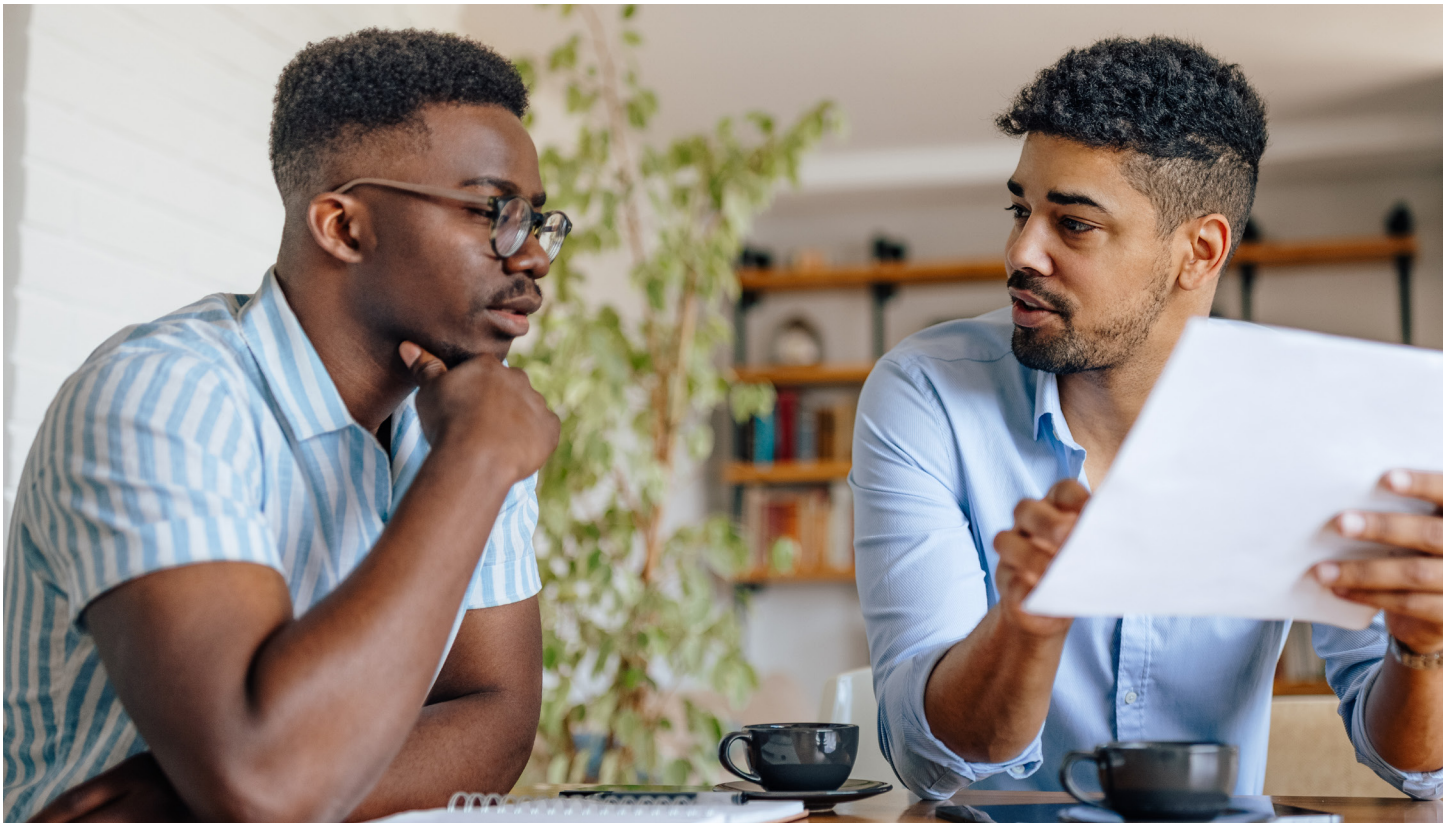
MODULE 2

BUILDING COLLABORATIVE PARTNERSHIPS TO ESTABLISH PEER SUPPORT SPECIALIST PROGRAMS

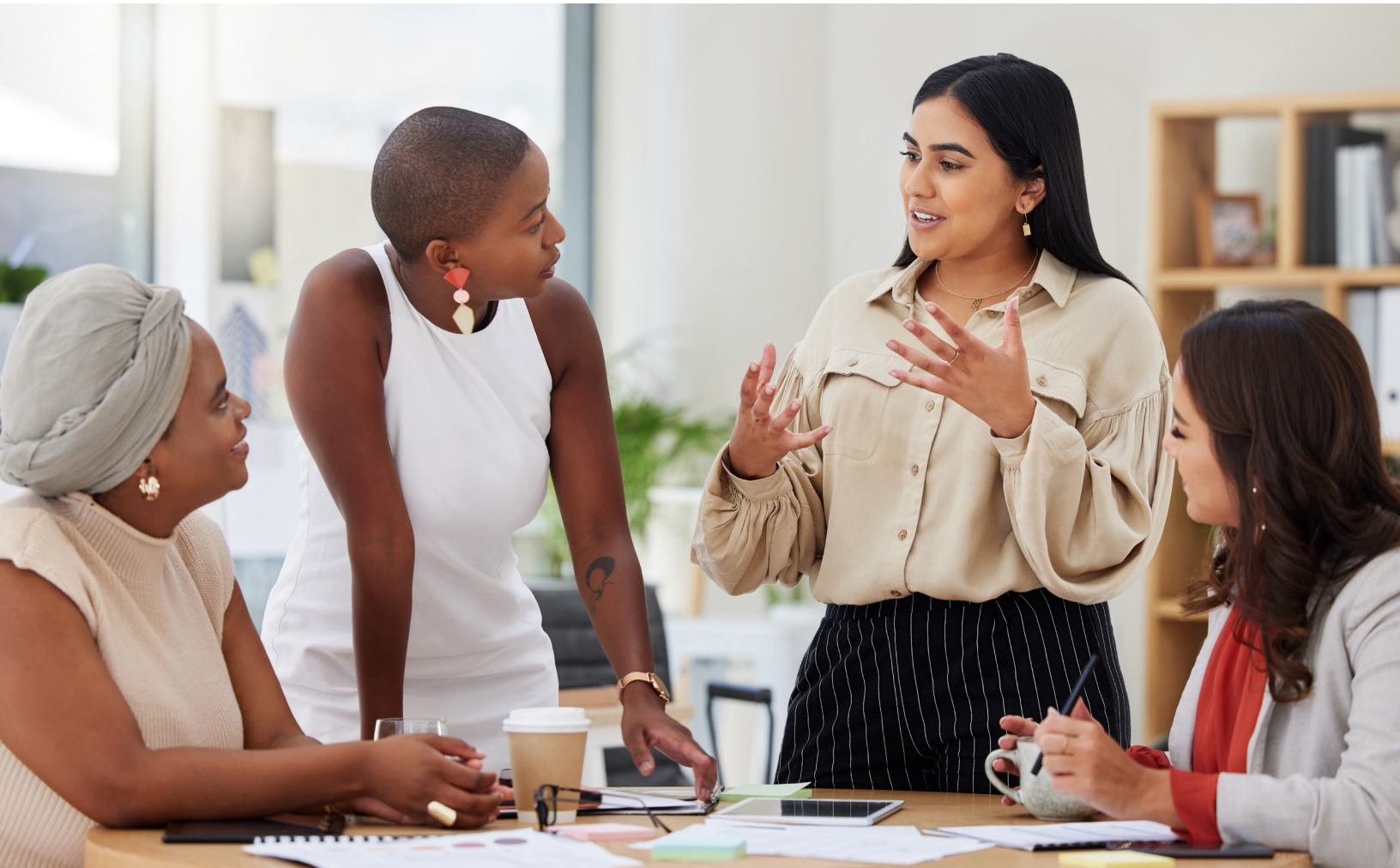


Peer Support Specialist Programs for Families Affected by Substance Use and Involved with Child Welfare Services: A Four-Module Implementation Toolkit

National Center on Substance Abuse and Child Welfare

This four-module toolkit offers strategies to develop peer support specialist programs for parents affected by substance use and whose children and families are involved with child welfare services. The toolkit, rich with on-the-ground examples and lessons from successful peer support specialist programs, offers practical strategies and resources to promote system-level policy change and practice innovations on behalf of children and families.

