



Family Organizations & Peer Support

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Our journey & its impact

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Promises made --- &
broken over time

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Challenges: Results of a
national 'think tank'

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What FREDLA is doing

How we started
&
What we do now

A Journey of Promise

- Congress funded the **Child & Adolescent Service System Program (CASSP)**

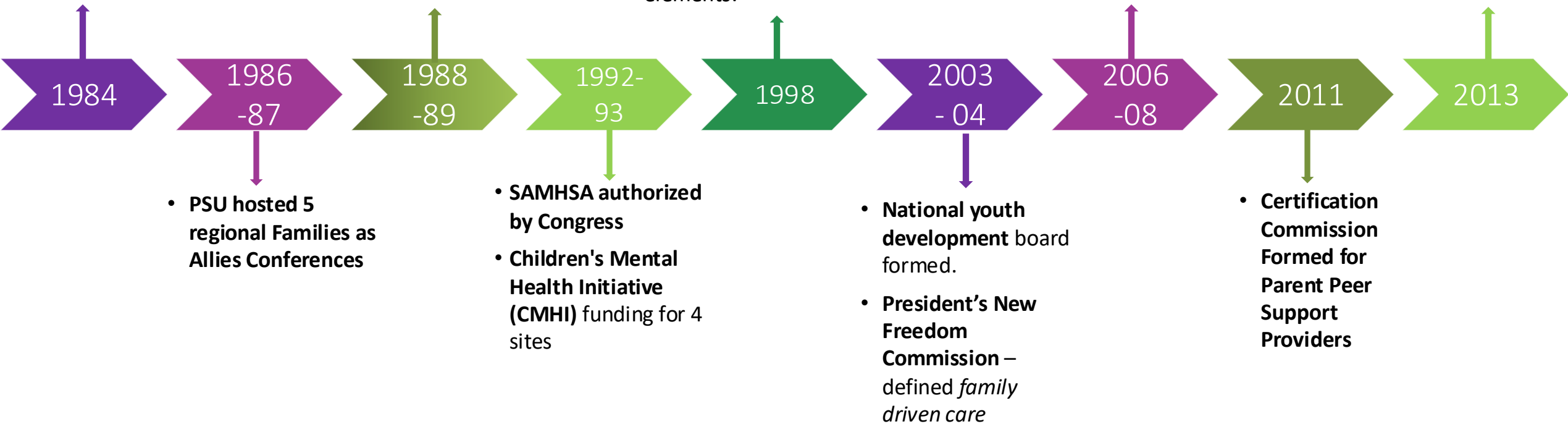
- CASSP and the National Institute on Disability and Rehabilitation Research (NIDRR), **established the first Research and Training Center on Family Support** and Children's Mental Health at PSU

- **First Federal Funding** for Family-Run Organizations
- **Next Steps Conference**
- **Federation of Families for CMH Incorporated**

In 1998 family advocates, wraparound trainers, providers, and researchers gathered at Duke University and debated the definition and **core components of the wraparound model**, identifying 10 essential elements.

- **Youth MOVE National Incorporated**
- First Youth MOVE chapter

- **FREDLA** was established by 16 family organizations



Federal Leadership and Politics

promises made & broken

President Kennedy signed the **Community Mental Health Services Act** – to decrease the number of individuals in institutions

1963

1965
1970

Joint Commission on the Mental Health of Children – later recommendations were largely ignored by the Nixon administration

The **Part F Children's Services Program of the CMHC Act** is enacted for mental health agencies to develop specialized child and adolescent programs. **1974** Part F is repealed

1973 Health Maintenance Organization Act gives rise to managed care

1972
1973

1977

The **President's Commission on Mental Health** identifies children as an underserved population and reiterates many of the Joint Commission's findings*.

1980 - The **Mental Health Systems Act** is enacted, providing limited funding for states and communities to improve services and coordination for children and adolescents with SED.

1981 -The **Mental Health Systems Act** is repealed and replaced by the Alcohol, Drug Abuse, and Mental Health Block Grant – reducing the range of required services.

1980
-1981

1984

• **Congress funded the Child & Adolescent Service System Program (CASSP)**

• **First Federal Funding** for Family-Run Organizations

1988
1989

- **White House Conference** on Mental Health to provide parity, improve treatment, bolster research, and expand community responses
- **First ever Surgeon General's Report** on Mental Health

1992
1993

• **SAMHSA** authorized by Congress
• **Children's Mental Health Initiative (CMHI)** funding for 4 sites

1999

* 1977 An initial attempt is made within the National Institute of Mental Health to fund the first-ever Most In Need Program at \$7 million dollars. Two years later, \$800,000 finally is made available for eight projects for Native American children.

