



Parent Peer Support provides the most fundamental element of the children's behavioral health family movement in the last 30 years, since the implementation of Children's System of Care in California. Families have always intuitively known that sharing information, support and advocacy with one another is a key component to overcoming the challenges of raising and supporting a child/youth with behavioral health care needs. Children's behavioral health success depends on families who are well supported and knowledgeable about the health care system they utilize!

As Children's System of Care began to spread across California, Parent Peer Support has been a core function of both county behavioral health children's programs and children's private provider organizations. However, it has been poorly documented, inconsistently funded, and even less well evaluated. The result is that, even though we know Parent Peer Support is of great value, the current context with certification in California requires more than intuitive knowing.

The first step in developing any program is to clearly define what is being developed and the criteria being used to develop it. Therefore, the highest priority must be to explicitly define Parent Peer Support Specialist. When terms are not clearly defined, families, primary caregivers and other stakeholders sometimes find themselves in conflict simply because they are not "meaning the same thing". To ensure that Parent Peer Support Specialist programs are not co-opted, that everyone understands what they are, what they do, what they don't do, and what they accomplish, explicit definitions must be developed and consistently used.

The following is a working definition for "Parent Peer Support Specialist":

The Parent Peer Support Specialist is either currently raising a child with behavioral health care needs or has in the past raised a child with behavioral health care needs. The Parent Peer Support Specialist has current knowledge of children's behavioral health care resources, as well as child welfare, juvenile justice and educational resources in the community. The Parent Peer Support Specialist engages parents more fully in case planning and the service delivery process through the following:

1. providing information to parents and primary caregivers about the behavioral health care system and their rights and responsibilities;
2. providing meaningful engagement with families and primary caregivers through support and advocacy;
3. recognizing that there are racial disparities in the various child serving agencies, and the goal of a Parent Peer Support Specialist is to drive a diverse, culturally responsive and linguistically appropriate workforce;
4. recognizing the inherent power differential between parents, primary caregivers and professionals, and how to mitigate this power differential;
5. connecting families to other parents and primary caregivers who have experienced the behavioral health care system so they can:



- a. mentor,
  - b. encourage and instill hope for the journey ahead;
6. provide evidence-based practices information to families so they can make informed decisions on asking for treatment options.

Parent Peer Support is most effective when it is embedded throughout the organization and it represents the diversity of the people served. As an equal member of the team, Parent Peer Support Specialists are able to work with other staff to better coordinate services and to better support children, youth and their families. It is not uncommon for Parent Peer Support Specialists to feel isolated in their work, underscoring the importance of including more than one peer within the organization and of organizations training other staff on the roles that peers play within the agency and on their teams.

Parent Peer Support Specialists may also partner with the behavioral health care system by being advisory members to various system committees and providing a parent or caregiver perspective on programmatic and policy development.

### **Core Competency Training for Parent Peer Support Specialist:**

In a training that is at least 40 hours in length, but potentially could be up to 72 hours in length to cover all of the core competencies. Recertification continuing education at the 20-hour level every 2 years is acceptable.

- Communication Skills
  - Listening
  - Active Listening
  - Helping primary caregivers articulate their concerns
  - Dispute resolution
  - Confidentiality
  - Documentation skills and standards
  - Communication at work
  - Talking to your supervisor
  - Transformational Coaching
  - Working in teams
  - HIPAA
- Crisis and Safety Management
  - Crisis and safety management plans
  - Crisis and safety management guidelines
  - Working on and understanding a team approach
  - Domestic violence
  - Suicide Awareness/Prevention and Education regarding Children and their adult caregivers
  - Educate and empowerment regarding crisis/suicide



- Culture
  - Working with primary caregivers with different experiences
  - Working with primary caregivers with different beliefs/spirituality
  - Cultural understandings of mental health
  - Understanding implicit bias
  - Understanding white privilege
  - Understanding systemic racism
  
