



Referral & Workforce  
Resource Center

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## **A Preliminary Analysis of the Peer Mentor Program in Nine Washington Counties**

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## Introduction and Background

### Home Care Quality Authority

The Home Care Quality Authority (HCQA) was established by a citizen initiative in November, 2001 to improve the quality of long term in-home care services. The HCQA is a Washington state agency governed by a nine-member board. The HCQA board is appointed by the governor and the agency is comprised of four full-time staff.

The HCQA's *mission* is to improve the quality of long-term in-home care services provided to the state's seniors and persons with disabilities who wish to live independently in their own home. Standards and accountability for the individual provider workforce have been increased through regulations and the development of Referral and Workforce Resource Centers (RWRC). The HCQA also encourages stability in the individual provider work force through collective bargaining and enhanced training opportunities. The HCQA represents consumer/employer issues during the collective bargaining process. It has also developed several employer and worker curricula with plans for more in the near future.

The HCQA's *vision* for Washington's home care system is to support individuals who need long-term, in-home care according to their needs and preferences and will provide consumers with the ability to access service providers. To accomplish this, the HCQA provides assistance in locating qualified individual providers through the RWRCs. These centers also help individual providers find new job opportunities through a Referral Registry database.

### Referral and Workforce Resource Centers

Along with the Referral Registry, several support programs were implemented to improve recruitment and retention of individual providers. The database and support programs make up Referral and Workforce Resource Centers (RWRC), which are operated by local organizations in various areas of the state. RWRCs are fully operational at four sites serving the following nine Washington counties: Ferry, Stevens, Pend Oreille, Spokane, Whitman, Snohomish, Thurston, Mason and Lewis. Plans are underway to implement Referral Registry services in other areas of the state.

The initial RWRC sites were supported through a grant from the Centers for Medicare and Medicaid Services, Department of Health and Human Services to Improve the Direct Services Community Workforce. Grant funds have been used to implement the Referral Registry, and to develop and deliver support programs for individual providers. Support programs included a peer mentor program, employee recognition, increased emphasis on recruitment, worker orientation training, professional development opportunities and a resource clearinghouse. Additionally, the RWRCs deliver consumer supervisory training to support and enhance the employer-employee relationship.

### The Peer Mentor Program

The peer mentor program has been in operation since May, 2005 in three RWRC sites serving six Washington counties: Ferry, Pend Oreille, Snohomish, Spokane, Stevens, and Whitman. A fourth peer mentor program has just begun in a fourth RWRC site serving three additional Washington counties: Lewis, Mason and Thurston.

Each RWRC site employs two peer mentors--eight peer mentors are currently trained and employed in Washington state<sup>1</sup>. Peer mentors are experienced individual providers that must meet the following minimum qualifications:

- Three years experience as an individual provider;
- Experience working with families;
- Familiarity with the ethics of care giving and the independent living philosophy<sup>2</sup>;
- Demonstrated experience in care of people with developmental disabilities and/or care of people with functional disabilities, including the elderly;
- Familiarity with the important resources for the individual provider (for example, knows when to call the case manager, when to call Adult Protective Services, knows when to call Information and Assistance);
- Ability to speak, read and write functional English;
- Ability to fulfill 20 hours of peer mentoring per month, in addition to fulfilling care giving duties; and
- Willingness and ability to use a cellular phone and email to respond to mentees in a timely way.

RWRCs widely announce peer mentor openings, solicit and evaluate applications, and select peer mentors through an interview process. Once selected, peer mentors complete a two-day training course delivered by HCQA staff that enhances skills in teaching and coaching, leadership, effective communication, problem-solving and conflict resolution. Peer mentors cannot provide services until they complete the peer mentor training. A one-day refresher course is under development and will be completed by all peer mentors in late summer, 2006.

Due to the large geographic area of each RWRC, peer mentors primarily conduct their activities by cell phone and email. One RWRC site has set aside office space for peer mentors to be more closely aligned to the RWRC and to serve as a resource to individual providers who come to the office.

As the program has developed, peer mentors have coordinated specialized outreach activities and support group functions to meet mentees in person. Examples include:

- Regularly calling every individual provider in an RWRC service area to check-in and offer support and guidance
- Writing newsletters and other outreach materials that are distributed to all individual providers
- Conducting employee recognition events to celebrate milestones and accomplishments
- Coordinating individual provider gatherings—in Ferry, Stevens and Pend Oreille counties, peer mentors held a formal brunch

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<sup>1</sup> One RWRC site employs a third peer mentor as an alternate; the fourth RWRC site which recently began their program has only one peer mentor—with a second soon to be hired—at the time of this report.

<sup>2</sup> In Washington state, the independent living philosophy means that an individual (in this case, the consumer/employer) has the right to make their own decision and to have control over the direction of his/her life. The independent living philosophy is embodied in all programs, informational and training materials produced and/or delivered by the Home Care Quality Authority.

RWRC staff oversee the day-to-day functions of the peer mentor program; staff also are an additional resource to peer mentors as they typically provide advice and guidance to help the peer mentor meet mentee needs. RWRC staff monitor hours and coverage, pay peer mentors, facilitate cell phones and email, collect data, and arrange training.

For more detailed information about the peer mentor program, including goals, objectives, methods and expectations, refer to “*Peer Mentor Program Policies and Procedures*,” published by the Home Care Quality Authority.

## **Methodology and Sample**

This report is divided into two sections organized by peer mentor and mentee, which examines the peer mentor program using three distinct analysis methods:

1. A peer mentor phone survey conducted by HCQA in February and March, 2006;
2. A mentee phone survey conducted by HCQA in March, 2006; and
3. Review and interpretation of all peer mentor contact logs between May, 2005 and February, 2006.

### Peer Mentor Survey and Contact Log Analysis

All eight peer mentors in the program (100 percent) were called by telephone in February and March, 2006 utilizing a standardized survey instrument developed by Home Care Quality Authority staff. Participants were called up to seven times at varying times of day and week in order to achieve a 100 percent response rate.

