ORGANIZATIONAL CONSIDERATIONS FOR TRAINING AND CERTIFYING PARENT SUPPORT PROVIDERS

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WHAT IS A PARENT SUPPORT PROVIDER?

Parent Support Providers (PSPs) are primary caregivers who have the “lived experience” of being actively involved in raising a child who experiences emotional, developmental, behavioral, substance use, or mental health challenges. PSPs have experience navigating child-serving systems to access services and supports. PSPs have received specialized training to assist and empower other families who are raising children with similar experiences.

CURRENT STATUS OF PARENT SUPPORT PROVIDER NATIONAL CERTIFICATION

- 189 Individuals Currently Hold National PSP Certification
- 35 States and the District of Columbia are Utilizing Nationally Certified Parent Support Providers

POLLING QUESTION

My role can best be described as (choose one)

- National level planner/administrator/policy maker
- State level planner/administrator/policy maker
- Community level planner/administrator/policy maker
- Family/youth organization
- Advocate
- Parent/Caregiver
- Service Provider
- Researcher/Academician

A QUICK HISTORY OF THE PSP INITIATIVE

2007 Collection and Analyses of Job Descriptions from Across the Field
2010 Competencies Established via a Consensus Process
2010 DACUM Job Task Analysis Completed
2012 Pilot Certification Exam Launched

ELIGIBILITY CRITERIA

Parent Support Providers must have the Lived Experience of parenting a child who has experienced social, emotional and/or behavioral challenges
**ADDITIONAL ELIGIBILITY CRITERIA**

- 8 Contact Hours of Training in Each of the 11 Competency Domains or Equivalent On-the-Job Training (total 88 hour minimum)
- 1000 Hours of Experience Performing Parent Support Tasks (paid or unpaid)
- Agreement to Abide by the Code of Ethics
- A Passing Score on the National Examination

**FAMILY-DRIVEN**

Family-driven means 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 in their community, state, tribe, territory and nation. This includes:

- Choosing supports, services, and providers;
- Setting goals;
- Designing and implementing programs;
- Monitoring outcomes;
- Partnering in funding decisions; and
- Determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

**YOUTH GUIDED**

Youth guided means that young people have the right to be empowered, educated, and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state and nation. This includes giving young people a sustainable voice and then listening to that voice.

**PERSON CENTERED**

Person-centered planning is a process, directed by the family or the individual with long term care needs, intended to identify the strengths, capacities, preferences, needs and desired outcomes of the individual. The family or individual directs the family or person-centered planning process. The process includes participants freely chosen by the family or individual who are able to serve as important contributors. The family or participants in the person-centered planning process enables and assists the individual to identify and access a personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally defined outcomes in the most inclusive community setting. The individual identifies planning goals to achieve these personal outcomes in collaboration with those that the individual has identified, including medical and professional staff. The identified personally defined outcomes and the training supports, therapies, treatments, and or other services the individual is to receive to achieve those outcomes becomes part of the plan of care.

**SELF-DETERMINATION**

Self-determination and self-direction are the foundations for recovery as individuals define their on goals and design their unique path(s) towards these goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling and exercising choice over the services and supports that assist their recovery and resilience. In doing so, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths and gain or regain control over their lives.

**MEDICAID AND PEER SUPPORT**

- Peer Support Services are now included in the Medicaid State Plans of 32 States, many as part of the Rehab Option. These services for many states cover adults only. In May, 2013, a joint CMS/SAMHSA Bulletin was released that confirmed the inclusion of families and youth in the definition of “Peer”.

IS YOUR STATE UTILIZING MEDICAID FUNDS FOR PARENT SUPPORT PROVIDER SERVICES?

