FAMILY PEER SUPPORT TOOLKIT

BY MONTANA'S PEER NETWORK

DEVELOPED BY
MT FAMILY PEER SUPPORT TASKFORCE

Contact Information:

406-451-3087

beth@mtpeernetwork.org

mtpeernetwork.org

Table of Contents

Introduction

This guide was designed by Montana's Peer Network and the Family Peer Support Task Force to be a framework for developing Family Peer Support services in Montana. It is intended for those responsible for developing, supervising, managing, operating, or overseeing Family Peer Support Services or programs. We have made every effort to ensure the information is accurate and complete. At this time (April 2024) there is no certification process for Family Peer Supporters in Montana. The information in this guide should be used to ensure best practices are followed in organizations without state oversight or funding.

If you need additional consultation, consider contacting us. Consulting and technical assistance is available from Montana's Peer Network for a very nominal fee. Some organizations may qualify for no-cost consultation. We have 12+ years of experience planning, implementing and operationalizing Behavioral Health Peer Support services in a variety of settings. The lessons learned from Behavioral Health Peer Support are applicable to Family Peer Support work. MPN has provided some Behavioral Health Peer Support services and Family Peer Support Services in demonstration projects. We do not maintain long term service programs as we believe those services are more effective when communities and providers support those services. QR Codes are provided to make it easier for you to locate the resources used in creating this document. Scan the code with your smartphone or webcam to access the resource.

What is Family Peer Support?

Family Peer Support is when a parent or caregiver with lived experience raising a child with behavioral health challenges or special healthcare needs provides support to another parent or caregiver currently raising a child with similar needs. The Family Peer Supporter works directly with the parent or caregiver, not the child, providing emotional support, resources, and connection to community. Much evidence backs peer support as critical and advantageous, with benefits to both caregivers and families, in all realms of health including but not limited to physical and emotional well-being. Successful family peer support programs offer parents and caregivers a network for building strong and mutually supportive relationships with formal systems in their communities. Family Peer Support services are primarily provided by people who have gained practical experience in navigating youth behavioral health and health care systems as a parent or caregiver.

Family Peer Supporters provide peer to peer support for families, reducing feelings of isolation and guilt and increasing protection against chronic stress that can accompany raising a child with behavioral health challenges or special healthcare needs. They provide support during early intervention, diagnosis, and treatment reducing the risk of substance use and improving health outcomes for parents and caregivers. Family Peer Supporters work in urban, rural, frontier, and tribal communities. They assist parents and caregivers in accessing uninterrupted care during transitions, cover gaps in services, and give access to after-hours support reducing the use of crisis services. SAMHSA included Family Peer Support in their recently published National Model Standards for Peer Support Certification which can be found by scanning or clicking on the QR Code.

SAMHSA Model Standards for Peer Support

What does a Family Peer Supporter do?

- Engages in empathetic listening and promotes positive feelings towards utilizing service.

- Provides flexible, community-based peer support services designed to promote wellness, empowerment, and resiliency.
- Provides insight and hope.
- Validates and normalizes feelings of fear and confusion through a shared lived experience.
- Connects families with community resources and follows up to provide continued support.
- Helps parents develop natural supports and positive approaches for addressing their family's day to day needs.
- Encourages parents to adopt and prioritize self-care strategies for themselves.

Family Peer Supporters are not:

- Friends to those they choose to serve
- Therapists, Social Workers, Doctors, or other providers
- Case Managers, Rehabilitation Aides, or Care Coordinators
- Qualified or allowed to offer advice on diagnosis, treatment, or medications

Types of Support

Emotional Support- provides empathetic connection from people who have "been there."

Informational Support- includes providing connections to resources, making referrals, and giving information about the children's health system.

Educational Support- focuses on helping you understand your child's needs, increasing your knowledge and skills, and guiding you in accessing your natural supports.

Concrete Support- includes things such as helping arrange childcare and transportation, finding support groups, and assistance in developing care plans.

MT currently has many organizations and individuals providing Family Peer Support. However, we often work separately and aren't connected to each other. MT also does not have certification or required training for Family Peer Supporters. In addition, our work is not billable by Medicaid or private health insurance.

Characteristics of Family Peer Support

- Focuses on the parent/caregiver while other care team members focus on the child.
- Critical service that can be provided within any child-serving system, including:
  - Community Health Centers
  - Mental Health Centers
  - Behavioral Health Centers
  - Pediatric Clinics and Hospitals
  - Primary Care Providers
  - Emergency Healthcare Departments
  - Tribal Health Centers
  - Private Practice
  - Occupational, Physical, Speech, and other Therapy Centers
  - Foster Care Programs
  - Schools
  - Residential Treatment Programs
  - State and Local Government Entities
- Grounded in lived experience.

