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Expanding the Impact of Youth and Family Peer Support in Connecticut

Peer support services have a growing evidence base for improving engagement, empowerment, and recovery in behavioral health services.[i-iii] **Peer support** refers to non-clinical services provided by trained individuals who draw on their own lived experience to support others through mentorship, emotional support, advocacy, and system navigation. In Connecticut, youth and family peer support services remain limited and are not widely accessible. Expanding these roles within the children's behavioral health system is a critical strategy to strengthen the workforce and improve access to care.

By drawing on lived experience, peer specialists provide mentorship, emotional support, advocacy, and system navigation — services that foster trust, reduce stigma, and help families and youth remain engaged in care. Unlike other non-clinical positions that tend to be staffed by non-licensed professionals (e.g., care coordinators, community health workers, case managers), peer specialists are trained experts who utilize their lived experience to provide non-clinical, recovery-oriented interventions grounded in mutuality and empowerment.

In contrast with the forty-one states that reimburse peer support specialists for both mental health and substance use disorder (SUD) services, Connecticut has yet to establish Medicaid reimbursement for youth and family peer support, limiting the reach and sustainability of these services.[iv-v] Here, peer support has largely been driven by grassroots organizations and volunteers. Formal integration with behavioral health services remains uneven, often exacerbated by challenges with clear and consistent definitions of roles and responsibilities and inconsistent funding mechanisms.

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

Youth Peer Support Specialists (YPSS) are young adults (aged 18–29) with personal lived experience as children or youth receiving behavioral health services or involved in related systems who are trained to support other youth.

For example, roles vary across programs, there may be a lack of role clarity within a program or position, peers may be assigned tasks outside their scope, and there may be limited supervision to support peers with addressing these challenges. Clarifying responsibilities, strengthening integration with family- and peer-run organizations, and adopting task-sharing practices — where non-clinical responsibilities are intentionally distributed across roles — are essential to maximizing the value of peer support.

With stronger infrastructure and greater integration of peers into the behavioral health workforce, peer support promises to be an essential resource to the children's behavioral health system at a time when Connecticut urgently needs sustainable strategies to expand access, support the clinical workforce, and advance equity of services to children and families. **This issue brief will outline the key roles and responsibilities of peer support specialists and make recommendations to strengthen peer support in Connecticut.**

Peer Support is an Evidence-Based Practice

Peer support services delivered by trained specialists and integrated with behavioral health programs demonstrate improved engagement, empowerment, and service utilization among families receiving services.[vi-vii] A growing body of evidence highlights the impact of family peer support on caregiver well-being, empowerment, and service participation.

Parents engaged in **family peer support** report greater confidence in navigating complex systems, and stronger ability to partner with providers in their child's treatment.[vii] Families also describe more effective collaboration with professionals, resulting in family-centered care, improved communication, and shared decision-making. Parent peer support programs have further demonstrated increases in caregiver empowerment, service continuity, and active participation in treatment planning.[vi]

The evidence base for **youth peer support** is newer, but promising. Studies show that youth peer support can increase treatment engagement and help young people navigate and counter stigma surrounding mental illness.[ii,viii-ix]

Reviews and emerging studies also associate youth peer support with improved self-esteem, social functioning, and overall well-being, as well as greater use of outpatient services, stronger trust in providers, and reductions in self-stigma and feelings of isolation among young people with serious mental health challenges.[viii,x]

Peers also enhance the capacity of care teams, which have been under strain due to an ongoing clinical workforce shortage. When integrated effectively, peers expand access and support the clinical workforce.

Key Roles and Responsibilities

Youth and Family Peer Support Specialists both draw on lived experience to provide mentorship, emotional support, advocacy, and system navigation. Their roles are distinct but complementary:

- **Youth Peer Support Specialists (YPSS)** work directly with youth, drawing on their own lived experience to provide mentoring, model recovery, and help young people navigate services and transitions.

- **Family Peer Support Specialists (FPSS)** work caregiver-to-caregiver, using their lived experience to coach, advocate with, and support families as they engage with children's behavioral health and related systems.

Currently, definitions of peer support vary across Connecticut's agencies and organizations, and in practice, these roles can sometimes be unclear, overlapping, or inconsistently applied.

Clear role definitions are essential to ensure these contributions are recognized and not diluted.

Equally important is clarity about what peer roles are not: **Peer Specialists are not clinicians, therapists, or case managers. They do not provide diagnosis or clinical treatment, but instead offer support grounded in shared experience and recovery values.**

Table 1 outlines the distinct yet complementary functions of Youth and Family Peer Support Specialists, reinforcing the boundaries and core contributions of each role:

