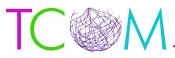# Certified Peer Counselors' Focus Groups

Final Report and Policy Recommendations

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for State of WA DBHR

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ACKNOWLEDGEMENTS

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Executive Summary

Surveys and focus groups of Youth and Parent Certified Peer Counselors are a direct outgrowth of findings from the TCOM Quality Service Review (QSR). The QSR pointed to a critical role of CPCs in day-to-day Wraparound with Intensive Services (WISe) practice. However, there has been almost no effort to date to systematically understand the roles, practices of and supports for these service providers. To fill this gap, five focus groups and nearly thirty surveys were completed by Youth and Parent Certified Peer Counselors and their supervisors across eight months of the 2016-2017 fiscal year. The survey and narrative themes obtained indicate that this is a critical, developing role in Washington State's WISe practice, and that specific supports can help insure its sustainability and continued impact.

Recommendations fall into two categories: recommended supports for practitioners and their supervisors, and recommendations for administrators and policymakers. Narrative and survey data indicate that practitioners and supervisors of the role would benefit from:

- consistently provided peer and clinical coaching;
- clarity on role definition;
- closer alignment with WISe caseload sizes;
- access to quality management resources and roles.

Organizations providing and managing WISe services would benefit from:

- direction and coaching on fiscal models for sustaining the role;
- clearly defined and monitored role boundaries;
- resources for insuring access of CPCs to peers for coaching and problem-solving.

The CPC role represents the translation of stated values of honoring and amplifying youth and parent voice in the process of service delivery. Clearer integration of the CPC role into the larger WISe practice, fiscal, and quality management infrastructure will insure that this valuable role continues to deliver on the stated goal of WISe to provide family- and youth-driven interventions and outcomes.

Purpose.

Focus groups with Certified Peer Counselors (CPCs) were recommended as an extension of the work done as part of the Transformational Collaborative Outcomes Management Quality Service Review (TCOM QSR). Specifically, Certified Peer Counselors were identified as playing a potentially critical role in engaging youth and families in Wraparound with Intensive Services (WISe) in Washington. The purpose of the focus groups was to better understand how this role fits into the larger organizational and policy context of WISe, and the supports which allow people in this role to fulfill their purpose. Prompts were also included to understand Peer Counselors' current and desired roles in quality management efforts at the local and state levels. Throughout this document, the terms Certified Peer Counselor, Peer Counselor, Peer, and Peer Partner are used interchangeably, reflecting the partial diversity of ways in which these roles are named in the field.

PROCEDURE
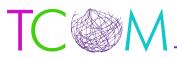
Recruitment Methodology.

Recruitment was conducted to coincide with a conference being provided to train and coach Certified Peer Counselors. The focus groups were conducted in a comfortable meeting room with a large conference table. Light refreshments were provided to participants, as was a $50 gift card for participation. Releases to record and report on the information collected were provided to, and signed by, all participants.

Challenges to Recruiting. The first two focus groups were scheduled to coincide with a statewide Certified Peer Counselor training conference. Upon arriving at the conference, the focus group facilitator was informed that the conference organizers had mis-labeled the room in which the focus group would be conducted. Attempts to insure that participants came to the appropriate room were partially successful. Five Certified Peer Counselors who worked primarily with youth attended the first focus group. One Certified Peer Counselors who worked primarily with parents of youth attended the second focus group. A CPC supervisor, who had previously served as a CPC, co-facilitated the groups and added to the discussion at various points.

Addressing Recruitment Challenges. The second wave of recruitment was conducted in the Spring of 2017. Recruitment was conducted by using a snowball recruitment methodology. An e-mail was sent from a Contracts Administrator at the Washington State Department of Behavioral Health and Recovery advertising the focus groups to administrators at all state-level Behavioral Health / Managed Care Organizations providing WISe services in Washington. Stakeholders from two organizations providing training and support to the Peer Support community also provided recommendations for contacts at a series of agencies across the state. Follow-up phone calls and emails identified approximately thirty interested participants across the state. Focus group locations and the simultaneous use of conference calling during the focus group facilitated the participation of participants statewide.

Sample.

Five focus groups were ultimately convened, on September 16th 2016, and June 19th, 20th and 27th, 2017. Across these five focus groups, twenty-five individuals from across the state of Washington participated. Focus groups were convened in Kent (two focus groups), Tacoma, and virtually (two by both telephone and web conference). Twenty-three individuals completed surveys online or in person regarding their role in providing or supporting the provision of CPC services.

Inquiry Design.

This inquiry used a mixed-methods design. We used a series of prompts for the groups which were adapted from previous focus groups conducted by the author which considered practice from a contextual perspective. These prompts were provided to participants during the focus groups, and are attached in Appendix A.

We also used an adaptation of a measure of collaborative practice, the CANS Uses and Supports for Practitioners (CUS-P) to quantitatively identify practice supports provided, practices used and needs for practice supports. The modified measure, the Teaming Inventory of Peer and Parent Partners (TIPP) includes 41 items, 4 of which are open-ended. The measure identifies training and coaching supports the partner has received to date, collaborative practices they engage in with a peer or parent, and social and infrastructure supports for their ongoing development and success. A version of this measure with language specific to Parent Partners was also created. A third measure, an adaptation of the CANS Uses and Supports – Supervisors (CUS-S) was developed and utilized with Supervisors of Certified Peer Counselors. The modified measure, the Supports Inventory – Supervisors of Youth and Parent Partners (SIPP), has 49 items. These items cover the training the supervisor has received, their perception of the practices their supervisees competently provide, their use of best practices in supervision, and the presence of social and infrastructure supports needed for using best practices in supervision. These measures are included in Appendix A.

Themes.

Because these focus groups were designed to explore the development of the peer and parent partner role and its functioning, prompts were designed to elicit information about four subject domains: Training and Preparation; Common and Core Role Tasks; Role Supports; Facilitating Current and Future Impact. Each is addressed in turn.

[A] Training

Participants were asked to describe the training which they have received, and which has been useful to them. They were also asked about training which would be helpful for them to receive. Participants described formal role-specific training received, informal training experiences which have been of help, and ongoing clinical and training they have accessed or would like to access.

