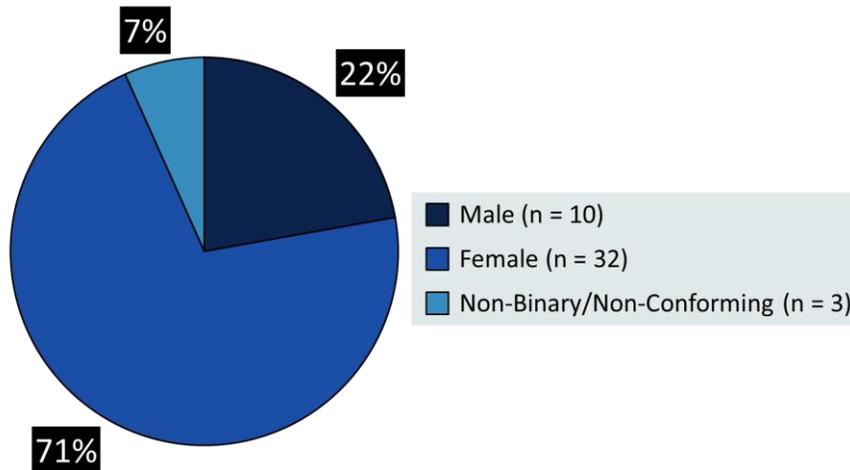
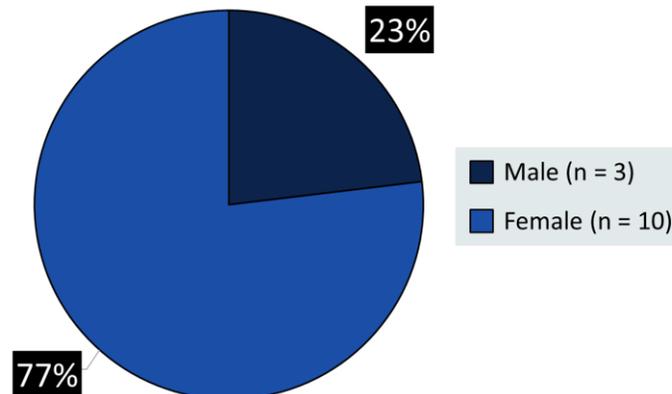


Figure 1.1b PeerWORKS Gender



Race and Ethnicity

Of the trainees from Project FUTRE five (11%) identify as American Indian or Alaskan Native, one (2%) identifies as Asian, four (9%) as Black or African American, fourteen or nearly a third (31%) identify as Hispanic or Latino, sixteen (36%) as Non-Hispanic White, three (7%) identified with another race not listed, and two (4%) preferred not to specify which race(s)/ethnicity with which they identify (fig. 1.2a). From PeerWORKS three (23%) identify as American Indian or Alaskan Native, one (8%) identifies as Black or African American, three (23%) identify as Hispanic or Latino, three (23%) as Non-Hispanic White, one (8%) identifies with another race not listed, and two (15%) preferred not to answer (fig. 1.2b).

Figure 1.2a Project FUTRE Race/Ethnicity

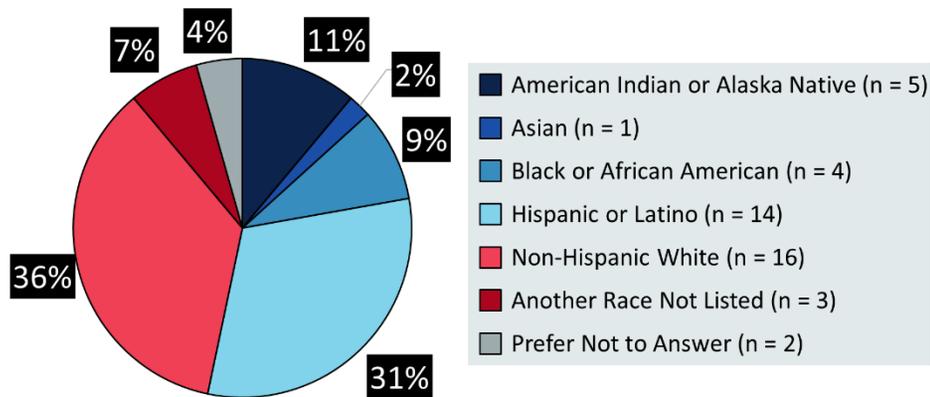
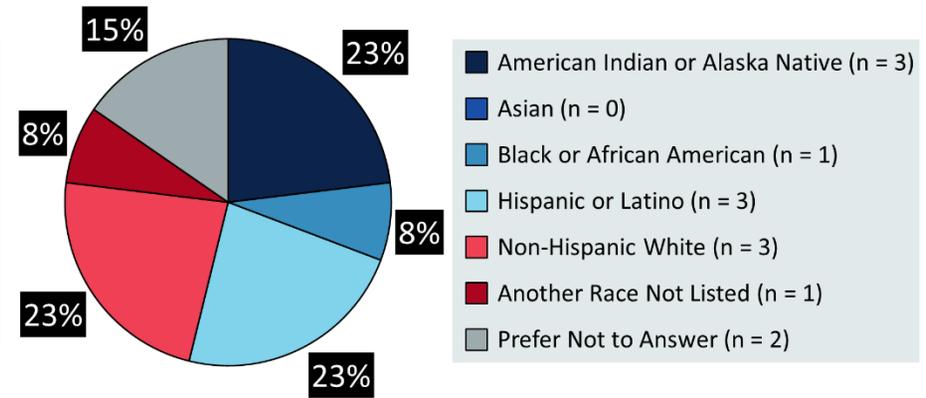


Figure 1.2b PeerWORKS Race/Ethnicity



Bilingual or Multilingual

Trainees are asked as part of the application process whether they are fluent or conversational in any languages other than English. From Project FUTRE ten (22%) are fluent and five (11%) are conversational in another language (fig. 1.3a). Of those who speak another language from Project FUTRE, thirteen speak Spanish, one speaks Tagalog, and one did not specify the language(s) in which they are fluent or conversational. From PeerWORKS three (23%) are fluent and two (15%) are conversational in another language (fig. 1.3b). Of the five trainees in PeerWORKS who speak another language, three speak Spanish, one American Sign Language, and one did not specify the language(s) in which they are fluent or conversational.

Figure 1.3a Project FUTRE Bilingual or Multilingual

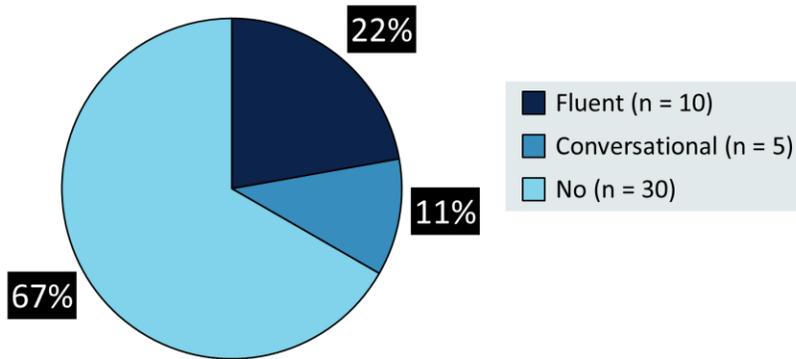
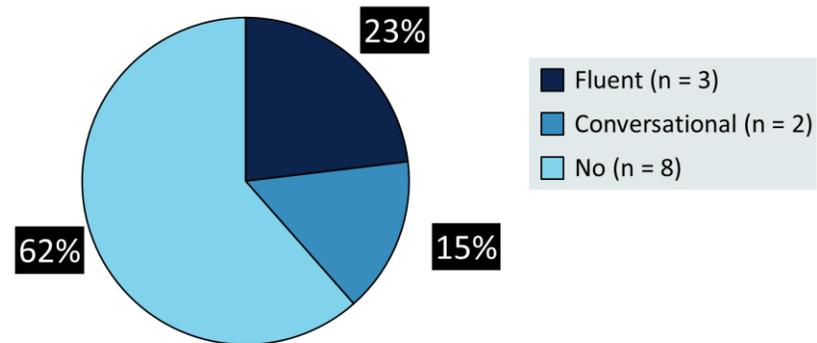


Figure 1.3b PeerWORKS Bilingual or Multilingual



Age Distribution

Both Project FUTRE and PeerWORKS show a broad range in trainee ages; the following data is based on the trainees' ages on their first day of training. Half, or 50% (the area covered by the blue box), of trainees from Project FUTRE are between 30 and 55 years of age, the median age is 44 (the line across the blue box), and the mean age is 43 years (the 'x' in the blue box) (fig. 1.4a). Half, or 50% (the area covered by the blue box), of PeerWORKS trainees are between 25 and 50 years of age, the median age is 40 (the line across the blue box), and the mean is 39 years (the 'x' in the blue box) (fig. 1.4b).

Figure 1.4a Project FUTRE Age Distribution

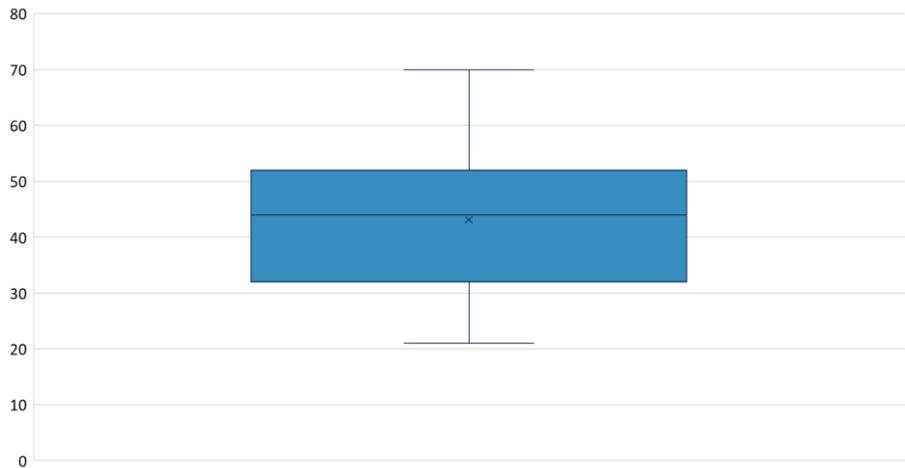
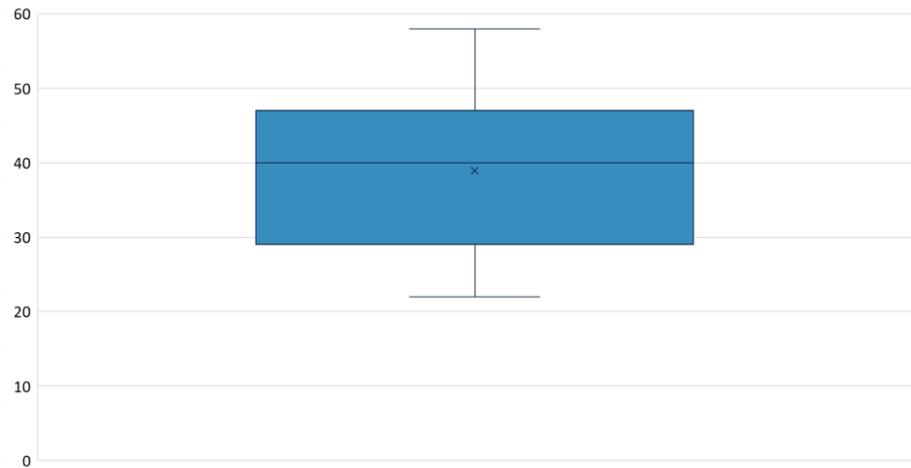


Figure 1.4b PeerWORKS Age Distribution



Education Background

Project FUTRE and PeerWORKS both have trained and are training people with various educational backgrounds; the following data is based on trainees' responses on the application and does not reflect any degrees obtained during or after their participation in Project FUTRE or PeerWORKS. Over half, or 24 (53%) of trainees from Project FUTRE have some college experience, 13 (29%) have graduated high school or received a GED, three (7%) went through vocational/technical training after high school, two (4%) have an associate's degree, and three (7%) have a bachelor's degree (fig. 1.5a). From the trainees in PeerWORKS over half, seven (54%) have some college experience, four (31%) graduated high school or received a GED, one (7%) has a bachelor's degree, and one (7%) has a master's degree (fig. 1.5b).