The survey involved five questions requiring a true, false or unsure response; three Likert-scale questions where respondents rated from 1 (Don't Agree) to 5 (Strongly Agree); and three open-ended questions provided an opportunity to give responses with more depth and breadth about the affects and preferences of the program:

- How being a peer mentor has improved (the peer mentor's) work as an individual provider;
- How peer mentors have improved mentees' work as individual providers; and
- How peer mentors improve the quality of in-home care for consumers/employers.

A copy of the survey instrument is included as Appendix 1. The telephone survey will be replicated in February, 2007 to ensure every peer mentor is surveyed on an annual basis.

Additionally, in order to understand the nature of issues presented to peer mentors, an in-depth analysis of all Peer Mentor Contact Logs was conducted in March, 2006.

### Mentee Phone Survey

A random sample of 16 individual providers who received peer mentor services between June, 2005 and January, 2006 was drawn. All sixteen in the sample were called up to three times at varying times of day and days of the week during March, 2006 utilizing a standard survey instrument developed by Home Care Quality Authority.

The survey involved eight questions requiring a true, false or unsure response; three Likert-scale questions where respondents rated from 1 (Don't Agree) to 5 (Strongly Agree); and three open-ended questions provided an opportunity to give responses with more depth and breadth about the affects and preferences of the program:

- How having a peer mentor has improved (the mentee's) work as an individual provider;
- How peer mentors improve the quality of care for consumers/employers; and
- How the peer mentor program could be improved.

A copy of the survey instrument is attached as Appendix 2.

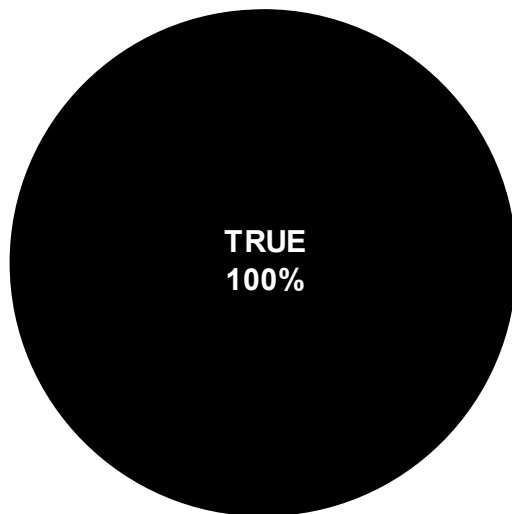
Of those 16 participants, one was unreachable due to a disconnected telephone, so a survey instrument was mailed to that respondent. All 16 participants completed the survey by phone or mail, meaning the overall response rate was 100 percent.

## SECTION 1: Findings and Analysis – PEER MENTORS

### Part 1 - Telephone Survey

Peer mentors rate their experience providing advice, guidance and support to fellow individual providers very fulfilling. *Every single peer mentor interviewed* say that they like being able to help others, that their service is valuable, their jobs are interesting and that peer mentors improve the quality of care. Many provided detailed responses to open-ended questions about improving both the peer mentor and mentee's work as individual providers, and they are identified below. Following is a detailed reporting of responses to each survey question.

**I like being able to help others by being a peer mentor.**

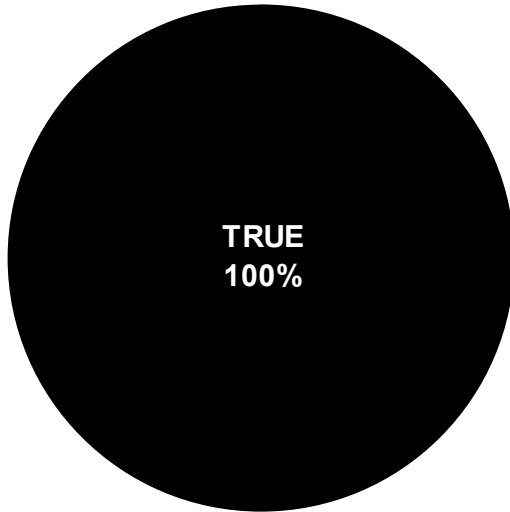


**N = 8**

*“Being a peer mentor helps me have a better relationship with my colleagues—I feel more fulfilled.”*

*“Peer mentors assist IPs in improving themselves through self-examination and supportive conversation. We give IPs a safe environment in which to discuss issues of importance to them. We provide socialization in an occupation that can be quite lonely.”*

**Peer mentors provide a valuable service.**

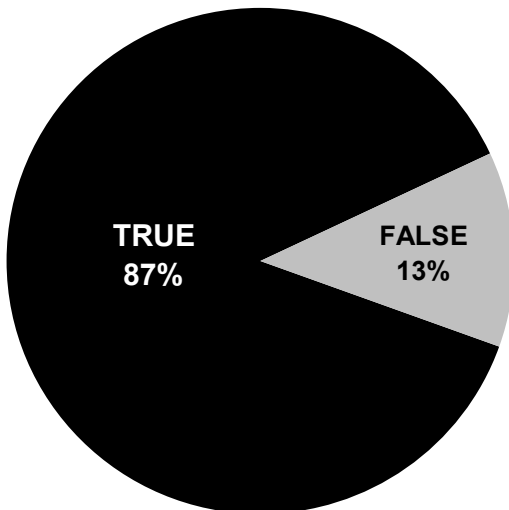


**N = 8**

*“We are able to give another perspective and solution to a problem. We provide support to workers where there once was none.”*

*“I am trusted by my mentees; I help them see a situation from a different angle; I offer them a friendly voice and I listen to them. I have seen tensions diffused, I have heard crying turn to laughter and I know frustrations are easily soothed when venting is allowed.”*