In terms of role-specific training, respondents provided information about the duration, and content of the training. Nearly all participants indicated that they have received formal training on their role. This included training on "learning how to tell your story," boundaries on sharing one's own story, as well as a formal 2-day training on being part of a Wraparound with Intensive Services (WISe) team member. Some participants, though not all, indicated that training is "hard to come by," and that the WISe training needs to be provided annually as a 'refresher' for staff.

Several of the partners stated that they had also received informal training and on-the-job learning. These resources included job shadowing, and exchanging ideas and insights with other Peer Counselors in a Peer-to-Peer support group. In the discussion, Peer Counselors indicated that their role is less formal, and that they have had to learn the language of the profession, and the particular systems in which they work. This included both the formal terms and lingo used by professionals, as well as the acronyms and shorthand phrases used to rapidly communicate information.

Participants also indicated that they sought out additional training, particularly clinical training. These efforts were seen as somewhat successful; some participants indicated a need for additional, more accessible training. One CPC indicated that their agency provided training on Motivational Interviewing, and stated that it "provides CPCs with a [common] language for them to use to talk to clinicians." Another indicated that she had received training on "MAP plus WRAP"; another CPC indicated that these trainings were helpful in that they allow the CPC to go into meetings

with professionals and the family "with at least some kind of plan." MAP refers to a flexible evidence-based approach to treating commonly encountered child psychiatric syndromes (such anxiety, trauma, impulsivity and conduct problems). WRAP refers to the Wellness Recovery Action Plan, a planning approach for managing one's own wellness. Other trainings which Peer Counselors had successfully sought out included those on youth leadership, suicide prevention, hospitalization, various training modules from the Washington State Department of Social and Health Services (DSHS), and training on co-occurring disorders. These responses indicate a need for consistent access to clinically oriented training available to other treatment staff members.

Supervisor Training. Supervisors of CPCs indicated that their training on supervising CPCs varied greatly. Respondents in this focus group were able to identify some issues they encounter in supervision with CPCs which underlie their training needs. Specifically, participants indicated that they may not share the lived experience of having a behavioral health condition, trying to access appropriate public services, or being a CPC. When supervising, this lack of lived experience may make it more challenging to adequately address concerns brought up by the CPC regarding specific behaviors or roles related to these lived experiences. Though one supervisor noted that, "Peers need to be [treated] like any other staff," in terms of expectations that they fulfill their role, another participant also noted that there are "challenges that come with [CPCs] ongoing historical issues that they're still dealing with." A participant who had previously served as a CPC indicated that indeed, it has been "easier for me [to be a supervisor of CPCs] because I've been [a Peer]." One supervisor indicated that she had not been in the role of a CPC, that "I'm not a parent" and that "it would be great to have" training on supervising Parent Peer partners. Another supervisor indicated that it would be important to have "as much training as we can [get] to help [CPCs] feel comfortable in their role."

Another supervisor indicated that it would be important to understand "what the opinions of CPCs are" of their supervisors in order to identify supervisor training gaps and what training is needed by supervisors. Specific training supports identified as available to some supervisors included completing the CPC training which CPCs complete, as well as a specialized CPC supervisor training. Requiring the use of both of these types of training supports may help CPC supervisors fill experience and specialized training gaps that they would otherwise encounter in the role.

[B] Common and Core Tasks

Participants described a wide range of experiences and expectations provided regarding the specific tasks required by the role, and how those tasks are supported and achieved. Numerous comments were made to the effect that the Peer Counselor role is still being defined. For instance, participants stated that the role "is a grey area" so you "have the freedom to be creative." One person said that the "WISe Manual does a pretty good" job of delineating roles, and that this has been helpful. One supervisor stated that the role is critical to WISe success, and that Peers are perceived as "great and eager to do the work."

This freedom and enthusiasm are tempered by several other comments pointing to the need for clearer definition of the role, including what actions are appropriate and inappropriate for a Peer Counselor. One participant stated that "a lot of time" they are "treated like case aids." Another stated that although the WISe team has a Peer Counselor for parents, the Peer Counselor for youth was told, "we don't need you" to be involved. In contrast, another participant stated that it is critical for family engagement that "we [Peers]…introduce our roles" to youth and families, in order to facilitate their engagement in WISe.

Another person stated that "every other role on the [WISe] team is defined." This lack of clarity leads to a need to "prove my position," and that although "you have to be flexible" on a WISe team, you have to "be clear about boundaries" with other professionals on your own team.

Though the Peer Counselor role is "baked into the contract," Peers still experienced being excluded from aspects of care in which they believed that they could make a difference. One stated that there are "no youth partners involved with Crisis Response Specialists." This lack of coordination and integration has led to long crisis encounters at the hospital. The Peer indicated that they "tried to express concern" about this lack of integration but that changes to the practice have yet to be made.

Peer Counselors indicated that clarity regarding appropriate caseload size would also help them carry out their core tasks. Several Peers across multiple focus groups indicated caseload sizes of 20 or more; one indicated a caseload as high as 30 families. These caseload sizes are a particular challenge when "families live two and a half hours apart" and yet the Peer is "the person supporting them, their voice." This Peer stated that youth and parents "shut down when the meeting's not about them," indicating the importance of the role of the Peer Counselor in amplifying the choices and perspectives of families and youth. Such progress is unlikely to occur when Peers do not have the time available to connect with families and youth, or to attend key meetings with them. Participants indicated that appropriate caseload sizes are consistent with the WISe caseload parameters. One participant indicated that they had recently been in conversation with another Peer and that, "We both agreed that 13 is around the right number." The participant further remarked that having many fewer families might signal concerns about the ability of the Peer to initially engage WISe participants; more would indicate potential overwhelm and inability to have the time to build a trusting relationship with participants.

[C] Role Supports

Throughout the focus groups, participants identified a number of current and needed supports for successful role completion. Role clarity and appropriate role expectations were highlighted across a number of comments.

Supportive Culture. One participant stated that, "Youth pick up on" team hierarchies and dynamics. In order to build a supportive culture, both individuals and groups need to hold a similar idea of how to do the work of WISe. One participant noted that they have been involved in multiple WISe trainings, but that their team still has "different ideas of how it can be run." Training as a team and using forums to problem-solve together were identified as useful steps towards building a supportive culture. One persons stated that their experience in such a forum was helpful to "let it out" and to re-focus on the work.

