

# Operationalizing and Funding Youth and Parent Peer Support Roles in Residential Treatment Settings

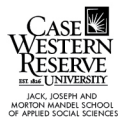
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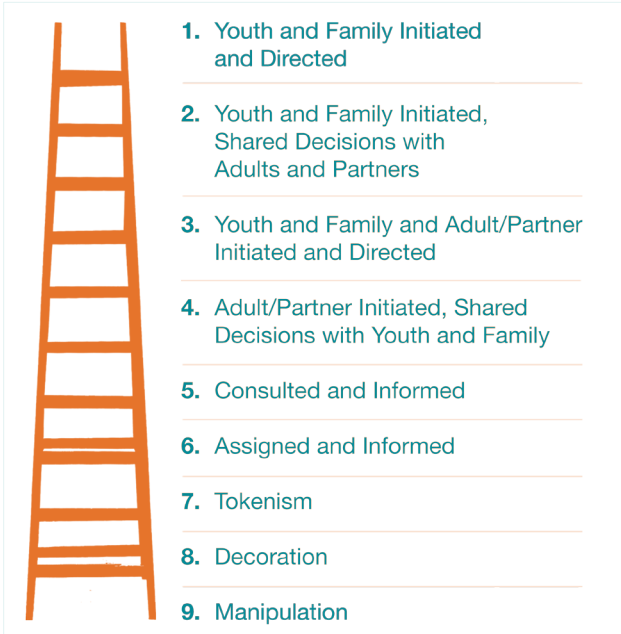
## Introduction

While many programs in both child and adult systems of care recognize the intrinsic value of including broadly defined peer support services (<https://www.ncbi.nlm.nih.gov/pubmed/28068538>), there is often an on-going challenge to adequately fund and operationalize these non-traditional services in clinical settings. Full integration of peer voice and services at multiple levels in residential treatment settings requires commitment from leadership. In addition to top-down commitment to empowering youth and family engagement, it takes creative financing in order to turn an innovative concept into reality.

Peer support roles exist on a continuum. This continuum extends from natural supports developed through a shared relationship built on mutual experiences that may commonly occur in community, to the formal service of peer support that has defined criteria and is delivered by trained individuals with lived experience.

In residential treatment facilities (RTFs), there are a number of potential roles for youth and families that extend beyond peer support. They include, for example, participation on advisory boards, voting boards or councils; participation on management teams; social marketing; involvement in quality review processes; co-facilitation of support groups; facilitation of staff hiring and trainings; liaisons with families to assist with communication and connection with the RTF; and collaborating with RTF staff to support successful admission and transition home. Potential roles can also include the integration of youth or parent peers as staff. This brief focuses principally on the operationalizing and funding of youth and parent peer support.





A continuum of peer support should be part of the service array offered to youth and parents/caregivers accessing residential treatment. Arguably, the effective construction and implementation of this continuum within a residential treatment setting relies on the meaningful and authentic engagement of the youth and families served by that organization. Commitment to this engagement is the foundation of transformational connections between youth, families, and staff helpers in the RTF. The information contained herein is a resource for RTFs committed to integrating youth and parent peer roles.

**How has the inclusion of youth and parent peers transformed the culture of your agency?**

“Having a family partner on staff has allowed our parents and families to feel more confident that we are here to serve them. It is amazing how quickly they trust our family partner and are willing to open up about their needs... For some families this is their first experience with residential treatment and having someone available to answer questions based on their own experience allows the family to get a more genuine and realistic understanding of what residential treatment... and how we can help their child and their family. Having the family partner has led to a cultural transformation as we better understand how important it is to listen our families, to understand their perspective, to collaborate with them, and to allow them to be the experts of their lives. Our job is not to tell them what to do; rather our job is to help them find their strengths and learn how to use those strengths to enhance how they navigate through the world... Through the creation of our Youth Advisory Board, we are more actively engaging our residents... as we hear their voice and make changes based on their recommendations. The board serves as an avenue for creating peer mentors as we encourage and help our YAB members to be advocates and to help others, especially our youth who have just arrived.”