- Builds effective engagement and can facilitate more positive outcomes for families.
- Communicates active acceptance.
- Based on strategic self-disclosure.
- Partnered with rather than delivered to parents/caregivers.
- Encourages and supports parents/caregivers to achieve their own identified outcomes.
- Suspends bias and blame.
- Holds a relational stance of mutuality and respect in all interactions with parents/caregivers.
- Specialized training.
- Links with others in collaborative problem solving.

Value of Family Peer Support

Value To the Family

- Connection to others with similar experiences
- Gain skills/knowledge
- Promote natural supports and resiliency
- Non-judgmental emotional support
- Community resources
- Positive family engagement
- Needs met
- Improved mental health and well-being
- Reduction in stress and increased self-efficacy
- Hope

Value To the Child

- Advocacy
- Uninterrupted care during transitions
- Support in recovery
- Healthier family relationships
- Increased school completion
- Job and education assistance
- Reduction in symptoms
- Better outcomes

Value To the Providers

- Engaged family working with the care team
- Less use of acute care
- Lower costs
- Better patient outcomes
- Early diagnosis and treatment
- Fewer missed appointments
- Increased quality of care
- Increased family satisfaction with services

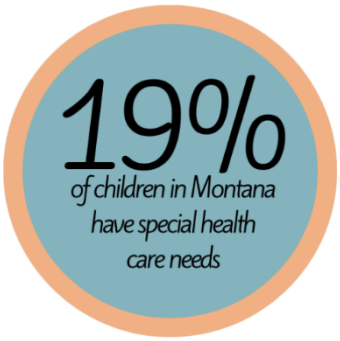
Value To the System

- People with lived experience within the system
- Advocacy within the system
- Growing behavioral health/CYSHCN workforce
- Alleviation to current workforce shortages
- Increased fidelity for peer support
- Reduced lengths of stay for out of home placements
- Improved access to care
- Fewer uninsured children
- Less reliance on formal systems

Financial Return on Investment

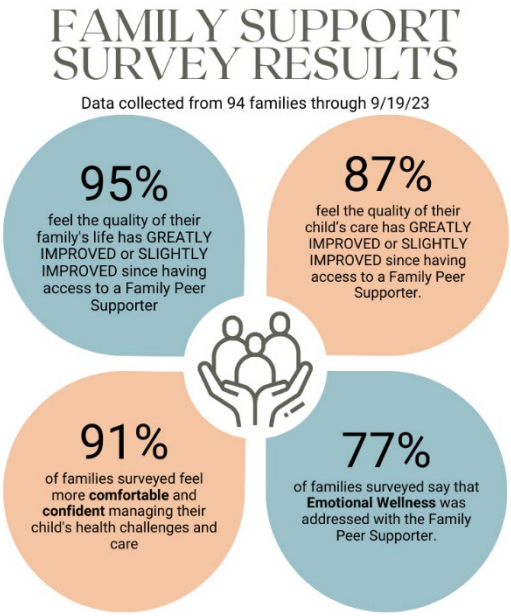
- Family Peer Supporters are inexpensive costing $53/child/month, a savings of $6045.22/insured child
- Six Million U.S. children are uninsured and 2/3 - 3/4 of them are Medicaid/CHIP eligible
- "Conditionally assuming that [Family Peer Supporters] could also potentially be effective for uninsured children of all races/ethnicities, similar calculations suggest that national implementation of [Family Peer Support] interventions to insure all Medicaid/CHIP-eligible uninsured children might possibly save $21.2to $24.7 billion."

AAP Parent Mentors



Montana Needs Assessment

31% of parents experience clinical depression



Family Testimonials

"[The Family Peer Supporter] has been so wonderful and I am so grateful to have her."
-CYSHCN Parent

"Having support through this [Family Peer Support] program helps me more than I can express. I'm in a rural area, single mom, I commute 2 hours daily, no local support groups nor time to attend. Family Peer Network is life changing and deeply appreciated."
-CYSHCN Parent

Why We Need Family Peer Specialists (from ffcmh.org)

Peer Support

- FPS have the unique ability to connect with family members to:
  - Help them feel heard
  - Normalize challenges
  - Share successes
  - Provide resources
- This allows clinicians to focus on direct services.

