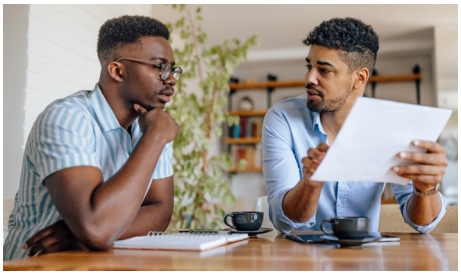
MODULE 3

PROGRAM DEVELOPMENT STRATEGIES TO IMPLEMENT EFFECTIVE 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 3: Program Development Strategies to Implement Effective 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.

Implementing an effective peer support specialist program requires collaborative teams to spend time thoughtfully planning the program. This module provides key strategies to: 1) determine population of focus, 2) develop program goals, 3) establish staff roles and responsibilities, and 4) select evidence-informed practices and engagement techniques.

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—offering on-the-ground policy and practice examples that are shared in this module.

DETERMINE THE POPULATION OF FOCUS

Collaborative teams benefit from conducting an environmental scan to understand the needs of their community as well as the population served. Teams at the start of the program development process can review available data to best understand who needs the service. Examples may include data on community census, child welfare entry, disaggregated treatment, and child welfare outcomes.

Characteristics also informs staff hiring (discussed in detail in *Module 4*). Teams ideally match parents with peer support specialists to optimize development of trust, understanding, and connection.

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

RESOURCE SPOTLIGHT

NCSACW's *Referral and Engagement of Families in Services: Technical Assistance Brief* presents four key strategies that projects can use to ensure families receive referrals to—and engage in—SUD treatment and other services and supports.

KEY CONCEPT: DEVELOP PROGRAM GOALS TO MEET THE UNIQUE NEEDS OF THE COMMUNITY

In addition to reviewing community data, collaborative teams can host focus groups with parents and family members who have previous involvement with the partner agencies to gain insight into their unique challenges and needs, as well as how this program could serve them to meet those needs.

Upon analysis of the data, collaborative teams then select the program's population of focus. Populations generally include parents affected by substance use who are involved with—or at risk of involvement with—child welfare. Some programs select narrower populations based on community need, such as pregnant and postpartum women, fathers, and parents in family treatment court (FTC). Others give priority access to certain parents, such as those who are pregnant, parents with at least one child 5 or under, and parents who are court involved. Collaborative teams can use their community data to determine the population most in need of peer support specialists and then select their population of focus criteria accordingly.

The lead agency, as well as the funding source, influence the population of focus. For example, if a SUD treatment center houses the program, the population of focus might be broader than parents with child welfare involvement. In these cases, the treatment agency would want to know the percentage of their parents with child welfare involvement so they could incorporate strategies to meet their specific needs (e.g., offer specialized training for staff working with families involved with child welfare). In other cases, the population of focus might influence which agency takes the lead.

DEVELOP PROGRAM GOALS

Collaborative teams develop goals upon creating joint mission and vision statements (discussed in detail in *Module 2*) and selecting a target population. Assessing desired outcomes remains an important part of helping collaborative teams determine the key activities and responsibilities required to meet these goals.

Teams include individuals from a wide range of systems, agencies, organizations, and those with lived experience. Comprehensive program goals reflect this.

Programs often strive to

- Increase rates of SUD treatment engagement and completion
- Increase rates of recovery maintenance
- Reduce repeat child maltreatment, child welfare reengagement, and the time children spend in out-of-home care
- Remove barriers and improve communication between child welfare services and SUD treatment staff

DETERMINE THE ROLES AND RESPONSIBILITIES OF PEER SUPPORT SPECIALISTS

Peer support specialists take on various roles and responsibilities depending on the needs of the population served, the lead agency who employs the staff, funding sources, staff qualifications, and program mission and goals. Upon defining the mission, vision, and goals of the program, it is important for collaborative teams to clearly delineate the roles and responsibilities of peer support specialist staff. It is important for teams to engage collaborative partners who have lived experience of SUD recovery into this process of determining peer support specialist roles; as their insight is invaluable. These roles and responsibilities then dictate the development of a clear and concise job description and key qualifications that will guide the hiring, training, and supervision process.