CURRENT STATES WITH PEER SUPPORT INCLUDED IN THEIR MEDICAID STATE PLAN

- Alaska
- Arizona
- Colorado
- Connecticut
- District of Columbia
- Georgia
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Maine
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Nevada
- New Jersey
- New Mexico
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Utah
- Virginia
- Washington
- Wisconsin
- Wyoming

CURRENT FUNDING SOURCES

PEER SUPPORT IS BIPARTISAN

POLLED QUESTION

WORKFORCE OPPORTUNITIES

Are Parent Support Provider services funded in your state (choose all that apply)

___ Yes, Medicaid funding only
___ Yes, Medicaid, and grant funding
___ Yes, grant funding only
___ No
___ Other (please specify)

In a June, 2012 joint SAMHSA/HSRA Working Session, Administrators Hyde and Wakefield placed a strong emphasis on the need to develop and sustain a nontraditional workforce.
**EVOLVING ROLE OF PARENT SUPPORT PROVIDERS**

- Volunteer
- Professional

**Informal Supports**

**Formal Supports**

**HOW ARE PSPs EMBEDDED IN THE MENTAL HEALTH SYSTEM?**

- Parent Support Providers are Utilized Within:
  - Schools
  - Clinics
  - Mobile Crisis Teams
  - Intensive In-Home Teams
  - Courts

**ORGANIZATIONAL STRATEGIES**

- Create a Vision
- Conduct an Environmental Scan
- Conduct an organizational self-assessment
- Create a Plan
- Implement the Plan

**TO BE RESOLVED…….**

Creating vs. Adapting a Model: While many models for adult Peer Supports are available, the models for family support are emerging. “Family” support differs from “Adult” support and states/organizations will need to address these differences as they begin to develop their model.

**CREATING THE VISION**

Identify key stakeholders to participate in a consensus building process to develop a vision of the Parent Support services that your organization wants to provide

**CONDUCTING AN ENVIRONMENTAL SCAN**

- Learn what others are doing in your community, your state, and across the nation
- Learn how other organizations have implemented PSP services. Is your community saturated with PSP services or are there none in existence?
ORGANIZATIONAL SELF-ASSESSMENT

• Do the organization’s vision, mission and philosophy statements reflect the principles of family-driven, youth-guided, person-centered and self-determined supports?
• Does the organization promote professional-family partnerships with the parents of the children it serves?
• Does the organization staff’s language and actions communicate the acknowledgement that parents want what is best for their children and that their experience should be highly valued?
• Do the organization’s leaders model collaboration with children and youth and their families?

ORGANIZATIONAL SELF-ASSESSMENT CONTINUED

• Are the organization’s policies, programs and staff practices consistent with a family-driven, youth-guided, and person-centered approach?
• Are family members encouraged to review their children’s records and work with staff to correct inaccuracies?
• Are professionals committed to providing practical information to parents and youth in order for them to give informed consent regarding services and supports?
• Would it be evident to visitors that the organization places a high value on balanced, respectful relationships with children, youth, and their families?

IMPORTANT CAVEAT FOR ADVOCACY ORGANIZATIONS

If the organization is contemplating expanding from advocacy to becoming a provider of reimbursed services, it is extremely important to take a cultural pulse and ensure that your organization is fully prepared for this evolution.

TEAM SELF-ASSESSMENT

As an organization plans to provide PSP services, these questions are extremely important to discuss with all team members to ensure that healthy relationships will evolve.

• Do I believe that children, youth and their families bring unique perspectives and expertise to the clinical relationship?
• Do I encourage children, youth and their families to speak freely?
• Do I listen respectfully to the opinions of children, youth and their families?
• Do I encourage children, youth and their families to participate in decision-making about the planning and evaluation of services and supports?
• Do I encourage children, youth and their families to be active partners in ensuring the quality of services and supports?

CREATE A PLAN

Once important information has been analyzed and assimilated, create a plan that will work for your organization and that ensures the organization’s best chances for success.