**The job of peer mentor is satisfying.**



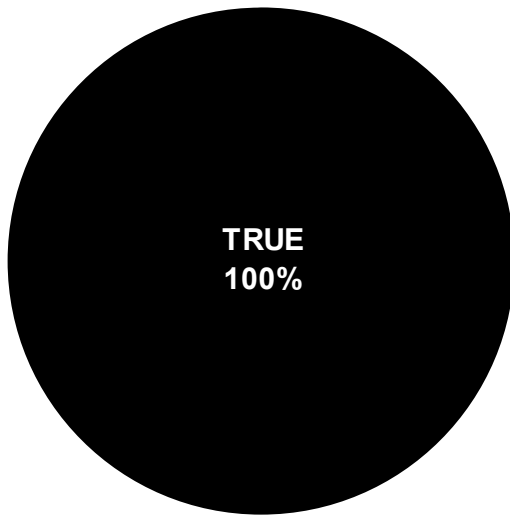
**N = 8**

*“Being a mentor has helped me to be more responsive to my employer’s needs—especially listening and watching for changes he may not verbalize—I’m more proactive now.”*

*“My own work ethic has improved because I value my reputation as a peer mentor and as an IP. I approach things differently since taking the peer mentor training. I want to go above and beyond for my employer.”*

The respondent who answered “false” to this question expressed dissatisfaction with the limited number of calls received from mentees. In this instance, the respondent is an “alternate” peer mentor assigned to fill-in during vacations, absences and in the event a peer mentor leaves their employment.

The job of peer mentor is interesting.

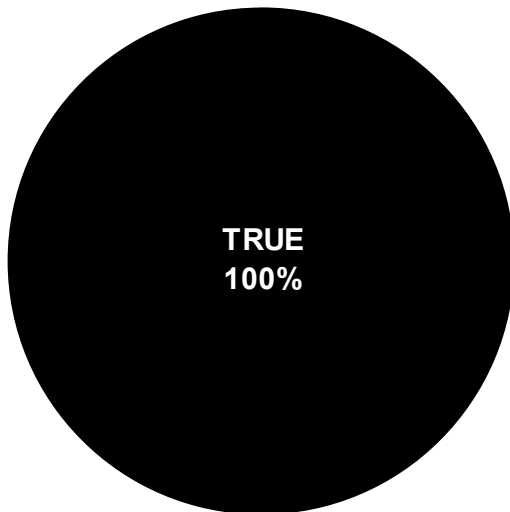


N = 8

*“My realm of experience has expanded to include vicarious problem-solving techniques, proactive listening techniques, effective communication and a deeper appreciation for just how much an IP’s job entails.”*

*“When IPs contact me and we discuss the problems or issues they are having with their work, I learn more about the different aspects of this field that affect both employers and workers.”*

Being a peer mentor is a valuable experience.

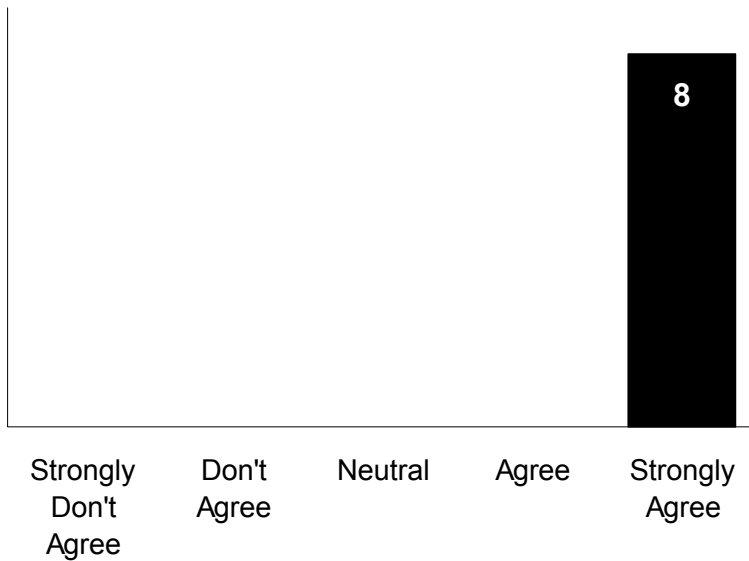


N = 8

*“Being in touch with other IPs has led to the forming of a peer network in which we are all able to communicate outside the dimensions of ‘work’ and socialize together on a more personal level. I find myself happier, and that always affects those I am in contact with.”*

*“This experience has given me more patience—I am able to understand work and employment issues better. I value what we do in a broader way now.”*

**Peer mentor services give valuable support to individual providers.**

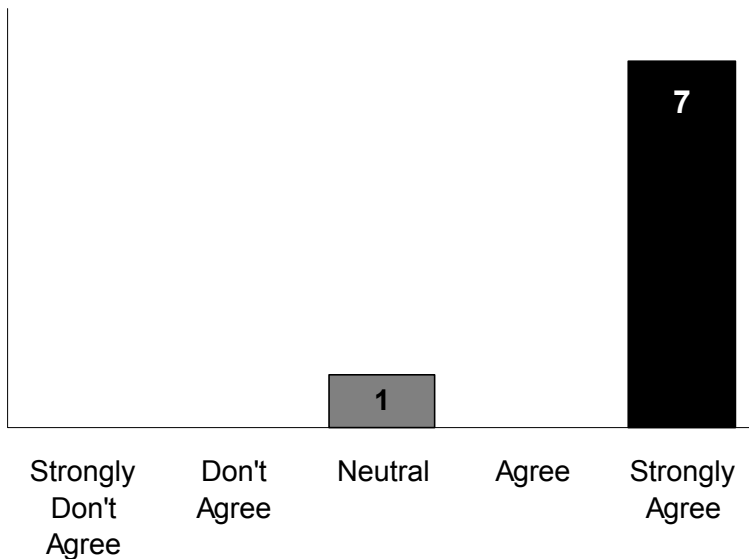


*“My mentees feel more confident in their positions by having a support person available to them. They feel more satisfied with the jobs they perform by having another person simply validate their worth and importance.”*

