

Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs

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Family and youth peer support (FYPS) is an important component of the Care Management Entity (CME)¹ approach. These supports play an essential role in helping to build the resiliency of caregivers and youth and strengthen the capacity of families to care for children at home. FYPS providers are integral to teams serving children and youth with behavioral health challenges and their families, and they are distinct from traditional mental health service providers in that they operate out of their personal experience and knowledge.

Strategies for funding formal FYPS exist in states across the country. The following chart draws from a national point-in-time scan of states that are using Medicaid to finance FYPS efforts. The information is meant to guide states that are exploring models of FYPS and/or seeking to learn more about financing strategies to help ensure sustainability of these services.

Current Medicaid funding sources for FYPS include the use of state plan amendments (SPA), Medicaid waivers, and Medicaid administrative match. States can use federal Medicaid matching funds to reimburse community-based programs for administrative activities related to outreach and coordination for people who are potentially eligible for Medicaid or current recipients. States that finance FYPS programs through administrative federal financial participation dollars, and states that leverage Medicaid funding for FYPS under other service titles/descriptions such as community support, case management, or resource development are not included in this scan, but will be included in the results of a broader scan being conducted by the University of Maryland.

State Plan Amendment (SPA): The state Medicaid plan, the contract between a state and the federal government whereby the state agrees to administer the Medicaid program in accordance with federal law and policy, outlines the scope of the Medicaid program, including groups covered, services furnished, and payment policy. A state plan is amended when a state makes changes in its Medicaid program (e.g., adding services). The state plan amendment must be approved by the Centers for Medicare & Medicaid Services (CMS) for the state to receive federal matching funds. Some states have amended their state plans to include FYPS.

Medicaid Waivers: Waivers allow Medicaid to pay for additional services not covered in the state plan or not otherwise eligible for federal Medicaid matching funding. Some states fund FYPS through 1915(c) Home- and Community-Based Services (HCBS) waivers. HCBS waivers allow for the provision of long-term care services in home- and community-based settings. States can provide a combination of standard medical and non-medical services, and can also propose “other” types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and communities. The 1915(c) Severe Emotional Disturbance (SED) waiver and the 1915(c) Psychiatric Residential Treatment Facility (PRTF) demonstration waiver are being used by some states to fund FYPS programs. Waiver dollars are part state and part federal money; the Medicaid waiver plan must be approved by CMS.

The information contained in this chart is drawn primarily from state government websites (see page 2 for sources). To the extent possible, state-specific Medicaid and regulatory language has been used. This document was developed under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

BACKGROUND

This resource was developed by the Center for Health Care Strategies (CHCS) through its role as the coordinating entity for a five-year, three-state Quality Demonstration Grant project funded by the Centers for Medicare & Medicaid Services under the Children’s Health Insurance Program Reauthorization (CHIPRA) Act of 2009. The multi-state grant is supporting lead-state Maryland, and partner states Georgia and Wyoming, in implementing or expanding a CME approach to improve clinical and functional outcomes, reduce costs, increase access to home- and community-based services, and increase resiliency for high-utilizing Medicaid- and CHIP-enrolled children and youth with serious behavioral health challenges. Visit www.chcs.org for more information.

¹A Care Management Entity is a centralized vehicle that coordinates all care for youth with complex behavioral health challenges who are involved in multiple systems, and their families. For more information, see *Care Management Entities: A Primer*, Center for Health Care Strategies, June 2011 at http://www.chcs.org/publications3960/publications_show.htm?doc_id=1261240.

Sources

Information on PRTF Waiver:

Accessible at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Alternatives-to-Psychiatric-Residential-Treatment-Facilities-Demonstration-PRTF.html>

National Evaluation of Medicaid Demonstration: Home- and Community-Based Alternatives to Psychiatric Residential Treatment Facilities Year 2 - Implementation Status Report, March 1, 2010 prepared by IMPAQ International, LLC and Westat, Inc. Accessible at:

https://www.cms.gov/CommunityServices/Downloads/CBA_Implementation_Status_Report_2009.pdf

Alaska

<http://www.hss.state.ak.us/DBH/PDF/BHS%20Manual%20PartA%20Apx%2020110827.doc>

Arizona

<http://www.azdhs.gov/bhs/children/index.htm>

<http://www.azahcccs.gov/commercial/ProviderBilling/rates/BehavioralHealthrates.aspx>

Arkansas

<https://www.medicaid.state.ar.us/> [see TCM 1915(g)]

<https://www.medicaid.state.ar.us/InternetSolution/provider/docs/tcm.aspx#fees>

Georgia

http://dch.georgia.gov/00/channel_title/0,2094,31446711_31944826,00.html

Hawaii

<http://hawaii.gov/health/mental-health/camhd/library/webs/ipspg/ipspg.html>

Email Correspondence with Dr. Lesley Slavin

Indiana

<http://www.in.gov/idoc/reentry/2525.htm>

<https://myshare.in.gov/FSSA/dmha/caprtf/Providers/Forms/AllItems.aspx>

Kansas

<http://www.kdheks.gov/hcf/healthwave>

<https://www.kmap-state-ks.us/public/providermanuals.asp>

Kentucky

<http://chfs.ky.gov/dms/>

<http://mhmr.ky.gov/dbh/kpst.as>

<http://www.lrc.ky.gov/kar/907/003/030.htm>

Email correspondence with David Snyder, DBHDID

Massachusetts

<http://www.masspartnership.com/provider/index.aspx?lnkID=CBHI.ascx>

<http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/>

Maryland

http://www.dhmm.state.md.us/mma/Eligibility/med_medical%20asst%20overview_Doc%202/medasstov.html

Email Correspondence with Gerry Grimm, Innovations Institute, University of Maryland

Michigan

http://www.michigan.gov/mdch/0,1607,7-132-2943_4860---,00.html

Email correspondence with Connie Conklin, DCH

Montana

<http://www.dphhs.mt.gov/mentalhealth/children/prtfwaiver.shtml>

National Federation of Families for Children's Mental Health

<http://www.ffcmh.org/>

Email and telephonic correspondence with Fran Purdy, Director, Certification Commission for Family Support