Figure 1.5a Project FUTRE Trainees' Educational Backgrounds

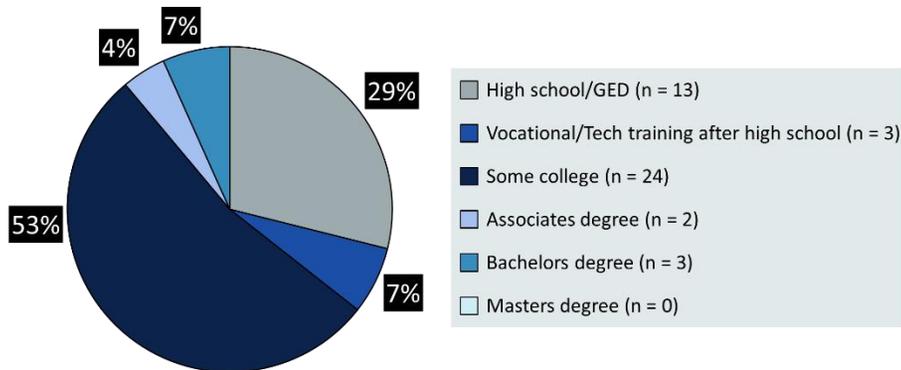
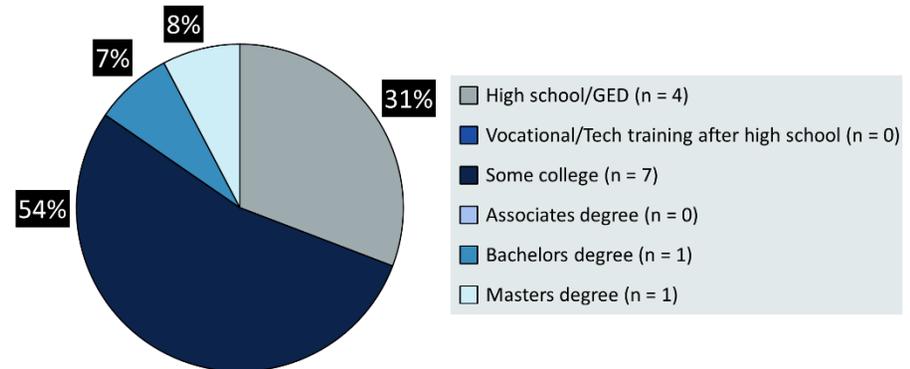


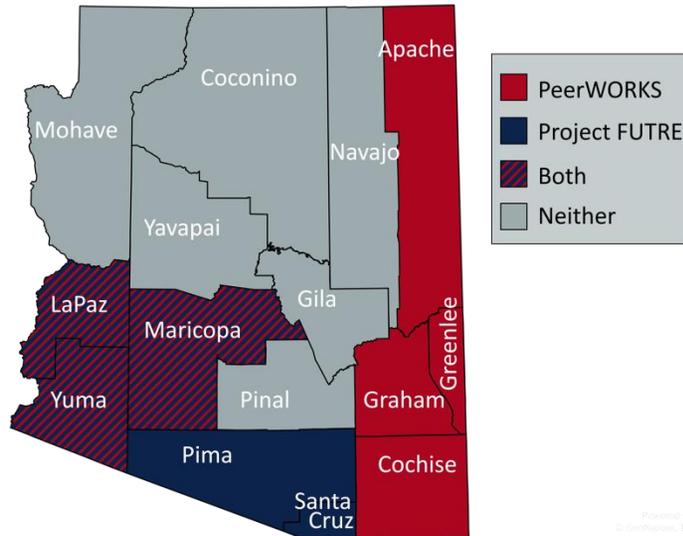
Figure 1.5b PeerWORKS Trainees' Educational Backgrounds



Trainee County

Project FUTRE and PeerWORKS have trained and are currently training people from most counties in Arizona. The map below (fig 1.6) shows which counties have hosted or are currently hosting Project FUTRE and/or PeerWORKS trainees. Project FUTRE has or has had 37 (82%) trainees in Pima county, one (2%) in Santa Cruz, one (2%) in La Paz, three (7%) in Maricopa, and three (7%) in Yuma. PeerWORKS has two (15%) trainees in Apache, three (23%) in Cochise, three (23%) in Graham, one (8%) in Greenlee, one (8%) in La Paz, one (8%) in Maricopa, and two (15%) in Yuma.

Figure 1.6 Project FUTRE and PeerWORKS Trainee Counties



Trainee City

Project FUTRE and PeerWORKS trainees reside in many cities across the state, the data is collected when the trainees apply for the program. From Project FUTRE 36 (80%) live in Tucson, two (5%) live in Yuma, two (5%) in Peoria; and one (2%) in El Mirage, Nogales, Parker, Phoenix, and San Luis each (fig. 1.7a). Of the trainees in PeerWORKS two (15%) live in Safford, two (15%) live in San Luis; and one (7-8%) live in Bisbee, Douglas, Duncan, Ganado, Huachuca City, Parker, Phoenix, Pima, and St. Michaels each (fig. 1.7b).

Figure 1.7a Project FUTRE Trainee Cities

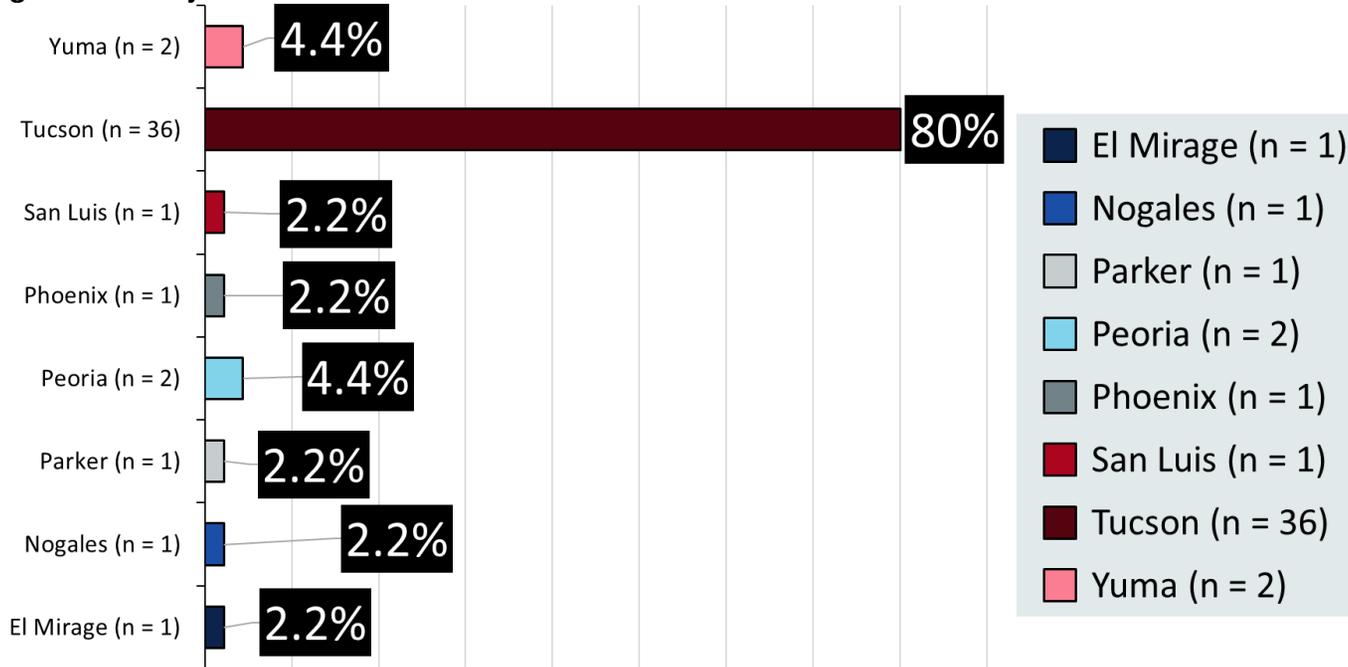
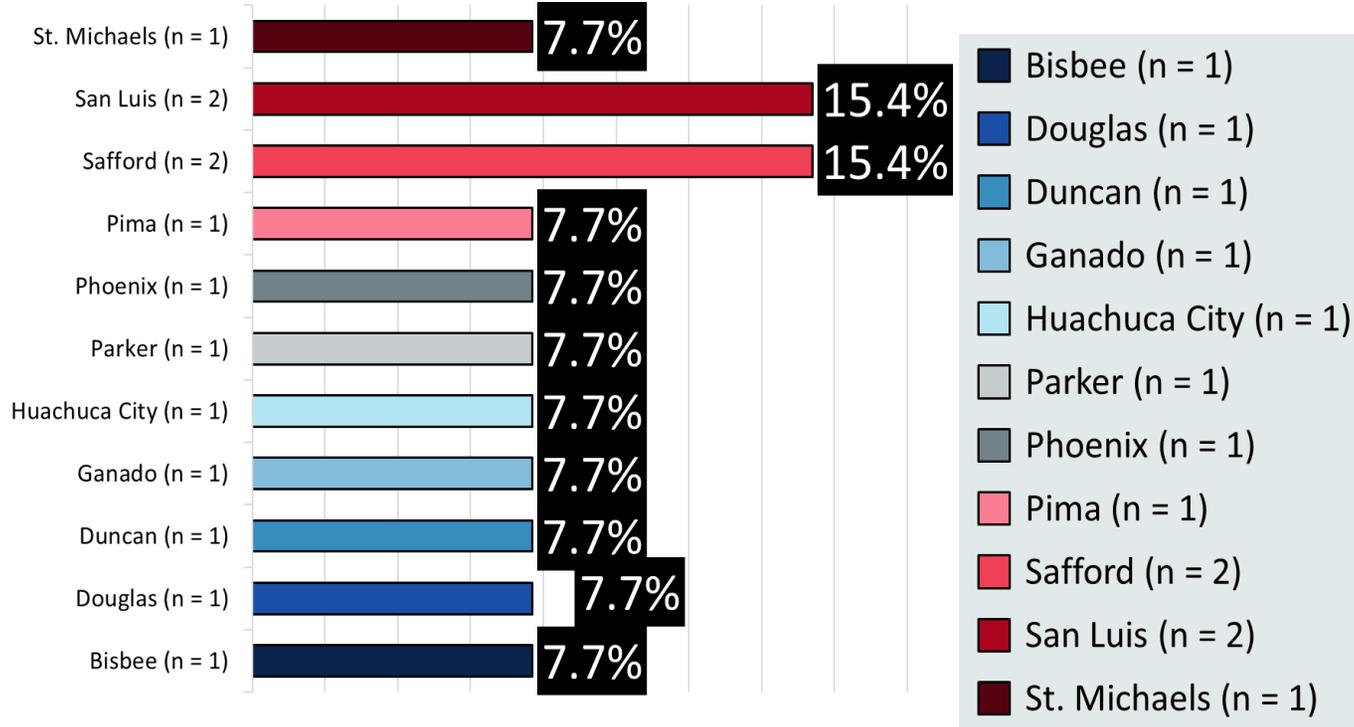


Figure 1.7b PeerWORKS Trainee Cities



Mode of Transportation

Trainees are asked what their main mode of transportation is as part of the application process. Most trainees, 27 (60%), from Project FUTRE drive their own car/motorcycle, whereas nine (20%) take the bus, four (9%) get a ride, one (2%) uses a bicycle, three (6%) have some other mode of transportation, and one (2%) preferred not to answer (fig. 1.8a). Most trainees, 10 (77%) from PeerWORKS drive their own car/motorcycle, and three (23%) get a ride (fig. 1.8b).

Figure 1.8a Project FUTRE Trainees' Main Mode of Transportation

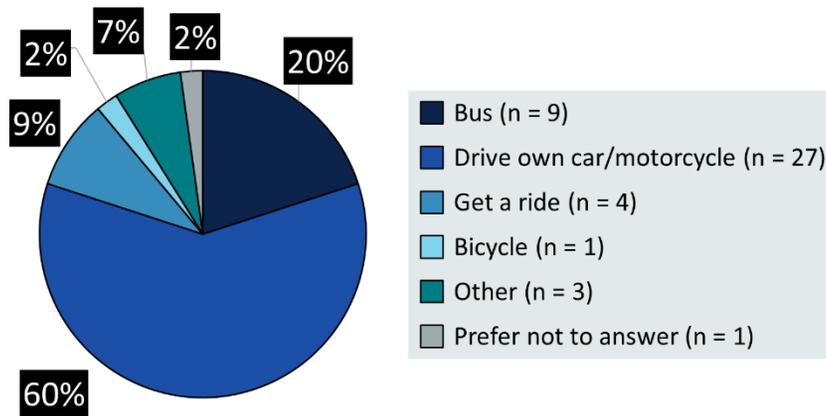
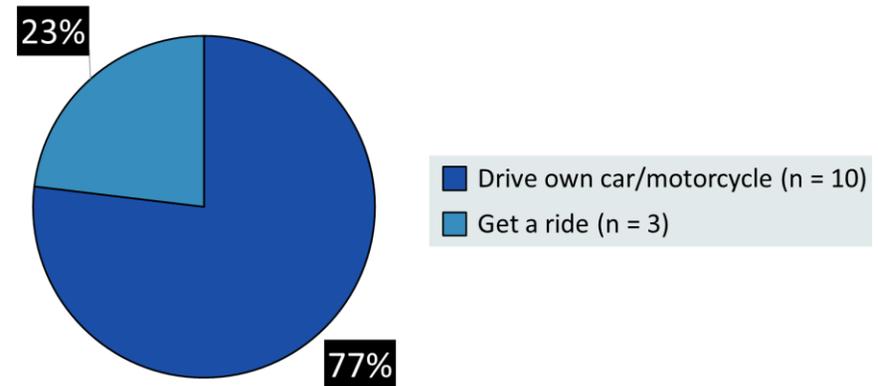


Figure 1.8b PeerWORKS Trainees' Main Mode of Transportation



Computer and Internet Access

Access to a computer with a webcam and a reliable internet connection is important to both Project FUTRE and PeerWORKS trainees, as the classes are held online over Zoom. If trainees do not have access to a computer with a webcam and/or a reliable internet connection, they are able to borrow a laptop and or a MiFi (a router that acts as a Wi-Fi hotspot). Laptops and MiFis are sent out before the first day of training so trainees are able to fully participate, and trainees send borrowed equipment back at the end of the program. From Project FUTRE 37 (82%) had access to a

computer with a webcam, where eight (18%) did not, and 41 (91%) had access to a reliable internet connection, where four (9%) did not (fig. 1.9a). All trainees, 13 (100%) in PeerWORKS have access to a reliable internet connection, and 10 (77%) of trainees have access to a computer with a webcam, where three (23%) do not (fig. 1.9b).

