

“I’ve Been There”

How Connecticut Can Expand Family and Youth Peer Support Services



EXECUTIVE SUMMARY

In November 2023, *Strengthening the Behavioral Health Workforce for Children, Youth, and Families: A Strategic Plan for Connecticut* was published.* The Plan included eight recommendations to address the behavioral health workforce shortage, including a recommendation to *Expand the youth and family peer support workforce*.

Family and youth peer support services are a well-established component of children’s behavioral health services in many states. They can serve as credible messengers, strengthen engagement in treatment, and improve outcomes for children with behavioral health concerns. While there is a strong family peer support specialist infrastructure within Connecticut, implementation is limited. There is an opportunity to expand the roles of family and youth peer support specialists more systematically.

ABOUT THE REPORT

The Department of Children and Families (DCF) funded the Child Health and Development Institute (CHDI) to work in collaboration with the Children’s Behavioral Health Plan Implementation Advisory Board (CBHPIAB) to identify specific recommendations for expanding youth and family peer support within children’s behavioral health services.

Of note, these recommendations are intended for those services within the child behavioral health continuum. In Connecticut, services for children (under 18) are within the purview of DCF, while the adult system is under the purview of the Department of Mental Health and Addiction Services (DMHAS).

DEFINITIONS USED IN THIS REPORT



Family Peer Support Specialists are parents and caregivers with lived experience navigating behavioral health and related systems who are trained to support other parents and caregivers.



Youth Peer Support Specialists are young adults (typically ages 18-29) with personal lived experience receiving behavioral health services or related system interventions as children or youth who are trained as young adults to support youth.



The report addresses the following project questions:

- 1 What does research indicate about the effectiveness of family and youth peer support services for children with behavioral health concerns?
- 2 What are best practices in regard to roles of family and youth peer support specialists for children with behavioral health concerns?
- 3 What are best practices for training and certification of family and youth peer support specialists?
- 4 What are best practices for implementing family and youth peer support services?
- 5 What are best practices for funding and sustaining family and youth peer support services?
- 6 What is the current landscape of family and youth peer support services within Connecticut and how does it compare to identified best practices?
- 7 What are the potential system-level benefits of expanding family and youth peer support services?
- 8 How can lived experience be expanded throughout the children’s behavioral health system (e.g., within program design, policy development, quality improvement, etc., in addition to the employment of peer support specialists)?

“You are a mom...and someone says, ‘You know what, I’ve been there. Let me help you.’”

– CONNECTICUT PARENT

METHODS

The project benefited from the guidance of a *Steering Committee* whose members included family peer support specialists, family advocacy organizations, children's behavioral health providers, and DCF. Methods to develop the report included an extensive literature review to identify best practices, interviews with in- and out-of-state experts, focus groups with providers and family members, and surveys of non-clinical* behavioral health staff and youth with behavioral health system experience.

FINDINGS

National Findings

- Common outcomes of family and youth peer support include **improved engagement** in services and **completion of treatment**, strengthened social connectedness, emotional well-being, and resilience.
- **Roles of family and youth peer support specialists** sometimes overlap with those of other non-clinical staff (especially regarding system navigation and care referrals); however, specific activities are often different. Peer support work is anchored in shared lived experience, strategic sharing of personal story, and emotional support that offers a unique approach and benefit distinct from other positions.
- National organizations offer clear guidance and best practices regarding family and youth peer support **core competencies and certification models** with which some Connecticut family and youth programs are already aligned.
- **Organizational readiness, role clarification, and effective supervision** are critical to successful implementation of family and youth peer support services.
- **Medicaid reimbursement** is common in other states, and blended funding sources are best to sustain family and youth peer support services.

Connecticut Findings

- Connecticut has a strong infrastructure upon which to build as well as opportunities to strengthen service implementation.
- Connecticut currently offers **training and certification models** for family and youth peer support services that are consistent with national best practices.
- Families who have had experience with peer support in the state report **positive and beneficial experiences** for themselves and their children.
- **Very few youth-specific peer roles**, or training or certification opportunities exist statewide.
- Family peer roles are **not systematically implemented** and serve only a small fraction of families who could potentially benefit from peer services.
- Peer support services have the potential to offer benefits as **prevention and early intervention** strategies.
- **Roles and responsibilities** vary across programs, but generally demonstrate consistency with best practices. There is sometimes overlap with other non-clinical positions and an opportunity for more clarity.
- Peers **lack a clear career ladder**/advancement opportunities.
- **Training and supervision** structures vary widely across programs.
- **Funding** remains grant-dependent and vulnerable to disruption.

RECOMMENDATIONS

- 1 Secure public and private insurance coverage of services provided by peer support specialists.
- 2 Expand access to existing family and youth training and certification programs.
- 3 Strengthen behavioral health programs' readiness and capacity to integrate peer support services.
- 4 Prioritize identified behavioral health services and family and youth needs as funding becomes available to expand the peer support workforce.
- 5 Implement peer support services as prevention and early intervention strategies.
- 6 Expand the role of individuals with lived expertise throughout the children's behavioral health system.
- 7 Evaluate peer support services and track outcomes to support sustainability and inform gaps in research.

*Throughout the document, the term "clinical" and "non-clinical" are used to distinguish categories of staff and roles within a behavioral health team. Clinical roles (e.g., providing diagnosis, therapeutic intervention, etc.) typically require graduate-level education and often a license (e.g., psychologist, Master-level social worker, marriage and family therapist, etc.). Non-clinical roles (e.g., supporting system navigation, providing psychoeducation, etc.) typically do not require graduate-level education, or may not have any educational requirements, but may require specific training and certification (e.g., peer support specialist, care coordinator, etc.).