

MIDD Briefing Paper

ES 1f Parent Partner Family Assistance
BP 55 King County Youth Peer Support
BP 129 King County Parent Peer Support Training and Development

Existing MIDD Program/Strategy Review MIDD I Strategy Number 1f Parent Partner Family Assistance (Attach MIDD I pages)

New Concept (Attach New Concept Form)

Type of category: Existing Program/Strategy EXPANSION

SUMMARY: This briefing paper combines the existing strategy and the two new concepts (with modifications agreed upon with the concept proposer), and integrates these into an enhanced program. The existing MIDD Strategy 1f funds a free-standing, family-run, family support organization, currently known as Guided Pathways—Support for Youth and Families (GPS). GPS has a staff of three parent partners and one youth peer, in addition to the Executive Director and an administrative/volunteer coordinator. GPS provides parent training and education, 1:1 parent partner support, 1:1 youth peer support, a community referral and education help line, social and wellness activities for families, and advocacy. It also offers some continuing education opportunities for peer support specialists employed in King County agencies, and maintains an informative and appealing website that includes a blog, a resource bank, and calendar of activities.

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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?

This briefing paper combines the existing strategy and the two new concepts (with modifications agreed upon with the concept proposer), and integrates these into an enhanced program.

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The existing MIDD Strategy 1f funds a free-standing, family-run, family support organization, currently known as Guided Pathways—Support for Youth and Families (GPS). GPS has a staff of three parent partners and one youth peer, in addition to the Executive Director and an administrative/volunteer coordinator. GPS provides parent training and education, 1:1 parent partner support, 1:1 youth peer support, a community referral and education help line, social and wellness activities for families, and advocacy. It also offers some continuing education opportunities for peer support specialists employed in King County agencies, and maintains an informative and appealing website that includes a blog, a resource bank, and calendar of activities.

The goals of the existing MIDD strategy are to help families and youth who experience behavioral health challenges to:

1) Increase their knowledge and expertise, 2) Utilize effective coping skills and strategies to support themselves and/or their children/youth, and, 3) Effectively navigate complex service system(s). Both new concepts proposed support the original goals of the existing strategy.

Family members and caregivers, youth, and community members (schools, faith organizations, social service and behavioral health agencies, etc.) can obtain information, referrals, and/or direct support in person, via the telephone, or by text. Parent partners and youth peers support families where they need it (e.g., home, school, church, cafes, etc.). The current site for this work is located in an accessible office park in Kent. Some events and services are available at this office. Family social events and community educational offerings are provided throughout the county at parks, libraries, community centers, schools, churches, social service agencies, and other accessible locations. The current provider offered 15 content rich classes or workshops in 2014, and 20 in 2015. Topics included: Engaging with Police; Anxiety and Mood Disorders; Living with Bipolar: A Family Survival Guide; Intentional Peer Support; Kids and Marijuana: What Parents Need to Know; Ethics and Boundaries for Peer Specialists; Early Childhood; and, Ways of Improving Self-Care Skills.

A component of the work includes active outreach to and collaboration with community organizations in order to partner on behalf of families and youth, and to elevate the visibility of the services it offers. The current model includes several interagency agreements with school districts (e.g., Federal Way, Auburn, Renton). In response to a need voiced by families at a local school, the current provider received a small grant which allowed staff to train school personnel using the American Psychiatric Foundation's "Typical or Troubled" school mental health education program. Provider staff have also been trained to offer "Guiding Good Choices, Building Healthy Behaviors," a five part curriculum designed to assist parents with preventing youth substance abuse.

The existing MIDD Strategy also funds a fulltime Parent Support Specialist position at King County MHCADSD. That position is filled by a person who has lived experience as a parent of children/youth with serious behavioral health needs. This position facilitates and provides technical assistance to the King County Parent Partner Support Network, supports the current provider in achieving its goals, participates in all MHCADSD and other King County planning, policy and monitoring activities (e.g., MIDD Wraparound, Uniting for Youth Executive Team, Reclaiming Futures, the state-sponsored Children's Mental Health Committee, etc.), represents and advocates for families, and provides training and technical assistance to the peer specialist workforce.

This briefing paper combines the existing strategy and the two new concepts (with modifications agreed upon with the concept proposer), and integrates these into an enhanced program. This enhanced

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program is consistent with the long term vision for the King County family support organization as originally conceptualized by the King County program design team.

This enhanced program would create additional capacity for six more parent partners, five more youth peers, one lead parent partner, and one lead youth peer. In addition, a new position would be added to develop, coordinate, and implement a “Learning Academy.” The Learning Academy would offer and/or contract for training and technical assistance to be offered to families, youth, parent partners and youth peers, and to the general community on a wide variety of topics designed to achieve the overarching goals of this MIDD program.

In addition, it is proposed that the existing strategy be expanded to fund a Youth Peer Specialist position at King County MHCADSD. The role and duties of that position would be similar to that of the Parent Support Specialist as detailed above, with a primary goal being the development and support for youth peer capacity in King County.

2. Please identify which of the MIDD II Framework’s four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

Experienced and skilled parent partners and youth peers help families and youth who experience behavioral health challenges to develop skills, gain autonomy, increase self-sufficiency, build resilience, avoid crises, and reduce or prevent involvement with more intensive and restrictive systems (e.g., juvenile detention, emergency rooms, inpatient hospitals, and residential treatment facilities). The earlier this type of support is provided, the more likely it is that the behavioral health challenges these families and youth experience can be ameliorated, thus avoiding more serious and persistent problems later in life.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

Parents, family members, and youth service participants in the public mental health, substance abuse and other service systems benefit from the unique mentoring, guidance, and expertise offered by someone who has had similar experiences. Navigating complex service systems can be a frustrating, confusing, and challenging experience. Traditionally, systems fail to help service participants mitigate against these experiences. Parent partners and youth peers help families and youth to identify and advocate for their needs, focus on their strengths, develop and implement services and supports, and successfully partner with system professionals. In addition, people who experience behavioral health challenges benefit from education, resources, information, and mentoring, which are often difficult to obtain, especially at those critical times when they are most needed.

