

Families Together in New York State

Family Peer Advocates as Essential Staff in Residential Interventions

Heather Tafuro, Long Island Regional Parent Advisor

Denise Delio, SCO Family Peer Advocate

Nancy Craig-Pierce, Director of Community and Systems Engagement

- ▶ **Focus on partnership to integrate family voice into residential at all levels, by hiring family peer advocates**
- ▶ Several efforts occurring nationally:
 - ▶ BBI Consultation and Coaching
 - ▶ NYS partnership
 - ▶ Gateway-Longview, Children's Home of Poughkeepsie, &
 - ▶ **SCO in partnership with LI Parent Advisor**
 - ▶ ACRC and BBI position paper- workshops, affinity group
 - ▶ ACRC national focus group
 - ▶ Research Project

ENGAGING THE RESIDENTIAL COMMUNITY

- ▶ **ACRC conference in Louisville, July 2022**
 - ▶ Scholarship support for family Peer Advocate attendance
 - ▶ Brainstorming session/workshop design
 - ▶ Responses
 - ▶ Follow up
 - ▶ Encourage family partners in states to convene workgroup
- ▶ **Current activities**
 - ▶ Federation of Families Annual conference November 2022
 - ▶ NYS Children's Behavioral Health Coalition November 2022

FAMILY PARTNERS AND RESIDENTIAL PROVIDERS
TOGETHER

- ▶ **Family Peer Advocates in Residential presentation and discussion**
- ▶ Learn about degree of family-residential partnership among attendees
- ▶ Share successes and challenges
- ▶ Discuss ACRC & Federation of Families conference learnings
- ▶ **Brainstorm strategies and opportunities to move Family Peer Support along in NYS residential programs**

TODAY'S FOCUS



We believe that all families have strengths, are resilient and deserve non-judgmental support