*“My mentees aren’t afraid to me ask questions...and they appreciate not having to go to the case manager all the time.”*

**N = 8**

**Peer mentors help individual providers to provide better care.**

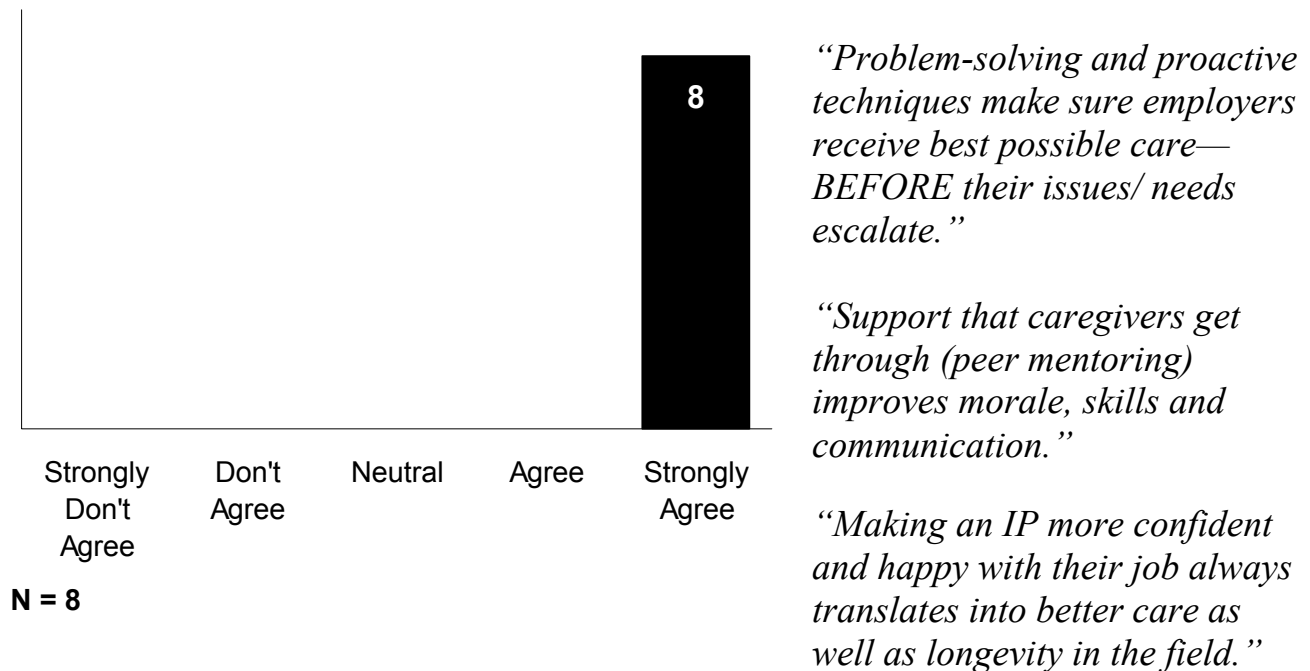


*“People I’ve mentored know more about how to provide better care...especially their employer’s condition and how to better serve them.”*

*“I regularly teach other IPs about the importance of being on time, having good communication skills, problem-solving, compassion and patience.”*

**N = 8**

## Peer mentors improve the quality of in-home care.



Overall, a large majority of peer mentor responses were positive about the program, about how mentoring improves their own work and also improves the work of their colleagues. Respondents unanimously agreed that the program continue because it adds value to caregiving and much-needed support to an isolated career field.

Some peer mentors had specific recommendations on improvements in the program:

- More face-to-face interaction with mentees;
- More marketing of the program and the availability of peer mentors;
- Provide business cards for mentors to distribute; and
- Better cellular phone service—particularly in the remote areas of northeast Washington.

### Part 2 – Analysis of Peer Mentor Call Logs

Each peer mentor maintains a call log of every phone and email contact made. The log serves to track amount of time spent on each call, what issue was presented and what options were recommended. Additionally, peer mentors use the call logs to track future and follow-up steps they or the mentee will take.

A thorough analysis of all peer mentor logs between June, 2005 and January, 2006 occurred to ascertain:

- Number of mentoring hours reported
- Number of contacts received (from mentees)
- Number of contacts initiated (by peer mentors)

- Number of contacts requiring follow-up
- Types of issues presented by mentees

Additionally, HCQA has received reports of consumers/employers calling peer mentors for advice, guidance and assistance, so this analysis also included a brief scan of call logs to determine the number of calls by consumers/employers.

Finally, as peer mentors are utilized by RWRCs to conduct some limited outreach activities, a review of time sheets and other reporting tools was conducted to quantify the outreach activities (mail, phone and events). Following are tables that display the results of the analysis:

**Table 2.1 – Total Number of Mentoring Hours Reported (June, 2005 through January, 2006)**

<b>Spokane Service Area</b>	<b>Northeast Service Area</b>	<b>Snohomish Service Area</b>	<b>TOTAL</b>
<b>146</b>	<b>176.70</b>	<b>190</b>	<b>512.70</b>

**Table 2.2 – Total Number of Contacts Received from Mentees (June, 2005 through January, 2006)**

<b>Spokane Service Area</b>	<b>Northeast Service Area</b>	<b>Snohomish Service Area</b>	<b>TOTAL</b>
<b>121</b>	<b>70</b>	<b>96</b>	<b>287</b>

**Table 2.3 – Total Number of Contacts Initiated by Peer Mentors (June, 2005 through January, 2006)  
UNDUPLICATED COUNT**

<b>Spokane Service Area</b>	<b>Northeast Service Area</b>	<b>Snohomish Service Area</b>	<b>TOTAL</b>
<b>484</b>	<b>133</b>	<b>249</b>	<b>866</b>