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While there are many dedicated, knowledgeable, and committed family advocates, effective family support organizations must also be effective businesses.¹ The existing MIDD resources have allowed King County to further the goal of assuring that these unique services and supports are available. The current provider is one of only four family-run, free-standing family support organizations in Washington State. There were challenges and delays in launching this strategy resulting in two unsuccessful procurements, as bidders were unable to demonstrate capability to operate such an organization. With MIDD Oversight Committee support, the strategy was revised and the expert consultation of Strategic Learning Resources in 2012-2013. This family support resource would be lost if the current MIDD funding for this strategy is not renewed.

The demand for the type of services provided by the current provider far exceeds the agency's capacity. A recent community needs assessment conducted by GPS revealed that families would like the family support organization to offer more and different services such as: mentors and recreational/social activities for youth; support for youth transitioning into adulthood; support groups for parents; more parent and youth partners; education of parents, providers, law enforcement, and teachers about mental illness, trauma informed care, roles of parent partners; advocacy for individual families as well as at system and policy levels; "Be the common thread" for collaboration and coordination between systems and connecting children to services; outreach to homeless youth; tutoring programs; and "breaking down the stigma."

The current family support organization has limited staff available to offer 1:1 parent partner and youth peer support. They have not met the established target for numbers served, despite significant effort. In the start-up year (2013-2014), performance was at only 69 percent of the target of 200. Staff serve several families at a time, and provide the amount and duration of service each family needs. They travel throughout the county as needed; travel time often lessens the number of hours they can dedicate to direct 1:1 support. Since there is only one youth peer (hired in January 2015), direct 1:1 support for youth is even more limited.

The GPS information and referral help line, initiated in March 2015, is only available on Tuesdays and Thursdays, from 9am-5pm. As more families learn of this resource more hours will be needed.

GPS is already challenged to offer sufficient trainings, family events, and professional development activities to respond to the community's expressed interest. While the Executive Director and other staff are skilled trainers and community organizers, the time that they spend on these activities detracts from the amount of time they can be available to provide 1:1 assistance. The Executive Director recently made a conscious decision to limit the number of these events per month so staff can balance this with their responsibilities for providing direct support to families.

There are several critical policy groups that benefit from the presence of family leadership, including the Uniting for Youth Executive team, the Behavioral Health Family and Youth Advisory Council (which will be established in early 2016), the statewide Children's Behavioral Health Committee, the King County Behavioral Health Providers group, the Community Connectors Statewide Family Network, and other ad hoc forums. It is challenging for the Executive Director to attend these groups routinely, given responsibilities associated with operating the organization. However, without that participation, King County and Washington State would lose a prominent voice for families in key policy and decision-

¹ Mendoza A., Mery Amalia. (2011). *Guide to sound business practices for family-run organizations in children's mental health*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health. Retrieved 2015 from <http://www.tapartnership.org>

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making activities. An increase in supervisory staff would free up some of the Executive's time for external relations and advocacy.

As a result of the existing MIDD strategy, King County is the only public Behavioral Health Organization in Washington State that employs a Parent Support Specialist. The following represents some of the accomplishments of this position, which has been filled since February 2009:

- Establishment (2009) and facilitation of the King County Parent Support Network comprised of parent partners/peer specialists employed by the provider network, including the MIDD funded Wraparound Delivery Teams, the Children's Crisis Outreach and Response System (CCORS), Juvenile Justice 101, and Kinship Collaborative. Membership in this Network, which meets monthly, has grown to over 40.
- Training and technical assistance opportunities to support quality peer services, recruitment and retention of peer staff, including the state's Certified Peer Counselor training
- County peer specialist staff support for GPS
- County peer specialist staff support for MIDD Wraparound (Existing strategy 6a)
- Organization of the "Partners in Health Families, Professionals, Networks of support annual picnic," attended by 200-350 people each July
- Representation of the King County family voice on numerous statewide and county policy and decision-making groups
- Community outreach and engagement to promote increased system response to the needs of families

To summarize, the existing funds for this MIDD strategy have resulted in system improvements, and have increased availability of these unique services and supports for families and youth. Without continued funding at the current level, these improvements and services cannot be sustained. The two new concept papers submitted by GPS propose to expand family support organization youth peer staff capacity by two, (#55) and to increase the organization's role in providing continuing education opportunities for parent and youth peer specialist workforce (#129). This briefing paper consolidates the existing strategy and the two new concepts into four components, which would enhance the services provided by the family support organization and by county staff.

Component 1: A substantial enhancement of staff is proposed, creating additional capacity for the King County family support organization to employ six more parent partners, five more youth peers, one parent partner supervisor, and one youth peer supervisor.

Component 2: There is a significant need to recruit, train, and employ youth peers as part of the behavioral health workforce. Attracting and sustaining youth peers represents a distinct set of challenges.² Youth peers are a scarce resource; without concerted efforts and additional resources, the youth peer workforce cannot grow. This particular gap in the workforce exists throughout Washington. Until recently, few resources have been devoted to addressing this gap. Washington State lags far behind most of the country in this regard. In 2013 there were over 70 chapters of Youth Move³ in the

² Jackson, S., Walker, J. S., & Seibel, C. (2015). Youth & Young Adult Peer Support: What Research Tells Us About its Effectiveness in Mental Health Services. Portland, OR: Research and Training Center, pp 16-19.
for Pathways to Positive Futures, Portland State University.

³ Youth M.O.V.E National is a youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare.

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United States; in 2015 the only chapter in Washington is associated with the Lummi Nation. In 2014, Washington State developed a specialized parent and youth peer counselor training curriculum, which will increase the opportunities for youth to obtain certification as peers. In King County there are currently only three to five employed youth peers. This enhanced program would seed further development of the youth peer workforce by increasing youth peer capacity at the family support organization with use of MIDD 2 funding.

