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Parent & Family Peer Support: A **Critical** Service in All Systems

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Millie Sweeney, *FREDLA*



Toni Donnelly, *Family Involvement Center (AZ)*
Denise Baker, *Family Involvement Center (AZ)*




Brian Huckins, *NAMI NH*



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AGENDA

- Defining Parent/Family Peer Support (P/FPS)
- Certification and Training
- Roles in Systems
- Assessment & Outcomes
- Funding Parent/Family Peer Support (P/FPS)
- What's Next?



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Defining Parent/Family Peer Support (P/FPS)

Growth, definition of caregiver and parent/family peer support, competencies

Timeline of the Family Movement in Children's Behavioral Health

*In 1984, Jane Knitzer published **Included Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services** thus setting in motion the children's mental health movement and the rise of the family and youth movements.*

1984 **CASSP** Congress funded the Child & Adolescent Service System Program (CASSP). Initially, the program did not address family issues. By year 10, an additional goal was added to develop family input into the planning and development of service systems, treatment options and individual service options.

1984-87 **Research and Training Center** CASSP and the National Institute on Disability and Rehabilitation Research (NIDRR) established the first Research and Training Center on Family Support and Children's Mental Health at Portland State University.

1986-87 **Families as Allies Conferences** Portland State University hosted five regional Families as Allies Conferences for Families.

1988-89 **Next Steps Conference** Portland State University and NIDRR co-hosted at the Next Steps Conference in Arlington, Virginia in December 1988 to create an agenda for children's mental health.

1992-93 **Federation of Families Started** In February 1992, a 20 person Steering Committee of families voted to form a national family organization. The Federation of Families for Children's Mental Health was incorporated in Maryland in September 1993.

1992-93 **Children's Mental Health Initiative (CMHI)** SAMHSA funds the first four systems of care grants to communities for children's mental health.

2003-04 **President's New Freedom Commission** Team: Family driven care (drafted).

2006 **First Youth MOVE Chapter**

2011 **Youth MOVE National Incorporated**

2013 **Family-Run Executive Director Leadership Association Established** Executive Director of 16 family-run organizations forms an organizational association to building leadership and organizational capacity of family-run organizations. FRELCA becomes a partner in the TA Network as part of the National Technical Assistance and Training Center for Children's Behavioral Health.

2016 **Family-Run and Youth Organizations Looking Ahead**

Thanks to the pioneers in the family movement: Jane Knitzer, Barbara Huff, Barbara Finner, Ina Lurie, Jane Adams, Jane Miller, Sue and Barbara Smith, Tracie and John Smith, Tracy and George Stevens, Deborah Stevens, Beth Brant, Elizabeth, Beth Wheeler, Judy Hill and Ethel Koenig, Steve Jansen, Gail Daniels, Marisa Manning, Naomi Kaye, Sharon Goodwin, Gloria Fine, Mary Schafford, Verica Springs, Robert Freeman, Beth Shout, Karla Davis.

Joint CMCS and SAMHSA Informational Bulletin

DATE: May 7, 2013

FROM: Cindy Mann, Director
Center for Medicaid and CHIP Services

Pamela S. Hyde, J.D., Administrator
Substance Abuse and Mental Health Services Administration

SUBJECT: Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions

This Informational Bulletin is intended to assist states to design a benefit that will meet the needs of children, youth, and young adults with significant mental health conditions. Children with significant emotional, behavioral and mental health needs can successfully live in their own homes and community with the support of the mental health services described in this document. These services enable children with complex mental health needs - many of whom have traditionally been served in restrictive settings like residential treatment centers, group homes and psychiatric hospitals - to live in community settings and participate fully in family and community life.

The information in this Bulletin is based on evidence from major U.S. Department of Health and Human Services (HHS) initiatives that show that these services are not only clinically effective but cost effective as well. The Bulletin also identifies resources that are available to states to facilitate their work in designing and implementing a benefit package for this vulnerable population. Developing these services will help states comply with their obligations under the Americans with Disabilities Act (ADA) and to Medicaid's Early Periodic Screening, Diagnostic and Treatment (EPSDT) requirements, specifically with respect to mental health and substance use disorder services.¹ Many of these resources are from states, and we look forward to continuing to work with states and stakeholders to add to this resource list and to provide further assistance in assuring that children receive the care they need. Please contact John O'Brien at John.O'Brien@cms.hhs.gov for questions about this Bulletin or to suggest additional resources.

Background
Over the past 2 decades, 2 major federal initiatives have addressed the needs of children and youth with significant mental health conditions: Substance Abuse and Mental Health Services Administration's (SAMHSA) Children's Mental Health Initiative (CMHI) and the Centers for

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What's happening...


PPS is a growing profession nationally

- Caregivers hired to work with other families across systems
- Based on life experience, not degree
- Peer to peer support that facilitates effective service connection and delivery
- Modeling of advocacy and collaboration skills
- Fulfilling variety of roles, infusing family voice at all levels of service delivery

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Growth of Parent/Family Peer Support

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Four Types of Peer Support Services

			
Parental Peer Support	Youth Peer Support and TAY Support (ages 16-25)	Adult Peer to Peer Support	Adult Family Support
Children's System	Children's & Adult System	Adult System	Adult System

Doors Wide Open



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**Growth of Parent/Family
Peer Support**

Growth of Family Peer Support in NH

- SAMHSA
- System of Care Grants
 - Statewide
 - Cheshire
 - Department of Education (1st in the Nation)



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Growth of Family Peer Support in NH

- Integrative Delivery Network (IDN) 1115 Waiver
 - Capital Region
 - Nashua



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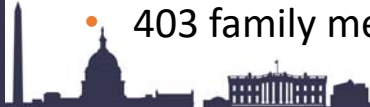
Growth of Family Peer Support in NH

2016:

- 2 Family Peer Support Specialist
- 20 children being supported
- 34 family members being supported