- **Module 1: Background on Peer Support Specialist Programs and Introduction to the Toolkit:** Provides a brief background on this model of support for parents with or at risk of developing substance use disorders and involved with child welfare services. Describes the purpose of this toolkit along with content developed through a focus group with program administrators and peer support specialists from across the country.
- **Module 2: Building Collaborative Partnerships to Establish Peer Support Specialist Programs:** Describes how to lay the foundation of an effective program by convening a cross-system collaborative team to build capacity and readiness for implementation. Offers strategies for building effective partnerships through committing to a common mission and vision, delivering cross-system training, and establishing information sharing agreements.
- **Module 3: Program Development Strategies to Implement Effective Peer Support Specialist Programs:** Provides considerations for designing a peer support specialist program with examples and strategies to determine the population of focus, program goals, and roles and responsibilities of staff.
- **Module 4: Strategies for Developing the Peer Support Specialist Workforce:** Highlights workforce development considerations for establishing peer support specialist programs, including strategies to recruit and hire staff, determine qualifications and certifications, establish salary and benefits, develop onboarding and training, and provide ongoing supervision and support.



MODULE 2: Building Collaborative Partnerships to Establish Peer Support Specialist Programs

Peer support specialist programs for parents with or at risk of developing substance use disorders (SUDs)*—and who have involvement with child welfare services—aim to: 1) promote parents' entry and engagement in SUD treatment and recovery, 2) support parents to fully meet the requirements of their treatment and child welfare case plans, and 3) help families remain safely together. With their own lived experience of recovery from SUDs and often successful reunification with their children following a child welfare case, peer support specialists serve as trusted allies for parents as well as positive role models for recovery that extends beyond the reach of clinical SUD treatment. There is much variation in how peer support specialist programs are operated, funded, and staffed. No matter the population of focus, the first key step in developing a program is to convene a collaborative team comprised of partners who represent the community and meet the needs of families.

This module describes how to lay the foundation of an effective peer support specialist program by convening a cross-system collaborative team to build capacity and readiness for implementation. It offers strategies for: 1) building effective partnerships through committing to a common mission and vision, 2) delivering cross-system training, and 3) establishing information sharing agreements.

To inform the content of this toolkit, NCSACW convened an in-person focus group with representatives from peer support specialist programs from across the country—including program managers, state leaders from child welfare, SUD treatment and court systems; and peer support specialists with lived experience of SUD recovery. Focus group participants shared their system-level policy efforts, practice strategies and innovations, program challenges and barriers, and messages of recovery and hope—forming the on-the-ground policy and practice examples that are shared in this module.

BUILDING THE COLLABORATIVE TEAM

Implementing a peer support specialist program within a single siloed agency will not allow for the robust, comprehensive, and targeted services needed for parents with or at risk of developing SUDs—or their children and family members involved with child welfare services. Successful peer support specialist programs engage partners who represent the community and bring their own talents, expertise, and resources to serve children, parents, and family members. These partners may include child welfare services, family treatment courts (FTCs), attorneys and legal professionals, SUD and mental health treatment providers, primary health care providers, recovery care organizations, faith-based organizations, housing services, and more. Among these partners, active involvement of persons with lived experience of SUD recovery is key. Collaborative partners consistently work together to identify and resolve barriers while communicating effectively to provide coordinated, streamlined services for children, parents, and family members to: 1) prevent out-of-home placement, 2) keep family members together, and 3) promote parent recovery.

> "We have collaboration with every agency. Everyone gets together for quarterly meetings regarding updates about what agencies are doing (or not doing). These meetings are not used for collaborative case staffing."
>
> *—Peer support specialist program manager*

*The phrase "with or at risk of developing SUDs" refers to individuals who already have a diagnosed SUD as well as those using substances in a manner, situation, amount, or frequency that can cause harm to themselves or those around them.

KEY CONCEPT: PARTNERING WITH CHILD WELFARE SERVICES

If child welfare is not the organization employing the peer support specialists, they should be a key partner early in the process. This is an essential step to promote their understanding of the benefits of the peer support specialist role, include their input in the program development, and create buy-in to the program.

KEY CONCEPT: PEER SUPPORT SPECIALISTS ARE KEY PARTNERS

Persons with lived experience are integral members of the collaborative team with invaluable insight and expertise to offer.

ON-THE-GROUND EXAMPLE

One program administrator noted they partner with local churches for space to host their peer support group meetings. They partner with a local bagel shop for food donations.

Successful peer and recovery specialist programs emphasize that individuals with lived experience of SUD recovery must act as integral partners in the collaborative team since their expertise guides program development and operation. One focus group participant stated that "processes that may seem linear and easy to program administrators are not always experienced that way by the families." The persons with lived experience who have walked this path themselves can offer administrators insight into crafting the program in a way that makes sense for parents with SUDs, their children, and family members.