Oklahoma

<http://www.odmhsas.org/FY2012%20ODMHSAS%20Services%20Manual%20%207-1-2011.pdf>

South Carolina

<http://www.chance.sc.gov/ProviderForms/ProviderManual8-19-08.pdf>

Virginia

<http://www.dmas.virginia.gov/>

Washington

<http://www.dshs.wa.gov/dbhr/mhpeer.shtml>

STATE PLAN AMENDMENTS	
ALASKA	
Medicaid Funding Source	SPA
FYPS Provider (Service) Title	Peer Support Specialist (Peer Support Services)
Definition	Peer Support Services is a type of rehabilitation service that is expected to increase the recipient's ability to function within their home, school, and community. This category of services may be provided on the premises of a Community Behavioral Health Services Provider (CBHP), in the recipient's home, or in any community setting appropriate for providing the services as specified in the recipient's behavioral health treatment plan. These services are rendered by the CBHS provider's staff – in this case, the peer support specialist – who is performing the service as a regular duty within the scope of their knowledge, experience, and education.
Components of Service	<p>A Peer Support Specialist is working within the scope of his or her training and experience, and as directed by a directing clinician in a community behavioral health provider (CBHP) services organization.</p> <p>A Peer Support Specialist performs responsibilities that may include: provision of psychosocial evaluation and education related to a patient's behavioral health condition; and counseling, teaching needed life skills, encouraging, and coaching behavioral health patients. He or she has specialization or experience in providing rehabilitation services to recipients with a severe behavioral health condition (adults experiencing serious mental illness or children experiencing severe emotional disturbance), but may have less than a master's degree in psychology, social work, counseling, or a related field.</p>
Billing Codes	<ul style="list-style-type: none"> ▪ H0038 Peer Support Services – Individual (delivered to the youth) ▪ H0038-HR Peer Support Services – Family (with patient present) (delivered to the adult caregiver) ▪ H0038-HS Peer Support Services – Family (without patient present) (delivered to the adult caregiver)
Billing Amounts	<ul style="list-style-type: none"> ▪ Individual (delivered to the youth) = \$17 per 15 minutes, Max. 100 hrs per State Fiscal Year (SFY) ▪ Family (with patient present) (delivered to the adult caregiver) = \$17 per 15 minutes, Max. 180 hrs per SFY ▪ Family (without patient present) (delivered to the adult caregiver) = \$17 per 15 minutes, Max. 180 hrs per SFY
Qualifications, Training and Supervision	<p>A peer support specialist is a person who:</p> <ul style="list-style-type: none"> ▪ Meets all the qualifications of a behavioral health clinical associate (see below); ▪ Is competent to provide peer support services by virtue of having experienced behavioral health issues in self or family; and ▪ Is supervised by a mental health professional clinician who the behavioral health services provider has determined is competent to supervise peer support services. <p>A behavioral health clinical associate is a person who:</p> <ul style="list-style-type: none"> ▪ Has specialization or experience in providing rehabilitation services to recipients with a severe behavioral health condition (adults experiencing serious mental illness or children experiencing severe emotional disturbance), but may have less than a master's degree in psychology, social work, counseling, or a related field; ▪ Is working within the scope of his or her training and experience, and as directed by a directing clinician in a community behavioral health provider services organization; and ▪ Performs duties that may include: provision of psychosocial evaluation and education related to a patient's behavioral health condition; and counseling, teaching needed life skills, encouraging and coaching behavioral health patients.

ARIZONA

Medicaid Funding Source	SPA
FYPS Provider (Service) Title	Parent Partner Family Support Partner (FSP)
Definition	<p>The Parent Partner helps the parent with skill-building or problem-solving. The Parent Partner may assist with resource or system challenges, such as obtaining housing or developing an effective educational plan for the child. It is important to note that the Parent Partner primarily acts as an interventionist, while the primary role of the FSP is to support the family in their involvement in the planning process. The Parent Partner may also need to employ non-adversarial advocacy in order to effectively assist the family.</p> <p>The FSP builds partnerships with parents/caregivers and professionals, and is committed to promoting a non-judgmental and respectful attitude with regards to families. The FSP focuses on the needs of the parent/caregiver within the Child and Family Team (CFT) and: (1) helps the parent recognize self-efficacy; (2) pushes the parent's perspective; and (3) builds partnership values between families, communities and system stakeholders in achieving the CFT's desired outcomes.</p>
Components of Service	<p>Parent Partner:</p> <ul style="list-style-type: none"> ▪ Provide peer-to-peer support and intervention to parents/caregivers of enrolled children and youth. ▪ Assist family members to achieve their stated goals. ▪ Deliver interventions and activities that meet needs, build on strengths and achieve outcomes. ▪ Collaborate with other individuals involved in providing support and care to families enrolled in services. <p>FSP:</p> <ul style="list-style-type: none"> ▪ Advocate for change in the community and child-serving systems. ▪ Support families as a peer and someone with a common background. ▪ Provide information, resources and linkage with other networks of support available within the community. ▪ Participate with facilitator and the family in forming and maintaining effective CFTs. ▪ Build partnerships with professionals through non-adversarial advocacy. ▪ Promote the individual family culture in the CFT milieu. ▪ Represent parent/family voice in all program activities at the agency. ▪ Link parents/caregivers with other parents/caregivers in community to reduce isolation that occurs when parenting a child with complex needs. ▪ Offer support and encouragement to families as needed. ▪ Serve as role model and advocate to families involved in the CFT process. ▪ Participate in all CFT activities and training. ▪ Assist in the ongoing development and evaluation of the service plan. ▪ Participate in the 24-hour on-call system with CFT members. ▪ Establish and maintain positive and effective working relationship with internal staff and external resources.
Billing Codes	S5110 Home-care training (Family Support)
Billing Amounts	\$14.59 per 15 minutes Represents rate set by Arizona Health Care Cost Containment System. Regional Behavioral Health Authorities have specific contracted rates.