Another participant indicated that the support and respect for the Peer role starts "at the top" of organizations and that "training also helps" in developing a supportive culture. Other participants indicated that this supportive culture takes time to develop, especially at agencies without a meaningful history of Peer involvement in engagement and treatment efforts. Though "the whole WISe model is a champion for this role," one participant said that some "agencies don't really see the value in it yet." Participants indicated that exposure to the role takes time for its meaning to become clear and valued; one stated that it takes "about a year to understand the role." Another stated that, "We have to introduce our roles on the [WISe] team; [it] takes about six months" to be an accepted team member. Having external support in terms for negotiating integration onto a team may be particularly important for Peers who do not have a peer group within the agency to whom they can turn. These Partners may benefit from external peer supervision and coaching from other CPCs so that they, "get their work," and how to "work side-by-side with clinicians."

Essential Physical and Fiscal Resources. Group members indicated that Partners need space to talk, supplies like computers and cellular telephones, and the ability to meet youth and families unexpected needs in a timely fashion. One Peer stated that at their agency Peer Counselors were not provided with desks or offices or computers or work phones or even office supplies. They asked, "How can you do the role?" without essential supplies. One individual stated that "we had to paint our own [work] area" and "to paint the bathroom also." Clarifying how Peers can access

basic infrastructure and fiscal supports within their professional role allows them to experience being valued and supported within the team. Clarity around the fiscal and billing requirements for the role were also described as important. Especially when CPCs serve families in geographically remote or frontier areas, a substantial part of the role is spent in driving. This makes it very difficult to meet agency productivity requirements, particularly a requirement identified by one participant that sixty percent of time is spent in direct contact with families or youth.

Compensation and Advancement. Several Peers indicated that they had moved from jobs with greater financial compensation in order to do the work of being a Peer Counselor, "because it's meaningful." They stated that their low salary is a barrier to recruiting other Peers, and that this is further exacerbated by having to "wait forever" to get expenses reimbursed. These barriers to engaging in their expected tasks appeared to be a key frustration of the participants.

Peers stated that it would be helpful to understand what roles they can take on as they develop expertise and wisdom. Currently, Peer Counselors indicated that the primary role advancement they are presented with is that you "age out" from the role of Peer Counselor to youth to becoming a Peer Counselor to parents. Some indicated a desire to serve in a supervisory role, while noting that "even [being a] Peer Counselor Supervisor would require [additional] education." Clarifying the types of roles which are available within agencies, the pathways to those roles, and the ways in which development is supported at each agency would help retain employees over time and attract others who are looking for a career in human services.
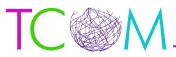
[D] Impact

Peer Counselors emphasized that they play a unique bridging role in improving the impact of WISe services. Professionals have "a lack of understanding of our past." Peers bridge the experiences of families, youth, and other professionals. Similar life experiences are a critical part of engaging youth and families. "We have pasts," one Peer stated, that are similar to families and youth who are served. Another Partner stated that "we can be the selling point to keeping kids engaged."

The stories that youth and parents freely share with Peer Counselors allows them to become a valuable bridge between other professionals and the family. As one Peer reported, "a therapist will say, 'You know [the] kid best, talk to me'" about them.

Peers stated that working from the perspective of families and youth is critical in getting to impact. Participants saw their role as being most closely tied with representing the voice of families and youth throughout the treatment process, and creating safe spaces for families and youth to state their own hopes and preferences. "The most important thing" one stated, "is youth voice." "If it's not represented," a participant stated, "[and professionals] make decisions about their life, it won't work."

A Peer with knowledge of the services available over the past two decades stated that with WISe there is "actually some quality control in place," with regards to services and that now, "A lot of our state leaders want to know [if] this is working." She also stated that this is the "first time [I] really feel that the state is getting feedback on this working. FYSPRT and WISe are big catalysts to get this communication kicked off." The strong and widespread belief among Peers that they are a critical link to family engagement in WISe merits further empirical investigation and integration into future ongoing quality monitoring and improvement efforts.

QUANTITATIVE FINDINGS

The survey sections of the Teaming Inventory for Youth and Parent Partners (TIPP) and Supports Inventory for Supervisors of Youth and Parent Partners (SIPP) mirror the discussion prompts provided to the focus groups, in that they ask about formal training provided and desired, practices used, ongoing system supports for success, and desired involvement in expanding system impact. The list of practices used was developed based on the facilitator's review of the existing scientific, advocacy, and training literature on emerging practices of parent and peer partners in behavioral health service systems (Davis, Gavazzi, Scheer, & Uppal, 2011; Johnson, Byers, Burns, Davis-Groves & McDonald, 2013; Olin, et al., 2014), and on collaborative intervention practices at the practitioner and supervisor levels found to be associated with child and youth improvements in functional outcomes (Israel, 2013). Participants completed the TIPP or SIPP survey in addition to participating in the focus group; surveys were also provided to persons who could not participate in the groups due to scheduling conflicts.

Training.

Parent and Youth Peer Counselors serve many children and families. Half of all Youth and Parent Partner respondents indicated that they had worked with more than 20 families over the past year. These data indicate that Peers have the potential to have widespread impact on family and youth experience of WISe services.

Five of six Youth Peer Counselors indicated that they had participated in a training to become a Certified Peer Counselor. Three persons attended a training which was two days in length; one person attended a training longer than two days. Two respondents indicated that they receive ongoing expert consultation on their role; one indicated receiving monthly consultation.

Seven of nine Parent Peer Counselors indicated that they had participated in a training to become a Certified Peer Counselor. Of those who had attended a training, over half (57%) indicated that the training was longer than two days; the remaining participants experienced a shorter training. All persons who had been trained indicated that they get regular consultation on their role as a Peer Counselor.

In terms of the content of formal Youth Peer Counselor training, all respondents indicated that it included training on how to introduce yourself to parents and youth. Two-thirds of Parent Peer Counselors received similar training. Five of six Youth Peer respondents indicated that training included material on interacting with other professionals. All six Youth Peer respondents indicated their training included instruction on working in ways which demonstrate respect for different cultures, as did seven of nine Parent Peer respondents. Five of six Youth Peer respondents also affirmed that their training included how to help a youth or parent give input on the youth's assessment; five of nine Parent Peer respondents indicated they had received such training.