Family-Driven Approach

NFF | NATIONAL FEDERATION OF FAMILIES
Bringing Lived Experience to Family Support

- FPS coach families to become confident advocates for family-driven systems.
- When families' voices are heard during decision-making and evaluation, systems evolve to become more effective resulting in satisfied families and employees.

Systems Navigation

- FPS help families access support from education, mental health, justice, housing, and more systems.
- Increased use of FPS can lead to more effective systems collaboration and families' holistic needs getting met, at less cost to systems and government.

Well-being Strategies for Family Members

- FPS provide families with strategies that can reduce their need for additional services, including:
  - Self-care
  - Management of specific diagnoses
  - Conflict resolution
  - Crisis prevention

History

Family-Driven Care in America: More Than a Good Idea provides a history of the evolution of family-driven care in the United States.

History of Family Peer Support in the US

- 1970s-1980s:
  - Voices for families raising children with serious emotional and behavioral challenges were often silent, and families felt blamed for their child's mental health disabilities.
  - The term "blame and shame" emerged to express how families felt about the perceived blame.
- 1982:
  - Publication of "Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health" drew attention to the plight of children with mental health issues, suggesting that families should be part of the solution.

- 1986:
  - The Research and Training Center at Portland State University convened the first "Families as Allies" conference, promoting collaboration between families and professionals.
- 1989:
  - The National Federation of Families for Children's Mental Health was formed as the first national advocacy organization exclusively focused on the mental health needs of children and youth.
- 1990:
  - Advocacy by the National Federation led to the establishment of the federal Statewide Family Networks program.
- 1993:
  - The Comprehensive Community Mental Health Services for Children and their Families Program, the largest children's mental health initiative, began with a $4.9 million investment.
- 2002:
  - The New Freedom Commission on Mental Health, created by George W. Bush, aimed to study the mental health delivery system and recommended a family-driven approach.
- 2003:
  - The Commission's final report emphasized the transformation of mental health care with a focus on consumer and family-driven care.
- 2004:
  - SAMHSA asked the National Federation to develop a definition of "family-driven care," leading to the creation of a working definition.
- 2008:
  - The National Federation developed a critical issue guide, "Family Peer-to-Peer Support Programs in Children's Mental Health," compiling outcomes from the Parent Partner Assessment Workgroup which was composed of seven communities: 1. Tapestry System of Care (Cleveland Ohio) 2. IMPACT (Lansing, Michigan) 3. One Community Partnership (Broward County, Florida) 4. Kentuckians Encouraging Youth to Succeed (Frankfort, Kentucky) 5. Advocacy Services for Kids (Kalamazoo, Michigan) 6. Nebraska Family Support Network (Omaha, Nebraska) 7. Families Together of Albany County (Albany, New York)
- 2009:
  - The National Federation, supported by SAMHSA, conducted the first Family-Driven Policy Academy with six states to formulate action plans for transforming the children's mental health delivery system.
- 2010:
  - The National Federation had over 100 local chapters and state organizations.
- National Certification was established in 2012 by the National Federation of Families
- As of 2020, 25 states have certification- Including Washington, Utah, Colorado, Oregon, North Dakota, & Idaho

Montana Family Peer Support Task Force

Purpose: To identify the needs and develop the fundamental elements necessary to grow and maintain a sustainable Family Peer Support workforce in MT.

Goals:

1. Define FPS scope of practice and code of ethics.
2. Develop FPS core competencies and training standards.
3. Determine FPS CEU's and clinical supervision.

Timeline (Beginning September 2022):

Q1 (Sep-Nov)	Situational Assessment of other State Family-Run Organizations Environmental Scan of In-State Family-Run Organizations and Organizations providing Family Peer Support
Q2 (Dec-Feb)	Review other states' scope of practice and code of ethics for FPS Define scope of practice and code of ethics for FPS in MT
Q3 (Mar-May)	Review other states' core competencies and training standards for FPS Develop core competencies and training standards for FPS in MT
Q4 (Jun-Aug)	Review other states' CEU and clinical supervision requirements for FPS and CBHPSS Determine CEU's and clinical supervision for FPS in MT
Sep 2023	Publish results of Task Force in a Family Peer Service Toolkit

Professional Standards

Family Peer Support Qualifications and Standards

Family Peer Supporters must be parents or caregivers with lived experience raising a child with special healthcare needs or behavioral health challenges. They know their own stories and how to connect those to the experiences of others. They understand the chronic grief that can accompany a child's diagnosis and the stages of adapting one's expectations and parenting choices. They have significant experience in current systems serving these children and youth, know the "rules of the game" and can lead families to chart their own courses through mentoring and shared learning. They model healthy advocacy skills and resilience.

