



# Family Peer-to-Peer Support: The Mantle of the Family Movement

National Federation of Families for Children's Mental Health  
20<sup>th</sup> Annual Conference  
Atlanta, GA

This conference session is supported, in part, by the federal Substance Abuse and Mental Health Services Administration

# National Federation Initiative

Also on line at  
[www.ffcmh.org](http://www.ffcmh.org)

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## Family Peer-to-Peer Support Programs in Children's Mental Health

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A Critical Issues Guide

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September 2008

# Today's Agenda

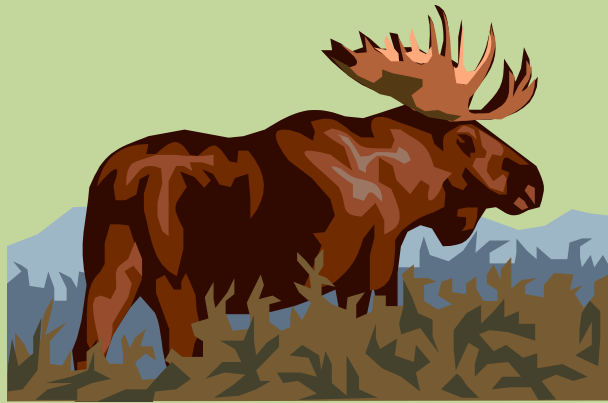


## Infrastructure & Processes

- How we provide supervision and the tools we use (AK)
- Collaboration is critical, but the decision to co-locate is a very critical decision point – how we made the decision and why (MI)
- How we got this to a place where we can bill Medicaid (OR)
- How we've developed partnerships that have in turn developed sustainable funding (ACMH)

## Outcomes & Sustainability

- What we're measuring in MI and why (ACMH)
- What we're measuring in OH and why (OH)
- Why measuring outcomes – the *right* outcomes – is so critical to sustaining family peer-to-peer support
- ***Please fill out your evaluations!***



How we provide supervision and the tools we use

# FRAN PURDY, ALASKA YOUTH AND FAMILY NETWORK

# Make it consistent from top to bottom – our public face and infrastructure

1. The mission
2. What services we provide
3. How we treat parents, youth and children
4. How we treat our staff and volunteers



# Applying TPA\* to management

(\*Targeted Parent Assistance © Keys for Networking 2007)

1. Seeks Information
2. Initiates additional contact
3. Commits to address the problem
4. Works on the problem
5. Resolves initial problem
6. Applies learning to new problem
7. Offers to help others
8. Completes training to help others
9. Helps others
10. Impacts local, state or national policy



# Barriers for testing new identity and ideas

- Fear of the unknown
- Grief
- Resistant staff or staff with unmet needs
- New ideas and unclear support
- Historical cynicism or rebelliousness
- Prior experience with overly controlling and punishing management
- Depression or isolation



# Managing Anxiety and Dissonance

- Addressing issues of blame, isolation and grief
- Provide time to process cognitive redefinition and grief
- Support the development of a new personal mission or vision of self in the organization



# Leading by Example

- Give immediate and clear information during each exchange
- Reframe each obstacle into identifiable characteristics (Stages of change)
- Guide the process of task analysis to facilitate change
- Support rest periods and positive outcome expectations
- Spotlight the purpose and goal of actions and organizations

FINAL TEST – would you want to be guided by you?





Collaboration is critical, but the decision to co-locate is a very critical decision point – how we made the decision and why

# **GISELA LAWSON, ADVOCACY SERVICES FOR KIDS (ASK)**



# ASK has Family Support Partners embedded in the following locations

- Intake (ASK office)
- Kalamazoo Co. Community MH & SA Services
- Goodwill Industries
- 9<sup>th</sup> Circuit Court (juv justice)
- 2 Specialty Schools



- Initial partnership with Kalamazoo County Community Mental Health & Substance Abuse Services
- Invited juvenile justice & child welfare to discuss collaboration
- Proposed a family involvement plan
- Requested that each system partner have a Family Support Partner at least part time



- Decided on co-location in order to reach families who would benefit from ASK services
- Infiltrate the infrastructure of the partner agency in order to promote family-driven services
- Collaboration with specialty schools stems from implementation of Positive Behavior and Literacy Services (PBLs)