Four of six Youth Peer participants indicated that they received training on helping a youth or parent review their assessment; four of nine Parent Peer participants indicated having such training. Four of six Youth Peer respondents checked that their formal training addressed helping a youth or parent give input on the Treatment or Wraparound plan; seven of nine Parent Peers indicated the same. Five of six Youth Peer respondents indicated they received training on helping a youth or parent tell whether or not services are working; two-thirds of Parent Peers indicated having similar training.

One Youth Peer respondent volunteered that they also received training on helping youth understand their rights; one Parent Peer respondent wrote that they had received training on individualizing treatment plans.

Half of the Youth Peer Counselor respondents indicated that they have been trained on teaching others how to be a Peer Counselor. This may indicate that the participants in this focus group are more experienced than many Peer Counselor; however, without comparison data to know how widespread this type of training is, we cannot make

definitive statements about the representativeness of focus group participants. In contrast, only 22% of Parent Peer Counselors had received such training.
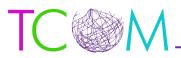
Participating Youth and Parent Peers also responded to the prompt "What was most helpful about the training and/or consultation you have received with a variety of responses. One Youth Peer indicated that, "At the WISe training there was good information about my role." Another Youth Peer stated, "CPC [Certified Peer Counselor] training in general, which was amplified by another Peer who stated that, "I didn't find any of it more or less helpful. It's all fantastic!" Two Youth Peers mentioned the centrality of relationships. One stated, "I connected to another Peer Partner that I can consult with," indicating the usefulness of peer support. Another Youth Peer Counselor stated that "Learning about the importance of relationships in people's recovery," was helpful. One Partner noted that the training helped bridge learning about, "The formalness, acronyms, [and] learning from [a] partial[ly] clinical lens." Parent Partners indicated a parallel set of helpful training topics. One stated that training on "Defining the role' was most helpful. Another also reinforced the importance of other Peers, stating that, "The training was helpful because we are able to ask questions and have conversations with other peers in the role," which was echoed by another respondent which stated that, "shadowing other parent partners" was very helpful. Still another stated that, "pulling form peers and the work they do" was critical. Other Parent Partners offered that, "Remembering different cultures," was most helpful; another stated that "the art of empowering others," was their key take away. One respondent focused on "validation" of partnering practices used," as a key takeaway from training.

In terms of additional supports which would be helpful, Peers made reference to having access to: consistent training, understanding the impact of different diagnoses on behavior, self-care supports, formal peer support training, peer supervision, networking opportunities, and content-based training on strength-based and problem solving practices.

Commonly Used Core Practices.

In terms of specific collaborative practices used by Peer Counselors, Table 1 provides a breakdown of the frequency with which the Peer Counselor endorsed using specific core collaborative practices. In the table, percentages refer to the percent of Peer Counselors indicating that they use a practice with a particular frequency.

Table 1. Certified Peer Counselor (Youth Support Specialist)-Reported Practice Frequencies

	Never	Not Often	Often	Always / Routinely
Help youth get information about a service system	0%	33%	33%	33%
Help youth communicate with persons in a service system	0%	0%	80%	20%
Help youth get to appointments	17%	17%	33%	33%
Listen to the youth and provide general support to them	0%	0%	0%	100%
Help them feel comfortable telling their story to professionals	0%	17%	33%	50%
Discuss with them how the information they share is used by professionals	0%	33%	50%	17%
Help them identify the things they do well	0%	0%	0%	100%
Help them identify their most pressing needs	0%	0%	0%	100%
Help them be able to describe what they want to become	0%	17%	17%	67%
Help them identify who are sources of support for them	0%	0%	0%	100%
Make sure goals are written in the youth's words	0%	33%	33%	33%
Prepare a youth for what happens in meetings	0%	0%	33%	67%
Take notes during meetings to review with the youth afterwards	0%	33%	33%	33%
Help them problem solve and manage stress	0%	17%	17%	67%
Make sure providers follow through on promised supports	17%	17%	33%	33%
Check in with youth to see if services are making a real difference	17%	0%	33%	50%
Help youth advocate for change when services are not working	0%	17%	33%	50%
Help them get access to basic supports (food, clothing, shelter)	17%	33%	17%	33%
Link them to other public services	0%	0%	50%	50%
After (their) leaving care, help them get back in touch with the provider if a new need or emergency arises	17%	17%	17%	50%

Peer Counselors serving youth are most likely to endorse practices consistent with building a genuine helping relationship with youth. These include listening to youth, helping them identify sources of support, and identifying their strengths and needs. These are very consistent with their role in engaging youth and empowering the voice of youth. However, they are less likely to endorse being involved in efforts to translate voice into actions taken by support professionals, or ensuring that youth have access to the appropriate supports to address their needs and build or build on their strengths.
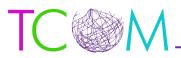
Table 2. Certified Peer Counselor (Parent Support Specialist)-Reported Practice Frequencies

	Never	Not Often	Often	Always / Routinely
Help families get information about a service system	0%	11%	33%	56%
Help families communicate with persons in a service system	11%	11%	33%	44%
Help families get to appointments	11%	44%	33%	11%
Listen to the family and provide general support to them	11%	0%	0%	89%
Help them feel comfortable telling their story to professionals	11%	11%	33%	44%
Discuss with them how the information they share is used by professionals	0%	11%	44%	44%
Help them identify the things they do well	0%	11%	0%	89%
Help them identify their most pressing needs	11%	0%	11%	78%
Help them be able to describe what they want to achieve	11%	0%	11%	78%
Help them identify who are sources of support for them	0%	11%	33%	56%
Make sure goals are written in the family's words	0%	22%	22%	56%
Prepare a family for what happens in meetings	0%	22%	0%	78%
Take notes during meetings to review with the family afterwards	0%	0%	44%	56%
Help them problem solve and manage stress	0%	0%	22%	78%
Make sure providers follow through on promised supports	11%	33%	33%	22%
Check in with families to see if services are making a real difference	0%	22%	22%	56%
Help families advocate for change when services are not working	0%	22%	33%	44%
Help them get access to basic supports (food, clothing, shelter)	11%	11%	33%	44%
Link them to other public services	11%	0%	33%	56%
After leaving care, help them get back in touch with the provider if a new need or emergency arises	11%	22%	33%	33%