Qualifications, Training and Supervision	<p>Parent Partners and FSPs are family members. Family member is defined as a parent or caregiver who has raised or is currently raising a child with emotional, behavioral or mental health challenges and has experience navigating the children’s behavioral health system. This is inclusive of youth and adolescents diagnosed with SED up to age 22 if the adolescent is being served by an Individual Education Program (IEP) or up to age 26 if the young adult is being served by an Individual Service Plan (ISP) in transition to the adult mental health system.</p> <p>Parent Partner: Must be able to demonstrate an accepting stance while responding with empathy and clarity to the family. Must be able to encourage collaboration and have knowledge of the systems of care in the community in which he/she is working. The ability to present to small groups or provide training is an asset to this position. Must be able to obtain fingerprint clearance through the Arizona Department of Public Safety. Must have a valid driver’s license and proof of car insurance and dependable transportation. Must possess excellent verbal and written communication skills. Must have basic typing/computer processing skills. Must have good organizational and time management skills. High School Diploma or G.E.D. required. Must be a parent or caregiver that has raised a child with behavioral health needs and have experience in at least two child serving systems (examples: Education, Juvenile Justice, Child Protective Services, Developmental Disabilities, etc.).</p> <p>FSP: Must be able to work flexible hours, including some evening / weekend availability. Must be the parent of a child with behavioral health needs and experienced in navigating at least two child-serving systems and utilizing community/informal resources. Must possess a high school diploma or GED. Must have excellent verbal and written communications skills.</p> <p>Must have basic typing/computer processing skills. Requires good organization and time management skills. Must have skills necessary to engage and work with others from diverse backgrounds. Requires own transportation and proof of insurance.</p>
ARKANSAS	
Medicaid Funding Source	SPA ²
FYPS Provider (Service) Title	Parent Aide
Definition	The Parent Aide must be employed by Children’s Services for the purpose of assisting families in accessing services, and must be a parent of a child with special health care needs.
Components of Service	<p>Services provided by a parent aide are covered under TCM.</p> <p>Medicaid-covered Children’s Services targeted case management services are services that assist recipients in accessing needed medical, social and other support services appropriate to the recipient’s needs.</p> <p>Children’s Services providers are restricted to serving recipients who are not receiving case management services under an approved waiver program, are not placed in an institution, and are:</p> <ul style="list-style-type: none"> ▪ Aged 0 to 21 years and meet the medical eligibility criteria of Children’s Services; ▪ Recipients in the state’s Title V Children with Special Health Care Needs Agency; or ▪ SSI/TEFRA Disabled Children Program recipients, aged 0 to 16 years, with any diagnosis
Billing Codes	TCM – T1017 (modifiers:U1/U4)
Billing Amounts	<p>\$4.25 per 15 minutes</p> <p>TCM services must be billed on a per unit basis, as reflected in a daily total, per beneficiary, per TCM service.</p>

² Children’s Services Targeted Case Management (TCM)

	<ul style="list-style-type: none"> ▪ One unit = 5-15 minutes ▪ Two units = 16-30 minutes ▪ Three units = 31-45 minutes ▪ Four units = 46-60 minutes <p>All billing must reflect a daily total, per TCM service, based on procedure codes. No rounding is allowed.</p>
Qualifications, Training and Supervision	The parent aide must have satisfactorily completed the one-month (four-week) orientation provided by Children’s Services. A parent aide cannot be a case manager of his or her own child.
KENTUCKY	
Medicaid Funding Source	SPA
FYPS Provider (Service) Title	Parent-to-Parent Support
Definition	<p>Parent-to-Parent Support is a face-to-face service provided to an eligible recipient's parent, guardian, or caregiver. This service shall assist that person in advocating on behalf of the recipient; provide information regarding the nature, purpose and benefits of all IMPACT Plus* services; provide therapeutic intervention and support; assist in understanding how to implement a behavior management plan at home; and provide overall support and education to a caregiver to ensure that he or she is well equipped to support the recipient upon discharge. This service can be provided by a parent of a child who has a behavioral health disorder, and the parent providing this service must be supervised by a behavioral health professional or a behavioral health professional under clinical supervision.</p> <p><i>*IMPACT Plus is a collaborative effort of the Departments for Medicaid Services, Community Based Services, and Behavioral Health, Developmental and Intellectual Disabilities. This program is designed to help provide community-based services for Kentucky's Medicaid/KCHIP eligible children with complex treatment needs.</i></p>
Components of Service	<p>A parent-to-parent support service shall be provided face-to-face to a recipient's parent, guardian, or caregiver and shall consist of:</p> <ul style="list-style-type: none"> ▪ Provision of information about IMPACT Plus services including how to effectively participate in the service planning process and how to access needed services, including emergency services; ▪ Assistance in advocating on behalf of the recipient; ▪ Provision of information regarding the nature, purpose, and anticipated benefits obtained from accessing targeted case management and other IMPACT Plus services; ▪ Therapeutic intervention and support provided to a parent, guardian, or caregiver in implementing a behavioral management plan; ▪ Assistance in understanding how to implement and how to document implementation of a recipient's behavior management plan; ▪ Provision of information concerning the scope of responsibility of the principal child-serving agencies; ▪ Assistance in the establishment and maintenance of linkages with formal and informal supportive services; ▪ Assistance in the establishment of and the sustaining of support groups for parents, guardians, and caregivers of recipients; or ▪ Assistance in the development of and implementation of a plan to transition the recipient from IMPACT Plus services.
Billing Codes	H2021 HS
Billing Amounts	\$6.46 per unit; One unit = 15 minutes

Qualifications, Training and Supervision	<p>Parent support must be provided in accordance with a recipient’s collaborative service plan by a parent of a child who has a behavioral health disorder and who has received at least one state-funded service for that child's disability and who:</p> <ol style="list-style-type: none"> 1. Is employed by a behavioral health organization; 2. Has been approved by DBHDID following completion of: <ol style="list-style-type: none"> a. 10 hours of initial training provided or approved by DBHDID; and b. 10 hours of continuing annual training provided or approved by DBHDID thereafter; 3. Is directly supervised by a behavioral health professional or a behavioral health professional under clinical supervision; and 4. Receives weekly documented face-to-face supervision from a behavioral health professional or a behavioral health professional under clinical supervision. <p>Parent support must be provided by a person not related to or living with the recipient receiving the parent-to-parent support service.</p>
MASSACHUSETTS	
Medicaid Funding Source	SPA
FYPS Provider (Service) Title	Family Support and Training (Family Partner)
Definition	A structured, one-to-one, strength-based relationship for the purpose of resolving or ameliorating a youth’s emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth so as to: (1) improve the youth’s functioning as identified in an outpatient or In-Home Therapy treatment plan or Individual Care Plan (ICP), for youth enrolled in Intensive Care Coordination (ICC); and (2) support the youth in the community or assist the youth in returning to the community.
Components of Service	<p>Family Support and Training includes the following components billed in 15-minute increments:</p> <ul style="list-style-type: none"> ▪ Engage the parent/caregiver in activities in the home and community that are designed to address one or more goals on the youth’s treatment plan or ICP; ▪ Assist parent/caregiver in meeting the needs of the youth through educating, supporting, coaching, modeling and guiding; ▪ Teach parent/caregiver how to network/link to community resources and treatment providers; ▪ Teach parent/caregiver how to advocate for services and resources to meet the youth’s needs; ▪ Guide and support linkage to individual, peer/parent support, and self-help groups for parent/caregiver; ▪ Participate on Care Planning Team (CPT) and attend CPT meetings; ▪ Direct time with providers (e.g., attendance at IEP, hospital discharge, treatment team, and other meetings); ▪ Discharge planning; ▪ Telephone support for parent/caregiver; ▪ Collateral contacts (phone and face-to-face); ▪ Member transportation provided by Family Support and Training Partner; ▪ Member outreach (up to 30 minutes); and ▪ Documentation (time spent completing required paperwork as outlined in the Performance Specifications).
Billing Codes	H0038
Billing Amounts	\$15.42 per unit; 1 unit = 15 minutes

