California Mental Health Services Authority

Landscape Analysis

Parent, Caregiver, Family Member Peer Training Curriculum Core Competencies



Introduction

While looking across the country, states vary in the domains or core competencies that are required to satisfy their equivalent of a Parent, Caregiver, Family Member Peer Certification Training. Many states follow the requirements and core competencies outlined by the



National Federation of Families (specifically, Connecticut, Maine, Maryland, Mississippi, Nevada, North Carolina, Texas, and Vermont). States that do not apply the National Federation of Families' National Standards seem to adopt a variation of the National Federation of Families' National Standards in accordance with the needs of their state's population. Outlined in this report are the National Standards set forth by the National Federation of Families and a high-level summary of the consistent core competency themes across all states with state certification for Parent, Caregiver, Family Member Peers. Additionally, only a handful of states combine their Peer Support Specialist Certification with their Parent, Caregiver, Family Member Peer certification (specifically, Nebraska, North Dakota, Rhode Island, and Virginia). Most states with certified Parent, Caregiver, Family Member Peers have a unique certification process and requirements.

Research Methods of Core Competencies for Parent, Caregiver, Family Member Peer Certification Landscape Analysis

To identify the landscape of core competencies for Parent, Caregiver, Family Member Peer Certification, the Bringing Recovery Supports to Scale: Technical Assistance Center Strategy's (BRSS TACS) 2020 State-by-State Directory of Parent Peer Support Training and Certification Programs report was used. A web-based search was conducted to find content related to training standards and core competencies Each states' requirements and available information related to training programs and certification standards were examined and, where necessary, informal interviews were completed to obtain absolute clarity on the reasons for the length and/or pedagogy methodology. Based on the review of available information, a crosswalk of core competencies by state, using the National Federation of Families' Core Competency standards as a template for categorizing competencies identified by each state was created.



National Federation of Families National Standards

The National Standards set forth by the National Federation of Families were developed through a complex stakeholder engagement process across the United States to develop professional standards for Parent Support Providers (PSPs). The National Federation of Families defines PSPs as primary caregivers who have "lived-experience" of parenting a child who experiences emotional, developmental, behavioral, substance use, or mental health challenges.

The process for developing the national certification began in 2007 with the National Federation of Families for Children's Mental Health (NFFCMH) with the support and input of subject matter experts from across the country. In 2012, NFFCMH launched the national certification PSPs. Additionally, over time, the National Federation of Families began a process of revising their national standards outlined in the core competencies with further community, stakeholder, and subject matter expert input.

As a result, the National Federation of Families identifies 11 Core Competencies:

- 1. Ethics 2. Confidentiality 3. Effecting Change 4. Behavioral Health 5. Education
- 6. Communication 7. Parenting for Resiliency 8. Advocacy 9. Empowerment
- 10. Wellness and Natural Supports 11. Local Resources

In their national scan of the core competencies which included 39 states and the District of Columbia, the National Federation of Families identified that the following competencies have an overall percentage of alignment:

- Advocacy/Systems Knowledge 94.8% alignment across states
- Wellness and Natural Supports 94.8% alignment across states
- Communication 84.6% alignment across states
- Empowerment 82% alignment across states
- Behavioral Health 82% alignment across states



- Effecting Change 79.4% alignment across states
- Confidentiality 79.4% alignment across states
- Ethics 79.4% alignment across states
- Education 76.9% alignment across states
- Local Resources 74.3% alignment across states
- Parents for Resiliency 69.2%

While there is variation in language used state by state to describe core competencies, consistent themes remain to create these broader national standards identified as core competencies by the National Federation of Families. The report issued by the National Federation of Families acknowledges the uniqueness of each state's culture, characteristics, managed care organizations, and varied funder language.

The National Federation of Families also simplified the core competencies further by organizing them into five categories: 1. Professional Responsibilities 2. Systems Knowledge and Navigation 3. Resources and Natural Supports 4. Resiliency and Wellness 5. Effecting Change.

For the purpose of this report, we will provide a high-level overview of the core components to each core competency as described across 18 states' standards for Parent, Caregiver, Family Member Peer (9 states using the National Federation of Families' standards and 9 nine using unique standards). We will explore the most prevalent standards and identify unique standards that could translate to California's Parent, Caregiver, Family Member Peer Specialization core competencies.



Comparative Analysis of Parent, Caregiver, Family Member Peer State Certification Standards

The following states have adopted the National Federation of Families' Core Competencies: Connecticut, Maine, Maryland, Mississippi, Nevada, North Carolina, Texas, and Vermont. We will compare these standards with the collective standards of the following states: Arizona, Colorado, Idaho, Illinois, Iowa, Kentucky, Pennsylvania, and Wisconsin. The eight states were selected for a comparative study based on the level of transparency with which they publish their state standards, curriculum, and responsiveness. Moreover, we identified these states as comparable due to their parallel trajectory in adopting and updating the Peer Support Specialist role as a Medi-caid provider.