Much like Partners working with Youth, Peer Counselors working with parents of youth appear to focus on building trusting relationships and helping parents identify their individual strengths and needs. Parent Peer Counselors also note that they take notes on meetings attended so that they can review them with families, problem solve and manage stress and identify parents' sources of support. Like their Peer counterparts, they are less likely to follow-through to insure that supports are being provided or to re-connect families to services should concerns arise after they exit WISe.
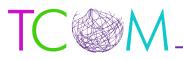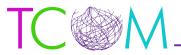
Table 3. Supervisor-Reported Certified Peer Counselor Practice Frequencies

	Never	Not Often	Often	Always / Routinely
Help youth / family get information about a service system	0%	0%	13%	87%
Help youth communicate with persons in a service system	0%	0%	13%	87%
Help youth get to appointments	12%	25%	25%	37%
Listen to the youth and provide general support to them	0%	0%	13%	87%
Help them feel comfortable telling their story to professionals	0%	0%	37%	62%
Discuss with them how the information they share is used by professionals	12%	12%	25%	50%
Help them identify the things they do well	0%	0%	0%	100%
Help them identify their most pressing needs	0%	0%	25%	75%
Help them be able to describe what they want to become	0%	0%	50%	50%
Help them identify who are sources of support for them	0%	0%	50%	50%
Make sure goals are written in the youth's words	0%	0%	25%	75%
Prepare a youth for what happens in meetings	0%	0%	12%	87%
Take notes during meetings to review with the youth afterwards	0%	12%	25%	62%
Help them problem solve and manage stress	0%	0%	37%	62%
Make sure providers follow through on promised supports	0%	0%	62%	37%
Check in with youth to see if services are making a real difference	0%	0%	37%	62%
Help youth advocate for change when services are not working	0%	0%	37%	62%
Help them get access to basic supports (food, clothing, shelter)	0%	0%	37%	62%
Link them to other public services	0%	0%	37%	62%
After (their) leaving care, help them get back in touch with the provider if a new need or emergency arises	0%	0%	37%	62%

Consistent with Peer Counselors' own reports, supervisors indicate that Peer Counselors focus on engage the family in telling their story and identifying what they do well and what they need. Supervisors appear to over-estimate the extent to which Peers insure that services are working, help shift services when they do not work, and re-connect families or youth to services after exiting WISe. These differences may indicate a need to find ways to monitor practice which inform Supervisors based on direct reports of Parent and Youth experience of the Peer role; they may also indicate that there is a disconnect between Supervisors' understanding of what Peers are doing, and what they are actually doing. Structured approaches to tracking Peer practices and outcomes may be helpful in bridging these observed differences across multiple perspectives.

System Supports for Success.

Table 4. Certified Peer Counselor-Reported System Supports

	Youth Partner	Parent Partner
I have a supervisor or colleague with whom I regularly and formally meet to discuss the progress of youth [or families] I serve	100%	75%
This supervisor or colleague has practical advice about how to help youth [or families] I serve	83%	87%
I have recorded (audio/visual) my work, or been directly observed with a youth [or family] for training and feedback purposes	33%	25%
It is getting easier for me to work with youth and families with different needs and backgrounds	100%	87%
I can easily find someone in my department or agency who can help answer my questions about how to work with a youth [or family]	100%	87%
I regularly get reports which make it easy for me to show a youth [or family] their progress	33%	87%
I regularly get reports which show how well I address different kinds of needs that families and youth have	33%	50%
I regularly get reports which show how well I help youth and families develop their strengths	50%	50%
I regularly get reports which show the progress of *all* the youth and families I serve	17%	62%

Peer Partners appear to have regular, useful supervision sessions. Much less frequent are any recordings or review of recordings of actual interactions with families or youth. This may hamper supervisors' ability to provide specific, targeted practice feedback. Peer Partners also indicated that they receive infrequent reports on the progress of the youth and families whom they serve. Such reports allow for the identification of practice strengths and needs which may not be readily apparent in supervision. There also appear to be substantial differences in the availability of these reports to Youth Partners; exploring and addressing this difference may help insure that both Youth and Parent Partners are receiving the supports needed for routinely effective practice.
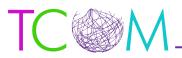
Table 5. Supervisor-Reported Practice Supports Provided in Supervision

	Never	Not Often	Often	Always / Routinely
Help supervisees define appropriate roles and tasks on the Wraparound team	0%	0%	25%	75%
Establish supervisees' practice development goals directly aligned with their practice needs and strengths	0%	13%	62%	25%
Use audio or videotapes to directly assess their practices	75%	25%	0%	0%
Use a structured tracking instrument to track supervisees' progress towards identified development goals	25%	62%	12%	0%
Review supervisees' progress towards development goals	0%	12%	75%	12%
Celebrate successes with supervisees in meeting their development goals	0%	12%	62%	25%
Change the focus of supervision based on supervisee's progress in meeting development goals	0%	12%	75%	12%
Teach a supervisee to use self-assessment and self-evaluate their own development process and progress	0%	37%	50%	12%
Provide ongoing written and verbal feedback on their progress towards developing specific practice competencies	0%	25%	62%	12%
Elicit formal written feedback on your performance as a supervisor to help the trainee meet their development goals	12%	50%	25%	12%
Elicit structured verbal feedback on your ability as a supervisor to help the trainee meet their development goals	0%	25%	37%	37%

Participants were asked what supports have been most helpful in their ongoing development. They consistently indicated that their supervisor has been an essential support in their development. They also mentioned the philosophy of their program ("strength based and [supporting] voice and choice"), co-workers ("my co-workers are fantastic"; "my WISe team is amazing and are great supports"), and leadership support ("Supervisor / Executive Director support") as important elements of successful ongoing development.

