THE BENEFITS OF FAMILY PEER SUPPORT SERVICES:
LET’S EXAMINE THE EVIDENCE

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Disclaimer

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By the end of this webinar, participants will have gained knowledge on:

- What is Family Peer Support
- The qualifications of those providing Family Peer Support
- How Family Peer Supports are Utilized
- What are the identified benefits of Family Peer Support
- The general research and literature review for Family Peer Support services
Agenda

- History of Family Peer Support
- What is Family Peer Support
- Who Provides Family Peer Support
- Foundation of Family Peer Support
- Utilization
- Examples from Family Involvement Center
- Benefits of Family Peer Support
- Research and literature reviews of Family Peer Support

Note: Slide content that is underlined is a live link.
Roots of Family Peer Support

Family Involvement Movement
- New roles for family members in system operations
- New roles for parents in service provision

Wraparound Movement
- New ways to plan & organize services and supports
- Ability to connect support, intervention, community resources and system services

System of Care Movement
- New ways to organize services & supports
- New ways to manage systems

Local Influences

Family Peer Support
### Peer Family Support

- **Lived Experience**
  - Provides intentional peer family support with unrelenting focus on the parent/primary caregiver of the child
  - Based on strategic self-disclosure related to family experiences
  - Encourage and supports parents to achieve their own identified outcomes
  - Communicates active acceptance in all interactions
  - Partnered with rather than delivered to parents and family members
  - Suspends bias and blame
  - Holds a relational stance of respect in all interactions with parents and family
  - Links with others in collaborative problem solving

### Family Involvement

- **Lived Experience**
  - Family members have **access** to the decision making process and actively participate at the practice and/or program level
  - Family members’ **voice** is listened to and heard, and are meaningful decision makers in their own Child & Family Teams
  - Family members have **ownership** of their plans and are committed to the outcome
  - Family members participate in program decisions
  - Family members as emerging leaders participate in meetings, committees and boards where decisions are made that influence mental health services at local and state level

### Family Leadership

- **Lived Experience**
  - Parents/Family members leverage their personal life story and expertise to influence decision making and example that induces a group to take action in accordance with the leader’s purpose
  - This can occur at a practice, program, state, national and policy level, and is part of system transformation efforts
  - Connected to the collective voice of other parents and family members
  - Family members as leaders participate in meetings, committees and boards where decisions are made that influence mental health services at local and state level
4 Peer Support Models: Different Workforce Qualifications and Training

- Family/Primary Caregiver Peer Support
- Youth Peer Support and Transitional Age Youth Support ages 16-25
- Adult Peer to Peer Support
- Adult Family Support

Children’s System

Adult System
Family Peer Support services are a critical and essential service component that can exist within any child-serving system:

- Family Peer Support is the instrumental, social and informational support provided from one parent to another in an effort to reduce isolation, shame and blame, to assist parents in navigating child serving systems and provide other relevant life experiences.
- Family Peer Support is the unrelenting focus on the parent/primary caregiver(s), while other team members focus on the identified child and family.

[https://www.researchgate.net/publication/40690319_Family_Support_in_Children's_Mental_Health_A_Review_and_Synthesis](https://www.researchgate.net/publication/40690319_Family_Support_in_Children's_Mental_Health_A_Review_and_Synthesis)
Family Peer Support Qualifications:

Lived experience as a parent or primary caregiver who is raising or has raised a child receiving mental, behavioral, mental health or substance use needs and has received services on behalf of their child/youth

Meets the qualifications to function as a behavioral health paraprofessional, behavioral health technician or as a behavioral health professional

Uses strategic self-disclosure (ability to listen to and strategically use their story in a way that is healing to the parent they are supporting)

Has received specialized training and ongoing coaching and supervision
Additional Resources

National Certification for Adult & Parent/Family Peers - Parent/Family Peer Support Certification
[link]

[link]

Parent Support Provider National Certification Initiative: Creating A Standard of Practice for an Emerging Workforce
[link]

Recovery to Practice
[link]

In May, 2013, a joint CMS/SAMHSA Bulletin was released that confirmed the inclusion of families and youth in the definition of “Peer.”
[link]

National Certification and Reciprocity
[link]

National Certification: An Effective Tool for Family/Parent Support Sustainability
[link]

