

Family Partners: Providing Family-to-Family Peer Support

Key Background Information:

- Peer Support providers are “*individuals who have common life experiences with the people they are serving*” (SAMHSA). SAMHSA and CMS have both made clear statements that peer support services include family-to-family support provided by a parent or other caregiver with similar lived experience caring for a child with a behavioral health condition.
- DSHS requires that all Local Mental Health Authorities provide Family Partner services through contract. Performance benchmarks have been implemented to ensure reasonable access is maintained, according to family needs. DSHS requires certification of Family Partners working with LMHAs.
- Via Hope provides a competency-based training and certification for family partners in Texas. There have been 172 family partners certified to date.

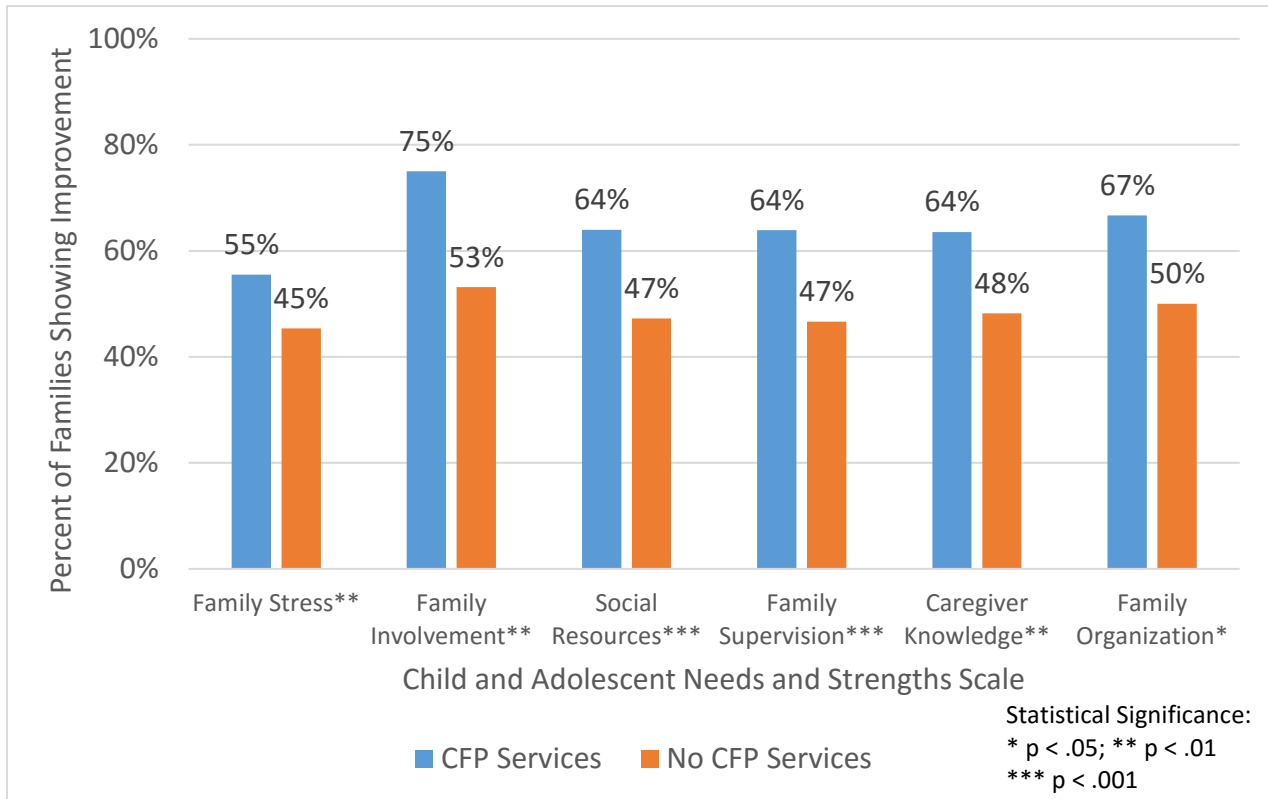
Select National Research:

- Elliott, et al. (1998) provided a brief family-to-family intervention to increase engagement in mental health services. Families receiving the intervention were more likely to engage in the initial appointments and had greater improvement on the family efficacy scale than families receiving treatment as usual.
- Ireys, et al. (2006) provided an educational and support intervention to families of children with mental health disorders. In comparison to families receiving an informational packet (control condition), families in the Parent Connections program reported greater social support and greater decreases in mother’s anxiety at the end of the intervention.
- Kutash, et. al. (2011) showed parents receiving the family support intervention had greater empowerment, reduced caregiver strain, and reported services were more effective than a comparison group with no family-to-family support. Youth whose parents were in the intervention group received more mental health services and had greater attendance than youth whose parents were in the control group. Youth from high strain families who received support had significantly larger improvements in mental health functioning and academic functioning than comparison youth.
- Numerous studies have shown that a comprehensive system of care approach for children with serious emotional challenges and their families has reduced out of home care and resulted in cost savings. In one large study supported by CMS, states saved an average of \$40,000 per youth served. Family peer support is identified as a critical component of this approach.

