



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Parent Peer Support: Better Outcomes for Children, Youth & Families across Systems

Millie Sweeney, Deputy Director
Family-Run Executive Director Leadership Association



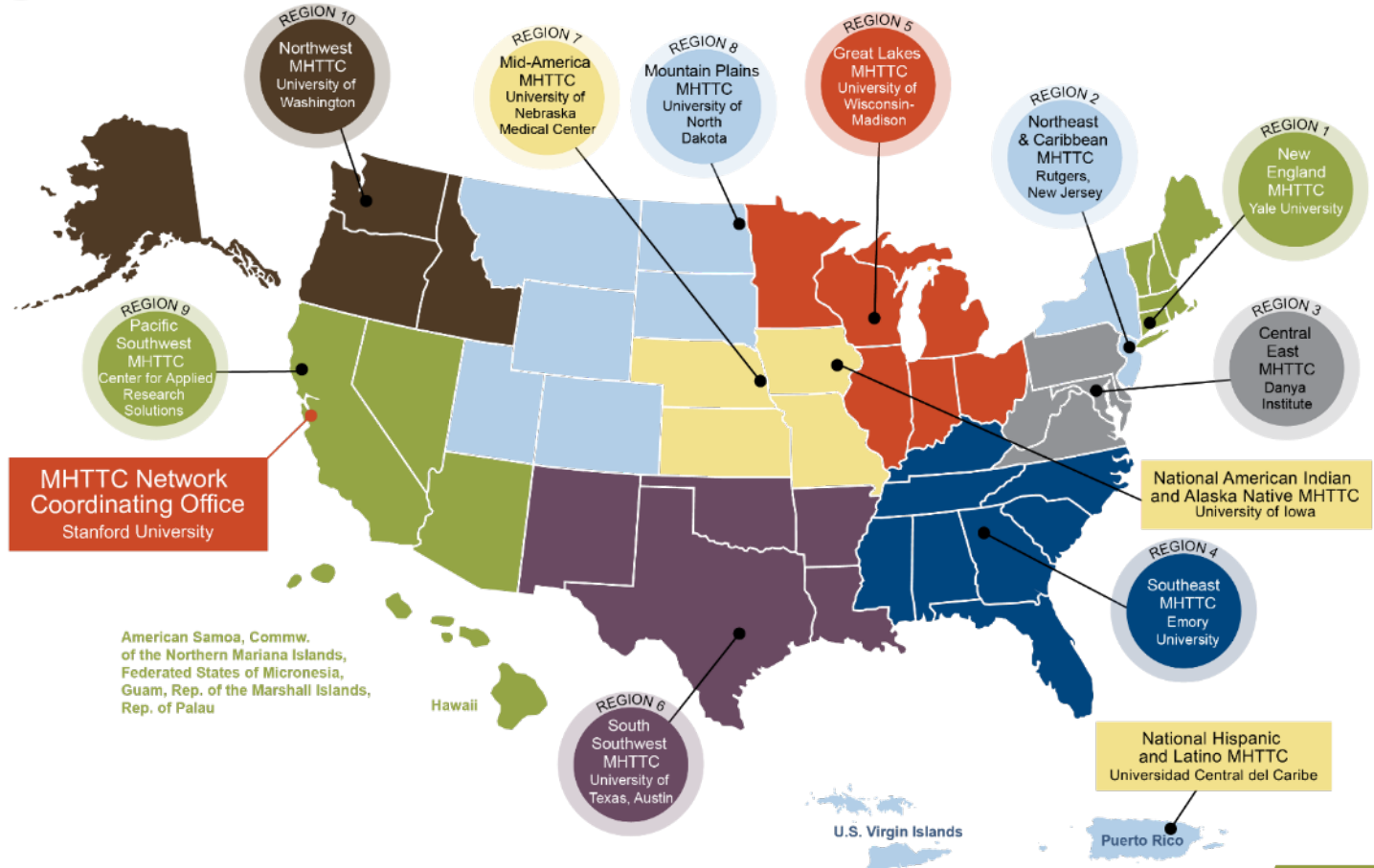
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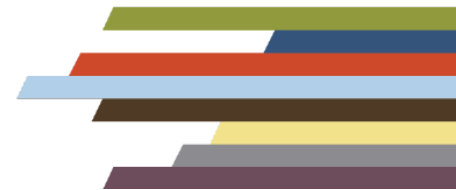
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Central East MHTTC Goals

Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance



Central East Region

HHS REGION 3

Delaware

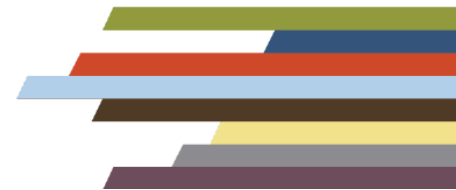
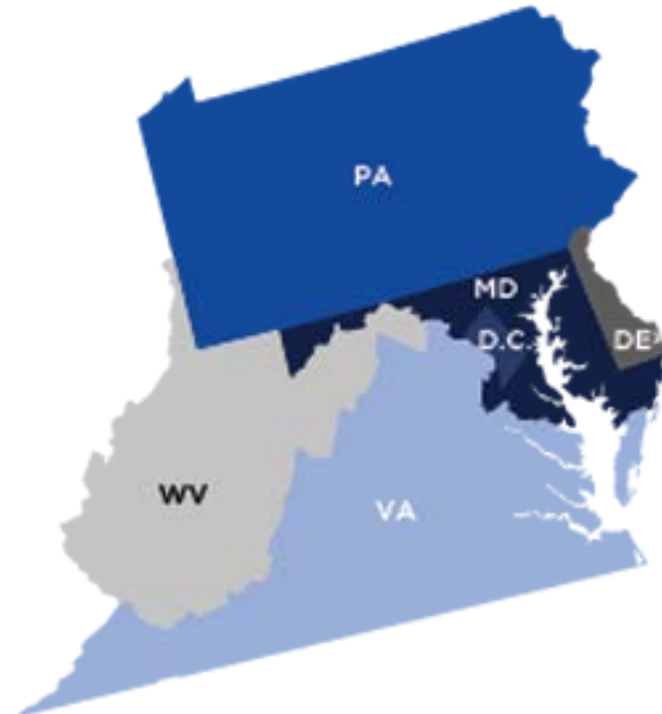
District of Columbia

Maryland

Pennsylvania

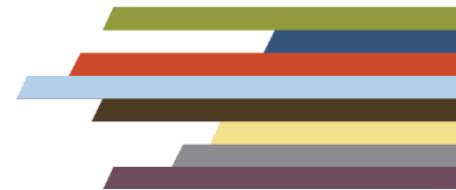
Virginia

West Virginia

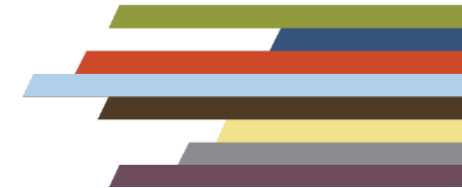


Objectives

- Participants will gain a full understanding of the scope of parent/family peer support services.
- Participants will learn of the benefits of parent peer support for both families and partner agencies.
- Participants will learn strategies for accessing and using parent peer support in their communities and states.