Family Peer Support Candidate Requirements

1. Self-identify as a parent/caregiver with lived experience caring for a child with a behavioral health challenge and/or special healthcare need and be willing to share your experience with others;
2. Be at least 21 years of age;
3. Receive 1 hour of documented Clinical Supervision for every 20 hours worked;
4. Complete approved 40-hour training course and pass the exam with 80% or higher;
5. Agree, in writing, to the code of ethics;
6. Have at least one year of lived experience navigating and coordinating care needs as a parent/caregiver of a child under 21 with behavioral health challenges and/or special healthcare needs;
7. Agree to work within the Family Peer Support Scope of Practice; and
8. Currently reside or employed in the state of Montana.

Proposed Certified Family Peer Support Specialist (CFPSS) Requirements

1. Complete all Candidacy Requirements; and
2. Complete 1000 hours of documented, supervised work experience (paid or unpaid) and training to include a minimum of:
   (a) 40 hours of CEU's, and
   (b) 1 hour of Clinical Supervision for every 20 hours worked.

To maintain certification, the CFPSS must:

1. Maintain 1 hour of documented Clinical Supervision for every 40 hours worked; and
2. Complete 20 hours of CEU's yearly with 2 of those hours in ethics.

Family Peer Support Scope of Practice

Family Centered Support

- Assist parents/caregivers in goal setting to meet their own physical and emotional short term and long term needs.
- Share tools with parents/caregivers to increase resilience and protective factors, and build skills within the family unit.
- Willingness and ability to share your own lived experience in a meaningful way that reduces feelings of hopelessness and isolation.
- Facilitate a parent/caregiver support group.
- Actively listen and provide empathetic emotional support.
- Help parents/caregivers incorporate self-care strategies that promote holistic wellness and resiliency.
- Assist parents/caregivers in connecting to community resources and provide information about other services.
- Demonstrate and continue to build knowledge and understanding of community-based resources and systems of care.
- Provide support and services at times and locations needed by parents/caregivers, including during times of crisis or transition.

Empowerment/Education

- Help parents/caregivers create strategies for self-empowerment utilizing a strength-based approach.
- Provide mutual support to parents/caregivers in building natural support systems and community connections.

Professional Responsibility

- Understand the importance of care teams and systems and how to partner with them.
- Understand and abide by the code of ethics and standards.
- Fulfill training and continuing education requirements.
- Understand and comply with mandatory reporting requirements.
- Participate in clinical supervision that provides guidance and support to promote competent and ethical delivery of peer services and supports through skill building, debriefing, documentation guidance, and problem solving.
- Understand risk factors for suicide and current suicide prevention and intervention practices.

Advocacy

- Act as a liaison between parents/caregivers and providers to promote understanding of the family's culture.
- Provide advocacy and support for family engagement and family-centered care where voice and choice are respected.
- Conduct two-way education about family, community, and system needs and barriers.

Code of Ethics

ARM 24.219.2301 UNPROFESSIONAL CONDUCT AND CODE OF ETHICS – LCSW, LMSW, LBSW, LCPC, LMFT, LAC, CBHPSS, AND LCSW, LMSW, LBSW, LCPC, LMFT, AND LAC CANDIDATES:

(1) Any violation of this rule constitutes unprofessional conduct.

(2) A licensee shall not:

(a) commit any of the following boundary violations:

(i) provide services to a person with whom the licensee has had sexual contact at any time;

(ii) engage in or solicit sexual relations with a client or commit an act of sexual misconduct or a sexual offense if such act, offense, or solicitation is substantially related to the qualifications, functions, or duties of the licensee;

(iii) engage in sexual contact with a former client within two years following termination of professional services. After two years, the licensee who engages in such activity following termination of professional services must demonstrate hat there has been no exploitation, in light of all relevant factors, including:

(A) the amount of time that has passed since professional services terminated;

(B) the nature and duration of the professional services;

(C) the circumstances of termination;

(D) the client's personal history;

(E) the client's current mental status;

(F) the likelihood of adverse impact on the client; and

(G) any statements or actions made by the licensee during the professional relationship suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client;

(iv) solicit or engage in a sexual or intimate relationship with a client, a supervisee, client's family member, a client's household member, or other persons with whom a client has had a significant relationship;