One of the many strengths of peer support specialist programs is they provide support to parents within their own communities—helping them get connected to recovery programs and services, other individuals in recovery, prosocial activities, and resources that build their recovery capital. As a focus group participant stated, "recovery happens within communities" and within the context of family. Effectively connecting parents with community resources requires peer and recovery specialists to build collaborative partnerships at the practice level to both understand what services are available and determine how to help families access the services they need. One of SAMHSA's categories of core competencies for peer workers is "supports collaboration and teamwork," which involves working together with colleagues to enhance access to community services and resources, engaging with community organizations, and coordinating efforts with family members.[1]

Team members in the early stages of building a collaborative program benefit from conducting an environmental scan to identify and understand the needs of the family members in the community, the partners who need to be involved, and the practice and policy issues in the state or jurisdiction. An environmental scan may involve looking into state certification and licensing requirements for peer support workers as well as identifying potential funding sources and their implications, such as definitions used by the Center for Medicaid Services for Medicaid reimbursement for peer workers. It also may involve assessing the available recovery resources in the community—or lack thereof. Environmental scans help identify the characteristics of the family members which can help ensure the program engages the right partners and hires staff who represent the population served.

Building collaborative partnerships must begin early in the program development process to solicit professional and lived experience; obtain buy-in; and allow partners to share their expertise and ideas, develop a common vision, and determine the desired outcomes in the program. Building a sustainable cross-system collaboration among partners who represent and can meet the needs of the families in the community takes significant commitment. This type of commitment results in collaborative teams working together to create lasting systems change on behalf of families.

COMMITTING TO A COMMON MISSION, VISION, AND GOALS

Upon the development of a collaborative team, partners benefit from having open discussions about values, beliefs, and goals to set the foundation of what the collaborative is trying to achieve together. Coming together with a unified approach helps the team better handle challenges that arise.

Cross-system partners often have differing opinions and values related to the mission and priorities of the work, as well as different viewpoints of parents with SUDs and working with individuals with lived experience of SUD recovery. When differences linger and remain unidentified, they can frustrate efforts to make important systems changes. The goal is not to change the values of partners, but to challenge their way of thinking about how to serve families, and to find a common purpose and vision.

Partners can also reinforce their shared vision and principles by developing a joint mission or vision statement that specifies the client- and system-related goals of the partnership.

KEY CONCEPT: ENVIRONMENTAL SCANS CAN INCLUDE SPEAKING WITH PARENTS AND FAMILY MEMBERS

As part of the environmental scan, collaborative teams can also host focus groups with parents and family members who had previous involvement with child welfare services and who are affected by parental SUDs. This process helps the team glean valuable insight into how families have experienced the agencies with which they were involved and understand the barriers and challenges they faced.

RESOURCE SPOTLIGHT

NCSACW's *Building Collaborative Capacity Series, Module 1: How to Develop Cross-Systems Teams and Implement Collaborative Practice* provides concrete steps and actions communities can take to build collaborative teams.

NCSACW's *Engaging Parents and Youths with Lived Experience: Strengthening Collaborative Policy and Practice Initiatives for Families with Mental Health and Substance Use Disorders* outlines key strategies collaboratives can consider when recruiting and engaging adults and youths with lived experience.

KEY CONCEPT: ADDRESS VALUES RELATED TO PARENTAL SUDS

Focus group participants emphasized the importance of identifying divergent and common values specific to parents' ability to recover from SUDs and successfully parent.

ON-THE-GROUND EXAMPLE

A focus group participant shared their program's vison statement: "Our vision is a responsive and integrated system of care that provides coordinated direct services, support services, and resources that promote safety, well-being and permanency for clients, their children and families that are impacted by substance use disorders."

RESOURCE SPOTLIGHT

NCSACW's *Building Collaborative Capacity Series, Module 2: Addressing Values and Developing Shared Principles and Trust in Collaborative Teams* provides concrete steps and actions communities can take to identify values and develop joint mission, vision, and goals.

Children and Family Futures' *Collaborative Values Inventory (CVI)* is a self-administered questionnaire providing jurisdictions with an anonymous way of assessing the extent to which group members share ideas about the values that underlie their collaborative efforts. NCSACW provides technical assistance to collaborative teams to complete and analyze CVI results.

