

Wisconsin Family Ties' Parent Peer Specialist Services

Evidence Based Health Policy Project Briefing
*Population-based Approaches to Children's
Mental Health*
October 29, 2015

Parenting Can Be A Challenge

- The vast majority of families raising children with mental health needs are **healthy families** who are experiencing a particularly stressful challenge
- "Good parenting" **skills don't usually work** when a child has mental health needs – when they hear voices, are extremely depressed or anxious, have compulsive behaviors, or harm themselves
- Disciplinary strategies that work with "typically-developing" children **are not effective** for "behavior problems" related to mental health

Family-driven care defined

Families have a **primary decision-making role** in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes:

- Choosing culturally and linguistically competent supports, services, and providers
- Setting goals
- Designing, implementing and evaluating programs
- Monitoring outcomes
- Partnering in funding decisions

[Source: SAMHSA]

Aren't they all the same?

	Family-focused	Family-centered	Family-driven
View of family	Potentially part of "the problem"	Potentially part of "the solution"	Vital to improved health of children
Role of family	Object of therapy	Key informant on the child & what works	Authority over the health care of their children
Decision making	Provider is primary decision maker	Family has input into decisions	Family makes informed choices
Outcomes - Family	Treatment adherence	Parent satisfaction	Parent empowerment & increased skills
Outcomes - System	Improved relationship between family and provider	Increased transparency and coordination	Families become important cog in system improvement

Parent Peer Specialist

A Wisconsin Family Ties parent peer specialist is an individual who has:

- at least one year of experience as a parent or primary caregiver involved in the day-to-day care of a child or adolescent with social, emotional or behavioral challenges;
- successfully navigated the process of obtaining mental health services for his/her child, the need for which has persisted for a period of at least one year;
- received specific training to provide support to families and to help equip parents with the confidence and tools to better meet their families' needs.

WFT Parent Peer Specialist Services

- Supplying information so families can better understand and participate in the systems serving their children
- Helping families get their needs met
- Giving emotional support and guidance through a maze of services
- Helping families to identify strategies that they can use in their homes to reduce conflict and encourage prosocial behavior
- Helping families to identify and implement strategies to develop collaborative working relationships with the systems that serve them
- Acting as an objective liaison between families, schools, case managers and service providers
- Advocating for filling gaps in services and supports
- Ensuring that school plans are effective and appropriate
- Providing telephone support at times needed by families
- Offering hope and encouragement in challenging times
- Helping families become better advocates for their children

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Systems Navigation

- Mental Health System
- County Human Services
- Medicaid / other funding sources
- Public Education
- Juvenile Justice
- Child Welfare
- Division of Vocational Rehabilitation

WFT PPS Training

- Assessment upon hiring
- Develop individualized training plan
- Multi-faceted training approach
 - Formal coursework, self-paced learning, group book review, coaching, on-the-job skill acquisition
- Proficiency measured against core competencies

Evidence Base – Research Studies

Study	Parent Support: Building Structures That Support and Assist Children (Davis-Groves, et al., Univ. of Kansas, 2007)
Method	Mixed-methods approach consisting of focus groups, interviews, questionnaires, and secondary analysis of an existing database
Key Findings	Children whose parents received peer support specialist services have better outcomes in terms of residential status, law enforcement contact, academic performance, and school attendance. In addition, these children demonstrated fewer externalizing behaviors than children whose parents were not receiving support.

Evidence Base – Research Studies

Study	Parent Peer Support and Outcomes for Children with Mental Illness (Ramacher, UW-Stout, 2010)
Method	Non-random pilot study with self-administered online surveys with five demographic and eight closed-ended statements, based on the Likert Scale
Key Findings	Parents receiving peer specialist services experienced improvement in coping skills, emotional health and confidence, as well as increased knowledge, improved management of children's behavior, and more confidence in advocacy skills. While the data do not as strongly support a link to improvement in children's behavior, there is some indication that improvements for the parents impacted the children, as evidenced by better school grades.

Current Research

Study	Parent Peer Specialists and Educational Outcomes (2016-17)
Partners	Wisconsin Family Ties, Wisconsin Department of Public Instruction
Research Questions	<p>What is the degree to which parent peer specialist services improve:</p> <ul style="list-style-type: none"> • parental involvement in educational services? • parental perception of educational services? • parental satisfaction with their child's school plan? • student educational outcomes? • teacher perception of the student? • teacher perception of the family?

Current Research

Study	Impact and Relative Importance of Peer Support (2016)
Partners	Wisconsin Family Ties, Grassroots Empowerment Project, Dryhooth of America, TBD research partner, SAMHSA (funder)
Research Questions	<ol style="list-style-type: none"> 1) Among services accessed, what is the relative importance of peer support? 2) Is there a difference in quality, effectiveness, and/or outcomes when that peer support is delivered by a peer- or family-run organization? 3) Does peer support have a measurable impact on level of engagement in other treatment or services?

Current Research

Study	National Data Collection Project
Partners	Family Run Executive Director Leadership Association (FREDLA), University of Washington, NYU, University of Maryland, Georgetown University
Project Goals	<ul style="list-style-type: none"> • Development of standard definitions for services/supports typically offered by family-run organizations (FROs) • Collect information on what services are offered and how these are funded in FROs • Establish a set of standard data measures for use by family-run organizations • Develop a national repository for the standard data • Suggest ways to use the data to demonstrate the impact of the organization and their services

Current Research

Study	Improving Outcomes for Children with Mental Health Challenges and Their Families through Parent-to-Parent Peer Support
Partners	FREDLA; Dr. Eric Bruns, Univ. of Washington (PI), Dr. Kimberly Hoagwood, IDEAS Center, NYU
Project Description	<ul style="list-style-type: none"> • Patient-Centered Outcomes Research Institute (PCORI) Pipeline to Proposal Tier 1 project • Building the community and capacity necessary to develop a patient-centered comparative effectiveness research project • Project will study the effect of parent-to-parent support on child and family outcomes

Challenges Ahead for Wisconsin

- Certification
 - CMS guidance to State Medicaid Directors
- Will fidelity be maintained with expansion?
 - Current certification approach emphasizes expansion at the expense of fidelity
- Learning lessons...
 - from certifying adult peer specialists
 - from the field
- Implementing best practices in supervision