PLAN YOUR WORK AND WORK YOUR PLAN!!!
UNIQUE CONSIDERATIONS WHEN PROVIDING PSP SERVICES

PSPs often utilize the same services and supports for their own children that are used by the parents they are helping. This raises a number of logistical concerns. These concerns are generally procedural and should be discussed and resolved.

- How can the privacy of the children, youth and other family members of the PSP be protected?
- Will the PSP with a behavioral health challenge be treated similarly than a clinician who also has behavioral health challenges?
- Can co-workers socialize with a PSP in the same manner they socialize with other co-workers since they, their child, or their family member might become recipients of services and supports from the agency?

ADDITIONAL UNIQUE CONSIDERATIONS

PSPs come from all types of backgrounds. They have common competencies and experiences as parents and caregivers. Some have very minimal formal education but have extensive experience in coordinating services and supports for their children. Some have advanced degrees. Some have their own emotional, behavioral or mental health challenges.

COMMON QUESTIONS FROM CO-WORKERS

- Will they have a relapse?
- Will they keep information confidential?
- Will they have the same access to information as clinical staff or other team members?
- Will they respect professional and personal boundaries?
- Are they considered colleagues?

ENCOURAGE HONEST, THOUGHTFUL CONVERSATIONS

SUMMARY

Through careful planning, honest discussion, and meticulous execution, organizations enhance their chances for successful outcomes as Parent Support Provider services are implemented.

Anticipate questions, particularly if the organization has not previously provided peer support services. Through meaningful discussions, the organizational culture will strengthen and evolve.

MEDIACID AND CERTIFICATION

Medicaid requires that a certification process must be in place if Peer Support Services are reimbursed. While many states have a certification process for adults, many have not yet created a certification process for families.

Does Your State/Organization have a Certification and/or Training for Parent Peer Support?

- Both Certification and Training
- Certification Only
- Training Curriculum Only
- None of the Above
- None of the Above
**HOW DO CERTIFICATE PROGRAMS AND CERTIFICATION DIFFER?**

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<thead>
<tr>
<th>CRITERIA</th>
<th>CERTIFICATE PROGRAM</th>
<th>CERTIFICATION</th>
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<tbody>
<tr>
<td>ELIGIBILITY</td>
<td>Willingness to attend a training program</td>
<td>Typically includes educational/experiential requirements including work experience</td>
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<td>PROGRAM FOCUS</td>
<td>Assessment of skills learned in a specific training venue</td>
<td>Assessment of skills, knowledge, and/or competencies required for successful performance of a professional role</td>
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<td>PROGRAM CONTENT</td>
<td>Content may include knowledge, skills, or competencies related to an occupational or professional role or general interest or leisure pursuits</td>
<td>The knowledge, skills, and competencies of a specific occupational or professional role are the focus and are identified through a formal study by a third party of experts</td>
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<td>AWARD</td>
<td>Indicates completion of a course or series of courses with a specific focus</td>
<td>Indicates mastery/competency as measured against a delineable set of standards, usually by application and/or exam</td>
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<td>RECERTIFICATION REQUIREMENT</td>
<td>May or may not require recertification; certificates typically do not include time limits</td>
<td>Recertification is required on a prescribed timeline and typically includes educational and/or experiential requirements</td>
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**TRAINING PLAN**

- Identify External Requirements (Accreditation, Medicaid, State, etc.)
- Identify Organizational Requirements
- Invest in Conversations with Key Stakeholders to Build Consensus About Core Competencies
- Review Available Training Curriculums... Don't Spend Time Recreating the Wheel!

**ELIGIBILITY CRITERIA**

Parent Support Providers must have the *Lived Experience* of parenting a child who has experienced social, emotional and/or behavioral challenges

**EXPERIENCE IS NOT UNIVERSAL**

Effective Parent Support Providers understand that every family is unique and that the culture, beliefs, and experiences of each family must be respected.

**POLLING QUESTION**

Is "Lived Experience" a requirement for Peer Support Providers in your state/organization?