**Table 2.4 – Types of Issues Presented to Peer Mentors (June, 2005 through January, 2006)**

<b>TYPE OF ISSUE OR QUESTION</b>	<b>#</b>
<b>Working Relationships</b> ( <i>with employer, other IPs, family members</i> )	<b>34</b>
<b>Relieving Stress, Burnout</b> ( <i>chance to vent, needed someone to talk to</i> )	<b>23</b>
<b>Referral Registry</b> ( <i>interested, provide updates, lack of referrals, questions about</i> )	<b>23</b>
<b>Client Care</b> ( <i>diet, nutrition, medication, tips for care</i> )	<b>22</b>
<b>Working Conditions</b> ( <i>more hours, overtime, illness, tasks</i> )	<b>22</b>
<b>Communication</b> ( <i>with employer, other IPs, family members, care team</i> )	<b>20</b>
<b>Training, Certification</b> ( <i>requirements, suggestions for courses, CAN questions</i> )	<b>20</b>
<b>DSHS, AAAs</b> ( <i>forms, taxes, rules, policies, expectations, direct deposit</i> )	<b>19</b>
<b>Advice, Guidance, Support</b> ( <i>help with forms, transportation, insurance, GED</i> )	<b>9</b>
<b>Other</b> ( <i>Miscellaneous</i> )	<b>95</b>

**Table 2.5 – Contacts Requiring One or More Follow-ups (June, 2005 through January, 2006)**

<b>Spokane Service Area</b>	<b>Northeast Service Area</b>	<b>Snohomish Service Area</b>	<b>TOTAL</b>
<b>16</b>	<b>21</b>	<b>27</b>	<b>64</b>

A scan of all peer mentor logs between June, 2005 and January, 2006 was conducted to ascertain the interest level and use of peer mentor services by consumers/employers. During this time period, four consumers/employers contact peer mentors in the Snohomish Service Area requesting information on:

- Help finding an individual provider (1)
- Discuss workers inexperience (1)
- Assistance finding respite or back-up services (2)

Other outreach activities by peer mentors include:

- Phone calls to all individual providers on the Referral Registry
- Correspondence sent to all individual providers on the Referral Registry, such as newsletters, announcements, brochures and letters describing the program
- Correspondence to all individual providers in an RWRC service area announcing the program and encouraging its use
- Email updates to individual providers on the Referral Registry

A social gathering was held at Rural Resources Community Action offices in Newport, Washington. Food, games and opportunities to connect with colleagues was developed by two peer mentors, which involved mailing announcements, calling individual providers and organizing the event. RWRC staff hosted the social by providing space, refreshments, prizes and administrative support. Another social event is being planned in the Spokane Service Area in late spring, 2006. Pictured below are participants at the Newport event:

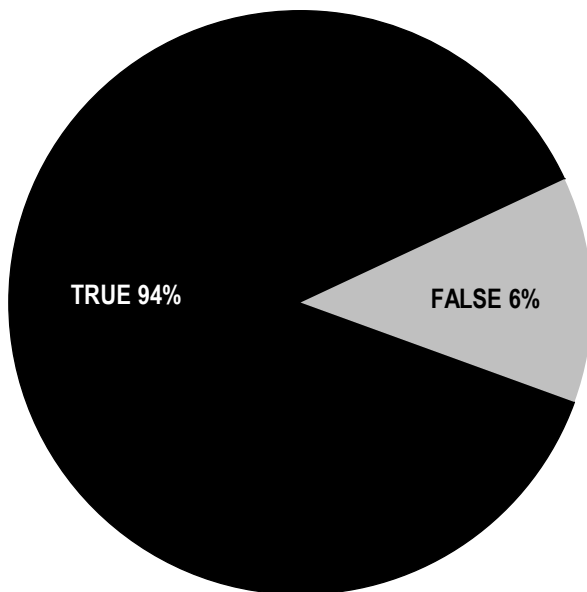


## SECTION 2: Findings and Analysis - MENTEES

Mentees unanimously agreed that they were treated with courtesy and respect; they would recommend peer mentor services to other individual providers; and, the program should continue in their area. Many (94 percent) indicated that peer mentors provide a valuable service for them and that they feel comfortable contacting their mentor when they need help. Fewer (87 percent)—but a respectable majority—said that they were able to reach a peer mentor when needed, that their mentor helped them resolve their issue, and that they appreciated the help of their peer mentor.

Many provided detailed responses to open-ended questions and they are identified below. Following is a detailed reporting of responses to each survey question.

**I was able to reach a peer mentor when I needed to.**



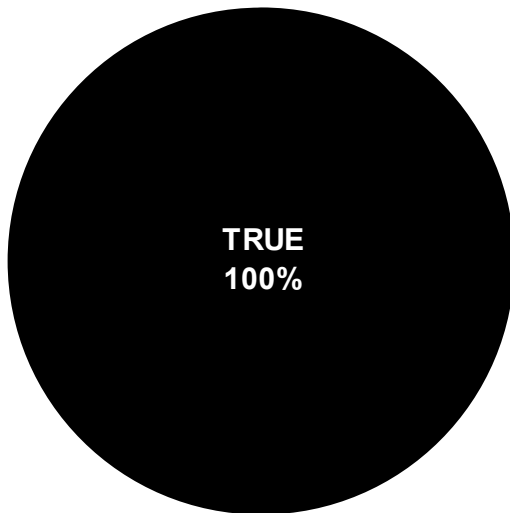
**N = 16**

*“My mentor was EXCELLENT! She gave me good tips on communicating with my employer. I was able to resolve a personal issue very quickly.”*

*“In my case, I solved the problem before the mentor got back to me. I suppose they’d be a resource if they responded quicker.”*