ON-THE-GROUND EXAMPLE

One program offers cross-system partners a "role comparisons" document that clarifies what the role of the peer support specialists is compared to other staff, such as case managers.

IMPLEMENTING CROSS-SYSTEM TRAINING FOR COLLABORATIVE PARTNERS

Establishing a collaborative team to implement a peer support specialist program requires ongoing cross-system training for each of the partners to understand the needs of children, parents, and family members affected by substance use and SUDs, and child welfare involvement—as well as the roles and responsibilities of peer support specialists to meet those needs. While each of the partner agencies comes to collaborative practice with expertise regarding their own target population served, they sometimes lack a deeper understanding of the holistic needs of families in other service areas and knowledge of the practices, processes, funding strategies, and roles of the partner agencies in meeting those needs. Cross-system training programs aim to increase staff knowledge about the other agencies working with these children, parents, and family members.

For example, child welfare, court, and other social service professionals benefit from understanding parental SUDs, trauma, and mental health disorders; their effect on families; as well as effective treatment approaches and services that support recovery.[2,3] Peer support specialists, SUD treatment providers, and health care professionals benefit from understanding the child welfare system processes—including Tribal, state, and federal mandates—and the unique treatment and recovery needs of parents as well as the prevention and service needs of children involved with child welfare and the courts.[4]

An important component to cross-system training is educating partners on the roles and responsibilities of peer support specialist staff. Collaborative teams can create documents that delineate the roles of the staff in relation to other individuals working with the family, and then share this document with all cross-system partners. It is also helpful to share this resource with families so they know what to expect from each of the individuals working with them.

A number of focus group participants noted that leadership changes and staff turnover have hindered their collaborative

partnerships and challenged their ability to effectively serve parents and children. Requiring training for all new staff—while also offering ongoing training for existing staff—ensures that new leaders and staff understand and implement established policy and practice innovations despite a change in leadership or staff turnover. A focus group participant who leads a Regional Partnerships Grants project that offers peer support as one of their program strategies shared: "We have had nine state child welfare leaders within 5 years. Some counties have 80% turnover among child welfare staff. It is a huge challenge to be helping partners when they are facing staff turnover. Our strategy is "'let us be your eyes, ears, and legs.' We ask partners to send us cases … we [take] it as an opportunity to support partners in distress."

Successful peer support specialist programs elevate the voices of their peer workers with lived experience of SUD recovery and provide them with opportunities to educate cross-system partners on SUD treatment and recovery processes while serving as an example of successful recovery and reunification. For example, a focus group participant who works as a peer support specialist leads regular Science of Addiction training for FTC staff, child welfare workers, and judges. Other peer support specialists present at local and national conferences to highlight the success of their program and share their story.

Reducing Stigma

A number of focus group participants noted that stigma against persons with SUDs, individuals in recovery, and parents with child abuse or neglect allegations can impede their collaborative partnerships and affect parents' engagement in treatment and recovery. It can also affect the ability for persons with lived experience to be seen and trusted as valuable members of the team. A number of focus group participants who serve as peer support specialists said they themselves have experienced stigmatizing language and biased interactions during collaborative team meetings, especially from child welfare and court partners who do not yet have a deep understanding of SUD treatment and recovery.

Focus group participants noted that, in addition to parental SUDs more generally, stigma related to parents receiving medication-assisted treatment (MAT), including medications for opioid use disorders (MOUD), hinders their work. Parents may have trouble locating recovery residences or housing that accepts individuals receiving MAT/MOUD. Child welfare workers as well as abstinence-focused self-help groups, such as Alcoholics Anonymous or Narcotics Anonymous, can view MAT/MOUD as continued

> "There has to be someone in your program [who] is a champion. Someone that will allow you the platform to communicate how you make a difference in the community as a peer worker."
>
> *—Peer support specialist*

KEY CONCEPT: PEER SUPPORT SPECIALISTS CAN DISRUPT STIGMA

A number of focus group participants who serve as peer support specialists noted they help disrupt stigma through personal storytelling and sharing their own experience of SUD recovery and family reunification to offer a model of success and hope to collaborative partners. A participant stated that **"through education, peers can soften everyone's opinions, and disrupt stigma with [their] own personal story telling."**

ON-THE-GROUND EXAMPLE

One participant noted the power of language and stated that their program now refers to MAT as "medication-assisted recovery" to reduce stigma.

