

Parent and Family Peers: How they can help build family and child resiliency



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Learning Objectives

- Learn how FSP compares to the peer support movement
- Give a review of what the FSP role is and how it is relevant to the work done in CSA
- Family Story
- Update on FSP role outside of ICC service



It's a National Movement!

Peer Support

- Earliest accounts date back to the 18th century
 - UK and America
- 1935 – Alcoholics Anonymous (AA)
 - Akron, OH ~ Bill W. & Dr. Bob
- 1950s – Clubhouse movement
 - Ex-patients from mental health institutions formed groups to provide support to their peers returning to the community
- 1960s – Consumers have rights, too
 - Formerly considered clinical issues = basic self-determination
- 1970s – Deinstitutionalization of psychiatric care
- 1990s – Consumers organized for empowerment under the motto “Nothing About Us Without Us” (Chamberlin, 1997)



What is Peer Support?

- “Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are ‘like’ them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to ‘be’ with each other without the constraints of traditional (expert/patient) relationships.”
(Mead, 2001) <http://virginiapeerspecialists.org/>



What about Virginia????

- December 2013 – DBHDS - Creating Opportunities Peer Workforce Development advisory group
 - Review of national and international training programs
- January 2015 – DBHDS – The Office of Recovery Services
 - Incorporate the perspective of individuals with lived experience in policy development and strategic planning
 - Implementation of the VA Peer Recovery Specialist Certification process
- Early 2016 – Key stakeholders participated in reviewing and providing feedback to create a basic Mental Health Substance Abuse Peer Recovery Specialist Training manual that is unique to VA
- January 2017 – Train-the-trainer begins to certify PRS curriculum trainers across the state

<http://www.dbhds.virginia.gov/individuals-and-families/recovery-for-individuals>



What about Virginia????

Beginning July 1, 2017, Medicaid will fund Certified Peer Recovery Specialist services



<http://www.trilliumdropincenter.org/prstrainers.php>



It's a National Movement!

Parent Peer Support

- 1992 - Systems of Care Grants begin – Family involvement is a requirement and eventually introduces the role of parent peer support and youth peer support
- 2003 – President's New Freedom Commission – Defines the term “Family Driven Care”
- 2003 – National Youth Development Board is formed, which sets into motion the development of Youth MOVE
- 2011 – Certification Commission Formed for Parent Peer Support Providers
- 2013 – SAMHSA/CMS Joint Bulletin – Opens the door for Medicaid billing for parent peer support



What is an FSP?

- A parent/caregiver with lived experience of navigating the behavioral health system with their own child who is now ready to give back to other parents attempting to do the same.

-Cristy Corbin



What about Virginia????

- Many efforts have been made over several decades that have allowed us to get where we are today
 - The Child and Adolescent Service System Program (CASSP)
- The Comprehensive Services Act (now known as The Children's Services Act) was introduced in the 1990s
- In 2011, NAMIVA was awarded a grant through DBHDS to develop a statewide family network
 - The Virginia Family Network (VFN) was born and later Youth MOVE Virginia



What about Virginia????

The Virginia Family Network

- Purpose: to develop a statewide network of families who support, educate and empower other families with children and youth with mental health needs while also promoting family-driven and youth-guided policy throughout the child serving systems.

<https://namivirginia.org/programs/for-parents-of-children-and-youth-virginia-family-network/#more->





Family Driven

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.

Family Engagement

The community has an active effort underway at some level to engage families in parts of the system of care. Overall impact that families have on the system, plans, and implementation is not yet significant.

Family Involvement

Families are included or participate in some parts of the system; although only in positions considered to be traditional or “safe”. Family involvement at this level is not in significant places, positions, or numbers.

Family Involvement Community of
Practice, TA Partnership 2011



What about Virginia????

The Children's Mental Health Resource Center

- Opened in 2011
 - Program of Virginia Treatment Center for Children
 - Collaboration of 14 stakeholders in the Greater Richmond area
- Utilizes Family Navigators to educate families, assist them with connecting to resources, information and services in the community, and providing a form of peer support

<http://mentalhealth4kids.org/about-us/>



The BIG Picture

Virginia Family Network

Children's Mental
Health Resource Center

Family Support
Partners





Cristy and McKenzie:

**A Family's
Perspective**



How do FSP's fit into the Peer Support Movement?