Component 3: Since the late 1990's, the state has offered a forty hour Certified Peer Counselor (CPC) training. Individuals who pass the state certification test are eligible to be employed as a CPC to provide Medicaid-funded services. The availability of this certification has led to a significant increase in the number of peer specialists and has contributed to the advancement of this role as an invaluable component of the behavioral health workforce. However, peers have few opportunities to further their professional development with continuing education. To partially address this gap for parent partners and youth peers, the new concept proposal submitted by GPS (#129) recommended that the family support organization organize an annual conference/symposium for the peer workforce. After discussion of this and other options, the proposer endorsed a modification and enhancement of this approach to achieve a similar outcome. This combined briefing paper recommends the creation of a "Learning Academy" at the family support organization, to be staffed by a fulltime employee dedicated solely to expanded capacity for training, consultations, and technical assistance for families, youth, community agencies, schools, and parent and youth peers in King County. MIDD funds would be utilized to fund the staff position and associated training costs, and to purchase services from external trainers as appropriate.

Component 4: The benefits of employing a Parent Support Specialist at the county level provide evidence for the creation of a similar county position for a Youth Peer Support Specialist. From 1998-2005 King County benefited from infusion of federal grant funds, a portion of which were used to hire a family support specialist and a youth peer specialist to guide grant activities. Those positions were eliminated at the end of the grant. However, a legacy of the grant was the creation of "Health 'N Action," a youth peer leadership group that gained national prominence. Now known as Youth 'N Action, this group has very limited state funding to offer services throughout the state. The impact of Youth 'N Action in King County is far diminished from what was true during the grant years. With MIDD 2 funding, King County could resurrect these seminal efforts.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

Please see answers in B. 1).

3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

Because GPS was not successfully established until late 2012, and services were not initiated until 2013, the MIDD evaluation can only report findings from August 2013 forward. In addition, GPS was not fully staffed until January 2015, when the youth peer specialist was hired. Not unexpectedly, hiring and

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building awareness of the new service took several months. Building public awareness of this resource is an ongoing goal.

The existing MIDD evaluation collects demographic data and service outcomes on those provided 1:1 services by GPS. Since GPS was a brand new program, there was no firm basis for setting the original targets for those receiving 1:1 services. The original target for 1:1 support was 400 families/youth annually, which was adjusted to a target of 200 due to start up considerations. For MIDD Year 6, 137 families were served, which was 69 percent of the adjusted target. For MIDD Year 7, GPS is on pace to serve 71 percent of its new target of 300.

The original target for all other services offered was 1000 individuals annually. Information about the type, frequency, location and attendance are reported for all training, technical assistance, social events, and outreaches. Between October 2014 and September 2015, 2336 individuals participated, which represents more than double the target (this total may include duplicate participants who attended more than one event/training/group).

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Promising Practice. Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

This combined existing strategy and new concept proposal is a promising practice. Two recent literature surveys and one practice guideline address the status of research regarding peer supports and family driven care as a practice:

A 2015 publication by the Research and Training Center for Pathways to Positive Futures at Portland State University surveyed the research for evidence of the effectiveness of peer support and youth peer support services:⁴

“In 1999, the Surgeon General’s Office released its first ever report on mental health. This report recognized the effectiveness of peer support, and stated that peer support has been one of the greatest contributions in the mental health field. Peer support was also identified as one of the ten fundamental components of recovery by the Substance Abuse and Mental Health Services Administration (SAMHSA) consensus statement on mental health recovery. There is no evidence that shows peer support in mental health is harmful; most research that examines peer support in the mental health field expresses a favorable attitude toward the implementation of peer support and its ability to encourage a more recovery focused approach in mental health provider organizations. There is a demand for more implementation of peer support in mental health services, and a desire for empirical evidence that can help to improve and refine peer support services.

Peer support is an emerging workforce in mental health services and has the potential to be beneficial and effective when implemented properly. There is an overwhelming request from consumers for the implementation of peer support services who see peer support services as essential in the whole health recovery process.”

⁴ Jackson, S., Walker, J. S., & Seibel, C. (2015). Youth & Young Adult Peer Support: What Research Tells Us About its Effectiveness in Mental Health Services. Portland, OR: Research and Training Center. pp.14-19.

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A similar survey by Youth Move National in May 2013⁵ noted that:

“There are a number of challenges related to the evaluation of peer support services. For example, random assignment, a preferred approach in research, is difficult to achieve and, in some cases, unethical. Outcome studies require long-term follow-up and are expensive. In addition, the roles of peer support specialists are many and the sites are varied, making it hard to make comparisons (Daniels et. al., 2010). Several researchers talked about the need for more systematic research on peer support in order for peer support to be viewed as an evidence-based practice (Salzer, 2002; Davidson, et.al., 2006; Repper & Carter, 2011; Walker, et. al., 2012).

There is also a concern that the philosophy and values of peer support will not be maintained as peer support services become Medicaid reimbursable (Daniels et. al., 2010). Peer support specialists offer “a non-professional vantage point [that] is crucial in helping people rebuild their sense of community when they’ve had a disconnecting kind of experience” (Mead & MacNeil, 2006, p. 30). Mead contends that developing standards is the only way to remain true to the essence of peer support.”

The Federation of Families for Children’s Mental Health issued a detailed policy guideline in 2014 describing the status of just such a practice model for family driven, family run care.⁶

It is also important to note that recent efforts at the national level promote adoption of practice standards and competencies for behavioral health peer support services. In June 2015 SAMHSA sponsored three regional summits on “Peer Providers in the Behavioral Health Workforce: Opportunities and Challenges.” King County staff (the author of this briefing paper) and the Executive Director of GPS were invited attendees to the Regional Summit held in Portland, Oregon. Two days of intensive workshops focused on gaining participants’ input into SAMHSA’s “Practice Guidelines for Peer Recovery Support Providers,” and “Core Competencies for Peer Workers in Behavioral Health Services.” SAMHSA issued a final version of their Core Competencies in November 2015;⁷ which apply to parent partner and youth peers, as well as adult consumer peer specialists.

Several respected research institutions are actively engaged in building the body of evidence to support the work of behavioral health peer specialists as an evidence based practice, including Portland State University, and the University of Washington Department of Psychiatry and Behavioral Science, Public Behavioral Health and Justice Policy.