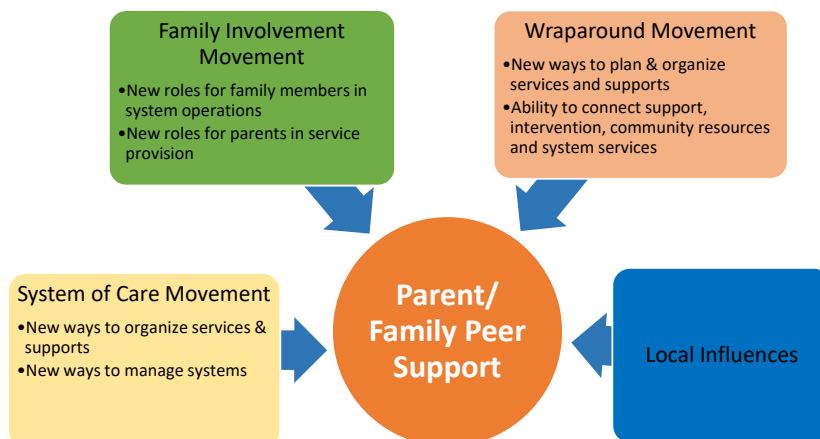
2018:

- 15 Family Peer Support Specialist
- 145 children being supported
- 403 family members being supported



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Roots of Parent/Family Peer Support: What has influenced growth locally in your state/community?



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Examining the Similarities and Differences

Peer Parent Support

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

Parent Involvement

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

Parent Leadership

- **Lived Experience**
- Parents leverage their personal life story and expertise to influence decision making
- 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
- Parents and family members as leaders participate in meetings, committees and boards where decisions are made that influence mental health services at local and state levels



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The “Parent” in Parent/Family Peer Support

The term **parent** refers to the primary caregiver for a child with mental, emotional or behavioral health needs.

- Includes biological parent, adoptive parent, foster parent, kinship caregiver (grandparent, aunt, cousin, sibling, etc.) or anyone in the role of primary caregiver
- Denotes the importance of the lived experience of being a caregiver

Parent/Family Peer Support is...

...a peer-to-peer approach to working with caregivers of children struggling with emotional, behavioral and mental health challenges

- Provided by a caregiver with lived experience
- Work individually with families and as part of a team
- Regular supervision and access to clinical consultation
- Provided in a variety of venues



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Parent/Family peer support services may include but is not limited to these activities:

- providing empathetic listening and emotional support;
- assisting families in navigating systems;
- supplying information about child-serving systems, children's behavioral health and development, and community resources;
- rendering advocacy support;
- encouraging self-care activities;
- facilitating familial engagement with service providers;
- modeling collaboration between families and professionals;
- engaging in safety and care planning; exploring and eliminating barriers to care plan follow-through;
- and offering skill-building for parents that enhances resiliency, communication, advocacy and other areas affecting the ability to maintain a child with complex needs in the home, school and community

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Scope of Activities

Education – outreach, training, community education, advocacy, mentoring

Service delivery – information/referral, group facilitation, intake and assessment, individual support/advocacy, intensive in home (HFW, Homebuilders), care coordination, supervision

Evaluation – data collection, translation and dissemination, CQI/QA monitoring


Policy-making – advisory councils, workgroups, task force, family representation at local/state/national level

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Definition of Parent/Family Peer Support Service




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Arizona Definition of Parent (Children's System)

Family Member

A parent or caregiver who has raised or is currently raising a child with emotional, behavioral or mental health challenges and has experience navigating the children's behavioral health system. This is inclusive of youth and adolescents diagnosed with serious emotional disturbance up to age 22 if the adolescent is being served by an Individual Education Program (IEP) or up to age 26 if the young adult is being served by an Individual Service Plan (ISP) in transition to the adult mental health system.

Arizona Department of Behavioral Health Services, Family & Youth Involvement Practice Protocol, 2009



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AZ Credentialed Parent/Family Support Provider And Trainer Qualifications

Individuals seeking employment as a Credentialed Parent/Family Support Provider or Trainer in the children's system must:

- Be a **parent or primary caregiver with lived experience** who has raised or is currently **raising a child** with emotional, behavioral, mental health or substance use needs, and
- Meet the requirements to function as a Behavioral Health Professional (BHP), Behavioral Health Technician (BHT), or Behavioral Health Paraprofessional (BHPP).

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/961.pdf>




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AZ Credentialed Parent/Family Support Provider And Trainer Qualifications

Individuals seeking employment as a Credentialed Parent/Family Support Provider or Trainer in the adult system must:

- Have lived experience **as a primary natural support** for an adult with emotional, behavioral, mental health or substance abuse needs, and
- Meet the requirements to function as a Behavioral Health Professional (BHP), Behavioral Health Technician (BHT), or Behavioral Health Paraprofessional (BHPP).

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/961.pdf>



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Arizona Definition of Peer Parent Support

II.D.3. Home Care Training Family Family Support

Home care training family services (family support) involve face-to-face interaction with family member(s) directed toward restoration, enhancement, or maintenance of the family functioning to increase the family's ability to effectively interact and care for the person in the home and community. May involve support activities such as assisting the family to adjust to the person's disability, developing skills to effectively interact and/or guide the person, understanding the causes and treatment of behavioral health issues, understanding and effectively utilizing the system, or planning long term care for the person and the family.

Service Standards/Provider Qualifications

Home care training family services (family support) must be provided by behavioral health professionals, behavioral health technicians, or behavioral health paraprofessionals as defined in 9 A.A.C. 10. <https://www.azahcccs.gov/PlansProviders/Downloads/GM/CoveredServiceGuide/covered-bhs-guide.pdf>



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Who Qualifies to Receive Peer Parent Support Services?

- Parents and primary caregivers whose children are AHCCCS (Medicaid) eligible
- Parents and primary caregivers of children who have involvement in the juvenile justice system
- Any parent or primary caregiver from the community can receive support by contacting Family Involvement Center’s Parent Assistance Center (PAC) at 602-288-0155, to talk with another parent for support, information and referrals to community resources



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Definition of Parent/Family
Peer Support Service

Defining Peer Parent Support in NH

A trained family peer support specialist basics:

- Lived experience in caring for a child with a mental health condition
- Offers skill development and leadership opportunities.
- Strength based
- Willing to share personal story
- Provides HOPE



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Wraparound – Family Support Partner definition and service



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How is P/FPS defined in your state, community or organization?