- Magellan employs regional Family Support Coordinators
 - Part of the IACCT
- Inclusion in curriculum development for peer support services
- Certified trainers of the VA PRS curriculum
 - At UMFS, FSP team will be trained and certified as a PRS
- Co-panelists for peer support workshops



Comparing the Movements: Let's Talk about Language

Family/Youth

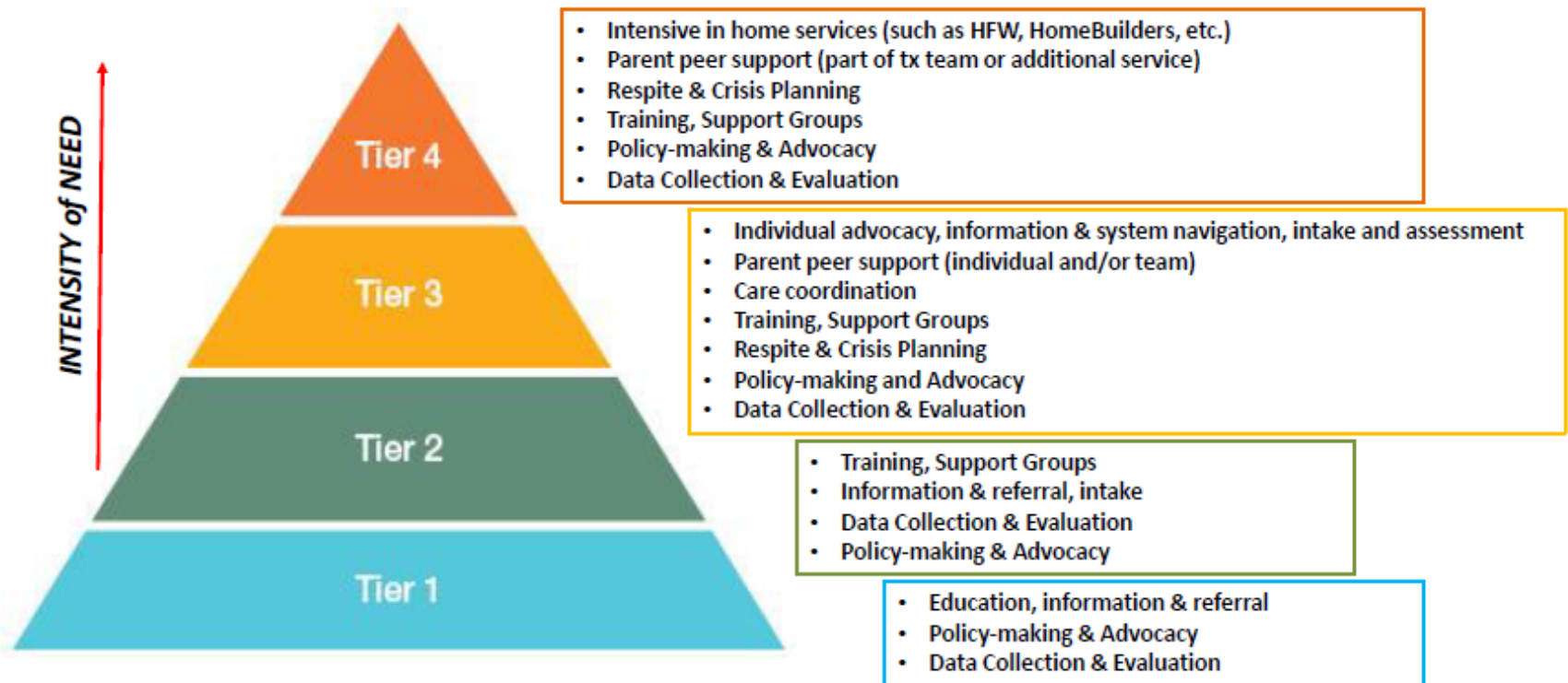
- Family driven and youth guided care
- Family Run Organization / Youth Run Organization
- Mental, emotional and/or behavioral health needs
- People-first language
- Resiliency

Adult

- Person centered care
- Peer Run Organization
- Mental Illness
- Substance Abuse
- People-first language
- Recovery

