

National Technical Assistance Center for Children's Mental Health
GEORGETOWN UNIVERSITY CENTER FOR CHILD AND HUMAN DEVELOPMENT


Making It Work: Family, Young Adult & Adult Peer Support – Limitless Possibilities

The webinar will begin at **1 PM (ET)**

Call-in Number: 1-800-832-0736 Conference Room: 2884179

Webinar Website:
<http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html>

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2

Webinar Information

- Lines are muted
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- Georgetown will respond to “housekeeping” or logistical questions.
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Logistics

- Close all file sharing applications and streaming music and video
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POLLING QUESTION



Making it Work: Family, Young Adult & Adult Peer Support
--Limitless Possibilities

Jeanette Barnes, Family Liaison, Division of Behavioral Health and Recovery
Jennifer Bliss, Senior Manager Office of Consumer Partnerships, Division of Behavioral Health and Recovery
Tamara Johnson, Youth Program Director, Washington State University
Stephanie Lane, Peer Initiative & Research Program Manager, Washington State University

May 22, 2014



Washington State Department of Social & Health Services

7

Washington State Peer Support History

- Parent support programs
- Development of Wraparound model
- Key support within the State



Washington State Department of Social & Health Services

8

Inclusive Medicaid Reimbursement for Peer Support

- Washington State definition of 'consumer' was key to the inclusion of parents as peer counselors (WAC 388-865-0150):
"Consumer" means a person who has applied for, is eligible for or who has received mental health services. For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.
- Negotiated proposal to CMS (Center for Medicaid/Medicare Services)-State Plan
- State legislation defining peer support



Assessing Readiness

- To establish and support a healthy peer support model, there must be a level of readiness.

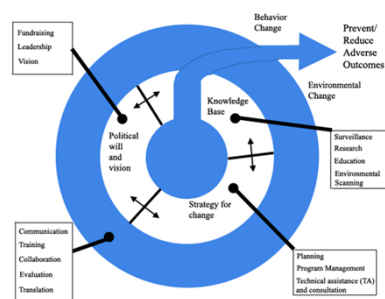
ready.set.
go!



Assessing Readiness and Stages of Change

In the trans theoretical model of 1997, change is a “process involving progress through a series of six stages.”

- **Precontemplation** - "people are not intending to take action in the foreseeable future, usually measured as the next 6 months"
- **Contemplation** - "people are intending to change in the next 6 months"
- **Preparation** - "people are intending to take action in the immediate future, usually measured as the next month"

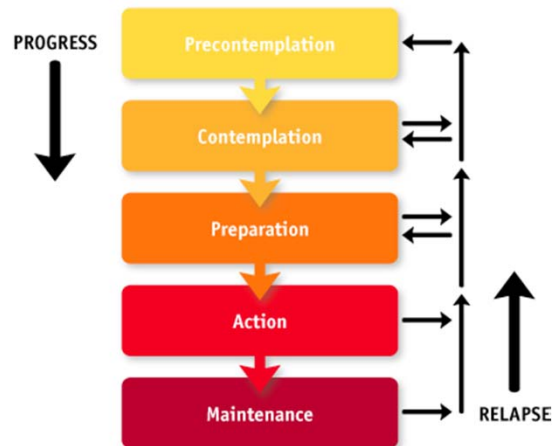


Assessing Readiness- Stages of Change

- **Action** - "specific overt modifications in practice within the past 6 months"
- **Maintenance** - "work to prevent relapse is taking place," which is a stage estimated to last "from 6 months to about 5 years"
- **Termination** - "there is zero temptation and 100% efficacy in practice which ensures there will be no return to the 'old' way of doing business"
- In addition, the researchers conceptualized "relapse" (recycling) which is not a stage in itself but rather the "return from action or maintenance to an earlier stage"



Assessing Readiness – Stages of Change



Successes in Initial Peer Support Implementation

- Involvement of consumers (adults, families, youth) & system partners in the creation of the initial training
- Utilizing peers (adult, family, and youth) as trainers and testers
- Contracting with peer-run organizations to provide training



Youth and Family Peer Support Training Development

- Funding
- Partnering and curriculum team
- Team Strategies
 - World Café
 - Logic Model
- Initial Family and Youth Training
- Evaluation



Youth and Family Training Design

- 40 hour training
- Three days of common training
Two days of either youth or family specific training
- State-approved test and certification is not youth/family specific. Parents, youth and adults receive the same certification.



Anecdotal Comments

High Satisfaction with Training and with Parent and Youth Roles

- “Brings creative + nontraditional connections, resources + support to their efforts.”
- “Peer supports help to build a bond of trust between family youth + professionals.”
- “It is often easier for the peer to say the hard things. “
- “Hope becomes real...”



Internal and External Collaboration

- Planning began with BRSS TACS assistance
- Steps to implementation:
 1. State internal committee formed
 - Collaboration goals, common values, and mission established
 2. Internal/External ad hoc group established
 - Invitations made through consumer organizations, family/youth system, provider councils, regional mental health administrators
 - Representation from adults, parents and youth
 - Additional people invited for specific needs
 3. Developed by-laws, mission, and work plan
 4. Monthly meetings held, with tasks assigned



Lessons Learned...

We learned:

- Organizing and coordinating internally is critical
- Clear administrative support is needed
- Time is needed to develop a collaborative internal team
- The need for recognizing and honoring differences
- Need to have clear understanding of internal structure, including decision-making

LESSONS Learned
 recognize mistakes
 observe what works
 document them
 share them



Where we're headed – Next Steps



- Final approval of the Family and Youth Curriculum
- Assessing and preparing for the need for Family and Youth Partners as WISe (Wraparound with Intensive Services) is implemented
- Integrating chemical dependency peer support
- Increasing provider training in peer support roles and in supporting and supervising peer support staff



Contact Information

- Jeanette Barnes: barnejk@dshs.wa.gov
- Jennifer Bliss: blissja@dshs.wa.gov
- Tamara Johnson: tamara.johnson@wsu.edu
- Stephanie Lane: Stephanie.lane@wsu.edu




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Questions & Comments





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