Growing and Sustaining Parent Engagement: A toolkit for Parents and Community Partners
[link]
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<tr>
<th>Grounded in lived experience</th>
<th>Communicates Active Acceptance</th>
<th>Based on strategic self-disclosure</th>
<th>Partnered with rather than delivered to parents</th>
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<tr>
<td>Permanent relationship with a child &amp; seeking/sought service</td>
<td>Ability to recognize &amp; manage own bias</td>
<td>Willing to share parts of your personal story in helping parents find their path to healing</td>
<td>Ability to stay in a peer relationship</td>
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<tr>
<td>Experience navigating complex behavioral health systems</td>
<td>Committed to working on starting from a place of welcome for all parents</td>
<td>Ability to build connections of partnership</td>
<td>Support for support’s sake rather than service sake</td>
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### Jane Knitzer’s Landmark Study
#### Unclaimed Children in 1982

Many families felt disenfranchised

- Children’s mental health problems were often poorly identified and diagnosed
- Ineffective service plans
- Parents blamed, frustrated, despairing

### Janes Knitzer’s Unclaimed Children
#### Found Something Else Too

Parents, against all odds, remained committed to their children

- Parents fought, often heroically, for their children
- Parents were resilient, tenacious
- Many of yesterday’s parents are now leaders and mentors

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The vast majority of states are taking tangible steps to improve their mental health delivery systems.

These changes, while promising, are often severely limited in scope and shallow in depth due to lack of concerted strategic plans.

The clear message from this report is that children, youth and families need leaders to implement an agenda that places at the forefront the best knowledge about what children and youth need at different stages of their development, effective practices and the settings and systems most equipped to support them in family- and youth-responsive and culturally and linguistically competent ways.

This framework would put those at risk of mental health conditions on a par with those with mental health conditions.

Now is the time to move forward!

Family Peer Support - a critical service that can be provided within any child-serving system, not just an enhancement to other service models.

Pilot Projects utilizing Family Peer Support services in collaboration with Juvenile Probation and Child Welfare.

Providing Family Peer Support services at the beginning of a parent’s entry to systems.

Credentialed Family Peer Support Training and Coaching Model that is trauma-informed.

Utilization of the evidenced informed 5 Protective Factors in our Family Planning Assessment Tool.

Utilization of the evidenced informed 5 Protective Factors for outcome results.

**Parent to Parent (P2P)** – an evidence-based practice, provider of emotional and informational support to families of children with special health care needs, disabilities, and mental health challenges.

**Parents Anonymous** – an evidence-based family strengthening program, offers weekly support groups for parents and caregivers and separate groups for children and youth.

**Utilization of evidenced-based parenting programs that are facilitated by trained parents:**

- Strengthening Families and Communities
- Nurtured Heart Approach
- Parenting Wisely
- Triple P Parenting
- Active Parenting
A 2012 Policy Paper drafted by the National Federation of Families for Children’s Mental Health, identified the following about parent/family peer support:

- 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)
- Reduced lengths of stay in foster care for children will have a reduction in out of home placements (Marcenko, Brown, DeVoy, & Conway, 2010) (5) (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)
A study published in March 2016 revealed that Family Peer Support Partners are more effective than traditional Medicaid and Children’s Health Insurance Program (CHIP) methods in:

- Insuring uninsured minority children
- Obtaining insurance
- Improving access to primary, dental and specialty care;
- Reducing unmet needs and out of pocket costs
- Achieving parental satisfaction and care quality
- Sustaining long-term coverage
- Creating jobs
- Eliminating disparities

http://pediatrics.aappublications.org/content/pediatrics/early/2016/03/16/peds.2015-3519.full.pdf
Insures more Uninsured Children, Improves Access and Eliminates Disparities

WHAT’S KNOWN ON THIS SUBJECT
Six million US children are uninsured, despite two-thirds being Medicaid/CHIP eligible; minority children are at high risk. Few trials have evaluated interventions to insure uninsured children, and none has assessed the effectiveness of parent mentors in insuring uninsured minority children.

METHODS
We conducted a randomized trial of the effects of parent mentors (PMs) on insuring uninsured minority children. PMs were experienced parents with ≥1 Medicaid/CHIP-covered child who received 2 days of training, then assisted families for 1 year with insurance applications, retaining coverage, medical homes, and social needs; controls received traditional Medicaid/CHIP outreach. The primary outcome was obtaining insurance 1 year post-enrollment.

RESULTS
We enrolled 237 participants (114 controls; 123 in PM group). PMs were more effective (P< .05 for all comparisons) than traditional methods in insuring children (95% vs 68%), and achieving faster coverage (median = 62 vs 140 days), high parental satisfaction (84% vs 62%), and coverage renewal (85% vs 60%). PM children were less likely to have no primary care provider (15% vs 39%), problems getting specialty care (11% vs 46%), unmet preventive (4% vs 22%) or dental (18% vs 31%) care needs, dissatisfaction with doctors (6% vs 16%), and needed additional income for medical expenses (6% vs 13%). Two years post-PM cessation, more PM children were insured (100% vs 76%). PMs cost $53.05 per child per month, but saved $6045.22 per child insured per year.

