Friends of Recovery – New York
PEER SURVEY

Conducted April 2020
342 Total Respondents
SURVEY RESULTS: Basic Demographic Questions

Region

- Western: 3% (14% total)
- Tug Hill Seaway: 6% (27% total)
- Southern Tier: 1% (4% total)
- NYC: 4% (6% total)
- North Country: 6% (13% total)
- Mohawk Valley: 9% (13% total)
- Mid-Hudson: 13% (13% total)
- Long Island: 6% (6% total)
- Finger Lakes: 3% (3% total)
- Central Region: 1% (1% total)
- Capital Region: 3% (3% total)

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SURVEY RESULTS: Basic Demographic Questions

Race / Ethnicity

- Black or African American: 23%
- Hispanic or Latino: 7%
- American Indian or Alaskan Native: 1%
- Asian: 5%
- White: 57%
- Other: 2%
- Prefer Not to Specify: 5%
- Two or More Races: 5%
SURVEY RESULTS: Basic Demographic Questions

Age

- Age 61+: 18%
- Age 41-60: 47%
- Age 31-40: 24%
- Age 26-30: 9%
- Age 19-25: 2%

Gender

- Male: 48%
- Female: 47%
- Prefer Not to Specify: 4%
- Prefer to Self Describe: 1%
- Non Binary or Third Gender: 1%
SURVEY RESULTS:

Are you currently employed or volunteering as a Peer Professional?

- Yes 92%
- No 8%

Have your hours been impacted by physical distancing and other COVID related guidance?

- Yes, 45%
- No 49%
- Unsure 5%
SURVEY RESULTS:

Certification
(Primary certification, may have other certifications as well)

- CRPA or CRPA-P: 74%
- Non-Certified or Licensed: 11%
- CASAC: 4%
- CARC: 4%
- Other: 7%

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Yes, their receiving the support they need from their organization/in the field (174)

- We are all supporting each other at this critical time in our field.
- Yes but I think these are unprecedented times and everyone is scrambling to figure it out so they are providing the best support they can. I think it would be helpful to have clear guidelines on privacy, best practices, expectations of ourselves and others, and models that have thrived working from home in other fields (I’m imagining freelance programmers have a lot to tell us about time management, working from home, and how to not turn into a shriveled ball of tense muscles sitting at our computers all day).
- Yes, organization ,weekly support groups and peer led support group.

No (32)

- I am not being given clear directions on how to gather demographics. Especially when my job depends on getting the numbers in.
- No not really. Our organization is placing a huge emphasis on us focusing on making productivity and has restricted our ability to do any other RC work aside from a billable service (that’s a continuation from before COVID-19).
- Not at all. My direct supervisor offers zero support. Zero supervision. It’d be nice if we could have our own Peer Support group once a week since we’ve lost a number of people to overdose. It’d be nice to receive any support from him whatsoever. But he shouldn’t be in the position and we all know it, including him.
- Lack of organization with training and development (1)
- Somewhat/Doing their best/Sometimes/Not a lot that can be done/Yes and No (16)
- Should be entitled to hazard pay (3)
- Having regular supervision would be helpful/more supervision (3)
- N/A (15)
- I am the one giving support (1)
- Would be helpful to have guidelines on privacy and best practices (1)
- Would be helpful to speak to upper management (1)
- Workplace has been keeping track of peers (1)
- Peers being told to do non-peer work/additional work (2)
- Would be helpful to speak to upper management (1)

COMMENTS FROM THOSE WORKING ON RECEIVING SUPPORT NEEDED (cont)
▪ Would like more health info from hospital management dealing with COVID (1)
▪ Not working from home (1)
▪ Self care is important/ Needing support on a personal level/could use a "check (7)
▪ Feeling stressed to make sure they have a full 40-hour work week (1)
▪ Had an intern stop coming for her hours. Would like to figure out a way for her to com (1)
▪ Weren't given the option of telecommunication/were denied the option (2)
▪ It would be beneficial to our patients if the HIPPA compliant Zoom license fee could be waived, to provide face to face engagement (1)
▪ Feel like a telemarketer, not a peer (1)
▪ More resources to help with people's needs would be helpful (1)
▪ More training on telecommunication (1)
▪ Feeling a lot of stress (2)
▪ Lacking useful technology to make working from home easier (1)
▪ People need a better understanding of how to work as a team (1)
▪ Work cells and laptops would be helpful (1)
▪ Masks/sanitizer would help/adequate equipment and safety precautions (4)
▪ Working from home would be helpful rather than commuting (1)
▪ Team building exercises would be helpful (1)
▪ Would be helpful if organization recognized those who are higher risk, and anxious about it (1)
▪ Needing childcare (1)
COMMENTS ON WHAT IS GOING WELL