Figure 1.9a Project FUTRE Computer and Internet

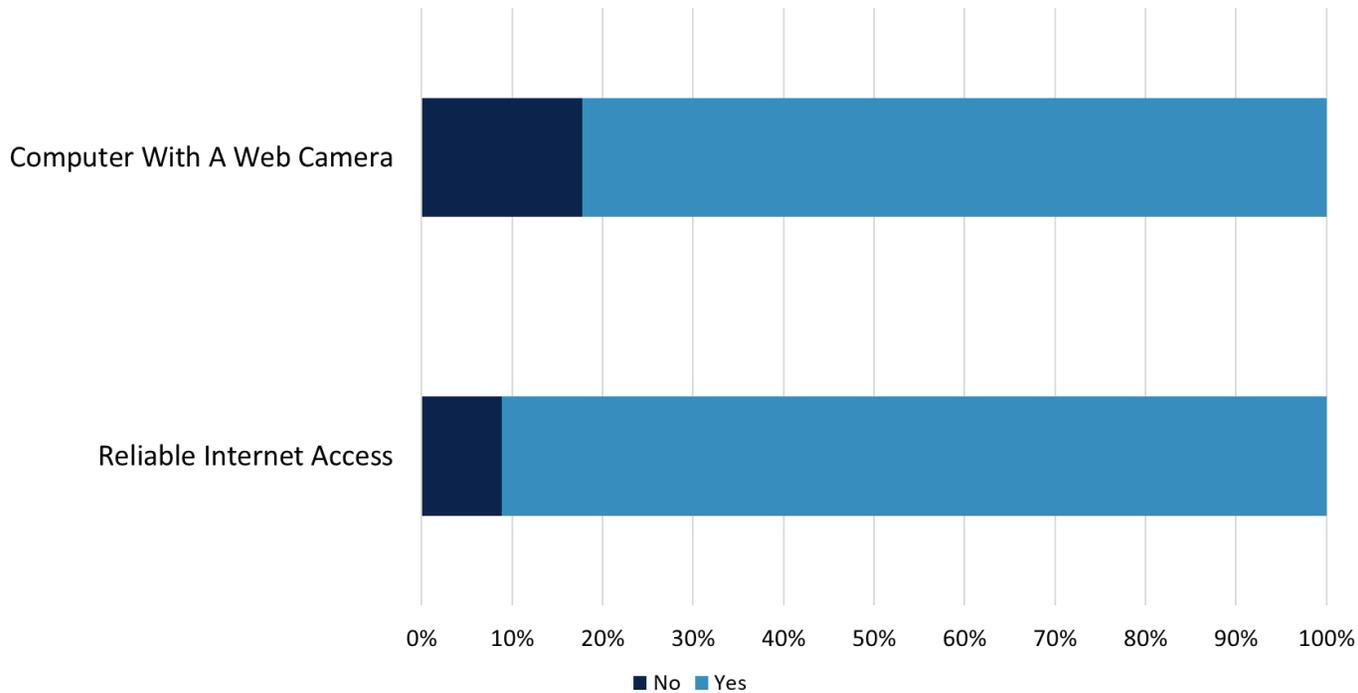
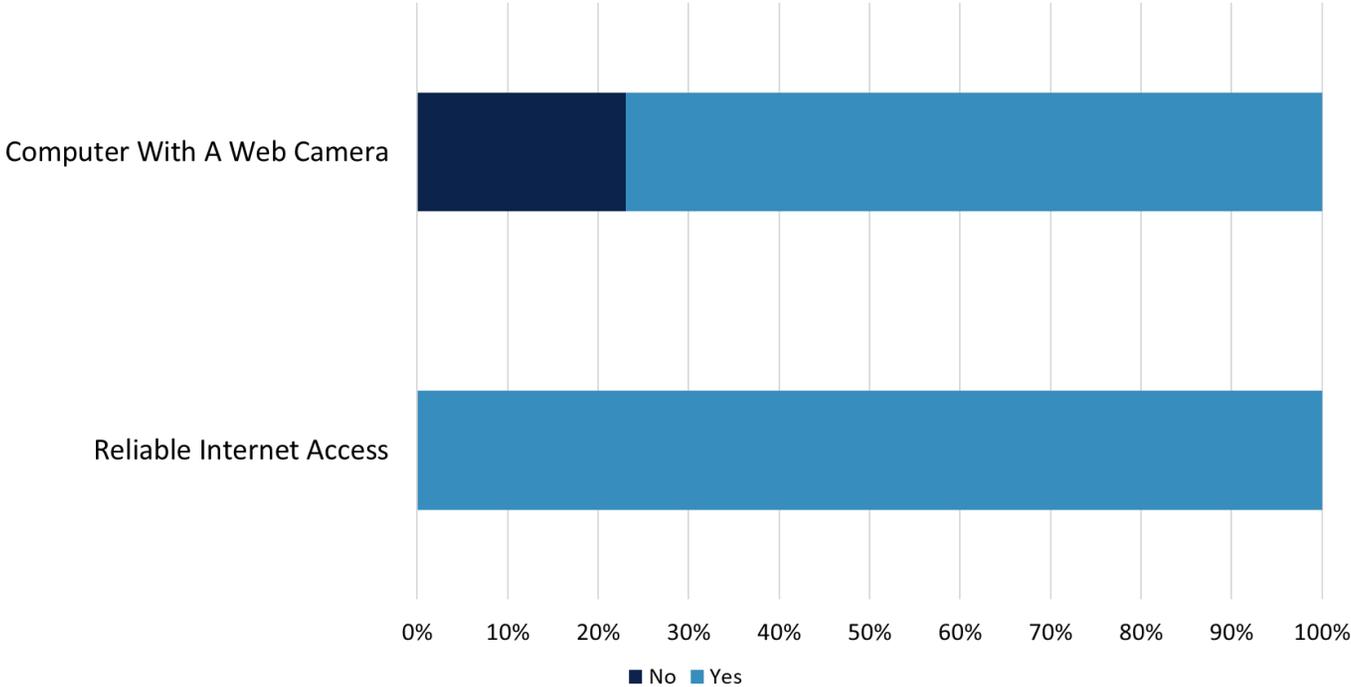


Figure 1.9b PeerWORKS Computer and Internet



Social Disadvantages

The graphs below show different experiences that Project FUTRE and PeerWORKS trainees' have experienced throughout their lives. The trainees answer these questions as part of the application process for Project FUTRE and PeerWORKS and does not reflect any experiences since joining either program. A higher percentage of trainees from Project FUTRE have experience racial discrimination in their lives, 21 (47%), than trainees in PeerWORKS, three (21%). Most trainees from both programs have experienced economic hardship (Project FUTRE – 44 (98%), PeerWORKS – 11 (85%)) and currently enrolled in Medicaid (Project FUTRE – 41 (91%), PeerWORKS – 11 (85%)). Most trainees from Project FUTRE and PeerWORKS also report mental health concerns and substance use disorder either themselves or a family member. A higher percentage of trainees from Project FUTRE reported inadequate transportation (34, 76%) compared to PeerWORKS (7, 54%). Figure 1.10a shows the statistics for Project FUTRE, and figure 1.10b shows the statistics for PeerWORKS.

Figure 1.10a Social Disadvantages Project FUTRE

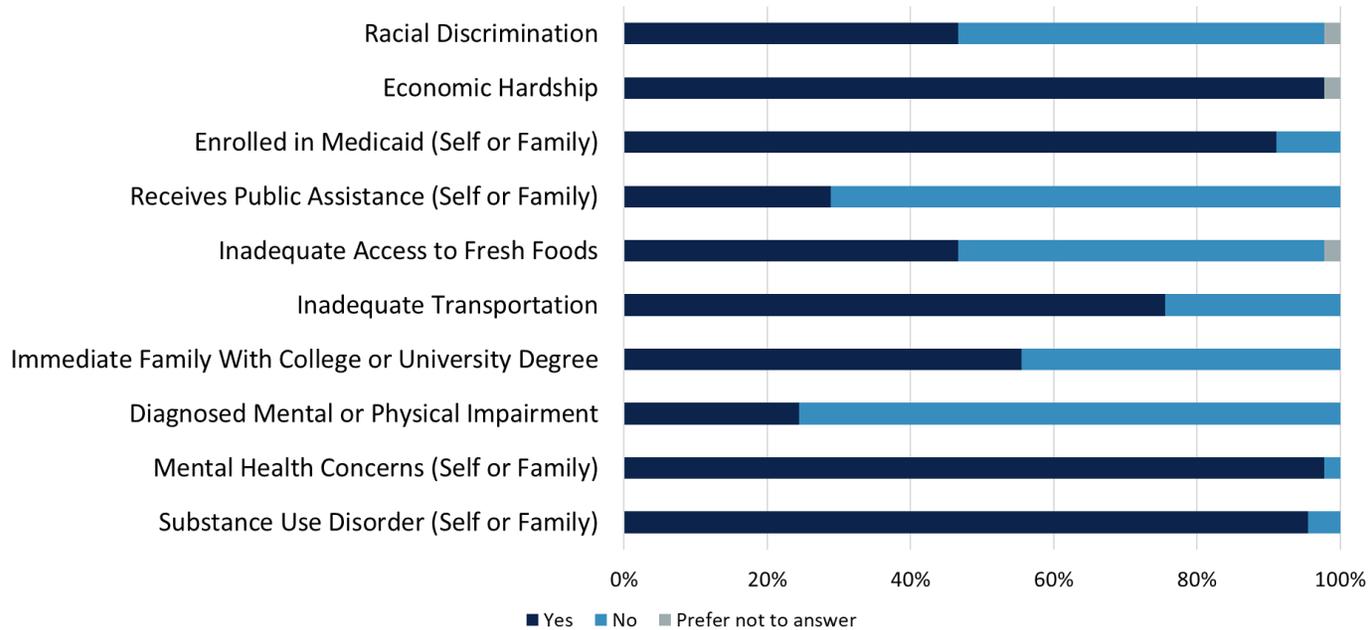
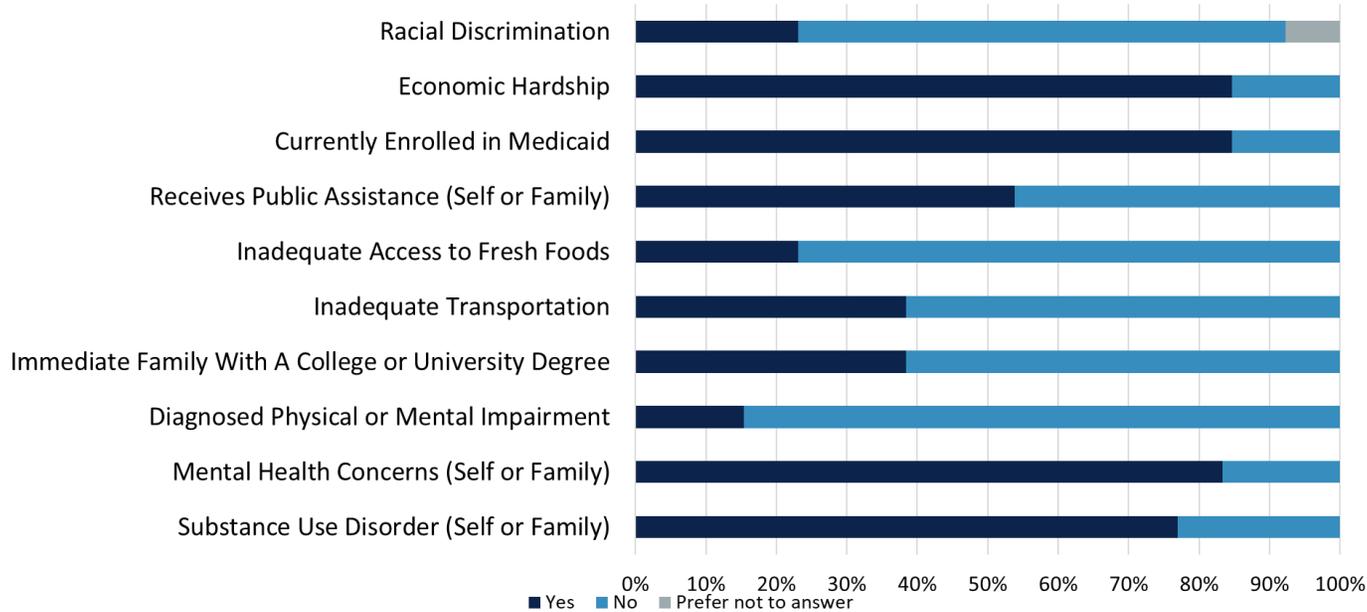


Figure 1.10b Social Disadvantages PeerWORKS



Employment

Some trainees in both programs are employed while they participate, the data reflects trainees’ employment status at the time of admission. Of the Project FUTRE trainees 25 (56%) were unemployed, four (9%) were employed at a behavioral health agency, two (4%) were employed at a health care organization, nine (20%) were employed but not in health care, one (2%) was a primary caregiver to a dependent child, three (7%) were primary caregivers to dependent adults, and one (2%) was a volunteer (fig. 1.11a). From the trainees in PeerWORKS eight (61%) were unemployed, one (8%) was employed at a behavioral health agency, one (8%) was employed at a health care organization, and three (23%) were employed but not in health care (fig. 1.11b).