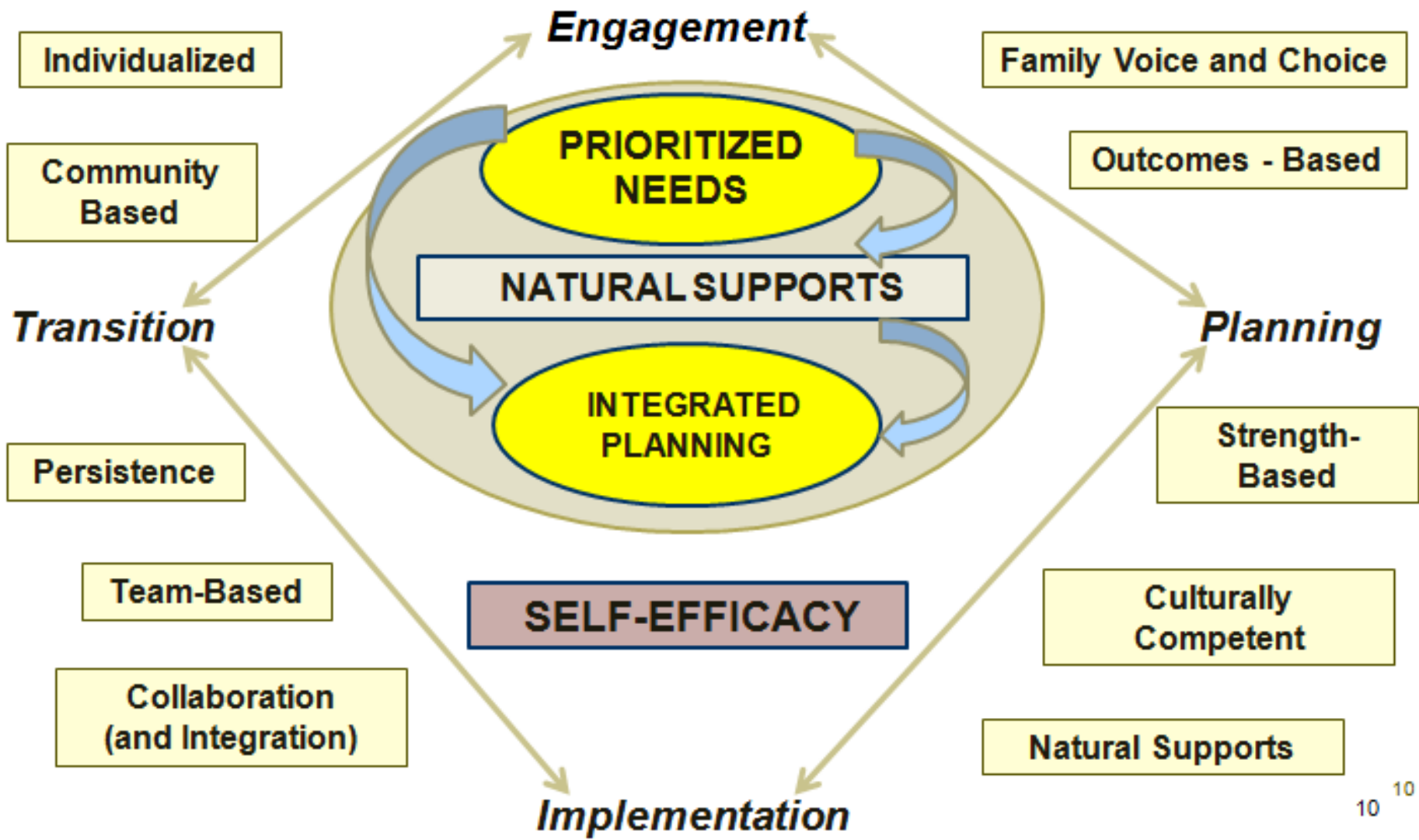


Roles for Parent Peer Support Providers Based on Intensity Level of Service Need/Use



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Outcomes

- 20% increase in self-efficacy scores between intake and discharge
- 90% satisfaction rate in the PSP program
- Regional learning of the HFW model
- Increase in collaborative efforts between regional CPMT's and FAPT's
- Increase in overall functioning for youth



Parenting Sense of Competence Scale

The Parenting Sense of Competence Scale(PSOC) consists of three subscales: Self-Efficacy, Satisfaction, and Interest.

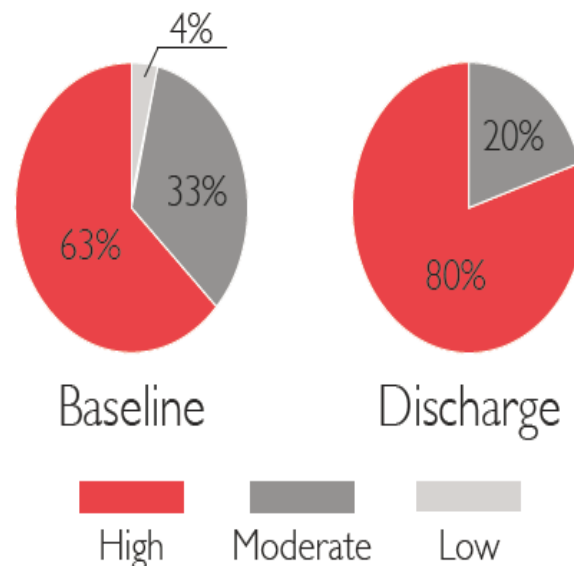
Average PSOC Results

	Overall	Self-Efficacy	Satisfaction	Interest
Baseline	56.7	26.0	21.5	9.3
Discharge	62.5	29.6	23.1	9.8