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National overview: competencies

- Most commonly used – 11 competency areas of National PSP Certification (NFFCMH)
 - Ethics
 - Effecting Change
 - Education Information
 - Parenting for Resiliency
 - Empowerment
 - Local Resources Specific Competencies
 - Confidentiality
 - Behavioral Health Information
 - Communication
 - Advocacy in Multiple Systems
 - Wellness and Natural Support
- States add to/amend these in their trainings and certification processes

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Parent/Family Peer Support Competencies



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PPSP Training Competency Sections Policy 961B

- Communication Techniques
- System Knowledge
- Building Collaborative Partnerships and Relationships
- Empowerment
- Wellness



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Communication Techniques:

- i. Person first, strengths-based language: using respectful communication; demonstrating care and commitment
- ii. Active listening skills: The ability to demonstrate empathy, provide empathetic responses and differentiate between sympathy and empathy; listening non-judgmentally
- iii. Using self-disclosure effectively: sharing one's story when appropriate



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System Knowledge:

- i. Overview and history of the Arizona Behavioral Health (BH) System:
- ii. Jason K., Arizona Vision and 12 Principles and the Child and Family Team (CFT) process; Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems, Adult Recovery Team (ART), and Arnold v. Sarn; Introduction to the Americans with Disabilities Act (ADA); funding sources for behavioral health systems,
- iii. Overview and history of the family and peer movements; the role of advocacy in systems transformation,
- iv. Rights of the caregiver/enrolled member, and iv. Transition Aged Youth: Role changes when bridging the Adult System of Care (ASOC) and Children's System of Care (CSOC) at transition for an enrolled member, family and team



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Building Collaborative Partnerships and Relationships:

- i. Engagement: Identifies and utilizes strengths
- ii. Utilize and model conflict resolution skills, and problem solving skills
- iii. Understanding individual and family culture, biases, stigma, and system's cultures
- iv. The ability to identify, build and connect individuals and families, including families of choice to natural, community and informal supports



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Empowerment:

- i. Empower family members and other supports to identify their needs, and promote self-reliance
- ii. Identify and understand stages of change
- iii. Be able to identify unmet needs




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Wellness:

- i. Understanding the stages of grief and loss
- ii. Understanding self-care and stress management
- iii. Understanding compassion fatigue, burnout, and trauma,
- iv. Resiliency and recovery
- v. Healthy personal and professional boundaries




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Parent/Family Peer
Support Competencies




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Competency areas addressed in New Hampshire

1. Engagement
2. Strategic Sharing
3. Trauma
4. Self-care
5. Collaboration
6. Problem Solving
7. Conflict Resolution
8. Crisis
9. Strength Based
10. Self Advocacy
11. Supervision
12. Cultural and Linguistic Competence
13. System Navigation
14. Natural Supports
15. Ethics

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What set of competencies are used in your state or organization?

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Certification & Training

National trends and state examples, curricula, importance of supervision and assessing readiness



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National overview, trends

Certification

- National PSP certification
- State certification + National PSP exam
- State certification

Curriculum/training

- Several available for purchase
- State developed curriculum (usually through FRO)
- Combination of purchased and state developed

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Necessary Components: Best Practice

Certification

- Lived experience as a caregiver of a child with emotional, behavioral or mental health challenge
- Defined set of competencies and scope of activities, defined certification and recertification processes
- Required training on core competencies and assessment of competency (test or exam)
- Required ongoing professional development in core areas (specific #hours per year)
- Supervision (peer with access to clinical consultation) – many states require master’s level supervisor
- H.S. or GED – required for billing Medicaid

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Necessary Components: Best Practice Curriculum

- Sharing your story effectively
- System navigation, especially education system
- Confidentiality, ethics and boundaries
- Effective advocacy
- Facilitation and developing collaborative relationships
- Goal-setting and action plans, documentation
- Self-care


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Of critical importance...

- Assess readiness of individual for P/FPS work
- Supportive supervision – developmental approach, “champion” of P/FPS within and outside agency
- Organizational readiness – policy/procedures, job descriptions, programmatic processes, plan for sustainability and professional development




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Certification and Training



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Credentialed Arizona Training Curriculum

- Agencies must submit PPSP/FSP program curriculum, competency exam, and exam scoring methodology
- Approval of curriculum is binding for no more than three years after AHCCCS approval
- Agencies must re-submit training materials for re-approval every three years, or if there have been substantial changes to the curriculum prior to the three-year mark



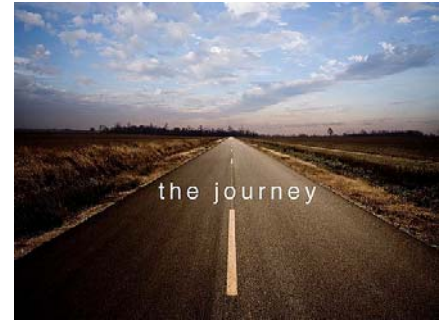
The Two Frameworks

1. Anchored in the parent's experience

- Based in the parent's experience rather than a service or system
- Connected to the parent's experience rather than the child's experience

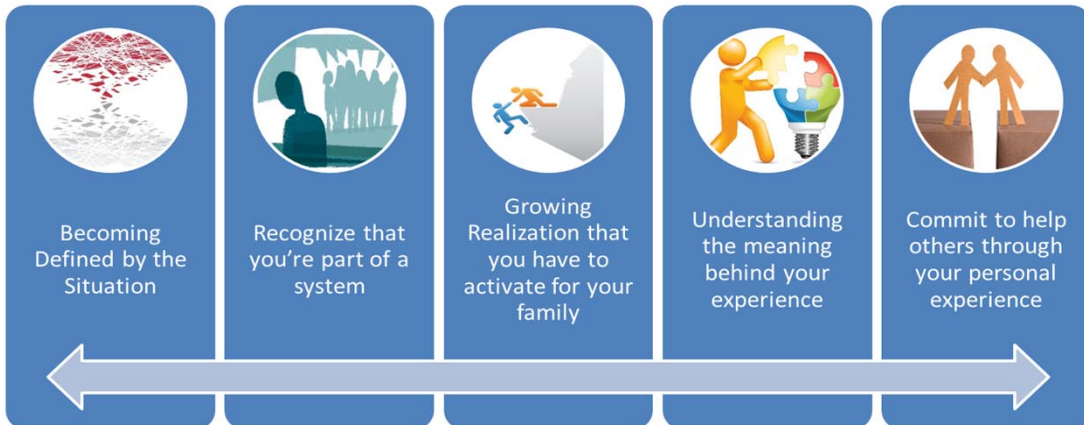
2. Connected around six meta-skills

- Higher order skills built on framework of peer parent support
- Allows for other localized tasks, functions or duties to occur as needed
- All six meta-skills should be present in all interactions