- Behavioral Health
  - Behavioral health services for children and youth
  - Evidence-based practices for children/practice-based evidence for children and youth
  - Prevention and early intervention (PEI) services
  - Common childhood mental health diagnoses
  - Co-occurring substance abuse diagnosis
  - Dual diagnoses
  - Health disparities
  - Child development/childhood diagnosis
  - Isolation, stigma, grief, guilt, depression, self-care
  - Family systems
  - Recognizing and loving the child for who and where they are
  - Racism in diagnosis
  
- Navigating Systems
  - Behavioral Health (mental health and substance abuse services)
  - Child Welfare
  - Education
  - Regional Center
  - Juvenile Justice
  - Social Security
  
- Facilitation Skills
  - Facilitation basics for groups
  - Problem solving
  - Developing a presentation
  - Presentation basics
  
- Resources
  - Finding community resources
  - Serving as a resource
  - Evaluating resources
  - Tying resources to family need
  
- Trauma Informed Care for parents and youth



- Brain development
- Childhood development/milestones
- Resiliency Protective factors
- Adverse Childhood Experiences
- Toxic stress
- Racialized trauma
- Intergenerational trauma
  
- Ethics/Boundaries
  - Separating home from work
  - Professional boundaries
  - Mandated Reporting
  - Telling your story
    - Strategies for telling your story
    - Telling your story in different situations
    - Telling your story spontaneously
    - Defining where you are in your journey
  
- Self-Care
  - Caring for the caregiver
  - Helping primary caregivers help themselves
  - Cultural differences in self-care
  - Self-identify (own passions, self-worth, self-confidence)
  - Hope
  - Evidence based practices supporting self-care (wellness plan for example WRAP)
  - Support groups and self-care strategies
  
- Role of Advocacy
  - Information on the rights of children and their primary caregivers in the children's behavioral health system and related public systems
  - Meaningful engagement techniques through support and advocacy
  - Recognize inherent power differential between parents and providers: how to mitigate the power differential
  - Connecting families to other parents/primary caregivers who have experienced the behavioral health care system so they can mentor, encourage and instill hope
  - Assist and help families to connect to other resources in the local area
  - Empower primary caregivers to become their own advocates
  - Trainings about various evidence-based practice models
  - Partner with the behavioral health care system by being advisory members to various system committees and providing a parent or caregiver perspective on programmatic and policy development



**Specialty Competencies for Parent Peer Support Specialist:**

Concepts such as recovery and psychiatric rehabilitation do not have a place when working with families of children who receive behavioral health care services. Since children are continuing with both brain development and the development of milestones in childhood, the recovery concept does not fit here. Children and their families strive for health and wellness. Additionally, the concept of preparation for employment is not a core competency for families of children, since children do not work. Some of these core competencies can be addressed in a different way. See the additional specialized competencies for working with a child and their family or primary caregiver below that could be considered for the 20 hours of continued education:

- Impact of racialized trauma on children, youth and primary caregivers
- Parent Coaching
- Trainings in IEP's and the Special Education process
- Early childhood care and education
- Primary healthcare
- Telling your story as a perspective for committees and advisory groups
- Commercial Sexual Exploitation of Children (CSEC)
- Brain & Child Development
- Applying for social security
- Stigma
- Motivational Interviewing
- Triple P Parenting
- Secondary Trauma and Compassion Fatigue
- Self-Care
- Behavioral health interventions to help parents make informed decisions
- Difference between an adult diagnosis and a diagnosis for a child
- Impact of medication on a developing brain
- Impact of cultural and racial disparities in behavioral health care
- Impact of cultural and racial disparities in child welfare and juvenile justice
- Impact of cultural and racial disparities in education
- Mental Health First Aid (Adult and Youth classes)

**Core Competency Training Contained in Legislation:**

- concepts of hope, recovery, and wellness
- role of advocacy



- role of consumers and family members
- psychiatric rehabilitation skills and service delivery including addiction recovery principles
- cultural competence training
- trauma-informed care
- group facilitation skills
- self-awareness and self-care
- co-occurring disorders of behavioral health care
- conflict resolution
- professional boundaries and ethics
- preparation of employment and education opportunities
- safety and crisis planning
- navigation of, and referral to, other services
- documentation skills and standards
- confidentiality

### **Requirements for Parent Peer Support Specialist:**

Parent Peer Support Specialists should be Parents/Primary Caregivers of minor children and youth with behavioral health challenges. They must have experience in parenting these children and youth as well as navigating the children's systems of care and have experienced some success in advocating on behalf of their children in these systems.