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

- Increased school attendance
- Decreased school expulsion
- Decreased interpersonal/ family conflict

⁵ Ansell, D., Insley, S. (2013). Youth Peer-to-Peer Support: A Review of the Literature. Youth Move National, Rockville, MD.

⁶ Funchness, M., Spencer, S., Niarhos, M. (2014). The Evolution: Family-Driven Care as a Practice. National Federation of Families for Children’s Mental Health, Rockville, MD

⁷ <http://www.samhsa.gov/brss-tacs/core-competencies-peer-workers>

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- Increased engagement in outpatient treatment services
- Decreased inpatient service use/hospitalization
- Increased family/youth social connectedness
- Decreased family isolation
- Increased family bond
- Decreased family conflict
- Increased family/youth natural supports
- Decreased acting-out behavior
- Improved relationship with service providers
- Increased empowerment/self-/family-advocacy
- Increased hope
- Decreased juvenile justice involvement

GPS tracks outcomes developed for the existing MIDD strategy (see B.3), and has developed youth and family wellness profiles and surveys to supplement this process. Their first round of surveys in April of 2014 gathered information about what families might need, and helped the GPS Board of Directors and Executive Director to focus early program development. A satisfaction survey is planned for early 2016. An example of caregiver feedback from the April 2014 survey illustrates how community needs led to specific program offerings such as family social events and targeted parent classes. The respondent noted that they would appreciate classes in:

“How to communicate with community (librarians, camp counselors, dentists, etc.) with regards to my child’s needs. How to focus on fun time with family (sometimes it all feels so dreary). Leisure skills for kids—this is a huge need for us now...my son’s leisure time is very stressful to him, so he doesn’t get the relief of playtime.”

In addition to the existing evaluation strategies, additional outcomes would be developed to measure the impact of training, technical assistance, and consultations provided by the family support organization’s Learning Academy.

Potential data sources include client self-report, agency files, school system records, records available to MHCADSD from treatment providers and the juvenile justice system.

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD

Strategy/Program: (Select all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input type="checkbox"/> Asian/Pacific Islander |
| <input checked="" type="checkbox"/> Transition age youth 18-25 | <input type="checkbox"/> First Nations/American Indian/Native American |
| <input type="checkbox"/> Adults | <input checked="" type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Veteran/US Military |
| <input checked="" type="checkbox"/> Families | <input checked="" type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input checked="" type="checkbox"/> GLBT |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input type="checkbox"/> Women |

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- Other – Please Specify: Peer specialist workforce, including youth peers.**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

This combined program focuses on individuals up to age 21 years and their families/caregivers and extended support systems who live in King County; who would benefit from family support organization services; who agree to participate in services; and, who are receiving or may benefit from receiving services from any of the following child-serving systems: mental health, substance abuse, child welfare, juvenile justice, developmental disabilities, and/or special education programs.

In addition, this program would benefit parent and youth peer support specialists, community behavioral health agencies, and system partner agencies.

- 2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:**

GPS and the King County Parent Support Specialist provide services, supports, training/technical assistance, and family social events throughout the county. The expansion of family support organization staff would promote increased access for more families and youth. The addition of a King County Youth Peer Support Specialist would promote development of the youth peer workforce throughout the county.

- 3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

GPS currently collaborates extensively with community behavioral health agencies, faith based organizations, school districts, community centers, libraries, county and state agencies, first responders, law enforcement, and other educational institutions. GPS also partners with MIDD Wraparound agencies, the Children's Crisis Outreach and Response System, and local hospitals.

The King County Parent Support Specialist collaborates with all those entities listed for GPS, as well as other county agencies, Uniting for Youth, Reclaiming Futures, Best Starts for Kids, and the state DSHS/Division of Behavioral Health and Recovery. Such collaborations would also be a task for the proposed Youth Peer Support Specialist.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

- 1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

There are two additional factors that argue for enhancement of the existing MIDD strategy to build more youth peer capacity throughout the county. Both factors are the result of a 2013 lawsuit settlement (*T.R. vs. Quigley and Teeter*). To respond to the settlement, Washington State initiated a five year plan to implement Wraparound with Intensive Services (WISe) in all Regional Support

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Networks/Behavioral Health Organizations (RSNs/BHOs). The WISe program, as defined in the settlement agreement, consists of Wraparound, intensive community-based mental health services, and mobile crisis outreach and stabilization services. King County will begin implementing WISe in 2016. As part of this implementation, existing MIDD Wraparound teams must add youth peer specialists. King County must also establish a family and youth advisory council; family and youth leaders must comprise 51 percent of the council membership. As noted in B. 1., youth peer capacity in King County is severely limited; MIDD 2 funding would provide a significant resource to help King County adhere to the terms of the lawsuit.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

The most significant barrier to implementation of this enhanced program would be the timely recruitment of staff, both at the family support organization and at the county. Attracting a Youth Peer Specialist to King County MHCADSD may be less challenging, as King County has a long and positive history of employing, valuing, and supporting peer specialist staff. However, given the scarcity of youth with relevant leadership experience, the candidate pool is likely to be limited. The King County Parent Support Specialist has an extensive contact network and would be instrumental in the recruitment and hiring process.

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

Given the relative scarcity of parent partner and youth peer specialists, and the fact that parent partners who are currently employed in positions with other agencies may be attracted to employment at the family support organization, there could be a potential negative impact on the total pool of peer specialists available in King County—possibly resulting in a “brain drain” phenomenon.

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

If this enhanced program is not implemented, King County’s multi-year efforts and achievements related to promoting these unique supports for families and youth will largely be erased.

5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

There are no alternative approaches to addressing the need for a family support organization such as GPS. Siting parent peer and/or youth peer specialists in individual agencies or within the context of a specific program such as MIDD Wraparound is valuable to both the families served and to the system. However, a free-standing, family-run organization is the most progressive means to achieve county

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wide, systematic enhancement, growth, and support for a qualified and sustainable peer specialist workforce. A family support organization is a linchpin in the continuum of family support strategies that King County has fostered for over two decades. Likewise, the employment of a Parent Support Specialist and Youth Peer Specialist at MHCADSD demonstrates the county's leadership and commitment to advancing peer inclusion at the most critical policy and decision-making tables.

