Parent Support, Education and Empowerment Tools to Improve Family and Systems Outcomes
Presenters

Kim Hunt
Program Director, Family Alliance For Change

Deborah Martinez
Parent Support Partner Team Leader, Family Alliance For Change

Marquita Felder
Children, Youth & Families Program Director, Southwest Counseling Solutions
A PSP’s JOURNEY
Objectives

1. Describe the principles and values of children’s Systems of Care (SOC).

2. Understand the role of Parent Support Partners (PSPs) in engaging and retaining families in physical and behavioral health, education and other services.

3. Know how to integrate PSP’s Medicaid billable services into agency practice teams.

4. Utilize PSP’s as change agents within the organization and in the larger systems environment.
Historical Perspective

Over the last 20 years there has been an increased emphasis on engaging families in service planning and delivery decisions. From making decisions about individual TX of their children to organizational and system level service delivery decisions.

Paradigm shift has occurred. Parents and youth are becoming full partners in decision making on all levels in our system.
In the early 90’s Friesen and Koroloff- some of the first researchers to examine the issues of family engagement found that:

- Focus was on the Child in isolation of the family unit
- Only focusing on mental health (excluding the other systems or service needs).
- Formal services ignoring informal supports.
SYSTEM OF CARE

Systems of Care (SOC) is recognized as an evidence-based practice for families whose children have special health care needs, including serious emotional disturbance (SED).
System of Care – cont.

• Systems of Care is an approach to services

• Recognizes the importance of family, school and community

• Seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs.

SOC Values

• Family Driven and Youth Guided

• Community Based

• Culturally and Linguistically Competent

Systemsofcare/samsha.gov
How the SOC has evolved to become Family Driven

2000's Emergence of Family-Driven Care

1990's Systems of Care offer services based on child and family strengths. Collaboration increasingly a goal of participants in system of care.

1980's Mental Health professionals questioned beliefs that family members were responsible for their child's mental health problems. Parents and supportive professionals continue to advocate for increased family participation in services.

MID-1900's Family members not involved in child's treatment
Understanding the Role of PSP’s
Definition

Parent Support Partner are people who want to share their knowledge, skill, experiences and compassion with families. Parent Support Partner support families in getting what they want and need for their child and family through the CMH treatment plan.

Parent Support Partner support families of children receiving CMH services who need additional supports and skill building to accomplish the goals identified in the CMH treatment plan. Consistent with family-driven principles.

Parent Support Partners is the parent or primary caregiver of a child with emotional, behavioral and/or mental health challenges or having developmental disabilities. The PSP brings personal experiences and knowledge that supports family engagement in the treatment process.

Parent Support Partners is sensitive, respectful and responsive to the values, cultural background and life experiences of each family and serve as an example and mentor to other parents.

What is the role of a Parent Support Partner?

- Encourage/Empower/Support
- Link/Provide resources
- Guide/Educate/Train
- Serve as role models
- “LISTEN”
Parent Support Partner Role

- Provide peer support to parent of children with mental health concerns and or developmental disabilities
- Facilitates access to appropriate services for children and families
- Serves as a source of credible information about resources, program and services
- Demonstrates effective collaboration with team members and service providers
- Assist parent in learning skills to obtain resources for their families
- Help parents navigate a variety of systems including community mental health, schools, hospitals, child welfare, and juvenile justice programs

Functions of a PSP

• Help families understand that they are not alone by connecting through shared experience

• The best Parent Support Partner represent a blend of who they are with what they can do.

• Works individually with families whose children are receiving CMH services and who need additional supports and skill building to reach their goals

Functions cont.

• Build and nurtures relationships with the family and others working with the family

• Supports parent and family members participating in family-centered practices, person centered planning and in treatment, services and supports

• Links the family, based on strengths, cultural interest and family preference with activities and groups in the community

• Partners with other providing services and supports to the family

• Provides information to increase the caregiver and family's understanding of their child needs, CMH access, the assessment process, family center practice, and community resources.

Parent Support Partner may be helpful to families in the following ways:

• Assisting in locating suitable housing, employment and utility cost.  
  (Help locate security deposit/utility assistance from available funding sources)

• Assisting in locating Parenting Classes

• Working with the School and Special Education System

• Effectively communicating with school regarding behavior concerns, knowing the Student Code of Conduct, rules and regulations and rights (parent/youth), as well as what to do if your rights are violated

• Educate and support on household management/budgeting
Helpful to families cont.