Where does money go? --- one example

	2020	2021	2022	2023	2024 BR
<i>Statewide Family & Consumer Networks</i>	\$4,954,000	\$4,970,508	\$4,937,200	\$4,954,000	\$4,954,000
<i>CMHI System of Care</i>	\$125,000,000	\$125,000,000	\$125,000,000	\$130,000,000	\$225,000,000
<i>Certified Community Behavioral Health Clinics</i>	\$200,000,000	\$249,249,440	\$315,000,000	\$385,000,000	\$552,500,000
<i>Healthy Transitions</i>	28,951,000	29,451,000	29,433,536	30,451,000	\$61,400,000
<i>Project AWARE</i>	\$102,001,000	\$105,117,728	\$119,984,000	\$140,001,000	\$244,000,000
<i>Project LAUNCH</i>	\$23,605,000	\$23,508,709	\$23,588,200	\$25,605,000	\$35,408,000
<i>Criminal & JJ Programs</i>	\$6,269,000	\$6,269,000	\$6,252,200	\$11,269,000	\$56,394,000

<https://www.samhsa.gov/sites/default/files/samhsa-fy-2024-cj.pdf>

A NATIONAL THINK TANK

FREDLA hosted a 'think tank' with representatives from state and local agencies, family-run organizations, and national networks to discuss challenges to advancing and sustaining parent peer support.

What Else we Know About Parent-Peer Support

- Parent-to-parent support interventions impact family outcomes by improving parents' ability to cope with family relations, and children's behavior (Davis & Rushton, 1991; Davis & Spurr, 1998; Koroloff & Friesen, 1991) **33 years ago!**
- It calls for power sharing with families being the primary decision-makers in establishing a formal and informal array of services (Freisen & Huff, 1996) **28 years ago!**
- Parent support providers facilitate collaborative relationships between families and service providers (Ireys, Devet, & Sakwa, 2002) **22 years ago!**
- **17 years ago**, the KU School of Social Welfare released their report *Parent Support: Building Structures That Support and Assist Children (2007)*, identifying the following:
 - Children Whose Parents Receive Support Have Better Outcomes in terms of residential status, law enforcement contact, academic performance, and school attendance (Barfield et al, 2006).
 - Parent support services are beneficial to parents and children – and improve parenting ability.
 - PS services increase the efficiency of community-based services.
 - Earliest possible referral to PS would help to prevent crises thereby reducing the intense level of support PS must provide when families have reached a crisis state.
- **Parent-peer support is different from other types of peer support!**

The Challenges we Share

- Agencies need sustainable funding to keep them 'whole'
- Rates do not provide a livable wage and impact recruitment efforts
- Family organizations have become the proving ground
- Funding the service
- The environment (attitudes, bias, standards)
- Workforce readiness
- Supervision of lived experience

WHAT FREDLA IS DOING



Research & Outcomes



- Finalizing the PPSP quality indicator tool to be used by supervisors of PPSPs and with families receiving PPS services (through the NIMH R-34 study and FROs)
- Identified outcomes that matter most to youth/young adults and parents/caregivers when receiving behavioral health services (via a PCORI Engagement Convening study – see our website)
- Studying Family Engagement and Parent Peer Support in Residential Care via several research collaborations with Ohio State University, ACRC, families and PPSPs involved in residential care, and select Family-Run Organizations
- Implemented the PPS Practice Model in 10 states and involved in 2 current research projects
- Contributing to the literature on family partnership and parent-peer support through co-authorship and contributions to books and journal articles based on research collaborations

Parent Peer Support



FREDLA Practice Model (10 states and growing!)

PPSP Training Results

- 99% of PPSP training participants reported enhanced knowledge and skills
- 99% would recommend the training to others

Supervisor Training Results

- 96% reported enhanced knowledge and skills
- 97% would recommend the training to others



Parent Peer Support Center

Supporting the workforce

- Communities of Practice
- Annual PPS Institute
- Facilitation of Certification Development
- Organizational Readiness for Program and Workforce
- Coaching

and a few other things ---



- Developing tools & publications
- Advancing our commitment to Dads
- Participating in national meetings re peer support
- Working in partnership to advance peer support
 - Within a National Center to strengthen bridges between MH & CW that includes the Center for Adoption Support and Education (C.A.S.E), Baker Center for Children and Families, Foster Club, National Adoption Association (NAA), National Foster Parent Association (NFPA), PolicyWorks, & University of Nebraska-Lincoln Center on Children, Families, and the Law
 - Within the National Training & Technical Assistance Center for Child, Youth, and Family Mental Health which includes the Center for Applied Research Solutions, Georgetown University, Change Matrix, American Academy of Pediatrics, University of Texas, Austin, and Youth Move National
 - With the National Association of State Mental Health Program Directors (NASMHPD)

THANK YOU!

The background features a gradient from dark purple at the top to bright blue at the bottom. The lower half is filled with abstract, flowing, organic shapes in various shades of blue and purple, creating a sense of movement and depth.