E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

This combined program is unique, and as such is an essential component of the King County System of Care for children, youth and families. This program aligns well with the Substance Abuse and Mental Health Services Administration (SAMHSA) thirty-year System of Care initiative⁸:

Organizations created and run by parents and other family members dedicated to improving the lives of children and youth with mental health needs have been a driving force in the United States for decades. As their ability to influence public policy, research, systems reform efforts, and public awareness has become increasingly evident, SAMHSA incorporated their role into the ten guiding principles of the SAMHSA's systems of care concept and philosophy.

In addition to aligning with federal initiatives, this program also supports and/or aligns with the goals of Behavioral Health integration, the Youth Action Plan, Best Starts for Kids, All Home, the King County Behavioral Health and Recovery Ordinance, the King County Strategic Plan, and the King County Equity and Social Justice Ordinance.

- 2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

In answer to this question, the following vision and values statements from the GPS website are provided as examples of the underlying principles necessary to guide the King County family support organization:

Core Values and Beliefs

"We are changing lives by offering programs that help children, teens, young adults, their parents and caregivers address the challenges of emotional, behavioral, mental health and substance abuse disorders to achieve wellness and resilience."

YOUTH

- Youth have a right to positive personal development opportunities.
- Every youth thirteen or older deserves access to a peer advocate who can answer questions and provide connections to safe, culturally relevant and self-directed assistance.

⁸ <http://www.samhsa.gov>

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- Every youth should be empowered with information, resources and advocacy to assist in his or her life's journey.
- Every youth moving from one service to another should be provided access to transitional planning and support.
- Youth have the right to safety in expressing sexual and gender diversity without fear of discrimination, social isolation or bullying.

PARENTS & CAREGIVERS

- Parents, caregivers and youth-identified mentors are essential to a youth's well-being and should be included and supported in community transitional planning.
- Parents have the right to raise their children within their own unique family culture without fear of reprisal.
- Parents have the right to expect high quality consumer driven services and to expect accountability from youth and family serving systems providing those services.
- Parents have the right to exercise reasonable, compassionate care and control of their minor children when there is medical necessity.
- Parents have the right to be informed of and understand the long-term challenges of raising a child with complex needs.
- Parents have the right to be informed of and understand the challenges of finding and accessing services within our complex system of care.

FAMILY RIGHTS

- Youth and families have the right to peer partners who understand and respect their culture and can communicate with them in their native language.
- Adults, youth and children have the right to speak and to make decisions about their behavioral and emotional health care.
- Youth and families have the right to know about the range of wellness and prevention options that might be available to them regardless of their race, ethnicity, level of education, level of English proficiency, location or insurance coverage.
- Children, youth and families struggling with emotional, behavioral and/or substance abuse have the same rights to safety, non-discrimination, and social inclusion as any other individual.

COMMUNITY

- There is value in empowering family members to stay together and support each other.
- Any perceived family behavioral health or safety concern is too important to be discounted.
- There is societal value in timely and early intervention that maximizes habilitation.
- The value of prevention justifies the cost of early education.
- Youth- and family-serving systems should actively seek to identify and assist those who are experiencing worsening of emotional, behavioral, mental health and substance abuse conditions that endanger life, cause suffering and pain, and reduce quality of life.
- Family voice is vital for changing laws, policies, and procedures for the way services are rendered for youth and families in King County and beyond.

Main themes

Prevention, Inclusion, Options (family and culturally relevant), Information, Peer Support, Family Empowerment, Quality

3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?

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King County has the expectation that the MIDD funded family support organization addresses the needs of the diverse population of the county, and that staffing is reflective of that diversity.

The values statements excerpted from the GPS website in E. 2 illustrate the organization's approach to equity and social justice concerns. It is also noteworthy that GPS employs a diverse staff, including one bilingual parent partner who speaks Spanish. All GPS staff have lived experience as a family member or caregiver, and/or have themselves participated in behavioral health services. Given their life experiences, they have a heightened sensitivity to and understanding of social justice and equity concerns. The same holds true for the King County Parent Support Specialist (who is Black).

An analysis of those individuals who received 1:1 services from GPS in MIDD Year 7 indicates that they are addressing the diverse needs of King County families: 49 percent were Caucasian, 22 percent of those served were Black, 26 percent were Hispanic, four percent were Asian/Pacific Islanders, one percent were Native American/Alaskan, seven percent were multiracial, and 10 percent were other. Remarkably, over 90 percent of those served were female.

An important manuscript developed by the Technical Assistance Partnership for Children's Mental Health, Systems of Care, has been a useful resource to promote understanding of the cultural issues that must be addressed by family support organizations and peer support providers.⁹

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

Additional office space, equipment, and training will be needed to accommodate the proposed additional staff and the expanded training responsibilities.

2. Estimated ANNUAL COST: \$501,000-\$1.5 million Provide unit or other specific costs if known.

- Cost of additional staff, space, equipment for the family support organization and potential contracted trainers is estimated at \$500,000-\$700,000
- Cost of King County Youth Peer Support Specialist: \$85,000-\$100,000 (salary and benefits)

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

Since Medicaid does not fund this type of program, and GPS services are available to all King County residents in the target population, regardless of insurance coverage, federal dollars cannot provide revenue for a family support organization or King County staff.

The current family support organization has an active Board of Directors' development committee that seeks out philanthropic donations, in-kind goods and services, grants, and other private sources of revenue (e.g., Commercial health plans, school districts, other non-profit agencies, etc.) to supplement the base funding provided by MIDD. To date, alternative revenue has been limited.

⁹ Osher, T., Garay, L., Jennings, B., Jimerson, D., Markus, S., Martinez, K. (2011). Closing the Gap: Cultural Perspectives on Family-Driven Care. Technical Assistance Partnership for Children's Mental Health.