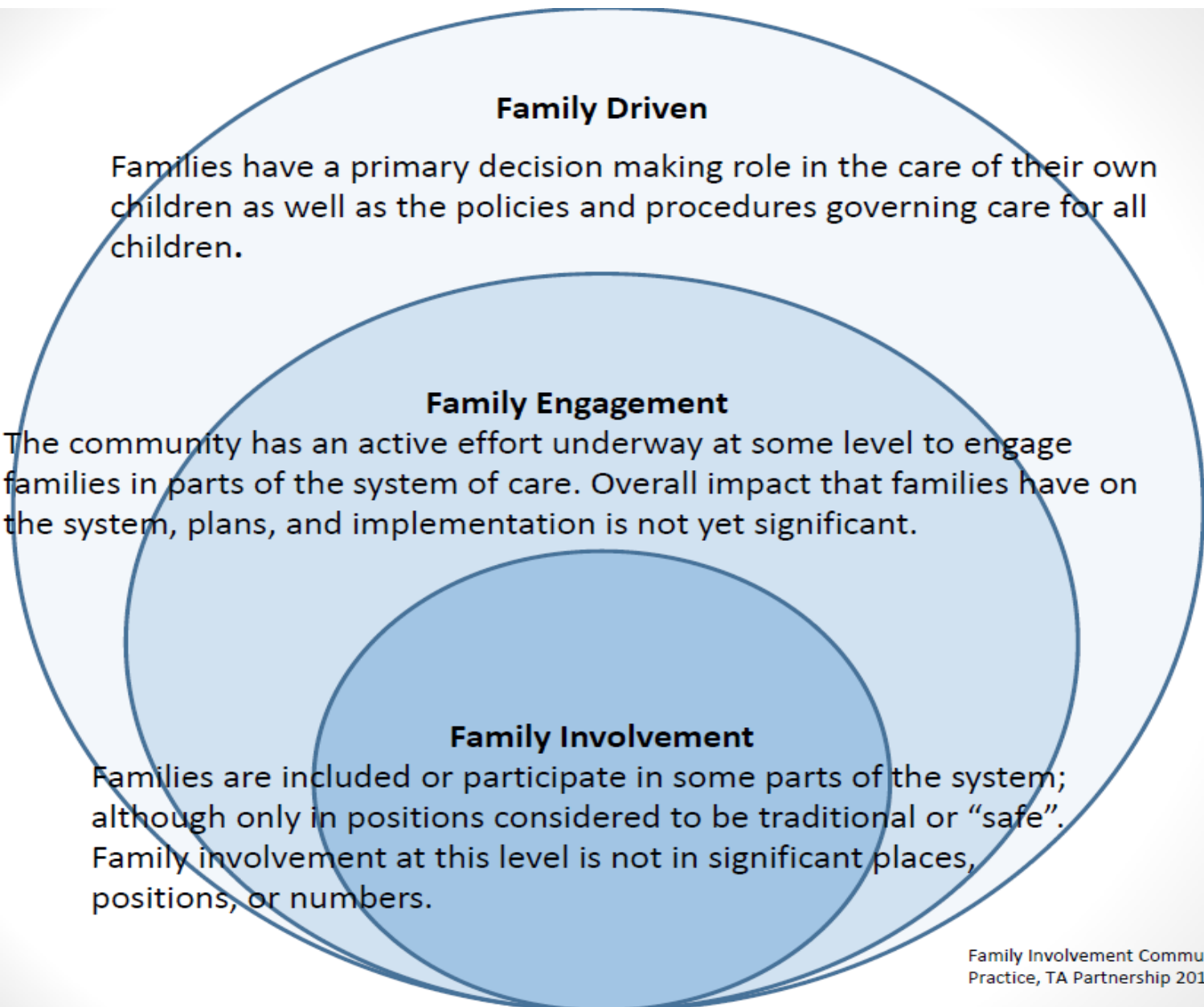


Growth of Parent Peer Support (PPS)



Evolution of the parent/family role

- Parents were once thought of as obstacles, objects of pity and education, or as disinterested
- Over the past 15-20 years, we've moved from that perspective to family involvement, engagement and family-driven care



Family Driven

Families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children.

Family Engagement

The community has an active effort underway at some level to engage families in parts of the system of care. Overall impact that families have on the system, plans, and implementation is not yet significant.

Family Involvement

Families are included or participate in some parts of the system; although only in positions considered to be traditional or “safe”. Family involvement at this level is not in significant places, positions, or numbers.

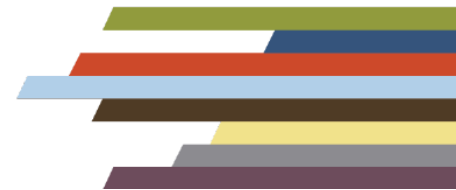
Parents and families are now seen as part of the solution....