- Culturally competent Parent Peer Support Specialists who recognize cultural diversity and inclusion
- Promote engagement with families, promote self-advocacy and the development of natural community supports. Support development of protective factors and resiliency
- Services include prevention, support, coaching, facilitation skills and education of families
- Individual who is 18 years of age or older
- Has identified as having lived experience as a parent/primary caregiver of a child who has received behavioral health care services or who are currently receiving behavioral health care services
- High School diploma or GED
- Valid Identification Card
- Able to make all required meetings and activities

### **Requirements for Peer Support Services contained in legislation:**

- culturally competent, recognizing cultural diversity and inclusion



- promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports and identification of strengths
- services include prevention, support, coaching, facilitation or education
- individual who is 18 years of age or older
- has identified as having lived experience of behavioral health care services as a family member, individual or youth

### **Scope of Work for a Parent Peer Support Specialist:**

Parent Peer Support Specialists work directly with parents in helping them support their children regarding behavioral health challenges. The goal for children and youth is health and wellness, not recovery. Parent Peer Support Specialists work with parents and primary caregivers to advocate for their children and youth for better outcomes in school, home and in their community. The following are a scope of work responsibilities for Parent Peer Support Specialists:

- Parent Peer Support Specialists provide encouragement to parents and support engagement in their child's treatment plans and goal setting whether working individually with primary caregivers, or in a collaborative team
- Knowledge, linkage and navigation in community resources; to refer parents in areas of need: behavioral health system, juvenile justice system, child welfare system, education system (SELPAS, IEP process, and community school districts), early childhood care and education, and regional centers
- Modeling and mentoring interactions with various systems
- Training and educating primary caregivers and various professionals
- Knowledgeable about the rights of children and their parents in the child serving systems
- Facilitating support groups that provide support, encouragement, resources to connect parents with other parents who are experiencing the same thing, in an empathetic and respectful manner
- Assist families in identifying and learning about different behavioral health practices and medication to assist parents in making informed decisions about their child's behavioral health care
- Assist the family in building natural supports in the community
- Assist parents to work towards independence and self-advocacy/sufficiency
- Encourage family decision to be child-family team driven
- Encourage participation in support groups and parenting classes
- Support various professionals in understanding the parent perspective of raising a child with behavioral health care needs including racial and ethnic disparities, implicit bias and racial trauma

### **Supervision for Parent Peer Support Specialist**





- Supervision should come from a qualified parent who has had the experience of a child who received behavioral health services in the “Medi-Cal” or public children’s system of care.
  - Parent Peer Support Specialist Supervisors should have 5+ years as a Parent Peer Support Specialist as well as experience in managing others.
  - Parent Peer Support Specialist Supervisors should address detail on transference and countertransference issues as it pertains to the relationship that is developed based on peer to peer experiences
  - Parent Peer Support Specialist supervisors focus on communication needs as well as supporting Parent Peer Support Specialist in self-care techniques
1. Determine the process for initial certification issuance and biennial certification renewal

The process for initial certification issuance and biennial certification should include the development of a guide for this process. The guide should include an introduction of the program, application of certification, examination (if there is any) and the certification maintenance process. Some of the items to be included in the guide would be:

