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Executive Summary

The Band of Brothers and Sisters (BoBS) project is a peer-to-peer recovery support services program for veterans in the Milwaukee community. To develop a description of the BoBS model and its value, the Planning Council for Health and Human Services, Inc. conducted interviews with the eight key staff involved in providing BoBS services (i.e., Peer Coordinators and Peer Leaders). At the time of the interviews, the BoBS program was in a relatively mature stage of implementation, having been in operation for approximately two years and having served over 250 veterans. Verbatim notes from the key informant interviews were analyzed through a systematic data coding process, resulting in themes related to the BoBS model itself, the value of the model for veterans and for peers, and suggestions for future growth and improvement.

PEER PERSPECTIVES ON THE BOBS MODEL

- *The veterans served are at varying stages in their recovery.* While some veterans may already have achieved sobriety, others are actively using substances at the time of their enrollment in the program. Often, substance abuse is only one component of many issues veterans are experiencing (e.g., mental health and trauma-related issues, homelessness, social isolation, daily living skills).
- *BoBS services are individualized to meet the needs of each veteran.* The services include support groups, one-on-one mentoring, socialization activities, and links to community resources. Depending on the needs of a particular veteran, each type of service was seen as having the potential to contribute to recovery.
- *BoBS services have been designed by veterans for veterans.* The topics or issues addressed in BoBS have grown out of the needs Peers see among the veterans they work with and are also informed by the experiences and philosophies of the Peers themselves.
- *The BoBS model incorporates unique elements that distinguish it from other recovery services available in the community.* These elements include:
 - *The connection with other veterans.* BoBS provides an opportunity for veterans to connect with other veterans who have shared similar experiences. This commonality creates a unique level of trust, allows for a genuine and authentic relationship, breaks through veterans' sense of isolation, and instills a sense of hope.
 - *Entirely veteran-directed services.* The services are voluntary and fluid, with no specific requirements placed on participants. The type and intensity of services provided are determined by the specific needs and interests of each individual veteran.

- *Diversity of philosophy and approach.* BoBS includes and values a range of approaches to and philosophies about recovery. Veterans are supported in developing their own path to recovery, which may or may not include additional formal treatment.
- *The role the Peer serves in their relationship with a veteran varies depending on the needs of the veteran and the style of the Peer.* The range of roles include acting as a role model, serving as a friend, and functioning as a recovery coach.

PEER PERSPECTIVES ON THE VALUE OF BOBS

- *From the Peer perspective, the BoBS model has tremendous value, assists veterans in their recovery, and supports their return to civilian life.* According to Peers, that value stems from:
 - *Providing role models.* BoBS participants are exposed to peer role models who have successfully navigated recovery and have ultimately transitioned into civilian life.
 - *Experiencing healthy relationships.* BoBS provides an opportunity to develop healthy, non-using relationships within the context of the camaraderie and mutual understanding of fellow veterans.
 - *Being empowered.* The BoBS model fosters a sense of empowerment by encouraging veterans to direct and define the services they receive.
- *The BoBS model is based on a reciprocal relationship, holding personal value for the Peers as well as the veterans.* The value for the Peers is related to:
 - *Supporting Peers' own recovery.* Working with BoBS reminds Peers of the negative consequences of using substances. It strengthens their sense of gratitude and reinforces the pride in the progress they themselves have made.
 - *Realizing their life's calling.* For many Peers, being involved with the BoBS program allows them to fulfill what they see as their life calling: helping other veterans and channeling their own experiences towards a higher purpose.
 - *Making a contribution.* BoBS provides Peers with an opportunity to contribute and give back (to other veterans, to their community, and to their country) in a profound and meaningful way.
- *The BoBS model supports the personal and professional development of veterans.* The BoBS program has employed Peer Coordinators and Peer Leaders from the population served, recruiting previous participants who have demonstrated a commitment to recovery and are “walking the walk”. Peers are provided with initial training as well as ongoing professional development opportunities, thereby promoting their leadership potential.

PEER PERSPECTIVES ON POSSIBLE AREAS FOR GROWTH

- *The BoBS model is highly responsive to the needs of veterans and to the interests of the Peers themselves.* As a result, Peers already feel that their input is reflected in the program's design and implementation and therefore provided limited suggestions for improvement during the interviews.
- *The BoBS program could spread its reach further.* Overall, BoBS could do more to raise the visibility of the program within the veteran community. In addition, BoBS should continue and expand its efforts to reach out to younger veterans, female veterans, and veterans' family members.
- *The BoBS model could include a more systematic plan for maintaining contact with veterans.* Any strategy to routinely connect with veterans enrolled in the BoBS program would need to be balanced with the BoBS principles of being veteran-directed and responsive to individual needs. Since the Planning Council's interviews were completed, the program has implemented a regular check-in contact with each veteran that presumably strives to maintain the voluntary, veteran-directed approach of the program.
- *BoBS could continue to promote training and leadership development among Peers.* It is clear that each Peer has unique areas of knowledge and specialized experience. The BoBS program should continue to tap this internal expertise, including opportunities for cross-training among the Peers themselves.

Overall, the interviews illustrated the key aspects of the BoBS model from the perspective of the Peers involved in providing BoBS services. As a next step, the evaluation team will interview a sample of veterans who have participated in the BoBS program to glean their perceptions of the model and its value.

Introduction

The Band of Brothers and Sisters (BoBS) project is a peer-to-peer recovery support services program for veterans in the Milwaukee community. The project is funded by the federal Substance Abuse and Mental Health Services Administration over a four year period (2010-2014; Grant #TI-23019). BoBS is a collaboration between two local veterans' service organizations: 1) the Center for Veterans Issues (CVI), an established nonprofit agency whose mission is to serve veterans who find themselves in need after returning to civilian life and 2) Dryhootch, a peer-run organization established in 2008 that provides a range of peer-to-peer services to veterans. The Planning Council for Health and Human Services, Inc. serves as the program evaluator for BoBS, providing evaluation support to describe the program's implementation and outcomes.

Peer-to-peer services are non-clinical services designed and provided by people who have life experiences similar to the population being served.¹ Peer services are typically directed towards providing emotional support, information and training, concrete assistance, and/or socialization activities. The BoBS program provides these services in an effort to engage veterans in recovery and to support them throughout the entire recovery process. The specific services offered by BoBS include support groups, one-on-one mentoring, socialization activities, and linkages to community services. These services are provided in multiple locations throughout Milwaukee, including at CVI's Veterans Resource Center, at CVI's transitional housing sites, at Dryhootch's coffee shop, and at Dryhootch's Forward Operating Base (FOB).