Figure 1.11a Project FUTRE Trainees' Employment Status on Day 1

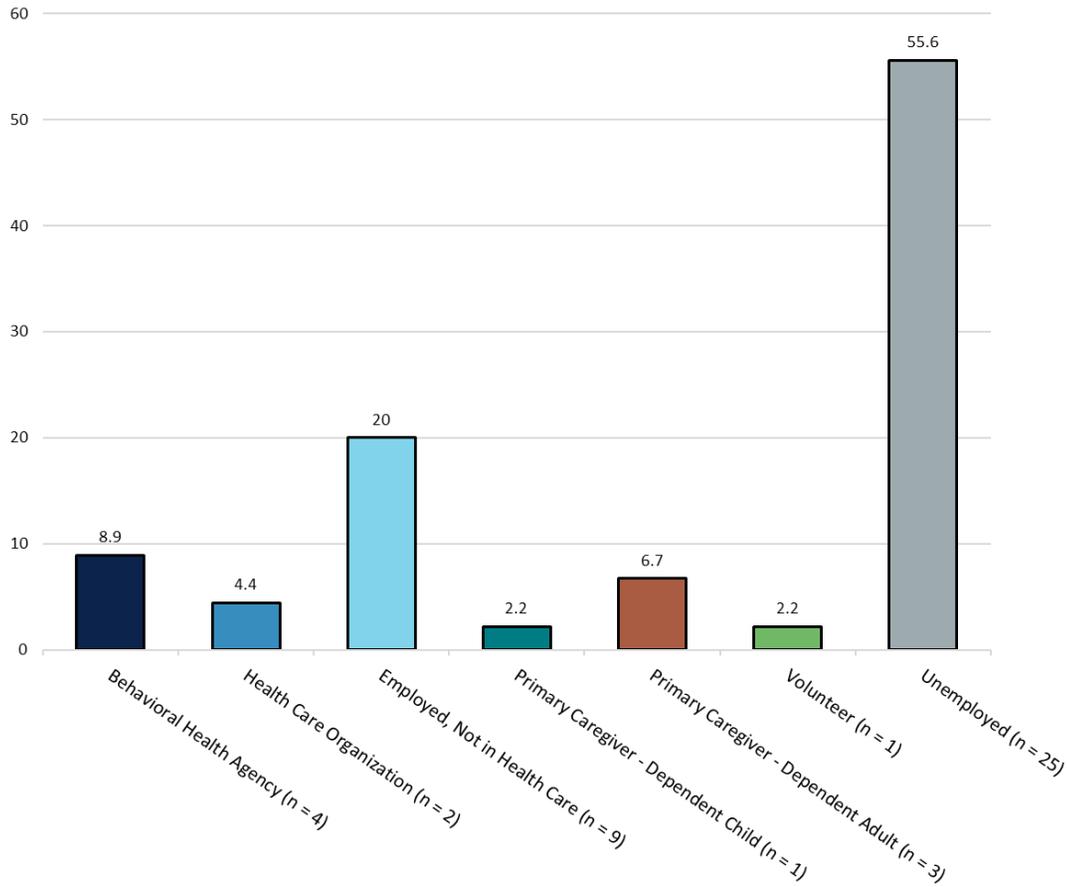
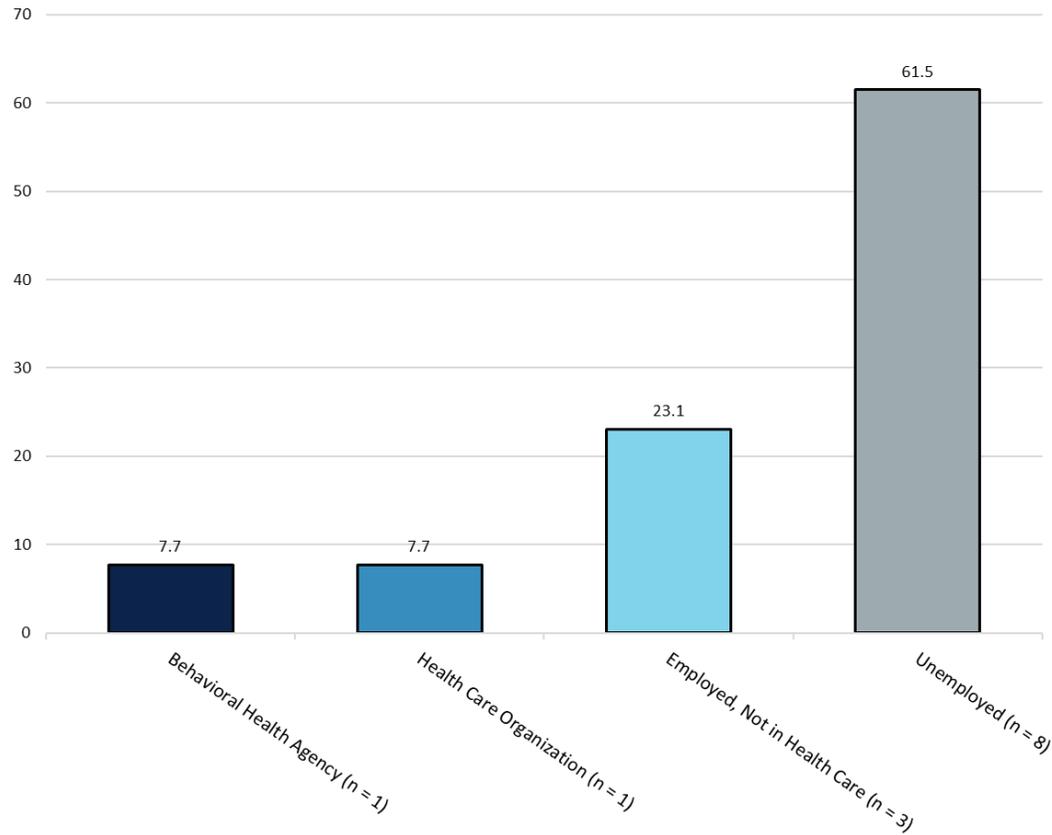


Figure 1.11b PeerWORKS Trainees' Employment Status on Day 1



Trainee Referral Source: Project FUTRE / PeerWORKS

Trainees from both programs heard of Project FUTRE and/or PeerWORKS from several different sources. Many trainees hear about the programs from being referred by a health care services provider. From Project FUTRE 14 (31%) were referred by a health care services provider, two (4%)

were referred by another participant, one (2%) by their supervisor for staff training, one (2%) learned about Project FUTRE from a brochure, six (13%) from a Listserv or email distribution, one (2%) from social media, and 20 (44%) heard another way; however, none specified what other ways they heard about Project FUTRE (fig 1.123a). From PeerWORKS seven (54%) were referred by a health care services provider, one (8%) heard about PeerWORKS from a brochure, and five (39%) heard another way; however, none specified other ways they heard about PeerWORKS (fig. 1.12b).

Figure 1.12a How Trainees Heard About Project FUTRE

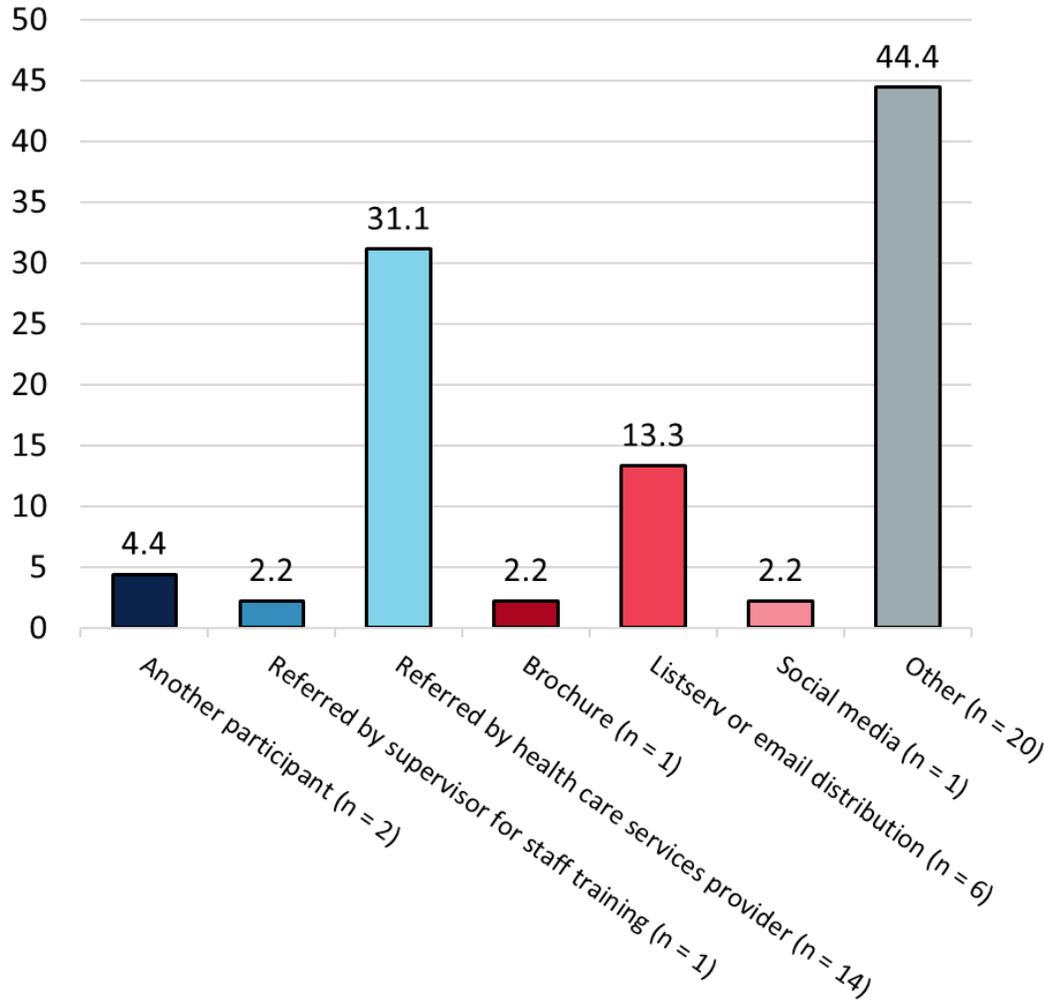
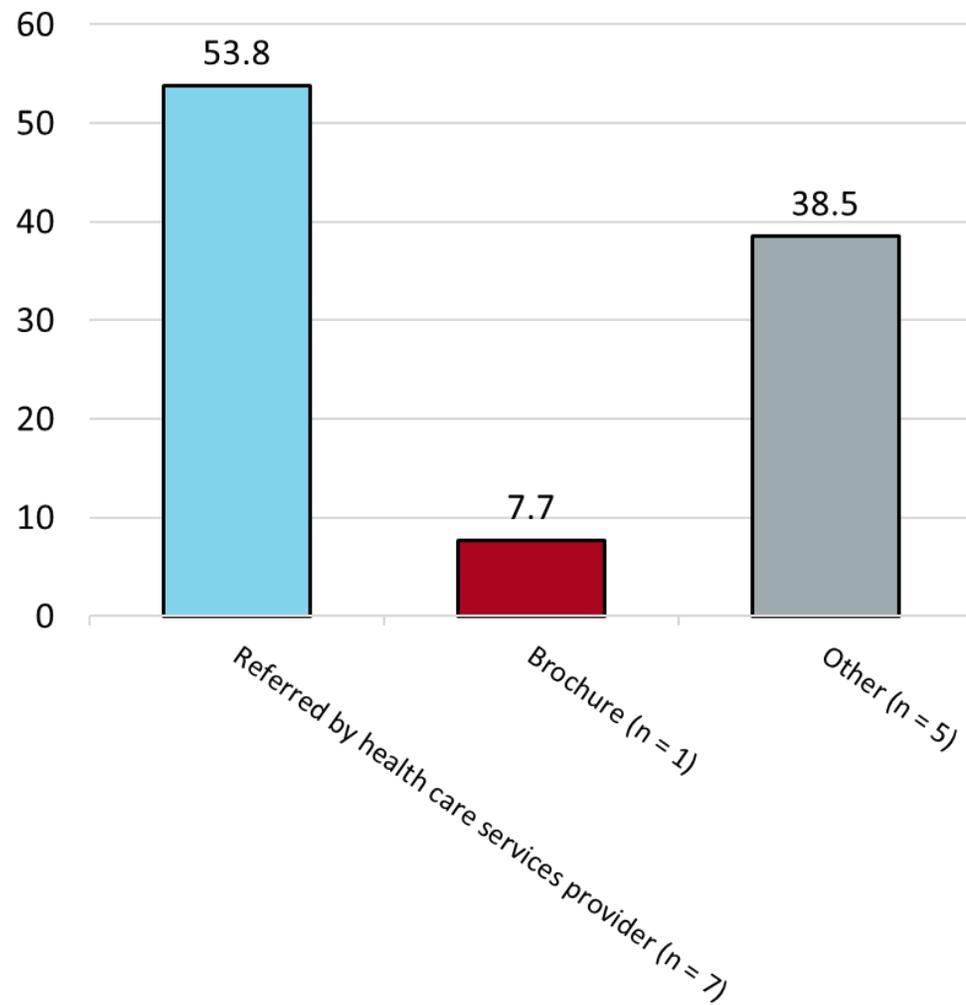