- Scope of work
- Establishing eligibility
- Application process for certification based on the different scopes of work
- Appeals process to the denial of candidate eligibility
- Examination process
- Cost of examination
- Request for test accommodations
- Examination content specification
- Examination cancellation policy
- Sample examinations
- Examination study guide
- General information about the examination day
- Admission to the testing room (examination in person or remote)
- Requesting examination in different languages
- Addressing comments related to examination questions
- Examination results and receiving certification
- Passing score information
- Retaking a section of the examination that may have been failed (offer a partial re-examination)
- Retake failed exam within 30-days
- Issuance of certification
- Change in contact information or affecting good standing
- Certification requirements for changes in county or state location





- Issuance of replacement of proof of certification
- Continuing education requirements
- Audit of continuing education
- Certification renewal
- Confirmation of successful renewal
- Supervision requirements
- Expired certification
- Disciplinary actions
- Receipt of complaint
- Denial of certification renewal
- Costs of certification (examination cost, study guide cost, sample examination cost, retake of examination cost, certification issuance cost, cost of re-certification, cost of continuing education)

Determine a process for investigation of complaints and corrective action, including suspension and revocation of certification and appeals. A written guide of the complaint process should include what the county is committed to resolving complaints quickly as possible. Additionally, the county will be consistent, fair and impartial when handling the complaint.

All grievances and corrective action must be investigated and addressed by the certifying body.

- A grievance has to be in writing (via email and directed to the certifying body)
  - A grievance has to be in a timely manner (within 30-days of the event)
  - A grievance must be investigated in a timely manner (within 30-days of receiving grievance in writing).
  - Corrective response must be timely (within 30-days of findings)
  - Appeals process must be timely (within 30-days of findings)
2. Determine a process for an individual employed as a Peer Support Specialist on January 1, 2022, to obtain certification (grandfathering-in)

Individuals currently employed as a Parent Peer Support Specialist on January 1, 2022, should be able to obtain certification by applying for a special examination/certification process based on current work with assumed eligibility. The candidate would be required to complete the continuing education and required renewal of the certification after the biannual period in which they would submit their continuing education requirements. Standardized tests must be focused on the scope of work (parent/primary caregiver, adult peer, transition age youth, adult family member). A transition period until the test is passed (may be a



period of time that the Peer Support Specialist can do what is needed to pass the examination) should be in place.

Proof of employment and trainings that are listed in the core competencies

3. Determine requirements for Peer Support Specialist certification reciprocity between counties, and for Peer Support Specialists from out of state

Individuals who are certified within the state of California should be able to use their certification in any county in the state. DHCS will determine the eligibility criteria for certification, will require each county to meet the requirements in their training process, and then certify each candidate with a state issued certification. If an out of state applicant comes to California, the applicant must apply for certification with the state of California. There should be a process for this, which might include testing for the California core competencies.

**Federation of Families certification process:** <https://www.fcmh.org/certification>



**CASEY Family Programs** <https://www.casey.org/parent-partner-program/>

### What does the research tell us?

There is evidence of effectiveness of peer mentor and support programs in related fields, such as substance abuse, mental health, and pediatrics. An overview of veteran partner programs in pediatric health suggests that they may be effective in improving families' coping skills, knowledge of their child's physical or socioemotional conditions, and perceived access to resources.<sup>1</sup> Another study examining the effectiveness of substance abuse "recovery coaches" in Illinois found that parents who receive peer coaching are more likely to access substance abuse treatment services than parents in a control group.<sup>2</sup>

There is a small but growing number of empirical studies of Parent Partner programs in child welfare that reveal the following outcomes:

- Higher rates of reunification for those parents who have participated
- Lower rates of reentry for children involved in the program
- Increased participation in services and court hearings

See [Appendix A](#)<sup>3</sup> for a snapshot of the research on individual Parent Partner programs.