“Overall, including youth and parent peers has allowed our youth and families to feel more supported and thus be more engaged which has led to better outcomes and our youth are more likely to be successful once they leave our care.” (*Canopy Children’s Solutions*)

“NFI employs a peer mentor who brings the lived experience of hope and recovery and cultivates human achievement in our culture... we (also) employ a parent support professional who... supports caregiver development, growth and recognition of human achievement made by the family unit as the family forms the foundation for the care of the individual.” (*NFI*)

## Key Definitions

### Youth and Family Involvement vs Engagement

Youth and family *involvement* refers to opportunities for families and youth to participate in a variety of program activities that support the youth and family. This could include participation in activities with their child or program activities specifically for family members such as support groups.

In contrast, youth and family *engagement* encompasses all aspects of the organization and program. It is much broader than involvement and should be embedded in the culture of the organization and permeate the work of its entire staff, from leadership and administration, to management and direct program staff.

Inform	Consult	Involve	Collaborate	Empower
Websites	Focus Groups	Co-Lead Workshops	Advisory Groups	Strategy Groups
Information Repositories & Kiosks	Surveys	Present at Conferences	Networking & Peer Support	Steering Committees
Media Releases	Face-to-face Interviews	Serve as Expert Panelist	Support Groups	Decision-making
Feature Stories	Public Meetings & Forums	Facilitate Groups	Family Advisory Councils	Hired in Staff Roles or Peer Roles
Fairs & Events	Suggestion Boxes	Development, Review and Dissemination of Materials/Products	Youth Advisory Councils	Leaders in Youth Movement & Family Movement
Open Houses	Interviews		Liaison to Provider and Policy Groups	
Fact Sheets, Brochures, and Leaflets	Patient Experience Trackers			

Safety, Transparency & Trust, Empowerment, Choice, Collaboration, Mutuality, Culturally Responsive, Peer Support

Adapted from Carman et al, Health Affairs 32, No.2 (2013):223-231

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## Youth Peer Support:

- **Lived-Experience** - Past participation in human serving systems receiving services as a child, youth, or young adult (including but not limited to mental health, child welfare, juvenile justice, and/or special education) or currently or formerly living with a mental health or substance abuse diagnosis. (Kendrick-Burk & Bergan, 2013)
- **Youth Voice** - The engagement, representation, and application of lived-experience of young people in program and systems development and implementation. (Kendrick-Burk & Bergan, 2013)
- **Youth Peer Support:** Peer support is based on a mutual connection between two people who establish a relationship based on shared experiences (Mead, 2003)
- **Youth Peer Provider:** A person who uses their lived-experience within the child-serving systems and skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency for young adults of transition age. (Youth MOVE National, 2016)

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## Parent Peer Support:

- **Parent Peer Support (PPS)** is provided by a parent/caregiver with lived experience in caring for a child or youth with emotional, behavioral, and/or mental health challenges, and who has received training to use their experience in supporting other parents/caregivers/families. PPS providers work individually with families and as part of a team supporting a family. They receive regular supervision and often have access to clinical consultation to assist with complex mental health situations. Provided in a variety of venues, this service may include, but is not limited to the following 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.

## Operationalizing Youth and Family Services and Supports

Organizations must develop the core responsibilities of youth and parent peer support providers based on their respective roles and position(s) within the organization or community. This should be done with input from youth and families receiving services and in the community. Each of the roles listed in this document requires specific orientation and/or training and can be filled by trained youth or parent volunteers, although there is increasing recognition by purchasers and providers of the importance of providing compensation for peer support as a valuable addition to the services and supports continuum. Organizations can provide compensation for peer support roles through honoraria, contracts, by hiring peers directly as part or full time staff, and, in an increasing number of states, as a Medicaid-covered service.