<p>Qualifications, Training and Supervision</p>	<p>Family Support and Training is delivered by strength-based, culturally and linguistically appropriate, qualified paraprofessionals under the supervision of a licensed clinician. Minimum staff qualifications for a Family Partner include:</p> <ul style="list-style-type: none"> ▪ Experience as a caregiver of a youth with special needs, and preferably a youth with mental health needs; ▪ Bachelor’s degree in a human services field from an accredited university and one year of experience working with the target population; or ▪ Associate’s degree in a human service field from an accredited school and one year of experience working with children/ adolescents/transition-age youth; or High school diploma or GED and a minimum of two years of experience working with children/ adolescents/transition-age youth; ▪ Experience in navigating any of the child- and family-serving systems and teaching family members who are involved with the child- and family-serving systems; ▪ A current/valid driver’s license and an automobile with proof of auto insurance.
<p>OKLAHOMA</p>	
<p>Medicaid Funding Source</p>	<p>SPA</p>
<p>FYPS Provider (Service) Title</p>	<p>Family Support Provider</p>
<p>Definition</p>	<p>Family Support and Training is designed to benefit the SoonerCare-eligible child experiencing a SED who is in an Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) contracted systems-of-care community-based treatment program, and who without these services would require psychiatric hospitalization. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process, and assistance with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Child Training is provided to family members to increase their ability to provide a safe and supportive environment for the child in the home and community.</p>
<p>Components of Service</p>	<p>Family Support and Training includes the following:</p> <ul style="list-style-type: none"> ▪ Assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment; ▪ Development and enhancement of the family’s specific problem-solving skills, coping mechanisms, and strategies for the child’s symptom/behavior management; ▪ Assisting the family in understanding various requirements, such as the crisis plan and Plan of Care process, or training on the child’s medications or diagnoses; ▪ Interpreting choices offered by service providers, and assisting with understanding policies, procedures, and regulations that impact the child with mental illness while living in the community. <p>Parent Support ensures the engagement and active participation of the family in the treatment planning process and guides families toward taking a proactive role in their child’s treatment. Parent Training assists the family with the acquisition of the skills and knowledge necessary to facilitate an awareness of their child’s needs and the development and enhancement of the family’s specific problem-solving skills, coping mechanisms, and strategies for the child’s symptom/behavior management. Services are goal- directed as identified in the child’s individualized Plan of Care; are provided under the direction of a child and family treatment team; and are intended to support the family with maintaining the child in the home and community.</p> <p>For the purposes of this service, "family" is defined as the persons who live with or provide care to a person served, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the member.</p>
<p>Billing Codes</p>	<p>T1027 HE/HF/HH/HV Family Training and Support</p>
<p>Billing Amounts</p>	<p>\$9.43 per 15 minutes</p>

<p>Qualifications, Training and Supervision</p>	<p>The Family Support and Training worker must meet the following criteria:</p> <ol style="list-style-type: none"> 1. Have a high school diploma or equivalent; 2. Be 21 years of age and have successful experience as a family member of a child or youth with SED, or a minimum of two years' experience working with children with SED, or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or caregivers of child with SED); 3. Have successfully completed Family Support Training according to a curriculum approved by the ODMHSAS prior to providing the service; 4. Pass Oklahoma State Bureau of Investigation (OSBI) and Oklahoma Department of Human Services (OKDHS) child abuse check as well as adult abuse registry and motor vehicle screens; and 5. Receive ongoing and regular supervision by a person meeting the qualifications of a licensed behavioral health professional. A licensed behavioral health professional must be available at all times to provide backup, support, and/or consultation. <p>These services may be retrospectively reviewed by the Oklahoma Health Care Authority (OHCA) or its designated agent.</p>
<p>WASHINGTON</p>	
<p>Medicaid Funding Source</p>	<p>1915(b) SPA</p>
<p>FYPS Provider (Service) Title</p>	<p>Peer Counselor</p>
<p>Definition</p>	<p>Certified peer counselors work with their peers, mental health consumers, and the parents of children with SED, providing the service known as "Peer Support". With Peer Support, certified peer counselors draw upon their experiences to help their peers find hope and make progress towards recovery. Certified peer counselors are especially equipped to provide support, encouragement, and resources to consumers and families because they have been in a similar situation and understand what it feels like. They assist consumers and families with identifying goals and taking specific steps to achieve them - steps such as building up social support networks, managing internal and external stress, and navigating service delivery systems.</p> <p>Peer Support services may be provided by a licensed community mental health agency (CMHA) or under contract with a licensed CMHA.</p> <p>The Washington Administrative Code (WAC) 388-865-0150 includes some parents and legal guardians in its definition of consumer. It is important that certified peer counselors have common experiences with the people they work with. Certified peer counselors whose experience as a consumer is as a parent or guardian should work with other parents or family members, as they share similar experiences.</p>
<p>Components of Service</p>	<p>The State Plan states that certified peer counselors must be able to:</p> <ul style="list-style-type: none"> ▪ Identify services and activities that promote recovery by instilling hope and experiences which lead to meaning and purpose, and which decrease stigma in the environments in which they serve; ▪ Articulate points in their own recovery stories that are relevant to the obstacles faced by the consumers of mental health services; ▪ Promote personal responsibility for recovery as the individual consumer or mental health service defines recovery; ▪ Implement recovery practices in the broad arena of the mental health services delivery system; ▪ Provide a wide range of tasks to assist consumers in regaining control over their own lives and recovery process (e.g., promoting socialization, self advocacy, developing natural supports, stable living arrangements, education, supported employment); ▪ Serve as a consumer advocate; ▪ Provide consumer information and peer support in a range of settings; and ▪ Model competency in recovery and ongoing coping skills.