Co-location is critical in order to:

- Engage families when they first enter the system
- Engagement paves the path for more effective system navigation
- Families are supported while accessing services for their children



## Where we are now....

- Weekly presentation at Goodwill program
- Facilitate 4 support groups
- Attend person centered planning, wraparound, court hearings, school meetings, etc.
- Participate in community outreach through school open houses, community events, etc.
- Meet families at the front door of the systems in which they are trying to access services





How we got to this place where we can bill Medicaid

# **THERESA RICE, OREGON FAMILY SUPPORT NETWORK**

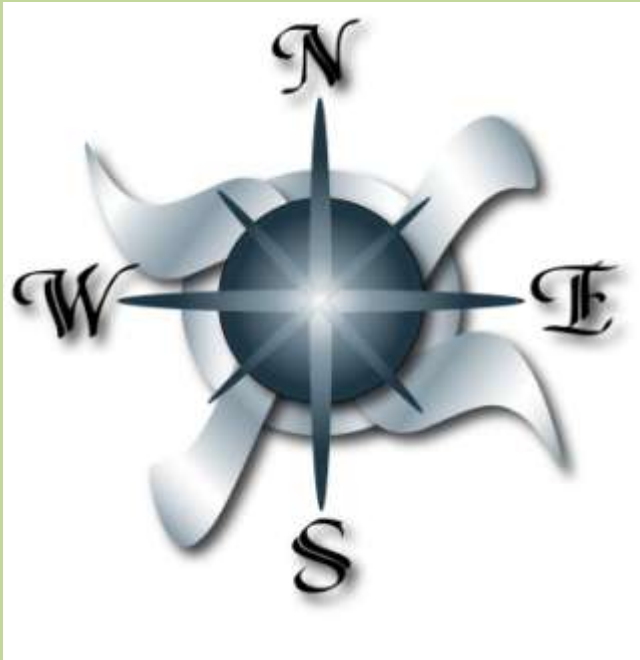
# Oregon Children's Mental Health System



- Children's System Change Initiative
- System of Care
- Oregon Health Plan
  - Capitation
- Peer-to-Peer Services



# Oregon's Family Navigators



- Family Navigators Curriculum
  - Lifespan
  - All systems
  - Community specific
- Required Training
- Certification Process
- Collaboration with Professionals

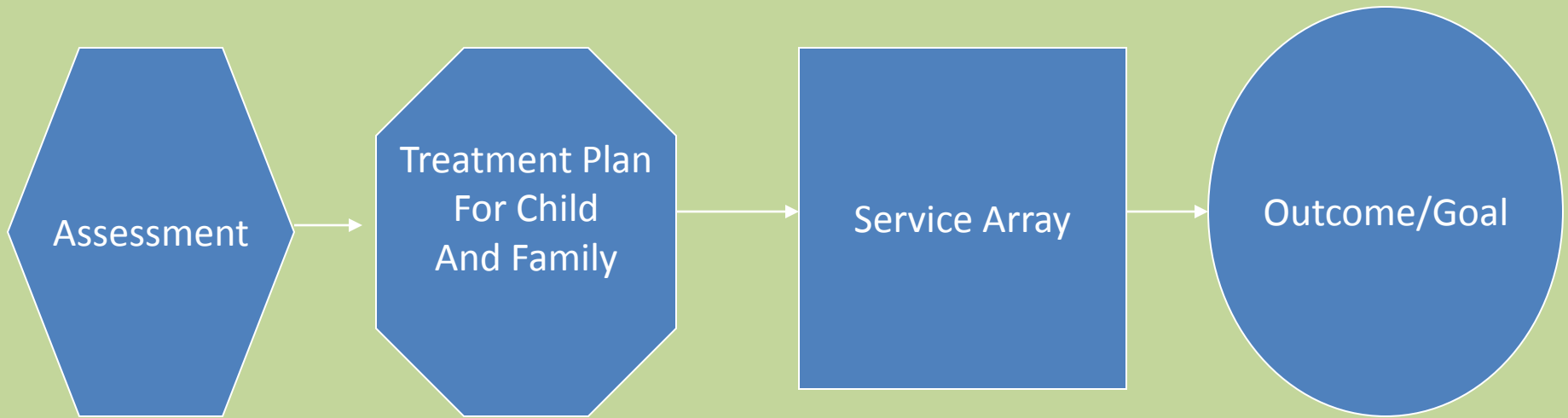


# Oregon's Medicaid Process and Family Navigators

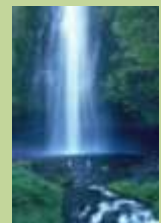
- Medically Appropriate—Mental Health Assessment
- Navigator services included in treatment plan
- Navigator Services included in available service array
- Navigator Services tied to treatment outcomes and goals
- Encountering services for reimbursement