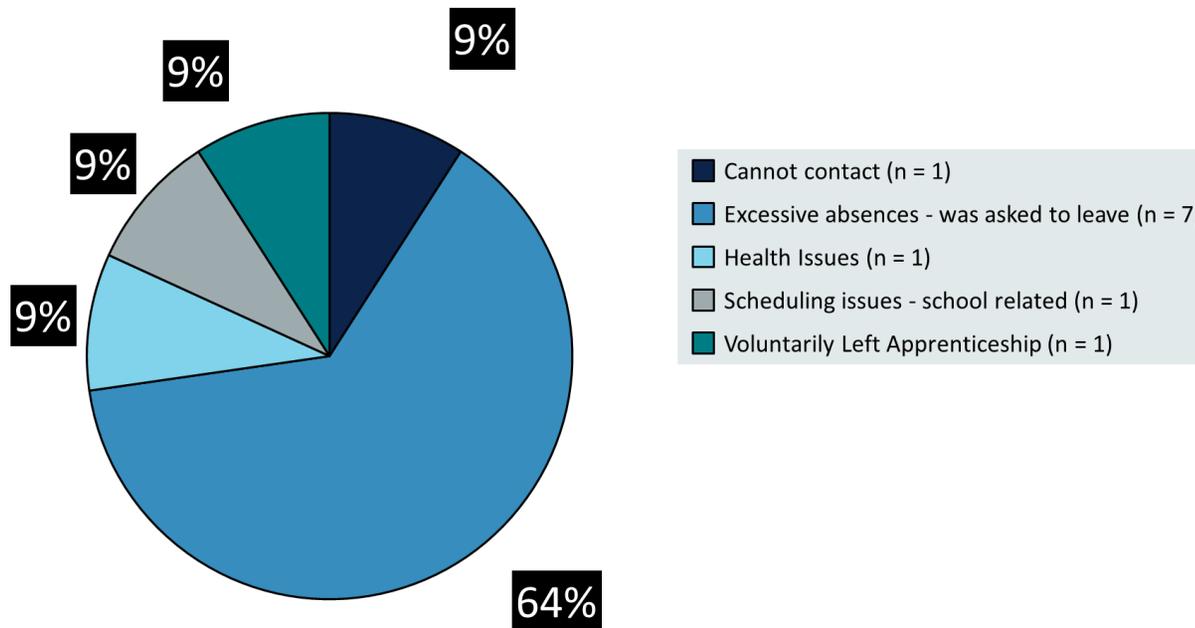
Figure 1.12b How Trainees Heard About PeerWORKS



Reasons for early exit

Some trainees are unable to complete the program for various reasons, the graphs below provide a visual for different reasons trainees left the program early. One trainee (9%) could not be contacted, seven (64%) had too many absences throughout the course and were asked to leave the program, one (9%) left because of health issues, one (9%) left because of scheduling issues, and one (9%) left their apprenticeship early (fig. 1.13a). PeerWORKS is in cohort one and has exited two people, both for excessive absences.

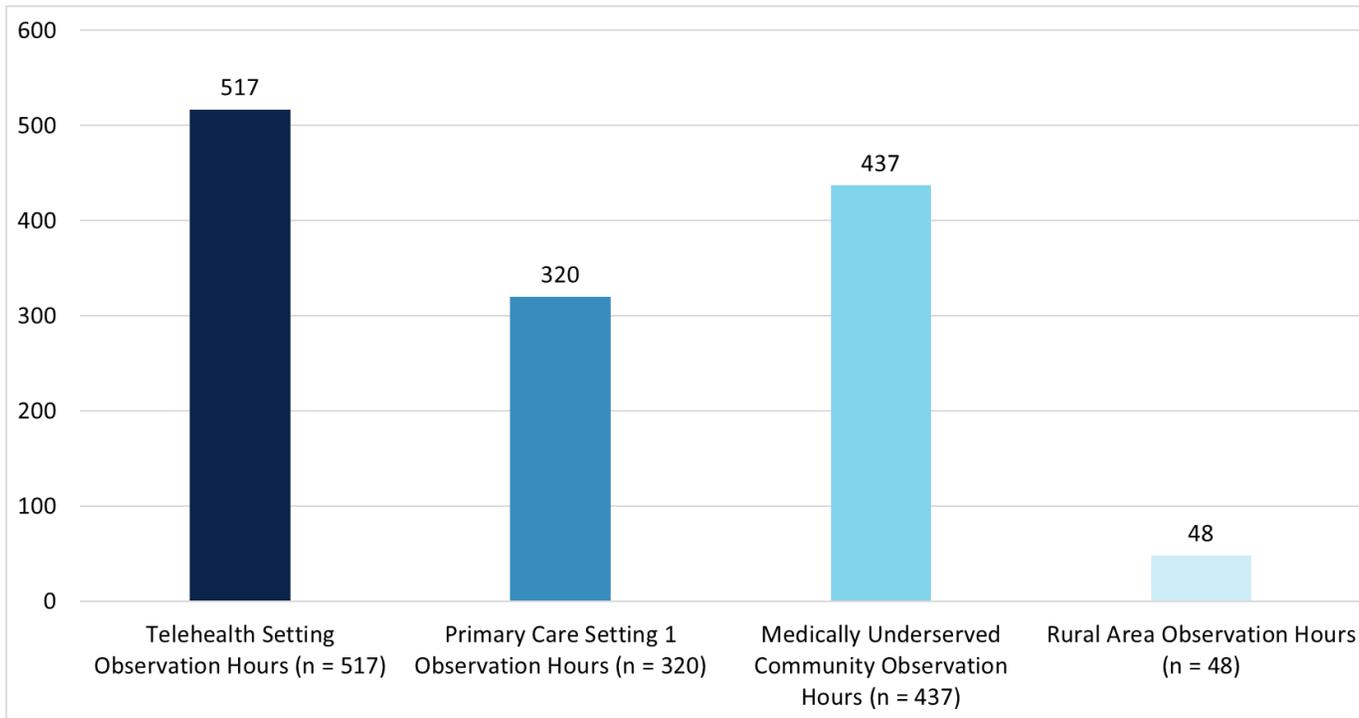
Figure 1.13a Project FUTRE Early Exit Reasons



Shadowing Information

The certification course part of both programs involves job shadowing at partner organizations. The graph below shows how many hours trainees have completed in different settings for Project FUTRE as PeerWORKS trainees have not completed their shadowing. Project FUTRE trainees have completed a total of 740 observation hours across various settings: 517 (39%) hours of Telehealth, 320 (24%) Primary Care, 437 (33%) Medically Underserved Community, and 48 (4%) Rural Area Observation Hours (fig. 1.14a).

Figure 1.14a Project FUTRE Observation Hours



Partner Characteristics & Apprentice Information

| Partner Org. | Partner Website Descriptions from Partner Websites |
|---|---|
| Community Medical Services | <p>“Community Medical Services is a CARF-accredited substance use disorder treatment program, providing outpatient medication-assisted treatment via medication, counseling, and community-based services.”</p> <p>https://communitymedicalservices.org/</p> |
| COPE Community Services | <p>“COPE Community Services, Inc. (COPE) is a private, nonprofit healthcare organization. COPE creates pathways to better health by offering innovative solutions for behavioral and physical healthcare, wellness, and recovery to individuals and families.”</p> <p>https://www.copecommunityservices.org/</p> |
| Banner Health | <p>“It’s so important to have partners who will give you peace of mind. That’s why Banner Health's mission is: making health care easier, so life can be better.”</p> <p>https://www.bannerhealth.com/</p> |
| Helping Ourselves Pursue Enrichment Inc. (HOPE) | <p>“Helping Ourselves Pursue Enrichment, Inc. (HOPE) began over thirty years ago as a grass-roots movement of community members seeking recovery support from their peers. As they navigated the system together, it became clear that the path to recovery was more easily traveled with help from someone who had navigated the system. Today we are doing what we do best as a Specialty Provider; offering hope to those in need through the provision of professional peer-driven behavioral health services. We're in it together and better than ever.”</p> <p>https://hopearizona.org/</p> |
| Intensive Treatment Services | <p>“Intensive Treatment Systems (ITS) is a CARF accredited, outpatient substance use treatment program providing Medication Assisted Treatment (MAT) to patients who are affected by Opioid Use Disorder and/or Alcohol Use Disorder. The primary treatment objective of ITS is to help patients free themselves from the dysfunctional pattern of drug and alcohol use through medications such as Methadone, Vivitrol and Suboxone as well as counseling, peer support and case management services.”</p> <p>https://itsofaz.com/</p> |

| | |
|-----------------------------------|--|
| La Frontera | <p>“Providing innovative solutions to complex problems, we work with community partners to build a safe, strong, and healthy Arizona.”</p> <p>https://lafronteraaz.org/</p> |
| House of Hope | <p>“reaching out and serving our community for over 35 years. They have a heart to help hurting people, and strive to give them hope by providing blankets, clothing, shoes, food, toiletries, water, and housing.”</p> <p>https://houseofhopeaz.org/about-us.html</p> |
| MHC Healthcare | <p>“MHC Healthcare is the oldest community health center, providing continuous health care since its incorporation in 1957. We began by providing medical care to migratory farm workers and other locals in Marana.”</p> <p>https://mhchealthcare.org/</p> |
| Reach Family Services | <p>“REACH Family Services, Inc. (Alcanza Servicios de Familia) is a family-run organization located in Southern Phoenix. This organization will provide youth skills training, and family support services and education. REACH will work throughout Maricopa County with an emphasis on serving Hispanic and other minority families in the county.”</p> <p>http://www.reachfs.org/</p> |
| Regional Center for Border Health | <p>“Committed to improving the quality of life of the residents along the U.S. - Mexico border by increasing accessibility to quality training and affordable healthcare.”</p> <p>https://www.rcfbh.org/index.html</p> |
| Sage Memorial Hospital | <p>“The mission of Sage Memorial Hospital is to provide quality healthcare for the Dine people with respect, unity, beauty, harmony in honor of K'é and the sacredness of life.”</p> <p>https://sagememorial.com/</p> |

Project FUTRE staff assist partners in troubleshooting different difficulties they may encounter, such as billing and training. As of July 2022, there are three apprentices from Project FUTRE at two partner organizations.

Trainee Experience

The training evaluation surveys (collected via REDCap) assess trainees' opinions on the classroom environment and activities, the instructors, the payment process, technology access and ability, whether they foresee any barriers affecting their participation in the program, and their satisfaction with the program. The statistics presented represent each trainee's most recent training evaluation. Some trainees do not complete the program and drop out at various points, so the most recent data for each has been used. A couple trainees from Project FUTRE dropped out before the one-month training evaluation, so the total number of trainees for Project FUTRE in this section is 43. The trainees are required to complete the training evaluations with the goal of identifying any areas of the program that could be improved. Any problems that are mentioned in the results of the training evaluations are brought to the relevant team members, so a solution can be found as soon as possible in order to improve the trainees' experience.

This first set of graphs highlight two topics trainees are asked about on each training evaluation regarding the classroom environment and instructors. It is important that the trainees feel safe and welcome in the classroom; over half of the trainees from Project FUTRE, 32 (74%), strongly agree that the "The Project FUTRE/PeerWORKS classroom atmosphere is welcoming and safe.", whereas 11 (26%) agree with that statement. It is equally as important that the trainees find the "Instructors [are] respectful and encouraging"; 38 (88%) of Project FUTRE trainees strongly agree with that statement, and 5 (12%) agree (fig. 3.1a). From PeerWORKS 12 (92%) trainees strongly agree that the classroom atmosphere is welcoming and safe, one (8%) agrees. Out of the trainees in PeerWORKS 11 (85%) strongly agree the instructors are respectful and encouraging and one (8%) agrees with that statement, and one (8%) neither agrees nor disagrees (fig. 3.1b).