While peer support specialist programs vary in terms of roles and responsibilities, focus group participants shared the typical ways staff support parents:

1. Coaching and Mentoring

- Provide regular in-person visits and phone contact
- Model what successful recovery looks like
- Share inspiration and hope for recovery
- Help set recovery goals; coach parents in desired skills and strategies
- Motivate parents to remain in treatment and recovery
- Coach parents on what to expect in recovery meetings, and help them find a sponsor (if applicable)
- Facilitate peer support groups
- Help build recovery capital (e.g., develop recovery action plans; solve problems related to health, wellness, and recovery; repair and build relationships)
- Supervise visits with children (with appropriate training and approval), offer ideas for activities, provide feedback following visits

2. Connections to Recovery Resources and Other Community Services

- Schedule SUD assessments and arrange transportation to treatment settings
- Help locate recovery meetings (e.g., 12-step) and, if necessary, provide transportation and attend meetings as a support person

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.

ON-THE-GROUND EXAMPLE

A focus group attendee shared the job description for their program: "The recovery coach draws upon their personal growth experience to carry the message of hope and recovery to individuals who are referred to substance use treatment services. This position cultivates and secures a connection with the enrolled individual, while teaching personal responsibility and serving as a mentor and role model based on their previous experiences. Using evidence-based practices and strategies, the recovery coach may provide direct services to individuals such as outreach and engagement, personal assistance in the completion of daily living skills, linkage to community supports, transportation, in-home services, and group facilitation."

> "As a peer, you can be a support for that person. You will have [agencies] telling you things; the support can just say 'I'm here for you.'"
>
> *—Peer support specialist*

ON-THE-GROUND EXAMPLE

Focus group participants noted that in cases where they attend recovery meetings with parents, they make a clear distinction that the meeting is not for their own personal recovery but in support of the parent. They might also connect parents with other program participants who are further along in their recovery to attend meetings together.

ON-THE-GROUND EXAMPLE

A program offering peer support for pregnant and postpartum women with SUDs shared that they connect participants with one another to develop a long-term recovery network. They once hosted a holiday party for clients and families and offered a $50 gift card to fill up a contact book. Clients have gone on to develop friendships, set up play dates, and organize carpools. **"They feel connected not just to the program, but also to the other participants."**

- Provide referrals and links to community services (e.g., safe sober housing, food banks, recovery centers, health care, child care, job fairs, education and training programs)
- Encourage participation in pro-social and recovery-oriented activities
- Help parents navigate agencies and systems

3. Advocate and Communicate with Collaborative Partners

- Work directly with child welfare case managers (e.g., go on joint visits, stay in frequent contact)
- Attend and speak on the parent's behalf during collaborative case plan meetings, dependency or FTC hearings, and other family team meetings
- Educate collaborative partners on SUD treatment and recovery
- Develop reports for child welfare and courts on parents' participation and progress in treatment and services identified in their case plans

Many peer support specialists also complete administrative tasks related to their work. These activities may include

- Tracking (and logging) parent participation in case plan requirements, recovery meetings, and case plan services
- Documenting parent accomplishments
- Completing notes from meetings with parents
- Billing
- Developing monthly progress reports

Peer support specialists share information with collaborative partners while reporting parents' progress in treatment and case plans—and any additional needs. Peer support specialists first encourage parents to share the information—particularly any new challenges or return to substance use— while remaining honest with child welfare and other collaborative partners about their progress.[2] When

parents signal a return to substance use, the peer support specialist can educate partners that this is often a part of the SUD recovery process while advocating for meeting the needs of the parent, children, and family.

Key Considerations

Cementing roles and responsibilities requires collaborative teams to consider several key questions:

1. What's the frequency and duration of engagement with parents?

Engagement parameters depend on the peer support specialist caseloads, funding sources, and roles and responsibilities. There was much variation among focus group participants in terms of frequency and duration of visits; the most common caseload was 10-15 parents.