Factors that support effective peer support services in RTFs include:

- Early and ongoing stakeholder engagement to infuse parent and youth voice during the development and planning of peer services,
- Adequate resources of both time and money,

- Sufficient commitment from the board and top management,
- Clear job descriptions for peers with clear responsibilities,
- Personnel policies and procedures that address the uniqueness of peer services,
- Supervision and support for peer service providers,
- Permeability and transparency of the RTF program to families,
- Workplace culture that values the lived experience of families and youth,
- Uninterrupted ongoing feedback loop to enrich continuous quality improvement (CQI),
- Open communication with a willingness to engage in constructive disagreement, and
- Understanding that youth and family partnership is not an add-on, it is a necessity for best outcomes.

## Financing and Sustainability

Financial sustainability of youth and parent peer support is all too often a missed consideration, which should begin in the peer support planning process. It is important to view the incorporation of youth and parent peer services as part of the cost of doing business either as a direct service cost or as part of infrastructure (i.e. administrative) costs. Spreading the cost across multiple funding sources can be achieved, in one way, by including the cost of providing peer support services in all administrative costs. In this approach, every contract or grant would include peer support costs as an infrastructure or administrative item, similar to the manner in which one includes the cost of the IT system as a core infrastructure cost of doing business. Similarly, RTFs could treat the price of peer support as a direct service cost and make the case to all funders that peer support is intrinsic to all other direct services provided by the RTF. In this way, peer support could be included as a direct service cost in all contracts, grants, or within bundled rates, similar to building in nursing care as a direct service cost for example.

States use a variety of funding approaches to finance youth and parent peer support. Historically, ensuring sustainability of these non-traditional services beyond grant funding has been a challenge. Increasingly, however, states are including peer support as a covered Medicaid benefit. Leveraging Medicaid is one strategy for sustaining peer support if the RTF is able to bill Medicaid for peer support, or if the RTF has contracted with a family-run or youth-run organization able to bill Medicaid for peer support. Peer support costs can and should also be factored and embedded in bundled rates. Other funding sources typically used by states and counties include block grants and general funds from child welfare, juvenile justice, behavioral health, and education systems. These systems, too, have become more attuned to the value added by peer support making inclusion of this service a potential competitive advantage. Providers can also consider the use of grant and foundation funding to fund peer support services. Private insurers have been slower to recognize the value of peer support, but that also may be changing, and the conversation is worth having with them.

Other components to factor into strategies for financing and sustainability include the costs of training and curriculum development that may not be billable to Medicaid or another funding source. However, an increasing number of states are now supporting the training and certification of peer support providers, which might be leveraged by the RTF. Determining who will train youth and parent peer support providers as a part of workforce development and focusing on their retention are important issues to consider in the development and implementation of peer support.



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## Partnering with Youth and Family-Run Organizations

Youth and family-run organizations understand the uniqueness of lived experience and the value of youth and parent peer support and can help ensure that peer support services are authentic and understood. These organizations have been doing peer support for years, and in some case decades and can be strong allies in providing a range of peer support including education and training, focus and support groups, and direct peer

support. Youth and family-run organizations employ trained youth and/or parents with lived experience. RTFs should consider the viability of contracting directly with these organizations for various youth and parent peer support roles.

The Family-Run Executive Directors Leadership Association (FREDLA) ([www.fredla.org](http://www.fredla.org)), Youth MOVE National ([www.youthmovenational.org](http://www.youthmovenational.org)), and the National Federation of Families for Children’s Mental Health ([www.ffcmh.org](http://www.ffcmh.org)) can assist in locating potential partners throughout the U.S.

### Understanding the Role of Medicaid

Understanding Medicaid is challenging and complex, but it can play an important role in financing peer support services. States can establish coverage for peer services through Medicaid state plan amendments or waivers. States may choose to offer parent or youth peer support services as a state plan service, allowing any Medicaid-eligible youth in the state to receive this service. Once a service is approved as part of a state’s plan, it is more or less permanently there unless the state decides to remove it. States may also choose to fund peer support services using Medicaid administrative funds or through the Medicaid rehabilitative services option —both of which have implications for the scope and definition of the services provided. Medicaid waivers are vehicles states can use to test new or existing models of service delivery and payment, allowing Medicaid to pay for additional services not covered in the state plan or that are otherwise ineligible for federal matching funds. Like state plan amendments, waivers are financed using state and federal money and must be approved by the federal Centers for Medicare and Medicaid Services (CMS). Unlike state plan amendments, however, waivers require renewed approval by the federal government every few years. Increasingly, states have moved behavioral health into Medicaid managed care. Contracted Medicaid managed care organizations (MCOs) typically have flexibility to pay for services like peer support, even if they are not included in the state plan. MCOs are critical partners for understanding the value of peer support.