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4. **TIME to implementation:** Choose an item.
- a. **What are the factors in the time to implementation assessment?**
 - b. **What are the steps needed for implementation?**
 - c. **Does this need an RFP?**

This program is currently underway. Time needed to add staff and establish a “Learning Academy” would be up to six months. No RFP is needed or recommended, especially given the previously unsuccessful procurements.

Time needed to recruit, hire, and orient a King County Youth Peer Specialist would be 2-4 months.

- G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?**

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Strategy Title: Increased Access to Community Mental Health and Substance Abuse Treatment

Strategy No: 1f - Peer Support and Parent Partner Family Assistance

County Policy Goals Addressed:

- Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.
- Explicit linkage with, and furthering the work of, other council directed efforts (the Recovery Plan for Mental Health Services).

1. Program/Service Description

◇ A. *Problem or Need Addressed by the Strategy*

Parents, family members and youth consumers of the public mental health, substance abuse and other service systems benefit from the unique mentoring, guidance and expertise offered by someone who has had similar experiences. Navigating complex service systems can be a frustrating, confusing and challenging experience for consumers. Traditionally, systems fail to help consumers mitigate against these experiences. Parent partners/peers help families and youth to identify their needs, focus on strengths, develop and implement services and supports, and successfully partner with system professionals. This type of support is currently only available to a limited number of families in King County; the vast majority of families who would benefit do not have access.

◇ B. *Reason for Inclusion of the Strategy*

Parent partners/peers are an essential component of any progressive public system. National research suggests that this approach is highly effective—both for the consumer and for the system. Capacity to provide these supports is extremely limited in King County. Although the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) developed some capacity to offer this type of assistance as a result of a federal System of Care grant, the grant funding ended in 2005, curtailing further growth and development. MIDD funds will help to significantly expand the availability of this critical resource to consumers throughout the county.

◇ C. *Service Components/Design*

MHCADSD will employ a full time Parent Partner Specialist to provide leadership in the development and coordination of a network of parent partner/youth peer support organizations. In coordination with MHCADS, the organizations will provide peer support, technical assistance, mentoring, training, networking opportunities and resources to families and youth in the target population.

◇ D. *Target Population*

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1. Families whose children and/or youth currently receive services from the public mental health and substance abuse treatment systems, the child welfare system, the juvenile justice system and/or special education programs, and who have requested assistance to successfully access services and supports for their children/youth.
2. Youth who currently receive services from the public mental health and substance abuse treatment systems, the child welfare system, the juvenile justice system and/or special education programs, and who have requested assistance to successfully access services and supports.

◇ E. Program Goals

To empower families and youth by assisting them to:

1. Increase their knowledge and expertise.
2. Utilize effective coping skills and strategies to support children/youth.
3. Effectively navigate complex service system(s).

◇ F. Outputs/Outcomes

1. Parent Partner Specialist is hired; permanent fulltime staff resource is available at MHCADSD.
2. Increase in the number of families and youth receiving parent partner/peer support services (up to 4000/year).
3. Increase in the number of parent partner/peer support services provided.
4. Increase in the number of parent/youth engaged in networks of support.
5. Increase in the number of training/education services available annually.

2. Funding Resources Needed and Spending Plan

This program needs \$450,000 per year to develop and sustain the MHCADS leadership position and to contract with and sustain a network of parent and youth peer organizations to serve all of King County.

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Dates	Activity	Funding
July – Dec 2008	Start-up (Hire and train MHCADS staff; development of program design, including recruitment strategies; RFP development)	\$75,000
Total Funds 2008		\$75,000
Jan – Dec 2009	Phased in procurement, selection, contracting, recruitment and training of parent partner and youth peer organizations	\$450,000
Total Funds 2009		\$450,000
2010 and onward	County-wide network of parent partner and youth peer organizations is in place; ongoing training, support and program evaluation	\$450,000
Ongoing Annual	Total Funds	\$450,000

3. Provider Resources Needed (number and specialty/type)

- ◇ A. *Number and type of Providers (and where possible FTE capacity added via this strategy)*

This funding level supports a full-time Parent Partner Specialist at MHCADS (\$50,000 at 2008 county rates) and up to 40 part-time parent partners/youth peers in several organizations at a total projected cost of \$400,000 per year. Parent partners/youth peer support services may be provided by free standing parent/peer run organizations and/or by community mental health centers. The number of parent partners and youth peers ultimately needed to fully implement this program county-wide is not currently available, therefore a phased-in implementation plan is required. Potential providers may be new or existing family organizations; including freestanding organizations or those attached to community mental health agencies.

- ◇ B. *Staff Resource Development Plan and Timeline (e.g. training needs, etc.)*

Dates:	Activity:
Sept 1– Dec 30, 2008	<ul style="list-style-type: none"> • Hire and train MHCADS Parent Partner Specialist. • Research & evaluate existing program models and best practices in King County, Washington State and nationally to inform program design.
Jan – Dec 2009	<ul style="list-style-type: none"> • Development and implementation of training and technical assistance plan to support parent partner and youth peer organizational development and sustainability. • Services will be initiated in a phased manner as capacity is developed and ready.
2010 and ongoing	<ul style="list-style-type: none"> • Program evaluation and modifications will help determine ongoing training and technical assistance needs. • Ongoing training and technical assistance is implemented to assure program achieves goal(s). •

- ◇ C. *Partnership/Linkages*

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MHCADS and its contracted parent partner and youth peer organizations will maintain close partnerships with national and state parent and youth peer organizations, and with local systems, including mental health and substance abuse treatment providers, child welfare, juvenile justice, schools and other stakeholders.

4. Implementation/Timelines

◇ A. *Project Planning and Overall Implementation Timeline*

1. MHCADS staff person recruited and hired by September 1, 2008.
2. Program design planning will be substantially completed by December 31, 2008.
3. The Request for Proposals (RFP) for the procurement of parent and youth organizations will be developed by January 30, 2009.
4. First organizations will start-up no later than July 1, 2009.

◇ B. *Procurement of Providers*

1. The RFP for parent and youth organizations will be released by February 15, 2009.
2. The response date will be March 31, 2009.
3. The awards for accepted bids will be made April 15, 2009.