*“Keep up the good work.”*

**My peer mentor treated me with courtesy and respect.**



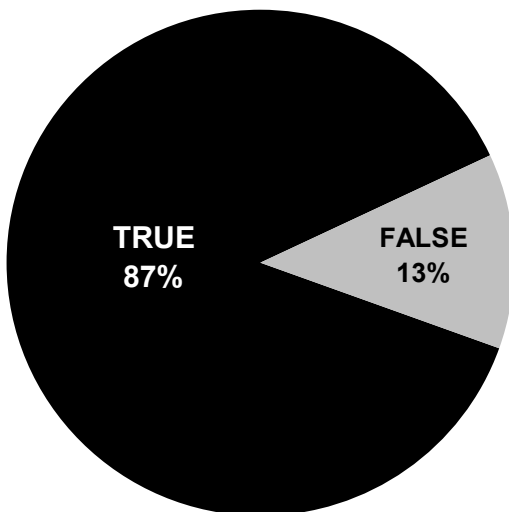
**N = 16**

*“(My peer mentor) was really nice...I felt valued.”*

*“Only someone who has done this work can understand all it involves.”*

*“For the first time in my career, someone LISTENED to me and offered good advice without talking down to me.”*

**My peer mentor helped me resolve my problem/issue.**

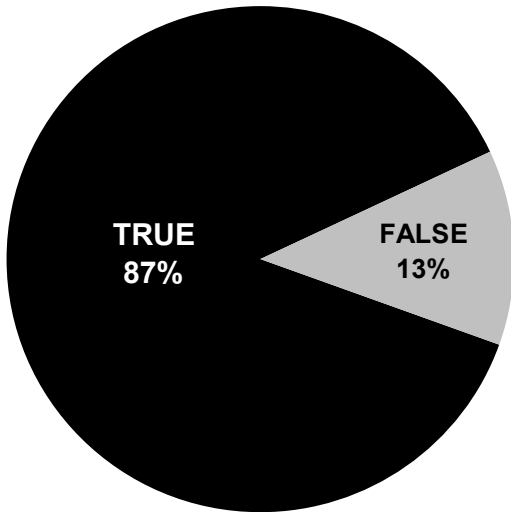


**N = 16**

*“(Employers) also benefit because workers can handle issues proactively...they can resolve directly with the employer without the case manager getting in the middle of it.”*

*“Because of my mentor, I am able to do a better job. She didn’t tell me what to do, but she helped me figure it out on my own.”*

**I appreciated the help of my peer mentor.**

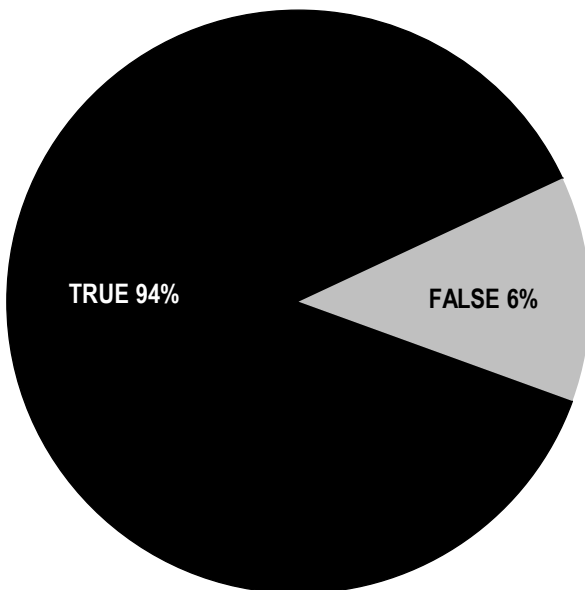


**N = 16**

*“I got good advice from someone who’s been in my situation before.”*

*“By answering my questions, she helped me solve a problem that had been bothering me a while. I felt much better afterward.”*

**My peer mentor provides a valuable service for me.**



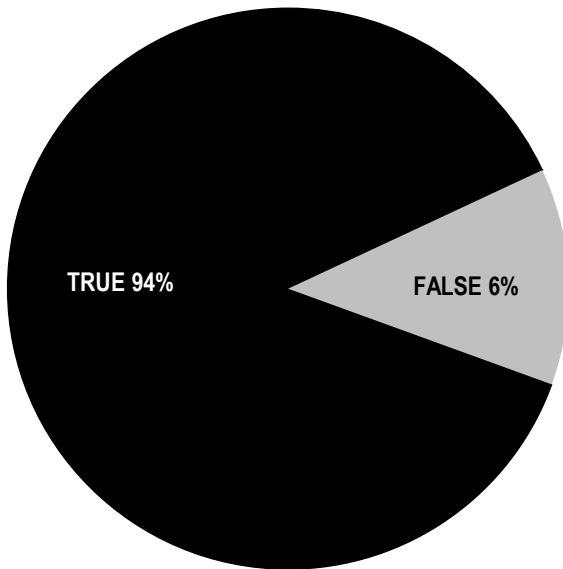
**N = 16**

*“My peer mentor helps me make better decisions. I am more confident knowing she’s there if I need her.”*

*“She helped me when I needed it the most.”*

*“This program means we aren’t left out there hanging without resources to do our jobs well.”*

**I feel comfortable contacting my mentor when I need help.**

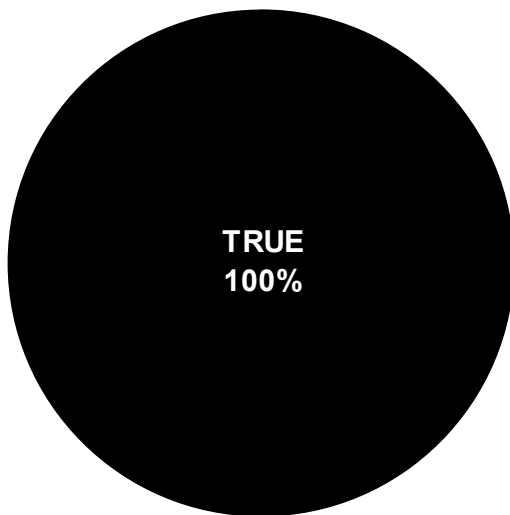


**N = 16**

*“I didn’t even know I had a peer mentor (available). My mentor called ME one day and we talked about stress. I’ve already told others about the program.”*