Figure 3.1a Project FUTRE Classroom and Instructors

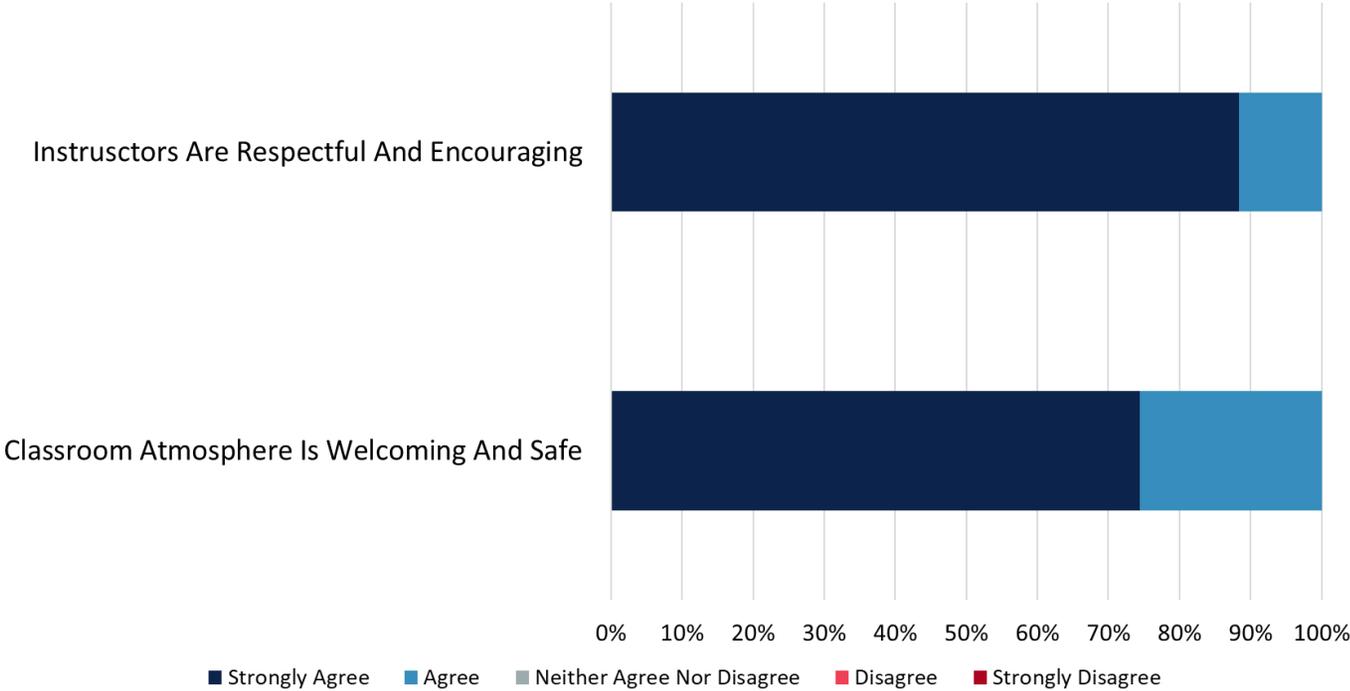
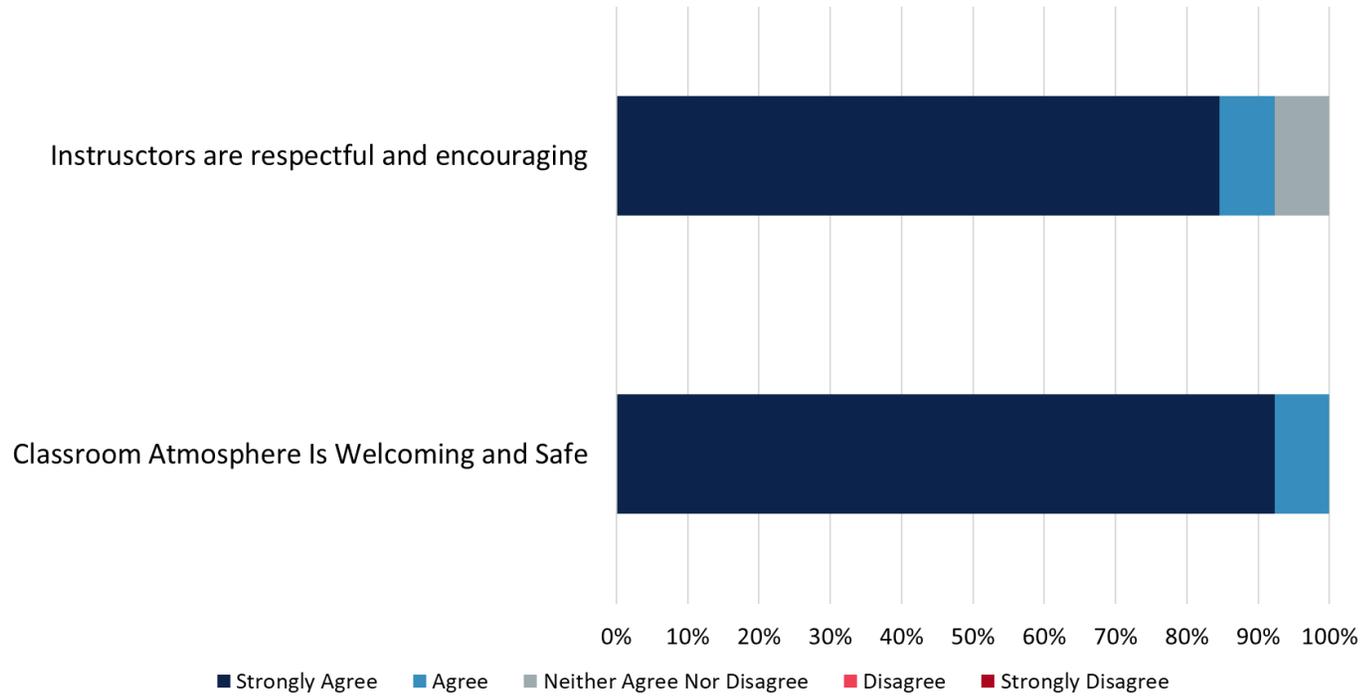


Figure 3.1b PeerWORKS Classroom and Instructors



Trainees are asked how they feel about the class workload and whether it is too heavy, too light, or just right. From Project FUTRE 39 (91%) of trainees reported that the class workload is “just right”, whereas nine (9%) believe it to be too light (fig 3.2 a). All of the PeerWORKS trainees, 13 (100%) reported the class workload is “just right” (fig. 3.2b).

Figure 3.2a Project FUTRE Class Workload

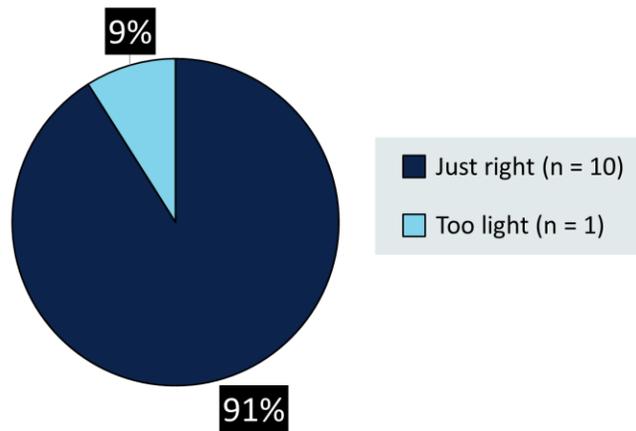
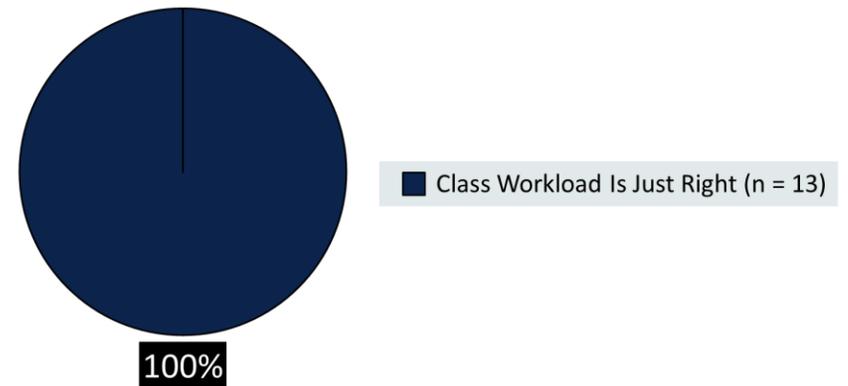


Figure 3.2b PeerWORKS Class Workload



Activities in the classroom are meant to help the trainees in their future careers, so one of the questions on the training evaluations asks if they think activities will help them in future jobs. Most of the trainees in Project FUTRE, 28 (65%), strongly agree that the “Project FUTRE activities are useful and will help me in my job”, 13 (30%) agree, and two (5%) neither agree nor disagree with that statement (fig. 3.3 a). Almost all of the trainees in PeerWORKS, 12 (92%) strongly agree that class activities are helpful, and one (8%) agrees with that statement (fig. 3.3b).

Figure 3.3a Project FUTRE Class Activities Are Helpful

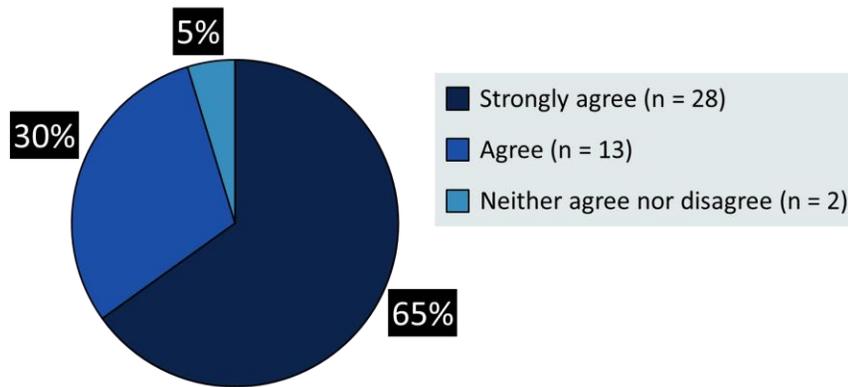
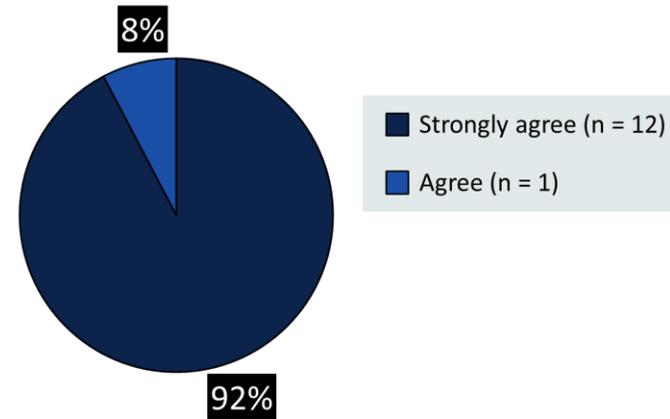


Figure 3.3b PeerWORKS Class Activities Are Helpful



Since the classroom portion of the certification programs are being held virtually, it is very important that the trainees' technology is working properly. Trainees are asked if their "internet connection has allowed [them] to fully participate in class" and from Project FUTRE 24 (56%) strongly agree, 14 (33%) agree, three (7%) neither agree nor disagree, and two (5%) disagree. They are also asked if their "technology skill has allowed [them] to fully participate in class" and 21 (49%) strongly agree, 19 (44%) agree, one (2%) neither agrees nor disagrees, and two (5%) disagree (fig. 3.4a). From PeerWORKS nine (69%) strongly agree that their internet connection allows them to fully participate in class, three (23%) agree, and one (8%) disagrees. All trainees either strongly agree, 10 (77%), or agree, three (23%), that their technology skill has allowed them to fully participate in class (fig. 3.4b). Project FUTRE and PeerWORKS have been working with a local computer consultant in Tucson, EC Group, to provide training for basic computer skills to trainees.