◇ C. *Contracting of Services*

Contracts for parent and youth organizations will start on May 15, 2009.

◇ D. *Services Start date(s)*

Services to families and youth will begin July 1, 2009.

New Concept Submission Form

129

Working Title of Concept: King County Parent Peer Support Training & Development

Name of Person Submitting Concept: Susan Millender

Organization(s), if any: Guided Pathways Support for Youth & Families (GPS)

Phone: 253-236-8264

Email: info@guidedpathway.org

Mailing Address: 6625 S. 190th St., Suite B108, Kent, WA 98032

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

MIDD Briefing Paper

Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Parent peer support is an invaluable component of successful, effective utilization of supports and services to improve health, social, and justice outcomes for children and youth living with or at risk of mental illness and substance abuse disorders. Parent peers who are certified, well trained and provided with a multitude of opportunities and resources to continue their education, training and development are best able to meet the growing demand for peer support services.

GPS proposes planning and implementing an annual King County parent peer specialist conference to bring parent peers together in an environment that promotes their continued learning and development and provides them with a time and place focused solely on the challenges, opportunities and rewards of the vital role they play.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

The results of a 2013 King County Community Needs and Strengths Assessment conducted by GPS revealed a need for more parent peer support. Parents expressed their interest in peers who could support their advocacy in schools, courts and with treatment providers parents said do not “understand what we deal with on a daily basis” in parenting children and youth with complex emotional, behavioral and mental health needs. By investing more in the training, education and development of King County’s parent peer network through an annual conference we can ensure that those who work in the field are increasingly able to serve families.

3. How would your concept address the need?

Please be specific.

Parent peers often work less than 40 hours a week. The demands of work they perform in the community in all of the various programs and services they support leaves little time for consistent, on-going training and development. Providing an annual opportunity for parent peers to meet over the course of three days devoted solely to their growth and development would allow them to plan their work around a designated time and place for learning each year without the worry of taking time away from their demanding work schedules throughout the year.

4. Who would benefit? Please describe potential program participants.

The System of Care and the families it serves would benefit.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

- Increased child/youth school attendance
- Decreased child/youth school expulsion
- Decreased interpersonal/ family conflict
- Increased engagement in outpatient treatment services
- Decreased inpatient service use/hospitalization
- Increased family/youth social connectedness
- Decreased family isolation
- Increase family bond

MIDD Briefing Paper

- Decrease family conflict
- Increased family/youth natural supports
- Decreased child/youth acting-out behavior
- Improved relationship with service providers
- Increased empowerment/self-/family-advocacy
- Increased hope
- Decreased juvenile justice involvement

GPS tracks outcomes and has developed youth and family wellness profiles and surveys to assist in this process.

In addition, all King County parent peer specialists would be exposed to best practices in the delivery of peer support allowing for the increasing of uniform standards of peer support excellence.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Without a well-trained parent peer support network, the MIDD II Objective is less likely to be fully met for our children and youth.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

The MHCADS facilitated King County Parent Partner Support Network and the agencies who employ parent partners in various programs are necessary partners .

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ 5,000 per year, serving 10 people per year
Partial Implementation: \$ 10,000 per year, serving 20 people per year
Full Implementation: \$ 20,000 per year, serving 50 people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.

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MIDD Briefing Paper

New Concept Submission Form

#55

Working Title of Concept: King County Youth Peer Support

Name of Person Submitting Concept: Susan Millender

Organization(s), if any: Guided Pathways Support for Youth & Families (GPS)

Phone: 253-236-8264

Email: info@guidedpathway.org

Mailing Address: 6625 S. 190th St., Suite B108, Kent, WA 98032

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

In January, 2015, GPS introduced a youth peer specialist into its one-to-one peer support program for the first time. The outcomes of youth peer support, both in conjunction with parent peer support or in cases where the youth does not have a parent or caregiver receiving peer support, have been very positive. These outcomes include increased engagement of youth in treatment services and school attendance, decreased truancy and juvenile justice involvement, decreased family/interpersonal conflict, and increased hope for recovery. Expansion of the youth peer support specialist program is a key element of achieving goals in the MIDD strategy areas of recovery and reentry, crisis diversion and prevention and early intervention. In order to meet goals under these strategy areas, expansion of the youth peer program would triple the number of youth peer specialists working in our family support organization (from 1 to 3) and provide funding to support our recruitment, orientation and training support of such peers to introduce youth peers into other programs such as Wraparound. This expansion is foundational to the development of culturally appropriate supports and services for youth in King County.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

Too many at-risk youth fall 'through the cracks.' Children and youth struggling with emotional, behavioral, substance abuse and/or mental health disorders face stigma, judgment, bullying and lack of culturally appropriate services and supports including those centered in and appropriate to the youth culture. Just as parents need the support of parent peers to help them link to services and supports, assist them with navigating systems, advocating for themselves and their children within those systems and bridging the gaps families often fall into between 'silo's' within the systems, so do children and youth. A young person 13 years of age or older who can refuse available treatment services, often lacks the knowledge and experience of how to advocate for him/herself or make and use other positive community linkages to reduce risk factors for substance abuse and mental health disorders, continue their education and training, reduce family conflict and access alternative support and treatment in non-traditional settings. A youth peer is more likely than an adult to engage youth and build the trust needed for the utilization of supports and services to improve health, social, and justice outcomes for youth living with or at risk of mental illness and substance abuse disorders.

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3. How would your concept address the need?

Please be specific.

The expansion of the youth peer program would provide certified and trained youth peer counselors to deliver one-to-one youth peer support in King County communities in conjunction with parent partner peer support and as stand-alone support of youth toward parent/caregiver/family reunification; group education and support in school/after-school support programs; on Wraparound teams in agencies contracted with the county to provide this service; and in other youth and family- serving agencies and programs.