(v) soliciting or engaging in sexual relations with the client of another licensee employed in the same program providing services;

(vi) condone or engage in sexual or other harassment;

(vii) engage in a dual relationship with a client or former client if the dual relationship has the potential to compromise the client's well-being, impair the licensee's objectivity and professional judgment, or creates or increases the risk of exploitation of the client. If a dual relationship arises as a result of unforeseeable and unavoidable circumstances, the licensee

shall promptly take appropriate professional precautions. Appropriate professional precautions must ensure that the client's well-being is not compromised and that no exploitation occurs and should include consultation, supervision, documentation, or obtaining written informed consent of the client;

(viii) terminate a professional relationship to begin a personal or business relationship with a client;

(ix) participate in bartering, unless bartering is considered to be essential for the provision of services negotiated without coercion and entered into at the client's initiative and with the client's informed consent. Licensees who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship;

(x) accept gifts or gratuities of significant monetary value or borrow money from a client or former client within two years after termination of services, except when this is a culturally accepted practice;

(xi) interfere with or encourage termination of any legitimate personal

(xii) relationship of a client, or interfere with a therapeutic relationship of another professional;

(b) intentionally, recklessly, or carelessly cause physical or emotional harm to a client;

(c) misrepresent or permit the misrepresentation of the licensee's professional Qualifications, affiliations, or purposes;

(d) perform or hold the licensee out as able to perform professional services beyond the licensee's field or fields of competence as established by the licensee's education, training, and/or experience;

(e) misrepresent the type or status of license held by the licensee;

(f) fail to indicate licensure candidate status in professional communications and documentation;

(g) engage in any advertising which is in any way fraudulent, false, deceptive, or misleading;

(h) commit fraud or misrepresent services performed;

(i) divide a fee or accept or give anything of value for receiving or making a referral;

(j) exploit, as defined in ARM 24.219.301, in any manner professional relationships;

(k) provide professional services while under the influence of alcohol or other mind-altering or mood-altering drugs which impair delivery of services;

(l) discriminate in the provision of services on the basis of race, creed, religion, color, sex, physical or mental disability, marital status, age, or national origin;

(m) falsify, misrepresent, or fail to maintain supervision records as required by ARM 24.219.422;

(n) fail to appropriately supervise a licensure candidate or a CBHPSS;

(o) recommend a client seek or discontinue any prescribed medication or fail to provide a supportive environment for a client who is receiving prescribed medication;

(p) engage in the practice when the licensee's license is inactive, has expired, is terminated, or has been suspended;

(q) violate federal or state law regulating the possession, distribution, or use of a Controlled Substance, as defined by Title 50, chapter 32, MCA; or

(r) be convicted of driving while under the influence of alcohol or drugs (DUI), or criminal possession of dangerous drugs at any time after issuance of a license and within the two years preceding an application for licensure.

(3) All licensees shall:

(a) provide clients with accurate and complete information regarding the extent and nature of the services available to them, including the purpose and nature of any evaluation, treatment, or other procedures, and of the client's right to freedom of choice regarding services provided;

(b) terminate services and professional relationships with clients when such services and relationships are no longer required or where a conflict of interest exists;

(c) make every effort to keep scheduled appointments;

(d) notify clients promptly and seek the transfer, referral, or continuation of services pursuant to the client's needs and preferences if termination or interruption of services is anticipated;

(e) attempt to make appropriate referrals pursuant to the client's needs;

(f) obtain informed written consent of the client or the client's legal guardian prior to the client's involvement in any research project of the licensee that might identify the client or place them at risk;

(g) obtain informed written consent of the client or the client's legal guardian prior to taping, recording, or permitting third-party observation of the client's activities that might identify the client or place them at risk;

(h) except where required by law or court order, safeguard information provided by clients, and make reasonable efforts to limit access to client information in an agency setting to those staff whose duties require access;

(i) disclose to and obtain written acknowledgement from the client or prospective client as to the fee to be charged for professional services and/or the basis upon which the fee will be calculated;

(j) make and maintain records of services provided to a client. At a minimum, the records shall contain:

(i) documentation verifying the identity of the client;

(ii) documentation of the assessment and/or diagnosis;

(iii) documentation of each session;

(iv) documentation of a plan, documentation of any revision of the assessment or diagnosis or of a plan;

(v) documentation of discharge summary;

(vi) any fees charged and other billing information; and

(vii) copies of all client authorization for release of information and any other legal forms pertaining to the client. These records shall be maintained by the licensee or agency employing the licensee under secure conditions and for time periods in compliance with applicable federal or state law, but in no case for fewer than seven years after the last date of service.