Participants noted they have clear guidelines or requirements on the frequency and duration of their meetings. Examples include

- At least 9 hours per month per parent
- Twice a month for 1 hour each
- Anywhere from 30 minutes to 3 hours, based on the parent's needs
- Twice a week for 30-45 minutes
- Once a week
- Speak/text with parents daily; send a daily schedule to parents as well as nighttime check-ins; visit in person once a week

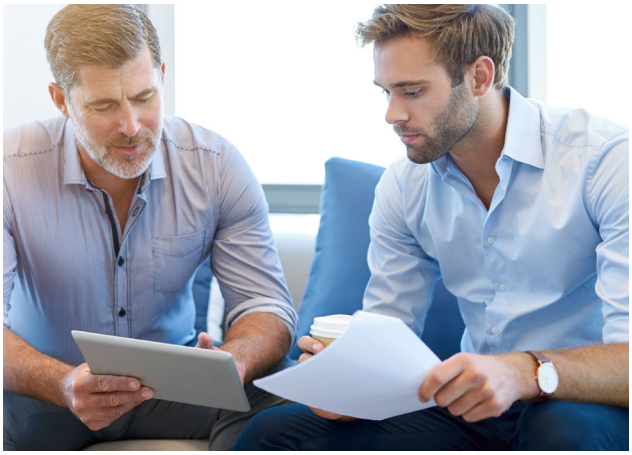
2. Do specialists provide transportation for parents?

Some focus group participants revealed they help transport parents to case meetings, SUD assessment and treatment, 12-step or other recovery meetings, community resources and services, and more. Other participants who are not allowed to offer transportation for parents drive on their own to meet parents for planned visits and services.

Collaborative teams must make this determination and provide clear guidance for staff. Transportation is a barrier for parents and family members, particularly in rural communities. If specialists do not provide transportation, teams can consider offering transportation support (e.g., bus passes or assistance with ride sharing services). Some communities have also had success offering virtual visits with peer support specialists as well as linking to virtual 12-step or other recovery support meetings.

KEY CONCEPT: MEETING PARENTS WHERE THEY ARE

Peer support specialists play an important role in motivating and encouraging parents. Many focus group participants stated that they "meet the clients where they are." Their key focus is on engagement and developing trust, as well as keeping parents on track to meet their goals.



ON-THE-GROUND EXAMPLE

In one program, peer support specialists are required to call parents the day before their first meeting with them and offer four transports (e.g., to appointments) in the first week. Peer mentors see parents once a week for the first 90 days. They offer a warm handoff to SUD treatment and other services.

ON-THE-GROUND EXAMPLE

One program provides their staff with a *Recovery Coach Responsibilities* document, which lays out the tasks recovery coaches are expected to complete on a daily, weekly, and monthly basis.

[2] Child safety concerns must always be reported in compliance with mandated reporter laws. This 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.

ON-THE-GROUND EXAMPLE

A focus group participant stated that, while their peer support specialists might initially provide transportation to SUD treatment and recovery meetings, they ideally aim to help parents secure their own transportation and take ownership over getting to their recovery meetings as they get further along in the program.

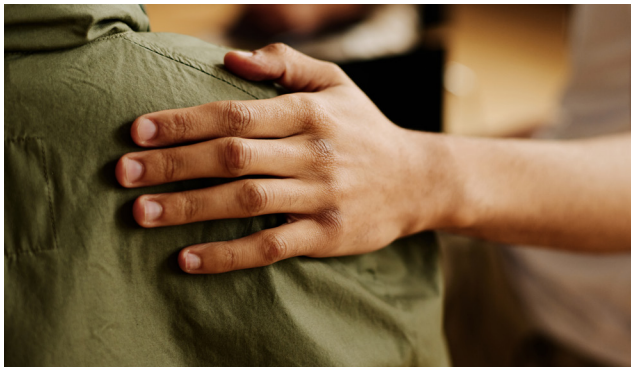
RESOURCE SPOTLIGHT

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 *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.

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

NCSACW's *Brief 2: Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points* provides practice considerations to help child welfare workers implement drug testing into their daily practice, also applicable to peer support specialists.