National Federation of	Summary of Themes Across Other
Families Competencies	State Standards
1. Professional Responsibilities:	Recognize the role and limitations of a
Skills that can be assigned to this core	Parent, Caregiver, Family Member Peer, as
competency include:	differentiated from clinical services.
Basic Work Skills	Effectively uses self-disclosure and sharing
Knowledge of Policies	one's story when appropriate and with the
Ethics	intent of inspiring hope.
Confidentiality	Active listening skills, ability to show
Boundaries	empathy and demonstrate non-
Professional Development	judgement. Understands various forms of
Demonstrating Cultural Humility	communication including behavior.
	Communicate and connects effectively
	with families of all cultures, religions,
	value systems, and lifestyles.
	Understand personal biases based on
	knowledge, skill, and experience.
	Comply with state, federal, mandatory
	reporting and confidentiality
	requirements (PHI).
	Conduct self in an ethical manner by
	adhering to codes of ethics and standards
	of practice.



Field examples for professional responsibilities may include:		
Demonstrating knowledge of basic workplace skills.		
Knowing the distinctions between peer support and clinical services.		
Practicing cultural humility		
Applying ethical standards.		
Conducting self with integrity.		
Knowing and adhering to policies and procedures.		
Understanding personal and professional limitations and implicit biases.		
Incorporating standards of confidentiality		
Displaying professional appearance, attitude	and communication.	
Using self-disclosure appropriately		
Treating colleagues and clients with respect.		
2. Systems Knowledge and Navigation:	Systems history overview and	
Knowledge that can be assigned to this	understanding of children's behavioral	
core competency includes:	health service delivery and other	
Education	children's services such as: education,	
Behavioral Health / Mental Health	special education, child welfare, and	
Justice System	juvenile court systems, and how these	
Health Care	services differ from adult systems of care.	
Child Welfare	Overview of mental illness and substance	
Use of Peer Services	use disorders in children and the effects	
Intellectual and Developmental Disabilities	on their brain.	
Substance Use	Understand the developmental stages of	
Social Services	children and adolescents.	
Legal Rights and Responsibilities in System	Understand impact of trauma and	
Supports	responses to trauma	
	Foster cooperation between families, the	
	individual, and the service systems	
	involves in their lives.	
	Know safeguarding and relapse	
	prevention strategies for issues such as	
	self-harm and substance abuse.	
	Understand crisis and safety planning and	
	ability to support access to crisis	
	resources in the community and region.	
	Knowledge of conditions, treatments,	
	services, and supports, and how to	
	coordinate access to multiple systems.	



Field examples for systems knowledge and navigation may include:

Demonstrating general knowledge of the educational systems and advocacy within that system.

Describing basic tenets of guardianship and trusts.

Promoting understanding of caregiver rights and responsibilities in system supports / behavioral health / recovery / resilience.

Knowing the stages in the recovery process

Recovery and resilience.

Managing crisis and emergency situations

Demonstrating general knowledge of diagnostic profiles and treatment options.

This broadly encompassing category also covers knowledge of all systems that touch children, transition-age youth and the adults involved in their lives.

3. Resources and Natural Supports:	Knowledge of family systems theory and
Skills that can be assigned to this core	facilitating family support groups.
competency include:	Understanding of individual and family
Helping Families Identify and Use Natural	culture, biases, stigma, and trauma.
SupportsHelping Families Access and	Demonstrate an ability to teach wellness
Navigate Local Resources	practices, life skills, and psychoeducation.
Identifying Family Strengths, Needs and	Understands, supports, and models
Outcomes	family-driven care.
Crisis and Safety Planning	Exercise family-centered planning,
Family Relationship Building	including utilizing the family's natural
System Partner Relationship Building	supports and supplementing them with
	community supports and service systems.
	Assert family's role as the center of
	decision-making.
	Assist families in accessing resources,
	services, and information to empower
	them in navigating services consistent
	with family needs and goals.
	Understand, support, and model the role
	of the family in recovery-oriented systems
	of care using a strengths-based approach.
	Educate and assist families in in
	identifying and articulating their needs,
	goals, and strengths to effect change.
	Able to assist families to recognize the
	difference between individual problems
	and a system problem or constraint.



	Demonstrate patience, persistence, and optimism to establish and maintain family motivation.
Field examples resources and natural supp	orts may include:

Demonstrating knowledge of community-based resources and how to access, including funding options.

Collaborating with groups to pool resources

Negotiating successfully with the community partners to meet families' needs.

Assisting the family to identify goals and develop a plan for success across all life domains.

Demonstrating the ability to provide necessary information and options on resources and support to support families to make informed decisions.

Assisting families to identify and use natural supports.

Supporting families to access and navigate local resources.

Promoting positive family relationship building.

Creating opportunities for system partner relationship building.

Assisting family members to identify and build informal family and community supports. Identifying transition resources.