They are *advisors* and *advocates*,
collaborators, *peer support*
providers, *evaluators*
and *policy-makers*

Inform	Consult	Involve	Collaborate	Empower
Websites	Focus Groups	Co-Lead Workshops	Advisory Groups	Strategy Groups
Information Repositories & Kiosks	Surveys	Present at Conferences	Networking & Peer Support	Steering Committees
Media Releases	Face-to-face Interviews	Serve as Expert Panelist	Support Groups	Decision-making
Feature Stories	Public Meetings & Forums	Facilitate Groups	Family Advisory Councils	Hired in Staff Roles or Peer Roles
Fairs & Events	Suggestion Boxes	Development, Review and Dissemination of Materials/Products	Youth Advisory Councils	Leaders in Youth Movement & Family Movement
Open Houses	Interviews		Liaison to Provider and Policy Groups	
Fact Sheets, Brochures, and Leaflets	Patient Experience Trackers			

Safety, Transparency & Trust, Empowerment, Choice, Collaboration, Mutuality, Culturally Responsive, Peer Support

Adapted from Carman et al, Health Affairs 32, No.2 (2013):223-231



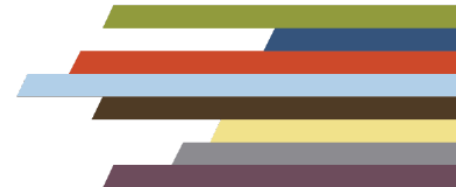
PPS Provider defined



- Caregivers hired to work with other families across systems
- Based on life experience, not degree
- Peer to peer support that facilitates effective service connection and delivery
- Modeling of advocacy and collaboration skills
- Fulfilling variety of roles, infusing family voice at all levels of service delivery

Parent Peer Support defined

- Caregiver to caregiver approach
- Provided in variety of venues
- Not clinical but complementary to clinical services
- A critical service that can be provided within any child-serving system, not just an enhancement to other service models
- Diversity in funding PPS



Parent Peer Support scope of activities

- providing empathetic listening and emotional support
- assisting families in navigating systems
- supplying information about child-serving systems, children's behavioral health and development, and community resources
- rendering advocacy support
- encouraging self-care activities
- Facilitating familial engagement with service providers
- modeling collaboration between families and professionals
- engaging in safety and care planning
- exploring and eliminating barriers to care plan follow-through
- offering skill-building for parents that enhances resiliency, communication, advocacy and other areas affecting the ability to maintain a child with complex needs in the home, school and community

Parent Peer Support is different than Adult Peer Support

- Kids are not little adults
 - Developmental stages
 - Building resiliency rather than addressing recovery
- Focus on the caregiver to benefit the child
- Work with the whole family
- Navigate child-serving systems (and sometimes the adult system)
- Different training, support and supervision needs



Roles for Parent Peer Support Providers Based on Intensity Level of Service Need/Use

HIGH

INTENSITY of SERVICE

LOW

High Intensity Level Service Roles

- Partner in Intensive in home services (such as High Fidelity Wraparound, HomeBuilders, etc.)
- Parent peer support (part of tx team or additional service) in hospitals, residential treatment facilities and emergency rooms
- Respite & Crisis Planning
- Training, Support Groups
- Policy-making & Advocacy
- Data Collection & Evaluation

Medium Intensity Level Service Roles

- Individual advocacy, information & system navigation, intake and assessment
- Parent peer support (individual and/or team)
- Care coordination
- Training, Support Groups
- Respite & Crisis Planning
- Policy-making and Advocacy
- Data Collection & Evaluation

Low Intensity Level Service Roles

- Training, Support Groups
- Information & referral, intake
- Data Collection & Evaluation
- Policy-making & Advocacy

Least Intensity Level Service Roles

- Education, information & referral
- Policy-making & Advocacy
- Data Collection & Evaluation

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Models of Infrastructure for Parent Peer Support