Parent Partner programs have also proven to be beneficial to the mentors. As mentors take on helping and leadership roles, they feel enhanced self-worth and sense of responsibility, build workplace skills, and are compensated for their efforts. While some Parent Partners may have records of substance use and criminal histories that limit employment options, serving as a Parent Partner also opens up new opportunities as they seek to re-establish connections in their communities and obtain new job skills.<sup>4</sup>

Other Parent Partner programs provide support to parents during a CPS investigation or following a case opening to prevent their children from being removed. In some instances, Parent Partners go out on investigations with caseworkers, in order to help families better understand what is happening and offer suggestions based on how they successfully navigated the process. In other instances, such as [Ohio START](#) or Washington's [Parent Child Assistance Program \(PCAP\)](#), parents who are struggling with substance use are paired with peer recovery mentors who have themselves been through recovery. In these programs, the Parent Partner teams with the caseworker and assists the parents through the recovery process to help keep the children safely at home.

1 Nilsen, W. J., Affronti, M. L., & Coombes, M. L. (2009). Veteran parents in child protective services: Theory and implementation. *Family Relations*, 58, 520-535.



2 Ryan, J. P., Marsh, J. C., Testa, M. F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois Alcohol and Other Drug Abuse Waiver Demonstration. *Social Work Research*, 30, 95-107.

3 See [Appendix A – Research Snapshot](#)

4 Leake, R., Longworth-Reed, L., Williams, N., & Potter, C. (2012). Exploring the benefits of a Parent Partner mentoring program in child welfare. *Journal of Family Strengths*, 12(1), 1–15. Retrieved

5 Capacity Building Center for States. (2016). *Parent Partner Program Navigator: Designing and implementing Parent Partner programs in child welfare*. Retrieved from: <https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/parent-partner-navigator/>

12 Chambers, J., Lint, S., Thompson, M., Carlson, M., Graef, M. (2019). Outcomes of the Iowa Parent Partner program evaluation: Stability of reunification and re-entry into foster care. *Children and Youth Services Review*, 104, 1-11. Retrieved from: <https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1020&context=ccflfacpubInfo>

**Center for Health Care Strategies, Inc., *Family and Youth Peer Support Literature Review***: Information found [HERE](#)

## **Family-Run Executive Director Leadership Association (FREDLA) Documents:**

<https://www.fredla.org/parent-to-parent-support-resources/>

**Tips on Promoting Job Success for Peer Providers at Community Mental Health Agencies**  
[Click here](#)

## **Becoming a Medicaid Provider of Peer Support: A Guide for Family-Run Organizations**

The swiftest growing source of funds for Parent Peer Support services is Medicaid. Family-run organizations (FROs) providing peer support must know the steps involved



in becoming Medicaid providers and how to prepare their organizations and staff. This new guide, which may also help state agencies and other stakeholders to better understand the process FROs must undertake, was developed to assist FROs to become Medicaid providers of Parent Peer Support services. It includes a step-by-step process, illustrated by the experiences of The Family Involvement Center in Arizona and Tennessee Voices for Children. For each step, the guide delineates specific, required tasks, and provides examples of how they have been approached by the two FROs. Challenges, lessons learned and practical resources from the two FROs are also included.

To download, [click here](#).

### **A Guide for Parent and Practice “Partners” Working to Build Medical Homes for Children with Special Health Care Needs**

This guide has been developed to define and describe the role of the Parent Partner on the Medical Home improvement team. It offers insight into how practices and interested groups can learn about engaging Parent Partners in their efforts to “build” strong Medical Homes. Methods and strategies compiled over the past five years from numerous “Medical Homes” are organized into a comprehensive guide for interested teams.

[Click here](#)


### **Impact of Peer Partner Support on Self Efficacy for Justice Involved Parents**

Systems of care and other health-related initiatives have encouraged the proliferation of parent support policies in mental health, child welfare and education systems. However, the juvenile court system has relatively few programs that provide direct peer support for parents and little is known about the impact of parent support on families navigating the court process. Juvenile Justice 101 is one of only a few such programs. The present study examined the effect of the peer support element of Juvenile Justice 101 compared to video-only and no intervention conditions in a pre/post-test design. One hundred and ten parents agreed to participate in the study, 54 on a day with the peer support condition, 28 on a video-only day and 28 on a no-intervention day. Sixteen parents in the peer support condition were able to participate in the full program and seven parents in the video-only condition participated in the full video. Analyses disaggregate the effects of condition assignment and participation. Self-efficacy in navigating the juvenile court process improved for parents who participated in peer support but no improvement was observed for the other conditions.