• Provide resource material as needed (Internet, Library, 211, etc.) connecting/linking with community program and support groups

• Assisting Parents with activities of daily living

• Assisting Parents on how to research child diagnosis and medication

• Assisting Parents navigate Community Living Supports Services (CLS) and Respite Services
Benefits of working with PSP’s:

• Successful family connections
• Increase in positive outcomes with goals
• Consistency
• Parents/Families feel empowered to become independent
• Family Reunification
• Parents gain skill and knowledge
• Parents are able to stand on their own
• Parents are able to advocate at all levels of system change
• Increase of Parent Involvement and Engagement
• Parents have learned how to access needed services
• Parents can navigate the community for resources
• Parents know they are not alone and are able to utilize allies
• Parents become active participants in system of Care reform
• Parents can take an active role in legislative policy reform.
Here’s what the research is saying

Research demonstrates that parent support partners (PSPs) play a valuable role in SOCs

• Including increasing families’ early engagement and promoting retention in behavioral and chronic Health Services.
  • Engagement and retention are key drivers of treatment success and cost effectiveness.
Effectiveness of Parent Support

- According to the National Dissemination Center for Children with Disabilities (2011), this unique form of support is powerful due to the fact that it can “provide emotional support and information in especially meaningful ways because of the shared experiences. Many parents find it helpful to learn how other families have managed similar situations” (p. 2).

- Parent-to-parent mentoring programs may provide support groups and social gatherings, which allow for discussion, guidance, personal sharing and fostering connections between parents, leading to increased social supports for parents (Minnesota Technical Assistance for Family Support, 2011).
Effectiveness of Parent Support cont.

• Parent support programs can provide training around effective parenting, communication and child safety (La Alianza Hispana, 2012).

• Current literature supports the effectiveness of parent-to-parent support in preventing child abuse and neglect. Statistics show that 75.8 percent of child abuse or neglect fatalities are caused by parents or caregivers. Parent support aims to reduce child abuse by providing social support to parents and caregivers who are at risk of abusing the children in their care (Supharukchinda, 2006).
Effectiveness of Parent Support cont

• Parent support can also be very beneficial to foster parents by providing guidance on navigating the foster care system, offering resources and referral services, and empowering parents to make their own informed decisions based on gathered information (Indiana Foster Care and Adoption Association, 2012).

• For families who have children with disabilities, parent support can discuss appropriate service providers and offer emotional supports (Singer et al., 1999).
PSP Services: A Medicaid Billable Service
PSP Services: A Medicaid Billable Service

Parent Support Partner (PSP) Medicaid service

Parent support can be reimbursed through Medicaid in Michigan to provide support to families. Parent support offers training opportunities to parents and caregivers around basic parent advocacy, legislation and emotional supports (MDCH, 2011).

Definition of the PSP Medicaid Service:

Mental Health and Substance Abuse Chapter, 17.3.E. FAMILY SUPPORT AND TRAINING section

Medicaid Defines PSP services as:

“Parent-to-Parent Support is designed to support parents/family of children with serious emotional disturbance or developmental disabilities as part of the treatment process to be empowered, confident and have skills that will enable them to assist their child to improve in functioning.

The trained parent support partner, who has or had a child with special mental health needs, provides education, training, and support and augments the assessment and mental health treatment process.

The parent support partner provides these services to the parents and their family. These activities are provided in the home and in the community.”
PSP Involvement in The CMH System
Wayne County Families Served
By CMH Agencies
FY 15/16

<table>
<thead>
<tr>
<th>Provider:</th>
<th>PSP’s at each location:</th>
<th>Total # Served this year…</th>
</tr>
</thead>
</table>
| The Children’s Center                         | Tomeka Bryant  
  Terrence Lakey  
  John Miles                                         | 70                        |
| The Guidance Center                           | Carlotta Gregory                         | 27                        |
| Starfish Family Services/Lifespan             | Sheryl Calloway  
  Denice Richmond                                  | 46                        |
| Development Centers, Inc.                     | Angela Hopkins                           | 18                        |
| Northeast Guidance                            | Angela Hopkins                           | 23                        |
| Southwest Counseling Solutions                | Debra Martinez  
  Norma Maganana                               | 29                        |
| Hegira Programs                               | Lakelaha Anderson                        | 29                        |
| Lincoln Behavioral                            | Latrice Mccants                          | 12                        |
| Arab American Chaldean Council               | Angela Hopkins                           | 0                         |
| New Center Community Mental Health Services   | Carlotta Gregory                         | 8                         |
| American Indian                               | Maritza Melendez                         | 1                         |
| Clinic for Child Study                        |                                         | 2                         |
| Ruth Ellis                                    | Vanessa Isom Jackson                      | 4                         |
| Black Family Development                      | Deleda Jackson                           | 10                        |
Parent Support Partner Referral/Authorization Process Map

Therapist/Facilitator invites PSP to family meeting

Family accepts PSP services

Referral form and Individual Plan of Service is sent to FAFC Supervisor via Fax

Therapist/Facilitator incorporates PSP in the Individual Plan of Service

PSP will receive referral and begin contact with family within 24 hours.