(4) In addition to (2) and (3), Family Peer Supporters (FPS) are subject to the following standards.

(a) FPS shall:

(i) conduct themselves in a way that fosters their own wellness and take personal responsibility to seek support and manage their wellness;

(ii) as mandatory reporters, report abuse to appropriate authorities and supervisors;

(iii) disclose any pre-existing relationships, sexual or otherwise, to supervisor(s) before providing services to that individual;

(iv) report the risk of imminent harm to self or others to the proper authorities and their supervisor. When reporting, the minimum amount of information necessary will be given to maintain confidentiality; and

(v) participate in 1 hour of clinical supervision for every 20 hours worked.

(b) FPS shall not:

(i) engage or offer advice on the matters of diagnosis, treatment, or medications to the client; or

(ii) engage in or promote behaviors or activities that would jeopardize the FPS's wellness or the wellness of those they serve.

Family Peer Support Core Competencies

- Navigating Resources & Systems of Care
- Professional Responsibilities & Standards
- Holistic Family-Centered Support
- Empowerment
- Crisis Intervention & Safety Planning

Family Peer Support Training Standards

Under each of the Core Competencies are listed training standards that must be in Family Peer Support curriculum.

Navigating Resources & Systems of Care

- Knowledge of local, state, and national resources to support human, disability, education, parental, and child rights.
- Understanding how to navigate Montana systems including but not limited to behavioral health developmental and physical disabilities, justice system and health care systems.
- How to utilize social services including but not limited to financial, transitional, child welfare, early childhood intervention, domestic violence, CYSHCN, employment, nutrition, housing, and transportation.

Professional Responsibilities & Standards

- Regulatory requirements including but not limited to HIPAA, Mandatory Reporting, Confidentiality, Clinical Supervision, Continuing Education, and Code of Ethics.
- Documentation, outcomes, and data collection.
- Family Peer Supporter self-care, compassion fatigue, burnout, and personal resiliency.
- Ethics and Boundaries including but not limited to limitations, bias, appropriate self-disclosure, and situational awareness.
- Clinical vs Peer Support & Scope of Practice.

- History of Family Peer Support.
- Core Competencies.
- Model for Providing Peer Support including but not limited to inspiring hope by living a life of wellness, person first language, stages of change, empathy, Emotional Intelligence, grief, communication skills, active listening, trauma informed peer support, ACES, historical and generational trauma, mentoring, personal resiliency, harm reduction, recovery models, mutuality and reciprocity, and facilitating support groups.

Holistic Family-Centered Support

- Wellness and recovery practices including but not limited to holistic approach model, 8 dimensions of wellness, and 10 guiding principles of recovery.
- Individualized care including but not limited to one-on-one support, strengths-based goal setting, and addressing care for the caregiver.
- Cultural humility and respect including but not limited to exploring strengths, needs, and cultures and LGBTQIA+.
- Family drive care including but not limited to promoting natural family supports, inclusion in family decision making, and family relationship building.
- Providing empathy and validation including but not limited to meeting families where they are at and acknowledging different emotional states commonly experienced by parents/caregivers of CYSHCN.