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The Journey to Peer Parent Support



Patricia Miles



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PEARLS Model of Support

- Peer based Relationships
- Encourage Parents to Grow in Their Own Direction
- Active acceptance
- Respect
- Link with Others in Collaboration & Problem Solving
- Suspend and Interrupt Bias and Blame



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PEARLS Coaching Process

The Coaching Process is designed for local coaches as a companion piece to the core training developed for Purposeful Peer Parent Support. The coaching process is designed for supervisors/coaches of PPSPs

Each local coach will be expected to demonstrate competency in the peer support practice model in the six core training competencies that are referred to as PEARLS

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PEARLS

Each local coach will be expected to demonstrate competence in **the PEARLS** practice model in the following **three** areas:

What?

How?

Why?

Knowledge - “What to do”
Skill - “How to do it”
Understanding - “Why you are doing it”

PEARLS Coaching Model

Knowledge	Skill	Understanding
<ul style="list-style-type: none"> • “Knowing What to Do” • Clear about the concept of authentic Peer Parent Support • Completion of basic tasks and expectations 	<ul style="list-style-type: none"> • “Knowing How to Do It” • Tasks & activities to do the job well • Repeat & practice until authentic PPSP becomes ingrained habit 	<ul style="list-style-type: none"> • “Knowing Why You’re Doing It” • High level of practice including integration of principles and ability to put into practice • Can vary based on individual situations but still stay on path of authentic peer support


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Certification and Training


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Certification and Training

NH Wraparound Family & Community
Peer Support Specialist Certification
Portfolio Tracker



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Family Peer Support Specialist Certification

Completion with in 6 months of hire:

- Shadowing (10 hours)
- 3 Days of Wraparound Training
- Completed a DHHS-approved Cultural and Linguistic Competency training
- Direct Family Peer Support (50 hours)
- Mentor/Supervisor Recommendations
- Completion of NAMI NH's Family Peer Support Practice Profile



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Family Peer Support Specialist Certification

NAMI NH's Family Peer Support Practice Profile

15 critical components:



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Family Peer Support Specialist Certification:

15 critical components

- | | |
|------------------------|---|
| 1. Engagement | 9. Strength Based |
| 2. Strategic Sharing | 10. Self Advocacy |
| 3. Trauma | 11. Supervision |
| 4. Self-care | 12. Cultural and Linguistic
Competence |
| 5. Collaboration | 13. System Navigation |
| 6. Problem Solving | 14. Natural Supports |
| 7. Conflict Resolution | 15. Ethics |
| 8. Crisis | |

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Sample training activity from the
FREDLA PPS Practice Model: Ethics






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What type of training and certification does your state or organization use?

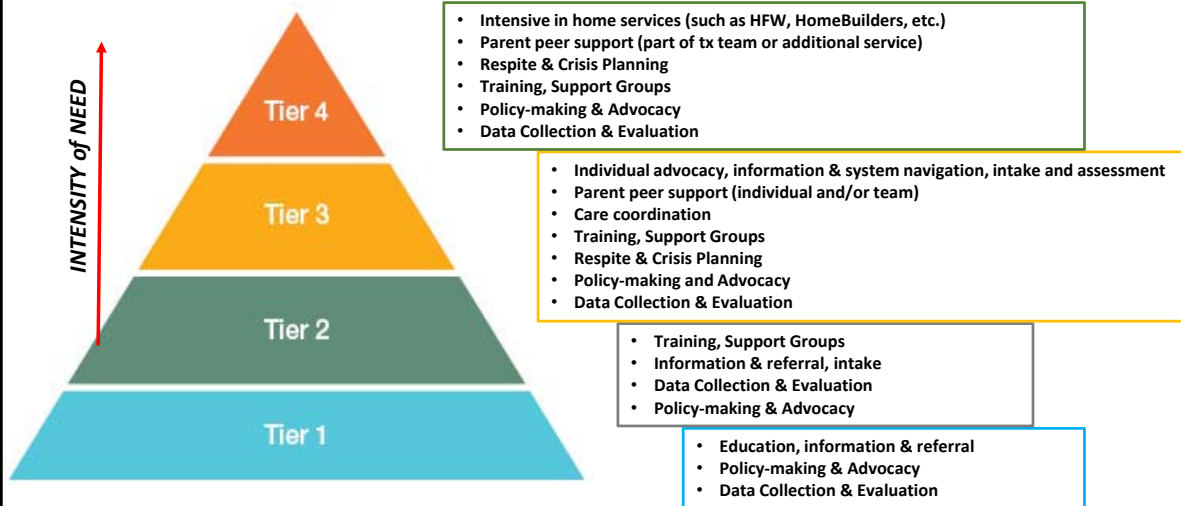


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P/FPS Provider Roles in Systems

Roles at all intensity levels of service, state examples

Roles for Parent Peer Support Providers Based on Intensity Level of Service Need/Use



Models of Infrastructure for Parent/Family Peer Support

	Infrastructure	Family Organization	Governmental Agency	Private Provider	Blended Model
Employment		Family organization employs PSP	Local/State government employs PSP	Provider employs PSP	PSP may be employed by governmental agency or organization
Training		Family organization provides training	Local/state agency provides training	Provider provides training	Family organization provides training in partnership with agency
Supervision		Family organization supervises PSP	Local/State agency supervises PSP	Provider supervises PSP	Co-supervision with family organization and provider
Location		Located within family organization or out posted to regional office or agency	Located within local/state government	Located within providers organization	Located in either or both family organization or provider or local/state agency
Certification		National or State Certification	National or State Certification	National or State Certification	National/State or Family Organization Certifies

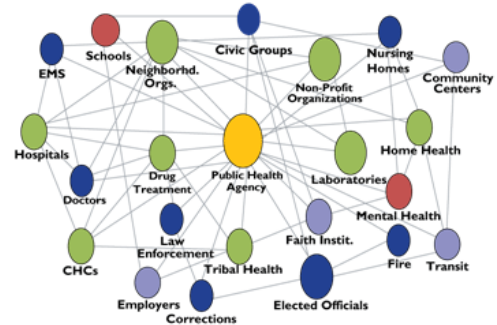


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P/FPSPs have roles in all systems

- Mental Health
- Education
- Child Welfare
- Juvenile Justice
- Integrated Care
- Residential Treatment Programs



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Parent/Family Peer
Support Roles

Where Does Peer Support Happen?