Family decides whether to accept PSP services

Family completes all aspects of the Individual Plan of Service.

Family Declines PSP Service.
OUR Collaboration

- Memorandums of Understanding
- Monthly Joint Supervision
- Routine Case Consultation
- Cross Training
- Shared Documentation
  - PSP Family support Plan
  - CMH/Wraparound Progress notes
  - CMH Individual Plan of Service
  - Wraparound Treatment Plan
  - PSP Progress Notes
Collaboration cont.

- PSP’s on Wraparound Community Team Membership
- Equal partners on the Child family Teams “Community; School; Home
- CMH’s attend Quarterly Parent Involvement Meetings/Committee
- PSP’s invited to sit in on Med Reviews or Clinical session when advocacy or support is needed
Helpful Tips for building collaboration between PSP’s and CMH’s

• Agency culture must embrace PSP services from all levels
• Ongoing/Open communication between Agencies and PSP’s
  ➢ Embracing differences and commonalities
  ➢ Addressing barriers head on
  ➢ Developing processes
• Collaborative Supervision
• Integrated treatment planning
• Focusing on common goals to meet families needs
How to incorporate PSP goals in Plans of Care
Carolina

999999

1111111

ADDRESS
Detroit

DOB
02/03/2001

Gender
Female

SSN
**********

SERVICE
HOE52 Treatment Planning

Date
2/1/17

Time
3:00 pm

GOALS

<table>
<thead>
<tr>
<th>#</th>
<th>Goals</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Carolina's parents will obtain the necessary academic and social supports for Carolina. “Quiero que ella tenga los servicios que necesita en escuela”</td>
<td>Implementation Target</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Objectives</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Carolina's parents will learn to access appropriate school services through participation in Parent Support Partner Services</td>
<td>Implementation Target</td>
</tr>
</tbody>
</table>

Who is responsible and who will help?

Client's Mother, Client, Psp worker

Interventions:

1. Family therapy: Clinician will assist the client and her family with identifying and expressing their expectations for Carolina's academic performance and will help them manage expectations.
2. Case Manager will coordinate and monitor academic services and supports
3. PSP will collaborate with the treatment team, assist parents with barriers to access the school system and special education, and support effective communication with school staff

B. Carolina's parents will learn to access extracurricular programs and activities for Carolina.

Intervention: PSP Worker will assist mother with receiving more information about client's eligibility for social security benefits. PSP will guide mother through the application process and provide support until benefits are obtained or denied.
### Current Date
MM/DD/YYYY

### Due Date for Next Plan
MM/DD/YYYY

### Parent/Caregiver
- Last name, First name

### Street Address, Apt No., City, Zip

### Area Code and Phone Number
( )

### Referring Agency
- Last name, First name
- Date of Birth MM/DD/YYYY

### Parent Support Partner

---

### Type of Plan
- Initial
- Update
- Closing

### Family Team: Enter name(s) and role(s) of the members of the family’s team e.g., Wrap Facilitator, DHS Worker, Therapist, Other Agency Worker, CMO Worker

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Goal 1
Enter goal from Individual/Updated Plan of Service (IPOS) or Wraparound Plan of Care that the Parent Support Partner (PSP) is to work on with parent/caregiver:

#### A Needs
Describe the condition or situation in which something necessary or desirable is required or wanted by the parent. Describe the cause of the condition or situation.

#### B Strategies
List the action steps to be taken to help the parent/caregiver meet her/his needs.
- ✔
- ✔
- ✔
- ✔

#### C Family Strengths
Enter positive personal attributes, conditions or circumstances that are present that can help the caregiver achieve this goal.

#### D Status
- Goal met
- Goal partially met
- Goal not met
How do you bill?

- HM: With Family Training (S5111) when provided by a trained parent using the MDCH-endorsed curriculum.