When we asked supervisors what supports they routinely provide in supervision, the supports provided indicate a primarily informal, conversation-driven approach to supervision. Supports with the least frequency of use include tools with the greatest research support for their usefulness in supervision, including: the use of recorded interactions to direct supervision, a focus on building self-assessment and self-direction skills of supervisees, the use of structured written feedback to track the development of both Peer Partner and Supervisor practice.
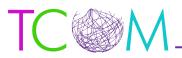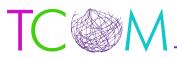
Table 6. Supports for Supervisors of Youth and Parent Partners

I have someone with whom I regularly discuss supervision practices for Youth or Parent Partners	**100%**
I can easily find someone at my agency who can help answer my questions about Youth / Parent Partner practices	**87%**
I have audiotaped or videotaped a supervision session for review by an expert in supervising Youth / Parent Partners	**0%**
I am part of a peer group of Youth / Parent Partner Supervisors who regularly meet to discuss supervision practices	**37%**
The administration at my agency makes it easy for us to integrate the work of Youth / Parent Partners into WISe	**100%**
I regularly use reports in supervision to see how treatment is progressing with a youth / family	**62%**
I regularly use reports with supervisees which show how s/he is addressing different kinds of youth needs and strengths	**37%**
I regularly use reports which show how well a supervisee is helping children/youth develop their strengths	**25%**
I regularly use reports which show the treatment progress of *all* the youth / families my supervisees serve	**50%**
I regularly use reports which show the intensity of each supervisee's current caseload	**62%**
I regularly use reports which show how effective my supervisees are compared to an agency average	**12%**
I regularly use reports in group supervision to discuss practice successes and needs	**62%**
My agency regularly provides trainings which effectively address gaps in my supervisees' skills	**62%**
I could teach another supervisor how to become a more effective Youth / Parent Partner supervisor	**50%**

Supervisors of Parent and Youth Partners indicate that they have significant resources to do their work. These include unanimous agreement that they are supported by their administration in integrating the Youth and Parent Partner role into their agency's work. Supervisors also unanimously indicated that they have someone with whom to discuss their supervision of Youth and Parent Partners. Nearly all supervisors also indicated that they can find someone at their agency to answer questions about Youth and Parent Partner practices. A clear majority of supervisors also indicated using reports which show treatment progress and the intensity of each Partner's workload.

However, there are also clear gaps in supports integrated into ongoing practice. Few supervisors reported using reports which show the specific types of needs being addressed by a Partner, the development of youth or family strengths, or how effective Partners are compared to their agency peers. The lack of comparative and specific information may greatly limit the ability of these reports to lead to the development of specific skills and competencies for effectively engaging diverse youth and families.

Developing and Enhancing the Consistency of Supports.

Peer Counselors also identified areas in which they desired foundational or supplemental supports. Two prompts asked what they would most like additional support around, and responses varied. Three people mentioned training or practice development supports. One stated that that they would like to have, "consistent training." Another respondent indicated that they are, "looking forward to the formal Peer Support training." The third respondent indicated they would most like additional support around being "strength-based" and learning more about "problem-solving." One person also suggested having access to a "list of resources" and that "trainings [are] more interactive and RELEVANT [emphasis theirs]."

Two people mentioned social supports. One stated that they would most like "peer supervision." SA later comment indicated that this involves "someone who knows what a Peer does and can give me supervision. Another stated that "networking" is their primary support need.

One individual indicated better alignment and awareness of the role. They stated, "It would be better if [the person at the] Director / 'C'[hief] level at our agency was aware of the peer role."

Involvement in Enhancing System Impact.

Focus group participants were also asked about specific ways in which they would be willing to participate in enhancing system effectiveness. Table 3 provides response frequencies by type of participation.

Table 7. Preferred Participation in Efforts to Enhance System Impact

	Youth Partner	Parent Partner
Learning about system quality improvement	67%	56%
Participating in quality workgroups	83%	67%
Reviewing system quality of care results	67%	56%
Making recommendations about care	67%	44%

The results provided indicate that Certified Peer Counselors have a strong interest in being involved in multiple aspects of system quality improvement processes. These results strongly argue for robust outreach and engagement with these groups, as they represent an underutilized source of information and about ongoing care practices and potential recommendations for identifying practice successes and improving typical services and outcomes.

1. Synthesis of Quantitative Analyses of Qualitative Themes

The survey sections of the TIPP mirror the discussion prompts provided to the focus groups, in that they ask about formal training provided and desired, practices used, ongoing system supports for success, and desired involvement in expanding system impact. The list of practices used was developed based on the facilitator's review of the existing scientific, advocacy, and training literature on emerging practices of parent and peer partners in behavioral health service systems (Davis, Gavazzi, Scheer, & Uppal, 2011; Johnson, Byers, Burns, Davis-Groves & McDonald, 2013; Olin, et al., 2014), and on collaborative intervention practices found to be associated with child and youth improvements in functional outcomes (Israel, 2013). All participants completed the TIPP survey in addition to participating in the focus group.
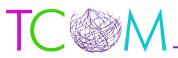
Training

Nearly all respondents working as Certified Peer Counselors indicated that they had received formal training as a CPC. About half had attended a training which was two days or longer; others had attended shorter-duration trainings. All participants also indicated that they had received training on the process of WISe. Partners indicated that they received training on various collaborative practices necessary to help throughout the course of treatment. Participants' training appeared to strongly focus on the drivers on engagement in care, with less attention focused on the clinical tasks carried out by care coordinators or clinicians. Introducing care, listening to the family's story, and engaging with persons of diverse backgrounds were all topics reportedly covered in training. Some participants indicated that they had sought out more clinically-focused treatment. The consensus of participants was that additional clinically-oriented training is helpful as they encounter behaviors and emotions which may be most usefully understood through a clinical lens. Annual refresher trainings on core practices (such as WISe) were also identified as helpful to fulfilling the CPC role in WISe.

Core Practices

Peer Counselors described engaging families early in treatment and psychoeducation practices as core parts of their work. Listening to families' stories, and sharing relevant parts of their own stories were seen as powerful tools for engagement. Peer Counselors also described providing material supports (such as transportation) and communication supports (such as translating professional terms and jargon) as means of engaging families in WISe. Throughout the course of WISe, Peer Counselors endorsed involvement in day-to-day, face-to-face transactions as creating trust and facilitating change. The survey results indicate that CPCs are less likely to endorse being routinely involved in formal assessment, treatment planning or transition planning activities, consistent with a focus on informal aspects of the care process.