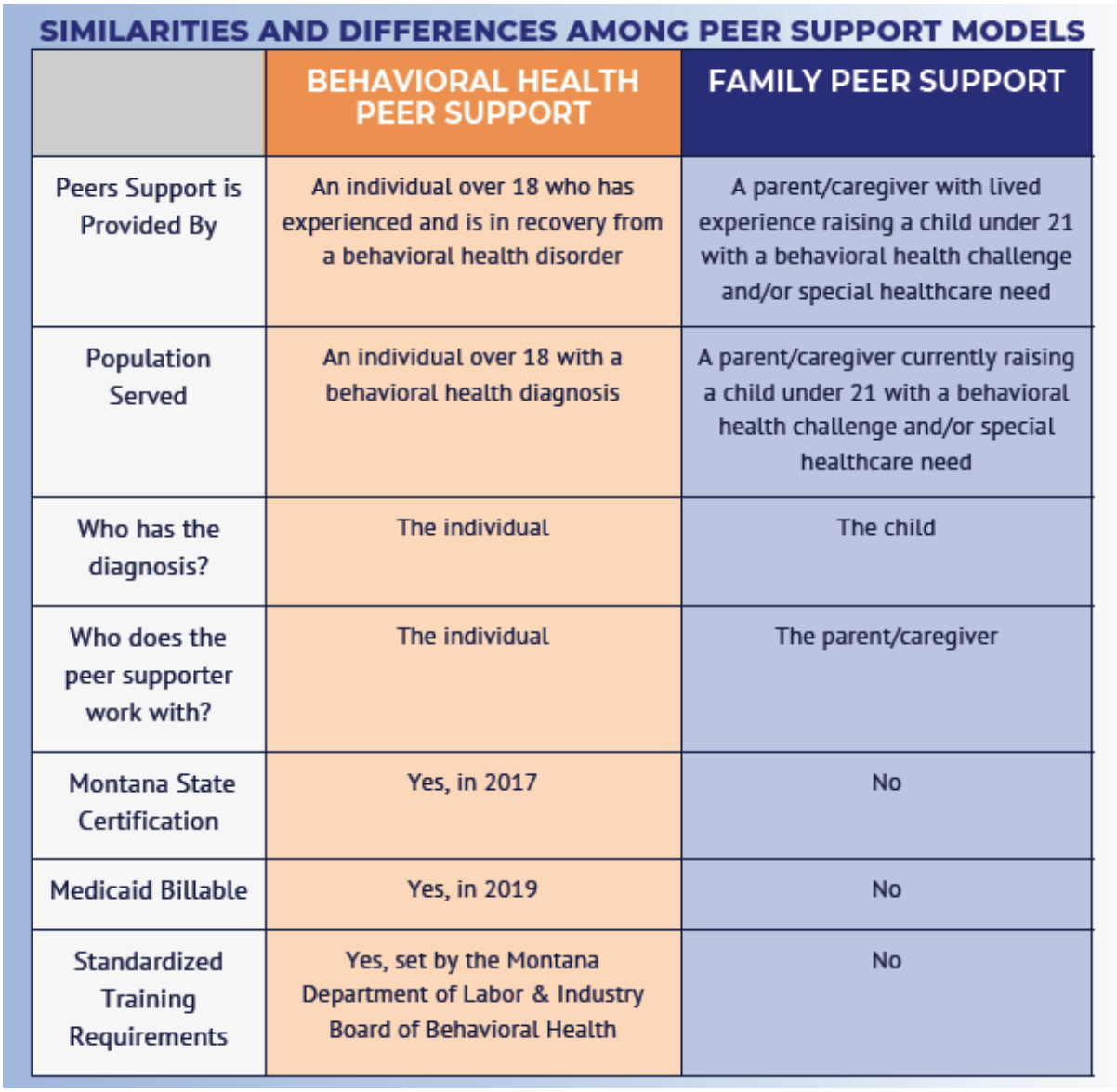
Empowerment

- Advocacy in Family-Run Organizations and on boards and councils.
- Supporting and defending human, disability, and educational rights.
- Voice, choice, and self-advocacy.
- Promoting (4 parts) of resiliency.
- Collaborative problem solving.
- Understanding child development and assessments.
- Addressing stigma and discrimination through inclusion and equity principles.
- Understanding policy making processes.
- Advance psychiatric and medical directives.

Crisis Intervention & Safety Planning

- Knowledge of suicide risk, prevention, and intervention.
- Crisis and safety planning including rural and frontier regions.
- Crisis funding options.
- Understanding immigration, refuge, and displaced families.
- Crisis support addressing abuse, domestic violence, and sexual assault.
- Personal family crisis planning.

Peer Support Models



SIMILARITIES AND DIFFERENCES AMONG PEER SUPPORT MODELS

	BEHAVIORAL HEALTH PEER SUPPORT	FAMILY PEER SUPPORT
Peers Support is Provided By	An individual over 18 who has experienced and is in recovery from a behavioral health disorder	A parent/caregiver with lived experience raising a child under 21 with a behavioral health challenge and/or special healthcare need
Population Served	An individual over 18 with a behavioral health diagnosis	A parent/caregiver currently raising a child under 21 with a behavioral health challenge and/or special healthcare need
Who has the diagnosis?	The individual	The child
Who does the peer supporter work with?	The individual	The parent/caregiver
Montana State Certification	Yes, in 2017	No
Medicaid Billable	Yes, in 2019	No
Standardized Training Requirements	Yes, set by the Montana Department of Labor & Industry Board of Behavioral Health	No

Incorporating Family Peer Supporters into Services

Family Peer Supporters have experience on the consumer side of services but may not have insights on the provider side. It is important to ensure they know the flow of the working environment. This includes knowing what services are available, who provides them, what paperwork is required, how and when to communicate with other staff, and how parents will be referred to Family Peer Support. Clear expectations help Family Peer Supporters build relationships with providers and staff and be successful in providing support to parents and caregivers.