Outcomes in Texas:

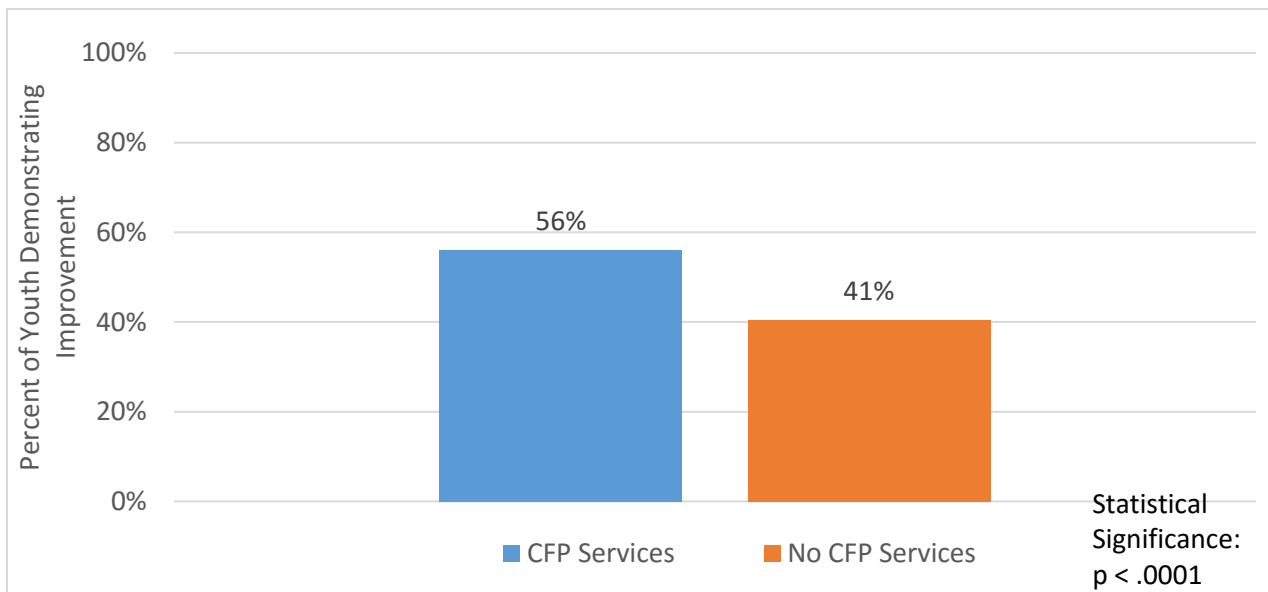
- TIEMH conducted a study of family partner services using DSHS administrative data in FY14-15. The intervention group consisted of families who received at least 6 family partner encounters within the first six months and had elevated needs on relevant CANS items (scores of 2 or 3). A comparison group consisted of families who did not receive family partner services but also had elevated needs on CANS family items. Reductions in the CANS caregiver strengths and needs scores for each group over a six month time period were analyzed.
- Statistically significant differences in the percent of families showing improvement were found for all Caregiver Strengths and Needs items examined, with families receiving family partner services more likely to show improvement than those not receiving services.

Figure 1. Outcomes of Family Partner Services: Improvement on Family Needs



- Results demonstrated that children whose caregivers received family partner services were more likely to demonstrate improved family functioning than children whose caregivers did not receive family partner services. This finding was also statistically significant.

Figure 2. Outcomes of Family Partner Services: Improvement in Family Functioning



Cost Benefits of Inclusion in Medicaid State Plan:

- The Texas Department of State Health Services currently requires in contract that all Local Mental Health Authorities provide access to family peer support. Contract performance benchmarks are placed on family access to this service, penalizing LMHAs who fail to provide adequate access.
- In FY2015, 41,335 family partner services were provided to parents of children with mental health disorders. These services were funded exclusively by general revenue or local funding. Federal match funds were only available for the provision of parent skills training using the Nurturing Parenting model and peer support available to families of youth within the 1915(c) Medicaid YES waiver.
- Table 1 illustrates the estimated costs of parent peer support in Texas and the state and federal share if these services were reimbursed within the Medicaid system. Based on services provided in FY2015, Texas would gain \$428,134 for services that were provided with non-matched funding.

Table 1. Cost Benefit of Accessing Federal Match for Required Family Partner Services

	Total Encounters by Cost	Total Estimated Cost	Federal Share	State Share
Individual Family Partner Services	41,335 @ \$25/hour	\$762,075	\$428,134	\$333,941

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