The BoBS peer-to-peer services are staffed by paid Peer Coordinators and Peer Leaders, by volunteer Peer Mentors, and supplemented by non-peer volunteers. The Peer Coordinators generally work full time, receive a salary, provide direct services to veterans, and also have administrative responsibilities. The Peer Leaders generally receive a stipend and work directly with veterans on a part time basis. Volunteer Peer Mentors also work directly with veterans, although generally for a limited number of hours per week and without financial compensation. The BoBS Peers are a diverse group of veterans in terms of gender, age, race/ethnicity, and lived experiences with recovery and/or homelessness. In addition, the Peers include veterans from various branches of the military (e.g., Army, Navy, etc.), from different eras of service (e.g., Vietnam, Iraq/Afghanistan, etc.), and from different types of service (e.g., combat operations, peacekeeping operations, etc.).

To develop its service model, the BoBS program has drawn on Dryhootch's previous peer-to-peer mentoring experiences, CVI's infrastructure and history serving veterans, and national resources on the peer-to-peer model. However, BoBS has crafted its own model to specifically address the needs of veterans in Milwaukee and to capitalize on the resources and strengths of the partnering agencies. As a result, the BoBS program and the evaluation team were interested in developing a description of the

¹ Center for Substance Abuse Treatment. (2009). *What are Peer Recovery Support Services?* HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

BoBS model and its value. In order to develop this description, key informant interviews were conducted with Peer Coordinators and Peer Leaders. The current report summarizes qualitative data gathered from these interviews, highlighting themes related to the program model, the value of the model for the veterans served, and its value for the Peers working within the model. A subsequent report will summarize similar information from a sample of veterans served by the BoBS program.

METHODOLOGY

From September of 2012 to January of 2013, the Planning Council conducted individual interviews with each of the Peers who were paid to provide services for the BoBS program during that time. At the time of the interviews, the BoBS program had been in existence for approximately two years and had served over 250 veterans. A total of eight interviews were conducted, including four Peer Coordinators and four Peer Leaders. All of the Peers interviewed were veterans and all were either in recovery from substance use themselves or had “immediate kinship” with someone in recovery. Seven of the eight Peers interviewed were male and one was female. During the data collection time period, new Peers joined the program. The evaluation team postponed interviewing these relatively new Peers until they had sufficient time and experience with the program to be able to provide a perspective on the BoBS model.

The interviews generally lasted one to two hours and were designed to be semi-structured, with guiding questions and prompts for eliciting additional details if needed. The questions that guided the interviews were developed by the Planning Council evaluation team and reviewed by BoBS management staff. The interviews asked Peers to speak to: 1) the overall picture of the BoBS service model, 2) the value of the model for the veterans served, 3) the value of the model for the Peers themselves, and 4) suggestions for the future. For a complete list of interview questions and prompts, see Appendix A.

Detailed notes from all of the interviews were analyzed through a systematic data reduction and coding process. Key themes were identified and manually coded by the Planning Council evaluation team. The evaluation team consisted of two team members with extensive familiarity with the BoBS project, as well as one team member with limited project-specific background who provided an “outsider’s” perspective. In addition, the evaluation team reviewed the preliminary set of interview themes with BoBS management staff, Peer Coordinators, and Peer Leaders for feedback prior to completing the analysis. A description of the major themes that emerged from the analysis and illustrative quotes from the interviews follow.

Peer Perspectives

The current report draws on information from the interviews with Peers to provide a brief description of the population served by BoBS and the services offered. The report then describes Peer perspectives on the unique aspects of the BoBS program, the level of service provided to individual veterans, and the roles that Peers play in their relationships with veterans. In addition, the Peers' views on the value of BoBS services for program participants, as well as the value they themselves derive from serving as Peers, are also summarized. Finally, the report provides information on the recruitment and development of Peers, as well as Peer-generated suggestions for program improvement.

WHO DOES THE BOBS PROGRAM SERVE?

The veterans served by BoBS are diverse in terms of their sociodemographic characteristics, their military background, their stage of recovery, and their service needs. As a recovery support program, BoBS services have been developed to respond to the many issues associated with substance abuse as well as those that may impede long-term recovery. As a peer-to-peer program, BoBS also attempts to address the unique circumstances that veterans in recovery face, particularly as they readjust to civilian life. As one Peer stated, "We know that the veteran's experience is unlike the average person's."

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The Peers indicated that some of the veterans they work with are relatively stable and simply interested in activities or interactions to assist them in maintaining their recovery. Other BoBS participants, however, are experiencing more complex issues and are in an earlier stage of their recovery. In addition to working with veterans in varying stages of recovery, the BoBS program has also reached out to other populations with unique needs including female veterans and family members.

Veterans with Complex Issues

The Peers observed that in addition to substance abuse, many participating veterans also experience mental health issues and other challenges that may require attention and support. As one Peer reported, "Initially, it's meeting with someone who's at a stage of desperation. There's fear, anxiety, they're angry and just at a state where they don't know what's going to happen tomorrow." It was

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suggested that veterans who are depressed, isolated, and suffer from social anxiety and shame can be at greater risk for abusing substances or relapsing. "When people are isolated, they don't have contact with other positive people," a Peer explained, "Then they go for the lowest common denominator and can get themselves in trouble."

The Peers reported that the program also serves a substantial number of veterans who struggle with housing instability. They observed that these veterans have complex and interrelated needs including unemployment and a lack of access to basic health care. In addition, it was reported that many homeless veterans with a history of substance abuse have “burned bridges” with family and friends and, as a result, lack a supportive social network. Finally, several Peers reflected that these veterans often lack skills for daily living such as cooking and money management. Stated by one, “There are certain things you need to learn to do in order to be an adult. Homeless vets may have lost these types of skills.” Through a mix of peer-to-peer services, the Peers reported that BoBS continues to develop ways to address the complex needs of the homeless veterans it serves.

Reaching out to Female Veterans and Family Members

While the overwhelming majority of veterans served to date by BoBS have been males, the program has served a small number of female veterans. It was noted that the numbers of women serving in the armed forces are increasing, but that “their issues have been largely neglected for a long time.” As one Peer explained, “The military culture is hard for women...and more women are coming out of the military with Military Sexual Trauma.” It was suggested that some services might best be offered in a female-only environment. One Peer acknowledged, for example, “If you [as a female veteran] walk into a room full of men, you’re not going to be comfortable.” The Peers agreed that addressing the needs of female veterans requires careful consideration and a selection of services that are gender-specific, and noted that the BoBS program has been intentional in attending to these issues.

Some Peers reported an interest in engaging veterans’ families in BoBS programming but noted that participation has been limited for several possible reasons. For example, one Peer observed that while BoBS welcomes families, the veterans themselves may be hesitant to include them: “We provide those services, but some guys don’t want their family involved.” This Peer went on to explain, “Guys want it to be more anonymous. ... [They may think] ‘I don’t want my family to know how screwed up I am.’” Peers recognized the important role that families may play in veterans’ recovery, and also acknowledged that veterans’ families have needs that could be addressed through BoBS services. Although the program has experienced barriers to engaging families, there was an interest in identifying strategies to increase participation in the future. One Peer suggested that broadening BoBS’s pool of Peers to include family members may help address this challenge. As this Peer explained, “We need people who know those issues. ... We’d like to support and have a safe place for them, too.”