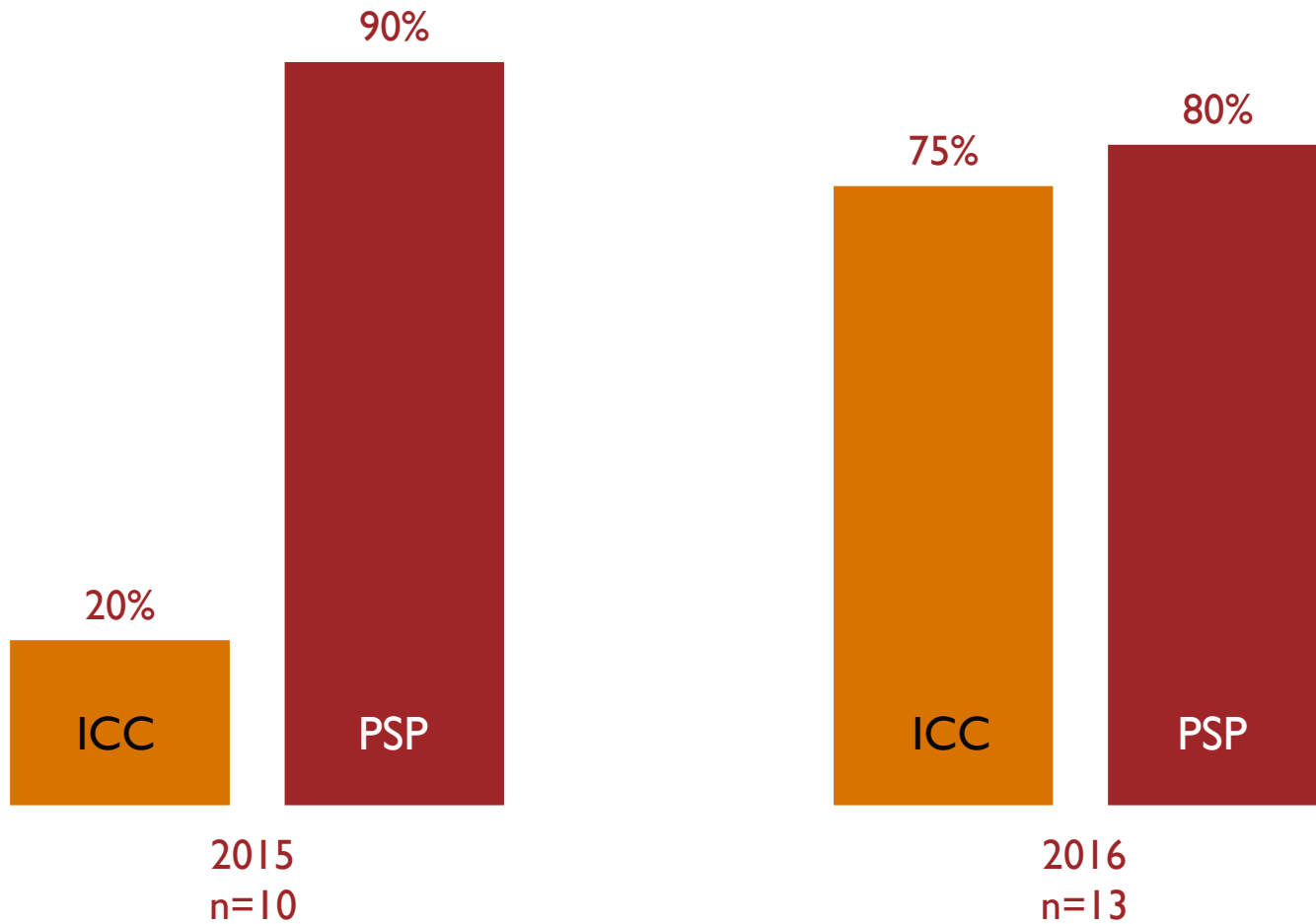
Overall scores on the Parenting Sense of Competence Scale increased by an average of 5.76 points from baseline to discharge collection.