Infrastructure	Family Organization	Governmental Agency	Private Provider	Blended Model
Employment	Family organization employs PSP	Local/State government employs PSP	Provider employs PSP	PSP may be employed by governmental agency or organization
Training	Family organization provides training	Local/state agency provides training	Provider provides training	Family organization provides training in partnership with agency
Supervision	Family organization supervises PSP	Local/state agency supervises PSP	Provider supervises PSP	Co-supervision with family organization and provider
Location	Located within family organization or out posted to regional office or agency	Located within local/state government	Located within providers organization	Located in either or both family organization or provider or local/state agency
Certification	National or State Certification	National or State Certification	National or State Certification	National/state or Family Organization Certifies

Certification and Curriculum/training for PPSPs

Certification

- Varies by state
- Usually occurs in one of the following ways:
 - National PSP certification
 - State certification + National PSP exam
 - State certification

Curriculum/training

- Varies by state – may be one standard training or options approved by state
- Most common are one of the following:
 - Purchase of existing curriculum
 - State developed curriculum (usually through FRO)
 - Combination of purchased and state

Supervision of the PPS Workforce – National view and best practice

- Most states with certification or Medicaid billing for PPS require supervision or oversight by Master's level person
 - ***Master's level person who is also a parent***
 - Clinician providing consultation to sign off on work (if billing Medicaid) or as supervisor of peer supervisor
- Several types and structures:
 - PPSP level – individual, group
 - Co-supervision of peer and clinician within organization or via contract
 - ***Peer supervisor with access to clinical consultation***

Clinical Consultation and Peer Supervision

Peer Supervision

- Focus on role of parent professional in working with the family, maintaining role/identity
- Help prioritize tasks to address needs of family
- Explore how PPS Provider is feeling about issues faced by the family and if it triggers anything for PPS Provider, supports available to PPS Provider
- Identify family and PPS Provider strengths in reaching family goals in plan, brainstorming ideas

Clinical Consultation

- Focus on therapeutic issues dealing with family, diagnosis and clinical impressions, safety issues
- Assist PPS Provider in understanding therapeutic picture and how it relates to goals/actions, barriers and strengths
- Expand knowledge of diagnoses, treatment modalities, etc.

There are currently no competency based standards for supervisors of PPSPs...

- Having a supportive supervisor who UNDERSTANDS and CHAMPIONS the role of the PPSP is critical for hiring, training, supervising and maintaining this workforce
- A few curricula exist through FROs
- No national set of competencies currently, but there are best practices learned through FRO experience in supervising this workforce
- Of critical importance:
 - Assess readiness of individual for PPS work
 - Supportive supervision – developmental approach, “champion” of PPS within and outside agency
 - Organizational readiness – policy/procedures, job descriptions, programmatic processes, plan for sustainability and professional development

Outcomes...

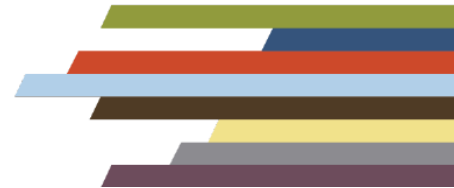
- PPSPs help connect more uninsured children with insurance, improve access and eliminate disparities
- PPS programs help parents who have children with special needs find and become reliable allies for each other
- PPS programs are valued by parents and may improve the emotional functioning of parents who have children with disabilities and help them improve their coping skills
- Parents displayed a greater increase in hopefulness and were overwhelmingly satisfied with their experiences
- There is encouraging evidence of reducing child symptoms and improving child functioning as a secondary result of supporting the parent
- Evidence of some benefits to the parents and caregivers including a reduction of stress, improved mental health and well-being, perceived social supports and increased engagement into services

Parent Peer Support Providers

- Provide parents and children with better understanding of the challenges and resources associated with children's mental health concerns (Robbins et al, 2008)
- Increase the child's early engagement with appropriate health resources (Koroloff, Friesen, Reilly & Rinkin, 1996)
- Reduce the rate of missed appointment and premature terminations from treatment thereby reducing overall cost by at least \$300 per month compared to teams without a Parent Support Provider (Davis-Groves, Byers, Johnson, McDonald, 2011)
- Provide a workforce that is culturally aware of the needs of family members since they have similar experiences and come from the same community (Munson et al, 2009)