- [ ] Yes
- [ ] No
- [ ] I'm not sure

**A FAMILY’S ROLE CHANGES AS THEIR CHILDREN TRANSITION INTO ADULTHOOD**

Child System | FAMILY | Adult System

Parent Support Providers must evolve with the family.
WHAT ARE THE CHARACTERISTICS OF AN EFFECTIVE PARENT SUPPORT PROVIDER

- EFFECTIVE LISTENING SKILLS
- COLLABORATIVE
- ADAPTABLE
- NON-JUDGEMENTAL
- RESOURCEFUL, CREATIVE
- RESPECTFUL
- CONFIDENTIAL
- POSITIVE PROBLEM SOLVER

ELEVEN DOMAINS OF COMPETENCE

1. Ethics
2. Confidentiality
3. Effecting Change
4. Behavioral Health
5. Education
6. Communication
7. Parenting for Resiliency
8. Advocacy
9. Empowerment
10. Wellness and Natural Supports
11. Local Resources

SUPERVISION PLAN

Supervision plans should include the following 3 elements:

- Peer to peer
- Clinical
- Team

SUMMARY

Training and supervision are extremely important elements in the support of Parent Support Providers. Through the creation of core competencies, intertwined with unique characteristics, an organization can enhance the likelihood of excellent outcomes for their PSP services.

Lived experience is the benchmark for selecting PSPs however, there are many other characteristics that must be considered to ensure success.

FREDLA…Who We Are

- New National Organization – formed in 2013
- TA Network Partner
- FREDLA seeks to strengthen the leadership and organizational capacity of Family-Run Organizations focused on the wellbeing of children and youth with mental health, emotional, or behavioral challenges and their families
FREDLA...What We Do

- Develop & offer professional development opportunities
- Promote the role of Family-Run Organizations
- Establish an evidence base for the work of Family-Run Organizations
- Create a national voice for Family-Run Organizations on relevant issues

Certification: Key Areas of Consideration

- State vs. National
- Separate vs. Combined
- Role of Family Run Organization
- Continuous Quality Improvement
- Finance Mechanisms
- Lived Experience

National or State Based

- Will our Certification Model be State Based or will we use the National Certification Initiative?
- If we design a state based model, will it align with the core competencies of the National Certification Initiative?
- If we use the National Certification Initiative, what additional components, if any, will we need to develop?
- Do we have current staff who would be eligible to pursue certification if we chose National Certification?
- If not, would a state based model be an advantage?

Parent Support Provider Certification Survey

- In May, FREDLA conducted a survey of statewide family-run organizations in preparation for a webinar titled: Parent Support Provider Certification: National & State Options
- 42 states opened the survey with 39 providing responses

Survey Results...

- Approximately 25 family-run organizations responded to the full survey
- Of those responding, most indicated they are in the early developmental stages of creating a Parent Support Provider certification model
- The majority of family-run organizations responding indicated they are struggling with numerous issues affecting implementation

National or State-Based...

- 31 states have a model or are in the process of developing a model
- 25 of those indicate they are utilizing or developing a state based model
Separate vs. Combined

- Will the certification model we select be the same as that used for adult peer support providers or different?
- If we choose the same model, will there be a need for additional specialized training for parent peer support providers?
- If additional specialized training is needed, would a separate model be an advantage?
- If we choose the same model, will this meet state requirements for certification?

Separate Certification Models

- Over 25% of those states responding indicated they use the same certification model for parent peer support providers as they support providers.

Role of Family Run Organizations - Trainers

- Who will be the training body for Certification in your state?
- Does the family run organization want to be the Training Body?
- If the family run organization is the Training Body, can they also be:
  - Certification Body?
  - Providers of Parent Peer Support?

Training of Parent Peer Support Providers...