	<p>In addition, certified peer counselors assist consumers to identify and reach their own goals, help consumers become effective self advocates, and work with consumers one-to-one and in group settings. As employees of a community mental health agency, certified peer counselors are responsible for documentation of a consumer's progress towards their recovery goals.</p> <p>Eight essential skills for certified peer counselors providing parent/caregivers peer support are:</p> <ol style="list-style-type: none"> 1. Bringing a positive attitude. 2. Supporting families as experts about their situation. 3. Acknowledging the uniqueness of each family. 4. Clarifying your role. 5. Building collaborative partnerships. 6. Committing to honesty. 7. Committing to a non-judgmental attitude. 8. Providing non-adversarial advocacy.
<p>Billing Codes</p>	<p>Not Applicable. Peer Support is currently included in the capitation rate (Medicaid) payment to the Regional Support Networks (RSNs)</p>
<p>Billing Amounts</p>	<p>Not Applicable. Peer Support is currently included in the capitation rate (Medicaid) payment to the RSNs</p>
<p>Qualifications, Training and Supervision</p>	<p>The Division of Behavioral Health and Recovery offers Peer Support among the Medicaid -approved services for mental health consumers who are served by community mental health agencies or their subcontractors. The Division of Behavioral Health and Recovery (DBHR), formerly the Mental Health Division, implemented this peer counselor training program in 2005. In order to be paid under Medicaid, services must be provided by a certified peer counselor who has been qualified by the DBHR.</p> <p>To be certified, per WAC and the Medicaid SPA, approved applicants must complete the DBHR or RSN minimum 40-hour training which utilizes the DBHR- approved curriculum. Following completion of the training, the applicant must pass the written and oral exam. Certified peer counselors who work for community mental health agencies may be required to also seek a counselor credential from the Department of Health as this is a requirement for Medicaid-funded services. Minimum training requirements are directed by Washington's Medicaid State Plan.</p> <p>Certified peer counselors must meet these criteria:</p> <ol style="list-style-type: none"> 1. Identify as a consumer of mental health services as defined by WAC 388-865-0150; ("Consumer" means: a person who has applied for, is eligible for, or who has received mental health services. For a child, under the age of thirteen, or for a child age thirteen or older whose parents or legal guardians are involved in the treatment plan, the definition of consumer includes parents or legal guardians.) 2. Be 18 or older; 3. Demonstrate that they are well grounded in their own mental health recovery for at least one year when they apply; and 4. Demonstrate qualities of leadership, including governance, advocacy, creation, implementation or facilitation of peer to peer groups or activities. <p>There is no specific parent track for certification: The training topics are generalized to meet the requirements under the state plan and can be utilized with both parents/guardians and adult consumers. WA added a training module to the revised training curriculum devoted to the specific needs related to working with parents and guardians.</p>
<p>MEDICAID WAIVERS</p>	
<p>GEORGIA</p>	
<p>Medicaid Funding Source</p>	<p>1915(c) HCBS PRTF Waiver</p>

FYPS Provider (Service) Title	Family Training and Support Services (Family Support Partner)
Definition	Family Training and Support Services are participant-centered services with a rehabilitation, recovery, and maintenance focus. They are designed to promote skills for coping with and managing mental illness symptoms related to the participant's treatment plan while facilitating the use of natural supports and the enhancement of community living skills and participation. These services promote participant socialization, recovery, self-advocacy, development of natural supports, and access to services through information and assistance. Peer or family peer supports may be provided to assist the unpaid caregiver in meeting the needs of the participant. This service may not be provided in order to train paid caregivers or school personnel.
Components of Service	Training may include, but is not limited to: individual and group training on diagnosis; medication management; treatment regimens, including evidence-based practices; behavior planning, intervention development and modeling; skills training; systems mediation and self-advocacy; financial management; socialization; individualized education planning; and systems navigation. Services are directed toward achievement of the specific participant goals defined in the approved Individual Service Plan (ISP), and must be approved by the care manager in advance.
Billing Codes	H2014
Billing Amounts	\$20.78 per 15-minute unit \$83.12 per hour paid to Family Organization: FFP is also available as compensation to the providers of this service for participation on the Child and Family Team meetings.
Qualifications, Training and Supervision	<p>Providers of Family Training and Support Services must be either: (1) DBHDD or DFCS Contracted Provider or (2) SSP Provider or (3) National Federation of Families Chapter or (4) CME.</p> <p>Current Requirements* for Family Support Partner:</p> <ol style="list-style-type: none"> 1. Preferably, will be a parent or guardian of a child with complex emotional, behavioral, or mental needs who has successfully negotiated the Child Welfare, Juvenile Justice, or Mental Health Systems. 2. Must be a high school graduate or equivalent. 3. Must be able to create effective relationships with individuals of different cultural beliefs and lifestyles. 4. Must have effective verbal and written communication skills. 5. Must have strong interpersonal skills and the ability to work effectively with a wide range of constituencies in a diverse community. 6. Must be able to develop and deliver case presentations. 7. Must be able to analyze complex information, and to define and solve problems. 8. Must be able to work effectively in a team environment. 9. Must be trained in High Fidelity Wraparound. <p>*State certification is in development.</p>
INDIANA	
Medicaid Funding Source	1915(c) HCBS PRTF Waiver
FYPS Provider (Service) Title	Training and Support for Unpaid Caregivers