4. Wellness and Resiliency:	Understanding of the stages of grief and
Skills that can be assigned to this core	loss, self-care and stress management,
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competency include:	compassion-fatigue and burnout,
Holistic Approach to Wellness	resiliency and recovery principles, and
Promoting Resiliency	healthy personal and professional
Recovery Principles	boundaries.
Impact of Trauma, Compassion Fatigue,	Demonstrate knowledge of trauma-
Burnout and Grief	informed care and various pathways to
Wellness Education	recovery.
Parenting Skills	Empower families to identify their needs,
Self-Care Strategies (For Providers and	promote self-resilience, and
Families)	understanding the stages of change and
	unmet needs.
	Understand person-centered resiliency
	and recovery planning for all ages and
	stages.
	Describe the difference between a peer
	relationship and a hierarchical
	relationship.
	Explain the concept of mentoring and
	social learning.
	Identify barriers within the family that
	impede family functioning (i.e., alcohol,
	drug use, incarceration, and domestic
	violence).
	Support families in implementing their
	goals, assisting in refocusing when
	necessary.



Field examples for wellness and resiliency may include: Using lived experiences to provide support, encouragement and hope. Assisting families in building self-confidence / self-esteem. Assisting families in building stability in their lives (Maslow's Hierarchy). Understanding the holistic view of family members' physical, social, mental and spiritual strengths and needs. Identifying family strengths, needs, and outcomes. Participating in crisis and safety planning. Understanding the holistic approach to wellness. Designing self-care strategies (for providers and families). Understanding the impact of trauma, compassion, fatigue, burnout and grief			
Promoting and modeling resiliency			
Incorporating recovery principles.	o o ,		
Providing wellness education resources			
Reinforcing positive parenting skills.			
5. Effecting Change:	Educate on the family and peer		
Skills that can be assigned to this core	movements and the role of advocacy in		
competency include:	systems transformation.		
Building Collaborative Partnerships	Provide education on the stages of		
Problem Solving	change.		
Relationship Building Effective Advocacy	Describe the stages of change. Practice and teach strategies to prevent		
Addressing Stigma	and overcome stigma.		
Systems Navigation	Participate in advocacy to support		
Communication Skills	families.		
Interpersonal Skills	Assist families, teaching them how to advocate effectively within policy-making processes.		
	Recognizes stigma, common superstitions, and myths regarding mental health and substance use issues.		
	Able to assist families in recognizing their strengths and use them to effect change.		



Field examples for affecting change may include:

Demonstrating effective communication strategies.

Promoting family voice and choice at all levels of systems service.

Assisting families in asserting their rights to meet their needs.

Supporting, teaching and coaching primary caregivers to identify and articulate their family's needs and goals.

Engaging families to identify needed systems changes or issues.

Strategically sharing lived experience to effect policy change and assist families to do the same.

Partnering with families/caregivers and professionals to build collaborative relationships. Articulating the values of fostering cooperation between families and family-serving systems.

Modeling effective strategies for families without being directive.

Reframing challenges using strength-based language.

Advocating in a solution-focused manner

Mentoring.

Creating relationships that build resilience

Mastering the use of interpersonal skills.



Summary of Comparative Analysis of Core Competencies

The results of the textual analysis and constant comparative analysis were illustrated in the form of a crosswalk. The results provided insight into agencies that have implemented competencies specific to state population needs and systems of care; however, this is quite rare.

The widest discrepancy was noted in the length of training hours required by each entity. These hours are distributed into the categories of classroom instruction, field instruction, and on-the-job observation. The number of total training hours varied from the shortest being 24 hours, in addition to 80 hours of core peer specialist training, and the longest being 100 hours. The result of the comparative analysis yielded 50 hours of additional Parent, Family, Caregiver training was the average amount utilized by the states researched.

The overlapping similarities in competencies of each state analyzed compared with the National Federation of Families' National Standards Parent-Caregiver Peer training curriculum core competency standards are more alike than different with slight variations when considering common terminology. These findings were compared with the outcomes of several Parent, Family Member, and Caregiver Peer subject matter expert stakeholder workgroup meetings sponsored by CalMHSA and facilitated by community leader, consultant, and Parent Peer Tanya McCullom. The summation of these groups provided a set of comprehensive core competencies that were identical to that of the National Federation of Families curriculum.

Conclusion

In conclusion, we are pleased that we were able to accomplish the goal that prompted this work: to identify a comprehensive, well-aligned set of Parent, Family Member, and Caregiver specialization core competencies and relevant data to support a meaningful and measurable educational road map. In tandem with the National Federation of Families and recommendations provided by the Parent, Family Member, and Caregiver Peer focus groups CalMHSA's final analysis observed the totality of the seventeen core competencies provided by the initial eighty-hour generalist certification training afforded a Certified Medi-Cal Peer Support Specialist with a robust foundation and thoroughly covered the scaffolding found in the 5 core competencies in the National Federation of Families. Subsequently, an additional 40 hours of experiential learning specific to the Parent, Family Member, and Caregiver Peer systems will be implemented to construct the Parent, Family Member, Caregiver Peer Specialization Certification.

The result of this accomplishment is significant as it allowed CalMHSA as a certifying entity to shift towards a constructivist pedagogical lens where peer learners, upon completion of training, adopt and adapt competencies that are retained, resonate, and are deepened as it personally impacts their personal and communal lives while also meeting the needs of a widely diverse state. When the specialization core competencies are consequential, the robust configuration of instruction, examination, and trainer development is achievable and reinforced.