# Encountering Peer-to-Peer Services



All components require documentation at each stage



# Keys to Success

- Partnership at State and Local Levels
- Co-location and Dual-Supervision
- Evaluation
- Peer-to-Peer Services Work!





How we've developed partnerships that have in turn developed sustainable funding and how we measure it

# MALISA PEARSON, ACMH & IMPACT SYSTEM OF CARE, INGHAM COUNTY, MI

# Impact Family Advocacy Support Program

- Association for Children's Mental Health – Statewide Family Network for Michigan
- History: Providing advocacy within Ingham Cty. for over 15 years
- Longstanding partnership with CEI CMH
- Contracted providers of peer support, advocacy, education, and information & referral, and family involvement throughout the Ingham County system of care



# It's All About the Relationship!

- Who are the Players?
  - Child Welfare
  - Community Mental Health
  - Family Division of Court
  - Ingham County Board of Commissioners
- How are Relationships Built?
  - Trust
  - Shared Power
  - Equity
  - Shared values & beliefs
  - Respect



# Impact Case Rate

- Structure
  - Board of County Commissioners authorize Child Care Funds to be line itemed for Impact
  - CMH contracts with Child Welfare & Juvenile Court to purchase Impact Bundle of Services
    - Family Guidance Service Home-based Mental Health Services
    - Wraparound
    - ACMH/Impact Family Advocacy Support Program
  - CMH contracts with ACMH for Family Advocacy Support
  - Case Rate funds annual provision of support



# Structure funded by Case Rate

- Full-time Lead Family Contact
  - Salary
  - Health Insurance
  - Mileage & Expenses
  - Training
- 1 full-time, 3 part-time Family Advocates
  - Salary
  - Health Insurance
  - Mileage & Expenses
  - Training
- Impact Family Council
  - Time
  - Food & Supplies
  - Materials



# Structure funded by Case Rate, cont.

- Parent Leadership Institute
  - Time
  - Food & Supplies
  - Materials
  - Transportation
- Impact Outreach/Celebratory Events
  - Time
  - Food & Supplies
  - Materials
  - Transportation
- Professional Development/Training
  - ACMH Staff Retreats
  - ACMH Annual Conference
  - Community & State level Conferences
  - National Federation of Families Conference
  - System of Care Conferences & Learning Opportunities



# Take a 15 minute break



# ACMH/Impact Family Advocacy Support Plans

- Purpose:
  - Directs Family Support work
  - Reinforces Family Driven goals and strategies
  - Focuses time, resources, and intensity
  - Supervision tool
  - Outcome monitoring tool
  - Integrate into Wraparound plans
    - Role clarification
    - Mutual Responsibility



# ACMH/Impact Family Advocacy Support Plans

- Process

- 1<sup>st</sup> home visit orients family to Impact, ACMH, and Impact Family Advocacy Support Program. Family tells their story and Family Advocate listens for concerns, prior experiences, and asks clarifying questions.
- 2<sup>nd</sup> home visit explores in detail with the family how they have experienced services in the past and what need areas they identify as most important to be addressed.
- 3<sup>rd</sup> home visit dialogues with family about possible strategies the Family Advocate can support them in to address the need areas identified. The family and the Family Advocate co-create their plan.
- The Impact Family Advocate Support Plan is then integrated into the Wraparound Plan



# Interactive Case Example

- Review Example Family Scenario
- Practice Family Scenario
- Identify:
  - Family makeup
  - Housing status
  - Safety concerns
  - Legal status
  - Ability to access resources adequate to meet family needs