WHAT SERVICES ARE PROVIDED BY BOBS?

In general, the Peers shared a common understanding of the concept of peer-to-peer services and the BoBS peer-to-peer model. Summarized by one, “Peer-to-peer is a bunch of people helping each other out... [it’s] about sharing concerns, sharing needs.” In describing BoBS services, they reported that the program offers a variety of services, including structured educational and support groups,

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socialization activities, one-on-one mentoring, and linkages to community services. The provision of these services is grounded in the peer-to-peer model and is informed by the experiences and philosophies of BoBS's diverse group of Peers.

Support Groups

BoBS offers veterans a wide range of groups. The types of groups provided have been developed to meet the needs of the veterans being served and have also been shaped by the talents and interests of individual Peers. For example, one Peer created a meditation group because he himself practices meditation and sees the value of it for the recovery process. Beyond groups specifically focused on recovery support and relapse prevention, BoBS offers groups focused on areas such as self-esteem, motivation, and spirituality. In addition, Peers mentioned several new groups that are in the planning phases including Zumba, a study group for students, and basic living skills.

Peers cited the facilitator as key to any group's success. As one Peer observed, "the [group] topic brings them here, but the facilitator keeps them coming." Peers also recognized that while facilitators are important, the veterans themselves also play an important role in supporting one another. As one Peer stated, "It's not just me, it's a band of brothers and sisters helping one another. That works better than having just me." While groups are generally mixed-gender, appreciation for the unique needs of female veterans, specifically around Military Sexual Trauma, has prompted BoBS to offer female-only groups. This serves to provide a safe space for female veterans and to minimize the possibility of re-traumatization.

"They show you that you can have fun without drugs or alcohol. That light bulb has to go on. In my life, I had to be retaught how to have fun without alcohol and drugs. I didn't know anything different."

Socialization Activities

BoBS serves many veterans who have been isolated for a variety of reasons or who have substance-using social networks that may not support the recovery process. As such, socialization activities are viewed as an important component of BoBS. Activities range from attending sporting events and visiting museums to gathering at the Dryhootch coffee house. While some activities are better attended or more popular than others, any activity that promotes engagement with others was seen as valuable. As one Peer noted, "If it gets you out of the house, [that's] great." Beyond reducing isolation, BoBS socialization activities are designed to help veterans learn how to associate with "positive" people who are "not necessarily asking them for things...we're just being there." Further, BoBS activities expose recovering veterans to enjoyable but substance free experiences and in turn, another way to live. As one Peer explained, "They show you that you can have fun without drugs or alcohol. That light bulb has to go on. In my life, I had to be retaught how to have fun without alcohol and drugs. I didn't know anything different."

One-on-One Mentoring

In addition to offering support groups and socialization activities, BoBS Peers provide one-on-one mentoring to veterans. The Peers are a diverse group with different styles and approaches to mentoring. For example, one Peer described applying the same principles to mentoring as he used during groups, while another Peer equated mentoring to “hanging out, making sure things are going okay.” Peers described engaging in one-on-one mentoring in a variety of formal and informal settings including at the office, over lunch, and during drives to AA/NA meetings. Aligned with the overall BoBS service model, the content of mentoring was described as being guided by the veterans’ specific needs, whether for “moral support”, a peer who has been through similar experiences, or assistance in accessing community services.

Linkages to Community Resources

Lastly, Peers reported that BoBS “acts as a resource center” and “is available to assist [veterans] in finding resources to link up to.” Beyond raising awareness of available resources, Peers spoke of helping veterans determine their eligibility and walking them through the process of applying for services. For example, one Peer explained, “When people are uncomfortable, the buddy system helps a lot. If you need someone to walk you over and stand next to you, and if it’s someone who is familiar to them, it works really well.” Another Peer described the “buddy system” similarly: “There’s free clinics out there, but [veterans] hate standing in line...and if someone is perceived as being rude, it turns them off. That’s why I try to go with them to the first few appointments, to get them to be patient, persistent, and nice.”

IN WHAT WAYS IS BOBS UNIQUE?

As the Peers described peer-to-peer services and how the BoBS program has been implemented over time, they identified several features that make BoBS different from other recovery services available in the community. For many, the most unique component of the program is that it provides veterans with an opportunity to connect with other veterans who have had similar experiences to their own. Further, the Peers explained that BoBS fills a unique role in the substance abuse treatment service system, serving both as a non-clinical alternative to formal services as well as an additional support that can complement formal treatment.

Trust and Shared Experience

The Peers spoke unanimously about the importance of their own experiences as veterans and as people in recovery to the BoBS program. For many, the fact that the services are designed and provided by peers with lived experience similar to those served is the singularly most important component of the model. For example, it was noted that the peer-to-peer connection is essential for attracting veterans to BoBS. Stated by one Peer, “They want to talk to veterans and to people who’ve gone through the same type of thing.” They seek us out.” In addition, the level of trust between veterans was described as being both

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unique to military culture and as something that is helpful as BoBS Peers work to engage veterans in recovery services. Among veterans “there’s the unit, the trust factor,” one Peer explained, “We cover each other’s backs. My hope is that we offer that [through BoBS].”

For the Peers, providing the opportunity for veterans to talk to other veterans who have “been there” is what makes BoBS unique. Pointedly stated by one, “A lot of us understand what these [veterans] have gone through—what it’s like first-hand.” Virtually all of the Peers discussed the ways in which they draw upon their own experiences to connect with veterans who are struggling. They suggested that, unlike a therapist or case manager, a Peer can genuinely say, for example, “Any stress you’re feeling I’ve been through,” or, “I know what it’s like to have that deficit in your mind.” The Peers’ own stories of struggle were seen as providing comfort to veterans; as one Peer illustrated, “I’m willing to talk about my mistakes. I hope that people at least can see that and say, ‘Wow, this guy went through it. ... It can happen to anybody.’” Sincerely communicating to a veteran that they’re not alone—that they themselves have faced similar challenges—was described as a powerful tool for helping veterans move forward in their recovery.

“Because they can look and see there’s that guy who’s walked in my shoes. I don’t have to put up resistance or doubt his words.”