UPDATE PLEASE

Figure 3.4a Project FUTRE Internet and Technology Skill

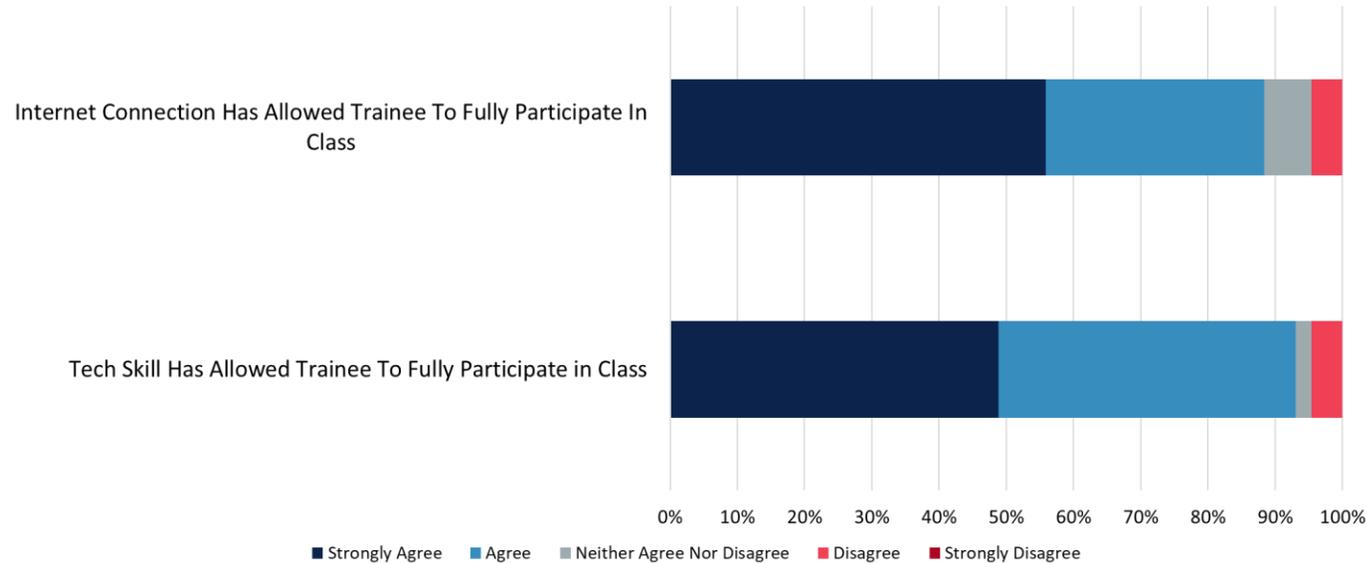
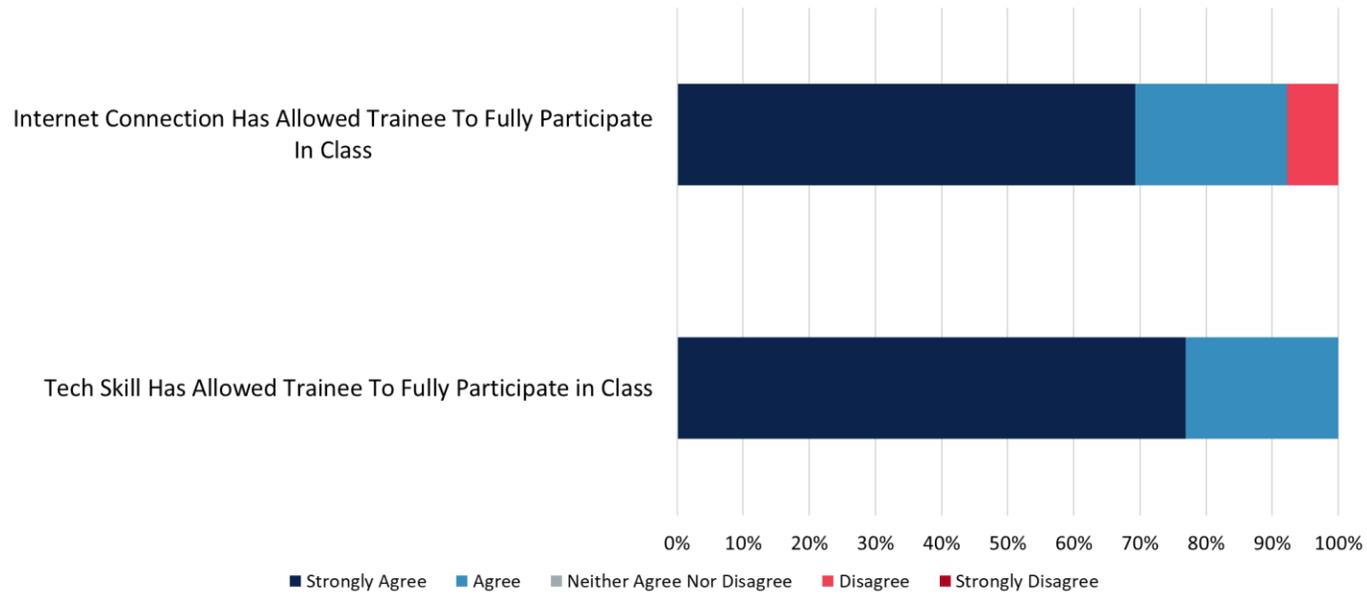


Figure 3.4b PeerWORKS Internet and Technology Skill



During Level I, the trainees receive a monthly stipend as long as they are still enrolled, so the payment process is an important part of their experience during Project FUTRE and PeerWORKS. Over half, 28 (65%), of Project FUTRE trainees strongly agree that “The Project FUTRE payment process is working well for me with few difficulties”, nine (21%) agree, three (7%) neither agree nor disagree, and three (7%) disagree that (fig. 3.5a). From PeerWORKS eight (62%) strongly agree, two (15%) agree, and three (23%) neither agree nor disagree that the payment process has worked well with few difficulties (fig. 3.5b).

Figure 3.5a Project FUTRE Payment Process

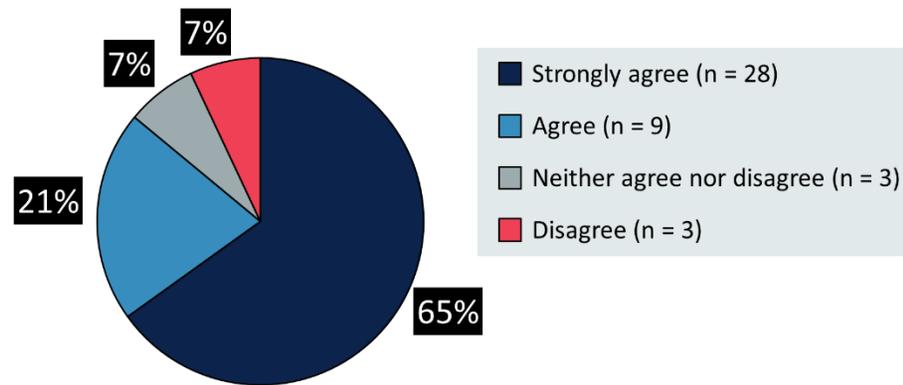
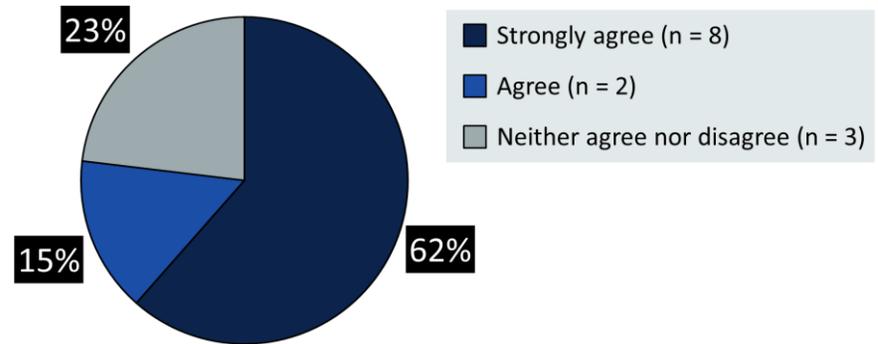


Figure 3.5b PeerWORKS Payment Process



Project FUTRE and PeerWORKS staff are available to assist trainees with barriers to them completing the program, when possible. Of the Project FUTRE trainees three (7%) strongly agree that they “see one or more potential barriers to continuing with the program”, five (12%) agree, six (14%) neither agree nor disagree, 13 (30%) disagree, and 16 (37%) strongly disagree with that statement. Most Project FUTRE trainees, 33 (77%), strongly agree that they “feel satisfied and well treated in the program” and 10 (23%) agree (fig. 3.6a). From PeerWORKS one (8%) agrees, four (31%) neither agree nor disagree, one (8%) disagrees, and 7 (54%) strongly disagree that they “see one or more potential barriers to continuing with the program”. Almost all of the PeerWORKS trainees, 11 (85%), strongly agree and two (15%) agree that they “feel satisfied and well treated in the program” (fig. 3.6b).

Figure 3.6a Project FUTRE Barriers & Satisfaction

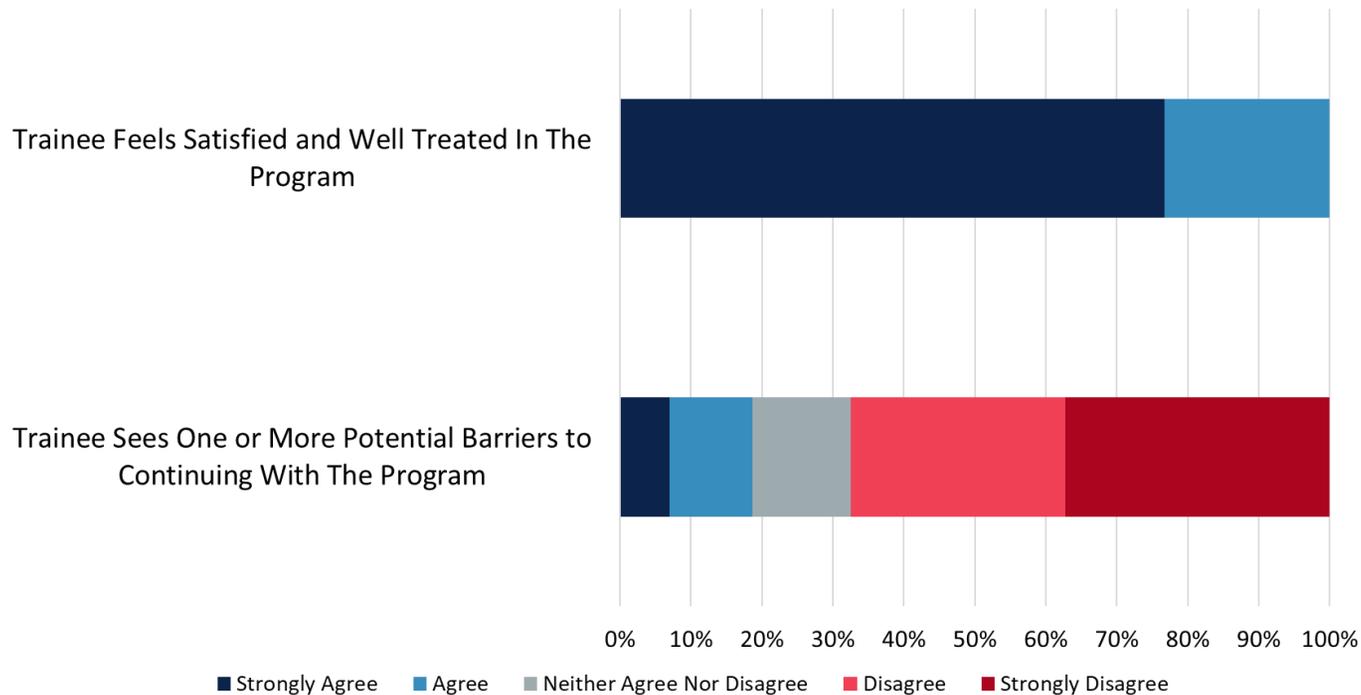
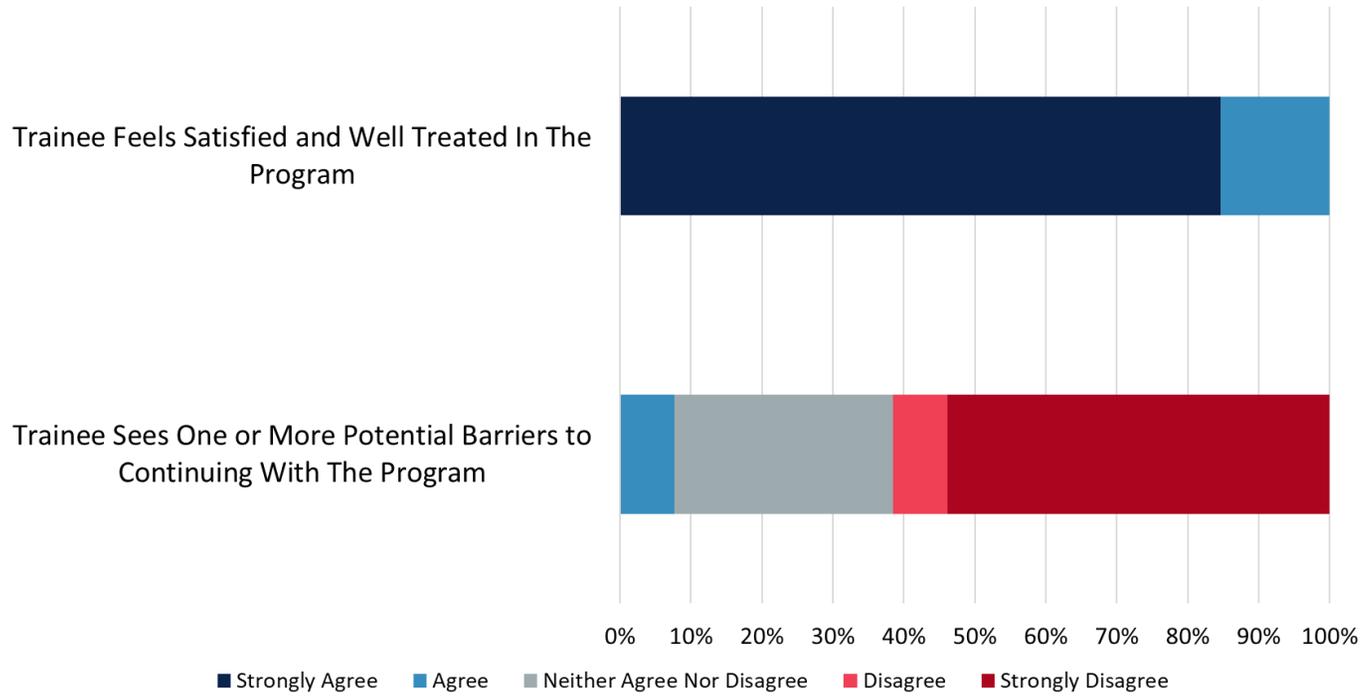


Figure 3.6b PeerWORKS Barriers & Satisfaction



The training evaluation surveys ask trainees to identify strengths and areas that can be improved the programs. Listed below are quotes from training evaluation surveys on what the programs do well, and where they can be improved.