4. Who would benefit? Please describe potential program participants.

Juvenile Justice, CCORS, Wraparound, and other MIDD –funded agencies who deliver peer support.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

- Increased child/youth school attendance
- Decreased child/youth school expulsion
- Decreased interpersonal/ family conflict
- Increased engagement in outpatient treatment services
- Decreased inpatient service use/hospitalization
- Increased family/youth social connectedness
- Decreased family isolation
- Increase family bond
- Decrease family conflict
- Increased family/youth natural supports
- Decreased child/youth acting-out behavior
- Improved relationship with service providers
- Increased empowerment/self-/family-advocacy
- Increased hope
- Decreased juvenile justice involvement

GPS tracks outcomes and has developed youth and family wellness profiles and surveys to assist in this process.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

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A youth peer is more likely than an adult to engage youth and build the trust needed for the utilization of supports and services to improve health, social, and justice outcomes for youth living with or at risk of mental illness and substance abuse disorders. Youth peers are ‘boots-on-the-ground’ in youth culture and are more attune to the changes and developments in that culture that inform how the system shapes and delivers its programs and services. They are knowledgeable and experienced in how youth are responding to and impacted by changes and developments in the larger society and culture. Without the youth peer input, feedback and involvement, the MIDD II Objective is less likely to be fully met for our children and youth.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

The partnerships and interagency collaborations GPS has built and relies on in the youth peer program thus far are courts, schools, faith communities, homeless shelters and day programs for homeless mothers and their children and youth, and mental health and substance abuse providers. We anticipate working more closely with law enforcement and first responders.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ 30,000 per year, serving 100 people per year
Partial Implementation: \$ 15,000 per year, serving 50 people per year
Full Implementation: \$ 80,000 per year, serving 250 people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.

MIDD Strategy 1f-Peer Support and Parent Partner Family Assistance Summary of the revisions/update to the strategy July 25, 2011

The purpose of this document is to provide an update to the Mental Illness and Drug Dependency (MIDD) Oversight Committee on a revision in procurement methodology to achieve the goal of establishing a family-run Family Support Organization in King County.

Program Goal

MIDD Strategy 1f-Peer Support and Parent Partner Family Assistance seeks to improve the lives of children, youth and families by providing alternative services and supports in the community. It is designed to empower families and youth by assisting them to: increase their knowledge and expertise about services, systems and supports for families; utilize effective coping skills and strategies to support children/youth; and effectively navigate complex service system(s).

Previous Strategy Implementation Activities

In March 2009, the King County Mental Health, Chemical Abuse and Dependency Services Division staff person was hired to fill the Parent Support Specialist role and planning for the parent partners and youth peer support strategy began. To assist with the design of the MIDD Family Support Organization (FSO),

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the Parent Support Specialist researched state-of-the-art models and conducted a broad community stakeholder process. A Request for Proposals for a Family Support Organization was released in November 2009.

Proposals for the November 2009 Request for Proposal were deemed unresponsive. In January 2010 an orientation was held for the community to offer additional clarification about the parent partners and youth peer support strategy and the Family Support Organization service model that was intended under the Request for Proposal. A second Request for Proposal was issued in March 2010. An apparently successful bidder was selected from the small pool of applicants. Contract negotiations began in May 2010; these contract negotiations were not successful, leading the county to terminate negotiations in late September 2010.

Further strategy implementation activity was delayed while the impact of MIDD budget revenue shortfalls on several strategies was evaluated. The King County Mental Health, Chemical Abuse and Dependency Services Division MIDD 1f design team reconvened in January 2011 after receiving approval to proceed with implementation of the Family Support Organization. Given two unsuccessful procurements, it was recognized that there was no existing organization in King County that was likely to bid on or successfully implement the proposed MIDD 1f strategy model if Mental Health, Chemical Abuse and Dependency Services Division went through another Request for Proposal process.

King County Mental Health, Chemical Abuse and Dependency Services Division sought consultation and technical assistance from the National Federation of Families for Children's Mental Health¹ about how other communities have successfully overcome the barriers similar to what was faced in implementing the MIDD strategy. The Federation strongly endorsed the revised methodology of hiring a consulting group to develop a Family Support Organization, as this approach has resulted in success elsewhere in the country.

Revised Procurement Methodology

1. MIDD 1f funds will be used to contract with a consulting group (Strategic Learning Resources) with expertise in strategic planning and the support/development of non-profit organizations. Strategic Learning Resources will facilitate the establishment a Family Support Organization.
2. In concert with the King County Mental Health, Chemical Abuse and Dependency Services Division team, Strategic Learning Resources will conduct an updated needs assessment, create and implement the necessary foundational infrastructure, recruit staff, form a board, locate office space, and otherwise establish the Family Support Organization as a family-run, non-profit organization in King County.
3. The director of Strategic Learning Resources is a King County master contractor who has the necessary professional skills, experience, value-base, and interests. Notably, her life experience includes being the parent of two young adults who struggled with mental health and substance abuse problems.
4. Strategic Learning Resources will implement the agreed upon work plan with the goal that services for families could start within 4-6 months. As the organization becomes operational, the involvement of Strategic Learning Resources will be phased out and the staff and board of the newly formed Family Support Organization will assume full responsibility for operations.
5. We have a commitment of support from Federation of Families leadership to provide us with additional technical assistance as needed throughout this process.

Overview of Family Support

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Parent partners and youth peers (also known as Family Support) are an essential component of the public mental health and substance abuse treatment systems. National research suggests that incorporating parent partners and youth peers into treatment services is a highly effective approach—both for families and for the system. Parents, family members and youth consumers of the public mental health, substance abuse and other service systems will benefit from the unique mentoring, guidance and expertise offered by someone who has had similar experiences. Navigating complex service systems can be a frustrating, confusing and challenging experience for families. Parent partners and youth peers help families and youth to identify their needs, focus on strengths, develop and implement services and supports, and successfully partner with system professionals. The Family Support Organization will further enhance the availability of these services in King County.

ⁱ The National Federation of Families for Children’s Mental Health is a family-run organization that arose 20 years ago from a grassroots movement. Membership includes more than 120 chapters and state organizations representing the families of children and youth with mental health needs. The Federation believes that families should have a primary decision-making role in the care of their own children as well as in the development of policies and procedures governing care for all children in their community, state, tribe, territory, and nation. <http://ffcmh.org/>