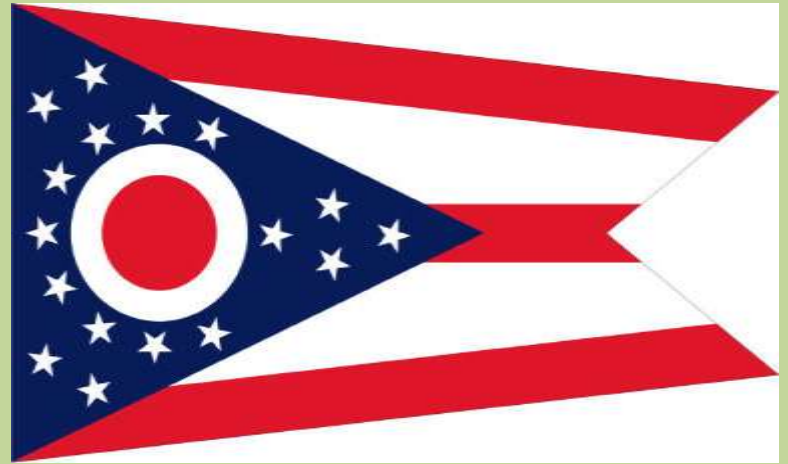
# Exercise

- Based on the information provided, identify the following:
  - 2-3 possible needs the family may have
  - Possible strategies/activities the Family Advocate could assist the family with to address their needs



- Things to Keep in Mind:
  - Need areas must fit within the role of the Impact Family Advocate
  - Family Driven
  - Shared responsibility
  - Skill Development oriented
  - Sustainable change





What we're measuring in Ohio and why

# TERESA KING, CUYAHOGA COUNTY, OHIO

# Overview

PSPAF-O (Parent Support Partner Activity Form – Outcomes Version) rev. 10/2008

Parent Support Partner Name: \_\_\_\_\_ Report Month/Year: \_\_\_\_\_  
 Collaborative: \_\_\_\_\_ Caregiver Name: \_\_\_\_\_  
 Care Manager/Facilitator: \_\_\_\_\_ Caregiver Zip Code: \_\_\_\_\_  
 Date Open (PSP's 1st face to face): \_\_\_\_\_<sup>Month/Day/Year</sup> Youth Name: \_\_\_\_\_  
 Date Closed (if this month): \_\_\_\_\_<sup>Month/Day/Year</sup> Youth Synthesis ID: \_\_\_\_\_

Meetings/Interactions, Attendance & Services Provided this Month					
Please refer to the back of this form for code descriptions and to record additional information.					
#	Date (of meeting or service)	Duration (minutes)	Meeting/Service Venue (circle only one meeting or service provision type)	Attendees/Contacts (circle those present at meetings, or with whom contact for service was made, record others on page 2)	Services Provided (enter codes for up to 8 services, record others on page 2)
1			CT FTM HV ME MT SC TW TY PH OTH	CG CM CW FC OF1 OF2 PO SIB SP TP YO OTH	
2			CT FTM HV ME MT SC TW TY PH OTH	CG CM CW FC OF1 OF2 PO SIB SP TP YO OTH	
3			CT FTM HV ME MT SC TW TY PH OTH	CG CM CW FC OF1 OF2 PO SIB SP TP YO OTH	
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8			CT FTM HV ME MT SC TW TY PH OTH	CG CM CW FC OF1 OF2 PO SIB SP TP YO OTH	

Events		Please Circle (explain on page 2)		
9	Did the Caregiver and/or Youth attend a Support Group this month?	Caregiver	Youth	No/Neither
10	Did the Caregiver and/or Youth attend any other special event this month?	Caregiver	Youth	No/Neither
11	This month, the Strengths, Needs, Culture and Discovery Document was....	Signed (new)	Updated	No Change
12	This month, the Wraparound/Plan of Care was.....	Signed (new)	Updated	No Change

Please describe any updates working with the family this month (i.e., plan of care goals met) including challenges.

\_\_\_\_\_

\_\_\_\_\_

Parent Support Partner Signature	Date	Supervisor Signature	Date
_____	_____	_____	_____

The PSPAF-O was developed by The Cuyahoga Tapestry System of Care. Contact: Chris Stormann, Ph.D. [csormann@hrent.edu](mailto:csormann@hrent.edu) for further information.