Definition	Training and Support for Unpaid Caregivers is an activity or service that educates, supports, and preserves the family and caregiver unit. Training and Support activities and the providers of these activities are based on the family/caregiver’s unique needs and are identified in the Plan of Care.
Components of Service	Activities may include, but are not limited to: teaching practical living skills, parenting skills, home management skills, use of community resources, child development, and record-keeping skills to assist all caregivers; development of informal support, decision-making skills, conflict resolution, and coping skills; and assistance with gaining knowledge, insight, and empathy in regard to the participant’s illness, and increasing confidence, stamina and empowerment. Service activities to include reimbursement for registration fees and related non-food/lodging costs for participation in activities such as training seminars and workshops.
Billing Codes	<ul style="list-style-type: none"> ▪ H2015 Modifiers: U7 and U1 (U1 = Individual training sessions) Comprehensive community support services, per 15 minutes ▪ S5111 (Modifier: U7) Home care training for family (caregiver) ▪ S5116 (Modifier: U7) Home care training for non-family (caregiver)
Billing Amounts	<p>\$15.00 per unit; One unit = 15 minutes; Allow max eight units per day</p> <p>Total is limited to \$2,000.00 per year per member (for each of the three codes)</p> <p>Currently billed at a dollar amount (similar to flex funds) or at the \$60.00 per hour for up to two hours per day. Individuals providing the service are paid through the Wraparound Facilitator agency.</p> <p>Reimbursement is available for the costs of registration and training fees, supplies associated with the training and support needs outlined in the Plan of Care. Reimbursement is available for one-on-one training by providers of this service as specified in the Plan of Care, including the individual provider’s attendance at the CFT meeting. Reimbursement is not available for the costs of travel, meals, and overnight lodging.</p> <p>Proposed changes for 2012: The maximum annual limit of \$2,000 for all combined Training and Support for Unpaid Caregivers will be changed. The hourly Training and Support for Unpaid Caregivers, billed in 15-minute units, will no longer have an annual limit. (The two-hour daily limit still applies.) The non-hourly Training and Support for Unpaid Caregivers will have an annual limitation of \$500 (for items such as conference fees, registration and books).</p>
Qualifications, Training and Supervision	<p>Training and Support for Unpaid Caregivers may be delivered by the following types of resources: non-profit, civic, faith-based, professional, commercial, and government agencies and organizations; community colleges, vocational schools, universities, lecture series, workshops, conferences, seminars, online training programs; Community Mental Health Centers; and other qualified community service agencies.</p> <p>All provider agencies must maintain documentation that the following standards are met for individuals providing Training and Support for Unpaid Caregivers:</p> <ol style="list-style-type: none"> 1. At least 21 years of age; 2. High school diploma or equivalent; 3. Two years paid, volunteer, or personal experience with children with SED/youth with serious MI; 4. Completion of Department of Mental Health and Addiction (DMHA) approved training program; 5. Resident of the same System of Care region as the participant/primary caregiver; 6. Attend and actively participate in the child-family team meetings when providing support to the unpaid caregiver within the activities included in the definition as approved by the Wraparound Facilitator; 7. Indian State Police criminal background check; and 8. Indiana Department of Child Services child abuse registry screen. <p>For purposes of this service, Unpaid Caregiver is defined as any person, family member, neighbor, friend, co-worker, or companion who provides uncompensated care, training, guidance, companionship, or support to a CA-PRTF Grant participant.</p>

KANSAS

Medicaid Funding Source	1915(c) HCBS SED Waiver ³
FYPS Provider (Service) Title	Parent Support and Training
Definition	<p>Parent Support and Training is designed to benefit participants experiencing SED who without waiver services would require state psychiatric hospitalization or treatment at a psychiatric residential treatment facility. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the participant. For the purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver or grant, and may include a parent, spouse, children, relatives, grandparents, or foster parents. Services may be provided individually or in a group setting. Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's individualized Plan of Care.</p> <p>Service requires prior authorization. One FTE to 10 participants / families is maximum group size. Parent Support and Training will not duplicate any other Medicaid State Plan service or other services otherwise available to recipient at no cost.</p> <p>Allowed Modes of Delivery: (1) family; (2) group; (3) on-site; (4) off-site.</p>
Components of Service	<p>Services include:</p> <ol style="list-style-type: none"> 1. Assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the participant in relation to their mental illness and treatment; 2. Development and enhancement of the family's specific problem-solving skills, coping mechanisms, and strategies for the participant's symptom/ behavior management; 3. Assisting the family in understanding various requirements of the waiver or grant process, such as the crisis plan and Plan of Care process; 4. Training on the participant's medications or diagnoses; interpreting choices offered by service providers; and assisting with understanding policies, procedures, and regulations that impact the participant with mental illness while living in the community. <p>Services provided to children and youth must include communication and coordination with the family and/or legal guardian. Coordination with other child-serving systems should occur as needed to achieve the treatment goals. All coordination must be documented in the youth's medical record.</p>
Billing Codes	S5110 (Individual) S5110 TJ (Group)
Billing Amounts	\$10 per unit (Individual) \$3 per unit (Group) One unit = 15 minutes

³The Home and Community Based Services (HCBS) Children with Severe Emotional Disturbance (SED) waiver program is designed to expand Medicaid services for children between 4 and 17 at risk of admission to a state mental health hospital. Additionally, individuals between 18 and 22 may be eligible for HCBS SED waiver services if intensive community- based services have been in place and continually provided to them for at least six months prior to the application date for waiver services.

Qualifications, Training and Supervision	Must have a high school diploma or equivalent. Must be 21 years of age. Preference is given to parents or caregivers of children with SED. Must complete Parent Support training according to a curriculum approved by SRS within one year of hire as a Parent Support provider. Must pass KBI, SRS child abuse check, adult abuse registry and motor vehicle screens. Must receive ongoing and regular clinical supervision by a person meeting the qualifications of a Qualified Mental Health Professional (QMHP) or PAHP-designated LMHP with experience regarding this specialized mental health service, and such person shall be available at all times to provide backup, support, and/or consultation.
MARYLAND	
Medicaid Funding Source	1915 (c) HCBS PRTF Waiver
FYPS Provider (Service) Title	Caregiver Peer-To-Peer Support (Family Support Partner)
Definition	<p>Family Support partners perform the following services:</p> <ul style="list-style-type: none"> ▪ Explain role and function of the Family Support Organization (FSO) to newly-enrolled Care Management families; ▪ Work with the family to identify and articulate their concerns and needs; ▪ Ensure that family voice is incorporated into Child/Youth Family Team process and Plan of Care through communication with Care Manager and Team Members; ▪ Accompany the family to Child/Youth Family Team meetings to support family voice and choice; ▪ Listen to the family’s needs and concerns from a peer perspective, and offer suggestions for engagement in Care Management process; ▪ Provide ongoing emotional support, modeling and mentoring during all phases of the Child/Youth Family Team process; ▪ Help family identify and engage natural support system and other community resources; ▪ Facilitate the family attending peer group and other FSO activities throughout Plan of Care process; ▪ Work with the family to organize and prepare for meetings in order to maximize the family’s participation in those meetings; ▪ Support family in meetings at school and other locations in the community and during court hearings; ▪ Empower family to make choices to achieve desired outcomes for their child or youth, as well as for the family as a whole; ▪ Help the family acquire the skills and knowledge needed to attain self-efficacy; and ▪ Along with a Care Manager and Youth Support Partner, make a joint engagement visit (within 72 hours) to families enrolled in Care Management. If this is not possible, Family Support Partner and Youth Support Partner will make separate visits. ▪ Notify Care Manager of critical incidents and when they are no longer involved with families. Care Manager will timely notify Family Support Partners of team meetings, rescheduled meetings, and critical incidents.
Components of Service	<p>Activities provided to families who request FSO services include:</p> <ul style="list-style-type: none"> ▪ Assistance in understanding all phases of the Child/Youth Family Team process and in communicating family needs to Care Manager and Team Members; ▪ Supporting, modeling and coaching families to help with their engagement in Care Management process; ▪ Community resource linkage; ▪ Support during meetings at school and other locations in the community and during court hearings; ▪ Linkage to peer network; ▪ Information and education on procedures to access services and, if needed, assistance with securing needed services; ▪ Consultation, if needed, to Care Managers on ISP management after discussion with families; and ▪ Planning for transition from the Child/Youth Family Team process to ensure continued success.
Billing Codes	<ul style="list-style-type: none"> ▪ W5009 - Caregiver Peer to Peer Support ▪ W5008 - Youth Peer to Peer Support ▪ W5002 - Family and Youth Training (for individual family members)