[Click here](#) 

### **Mental Health Peer Support: Effectiveness and Cost-Effectiveness**

This article examines both the intervention effectiveness and the cost effectiveness of mental health peer support. Additional resources can be found on the Peers for Progress website through this website link.

[Click here](#)  **Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs**



Strategies for funding formal Family and Youth Peer Support exists in states across the country. The following chart draws from a national point-in-time scan of states that are using Medicaid to finance Family and Youth Peer Support efforts. The information is meant to guide states that are exploring models of Family and Youth Peer Support and/or seeking to learn more about financing strategies to help ensure sustainability of these services.

[Click here](#)

### **Family and Youth Peer Support Literature Review**

This review summarizes much of the existing research on Family and Youth Peer Support (FYPS), focusing predominantly on the literature relevant to peer support for children and youth with significant mental health and/or physical health challenges. It was developed as a resource to support states in strengthening their CME (Continuing Medical Education) approach through the development and implementation of FYPS across child and adolescent serving systems.

[Click here](#) 

### **Becoming A Medicaid Provider of Family and Youth Peer Support – Considerations for Family Run Organizations**

This resource provides guidance to family run organizations that are considering whether to become Medicaid providers of Family and Youth Peer Support. It uses examples from three states– Arizona, Maryland, and Rhode Island–to illustrate key aspects of this decision and process in becoming a Medicaid Family and Youth Peer Support provider.


[Click here](#) 

### **What's the Evidence on Family and Youth/Young Adult Peer Support in Wraparound?**

[Click here](#)


### **The Center for Mental Health Implementation and Dissemination Science in States (IDEAS) – Research on Family Support Services and The Family Peer Advocate Service Delivery Model**

The Center for Mental Health IDEAS lists a number of research publications on Family Peer Support services, including quality indicators, building the research base, and service delivery.

[Click here](#) 

### **Issue Brief: Family-to-Family Peer Support: Models and Evaluation**

Families, Policymakers, and Service Providers who care for children and youth with mental health challenges are seeking strategies for successful outcomes. Finding the unique combination of treatment, services, and supports can be a struggle. One strategy is to provide family-to-family peer support, where families receive education, information, and the support of others who have similar experiences.

[Click here](#) 



### **Family-to-Family Peer Support: How Can Tribal Communities Join the Growing Movement** – NICWA Newsletter

Family-to-family support is growing rapidly within systems of care. Yet, Indian Country has yet to significantly join this growing movement. The reasons for this are complex. This special double issue of Honoring Innovations Report explores how successful family-to-family support service provision is taking shape across the country, discusses the increasing emphasis on certification of peer support providers, and addresses why children's mental health in tribal communities presents unique challenges and considerations beyond those already required by this evolving area of service provision.

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### **Cost Effectiveness of Using Peers as Providers**

Prestigious and important organizations such as CMH, SAMHSA, the Institute of Medicine among many others have identified peer delivered services offered through a certified peer specialist as being valuable services. In addition, research is showing that while increasing consumer wellness, the use of peer specialists is decreasing costs.

[Click here](#) 

### **Parent Peer Support Providers and Wraparound**

How are Parent Peer Support Partners working in Wraparound different from traditional Parent Peer Support Partners? The universal qualification of "lived experience" is generally the same. The title may be the same, Parent Support Partner or Family/Parent Partner. They might also do many of the same things, the most important being providing Parent Peer Support to ensure no parent has to go through their journey alone. The differences are not only that they work in a Wraparound environment, but how they provide peer support, and the specificity of the skill level involved.

[Click here](#) 