In addition to being able to draw upon one’s own struggles, the Peers also emphasized that their ability to share their stories of success is a unique component of the peer-to-peer model. It was suggested that having gone through similar struggles and coming out on the other side can provide hope that change is possible. As one Peer recounted, “I

explain what happened to me in the past, what I’m doing, where my path is leading me.” Rather than sounding hollow or artificial, the Peers asserted that their first-hand stories of recovery can help others see the potential in themselves: “Because they can look and see ‘there’s that guy who’s walked in my shoes. I don’t have to put up resistance or doubt his words.’” Another commented, “It’s hard for people to think you’re faking it when you’re talking from your heart.” For the Peers, the genuineness with which they share their stories is central to the peer-to-peer model.

A Flexible, Non-Clinical Approach

For several of the Peers, what makes the BoBS program uniquely different from other recovery support services is the flexibility with which they are able to develop and implement services. When describing the format of the BoBS recovery support groups, for example, one Peer explained, “I have a lot of latitude.” Attributing the success of BoBS to its flexible approach in particular, one Peer stated, “It works because it’s a fluid, non-clinical model.” In addition, while some veterans may feel intimidated by professional providers, it was observed that with BoBS “there’s no real leader in the relationship.” As a result, Peers have found that BoBS can be a welcome alternative to clinical services.

“It works because it’s a fluid, non-clinical model.”

Another unique aspect of the BoBS program that the Peers discussed is its openness to a range of recovery approaches. BoBS services include those incorporating 12-step mutual aid, alternative healing, social support, art therapy, and other approaches. Veterans can therefore utilize services based upon their own needs, interests, and philosophies. As one Peer explained, “For some, 12-step fits, and for some it doesn’t. ... You don’t want to alienate or exclude anyone.” In addition to offering services that draw from a range of approaches, it was also reported that BoBS is different because “other programs have expectations or requirements.” This Peer further explained, “We want you to do well and to be happy, but you don’t have to do anything.” Particularly for veterans who may have had negative experiences in clinical settings, the fluid, inclusive, and voluntary nature of BoBS makes it a unique recovery support program.

“I think what you get in a clinical setting you then have to live in reality. BoBS is a great transition. ...They can practice it with us and they don’t have to be perfect.”

BoBS Can Complement Formal Treatment

While Peers differentiated BoBS services from traditional treatment and recovery support services, it was also suggested that BoBS can serve as a complement to traditional approaches. Peers acknowledged that some of the veterans they serve could benefit from additional services and indicated

that they make efforts to support them in accessing those services whenever appropriate (e.g., by providing transportation to AA/NA meetings, connecting them to treatment through the VA Medical Center). In addition, several Peers indicated that they work to adjust their approach to complement other services that veterans may be receiving. “Some are in 12 steps, some are in formal treatment,” one Peer explained, “If they are, I try to find out their treatment plan, so I don’t do anything that would conflict.” Another Peer asserted that BoBS can support veterans in translating the tools they gain in a formal treatment into their real life: “I think what you get in a clinical setting you then have to live in reality. BoBS is a great transition. ...They can practice it with us and they don’t have to be perfect.”

As a complement to traditional treatment and recovery support services, BoBS was seen as filling a niche in the local service environment. For example, in describing how BoBS is different than services available through the VA, one Peer explained, “We’re not trying to replace the VA. ... The VA is part of the community and we’re part of the community.” Contrary to being in opposition to traditional services, it was suggested that individuals providing peer-to-peer services should “engage with professionals in a respectful way,” and that mutual engagement could enrich both approaches. Overall, there was a sense among the Peers that BoBS can help meet needs that aren’t met elsewhere. Stated by one Peer, “We’re a piece of [the veteran’s] life, how they’re moving forward. Not the only piece, but a piece.” In addition, when veterans have needs that are beyond the scope of peer services, the Peers seek to connect them to other resources in the community.

WHAT LEVEL OF SERVICES ARE PROVIDED?

As noted above, the BoBS service model has developed over time to be responsive to the needs of the diverse veterans served by the program. Overall, as Peers described the level of services provided by BoBS, they emphasized the individual veteran's choice in the selection of services and the importance of meeting each veteran where they are in their recovery. In addition, Peers discussed their own approaches and strategies to engaging veterans in BoBS peer-to-peer services and identified potential barriers to veterans engaging in the program.

Services are Veteran-Directed

"It's not one size fits all."

The Peers reported that while BoBS includes a wide array of one-on-one mentoring services, support groups, and socialization activities, the program has been designed to allow each veteran to choose which service components fit best for them and their needs. One Peer put it simply, saying that "it's not one size fits all." Several Peers indicated that their approach is not to push specific services that they think a veteran might benefit from, but rather to make suggestions if a need or interest is expressed.

Reflecting on the diversity of the veterans they serve, one Peer explained, "The assumption is not that everyone who comes in here comes in with a problem that needs to be addressed, so I don't make a suggestion unless [there's an opening]." This "soft sell" approach was echoed by another Peer: "We're not going to force anything down your throat. ...You can take what you want from the program."

Not only did Peers report that the program supports veterans' choices about the types of services they participate in, they generally reported that the frequency and intensity of the services are also directed by the veterans themselves. One Peer described their flexibility with respect to the amount of contact

"We're not going to force anything down your throat. ...You can take what you want from the program."

they have with veterans, saying, "I have at least weekly contact and, if not, it's at least monthly. It depends where they're at and what they need." Overall, the Peers suggested that they follow the lead of the veterans they serve and make efforts "not to push them."

Respect for each Veteran's Path to Recovery

Several of the BoBS Peers acknowledged that supporting veterans' choices about how they engage with BoBS peer-to-peer services has involved meeting veterans where they are in their recovery. For example, it was noted that for veterans who are in the early stages of recovery, the type of peer support they provide is often directed towards connecting them to treatment or addressing their basic needs. As one Peer explained, "It's whatever the participant needs. ... If they need an escort to the hospital, or to court..., or to go to the food pantry, or to find transportation." Conversely, for veterans who are in a stage of maintaining their sobriety, the Peers indicated that their approach is more low-key, with one Peer stating, "Some are doing just fine; they don't have a problem. We're not making it an experience where you need to have a problem."

Peers indicated that meeting each veteran where they are means recognizing that, while many are ready to fully engage in recovery support services, some may not be ready to embrace change. One Peer voiced this reality, saying that “if they don’t want to listen, then you have to let them go. I can try right there to get them into treatment, but if they don’t you have to let them go.” For veterans who are not ready to engage, Peers indicated that their approach is to make it known that they are available for them when they are ready. As one Peer explained, “If you have the desire, then I’m there for you. Those who aren’t all in, you keep the door open for them, but you gotta keep going with those who are there.”