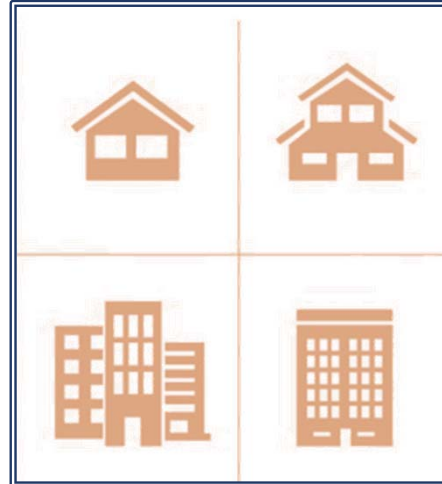
As part of ongoing services or systems:

- Mental Health Agencies
- Family Support Organizations
- Schools
- Child Welfare
- Juvenile Justice
- Division of Developmental Disabilities

In communities:

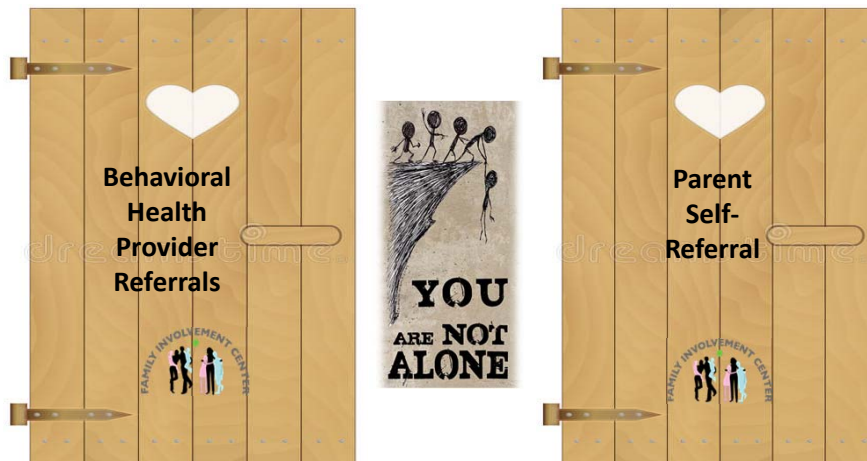
- Where families live, work and connect

Everywhere!

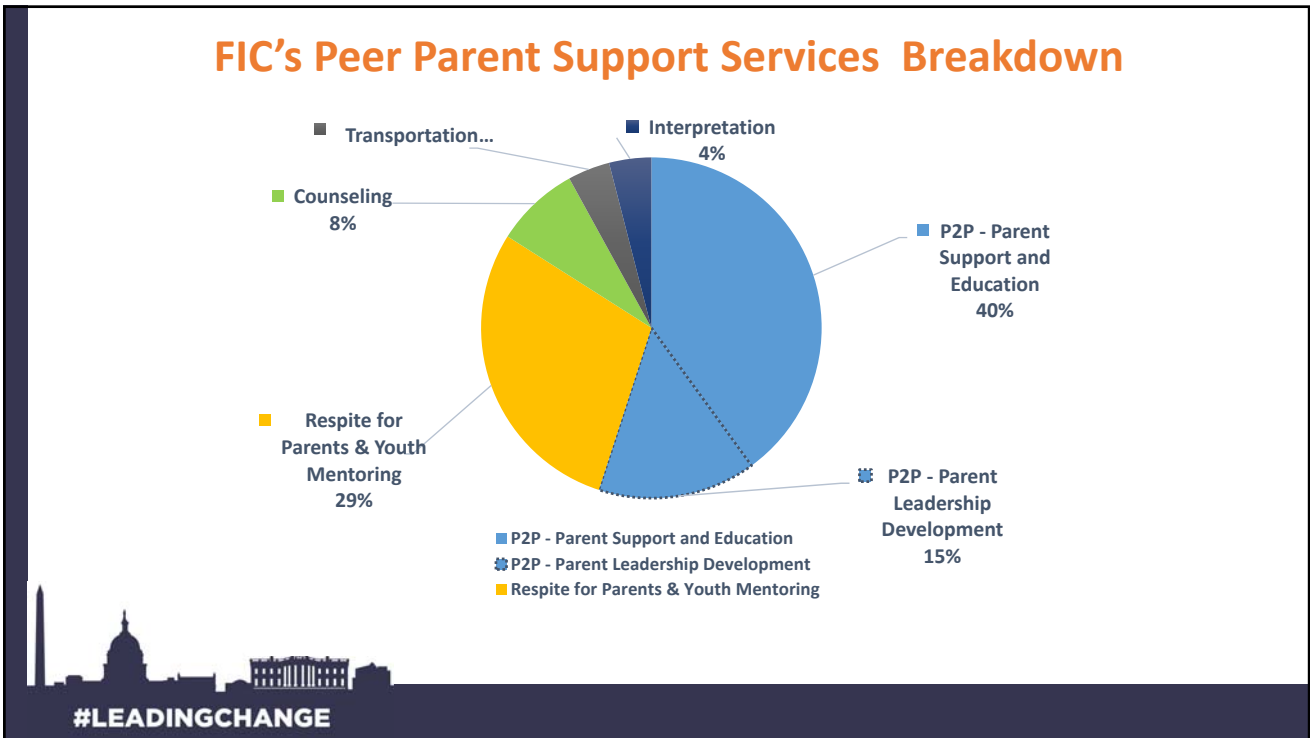
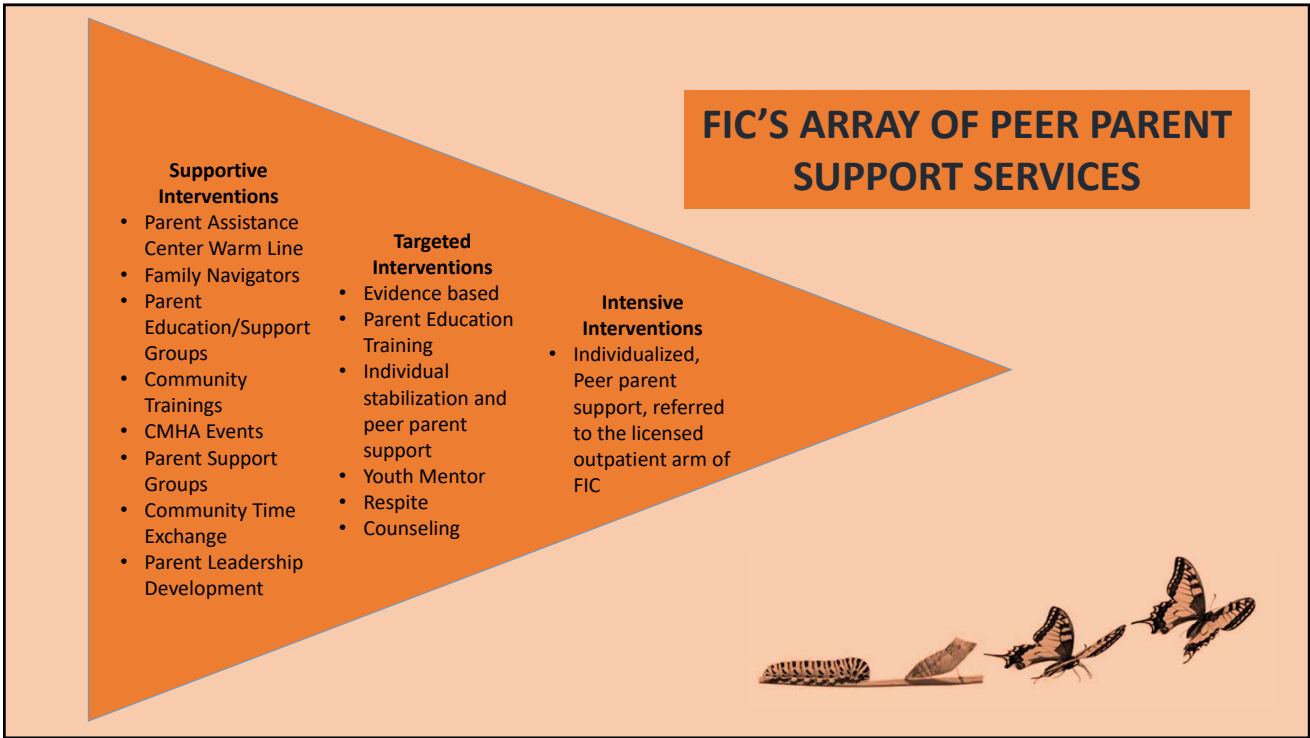