- Supervision and good communication/supportive of peers (8)
- Pre engagement and intake (1)
- Staying connected with community partners/helping members of the community/ community awareness (8)
- Nothing/not going well (3)
- Online peer support groups/statewide zoom calls/ online peer resources (8)
  - We have started some online Peer Support groups which are being run on the Zoom Platform. So far they are going well. Additionally, as noted before, management is choosing a phone system that will provide 12 hour rotating phone support, with hours allocated across staff to maintain at least 12 hour per day phone support during the crisis.
- Good agency support (1)
  - Phone outreach/ telecommunication/ tele-health (19)
    - I believe the best thing we have started is our Naloxone Now program. For this anyone in need of Narcan can text the word Narcan to 21000 and fill out an online form. I then receive an email and within 24hrs drop off a kit in a no-contact area, then follow with a phone call to provide training and answer questions. This has also helped connect with individuals having difficulty during this time.
❖ Social distancing/following guidelines/wearing masks and gloves (46)
   ➢ My organization have been supplying masks, free breakfast and lunch for employees. We have policies to practice "Social Distancing, as well as taking temperature when arriving, we are supplying information about free cell phone services, and updated Zoom community fellowship meetings. we have updated lists of local food panties, and other resources. our offices get professional cleaning once a week. we help with transportation.

  o People’s use of technology to stay engaged/ learning how to use technology (2)
  o Peer support meetings through conference line/phone and connecting to other peers (5)
  o N/A or unsure (7)
  o Still getting referrals/access to treatment (3)
  o Naloxone Now program - to help people get easy access to Narcan (1)
  o Virtual services/zoom meetings (18)
  o Agency providing staff with breakfast and lunch(1)
 COMMENTS ON WHAT IS GOING WELL (cont)

- Agency providing masks (1)

- Staying connected to the people they support/clients happy to hear from peers/zoom meetings with participants (27)
  - I think the willingness of folks to engage, adapt to the use of technology and share resources and understand the importance of connection is going well.

- Peers being utilized more in treatment and rehab/peer movement is strong (2)

- Virtual peer learning collaborative (1)
  - Teleconferencing the meetings into our rehabs. Our Peer Advocates are calling into the rehab 6 days a week and doing A.A. and N.A. Meetings as well as Peer support groups and these are going incredibly well! The patients love it and so do we!

- Food banks/food delivery (15)

- Virtual physical wellness activities/workouts (1)

- Online mutual aid meetings (11)
COMMENTS ON WHAT IS GOING WELL (cont)

- Working from home (1)
- Mental Health supportive services (1)
- Making sure clients aware of resources/people informed (3)
- Agency having a "health day“ (1)
- Providing remote recovery services (1)
- Providing support for high risk clients (1)
- Agency collaboration/people working together/teamwork (8)
- Programs hiring more CRPAs (1)
- Motivational interviewing skills (2)
- Zoom webinars through organization (1)
 Comments on What Is Going Well (cont)

- Providing supplies/resources to clients (8)
- OASAS’ Learning Thursday (1)
- Recovery community doing well with breaking the stigma (1)
- Recovery community coming together to provide resources (6)
- Continuing to show up for work (1)
- Time for additional training (2)
SURVEY RESULTS: Did you receive training on utilizing technology to provide peer services?

Yes 190
No 125
Unsure 7%

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TECHNOLOGY UTILIZED FOR TRAINING

- Computer Training: 4%
- Shared from Others Sources: 10%
- Provided from Certification: 18%
- Self-Taught: 5%
- Webinars: 12%
- Zoom / Teleconference: 31%
- Telehealth: 20%
SURVEY RESULTS: Are you using telecommunication to provide peer support?

- Yes: 73%
- No: 15%
- Sometimes: 12%
SURVEY RESULTS: If you are using telecommunication, are you finding it an effective way to provide peer services?

- Yes: 46%
- Not Applicable: 12%
- No: 9%
- Neutral: 33%
❖ Face to Face is Better  38%
❖ Contacting them is hard / barriers to technology access  13%
❖ Shortened Conversation  15%
❖ Good for social distancing, better than nothing  22%
❖ Able to reach those previously restricted by travel  11%

COMMENTS TO EFFECTIVE TELECOMMUTING QUESTION
SURVEY RESULTS: Are you aware of any resources that have been provided to better assist with telecommunication or treatment in general, such as assurance phones?

Yes  

51%

No  

49%
No, not aware 1%
Yes, have own resources 14%
Yes, other 23%
Yes, assurance Phones 31%

Webinars 1%
Community Resources 15%
State Resources 14%

COMMENTS TO TELECOMMUNICATION RESOURCES AWARENESS
SURVEY RESULTS: Are you receiving regular peer supervision?