Strategies to Engage Veterans in BoBS Services

As the Peers discussed the varying ways in which veterans participate in BoBS services, many described strategies they have used to increase engagement in the program. Several Peers stressed the importance of building relationships before offering specific recovery support services and that, as one Peer observed, “Building rapport takes place over time.” It was also noted that not taking the time to establish rapport with veterans can turn them off to the program. For example, referring to the BoBS enrollment process, one Peer remarked, “We have sign-up documents for BoBS, but we need to take that slow. Vets have to fill out so much paperwork, and if I say right away, ‘Here, fill this out,’ that’s not going to work.” In addition to establishing initial rapport, it was noted that developing genuine trust helps veterans engage in recovery support and that “for them to trust us, we try to not be too intrusive.”

“Building rapport takes place over time.”

While the BoBS service model has been designed to be veteran-driven, Peers saw the importance of maintaining contact with veterans and making efforts to reengage them in the program if necessary. Peers reported that they are generally in contact with each veteran on a regular basis, ranging from once a week to once a month; however, when veterans disengage from the program, they will make attempts to reach out. One Peer explained, “I go through the files. If I haven’t seen that person in a while, then I may call them.” Another indicated that there have been times when they have been more assertive in their efforts to reengage with a veteran who they have concerns about: “If I run into them and I see they’re in trouble, I’ll call them up later and check in.” While each Peer described a slightly different style and approach, they unanimously spoke of the need to be proactive in engaging veterans in BoBS services, particularly those whose recovery is at risk.

“I get them whatever they need, but when mental health issues start to come out, I tell them they have to talk to a professional—they need to get other help.”

Barriers to Veteran Participation

While the Peers reported that they use a range of strategies to increase veteran engagement in the program, several barriers to participation were identified. One of the barriers cited as being a significant challenge is the existence of co-occurring mental health problems that Peers are not equipped to address. As one Peer explained, “I get them whatever they need, but when mental health issues start to come out, I tell them they have to talk to a professional—they need to get other help.” In cases in

which mental health issues arise, Peers reported that they try to refer veterans to appropriate services to meet those needs and indicated that they may continue to work with these veterans as they accessed services.

An additional barrier to veteran participation identified by Peers is a general lack of awareness about the BoBS program. One Peer suggested that veterans' lack of knowledge about the program has been due to inadequate advertising, observing that "people at the VA don't know about BoBS or where the FOB is." Another Peer suggested that veterans may not engage with the program because they are not familiar with the services that are offered, saying, "I think that [veterans] don't come because of not knowing. They're scared to try something new." As the program has matured, the Peers have continued to conduct targeted outreach to engage veterans in the local community.

HOW DO PEERS PERCEIVE THEIR ROLES?

Throughout the course of the interviews, it was clear that Peers each had a unique perspective on the Peer role and on how they can be helpful to veterans in their recovery. The common thread was that their role and relationship with each veteran varies depending on what that veteran needs. For example, when describing the Peer role, one Peer said simply, "It depends on the person. We're really addressing the needs that they have." Another listed a whole range of surrogate roles he sometimes fills (e.g., father, son, brother), matching his approach to the particular issues that the veteran is facing. As Peers described their roles, the range of approaches that seemed to shape how they think of their relationships with veterans included acting as a role model, serving as a friend, and functioning as a recovery coach. While different Peers may gravitate more towards one or another of these approaches, they also seemed willing to adapt their approach as needed.

Acting as Role Models

Some Peers highlighted the importance of their position as a successful role model for recovery and spiritual well-being. They recognized the value of sharing their own stories and experiences, and of describing what worked for them in their recovery journeys. According to the Peers,

"I'm a person who's experienced exactly what you have ... and [have] overcome my deficits. I've been there. I'm proud of that."

this approach allows veterans to find commonality, feel less shame and isolation, and experience hope for the future. One Peer described how they communicate this message when connecting with veterans: "I was a low person, and what you see now is a miracle. You can be there too." Similarly, another Peer approaches veterans by conveying confidence and pride: "I'm a person who's experienced exactly what you have ... and [have] overcome my deficits. I've been there. I'm proud of that."

The Peers indicated that their status as role models allows them to develop a unique connection, share lessons learned, and even to confront veterans on the choices they have made. One Peer noted that they have the "opportunity to teach [veterans] that there's a better way of living, first by role modeling and second by being available and helping them through stuff." The Peers also pointed out, however,

that this is often not enough. They suggested that there are times when veterans need to be pushed and that their position as role models gives them the leeway to be forceful when needed: “You’ve got to be compassionate and show empathy, but you can’t baby them. ... I’ve been the con artist, so I’m great at ‘bringing down the hammer’ [if necessary].”

Relating as Friends

With some veterans, the role served by Peers resembles that of a friend. In this role, the Peer talks with the veteran about shared interests and engages in mutually enjoyable activities (e.g., sporting events, games, etc.). This friendship approach was seen as valuable in decreasing veterans’ sense of isolation, reminding them of the importance of camaraderie and the value of shared experience, and providing them with opportunities to have fun without using alcohol or drugs. In describing this friendship role, one Peer gave an example of their work with a veteran who had recently been released from prison: “[The veteran] really needs more of a friendship type of thing. ... I’m trying to get him to not be so isolated.” The friendship approach appeared to be mutually rewarding for Peers, as they reported that they are often able to spend time engaging in enjoyable and meaningful activities while also assisting a fellow veteran.

Some Peers indicated, however, that establishing a relationship that resembles a friendship is not their goal when working with most veterans. They viewed the friendship role as somewhat limiting, potentially interfering with the Peer’s ability to confront the veteran and hold them accountable for their behavior. According to one Peer, “If you want to make a difference in someone’s life, don’t try to be their friend. ... I let them know that ‘I’m going to give you what you need.’ I can [then] be firm and unwavering.” These differing perspectives may reflect the diverse set of needs seen among the BoBS veterans, with some Peers working primarily with veterans in early recovery and others working more with veterans engaged in maintaining their sobriety.

Serving as Recovery Coaches

Finally, some Peers described themselves somewhat like recovery coaches, assisting veterans in facing the reality of their substance use and its consequences. This may entail confronting veterans about their use and “holding them accountable.” In this approach, the Peer may directly and honestly challenge the veteran about their choices and behaviors. As several Peers described it, their role is to help the veteran “realize that everything they tried to do on their own didn’t work,” and to recognize how important it is to face their painful memories and live their life with honesty.

The recovery coach role may mean talking explicitly about the veteran’s substance use and employing techniques similar to motivational interviewing. As one Peer explained, “...you have to get them to buy in. It’s a convincing battle.” However, Peers were careful to distinguish the recovery coach role from that of a professional: “I’m a mentor, not a therapist ...” Instead, some Peers indicated that they may bring the 12-step model into their work with veterans, emphasizing the mutual fellowship and guiding principles of the model. One Peer stated simply, “I believe in the 12-step way. You just win this day, but then you add on another day.”