For children, the use of Parent Peer Support Providers

- Reduced lengths of stay in foster care for children, and children will have a reduction in out of home placements (Marcenko, Brown, DeVoy, & Conway, 2010)v (Romanelli et al., 2009)
- Will result in parents being more than four times as likely to be successfully reunified with their children than a comparison group without a PSP (Anthony, Berrick, Cohen, & Wilder, 2009)
- Children will stay in school rather than drop out (Kutash et al., 2010)





Strategies for accessing and implementing parent peer support (PPS)

Partnering with Family-Run Organizations (FROs)

FROs are experts in parent peer support and your partners in implementation:

- Training and coaching
- Consultation for program development and implementation
- Peer supervision
- Contracted to provide PPS services

[Listing of FROs per SAMHSA region](#)

FRO Expertise in Parent Peer Support



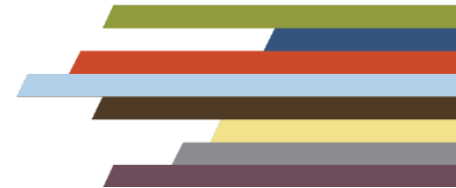
[Listing of PPSP and Supervisor training curricula available through FROs across the country](#)

Partner with or refer to existing programs in your state

- [Family-run organizations provide diverse forms of parent peer support, from information and referral to intensive in home supports – listing of services/supports offered by FROs](#)
- Wraparound has a parent peer support component in the form of the family partner
- Statewide Family Networks – federally funded, statewide network of family supports, training and leadership opportunities
- System of care sites
 - [SAMHSA grant awards by state](#)

Developing PPS programs

- 1) Be informed
- 2) Establish infrastructure
- 3) Ensure cultural readiness
- 4) Clarify roles and provide programmatic structure
- 5) Employ strategies and tools to hire caregivers in a professional role
- 6) Supervise and support
- 7) Promote PPS and sustain programs



Developing PPS programs – lessons learned

- Early and ongoing stakeholder engagement to infuse parent and youth voice during the development and planning of peer services
- Adequate resources of both time and money
- Sufficient commitment from the board and top management
- Clear job descriptions for peers with clear responsibilities
- Personnel policies and procedures that address the uniqueness of peer services
- Supervision and support for peer service providers
- Workplace culture that values the lived experience of families and youth
- Uninterrupted ongoing feedback loop to enrich continuous quality improvement (CQI)
- Understanding that youth and family partnership is not an add-on, it is a necessity for best outcomes.

Funding



- Traditionally funded through grants, foundations
- Medicaid provides funding for peer and family support through state plan amendments or Medicaid waivers or both
 - 30 states now have Medicaid billing for parent peer support

There is funding in every system to support parent peer support roles and programming.

- Requires a shift in traditional or current use
- Title I (education), IV-E dollars (child welfare), mental health block grant funds

[Potential funding sources](#)

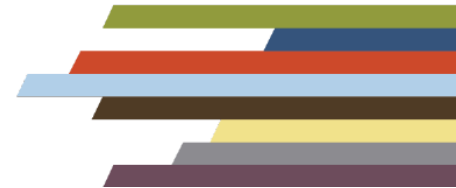


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- [The Impact of Family Peer Support for Justice Involved Families, April 2019](#)
- [Family-Run Organizations: Monthly Minute](#)
- [Roles of Family-Run Organizations](#)
- [Listing of Family-Run Organizations by State](#)
- [Parent Peer Support Activities](#)
- [Parent Peer Support Provider Roles](#)

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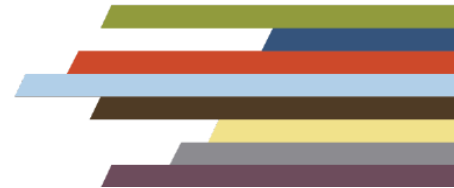
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Appreciation



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