Supports

Consistent with their role in bridging the perspectives of professionals and those of families and youth, CPCs indicated that they benefitted from many of the same supports as their professional peers. These included the availability of physical office space, telephones and computers. Peer Counselors also described the importance of

having access to material resources such as transportation vouchers or gift cards for families to help address barriers to treatment session or WISe meeting attendance.
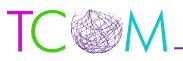
Professional development and problem-solving supports were also identified as crucial to performing their role. These supports included initial training on the role and its relation to collaborative interventions such as WISe. Regular supervision, including access to a clinically-trained supervisor or consultant, was identified as a necessary support to help bridge professional and family perspectives, and to better understand how to engage with persons experiencing different types of psychiatric concerns. Peer support and problem-solving groups were endorsed as a useful support and a safe place to talk about the challenges and opportunities of the role. Survey data indicate that nearly all CPCs indicated that they have regularly scheduled supervision with an individual who can help them meaningfully problem-solve the concerns that arise in care; however, the survey responses do not differentiate whether these supervisory supports are provided by clinicians, Peer Counselor supervisors, or a combination of persons in each role.

System level supports were also identified as critical, and as sometimes lacking. These included role definition, timely provision of material support and acknowledgement of the role's importance from agency and system leadership. Though role flexibility was identified as important to the success of CPCs in engaging families, failure to define the role at the system level allowed for interactions in which CPCs felt the need to engage in behaviors inconsistent with their valued role in the system. Examples included painting their own office and bathroom; contacting families on their own telephones; not being able to document their interactions because of a lack of available computers. This dovetails with their expressed need for timely resources. This was felt most acutely when CPCs provided material supports to families in order to facilitate their engagement in WISe, and had to wait long periods of time before these expenditures were reimbursed. Peer Counselors indicated that sometimes leadership at their agency appeared unaware of the role. This may be at the root of resource issues, and indicate that a higher institutional visibility of the role may be important in creating the context for success for these stakeholders going forward. These types of gaps in awareness and resource provision were also identified as contributing to high rates of turnover among Peer Counselors.

Systems Improvement.

Certified Peer Counselors indicated a strong desire to learn more about, and be involved in, systems improvement efforts. Several Peer Counselors indicated during the discussions that they had an interest in understanding other positions available in their organization in which they could make an impact. This included a desire to understand the skills needed to take on supervisory responsibilities, as well as those of other positions. A repeatedly expressed sentiment was that CPCs wanted to have an impact and to grow professionally beyond their current role.

This was consistent with responses to the survey which indicated a strong interest in understanding more about, and being engaged in, various quality improvement activities. Nearly all participants indicated a desire to be involved in quality workgroups. Group-based work may offer CPCs an opportunity to 'learn as they go' about quality improvement activities, and to find trusted peers from which to learn and who may amplify their voice in such meetings. These pathways to impact deserve greater attention going forward to identify the specific supports which would facilitate an expanded role for CPCs in quality improvement efforts in WISe. One Partner commented that state administrators have shown a heightened interested in the outcomes of WISe and the practices which drive its success. Given these conditions, this is an opportune time to integrate measures of Peer practice and outcomes into ongoing Quality Review and annual Performance Improvement initiatives.

2. Relationship to Existing Certified Peer and Parent Partner Practice Literature

The existing literature on persons who serve as partners to parents and youth provides some insight into common practices of these partners, and some instances of practices which are potentially problematic or outside of the role of a peer partner. As identified in the dialogue with our focus group participants, the role of a Peer Counselor is evolving, and is not yet clearly defined by a single, widely accepted professional code. This offers role flexibility, and the potential for persons to engage in a range of actions which include both innovative and dangerous actions. We first focus on common practices identified across the current literature on Peer Counselors / Partners (Table 4). We then review some emerging examples of concerning practices.
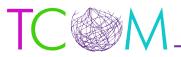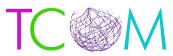
Table 8. Common Peer Counselor / Partner Practices

Olin, et al (2014)	Davis, et al (2011)	Johnson, et al (2013)
• Describes role and what they do in relationship to other team members • Describes or demonstrates boundaries of own roles and responsibilities toward families • Demonstrates positive regard for the role of other staff on team • Supports the development of more effective partnerships between family and other members of the team • Discusses how information they learn is shared among staff and outside family • Establishes a quiet, confidential location to talk (whenever possible at location of caregiver's choice) • Demonstrates knowledge of community supports and resources • Knows how and when to facilitate goal oriented and solution focused problem solving to help the family accomplish their goals • Identifies safety concerns and existence of safety plan; works with family and team to initiate plan as appropriate and / or address the adequacy of existing plan • Uses systematic and standardized methods to work collaboratively with the family to identify goals of family support services based on family strengths and needs • Uses systematic and standardized methods to work collaboratively with the family to monitor the progress of goals of family support services • Facilitates a family's identification of priorities and concerns • Works with family to identify, reconnect and or build their formal and informal support system • Facilitates caregiver identification of ways to promote self-care • Uses his or her own experiences to support and or normalize a caregiver's experience and promote hope • Promotes empowerment by targeting assistance to caregiver need • Exercises sound judgment when providing advice or recommendations • Models or coaches caregiver use of new skills (e.g. through role plays) • Promotes family voice and choice through shared decision making (e.g., helps family articulate cultural, spiritual, and /or religious values and preferences) • Reframes or clarifies a caregiver's perspective or position in a way that avoids criticism or judgment of caregiver • Uses strength-based language	• Attend meetings with families • Ask questions and seek clarification • Ensure consumer voice is heard • Listen and intervene or speak on behalf of family • Broker/negotiate/help plan services • Telephone calls to service providers • Serve as parent advocate representative on committees • Attend private meetings with families • Mentoring/coaching • Empower and prepare families to attend meetings • Take notes during meetings to debrief and discuss information with families after meetings • Help families write letters to service systems • Assist families in navigating/involving systems • Educate families about system information and processes • Problem solve • Help families complete forms • Help families utilize natural supports • Telephone calls with families • Listen—providing parent someone to talk to • Emails with parents • Interact with child • Outing with parent • Provide on-line support group for Autism • Stress management assistance • On call 24/7 • Telephone calls with families • Listen—providing parent someone to talk to • Researching and linking to resources • Networking with community resources • Locating and accessing basic resources • Transportation (get families to appointments\meetings\car repairs; run errands for families; moving furniture; get supplies\clothes, food; pick up kids from school) • Help make funeral/post-death arrangements	• …gives family information, resources, and strategies • …educates family on ways they can be actively involved in their child's treatment • …helps family work with school to help their child succeed • …educates family on skills to handle a crisis • …helps family understand choices or services given by other providers • …helps family understand SED waiver process • …educates family on coping skills • …educates family about how to use behavior management skills • …educates family on parenting skills • …gives family information about child's medication or diagnoses • …prepares for first meeting with family by talking to other providers who are working with family • …prepares for first meeting with family by reading child's chart • …is available to family at all times