Areas for Improvement

- *“More info about where these jobs might exist, most seem to require a social work degree, more realism about working under a for profit RBHA that is responsible to share-holders.”*
- *“The online classroom can be difficult for me at times.”*
- *“The only thing is I would love to have this be in class.”*
- *“In person communication if possible.”*

Program Strengths

- *“I feel respected in this program. The course material is interesting. Visits from the doctors are very informative.”*
- *“The teacher wants to teach us and help us learn everything we need to know.”*
- *“Online classes make it convenient for others to attend and participate.”*
- *“Optimism about what families could be with the right support.”*
- *“The support and understanding of our instructor is so appreciated from my standpoint. The diverse group of people is really enjoyed.”*
- *“Activities, role playing, PowerPoint presentations and everyone telling part of their lived experience with what is being presented.”*
- *“The environment is safe to share any opinions and lived experiences. I've had many opportunities to apply the lectures in class to everyday life.”*
- *“The group activities help with practical application.”*
- *“This class is a comfortable and safe space for all of us. I love the fact that everyone is open and supports one another. It is a great and positive environment for everyone in class. If anyone has questions, it is answered in detail and clearly which helps to ensure that we understand the content! I Love this class!”*
- *“Very well-organized class. Our instructors are awesome, very clear and on point. Class atmosphere is very warm and bright.”*

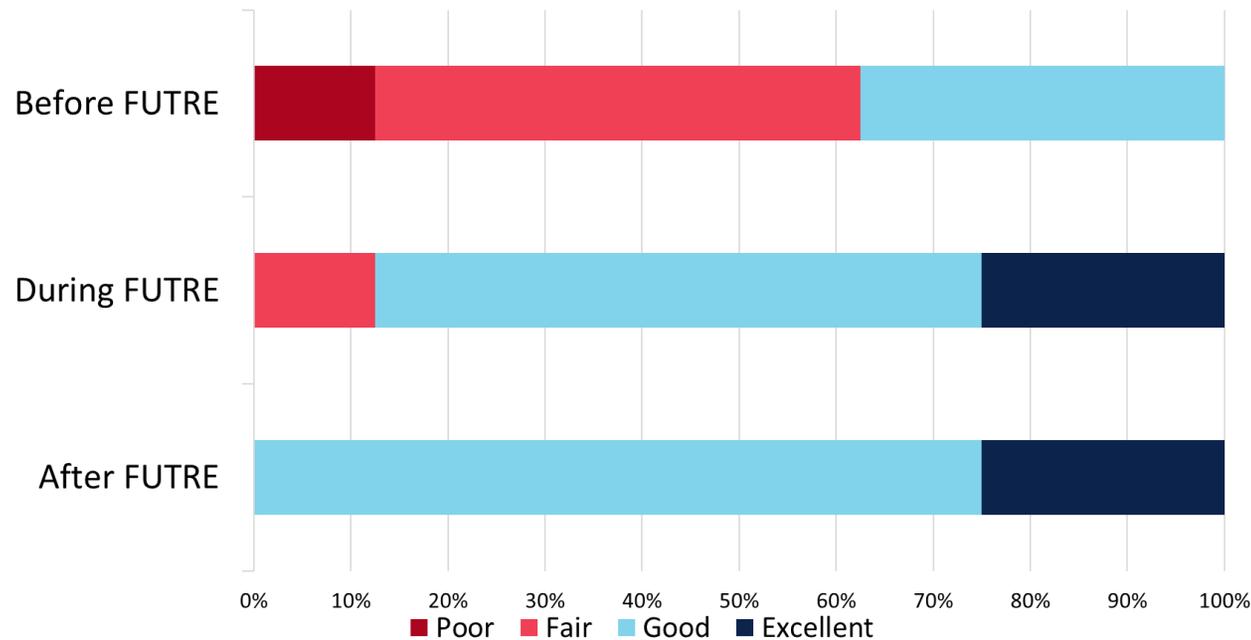
Follow-Up Surveys

Trainees who attended at least one class period are sent follow-up surveys 12, 18, and 24 months after the cohort’s first day; trainees have 1 month to respond to the survey. The surveys ask about employment since the program – if they are employed, what industry they are working in, how long they have had their current job. The surveys ask about the trainees’ quality of life before/during/after the program. If the survey is completed before the deadline, they receive a nominal incentive payment. As of July 2022 13, trainees have been sent follow-up surveys – all 13 from Project FUTRE Cohort 1 for the 12-month follow-up. Of the 13 trainees, 8 completed the survey.

Quality of Life

The responses collected reflect an improvement in quality of life during and after participating in the Project FUTRE Parent and Family Certification course with zero trainees rating their quality of life as “Excellent” before Project FUTRE with two (7%) rating it as “Excellent” during and two (7%) after Project FUTRE; and no trainees rating their quality of life as “Poor” or “Fair” after Project FUTRE (fig. 4.1).

Figure 4.1 Quality of Life Before, During, and After Project FUTRE



Employment

Half, 4 (50%), of those who responded to the follow-up survey are currently employed (fig. 4.2a). Three quarters of those currently employed are working for a partner organization, three (75%), where one (25%) person is not employed at a partner organization. All three who are employed with a partner organization are working at MHC Health Care (fig. 4.2b).

Figure 4.2 Employment Since Project FUTRE

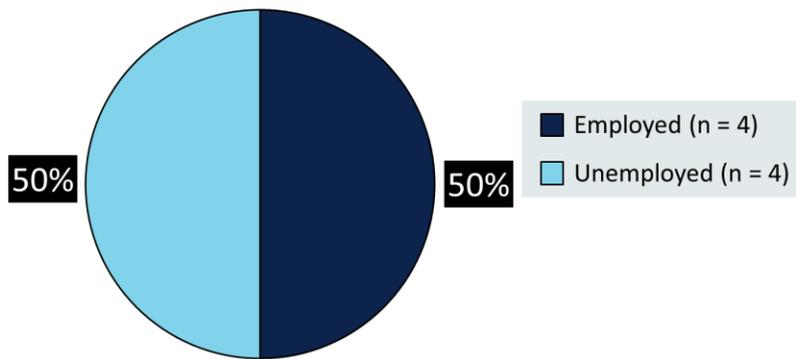
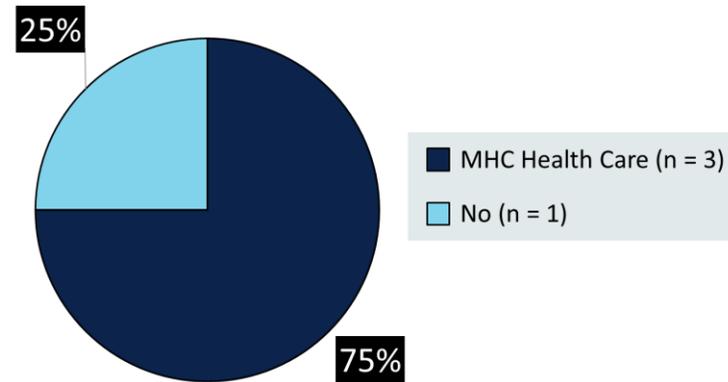


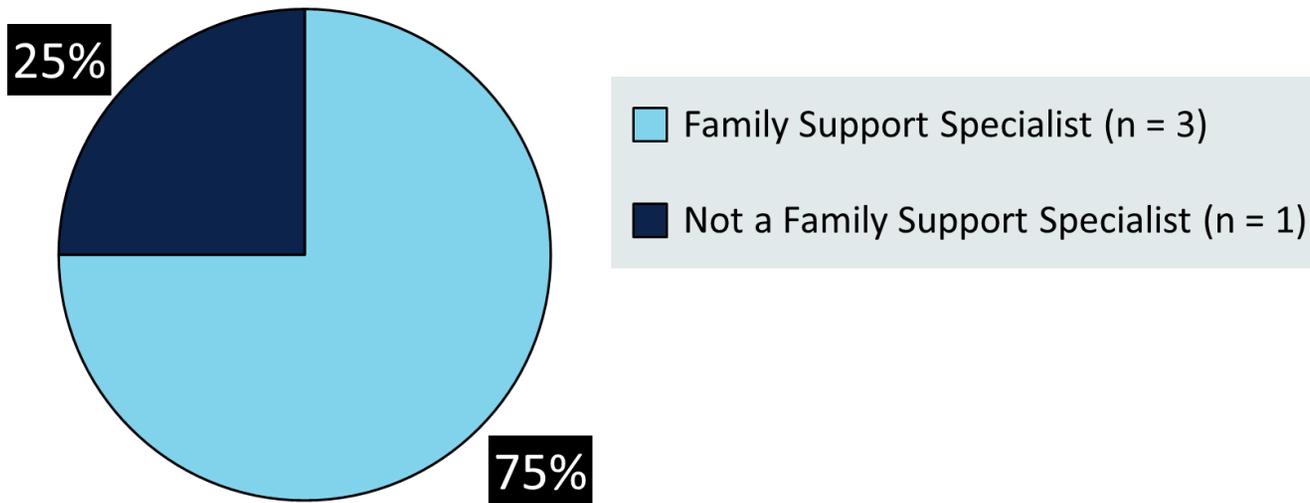
Figure 4.2b Employed at a Partner Organization



Employment Role

Most of those who responded and are employed (three, 75%) are working as Family Support Specialists, while one (25%) is not (fig. 4.3a). All four trainees are employed are working in in recovery support services.

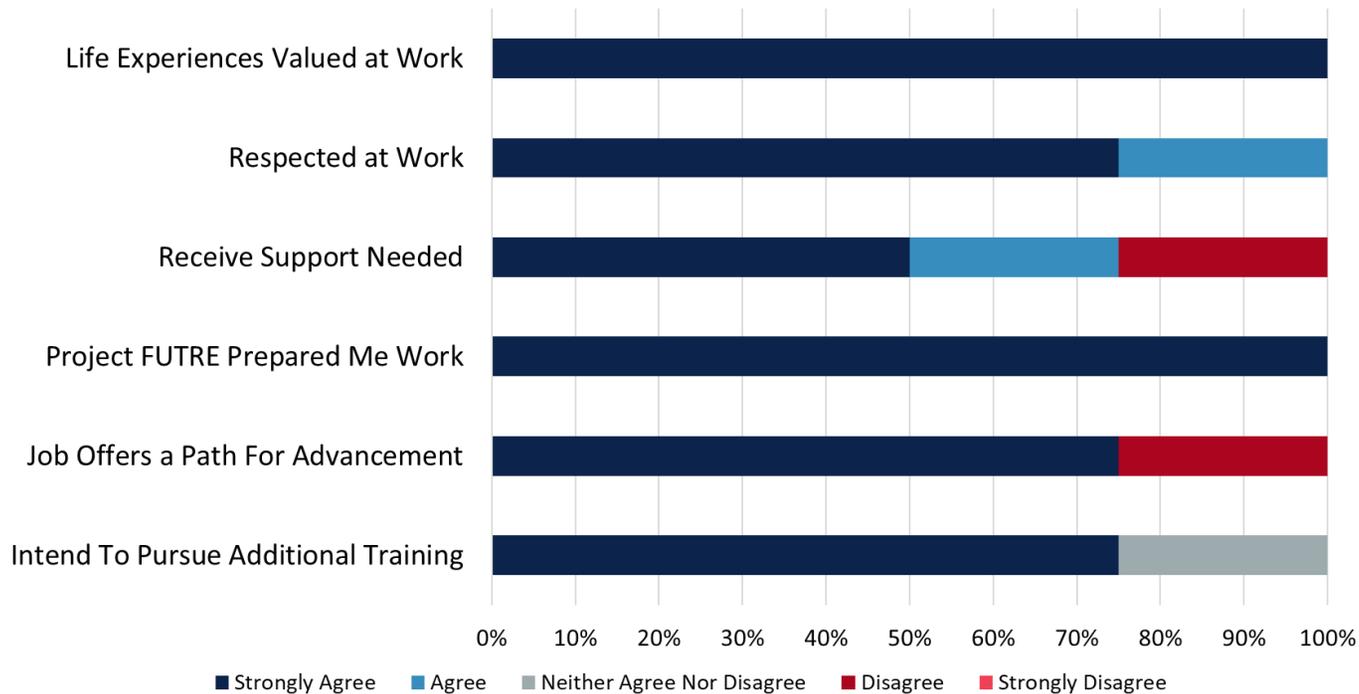
Figure 4.3 Family Support Specialists



Work Environment

The follow-up survey asks trainees about their current work environment. All of the trainees strongly agree that their lived experiences are valued at work and are respected at work. Three (75%) receive the support they need to do their job well, where one trainee disagrees that they receive necessary support. All strongly agree that Project FUTRE prepared them for the jobs they have now. Three reported their jobs offer them a path for advancement and three intend to pursue additional training in the next couple of years to advance their career opportunities (fig.4.4).

Figure 4.4 Work Environment



Acknowledgements

The Project FUTRE and PeerWORKS Evaluation Team is grateful to our trainees for candidly relating their experiences in Project FUTRE, PeerWORKS, and beyond. We offer our thanks for your time and commitment and hope this report rewards your efforts. We also hope you will keep in contact! Thanks as well to all Project FUTRE and PeerWORKS Program staff who facilitated correct and complete data collection and provided useful feedback on this report.

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