	<ul style="list-style-type: none"> W5003 - Family and Youth Training (for groups)
Billing Amounts	<ul style="list-style-type: none"> Peer-to-Peer Support is paid at the rate of \$50 per session. Limit of one session per day. Each session is a minimum of at least one hour face-to-face. Family Youth and Training is provided to individual family members at \$45 per hour and to groups at \$36 per participant
Qualifications, Training and Supervision	<p>Qualifications for caregiver peer-to-peer support include being over age 21; having been a parent of a youth with SED or such a youth; receiving training specified by the Maryland Mental Health Administration (MHA); and working for a qualified organization.</p> <p>Qualifications for youth include being between 18 and 26 years of age; having been a youth with SED; receiving training as specified by the Maryland MHA; and working for a qualified organization.</p>
MONTANA	
Medicaid Funding Source	1915(c) HCBS PRTF Waiver
FYPS Provider (Service) Title	Caregiver Peer-to-Peer Support Specialist (Peer Specialist)
Definition	Caregiver peer-to-peer support services offer and promote support to the parent/guardian of the youth with SED. The services are geared toward promoting self-empowerment of the parent, enhancing community living skills, and developing natural supports.
Components of Service	<p>Services include:</p> <ol style="list-style-type: none"> Supporting parents to make informed independent choices in order to develop a network for information and support from others; Coaching parents in developing systems advocacy skills in order to take a proactive role in their youth's treatment and to obtain information and advocate with the school system; and Assisting parents in developing supports, including formal and informal community supports.
Billing Codes	<ul style="list-style-type: none"> H0038 UA Waiver Services S5111 UA Waiver Services
Billing Amounts	<ul style="list-style-type: none"> H0038 = \$7.50 per 15 minutes S5111 = \$10.00 per diem (used for meetings limited to one meeting per day)
Qualifications, Training and Supervision	<p>Caregiver peer-to-peer support services are provided by appropriate community agencies with the capacity to offer this service to the parent/guardian of the youth with SED. The provider of caregiver peer-to-peer support specialist services must:</p> <ul style="list-style-type: none"> Ensure that any employee providing caregiver peer-to-peer services is a family member who has cared for a youth with SED while the youth was receiving services in the children's mental health system. The person must have experience in the direct day-to-day care of a youth with SED; Verify that the youth (who is the family member) is currently not enrolled as a participant in the Home- and Community-Based Services Program for Youth with SED; Be knowledgeable about the children's mental health system as well as about other community resources; Ensure that any employee providing caregiver peer-to-peer services has attended a wraparound facilitation training sanctioned by the department or has been trained by someone within the community agency who has attended a wraparound facilitation training sanctioned by the department; and Ensure that the employee attends the next wraparound facilitation training sanctioned by the department.

SOUTH CAROLINA

Medicaid Funding Source	1915(c) HCBS PRTF Waiver
FYPS Provider (Service) Title	Caregiver Peer Support
Definition	<p>Peer Support Services are designed to offer and promote support to the parent/guardian of children/youth with emotional and behavioral problems. The services are geared toward promoting self-empowerment, enhancing community living skills, and developing natural supports.</p> <p>Caregiver Peer Support Service is parent/ guardian-centered with a focus on strengthening the caregiver’s ability to cope with and manage a child/youth with serious emotional and behavioral problems. This service allows caregivers the opportunity to direct their strengths and advocacy processes. This, in turn, promotes skills for coping with and managing the child/youth’s behavioral and emotional symptoms while facilitating the utilization of natural supports and community resources.</p> <p>Caregiver Peer Support Service is a helping relationship between a parent/guardian and a Caregiver Peer Support Specialist that promotes respect, trust, and warmth and empowers clients to make changes and decisions to enhance their lives. The Caregiver Peer Support Specialist encourages the parent/guardian to make decisions about the activities and services offered within the treatment programs. This service is directed toward the achievement of specific goals that have been defined by the parent/guardian and specified in the Plan of Care. The activities provided by this service emphasize the acquisition, development, and expansion of the skills needed to parent a child/youth with serious emotional and behavioral problems. Interventions are built on the unique therapeutic relationship between the Caregiver Peer Support Specialist, the parent/guardian, and their family unit, as requested and defined by the parent or guardian.</p>
Components of Service	<p>Services are multi-faceted and emphasize the following:</p> <ol style="list-style-type: none"> 1. Provide education and information on the waiver processes; 2. Assist families with entry process to the waiver; 3. Assist families with developing the Plan of Care; 4. Assist with consumer complaints; 5. Assist with the waiver mediation and grievance processes; 6. Provide education and support concerning how to cope with the stressors of the youth’s disability; 7. Assist with connecting parents/guardian to informal community supports; and 8. Serve as an advocate for the family throughout the waiver process. <p>The types of service interventions may include the following:</p> <ol style="list-style-type: none"> 1. Self-Help: Includes cultivating the parent/guardian’s ability to make informed, independent choices. This helps the parent/guardian develop a network for information and support from others who have been through similar experiences. 2. Self Improvement: Includes planning and facilitating specific, realistic activities leading to increased self-worth and improved self-concepts. 3. System Advocacy: May include such activities as assisting the parent/guardian with making telephone calls and composing letters about issues related to mental illness or recovery. This can also involve teaching the parent/guardian to communicate with their child/youth’s educational system. 4. Individual & Family Advocacy: Includes such activities as guiding the parent/guardian toward taking a more proactive role in their child/youth’s treatment. 5. Social Support: Includes assisting the parent/guardian with learning about the need to develop appropriate family supports, how to access social supports within the community, and how to improve communication with agencies/organizations. 6. Educational Support: May include assisting the parent/guardian in obtaining information and advocating within the school system on behalf of their child/youth. The parent/guardian learns how to appropriately communicate and advocate for the educational needs of their child/youth.