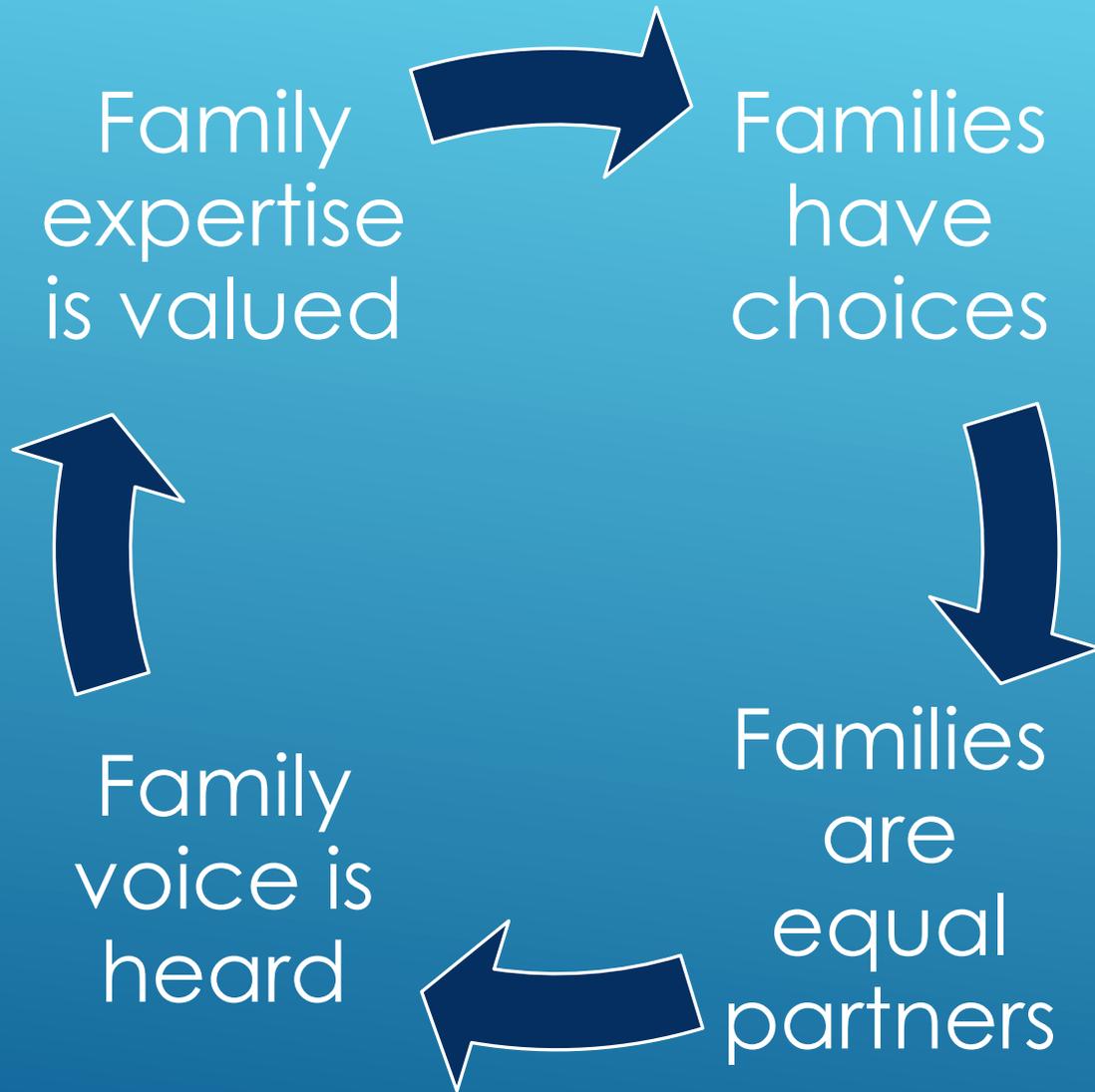
CORE BELIEF

WHAT IS FAMILY DRIVEN CARE?

- ▶ **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.

SAMHSA

KEY VALUES



WHY NOW?



- ▶ **Strongest predictor of post-transition success**, after education, is **support from family**.
- ▶ **Fifty percent (50%)** of youth who have aged out will **live with some member of their family within a couple of years** (about equally divided between parents and other relatives)

Source: Courtney, M., 2007; Courtney, M., et al, 2004
- ▶ **“Work with family issues and on facilitating community involvement** *while* adolescents are in residential treatment may have assisted these adolescents to maintain gains for as much as a year after discharge..”

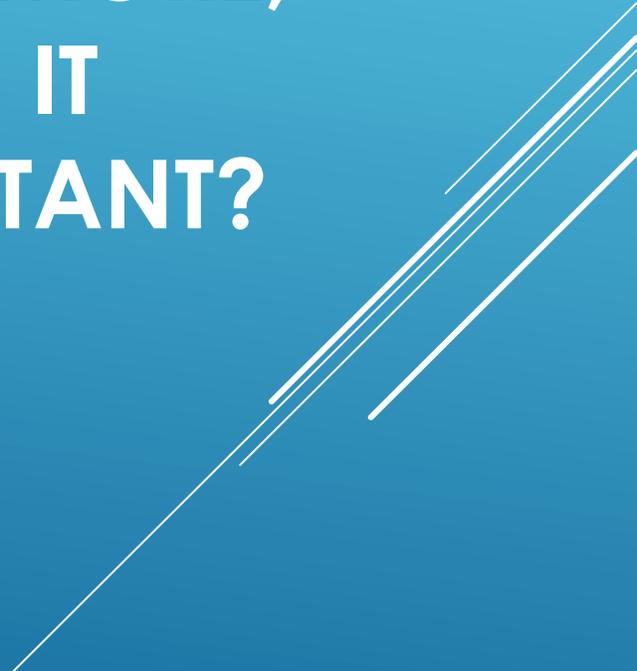
Source: Leichtman, M., et al, 2001

EVIDENCE FOR FAMILY DRIVEN CARE

▶ “The effectiveness of services, no matter what they are, may hinge less on the particular type of service **than on how, when, and why families or caregivers are engaged in the delivery of care.**It is becoming increasingly clear that **family engagement is a key component not only of participation in care, but also in the effective implementation of it.**“

Burns, B. et al, 1999, p. 238

**ONCE MORE,
WHY IS IT
IMPORTANT?**

Decorative white lines consisting of several parallel diagonal lines extending from the bottom right towards the top right of the slide.

- improved quality in organization systems and policies informed by the family perspective, as FPA is part of the agency team;
- staff and organization have greater engagement with youth and families, FPA “lived experience” builds a different and unique trust with the family that transfers to program/organization;
- better outcomes, shorter length of stay, FPA supports the development and/or enhancement of family skills
- greater overall collaboration with everyone involved; and, **perhaps MOST importantly,**
- **a transformational mindset that generalizes to other program practices.**