*“I trust my mentor; no question is a dumb one; she always calls me right back.”*

**I would recommend mentor services to other individual providers.**

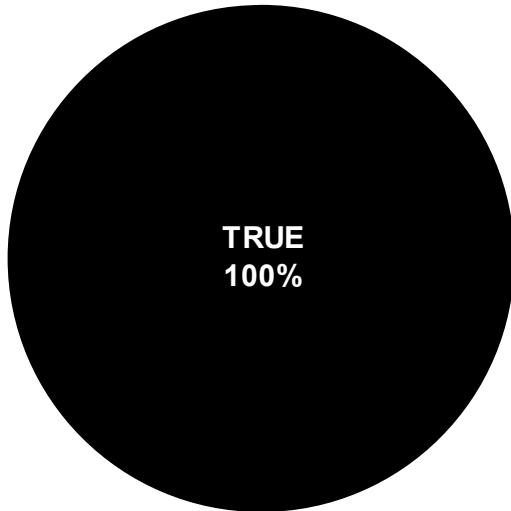


**N = 16**

*“I told someone else about my peer mentor. They didn’t believe me—even when I told them I used the service twice already.”*

*“I only asked basic questions...but it has the potential to really help someone out who has more important questions.”*

**The peer mentor program should continue in my area.**



**N = 16**

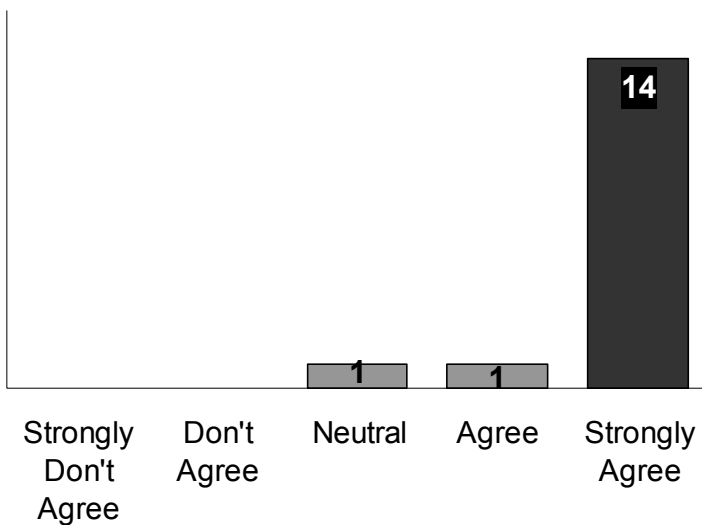
*“The peer mentor program is important. I think it should be available to all IPs.”*

*“Have mentors on call all the time...24 hours a day, 7 days a week. We don’t operate on bankers hours.”*

*“Have more peer mentors who can get back to you quicker.”*

*“Face-to-face would be good.”*

**Peer mentor services give valuable support to individual providers who need it.**



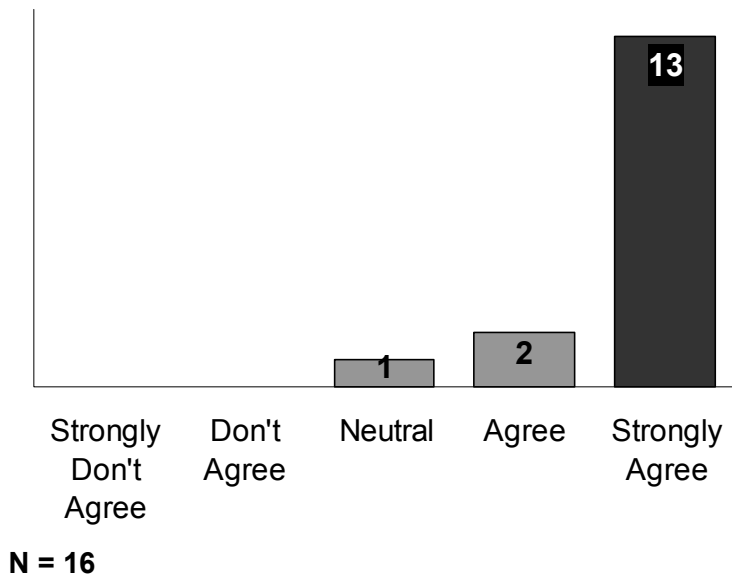
**N = 16**

*“I never had someone I could call before. I always used to try the caseworker but I never got called back. It’s nice to have someone else to call.”*

*“Peer mentors give advice and support. This is a much-needed service.”*

*“I don’t have to go it alone.”*

**Peer mentors help individual providers to provide better care.**

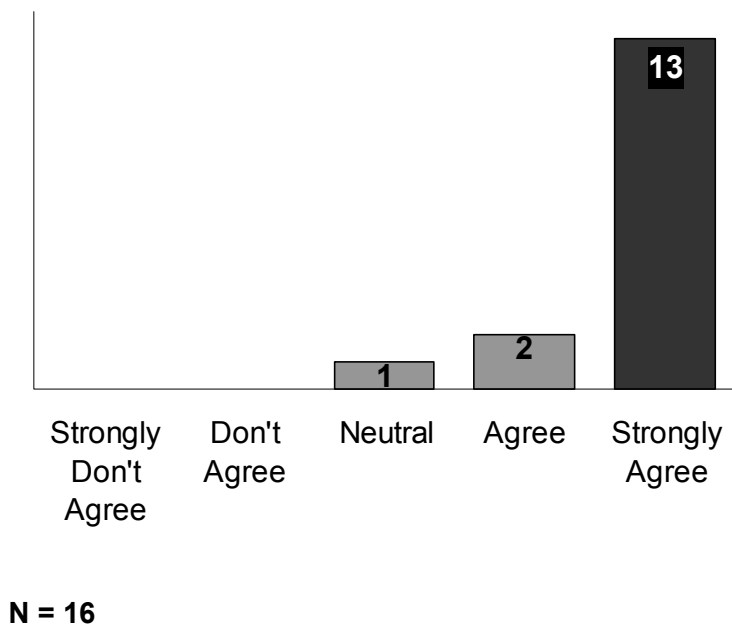


*“My mentor encouraged me to take better care of myself so I could take better care of my mother.”*