Billing Codes	H0038 Peer Support
Billing Amounts	\$5.62 per 15 minutes
Qualifications, Training and Supervision	<p>Services will be provided by individuals or family members who: either are or have been consumers of the behavioral health system; or are not direct consumers, but have experience raising a child with SED and have knowledge of the behavioral health system in the State.</p> <p>Caregiver Peer Support Service shall be rendered by a Caregiver Peer Support Specialist employed by and under the direct supervision of a provider or family organization listed on the Qualified Provider List. Caregiver Peer Support Specialists must:</p> <ol style="list-style-type: none"> 1. Be at least 21 years of age; 2. Have at least a high school diploma or GED; 3. Have at least two years' experience in providing care to a child with a SED; 4. Have some knowledge of the behavioral health system; and 5. Successfully complete all required training per waiver policy. <p>The qualified provider or family organization providing Peer Support Services must have designated staff to provide supervision to Peer Support Specialists. There must always be a designated staff person within the provider or family organization whom the Peer Support Specialist may contact at any time, 24 hours a day, 7 days a week.</p> <p>The qualified provider family organization shall assure that the Caregiver Peer Support Specialist provides services in a safe, efficient manner in accordance with accepted standards of practice and certification-training standards. The qualified provider or family organization shall conduct an evaluation of the Peer Support Specialist initially at six months after employment and annually thereafter, to monitor the effectiveness of their work with families.</p>

STATE PLAN AMENDMENT AND MEDICAID WAIVERS

MICHIGAN

Medicaid Funding Source	1915(c) SED HCBS Waiver and 1915(b) SPA
FYPS Provider (Service) Title	Family Support and Training (Parent Support Partner) ⁴
Definition	Family-focused service provided to families (birth or adoptive parents, siblings, relatives, foster family, and other unpaid caregivers) of children with SED for the purpose of assisting the family in relating to and caring for a child with SED. The services target family members who are caring for and/or living with a child receiving waiver services.
Components of Service	Coverage includes: Education and training, including instructions about treatment regimens to safely maintain the child at home as specified in the IPOS; and peer support provided by a trained peer one-on-one or in group for assistance with identifying coping strategies for successfully caring for or living with a person with SED.

⁴ State model for Parent Support Partners is not limited to waiver; does not require wraparound; and can be used in conjunction with OP or intensive HB services. Supervising providers do not have to come only from family organizations; community MH providers can also fulfill this role. Youth peer support was recently added as a covered service; state is in process of developing the model.

Billing Codes	S5111 HM Family Homecare Train/Session
Billing Amounts	\$80.00; One per day allowed with a maximum of four per month For 1915(c); amount is capitated under 1915(b) SPA.
Qualifications, Training and Supervision	<p>Parent Support Partner has or had a child with special mental health needs.</p> <p>Supervision by Impact (SOC) lead Family Contact who is employed by Association for Children’s Mental Health (ACMH), statewide family organization. Weekly face-to-face individual supervision. Group supervision every other week with all advocates and lead family contact, non-clinical.</p> <p>ACMH/Michigan Department of Community Health (MDCH) Parent Support Partner (PSP) Certification Model includes the following:</p> <ul style="list-style-type: none"> ▪ Five full days of classroom training in the following topics: Role & Purpose of Parent Support Partner; Sharing Your Story; Family Engagement; Internal & Focused Listening; Building the Parent Support Partner Relationship; Collecting Information; Turning Hopes & Dreams into Action; Problem Solving & Checking for Progress; Family Driven & Youth Guided Care; Parent/Professional Partnerships; Navigating Systems & Using Community Resources; Public Mental Health; Systems of Care; Cultural Competence; Confidentiality; Health Information Portability Accountability Act of 1996; Child Welfare & Department of Human Services; Juvenile Justice; Educational System ▪ Nine months of individual and group coaching: Parent Support Partners are assigned with 4-6 other Parent Support Partners to a seasoned PSP Coach and participate in monthly hour- long coaching sessions targeted at core competencies originally covered in classroom training. Parent Support Partners utilize case scenarios provided by coaches and real life examples from situations encountered with families to further develop their understanding of each core skill. ▪ Joint Supervision: The Statewide Parent Support Partner Coordinator in partnership with the Community Mental Health Services Program CMHSP supervisor and the family organization supervisor (if applicable) meet monthly with the Parent Support Partners to assess fidelity to the model and implementation challenges, and offer technical assistance to ensure the service is being utilized as it was intended. ▪ Quarterly Professional Development/ Technical Assistance meetings: Parent Support Partners along with the Trainers & Coaches meet for half-day meetings to continue skill development, discuss challenges to and successes with implementation, and share lessons learned across sites. ▪ Satisfactory completion of training, coaching and ongoing evaluation requirements: Observation of demonstrated skills during classroom training. Participation and contributions to monthly coaching calls. Participation and attendance at quarterly Professional Development/ Technical Assistance meetings. Participation and attendance at joint supervision meetings. ▪ Evaluation: The Family Journey Assessment Tool (Georgetown University) implemented in early 2011. This tool is intended to monitor the outcome of Parent Support Partner services by quarterly assessing the progress caregivers are making in the need areas identified. Parent Support Partners will be required to participate in orientation and training on the FJAT and will be required to complete the FJAT with each family to whom they provide Parent Support Partner service. The tool is administered within two weeks of the service beginning and then every 90 days thereafter.