- Yes: 69%
- No: 31%
➢ At least once a day  16%
➢ No, 2+ week  1%
➢ No, but other supervision  3%
➢ Was before COVID, not now  1%
➢ Once a week  27%

➢ Yes, on the phone  5%
➢ Simple yes  44%
➢ N/A  3%
➢ Monthly  1%

COMMENTS TO RECEIVING REGULAR PEER SUPERVISION
❖ No (42)
❖ Housing, housing accessibility has become worse than before during this time (30)
❖ Transportation, lack of transportation access for health care workers (20)
☐ Less access to RCOCs, Member participation has been lacking (3)
☐ All essential resources, unable to provide clients clothes or obtain identification, social services offices aren't open, unable to obtain/access unemployment, financial instability due to lack of employment (9)
❖ Lack of in-person support groups, not able to meet with clients face-to-face, missing in-person interaction for recovery support, lack of support from church, lack of connection/contact with clients, in-person face-to-face communication, physical support, onsite groups, peer support (22)
☐ Lack of access to technology, unable to pay phone/internet bills, technology guidance (13)
☐ Needle Exchange Services, Narcan Kit Distribution, Addiction-Recovery Education, Harm Reduction Services (4)
- Support for those who are homeless, more shelter availability (10)
- Lack of PPE, lack of Corona Virus Tests, lack of COVID testing for colored communities because they do no have PCPs, stimulus check will negatively impact those who are actively using, stimulus clarity (17)
- Food Assistance (16)
- Not enough peers to provide support, peers are not able to fulfill their roles and are being placed into different hospital departments for work with no training, lack of crisis support for peers-many peers are returning to use, not enough conference and clarity on future employment, peers being laid off, new peer orientation (7)
- Probation, parole and drug court-clients lacking legal support and need accountability (8)
- Lack of access and information as to what hospitals and institutions are open and closed as far as shelter, detox, inpatient, residential tx. Lack of communication about resources still available during this time, the media isn’t helping to connect people to still available resources, clients are unaware of the virtual services being offered, treatment on demand, treatment beds being filled up, more outreach to provide services (23)
Lack of MAT access and support (2)

Clients are relapsing, not able to connect with clients who are actively using, clients who are actively using are using in groups spreading COVID, active clients are slipping through the cracks (5)

Lack of assistance being provided for women and single mothers

Lack of grant funding for peers to provide more services, grant funding for peer program not being implemented into our community (2)

Mental Health not being recognized, lacking support with dual diagnosis, social distancing is negatively impacting people’s mental health, MICA, access to mental health support groups, crisis counseling, mental health inpatient (10)

Lack of peers over the age of 50 so the older population is being underserved (2)

Drug Dealers, More Proactivity from Police (2)

Increase in overdoses and re-occurrences (3)
Lack of peer integration from the Board of Education for youth in recovery, more sober activities for youth in recovery, more connection with adolescents (3)

Virtual Support, Virtual Privacy Issues (4)

Financial Assistance (3)

Educational Assistance, ACES-VR closed, access to literature (2)

Medical Assistance

Support for family members in recovery

Transition services from jail (2)

LGBTQ Services

Resources for undocumented immigrants

Services for Rural Areas
None (27)
- Loss of loved ones due to COVID (3)
- Fear of future programs changing to more technological, Fear of losing job (3)
- Clients slipping through the cracks, lack of contact with those who are actively using (5)
- Lack of supervision (3)
- Sharing dirty needles, Narcan Kit Distribution (2)
- Lack of funding for jobs, Lack of financial support for essential workers, personal financial insecurities (7)

COVID-19 related problems and concerns, hospital bed shortages, the uncertainty of it all, fear of contracting the virus, concern about providing safety assistance to essential employees who are providing client direct services, not enough PPE, being quarantined is extremely challenging, concerned for my safety and for others, lack of PPE from employer, The uncertainty of when we will be able to return to our "normal" lives and what the after math will be in regards to the progress that had been made prior to COVID 19 (25)
o Accessing treatment, treatment bed shortages, treatment centers transition to online services, but some can’t access (5)
o Accessing housing, shelters not supportive for people’s recovery (4)
o Working remotely and Self-discipline is challenging, Less in-person interaction with coworkers results in low work drive (4)
o Concerned about re-occurrences and overdoses, isolation, loved ones returning to active use, concerned about clients staying sober, Higher rate of other drug use in certain areas, K2 (13)
o Peer workers being pushed to the max & some aren’t able to work remotely, being overworked, unable to provide coaching, peer workers aren’t being provided with enough support, Burn out, uncertainty about their position as a peer now, not enough peer coaches over the age of 50, peers lacking self-care which is much needed during this time (10)
o Not enough communication, lack of information (2)
- People’s mental well-being is being negatively impacted, working remotely has heightened mental health symptoms, lack of co-occurring disorder services (13)
- All people’s recovery processes are being tested and severely-impacted during COVID (2)
- Lack of peer support services, Concerns on delivering support in time of immediate need, Continued consistency and quality of care (3)
- Trainings have been put on hold, finding additional trainings that are cost efficient or free online is challenging (3)
- Loss of connectivity, Lack of interest in services from members, lack of communication with clients (5)
- Virtual issues, Lack of Zoom participation. Availability and access to online meetings, Limited technology access-can’t provide the proper care to clients, virtual services not being as effective as in-person services, lack of access to technology to utilize virtual services, Zoomed-out (11)
Limited access to resources and services people need and little help to get them. Community resources that are available for individuals that are suffering from AUD/SUD & Co-occurring Disorder are not properly coordinated. Not enough resources are being provided to keep people engaged to obtain services (6)