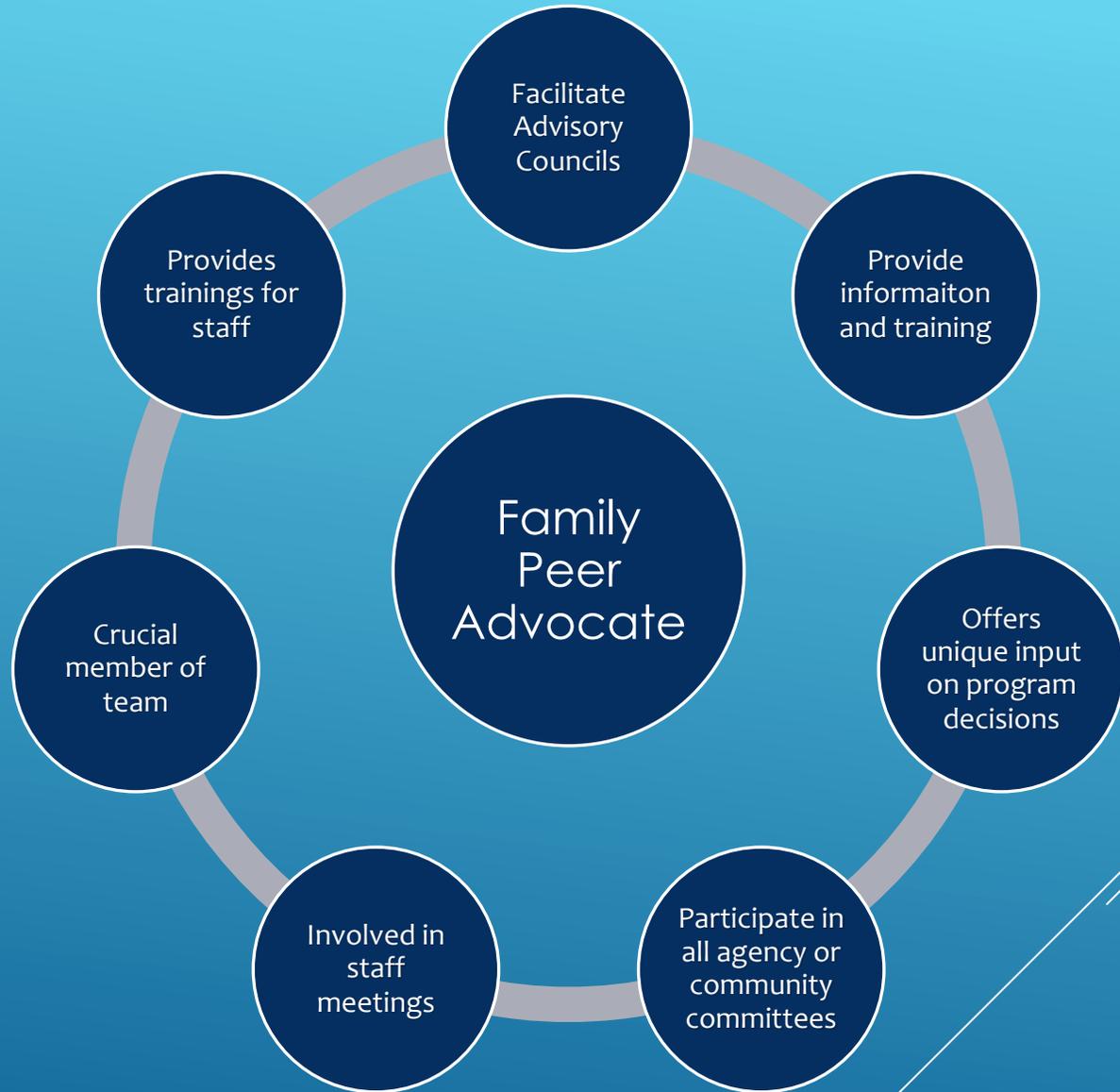
(Caldwell, et. al. 2020)

BENEFITS

HIRING FAMILY PEER ADVOCATES

- ▶ Bringing family peer advocates onto staff **offers transformational opportunities to implement family driven care, develop creative and effective engagement strategies, embed the practice deeply in the organization, and maximize the benefits of Family Driven Care.**

Promoting Family involvement



With all that said...

- ▶ The challenge is to understand and operationalize the “HOW”
- ▶ **How does FDC move from supporting one family at a time -- to impacting and embedding the practice into the everyday life across all disciplines, departments, and programs?**

ORGANIZATIONAL TRANSFORMATION

The How!

Incorporating family peer advocates as essential staff requires facilitated transformational change in organizations.

- ▶ We've dismantled old notions about families and young people
- ▶ We've created common language
- ▶ We understand who we serve
- ▶ We've defined roles
- ▶ **We've put the emphasis on what outcomes families and young people want rather than outcomes We and OTHERS want**

THE JOURNEY BEGINS BY NOT ASSUMING

- ▶ Model of Family Peer Support?
- ▶ Hire or Contract?
- ▶ Hire from Internal family members or external?
- ▶ Full-time, Part-time or Per Diem?
- ▶ One or More?
- ▶ **Supervision: Clinical or Shared model?**
 - ▶ **Supervised by Senior FPA**
- ▶ Training & Professional Development?
- ▶ Certified, Credentialed?
- ▶ Compensation?