Overall, as Peers shared their perspectives on the various approaches that shaped their relationships with veterans, it was clear that authenticity was the foundation for each approach. Whether serving as a role model, a friend, or a recovery coach, Peers indicated that it has been important to establish a sincere and honest connection with veterans and to avoid a “false front”. Beyond the genuine relationship, Peers emphasized the value of instilling hope and communicating to veterans their inherent worth. Whether through sharing mutual stories, engaging in positive social activities, or confronting destructive behaviors, Peers saw themselves as helping veterans find a sense of purpose and to move towards fully participating in life. As one Peer articulated, “You have to get them to a place where there’s hope. When there’s just a little glimmer ... that’s when it’s exhilarating.” Another Peer emphasized that “inside every person is a gift. My role is to help them see that gift.”

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WHAT IS THE VALUE OF BOBS FOR PARTICIPANTS?

“The beauty is that we’re all vets...most of us who work here have had [similar] problems.”

Peers generally indicated that the peer-to-peer component of BoBS and the non-judgmental attitude of the Peers are key to facilitating veterans’ receptivity to the program and realization of benefits. The importance of Peers sharing similar experiences both as veterans and as veterans in recovery was emphasized. As one Peer observed, “The beauty is that we’re all vets...most of us who work here have had [similar] problems.” Further, Peers spoke of the military credo of never leaving a fellow brother or sister behind. As one Peer stated, “No matter what you’ve done or are doing, we’re here.” As Peers reflected on what they have seen as the value of BoBS for the veterans it serves, three key benefits were identified: the value of having role models, the opportunity to develop healthy relationships, and the experience of feeling empowered.

Having role models

Peers are in a unique position to serve as role models to other veterans because of their own experiences of military service, transitioning to civilian life, and/or recovering from addiction. For veterans in BoBS, Peers offer relevant and realistic examples of the recovery process. As one Peer explained, “I give them the opportunity to run into someone who has three years sober. Someone coming in with 30 days, I can help them through that.” As discussed above, veterans who enroll in BoBS often lack recovery-supportive social networks and have become accustomed to life as a substance user. BoBS exposes participating veterans to people who have lived through struggle and have achieved a sober lifestyle. As one Peer observed, “The real value [of BoBS] is the opportunity to teach them that there’s a better way of living, first by role modeling.”

“The real value [of BoBS] is the opportunity to teach them that there’s a better way of living, first by role modeling.”

Developing healthy relationships

While Peers identified exposure to role models as an important benefit to participating veterans, they also emphasized the value of developing healthy relationships that are not based on substance use. BoBS support groups provide one venue for this process to occur. As one Peer explained, “Groups provide camaraderie for people who come and keep coming. There are friendships that develop. Then they start helping each other, then they start caring about themselves, then they start caring about what’s going on and they start participating in life. Then they start developing those non-using friendships.” Through support groups, socialization activities, and one-on-one mentoring, participating veterans engage and form relationships with recovery-supportive individuals. This combination facilitates important steps in the recovery process, as this Peer elaborated, “I hear guys say ‘I know I’m not alone in this’ or ‘I was able to talk to this other guy.’ They’re turning to people for help.” Beyond the

“[There is] a family waiting on that guy...If we can send them back with changed behavior, we’ve helped heal that vet and that family.”

development of new relationships, Peers suggested that BoBS helps veterans in the process of repairing or reestablishing relationships. In the words of one Peer, “[There is] a family waiting on that guy...If we can send them back with changed behavior, we’ve helped heal that vet and that family.”

Being Empowered

Peers also suggested that involvement with BoBS can have an empowering effect on veterans. They identified three features of the program model that may facilitate veterans’ feelings of empowerment: the voluntary nature of programming, the opportunity for veterans to influence programming, and the opportunity for veterans to learn new skills. In comparing BoBS with other services available to veterans, Peers highlighted the fact that engagement with BoBS is voluntary. Further, as previously discussed, the intensity of services is also veteran-driven. This allows veterans to take control of their own recovery. As this Peer reflected, “What I hope they get here is a place where they feel unthreatened, self-empowered. You’re not being forced to do anything. It’s you who starts this...it’s initiated by you.”

Peers noted that veterans may also feel empowered by the opportunities they have to influence BoBS programming. As discussed previously, programming has and continues to be developed in response to veterans’ needs. Further, veterans are encouraged to voice their opinions and offer suggestions on an ongoing basis. As one Peer explained, “They meet and come up with ideas. It gives them a feeling of accomplishment and empowerment, it teaches them cooperation and patience....” Through this participation, needs are identified and new services are explored and developed. In addition, these opportunities can also lead to opportunities for veterans to give back to the program by volunteering to serve their fellow veterans.

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Finally, Peers observed that through one-on-one mentoring, and in particular the “buddy system” approach to linking people to outside services, veterans learn skills necessary for accessing needed resources. The Peers suggested that this approach allows veterans to learn how to apply these skills in the “real world”. In addition, they can learn with fellow veterans who are able to provide support and a role model for how to navigate systems that may be complicated or intimidating.

WHAT IS THE VALUE OF BOBS FOR THE PEERS THEMSELVES?

While the Peer Coordinators and Peer Leaders indicated that the BoBS model has clear value for participating veterans, they also viewed the model as being beneficial for themselves personally. As one Peer described it, “There’s a lot of value at both ends. ... It works both ways, and it’s amazing what [the veterans I work with] teach me.” Similarly, another Peer stated that “it helps them and it helps me out too.” As they described this reciprocal relationship, the Peers shared that being a mentor helps them in their own recovery, allows them to fulfill what they see as a true calling, and provides them with an opportunity to contribute in a profound and meaningful way.

*“There’s a lot of value at both ends.
... It works both ways, and it’s
amazing what [the veterans I work
with] teach me.”*

Supporting Recovery

For the Peers who had a personal history of substance use, mental health issues, and/or homelessness, their work with the BoBS program was described as supporting their own recovery. For some Peers, working with veterans who are in earlier stages of their recovery serves as an important reminder of the consequences of substance use and the thought processes that go along with addiction. One Peer noted that the veterans he works with “remind me about the thought patterns that I’ve forgotten. ... The longer I’m in recovery, I forget stuff. ... [The veterans] remind me how hard it is.” Peers also indicated that this work motivates them to maintain the progress they have made in their lives and continue to grow. For example, one Peer reflected that being a mentor “keeps me focused on where I want to be. ... It keeps me grounded.” Another commented, “I might not be where I want to be now ... but I’m rejuvenated and I have goals,” indicating that he has found value in sharing this progress with the BoBS veterans.

*“There’s a lot of gratitude [in
knowing that] I used to be there
and now I’m not.”*

Peers also noted that being a mentor has given them the opportunity to be grateful for what they have achieved and the place they have come to in their lives. As one Peer described it, “There’s a lot of gratitude [in knowing that] I used to be there and now I’m not.” Others seemed to

have a strong sense of dignity about having made significant changes and noted that serving in the role of mentor has allowed their loved ones to view them with greater pride and respect. Overall, the Peers indicated that working with the BoBS program has been meaningful in their own personal journeys. As one Peer stated simply, “This is good for me.”