## 2008 PAAF-A (Parent Advocate Activity Form - Administrative)

Parent Advocate Name: \_\_\_\_\_ Report Month: \_\_\_\_\_  
 Collaborative: \_\_\_\_\_ Report Year: \_\_\_\_\_

### Facilitated Support Groups and Trainings

	Support Group	Training 1	Training 2
Event Name	Parent Support Group		
Key Topic(s)			
Date			
Duration			
Location			
Co-presenter(s)			
Total in Attendance			

### Support Group Attendance

Provider Agency	# of Adults	# of Youth
Applewood	_____	_____
Beech Brook	_____	_____
Bellefaire/Village Network	_____	_____
Catholic Charities	_____	_____
Cleveland Christian Home	_____	_____
Neighborhood Family to Family	_____	_____
PEP	_____	_____
Other	_____	_____

Explain Other: \_\_\_\_\_  
 \_\_\_\_\_

### Meeting Attendance

Meetings Attended this Month	Yes	No	N/A or Cancelled
Collaborative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cluster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Advocate Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Advisory Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency Staff (collab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEP Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_  
 \_\_\_\_\_

### Other Monthly Activities:

- Number of Parent Coach names given to the coordinator this month: \_\_\_\_\_
- How many families did you see in your office this month? \_\_\_\_\_

For all questions: Please enter n/a if not applicable; d/k if not known.

### Family Contacts

Please give the following information for each family whose **Welcome Meeting** you attended:

	Caregiver Name	Youth Name	Care Manager Name	Date
1.				
2.				
3.				
4.				

Please give the following information for each family whose **Family Team Meeting** you attended:

	Caregiver Name	Youth Name	Care Manager Name	Parent Coach Name	Date
1.					
1a. What was the need/purpose for your attendance at this Family Team Meeting:					
2.					
2a. What was the need/purpose for your attendance at this Family Team Meeting:					

### Presentations Facilitated and Attended

	Presentation 1	Presentation 2	Presentation 3	Presentation 4
Event Name				
Key Topic(s)				
Date				
Duration				
Location				
Participation (circle one)	Facilitated   Attended	Facilitated   Attended	Facilitated   Attended	Facilitated   Attended
Presenter(s) if not you				
Estimated Attendance				

### Approval

Parent Advocate Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

For all questions: Please enter n/a if not applicable; d/k if not known.



Demonstrating our successes....outcomes are important, but they are not enough

**NORÍN DOLLARD, PH.D., DEPT. OF  
CHILD & FAMILY STUDIES, FMHI, USF**

# Be a Learning Organization

- What information
  - Do you need to manage your program and provide quality services?
  - Do you need to provide to your funders – current and future?
- Be comprehensive, but keep it simple



# Get help

- From
  - Other family organizations
  - National Federation Evaluation training
  - System of care communities
  - Local colleges and universities





# THE **PARENT PARTNER LISTSERV** TO SHARE INFORMATION, POST INQUIRIES, & DISCUSS IDEAS ...

Email [Kbennett@ffcmh.org](mailto:Kbennett@ffcmh.org) or [Eslaton@ffcmh.org](mailto:Eslaton@ffcmh.org) to join

# Thank you to our presenters:

Frances Purdy, Alaska Family & Youth Network

- Frances Purdy, Alaska Youth & Family Network [ayfn@ayfn.org](mailto:ayfn@ayfn.org)
  - Gisela Lawson, Advocacy Services for Kids (ASK) [gisela@askforkids.org](mailto:gisela@askforkids.org)
  - Theresa Rice, Oregon Family Navigators, [oregonfamilynavigators@gmail.net](mailto:oregonfamilynavigators@gmail.net)
  - Malisa Pearson, ACMH, IMPACT [ACMHMalisa@aol.com](mailto:ACMHMalisa@aol.com)
  - Teresa King, Cuyahoga County SOC [tking@cuyahogacounty.us](mailto:tking@cuyahogacounty.us)
  - Norín Dollard, Ph.D., Dept. of Child & Family Studies, FMHI, USF [dollard@fmhi.usf.edu](mailto:dollard@fmhi.usf.edu)
- For more information, please contact Elaine Slaton, National Federation of Families for Children's Mental Health [eslaton@ffcmh.org](mailto:eslaton@ffcmh.org)