

California Mental Health Services Authority

Training Curriculum Competencies

Parent, Caregiver, Family Member Peer
Specialization for Medi-Cal Peer Support Specialists



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 state's 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 Families Competencies	Summary of Themes Across Other State Standards
<p>1. Professional Responsibilities: Skills that can be assigned to this core competency include: Basic Work Skills Knowledge of Policies Ethics Confidentiality Boundaries Professional Development Demonstrating Cultural Humility</p>	<p>Recognize the role and limitations of a Parent, Caregiver, Family Member Peer, as differentiated from clinical services. Effectively uses self-disclosure and sharing one’s story when appropriate and with the intent of inspiring hope. Active listening skills, ability to show empathy and demonstrate non-judgement. Understands various forms of 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.</p>

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:
Knowledge that can be assigned to this core competency includes:

- Education
- Behavioral Health / Mental Health
- Justice System
- Health Care
- Child Welfare
- Use of Peer Services
- Intellectual and Developmental Disabilities
- Substance Use
- Social Services
- Legal Rights and Responsibilities in System Supports

Systems history overview and understanding of children’s behavioral health service delivery and other children’s services such as: education, special education, child welfare, and juvenile court systems, and how these services differ from adult systems of care. Overview of mental illness and substance use disorders in children and the effects on their brain. Understand the developmental stages of children and adolescents. Understand impact of trauma and 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:

Skills that can be assigned to this core competency include:

Helping Families Identify and Use Natural Supports
Helping Families Access and

Navigate Local Resources

Identifying Family Strengths, Needs and Outcomes

Crisis and Safety Planning

Family Relationship Building

System Partner Relationship Building

Knowledge of family systems theory and facilitating family support groups.

Understanding of individual and family culture, biases, stigma, and trauma.

Demonstrate an ability to teach wellness practices, life skills, and psychoeducation.

Understands, supports, and models family-driven care.

Exercise family-centered planning, including utilizing the family's natural 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 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.

	<p>Demonstrate patience, persistence, and optimism to establish and maintain family motivation.</p>
<p>Field examples resources and natural supports may include:</p> <ul style="list-style-type: none"> 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:

Skills that can be assigned to this core competency include:

- Holistic Approach to Wellness
- Promoting Resiliency
- Recovery Principles
- Impact of Trauma, Compassion Fatigue, Burnout and Grief
- Wellness Education
- Parenting Skills
- Self-Care Strategies (For Providers and Families)

Understanding of the stages of grief and loss, self-care and stress management, compassion-fatigue and burnout, resiliency and recovery principles, and healthy personal and professional boundaries.

Demonstrate knowledge of trauma-informed care and various pathways to recovery.

Empower families to identify their needs, promote self-resilience, and 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.
- Providing wellness education resources
- Reinforcing positive parenting skills.

5. Effecting Change:

Skills that can be assigned to this core competency include:

- Building Collaborative Partnerships
- Problem Solving
- Relationship Building
- Effective Advocacy
- Addressing Stigma
- Systems Navigation
- Communication Skills
- Interpersonal Skills

- Educate on the family and peer movements and the role of advocacy in systems transformation.
- Provide education on the stages of change.
- Describe the stages of change.
- Practice and teach strategies to prevent and overcome stigma.
- Participate in advocacy to support families.
- 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.