RESOURCE SPOTLIGHT

SAMHSA's *National Model Standards for Peer Support Certification* provides standards for developing a national certification program for substance use and mental health peer specialists.

SAMHSA's *Incorporating Peer Support Into Substance Use Disorder Treatment Services* offers guidance on incorporating peer workers and the services they provide directly into SUD treatment and supportive programs.

SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services* describes the critical knowledge, skills, and abilities needed by those providing peer support services to people with or in recovery from a mental health or substance use condition.

The Office of Planning, Research, and Evaluation's *Recovery Coaching Interventions for Families Involved with the Child Welfare System: Moving Toward Evidence-Based Practices* describes effective family recovery and reunification interventions that use recovery coaches.

SAMHSA's *Bringing Recovery Supports to Scale Technical Assistance Center Strategy* offers a host of resources on implementing effective recovery support services.

substance use rather than recovery. Discrimination, bias, and stereotypes inhibit access to MAT and may delay a person's ability to access critical health and human service programs. NCSACW and the Office on Civil Rights created a training series, *Exploring Civil Rights Protections for Individuals in Recovery from an Opioid Use Disorder*, to inform child welfare and court professionals about federal disability rights protections that apply to certain parents with an OUD who are also involved with child welfare.

Cross-system training programs that increase understanding of the SUD treatment process and the multiple pathways to recovery, including MAT/MOUD, can reduce stigma at every level while educating partners on the roles and expertise of persons with lived experience of SUD recovery. Peer support specialists are an asset to cross-system training programs; incorporating their expertise and experiences can help reduce stigma. Training can encourage partner agency staff to use person-first, strength-based language in all of their encounters with families as well as collaborative partners.

Training also can include discussion of bias—the attitudes or stereotypes that unconsciously affect actions and beliefs—as it relates to persons with SUDs and parents and their children in child welfare services.

ESTABLISHING CROSS-SYSTEM INFORMATION SHARING

As part of the collaborative team, peer support specialists can share information with collaborative partners regarding parents' progress, needs, and strengths. They also serve as advocates for parents and speak up on their behalf in collaborative case planning meetings and other settings. They develop reports for child welfare and court staff that are linked to court appearances and case staffing. Peer support specialists help families by keeping open communication with child welfare services and the court. Most peer support specialists are mandated child abuse reporters and are therefore required to comply with state laws pertaining to the information they must report, such as if there is a return to substance use that may lead to safety[2] concerns for children. Collaborative teams are encouraged to have clear policies and training about these requirements, and peer support specialists can make the requirements clear to parents.[3]

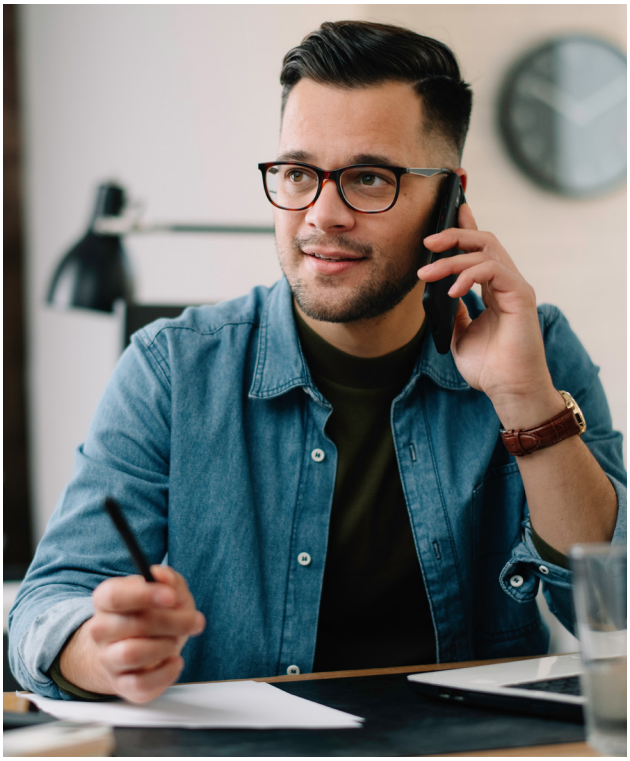
Peer support specialists provide support and coaching that empowers parents to be honest with their treatment team and to be the ones to communicate any return to use on their own. Peer and recovery specialists can educate the collaborative partners on lapse and relapse and frame return to use as a potential part of the SUD process and an indication of an unmet need for the team to resolve.