CONCLUSIONS
PMs are more effective than traditional Medicaid/CHIP methods in insuring uninsured minority children, improving health care access, and achieving parental satisfaction, but are inexpensive and highly cost-effective.

WHAT THIS STUDY ADDS
Parent mentors are more effective and faster than traditional methods in insuring uninsured minority children, renewing coverage, improving health care and dental access, reducing unmet needs, and achieving parental satisfaction, but are inexpensive and highly cost-effective, saving $6045 per child.

http://pediatrics.aappublications.org/content/pediatrics/early/2016/03/16/peds.2015-3519.full.pdf
This study, led by Medica Research Institute Distinguished Chair in Health and Policy Research Glenn Flores, was the first to assess the effectiveness of Family Peer Support in insuring uninsured minority children:

Family Peer Support Partners are inexpensive costing $53/child/month
Savings of $6,045.22/insured child
Six Million U.S children are uninsured and two-thirds to three-quarters of them are Medicaid/CHIP eligible
Furthermore, racial and ethnic disparities exist in insurance coverage for U.S. children compared with a uninsured rate of 5% for white children, 12% of Latino, 8% of African-American, and 8% of Asian/Pacific Islander children are insured
Latino and African-American children comprise 57% of uninsured children, although constituting only 42% of children in the United States
Among children in low income families, 84% are eligible for but not enrolled in Medicaid CHIP

"Conditionally assuming that PMs could also potentially be effective for uninsured children of all races/ethnicities, similar calculations suggest that national implementation of PM interventions to insure all Medicaid/CHIP-eligible uninsured children might possibly save $21.2 to $24.7 billion."

http://pediatrics.aappublications.org/content/pediatrics/early/2016/03/16/peds.2015-3519.full.pdf
Social Returns on Investment

- Practice that meets the needs of families in obtaining positive outcomes
- Mutually beneficial nature of parent/professional partnerships
- Future for families where they do not need to rely so heavily on formal systems
- Increased connectedness to community resources and natural supports
- System transformation that is persistent, enduring and even life long
Literature Review: Benefits of Family and Youth Peer Support Services

Family peer support provides benefits of experiential learning and helps connect families to each other.

Family peer support programs help parents who have children with special needs find and become reliable allies for each other.

Parent-to-Parent support 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.

Self-efficacy and empowerment of families can be enhanced by providing family support. This has been associated with a variety of improved outcomes such as service initiation and completion; increased knowledge about the youth’s conditions and relevant services; satisfaction; and youth functioning at discharge.

- http://journals.sagepub.com/doi/10.1177/106342669700500306

There is encouraging initial evidence of the value of family education and support in reducing child symptoms and improving child functioning.

Furthermore, there is evidence of some benefits to the parents and caregivers; including a reduction of stress, improved mental health and well-being, increased self efficacy, perceived social supports and increased treatment engagement.

https://www.chcs.org/media/FYPS_Literature_Review_FINAL.pdf
The findings in the Family Experience Study suggest a need to increase contact with, and access of families in wraparound to other families who experience similar problems with their children.

Parents in the Parent Connectors group displayed a greater increase in hopefulness from baseline to follow-up than parents in the comparison group.

Use of formal peer support or advocates to increase family involvement in children’s mental health services appears to be increasing.

https://www.chcs.org/media/FYPS_Literature_Review_FINAL.pdf
Roles of Families:

• A large majority (over 90 percent) of agency directors believe the most important roles for families are educating other families, advocating for mental health services, and peer to peer support.

• Other key roles identified by over 79 percent of agency directors include leading support groups, training other families, serving as a direct liaison with mental health providers, and direct advocacy on behalf of individual families.

https://www.chcs.org/media/FYPS_Literature_Review_FINAL.pdf
Participants who participated in peer support groups were overwhelmingly satisfied with their experiences.

Given the shortages in the mental health workforce, there may be opportunities to expand the role of families and service capacities within Family-Run Organizations.

https://www.chcs.org/media/FYPS_Literature_Review_FINAL.pdf
“My family was involved in a variety of services in our community. Once we began to work with a parent support professional, we felt that we had a person in our corner who worked just for us. It made a huge difference.”

— David
“I don’t know what I would have done without our parent support provider. She understood what I was going through, and she didn’t judge me. She was available whenever I needed her, not just during business hours. She helped my family get back on our feet.”

—Stacey

Outcomes

• Family Peer Support programs help parents who have children with special needs find and become reliable allies for each other

• Parent-to-parent support 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

Further Information

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