- Not enough services for the homeless, homeless aren't able to access virtual support services (2)
- Not enough food access (2)
- Access to transportation
- At home family issues
- Quicker access to MAT services
- Struggle seeking employment
✓ Unsure (9)
✓ You already are! Keep doing what you are doing! You’ve been great about providing information and trainings! You all are doing phenomenal work! Continue being you! You guys are my go to! You guys are always ahead of everything! You’re doing an awesome job (9)
✓ More understanding from supervisors, provide better peer supervision and peer supervisor support, provide or offer more peer supervision for peers (3)
✓ Send links to online meetings, using Zoom or other technologies. Make webinars on recovery available and provide links, resources, etc., continue to provide email updates and maintain a current master list of current virtual meetings and resources (4)
✓ Provide more trainings, provide virtual social events and conferences, provide access to online educational tools to help us learn to better serve our community during this time, smaller and more interactive online trainings. Providing the best of the best so we know what works. Exposing us to new ideas in quick ways so we don’t have to attend long meetings, or long screen time trainings, provide peer specific online trainings, focus on financial relief information and technical support, beyond just the standard "how to use zoom." Provide workshops or events where Peers can gather and share their experiences and update their skills and tools kits (13)

❖ Provide resources on topics that are pressing, share resources, continue providing relevant information, information on working with homeless youth (20)

✓ Continue outreach, continue support, provide family support (6)
✓ Provide more peer support for peer advocates. Peers need someone to advocate for them in these trying times. We need to start a Peers Union. We need strong protection in the work force, help OASAS to understand the need for Peer Advocates in the Telehealth treatment facilities, provide a peer support group. Provide county-specific resources that can be utilized and/or shared to peers throughout the community. Having that information on hand helps us to help others exponentially. Keep Peers informed of requirements regarding certification requirements for CRPA-P, Support for how to engage people and how to coach people in a personal way, connecting and supporting online, Materials, trainings, and emotional support for peers who are experiencing burnout, vicarious trauma, compassion fatigue, and stress because of increased risk of exposure to the Coronavirus. (10)

✓ Work towards building a Recovery Community that is inclusive of ALL ages and SU issues. (which includes alcohol, food addictions, sex addictions, etc.) Each group matters and it’s not just about “young people”

✓ Help us get off unemployment and back to work

HOW FRIENDS OF RECOVERY – NY CAN SUPPORT YOU AT THIS TIME (cont)
✓ Keep making sure that not just “peers” but the recovery community, as a whole, gets the basic needs and services from the federal government level to keep recovery programs open and in full operation
✓ Teach us how we can beat advocate for ourselves at our agency.
✓ Provide a social media platform that allows people to connect and address the anxiety that this crisis is causing
✓ Send out positive emails to reinforce the good work we are doing, I know it is not your job to do so but imagine opening an email saying- "Just wanted to remind you that you got this" can change a whole persons day working in a stressful environment. Most peers are not receiving this right now! Please send check-in emails from time to time (4)
✓ Resources on housing grants, help attain housing (2)
✓ Tell the media to share the solution
✓ Compile one list with one of every single online recovery support group form every pathway

HOW FRIENDS OF RECOVERY – NY CAN SUPPORT YOU AT THIS TIME (cont)
✓ Provide more information on COVID related resources, how to access more PPE and about testing. Provide updates on any changes in policy and procedure related to delivering remote services related to Covid-19. Keeping us updated on any pertinent changes taking place through State regulations. Any information on how to help residents who are away from their families during this trying time cope with their emotions and concerns (9)

✓ Help attain essential resources for those in recovery

✓ Provide access to a mapped network of who is who and what their area of expertise and specialties are in order to refer appropriate assessments, keeping a growing network of care

✓ Scholarship assistance to renew CRPA & CRPA-P credentialing

✓ Provide mental health support or services, provide online meetings for clients (2)