Mentoring as a Calling

The Peers who were interviewed reflected that their participation in BoBS has allowed them to fulfill what they see as their calling in life. They indicated that the ability to work with veterans, to share their own stories, and to support others in their recovery fits with what they were “meant” to do. During the course of the interviews, Peers often referred to their work as “a passion” or “a calling”. For example, one Peer said, “I’ve always had a passion for working with vets. ... Then I happened upon this. It’s definitely a passion.”

“I have been able to be the instrument that someone else might find their way.”

In part, Peers seemed to view their work as a way to make positive use of their past difficulties and the life lessons they have learned. For example, one Peer indicated that given his own experiences with post-traumatic stress disorder, he can “see the signs” in other veterans and is in a unique position to be of help. Another saw mentoring as a way to make use of his gifts and life experience: “I was given this so I could give it away.” As a result, the Peers each found their work to be personally rewarding and valuable. For example, one Peer observed that “I have been able to be the instrument that someone else might find their way,” and concluded that this work “gives me great joy because it has a purpose.”

Overall, Peers expressed that they feel fortunate to have found this mentoring role and to be participating in the BoBS project. One of the Peers indicated that “I would have done [this work] for nothing. I have a sense of service. For me it’s like a calling, something I’d do anyway.” Several Peers indicated that working with veterans was part of their larger life plan, and that their role with BoBS has allowed them to either fulfill or work towards that goal.

Peer mentors have been consumers, and for us it’s about being able to give back and help people who are in the position you were.”

Making a Contribution

The Peers who were interviewed indicated that they found tremendous personal value in being able to make a contribution through their work with BoBS. The mentoring role was seen as their opportunity to give back and to be of service to others. For example, one Peer stated, “Most Peer mentors have been consumers, and for us it’s about being able to give back and help people who are in the position you were.” This motivation to make a contribution was often expressed through a commitment to giving others the chance to change their lives. As one Peer described it, “When you get through the point of insanity, and then you get to freedom, you want everybody to have it.”

In providing individual assistance to veterans, several Peers pointed out that they were making a larger contribution to the world, noting that their role can make a difference “not just for that person, but then it might help their families and the community” as well. For these Peers, working with veterans through the BoBS program has given them an opportunity to fulfill a responsibility they felt towards other veterans and to contribute to society as a whole. From one Peer’s perspective, “I have a social

responsibility, for me to be actively participating.” As another Peer described it, “People have a contribution to make. ... Helping each other is the only way to make things better.”

“People have a contribution to make. ...Helping each other is the only way to make things better.”

HOW DOES BOBS RECRUIT AND DEVELOP PEERS’ LEADERSHIP CAPACITY?

The BoBS program has involved a team of diverse and qualified Peers who develop and implement services and contribute to the overall success of the program. Among the Peers who were interviewed, several discussed their own path to becoming a Peer, their thoughts on what makes someone ready for the role, and the ways in which the program has developed Peers and their leadership capacity over time. Overall, it was clear that the program has experienced success in recruiting Peers from within the partnering organizations as well as directly from the BoBS participant population. As they discussed the program’s experience recruiting, developing, and retaining Peers, they emphasized the importance of ongoing training and guidance to ensure quality services, support the Peer role, and maintain ethical standards.

Peer Recruitment

During the initial startup of the BoBS program, Peers were primarily recruited from the Center for Veterans Issues and Dryhooch, as both organizations had proven staff and volunteers who met the qualifications for the Peer role (i.e., veterans who either were in recovery from substance use or had “immediate kinship” with someone in recovery). These Peers came to the program with knowledge and experience of the population to be served, the partnering organizations, and the local context and service systems. Over time, the Peers reported that the program has attracted and recruited Peers who had themselves been BoBS participants. These Peers have brought a unique perspective to the program, having recent and first-hand experience of BoBS peer-to-peer services.

In describing the Peer role and their own experiences on the BoBS Peer team, several Peers shared their thoughts about when someone is ready to become a Peer. They emphasized the importance of “walking the walk”, particularly when the individual’s lived experience includes a history of substance abuse. Stated by one Peer, “It’s easy to portray if you live it.” Demonstrating a commitment to recovery was seen as giving Peers credibility in the eyes of the veterans they serve. In addition, Peers also suggested that “living it” instills confidence that they are not putting others’ recovery at risk. For example, one Peer suggested that someone is ready for the Peer role “when a person has exhibited that they are working the tools that they’ve been given.” Speaking personally about the need to be secure in one’s own recovery, another reflected, “I have to keep myself good before I can be with [the veterans].”

Training and Development

In addition to the need to be selective when recruiting Peers for BoBS, Peers also viewed the training and ongoing development provided as essential to the success of the program. For example, it was suggested that BoBS Peers should receive initial training on maintaining appropriate boundaries, ensuring the confidentiality of participant information, and cultural competency skills. In addition, several Peers explained that because connecting veterans to services in the community are part of the BoBS service array, Peers should receive orientation to the local service system (including AODA and mental health treatment, medical and housing services, etc.). Because BoBS accepts veterans who may not be eligible for veterans' benefits, it was seen as especially important to become familiar with services beyond the VA system. As one Peer explained, "My responsibility behind the scenes is to educate myself on the services that are available to vets, some of whom are not qualified to get services through the VA."

In addition to initial training on the Peer role and available services, there was also a recognition among those who were interviewed that the Peers and the BoBS program can benefit from ongoing training and development. For the most part, Peers focused on the need for continuing support and guidance to create a balance between establishing genuine peer-to-peer connections and maintaining appropriate boundaries. Seeing this challenge as one that is unique to the peer-to-peer model, one Peer explained, "There's that bond [between peers] of having screwed up. Clinicians have a professional obligation not to [share personal information]." Several of the Peers described their approach as being open, honest, and available. For example, one Peer commented, "I have an open phone—they can call me any time," while another stated, "I share whatever they ask me. I'm not ashamed, and that's what I want them to know." These same Peers, however, acknowledged that that openness and honesty can expose both themselves and the veterans they serve to certain risks and that, as a result, ongoing attention to creating and maintaining appropriate boundaries is essential.

In addition to the importance of formal training, Peers spoke of the value of informal learning. The team of BoBS Peers includes individuals from a variety of backgrounds, each with a different level of experience providing peer-to-peer services. As a result, there was a sense that the Peers have a unique opportunity to learn from one another, particularly as newer Peers are integrated into the program team. For example, Peers who had more experience with the program and serving in a Peer capacity described some of the guidelines and practices that they have tried to confer upon other Peers (e.g., never loaning money, not discussing certain things in non-BoBS settings, not acting as a "chauffeur", etc.). However, while Peers recognized the importance of establishing basic guidelines and a "job description" for BoBS Peers, it was also pointed out that "you don't want to train Peers all the same." The diversity of the Peers—in their military service, recovery experiences, personal approaches, and experiences as Peers—was seen as a valuable asset to the program and those it serves.