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No Wrong Door



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Parent/Family Peer
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Family support is accessed through Wraparound



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Wraparound is:

- Based on a clear set of values and principles
- Highly structured planning process
- Family and youth driven
- Capitalizes on family strengths, culture, and values
- Solution focused
- Dynamic teams and supports (public, private, and natural)
- Includes family/youth peer support
- Led by a **trained** facilitator

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Wraparound is not:

- A **specific set** of services offered
- A **typical** team meeting
- Any meeting held without family or youth
- An immediate or **quick** solution
- A **crisis** intervention or response

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How Wraparound Works

SHORT TERM OUTCOMES

- Identification of underlying needs
- Improved engagement in shared work
- Improved service coordination
- Services and supports are based on strengths

INTERMEDIATE OUTCOMES


- More Effective Services
- Greater satisfaction with services
- Improved family, youth and team member self-efficacy
- Increased capacity for coping and problem-solving
- Team goals are being achieved

LONG-TERM OUTCOMES

- Improved emotional and behavioral functioning (youth and caregiver)
- Improved functioning in home, school, and community
- Achievement of Team mission
- Improved resiliency and quality of life

- High-quality facilitation that is individualized and:
- Family- and youth-driven
- Culturally and linguistically competent
- Community-based
- Strengths-based
- Focused on outcomes
- Family and youth peer support

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Family Peer Support

- Engagement, listening, empathy and communication
- Strategic sharing
- Self-care
- Collaboration with diverse partners
- Conflict resolution
- Strength- and resiliency-based
- Family voice and self-advocacy
- Cultural and linguistic competence
- System navigation and knowledge of resources (natural, community, & professional)

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Wraparound Facilitator

- Works with families to establish wraparound teams, hold initial meetings with families, facilitates wraparound meetings and performs care coordination, facilitates referrals to other supports and services, develop crisis plans, facilitates the development of the family's vision and plan of care, collaborates with Family and Youth Peer Support Providers, collects data and completes required documentation.

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Other Parent/Family Roles In The System

- NAMI NH Trainings
 - Parents Meeting the Challenge (PMC)
 - Connect
 - In Your Own Voice
- Information and Resource Line
- NAMI NH Affiliates
- Family Networking Grant

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Roles In The System

- NH Legislation
- 400 state representatives, from 204 districts



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What systems employ
P/FPS Providers
in your state or
community?
Successes? Challenges?

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10 minute
break




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P/FPS works!
Assessment and
Outcomes




Commonly used assessment tools, national
and state outcomes



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Commonly used assessment tools for P/FPS

- **Pre- and Post- surveys of programs and training**
 Usually involves a Likert Scale of some type
- **Focus groups**
- **CANS (Child and Adolescent Strengths and Needs)**
 Used in identifying areas of strength and need to inform service planning
- **FANS (Family Assessment of Needs and Strengths)**
 A subset of items from the CANS that focus on strengths/needs of the family rather than the individual




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Common tools...

- **Family Empowerment Scale**
 A scale measuring the level of empowerment of a caregiver in addressing the needs of his/her family
- **Caregiver Strain Questionnaire**
 A brief questionnaire that assesses the level of stress experienced by a parent or caregiver of a child/youth with emotional, behavioral or mental health challenges
- **CAFAS (Child and Adolescent Functional Assessment Scale)**
 A scale assessing the level of functioning of an individual child

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Common tools...