With agreed upon communication protocols, other examples of information that peer support specialists often share with child welfare, SUD treatment, courts, and other partners might include

- Details about the parent's progress in treatment and recovery from their SUD, including assessment of and progress in building recovery capital
- The nature and frequency of any return to active substance use
- Parental capacities and protective factors that promote child well-being and stability
- Engagement in community-based recovery services, such as SUD treatment, 12-step, or other recovery meetings
- Participation in parenting programs, education, employment, and prosocial community activities

ON-THE-GROUND EXAMPLE

A focus group attendee who serves as a peer support worker shared that they provide a report of their client's progress to child welfare twice a month and attend treatment court weekly with parents.



[2] The term "safety" is used in this toolkit in the context of state child welfare state statutes that promote the safety, permanency, and well-being of children.

[3] Clear policy and training is important for all team members to understand, especially for programs in which peer support specialists are contracted through parent attorney offices and are not mandated reporters, meaning that they are not required to report child safety concerns to child welfare services.

ON-THE-GROUND EXAMPLE

A focus group participant who is a peer support specialist program administrator shared that they conduct family case conferences in which all agencies and partners serving the family attend and ask the parent: "What do you need? How can we serve you? What is most important?" They communicate to meet children's, parents', and family members' needs as well as lift them up and encourage them.

RESOURCE SPOTLIGHT

NCSACW's *Building Collaborative Capacity Series, Module 3: Establishing Practice-Level Communication Pathways and Information Sharing Protocols* provides steps to establish communication pathways and concrete protocols to ensure consistent, proper exchange of client information at the practice level

Peer support specialist programs typically have parents sign a consent form and release of information upon participation. Collaborative teams can jointly develop a participant consent form compliant with 42 CFR Part 2 and HIPAA provisions.

Collaborative teams can conduct joint family case reviews, ideally including peer support specialists and all partners from child welfare, SUD treatment, courts, health care, and other community-based services providers. These meetings allow collaborative partners to regularly review parents' progress in meeting the goals of the case plan, especially when critical events or changes in child status (e.g., trial home visits) occur. Parents, children, and family members benefit when peer and recovery specialists take an active role in these case meetings. They serve as the voice of the family and can offer a unique insight into parents' progress, advocate for parents' and other family members' needs, and offer a valuable contribution.

Successful peer support specialist programs have established information sharing protocols that dictate the exchange of specific information, the method for exchange (and responsible parties), and the frequency of the exchange. Having a formal protocol in place ensures: 1) the sharing of information over time, 2) all confidentiality requirements are met to protect parents' rights, 3) parents clearly understand what agencies will and will not share, and 4) partners can trust that information will be shared appropriately. Ensuring proper exchange of information also requires program administrators to provide their peer support specialist staff clear direction and guidance on their expectations for sharing information. The guidance can appear in onboarding and ongoing training programs for staff (discussed in more detail in *Module 4*).

SUMMARY

Effective peer support specialist programs draw on the expertise and resources of community partners, including child welfare services, FTCs, SUD and mental health treatment providers, health care providers, and other community-based service providers. Building these cross-systems partnerships requires teams to conduct an environmental scan to first understand the needs of the population of focus and then determine which partners need to be at the table to meet those needs. Collaboratives benefit from including persons with lived experience of SUD recovery on the team and drawing on their expertise and insight into program development, implementation, and operations.

Working collaboratively across agencies requires collaborative teams to identify and understand divergent values as well as commit to a common mission and vision, along with goals and outcomes for the program. It also requires ongoing cross-system training to promote partners' understanding of the SUD treatment and recovery process and reduce related stigma. A strong collaborative team establishes clear and agreed upon information sharing pathways to ensure that peer support specialists consistently and appropriately share information with partner agencies that promotes parental recovery and child and family well-being.

The next module in this toolkit, *Module 3: Program Development Strategies to Implement Effective Peer Support Specialist Programs*, provides considerations for designing a peer support specialist program, with examples and strategies to determine the population of focus, program goals, and roles and responsibilities staff.

CONTACT US

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Email NCSACW at *ncsacw@cffutures.org*

Visit the website at *https://ncsacw.acf.hhs.gov/*

Call toll-free at ***866.493.2758***

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Children's Bureau

SAMHSA Substance Abuse and Mental Health Services Administration

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