Job Descriptions, Skills, and Duties

Job descriptions should be tailored to the specific position offered. There is no single job description for peer support services. Create a job description that meets your organizational needs. Be sure to include elements of the scope of practice and code of ethics in the job description.

Family Peer Supporters may have different job titles such as Family Advocate, Parent Mentor, or Parent Partner. There is no official title at this time, but this is likely to change when Family Peer Supporters are required to be certified. The state generally determines the job title that can only be used to refer to someone with the certification. For instance, the title Behavioral Health Peer Support Specialist can only be used by those who are certified through the Board of Behavioral Health.

Family Peer Supporters must be able to articulate the process of their own journey and wellness. Effective Family Peer Supporters are able to work as part of a team, have good computer and communication skills, and stay within their scope of practice. They link parents and caregivers to resources, outreach to community organizations, attend regular training, and participate in clinical supervision.

It is important to consider client load and working hours for Family Peer Supporters. Are they only available when your organization is open or do they have flexibility to meet with parents and caregivers at other times? How many families will they work with at a given time? It is important not to overload Family Peer Supporters and to ensure they have enough time to complete documentation.

Clinical Supervision

Clinical Supervision is vital to successful Family Peer Support. Clinical Supervisors do not act as a therapist for the Family Peer Supporter and they are not the same as an administrative supervisor. Clinical Supervision provides an opportunity for Family Peer Supporters to debrief, build skills, problem solve, and be accountable. It helps remind Family Peer Supporters of their scope of practice and code of ethics.

Next Steps

Certification

National certification for Family Peer Support was established in 2012. As of 2020, 25 US states have state certified Family Peer Support. Included in those 25 states are most of MT's neighbors: North Dakota, Colorado, Idaho, Utah, Oregon, and Washington.

State certification is crucial for the sustainability of Family Peer Support in Montana. Certification brings to the profession of Family Peer Support accountability, standards, safety measures for the Peer and the families they are working with, oversight, common language, and expanded funding opportunities.

Montana's Children, Families, Health & Human Services Legislative Interim Committee has included Family Peer Support in their 2023-2024 Work Plan. A bill for Family Peer Support will be drafted and submitted for consideration at the 2025 MT Legislative Session with bipartisan sponsors. Family Peer Support certification will most likely be overseen by MT's Board of Behavioral Health similar to Certified Behavioral Health Peer Support Specialists. The Professional Standards developed by the MT Family Peer Support Task Force will act as recommendations to the Board of Behavioral Health.

Medicaid Reimbursement

Including Family Peer Support as a Medicaid reimbursable service allows agencies the ability to hire and pay for Family Peer Supporters. With Family Peer Support as a Medicaid reimbursable service, agencies won't be reliant on unpredictable grant funding. Family Peer Support won't be a program that is here one day and gone the next.

Other Payer Sources

While Medicaid funding is important, it is only one piece of the puzzle. In order for all Montana families to have access to Family Peer Support, other funding streams need to be considered. Other funding streams could include grants, the Mental Health Block Grant, funding through MT's Department of Health and Human Services, MT's general funds, and private insurance.

Family Peer Supporters Embedded Wherever Children and Families are Served

Family Peer Supporters working within agencies, clinics, and treatment teams will help support parents and caregivers bringing:

- Increased advocacy for families
- Increased family engagement
- Connection to community resources
- Hope to challenging situations
- Uninterrupted care as services change
- Healthier family relationships
- Decreased use of acute care which in turn lowers costs
- Improved health outcomes
- Reduced feelings of shame and guilt
- Decreased stigmatization for families

In conclusion, Family Peer Support is a necessary and needed service in Montana. Families raising children with behavioral health challenges and/or special healthcare needs benefit from having a peer walk beside them who has "been in their shoes." Family Peer Support brings families validation, connection, and hope leading to better outcomes for the child and the family. State certification is being sought to professionalize and standardize Family Peer Support. Medicaid reimbursement along with other funding sources will give Family Peer Support sustainability. This Toolkit can be used to help incorporate Family Peer Support into clinics, agencies, hospitals, therapy offices, and treatment centers. For questions or more information about Family Peer Support, contact Montana's Peer Network at 406-451-3087 or visit www.mtpeernetwork.org/family-division.