*“I don’t have as much stress now, so that probably improves care for my (employer).”*

*Peer mentors improve quality by teaching (mentees) how to provide better care. This affects my client in a positive way. Better care equals better quality.”*

**Peer mentors improve the quality of in-home care.**



*“Anything that helps me do my job better will improve quality.”*

*“The peer mentor program is like an investment so that clients have the best possible care in their own homes.”*

*“They are a resource to us and because of that, they are a resource to (my employer), too.”*

Mentees had difficulty articulating how the peer mentor program improves quality of care in a broader sense than their own reality. Most described improvements in themselves translated into improved quality of care. Regardless, 81 percent strongly agreed that peer mentors improve the quality of in-home care.

## **Recommendations and Next Steps**

Both mentor and mentees provided recommendations on improving the peer mentor program. Those recommendations included:

- Have more peer mentors available; including new RWRC areas
- Improve the ability to reach peer mentors--particularly in remote areas where cellular phone service is limited;
- Advertise the program more to increase use;
- Provide mentor coverage beyond traditional business hours; and
- Continue to expand the program.

As employee recognition strategies and activities are being planned, it is strongly recommended that RWRCs utilize the connections peer mentors are making with their colleagues to grow the employee recognition program(s). Anecdotal evidence from individual providers and results from other studies conducted by HCQA indicate that building relationships between employees and their employers, as well as the support of staff, peer mentors and other individual providers contribute significantly to the satisfaction and well-being of individual providers. Building upon the reputation of and relationships established by peer mentors is crucial to facilitating employee recognition activities because it is sometimes difficult to connect to individual providers who have a long history of isolation and individualism.

Additionally, the HCQA and RWRCs should collaborate on developing effective strategies to more widely advertise the peer mentor program. By encouraging more use of peer mentors ensures that more of their hours are spent on direct peer mentoring activities. During the time period of this study, it was expected that peer mentors may not be fully utilized due to the novelty of the program, but as the program enters its second year of operation, more time and effort needs to be invested in direct peer mentor activities. Discussions between HCQA and the RWRCs should involve ways to market the program, tasks to conduct outreach, and methods to meet developed expectations. Specific guidance by HCQA to the RWRCs might be in order—after conducting additional research on how other peer mentor programs gather support.

Finally, there has been very strong interest and support for the program by mentors, mentees, RWRC staff, case managers and administrators—it is strongly recommended that HCQA expand the program to all areas of the state to improve retention and working conditions of individual providers.

For more information on the survey or this report, contact:

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## APPENDIX 1: Peer Mentor Survey

*The Home Care Quality Authority wants to hear how you feel about the peer mentor program offered through your local Referral and Workforce Resource Center. By completing this survey, you will help us to improve the program. Your answers will be kept confidential, and will not affect your position as a peer mentor or an individual provider in any way.*

Name: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

*I am going to read several statements to you. I'd like you to tell me each one of the statements are true or false.*

	True	False	Don't Know
1. I like being able to help others by being a peer mentor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Peer mentors provide a valuable service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The job of peer mentor is satisfying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The job of peer mentor is interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Being a peer mentor is a valuable experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please tell me how being a peer mentor has improved **your** work as an individual provider:

\_\_\_\_\_

*I'm going to read several statements to you. I'd like you to rate each one on a scale of 1 to 5 (with 1 being "Strongly Don't Agree" and 5 being "Strongly Agree").*

	Strongly Don't Agree	1	2	Neutral	3	4	Strongly Agree	5
7. Peer mentor services give valuable support to IP's who need it	1	2	3	4	5			
8. Peer mentors help IP's to provide better care	1	2	3	4	5			
9. Peer mentors improve the quality of in-home care	1	2	3	4	5			

10. Please tell me how peer mentors have improved **your mentees'** work as individual providers:

\_\_\_\_\_

11. Please tell me how peer mentors improve the quality of in-home care for consumers/employers:

\_\_\_\_\_

Thank you for completing this interview! *If you have any questions about this survey, call Jane Wood at 360-725-2575 or by email at [jwood@hcqa.wa.gov](mailto:jwood@hcqa.wa.gov).*

## APPENDIX 2: Mentee Survey

*The Home Care Quality Authority wants to hear how you feel about the services you received from the peer mentor program offered through your local Referral and Workforce Resource Center. By completing this interview, you will help us to improve the program. Your answers will be kept confidential, and will not affect your position as an individual provider or future peer mentor services in any way.*

Name: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

*I am going to read several statements to you. I'd like you to tell me each one of the statements are true or false.*

	True	False	Don't Know
1. I was able to reach a peer mentor when I needed to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My peer mentor treated me with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My peer mentor helped me resolve my problem/issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I appreciated the help of my peer mentor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My peer mentor provides a valuable service for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel comfortable contacting my mentor when I need help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I would recommend mentor services to other IPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The peer mentor program should continue in my area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please tell me how having peer mentor improves **your** work as an individual provider:

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*I'm going to read several statements to you. I'd like you to rate each one on a scale of 1 to 5 (with 1 being "Don't Agree" and 5 being "Strongly Agree").*

	Strongly Don't Agree		Neutral		Strongly Agree
7. Peer mentor services give valuable support to IP's who need it	1	2	3	4	5
8. Peer mentors help IP's to provide better care	1	2	3	4	5
9. Peer mentors improve the quality of in-home care	1	2	3	4	5

10. Please tell me how peer mentors improve the quality of in-home care for consumers:

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11. Please tell me how we could improve the peer mentor program:

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Thank you for completing this interview! *If you have any questions about this interview, call Jane Wood toll-free at 1-866-580-4272.*