- S5111 HM: Parent-to-parent support provided by a trained parent using the MDHHS endorsed curriculum (can report encounter after completion of initial 3 days of core training but must continue certification process).

Training & Certification of PSP’s
What does the certification process look like?

- **Initial three day training:** Three day face-to-face training on MDHHS endorsed curriculum provided typically quarterly at a set location. 100% attendance is required as is active participation. Agencies are expected to provide wages, travel costs and lodging.

- **Follow up two day training:** Two day face to face training that takes place 4-6 weeks after the initial three day training. Continued training on MDHHS curriculum provided at set locations. Agencies are expected to provide wages, travel costs and lodging.

- **Quarterly Meetings:** Meetings will be scheduled on a quarterly basis in set locations. PSP's are required to attend minimum of 3 quarterly meetings during their year of certification. These five hour long meetings will provide additional TA/PD training for the PSPs. Agencies are expected to provide wages and travel costs.
Certification cont.

- **Monthly Coaching Calls**: PSPs are required to participate in monthly coaching calls with topic specific discussion provided by a State Model Coach. These calls are scheduled to take an hour with an expected hour of prep for the call. Agencies are expected to provide wages for prep and call times.

- **Joint Technical Assistance**: During the certification process, PSP’s who are in the process of certification are required to participate in quarterly face to face joint meetings provided by their agency supervisor(s) and Statewide Parent Support Partner Coordinator. Additional technical assistance will be provided by the Statewide Coordinator via conference calls on the months where there is no face to face meeting. Agencies are expected to provide wages for call times.
Recertification for Certified PSPs

• **Coaching Calls:** PSP's are required to participate in 3 topic specific coaching calls a year. These calls are provided monthly to certified PSP's and are scheduled to take an hour with an expected hour of prep time. Agencies are expected to provide wages for prep and call times.

• **Technical Assistance/Professional Development Meetings:** These meetings are offered on a quarterly basis at a set location. PSP's are required to attend one meeting per year. Agencies are expected to provide wages and travel costs time for these 5 hour long meetings.

• **Child Specific Training:** 24 hours of child specific training is required. A minimum of 10 hours will consist of ‘model specific’ training related to core competencies and specific role of the PSP as provided by the annual PD/TA meeting, annual consultation/model support visit, and coaching calls. Agencies are expected to provide wages for training time and absorb any additional costs for registration, etc.

• **INDIVIDUAL PROFESSIONAL DEVELOPMENT MEETINGS (as needed or requested by community)**

• Face to face meeting with statewide coordinator/member of training and coaching team/DHHS representative. Purpose is to provide education, support, and consultation for PSPs/supervisors/CMHSP staff. Specific goals for meetings determined jointly by statewide coordinator and PSPs/supervisor(s). Purpose is to provide coaching, training, support, and fidelity monitoring which may include fidelity review, case file reading, and training log review. Agencies will be expected to provide wages for meeting time.
Supervisory Standards

**Supervision/ Integral Part of the Treatment Team:**

“The parent support partner is to be provided regular supervision and team consultation by the treating professionals.” –Michigan Provider Manual-

Regular supervision consists of, at a minimum, monthly supervision with a CMHSP supervisor and (if applicable) a supervisor from the contract agency or family organization.
Wayne County PSP Training
6 years ago we started training 40 parents

- 40 parents were given an opportunity to training in the following areas:
  - How to use your manners and etiquettes
  - What is Wraparound?
Since 2011 –
16 week Training Modules include:

• Building Partnerships
• Parent Advocacy
• Confidentiality
• Boundaries
• Documentation
• Leadership
• Funding

• Communication
• Participating on Wraparound Teams
• Group Facilitation
• Trauma
• Mental Health Stigma in Culturally Diverse Communities
• Working Effectively with Parents
Current Training in Wayne County

- A two time a year booster training has been combined to work out all of the SOC challenges.
  
  - A one time shot at looking at all of the SOC initiatives
  
  - A one time shot at how do we work together and what we’re trying to achieve
PSP’s As Change Agents
SOC Parent Committee

What our SOC is currently working to build

• A Parent and Youth board that can make changes.
• A Parent and Youth board that can use their own stories to help build the future.
• A Parent and Youth board that can help make meaningful changes and make our SOC work.


Contact Information

Kim Hunt
Khunt@developctrs.org
(313) 297-2975

Deborah Martinez
Dmartinez@developctrs.org
(313) 297-2975

Marquita Felder
Mfelder@swsol.org
(313) 963-2266
QUESTIONS?