- **Protective Factors Survey**
 A self-administered pre/post survey that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development
- **Others:** Family Journey Assessment, Targeted Parent Assistance Tool, Ages and Stages, Youth Services Survey for Youth, some data points in SOC evaluation


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Key outcomes of P/FPS for families

- Providing parents and children with a better understanding of the challenges and resources associated with children's mental health concerns (Robbins et al., 2008)
- Increasing the child's early engagement with appropriate health resources (Koroloff, Friesen, Reilly & Rinkin, 1996)
- Reducing the rate of missed appointment and premature terminations from treatment (Davis-Groves, Byers, Johnson, McDonald, 2011)
- Providing 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)
- Reducing lengths of stay in foster care for out of home placements (Marcenko, Brown, DeVoy, & Conway, 2010) (Romanelli et al., 2009)
- Improving parents' likelihood to be successfully reunified with their children (Anthony, Berrick, Cohen, & Wilder 2009)
- Supporting children staying in school rather than dropping out (Kutash et al., 2010)




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Key outcomes of P/FPS for systems

- More effective use of resources
- Earlier access to services and improved quality of care
- Increased satisfaction of staff
- Improved data collection (amount and quality) in program evaluation
- Increased community awareness of children’s mental health
- Reduced stigma around mental illness


(Evidence in Sight, January 2016. Ontario Centre of Excellence for Child and Youth Mental Health)



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Assessment and Outcomes

FIC's Planning and Assessment Tools

PPSP Planning Tool

Aligned with

- Strengthening Families Evidence-Informed Five Protective Factors
- PEARLS Model of Support
- FIC PPSP Tools

Clinical Assessments

- Youth Behavioral Health Assessment
- Adult Behavioral Health Assessment



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ADDITIONAL PPSP TOOLS

1. Resilience Questionnaire
2. Life Balance Wheel
3. Connections Map
4. Needs Met Rating Tool
5. Family Culture and the Parent Journey



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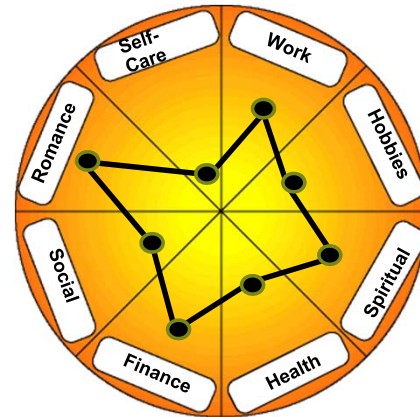
Here is a tool you can use to assess the level of your satisfaction with all of the aspects of your life.

Place each aspect of your life in the space in each segment. Some suggestions follow. Modify these to represent those that are meaningful to you.

- Self-Care
- Work/Career
- Romance
- Friends/Social Life
- Financial
- Health & Wellness/Body Image
- Spiritual
- Hobbies, Recreation

Now rate your satisfaction with each aspect, using a scale from zero to ten, with ten being very satisfied and zero being completely unsatisfied. Place a mark indicating your choice in each segment of the circle, with zero at the center and ten at the rim. Connect all of the marks around the circle to see how balanced your wheel is.

Life Balance Wheel



OUTCOMES

No Wrong Door

- Assisted 22 families in enrolling in AHCCCS in since 7/1/2018
- Since the inception of *No Wrong Door*, enrolled 413 families into services and 127 were enrolled using the NWD process (30% of families)
- Number of Parent Allies over last twelve months – 12
- Completed 135 parent planning tools with families 135 in the last 8 months



OUTCOMES

Juvenile Justice Project

- Provided training to 149 professionals within the Maricopa County Juvenile Justice System
- Provided parent peer support and education to 102 parents
- PPSP and Community parent leaders attend 40 multi-disciplinary leadership planning meetings with Juvenile Justice Department staff annually
- PPSP staff and leadership positions reflect the diverse population of families and youth served in Arizona.



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Outcomes: PPSP Support in RTC

Parent learned new skills in identifying strategies and supports necessary to keep her child at home and was more confident in having her child return home. Parent quickly transitioned her child home from RTC with support from PPSP.

Parent Partner supported parent to set limits and healthy boundaries with her child. Parent Partner assisted parent with child's transition home from RTC. Parent learned skills in setting personal boundaries and focusing on self-care strategies.

Parent was able to explore new relationship with her daughter despite not being able to have her come home. Grandparents were supported by PPSP and gained the confidence to be able to take ----- home after discharge.

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What Parents Are Saying as a Result of Peer Parent Support

- “I have learned how to navigate through the behavioral health system.”
- “Our Parent Partner’s support was invaluable to us. She exceeded our expectations in every way. Her knowledge, experience and professionalism provided us with the confidence to undertake specific challenges regarding the IEP process.”
- “She has given me so much. She has made a tremendous difference in so many aspects of my life. I feel so supported that I don’t have this voice of desperation that comes out of my body when I am dealing with difficult circumstances. I just deal with the facts. There is no high-drama because I know I can talk to her about anything.”



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What Professionals Are Saying

Humboldt County Children & Family Services greatly appreciates our work with The Family Involvement Center. This partnership has given our Peer Parent Support Partners a foundational “blueprint” to support families in achieving their goals for wellness and attaining more positive outcomes. Family Involvement Center has brought immense knowledge of this growing field of work to our trainings and consultation, as well as flexibility in helping us to create a Model of Support that meets both National Standards and local department and cultural needs.

Jeremy Nilsen, MFT, Deputy Branch Director, Children & Family Services, Humboldt County Dept. of Health & Human Services

“The court is seeing a difference in parents once they start working with their FSP, including gaining an understanding of Child Serving Systems and a change in attitudes.”

CASA Program Manager



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Assessment and Outcomes

Assessment

Tracking:

- Time
- Satisfaction
- Institutional costs
- Classroom time
- Peer Support Growth through practice profile
- Assessment Tools



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Outcomes in NH

- Time
- Institutional costs diverted to community based supports
- Increased classroom time
- Peer Support Growth through practice profile
- Parent and Youth Satisfaction



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Outcomes in NH



- Increased youth and parent leadership
- Parents are becoming Parent Peer Support Specialist



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How are you assessing outcomes of P/FPS services? What are your outcomes?