- Family Run Organizations – 62.5%
- Non-profits – 20.83%
- University – 29.17%
- State Agency – 95.83%

Lived Experience

- Peer: a person who belongs to the same age group or social group as someone else
- Value
  - Unique Connection
  - Shared language
  - Empathy vs. Sympathy
  - Trust

Lived Experience...

- Yes – 95.83%
- No – 4.17%
Role of Family Run Organizations – Certification Body

- Who will serve as the Certification Body in your state?
- Does the family run organization want to serve as the Certification Body?
- If the family run organization is the Certification Body, can they be:
  - Trainers?
  - Providers?

Certification Requirements

- 70% of the states responding require more than 40 hours of training to become certified
- 80% have no minimum requirement of hours spent providing parent peer support services before seeking certification

Exam to Certify...

- Approximately half of states are requiring a written exam to become certified

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<td>No</td>
<td>45%</td>
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<tr>
<td>Yes</td>
<td>55%</td>
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Finance Mechanisms

- Will there be a cost for certification?
- If so, who will be responsible for paying the cost?
- Once providers receive certification, will these positions be funded?
  - Grant dollars
  - State funds
  - Medicaid
  - Private foundations

Certification Cost...

- 65% of states have no cost for certification
- 60% of the states who charge have a fee of more than $200
- The state is the most common source of payment for states who have a charge

Role of Family Run Organization - Provider

- Who will employ the Parent Peer Support Providers in your state?
- Does the family run organization want to be a provider of Parent Peer Support services?
- If the family run organization serves as an employer & provider, can they be:
  - Trainers?
  - Certification Body?
Employment...

• 91% of states have agencies other than the Family-Run Organization employing Parent Support Providers

Continuous Quality Improvement

• What quality controls will exist in your certification model?
• How will you ensure fidelity to the model?
• How will providers be supervised?
• What will be required to maintain certification?
• Will providers be required to re-certify?
• How will you ensure lived experience?
• How will you evaluate the efficacy of Parent Peer Support services?
• What role will the family run organization play in continuous improvement efforts?

New York Family Peer Advocate Credential

Credentialing Agency: Families Together in NYS, Inc.
Endorsed and Supported by: NYS Office of Mental Health
Academic Partners: NYU Child Study Center and the NYU McSilver Institute

Family Peer Support Services: Common definition but no single program or fiscal model. Uneven development.

Advocates: 230 of approximately 400 have the FPA Credential

Requirement: HCBS waiver, state-operated inpatient, residential programs, and proposed for all Medicaid

FPSS Funding: Varies. MMC for children in 2016

New York State FPA Credential Requirements At-A-Glance*

| Lived Experience | Applicants must be the parent (foster, adoptive, or biological) or primary caregiver of a child or adolescent with a serious social, emotional, behavioral, mental health or developmental disability (with onset prior to the age of 18).
| Age | Applicants must be at least 18 years of age.
| Education | HS diploma or GED (In exceptional cases, documentation of comparable skills may be accepted.)
| Training and Continuing Education | Successful completion of Parent Empowerment Program (PEP) training. 40 hour training plus 12 consultation calls. Training delivered by Family Partner and Clinical Partner. Three-year renewal requires 30 hours of continuing education.
| Work or Formal Volunteer Experience | 1000 hours (six months full-time or one year half-time) documented service providing peer-to-peer family support and advocacy services to other parents/caregivers in either a paid or "formal" volunteer capacity.

New York Family Peer Advocate Credential

• Based on emerging consensus about the FPSS model and core competencies
• Family-run organization + state agency + academic partners
• Strike a balance between rigor and feasibility
• Commitment to evolving the profession and FPA Credential based on data, reflection and ongoing feedback from families, advocates, funders and other partners.
Keys to Success

- Partner with State Agencies
- Build Consensus Early
- Provide Ongoing Professional Development Opportunities

Keys to Success

- Role Clarification
  - Parent Support Provider
  - Supervisor
- Evaluate Outcomes
- Provide Ongoing Education Opportunities for Partner Agencies