WHAT SUGGESTIONS WERE PROVIDED?

Overall, Peers portrayed the BoBS model as being highly responsive to the needs of the veterans served and also reflective of the interests of the Peers themselves. They described themselves as having the ability to shape the services offered and the approach used, and therefore had a high degree of ownership around the BoBS model. As a result, when asked to provide recommendations for program improvement, Peers often indicated that their suggestions were already being solicited and implemented. As one of the Peers stated, “With BoBS you can pretty much start whatever program you want that the vets need. The door is open pretty wide.” However, when pressed, a small number of recommendations emerged which related to the services provided, areas for staff development, and the enhancement of the program as a whole.

“With BoBS you can pretty much start whatever program you want that the vets need. The door is open pretty wide.”

Suggestions for Service Provision

Peers emphasized that it was important for BoBS to continue being guided by the needs expressed by veterans. This aspect of the program was seen as one of its unique features and something that distinguishes it from the growing number of veteran-serving agencies in the community. One Peer observed, “Vets are a hot area right now. Everyone wants to get into it,” and noted that BoBS intentionally provides only those services needed by veterans: “You don’t just do everything just because you can.” As a result of this philosophy, Peers’ suggestions for additional service areas were all grounded in what they had observed or heard from their population of veterans. For example, based on their experiences with specific veterans, Peers proposed that the program offer a group specifically aimed at veterans being released from prison, a study skills group for veterans returning to college, and a basic skills group for veterans with limited experience managing their finances, cooking for themselves, etc. In addition, it was suggested that BoBS could provide more socialization activities such as trips to the Harley Davidson Museum because “that’s what [the veterans] love.”

Within the context of being responsive to veterans’ needs, there was some suggestion that it might be helpful to have a more systematic plan for staying in touch with veterans after they have enrolled in the program. As a SAMHSA-funded program, BoBS is required to conduct a follow-up interview with participants six months after they have enrolled in the program. In addition, it was clear that Peers seek out veterans when a long period of time has elapsed since their last interaction. However, one Peer suggested that “there needs to be a plan to maintain contact with vets on a more regular basis.” A more routine strategy for reconnecting with veterans may allow Peers to remind veterans that they have a support network, to promote upcoming socialization activities, and to offer any additional needed services. At the time of the interviews, Peers indicated that this recommendation was being discussed and that possible implementation options were being considered.

“The more training I can get, the better. ...That learning could help me and help others too.”

Suggestions for Staff Development

As discussed above, throughout the interviews Peers noted that training is an important component of a peer-to-peer model. In addition to content knowledge about substance use and mental health, Peers need to be attentive to ethics, roles, boundaries, as well as resources available for veterans in the community. The Peers interviewed indicated that they would welcome additional opportunities for training. As one Peer emphasized, “The more training I can get, the better. ... That learning could help me and help others too.” In their weekly BoBS Program Implementation Team (PIT) meetings, Peers are asked to share information about upcoming trainings offered in the community. In addition to taking advantage of local and national conferences, it might be helpful for staff meetings to regularly include cross-training among the Peers themselves. During the course of the interviews, it was clear that various Peers had expertise related to topics such as free or low-cost services available in the community, navigating the VA system, military sexual trauma, alternative approaches to symptom management, etc. Although Peers have undoubtedly shared this knowledge in informal conversations with one another, it might be helpful for the program to provide a more formal mechanism for conveying this expertise if it hasn’t done so already.

Suggestions for Program Enhancement

Overall, the Peers appeared to be satisfied with the development of the BoBS model and its implementation. As noted throughout, the model was seen as having value for individual veterans and for the Peers themselves. However, it was also seen as having been instrumental in expanding the overall array of services available to veterans and in facilitating connections with other veteran-serving agencies. For example, one Peer pointed out that “a lot of [Dryhooch’s] vets programs wouldn’t have been started without [BoBS].”

However, Peers also indicated that the program as a whole could be enhanced if they had more staff people. It was noted that veterans who participate in BoBS are never “discharged” as they might be from a traditional treatment program; veterans always have the option to participate in BoBS activities or to contact one of the Peer mentors. As a result, each Peer’s “caseload” continues to grow as the program matures. This growth in the number of veterans served led one Peer to suggest that they would “like to hire more people ... to expand our [paid] staff.” While BoBS relies on volunteers to implement some of its services and these volunteers are clearly valued by the Peers, it was emphasized that paid staff are “more accountable,” “you can ask them to go above and beyond,” and “you don’t lose them as easily.”

It was also suggested that the program could be enhanced by making additional efforts to increase its visibility in the veterans’ community. The Peers engage in a wide variety of outreach efforts, including to local meal programs and homeless shelters. However, Peers who were familiar with the VA Medical Center indicated that BoBS was relatively unknown to VA staff and to veterans utilizing VA services. As one Peer observed, “I look around [the VA]. There’s nothing up about [BoBS].” The close proximity of

the relatively new FOB Dryhootch outpost to the VA Medical Center may provide some natural opportunities for outreach and collaboration.

Finally, there was some suggestion that it might be helpful to more formally capture the various aspects of the BoBS model in something similar to a flowchart. For example, one Peer offered the idea of creating “a flowchart that could give you ideas and direction for different people,” noting that it could be a helpful tool for orienting new Peers to the model. However, this same Peer observed that “this is a very fluid model” and emphasized that the fluidity was precisely what made it unique and valuable. As a result, a highly defined representation of the BoBS model would be inconsistent with its flexible, responsive, peer-driven approach. In the future, the evaluation team may work with the program to attempt to create a concise representation of the model that honors its fluidity. In the absence of a current depiction, this report is intended to provide a window into its structure, implementation, and perceived value to veterans and the Peers themselves.

Appendix A: Interview Questions for Peer Coordinators, Peer Mentors, and Peer Leaders

- What do peer-to-peer services through BoBS “look like”?
- How do you think BoBS has done in providing these services?
- What kinds of services (if any) are you providing in addition to the formal peer-to-peer services?
- What aspects of the peer role do you see as particularly valuable for the vets you work with?
- In what ways is being a peer mentor important in your own life?
- Has BoBS designed a program that is responsive to what you see as being needed and valuable for vets?
- What suggestions do you have for the BoBS program?



1243 North 10th Street, Suite 200 Milwaukee, WI 53205-0243
(414) 224-0404 FAX (414) 224-0243 www.planningcouncil.org
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