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Funding P/FPS Services



National trends and funding sources, state examples




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National trends and sources for funding

- Federal, state and local funds
- Grants and foundation monies
- Block grant funding
- Contracts with child-serving systems and organizations
- County millage dollars
- Medicaid: 1905(a), 1915(b), 1915 (c), and 1115 Authorities; 1915(i) State Plan Amendment; Section 2703 Health Homes; Balancing Incentive Program, Money Follows the Person Rebalancing Demonstration (MFP)




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Did you know...

There are sources of funding that can be used for all types of parent/family peer support services in nearly *EVERY* child-serving system?






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**Funding Parent/Family
Peer Support**

FIC's Current Funding Streams

- Medicaid Covered Services
 - Three Regional Behavioral Health Authorities (RBHAs)
 - Health Plans (All are new) Integrated Health infrastructure as of 10/2018
- SAMHSA Statewide Family Network Grant
- Hospitals/Emergency Room
- System of Care Contract with RBHA
- Direct Contracts with Local and National Provider Organizations
- Office of Juvenile Justice & Delinquency Prevention (OJJDP) -- Federal Grant in partnership with Governor's Office of Youth, Faith & Families



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Arizona Peer Parent Support Billing Codes

CODE	DESCRIPTION
S5110	Home Care Training, Family; (Family Support)
S5110 HQ	Home Care Training, Family; (Family Support) - Group
S5110 GT with Place of Service 02 Home Care Training, Family;	(Family Support) – Telemedicine
S5110 with Place of Service 02	Home Care Training, Family; (Family Support) - Telephonic
S5110 CG- Home Care Training, Family	(Family Support) – Credentialed through State Approved Training
S5110 CG GT with Place of Service 02	(Family Support) – Credentialed through State Approved Training – Telemedicine
S5110 CG with Place of Service 02	Home Care Training, Family; (Family Support) Credentialed through State Approved Training – Telephonic
S5110 CG HQ-Home Care Training, Family	Credentialed through State Approved Training – Group



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Completion of Parent Planning Tool

Sample Progress Note

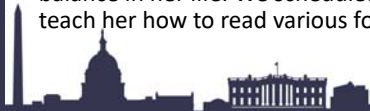
*I met with parent, Sally for the Intake and initial meeting. I **actively listened** to Sally's story and then **strategically shared** parts of my story as a parent of a child with a mental health diagnosis. As Sally and I completed the Parent Planning Tool together, Sally expressed feeling overwhelmed and unsure of herself as a parent. I **related** to a time in my journey as a parent when I felt the same way. I also reflected with Sally the numerical scores and the narrative response that she wrote in Factor A – Resilience, such as her attending weekly exercise class, attending her prayer group, and always doing her best to cook healthy meals. Sally stated she never thought of herself as resilient, and she seemed **empowered** by this discussion. As Sally completed the narrative section regarding her family's traditions, values and beliefs, she shared with me her wish that her daughter, Brittney not take traditional medications, as it is against Sally's and her husband's spiritual beliefs. I **listened and encouraged** Sally to share her thoughts and feelings with others she comes in contact with in team settings and in other child-serving systems. I **shared** with Sally, that while medication worked well for my daughter's symptoms, I **recognize** and respect all parents' individual feelings about medications. I **encouraged** Sally to begin to think about how she might have these discussions with other service providers, and Sally asked if I would help her draft some thoughts before the next CFT. I agreed to meet with Sally Friday, Jan 14th at noon to work on the draft.*



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Documentation of Life Balance Wheel

I met with Brittany’s Mother, Abby, to complete the Life Balance Wheel. As Abby looked at the tool, she stated, “Well, I have zero time for self-care and zero time for health and wellness.” Abby went on to describe how overwhelmed she feels, and that she would fill out the tool, but that “Nothing is going to change.” I provided support by **actively listening**, and **validating** Abby’s statements of feeling overwhelmed. I **validated** her feelings and **strategically shared** a time that as a parent, I too often felt overwhelmed and that it was difficult for me to make room in my life for anything other than my son’s needs. PPSP respectfully asked Abby if she wanted to work through the tool together and she said yes. Abby began to draw out the points on the balance wheel for the designated areas of her life. I **explained** to Abby that she needed to rate each life domain from zero to ten and mark the colored lines with a dot with the center of the circle being zero. Once Abby completed this, I **encouraged** her to connect all of the dots. Abby recognized that the two areas she initially talked about were between a three and a four. I shared with Abby a time when a doctor told me that if I did not begin to take time for myself, I would not be able to take care of my children. I **explained** how I began to make small changes that began to make a difference in how I responded to daily challenges. Abby recognized that she needs to make some changes. I asked Abby what she would like to work on first and she shared eating a healthier diet and going to sleep earlier so she was fully rested to attend to Brittany’s needs. I **reinforced** Abby’s decision in the food changes she wanted to make and we **created** a shopping list together. I suggested that I would be willing to go with her to the grocery store and **explain** how to read food labels. I provided **support** by **teaching** Abby the importance of balance and self-care, and provided **information** and tools for educational purposes that will help her to achieve more balance in her life. We scheduled an appointment for Thursday morning at 10:00 am where I will support Abby and teach her how to read various food labels at the grocery store.



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**Funding Parent/Family
 Peer Support**

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Funding

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1915i
DCYF
Cheshire




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How are P/FPS services funded in your state or organization?


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What's next?

Summary, *Your* next steps







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Parent/Family Peer Support is valuable in EVERY system

- There are roles for P/FPSPs at all intensity levels and across all systems
- There are funding strategies and potential sources in every system




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What is *your* next step?

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AND IMPLEMENTATION

Contact Info

Brian Huckins
Director Of Children and Youth Programs
NAMI NH
bhuckins@naminh.org



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Contact Info

Toni Donnelly
Director of Training and Innovation
Toni@familyinvolvementcenter.org

Denise Baker, MSC
Associate Training Director
Denise@familyinvolvementcenter.org



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Contact Info

Millie Sweeney

Deputy Director

The Family-Run Executive Director Leadership Association
(FREDLA)

msweeney@fredla.org

www.fredla.org

The logo for Fredla, featuring the word "fredla" in a blue, lowercase, sans-serif font. A yellow brushstroke underline is positioned beneath the letters "redla".

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