### Understanding Medicaid Rates

An organization providing peer support services must develop a good understanding of the Medicaid payment structures in its respective state, which activities are reimbursable and how they are billed. Depending on the Medicaid environment in a particular state rates may be set in 15-minute increments (fee-for-service) with specific codes that a provider must use in order to bill, or rates may reflect a daily (per diem) or monthly, per member per month amount (i.e., capitation). Peer support services may also be tied to a broader service category, such as community-based wraparound, which is paid through a fixed case rate. Typically, under this type of arrangement, only youth/young adults eligible for the broader service category (e.g., community-based wraparound) would be eligible to receive peer support services. Understanding rates, restrictions and requirements (such as for medical necessity and clinic licensure) is key.



## Conclusion

A number of strategies are necessary to finance youth and family engagement fully. This resource focuses on several avenues for financing youth and parent peer support. However, it is also important to consider how to fund youth and family engagement in the broader sense throughout every layer of the organization (i.e. administration, policy

and management levels, as well as service delivery). Investment in both engagement and peer support is essential for achieving the best outcomes for youth receiving services in RTFs; and ongoing support from organizational leadership is necessary. Resources are available in the field to assist RTFs in effectively implementing and financing youth and family engagement as well as peer support specifically.

## Resources

1. The TA Network:
  - a. Guide: *Providing Youth and Young Adult Peer Support Through Medicaid*
2. Building Bridges Initiative: [www.buildingbridges4youth.org](http://www.buildingbridges4youth.org)
  - a. Handbook: *Peer Youth Advocates in Residential Programs*
  - b. White Paper: *Fiscal Strategies that Support the Building Bridges Initiative*
3. Youth MOVE National: [www.youthmovenational.org](http://www.youthmovenational.org)
4. Family-Run Executive Directors Leadership Association (FREDLA): [www.fredla.org](http://www.fredla.org)
5. National Federation of Families for Children's Mental Health: [www.ffcmh.org](http://www.ffcmh.org)
6. Center for Health Care Strategies: [www.chcs.org](http://www.chcs.org)
  - a. *Becoming a Medicaid Provider of Family and Youth Peer Support: Considerations for Family Run Organizations*, 2014
7. Medicaid Resources
  - a. *Pathways for Covering Mental Health and Substance Use Disorder Services* <https://www.medicaid.gov/medicaid/benefits/downloads/pathways-2-9-15.pdf>
  - b. *Medicaid Definition of Case Management Services Clarified* <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2007-Fact-sheets-items/2007-11-30.html>
  - c. *Medicaid Targeted Case Management Benefits* <http://www.ncsl.org/print/health/CRSTCM.pdf>
  - d. *Medicaid's Rehabilitation Services Options: Overview and Current Policy Issues* <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/7682.pdf>
  - e. *The Medicaid Rehabilitative Services (Rehab) Option* <https://www.sfdph.org/dph/files/CBHSdocs/QM2017/06-Community-Living-Brief-Rehab-Option.pdf>
  - f. *Medicaid Home and Community-Based Services 1915(i)* <https://www.medicaid.gov/medicaid/hcbs/authorities/1915-i/index.html>
  - g. *Health Homes* <https://www.medicaid.gov/medicaid/ltss/health-homes/index.html>
  - h. *Money Follows the Person* <https://www.medicaid.gov/medicaid/ltss/money-follows-the-person/index.html>

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**The National Technical Assistance Network for Children's Behavioral Health (TA Network)** operates the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch to provide training and technical assistance to states, tribes, territories and communities funded by the Comprehensive Community Mental Health Services for Children and Their Families Program (known as "system of care grantees"), as well as jurisdictions and entities without system of care grants, including youth and family leadership and organizations.

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