At the time of transition from ICC, all parents who completed the PSOC reported feeling Moderate to High levels of parental self-efficacy

Parental Self-Efficacy Subscale



Satisfaction Survey Results



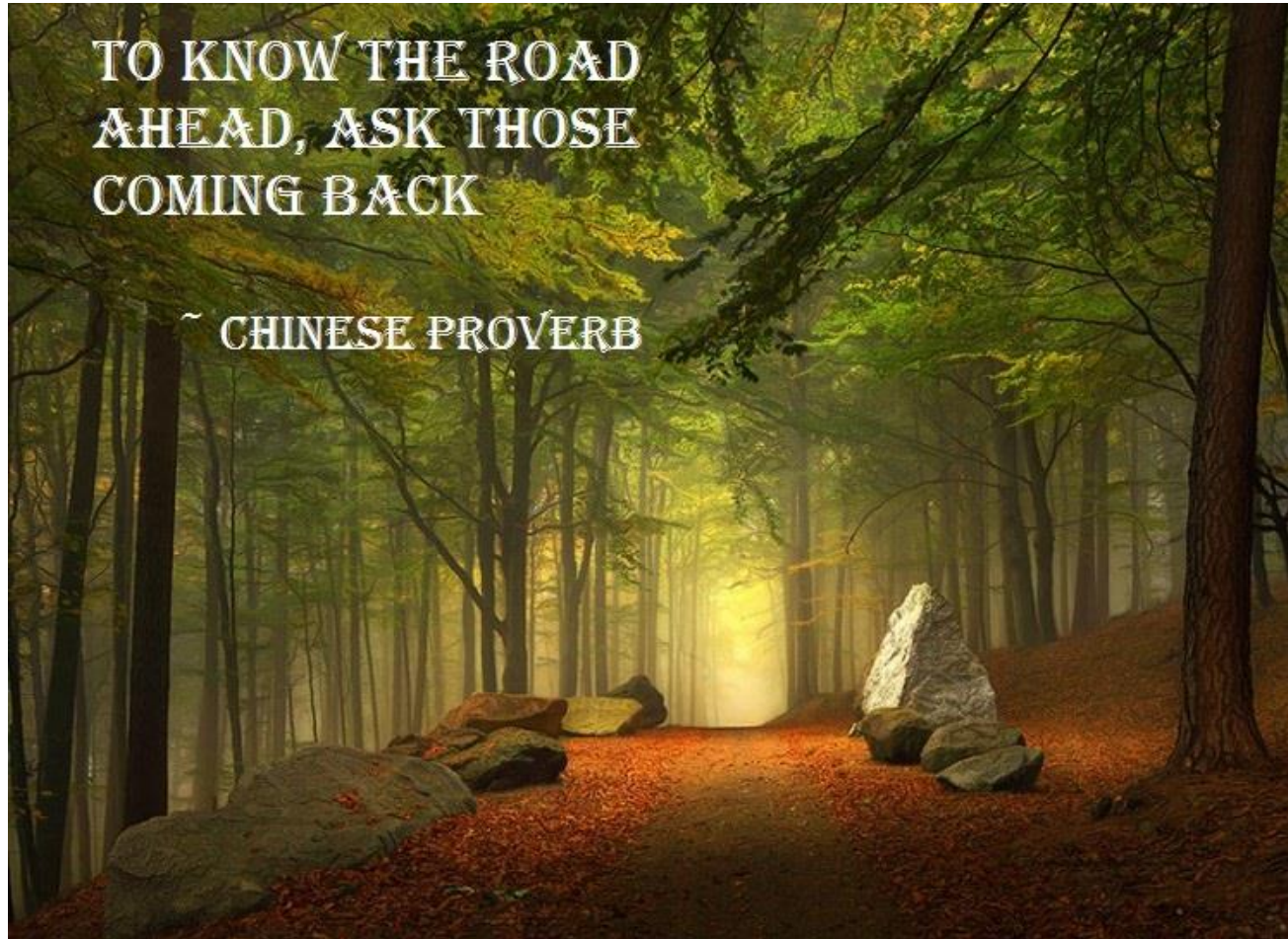
Current SOC grant in Central Region

- Expansion grant from SAMHSA through DBHDS
 - Four years, Sep. 2016-Sep. 2020
 - CSA eligible youth
- Six localities: Chesterfield, Colonial Heights, Goochland, Hanover, Henrico and Richmond
 - FSP services are free when utilized without ICC services
- UMFS FSPs are being certified in the CANS
 - Grant required data collection
 - Conducted with the family
 - FSP service provision guide
- Hiring 2 PRN positions at UMFS in Richmond

<https://www.umfs.org/job-openings/>



Any Questions?



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