Table 1. Core Functions of Youth and Family Peer Support Specialists

Area of Support	Youth Peer Support Specialists	Family Peer Support Specialists
Providing emotional support	Support identity development and trust-building through shared lived experience; facilitate peer groups; model coping, resilience, and recovery journeys.	Affirm caregiver experiences, normalize emotions, and facilitate peer groups. Emotional support may be provided one-to-one or in groups, often serving as the primary service.
Helping navigate systems	Connect youth to behavioral health, housing, education, and juvenile justice services; often accompany youth through transitions and recovery pathways.	Guide families through DCF, IEPs, Medicaid, and wraparound supports; may accompany caregivers to system meetings.
Advocacy and empowerment	Promote youth voice in recovery and service planning; support self-advocacy and decision-making grounded in recovery values.	Coach caregivers to advocate in schools and systems; build caregiver confidence to engage in planning and advocacy as partners in their child's recovery.
Support during crises and transitions	Offer stability and peer presence during crises or major life transitions (e.g., re-entry, placement change); help youth maintain recovery supports during transitions.	Help families develop crisis safety plans, identify early warning signs, and stabilize during emergencies; support families in sustaining recovery plans.
Keeping families and youth connected	Build trust to reduce drop-off between referrals and services; support ongoing participation in services.	Strengthen caregiver capacity to follow through with referrals, access recovery-oriented services, and maintain engagement across systems.

System Benefits: Why Role Clarity Matters

Clarifying peer support roles is not just a workforce strategy – it's a lever for improving outcomes, advancing equity, and increasing system efficiency. When Youth and Family Peer Support Specialists have well defined roles, effective supervision, and are sustainably funded, their impact extends across the children's behavioral health system.

Peers improve care by fostering trusting, recovery-oriented connections that increase service engagement, caregiver confidence, and youth trust in providers. Families and young people report that peer support helps them stay connected through challenges, and research has demonstrated that peers promote service continuity and cultural responsiveness.[viii, x]

Peers often serve as a first line of contact for families and youth who are struggling, providing culturally responsive, trauma-informed support before needs escalate. Because of their lived experience and community connections, peers can act as a through-line to services—helping families and youth navigate complex systems, find appropriate supports more quickly, and in some cases shorten the time spent on waitlists or referral pathways. Their ability to reflect the diversity of the populations they serve further enables them to build trust with communities historically marginalized in behavioral health systems.

Role clarity underpins effective supervision and workforce stability. When expectations are explicit and reinforced, with peer-aligned supervisory and coaching structures, professional development and advancement pathways, systems are better positioned to safeguard role fidelity, ensure ethical practice, and strengthen workforce retention.

Supervision grounded in peer-aligned values (such as mutuality, shared experience, and recovery orientation) reinforces these expectations and supports appropriate task assignments. In Connecticut, family- and peer-run organizations such as FAVOR, CCAR, and Advocacy Unlimited have long anchored these workforce supports, providing supervision, training, certification, and coaching that sustain peer roles in practice. Without these supports, peer specialists may not be able to fully contribute to care teams and improve outcomes.

Consistent role definitions also lay the foundation for sustainable reimbursement. When peer responsibilities are consistently defined across settings and tied to recognized competencies, services can be mapped to funding streams, billable activities can be established, and investment in training and supervision can be justified. States that have achieved Medicaid reimbursement for peer support have done so by first establishing strong workforce infrastructure, anchored by role clarity, fidelity standards, and aligned supervision. [iv-v]

Recommendations to Strengthen Peer Support in Connecticut

Expanding the reach and effectiveness of youth and family peer support in Connecticut will require coordinated action by state agencies, providers, legislators, and community partners. The following priorities build on Connecticut's existing strengths while addressing challenges in role clarity, supervision, financing, and equity:

1. **Clarify and Standardize Peer Roles.** State agencies – including DCF, DMHAS, and DSS – should adopt clear, consistent role definitions for FPSS and YPSS. These definitions should be grounded in peer-aligned competencies (i.e., recovery-oriented and trauma-informed) and incorporated into provider contracts, job descriptions, and training curricula.

2. **Implement Supervision Practices Grounded in Peer Values.** Providers should use supervision models that reflect core peer support values—mutuality, respect for lived experience, and recovery orientation—and are led by individuals who understand and uphold these values. This ensures peer roles remain distinct, boundaries are protected, and contributions are not overshadowed by clinical approaches.

3. **Create a Youth Peer Support Specialist Certification.** Connecticut should establish a formal Youth Peer Support Specialist (YPSS) certification pathway aligned with the roles and responsibilities outlined in this brief. This pathway should include requirements for initial training, core competencies, ongoing professional development, and supervision standards that reflect peer support values and are consistent with national best practices. Priority training areas should include juvenile justice, intellectual and developmental disabilities, LGBTQIA+ youth, and youth with co-occurring mental health and substance use needs.

4. **Establish a Pathway to Reimbursement.** To ensure sustainability, state agencies should begin laying the groundwork for Medicaid and other reimbursement mechanisms. This includes defining billable peer support activities, aligning supervision and training standards with federal guidance, and embedding role clarity into funding models.

A comprehensive report with detailed findings, examples from across Connecticut as well as other states, and expanded recommendations will be released later in 2025.

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*This brief discusses **family and youth peer support** services. In Connecticut, there is a longer history of adult peer support, especially within recovery services, as well as ongoing work to develop a related statewide certification. The content and recommendations in this brief are distinct from that work.*

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