WHERE TO START

TRANSFORMATION IS MORE THAN WORDS

CREATE A FOUNDATION FOR FAMILY PEER ADVOCATES INTEGRATION

WORK FROM A SENSE OF URGENCY TO TRANSFORM

ADMINISTER AN AGENCY WIDE STAFF ASSESSMENT TO IDENTIFY READINESS & BARRIERS

LEADERSHIP SUPPORTS PEER WORK AND MODELS THAT FOR THE REST OF THE STAFF AND THE COMMUNITY

EMPOWER CHAMPIONS ACROSS THE ORGANIZATION AND AT ALL LEVELS

TRAIN, TRAIN, AND MORE TRAINING ON CHILD AND ADOLESCENT SERVICE SYSTEM PRINCIPLES (CASSP) , FAMILY DRIVEN CARE, PARENT PROFESSIONAL PARTNERSHIP, AND TRAUMA

COMMUNICATE THE INTENT TO FAMILIES, YOUTH, FUNDERS, REFERRAL SOURCES & COMMUNITY

CELEBRATE



Lived Experience - preferred with youth that is or has been in residential



Clear job description within the scope of practice of a family peer advocate that is integrated within the organization



The organization has thousands of parents to recruit from & partner with local community-based Family Peer Support organization



Interview process made up of cross discipline staff and family members and youth



Questions reflect the understanding and uniqueness of working within a residential program.

RECRUITMENT, HIRING PROCESS & RETENTION

STEPS FOR INTEGRATING

- ▶ **On-board training FOR ALL STAFF on Family Peer Advocate Delivered Services**
 - ▶ **About how the role of FPA integrates within the program**
- ▶ All departments routinely ask for family/youth peer perspective on policies and guidelines
- ▶ **Family /Youth Peers create “Family/Youth Handbook”**
 - ▶ **And any material given to families or youth**
- ▶ **Incorporate Family Peer Advocates into agency/program leadership meetings/committees --- Can't transform with out family and youth at the table**
 - ▶ Including Quality Improvement efforts across all departments
safety, staffing, facility, administration, nursing etc.

IMPACT ON STAFF OF INTEGRATING FAMILY PARTNERS

- Staff members feel empowered and view their role as supporting, teaching, coaching, and partnering rather than controlling.
- Families become more confident and learn skills related to decision-making, leadership, and self-determination.
- **Staff spend more time proactively teaching and focusing on the positive, rather than reacting to the negative.**
- **There is less tension; everyone is more satisfied.**
- The organization becomes more trauma-informed – a supportive environment in which active listening helps promote relationships centered on trust.
(Caldwell, et.al. 2020)

NEXT STEPS

Small group discussion

- ▶ What successes, challenges and fears have you experienced; beyond FUNDING, partnering with Family Peer Advocates
 - ▶ Residential
 - ▶ Community

SMALL GROUP REPORT OUT AND QUESTIONS

WHAT WE LEARNED
AT THE ASSOCIATION OF CHILDREN'S
RESIDENTIAL AND COMMUNITY SERVICES
(ACRC)
&
FEDERATION OF FAMILIES
CONFERENCES

WHAT WE SET OUT TO ACHIEVE AT THE ACRC CONFERENCE AGENDA

- I. Why this was important topic
- II. Family Driven Care- What is it and why is it important?
- II. Relevant Research
- III. Role of Family Peer Advocates
- IV. What we already know and what we are learning
- V. Transformational Impact

WHAT WE LEARNED FROM BRAINSTORMING

- ▶ State agencies and laws are quite variable
- ▶ Family Peers are an essential role
- ▶ Family Peers as the initial point of contact facilitate setting goals & treatment planning
- ▶ Titles include Family Engagement Specialist, Parent Aide, Parent/Family Peer Support Specialist, Family/Parent Partner
- ▶ We can engage family peers in program evaluation.
- ▶ How many Family Peers do we actually need?