3. Do specialists collect samples for drug testing?

The topic of peer support specialists collecting drug testing samples (e.g., urine screens) from parents spurred some tension during the focus group. While some peer support specialists regularly collect samples from parents for drug testing, others felt it would impede trust. One participant offered some strategies for how peer support specialists can collect samples for drug testing purposes, for example, that women only test women, and emphasizing that peers can act as trusted confidants. Staff may also have open and honest conversations with parents if a return to substance use occurs. Another focus group participant said their staff do not collect samples, and in their case, the SUD treatment agency handles testing. It is important in these cases to maintain open and clear communication (with signed consent) between agency staff and peer support specialists to ensure proper monitoring of parents' progress.

SELECT EVIDENCE-INFORMED PRACTICES AND ENGAGEMENT TECHNIQUES

Peer support specialists use a number of evidence-informed practices and engagement techniques to assist parents as they achieve and maintain recovery.

Specialists play a key role in helping parents identify and build their "recovery capital"[1]—the internal and external resources necessary to begin and maintain recovery, such as access to health care, self-help/recovery meetings, supportive relationships, education and employment, self-esteem, and safe housing.[2]

A number of focus group participants use a recovery capital scale[3] to identify strengths and challenges while helping parents develop a *recovery capital plan* (also called "recovery

support plans" or "recovery action plans"). These client-centered plans identify parents' strengths, community and family support, challenges or areas of concern, crisis response plan, and safety plan for children. Plans also delineate the identified goals with action steps to meet them. Peer support specialists can also help parents meet the goals in their recovery capital plans.

Participants shared some of the evidence-informed practices and programs they implement with parents and family members, including

- Motivational Interviewing
- Nurturing Parenting Program
- Seeking Safety
- 24/7 Dad
- Strengthening Families Program
- Living in Balance
- SMART Recovery

Specialists require training and continuing education to implement these programs with parents and families. See *Module 4* for detailed discussion on staff training.

ON-THE-GROUND EXAMPLE

A peer support specialist said they use a recovery capital scale to assist with client engagement. Each time they complete it with a parent, they note their progress in recovery, even if it is just one point higher than the last time. **"I find something to show them they are doing right."**

ON-THE-GROUND EXAMPLE

One program uses a "soft start-up" approach in which the recovery coaches conduct 10-minute motivational interviews with parents to inspire them to arrive at their first appointment *ready to participate*.

"We use an [incentive-based] contingency management model. If clients are ambivalent, we offer incentives. Every time they come in to meet with specialists, they get formula, diapers, gift cards, etc. to keep them coming. Incentives fade away eventually. Seventy five percent of the time they maintain engagement with peers."

—Peer support specialist program manager

RESOURCE SPOTLIGHT

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.

NCSACW's *How Using Contingency Management Can Support Families Affected by Substance Use Disorders* features 1) an overview of contingency management including the implementation with different cultural populations, 2) a closer look at the myths and stigma associated with contingency management, and 3) practical strategies for agencies to implement contingency management.

SUMMARY

Developing effective peer support specialist programs requires collaborative teams to agree on the target population and overall program goals based on the assessment of community needs and demographics. These results guide the development of the roles and responsibilities of the specialist staff. Parents, children, and other

family members benefit when specialists use evidence-informed practices and engagement techniques to build recovery capital. Upon selection of the roles and responsibilities, collaborative teams can focus on hiring, training, and supervising staff to meet the goals of the program.

The next module in this toolkit, *Module 4: Strategies for Developing the Peer Support Specialist Workforce*, highlights workforce development considerations for establishing the specialist programs, including strategies to recruit and hire staff, determining qualifications and certifications, salary and benefits, onboarding and training, and ongoing supervision and support.

CONTACT US

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SAMHSA Substance Abuse and Mental Health Services Administration

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[1] White, W. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. Counselor, 9(5), 22-27.

[2] Substance Abuse and Mental Health Services Administration. (2023). *Incorporating Peer Support Into Substance Use Disorder Treatment Services*. Treatment Improvement Protocol (TIP) Series 64. Publication No. PEP23-02-01-001. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2023.

[3] White, W. (2009). Recovery capital scale.