- ▶ Gift cards, thank you certificates, cell phones with numbers are given to parents
- ▶ Intentionally include HR & leadership
- ▶ Permanency specialist can collaborate with Family Peers in family finding
- ▶ It is a professional position
- ▶ Family Peers can be involved in tracking outcomes, for example FANS

WHAT WE LEARNED FROM BRAINSTORMING

WHAT WE LEARNED FROM BRAINSTORMING

- ▶ How we talk is how we think
- ▶ 24/7 job
- ▶ Supervisor - Clinical Director, Family Peer Advocate
- ▶ Family Peer Advocate share lived experience with families
- ▶ Family Peer Advocates are following kids for 6 months post discharge
- ▶ Youth-guided a key aspect of FDC
- ▶ Valuing families at referral/intake and throughout brings results
- ▶ Family Peer Advocates helps family voice be heard – families value this

- ▶ Statewide parent steering committee
- ▶ Family partner capacity was built/developed ... Need to re-look and build again

WHAT WE LEARNED FROM BRAINSTORMING (FEDERATION)

- ▶ Differing perspectives about the role and having hired family members-Openness to the idea
- ▶ State laws
- ▶ **Criminal record requirements for hiring family peer advocates**
- ▶ Mentorship from other family peer advocates is not available
- ▶ Not a specific process in place for QI
- ▶ Lack of data & evidence – which measures to track

BARRIERS AND/OR CHALLENGES

- ▶ Voluntary & involuntary placement
- ▶ Attitude/judgement about parents
- ▶ Disconnect between direct care & Family Peer Advocate
- ▶ Requirements upon Family Partner
- ▶ Funding not available – inequitable compensation
- ▶ Lack of internet in rural areas
- ▶ Watch your language-“Capturing” vs “gathering”

BARRIERS AND/OR CHALLENGES

▶ **Pandemic**

Lack of parents in person meetings, advisory groups

Lack of champions

Trauma of workforce combined with trauma of family

Grief

➤ Need a re-set

▶ Definition of families not respected

Biases about families

▶ Not enough family partners for need/capacity

▶ Remembering siblings needs

▶ Not enough understanding and knowledge when youth have complex medical needs

Med management

▶ Programs not informing parents of incidents

No privacy when visiting, on phone

Responded “this is our policy”

BARRIERS AND/OR CHALLENGES (FEDERATION) 33

QUESTIONS

SPECIAL THANKS

ACRC, BBI and Bob Lieberman along with the 15 Family Peers from across the county who came together to create an avenue for conversation that further enhances the understanding of the Family Peer profession in residential



OUR VISION

Community and residentially-based treatment and service providers share responsibility with each other, families, and youth to ensure that comprehensive mental health services and supports are available to improve the lives of young people and their families.

OUR MISSION

The mission of the Building Bridges Initiative is to identify and promote practice and policy initiatives that will create strong and closely coordinated partnerships and collaborations between families, youth, community – and residentially-based treatment and service providers, advocates and policymakers to ensure that comprehensive services and supports are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes.

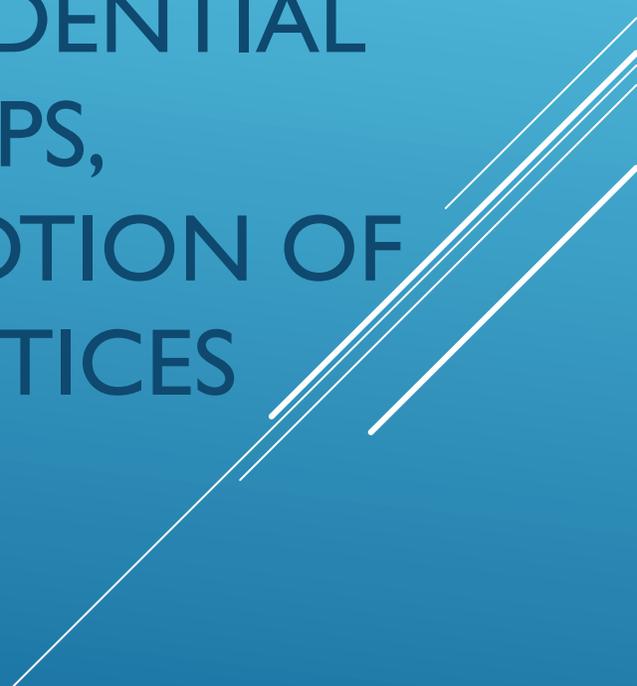
Advancing partnerships among residential and community-based service providers, youth and families to improve lives.

together, the voice



ACRC'S MISSION

PROVIDING A POWERFUL VOICE FOR RESIDENTIAL INTERVENTIONS THROUGH RELATIONSHIPS, LEADERSHIP, ADVOCACY, AND THE PROMOTION OF INNOVATIVE TREATMENT AND BEST PRACTICES

Decorative white lines consisting of several parallel diagonal strokes in the bottom right corner of the slide.

Heather Tafuro
htafuro@ftnys.org

Denise Delio
ddelio@sco.org

Nancy Craig-
Pierce
ncraig@ftnys.org

WWW.FTNYS.ORG