Core components of Peer Counselor practice include identifying and facilitating communication of families' immediate priorities, fostering initial engagement in services and with service providers, educating the family to help them advocate for and receive effective services throughout service receipt, and supporting the referral process to access needed supports (Johnson, Byers, Byrnes, Davis-Groves & McDonald, 2013). Several of these are consistent with the current activities of Peer Partners in WISe. In particular, practices focused on identifying priorities and ensuring engagement appear to be well-established parts of current CPC practice. Supporting the referral process and ensuring that supports are effective are likely opportunities for CPC practice growth in Washington.

Concerning / Inappropriate Peer Counselor Practices Identified

There is increasing attention being paid to identifying what is and is not family-centered practice in behavioral health (Funchess, Spencer, & Niarhos, 2014). Clearly defined boundaries of appropriate practices for Peer Counselor have yet to be identified. Practices which are identified as part of the process of engaging facilitation as identified in one study, may be identified in another study as an 'inappropriate' practice in another. Though the field has yet to fully define these boundaries, this work is important in insuring that all parties are respected and that practices which undermine professional growth or personal wellness are avoided. In one article (Olin, et al., 2014), concerning or inappropriate Peer Counselor practices were identified. These included:

- blaming or critical communication towards the caregiver
- ancillary service or advice which is outside of the scope of the role
- use of professional language to impede communication or create distance
- telling the family what to do, or taking unilateral action
- creating alliances and actions with family members which undermine team decision-making

These inappropriate behaviors address role-inappropriate actions of Peer Counselors. They focus primarily on communication patterns which create discord on teams. The authors also provided specific examples of actions which were identified by a diverse expert panel as going beyond the scope of the role (e.g., providing transportation or child care for a family). This listing does not clarify how these communication patterns or behaviors may come to be seen as role-appropriate or even supported by an organization. Contextual supports for success (including the prevention of unproductive communication or dangerous action) help provide a link between ongoing role expectations and the behaviors which CPCs carry out.

Contextual Supports for Peer Counselor Success

Multiple sources provided guidance regarding the types of contextual supports which are perceived to facilitate peer counselor success. These ranged from the organizational climate and resources for the role, to the definition of and training on the role, to the qualifications and selection criteria for the role, as well as the ongoing supports for the role and its expanding impact.

A number of organizational supports were identified which allow the role to be valued and persons in the role to be productive and contributing members of the agency's teams. These supports began with organizational awareness of the role. Clear definition of the role for persons engaging in it (including criteria for applying for the position), as well as its fit within specific team processes were also identified as important. Structural and resource supports identified included the provision of a competitive pay and benefits package, and a budget explicitly for the role.

Training supports, including peer and expert consultation, were identified as needed to develop role competencies. Sources identified both family-run organizations and internal peer groups as potential sources of training and ongoing consultation. Supervision and communication structures within organizations were also perceived as important

supports. Explicit communication structures within teams were named as a support allowing for Peer Counselors to provide meaningful input, and to amplify family and youth voice.

A role beyond direct practice was also identified as an important ongoing support for organizational role integration and expansion. Suggested roles included Peer Counselor participation on policy and practice committees within the organization as subject matter experts, and sources of new or innovative practice ideas.

3. Opportunities for Role Growth and Strengthening

Current data indicate convergence on a set of themes regarding the supports which generate useful partnerships and collaboration among Parent and Peer Partners and the larger WISe team. Peer Counselors report being most successful when they are:

- Embedded in organizations with leadership who are aware of their role and explicit with other staff about its importance in engaging and working with youth and families
- Provided the necessary material and fiscal resources for them to outreach with youth and families, and document their experiences
- Given clear roles definitions in hiring and in carrying out their work, including expected behaviors and behaviors which are inappropriate for the role
- Situated in agencies in which clear role definitions are aligned with practice in WISe and used to educate other professionals in the agency on the role and value of Peer Counselors, and to create open communication across roles
- Trained on the role, credentialed, and allowed to shadow other persons with the same role before working directly with youth and families
- Treated like other credentialed professionals on the WISe team, in terms of being expected to be included in the care of every youth and family, and to meaningfully contribute in the WISe team meetings
- Provided access to peer supervision and peer support groups
- Supported by ongoing clinical training and supervision
- Given a clear path to additional roles and responsibilities in the organization and the state behavioral healthcare system

References

Davis, T. S., Gavazzi, S. M., Scheer, S. D., & Uppal, R. (2011). Measuring individualized parent advocate services in children's mental health: a contextualized theoretical application. Journal of Child and Family Studies, 20, 669–684, DOI 10.1007/s10826-010-9443-y

Funchess, 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.

Israel, N. (2013, March). San Francisco County: 360-degree implementation. In Israel, N. (Chair), *Taking systems change to scale: building replicable processes.* Symposium conducted at the 26th Annual Children Mental Health Research & Policy Conference, Tampa, FL.

Johnson, T., Byers, K.D., Byrnes, K., Davis-Groves, S. A. & McDonald, T. P. (2013). Obtaining stakeholder consensus on the core components of a parent support and training model for parents of children with serious emotional disturbances. *Families in Society: The Journal of Contemporary Social Services*, 94(3), 211–219, DOI: 10.1606/1044-3894.4317

Olin, S.S., Kutash, K., Pollock, M., Burns, B. J., Kuppinger, A., Craig, N., Purdy, F., Armusewicz, K., Wisdom, J. & Hoagwood, K. E. (2014). Developing quality indicators for family support services in community team-based mental health care. Administration and Policy in Mental Health, 41, 7–20, DOI 10.1007/s10488-013-001-9

APPENDIX A –

WASHINGTON STATE FOCUS GROUP PROTOCOL

APPENDIX A

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Washington State Focus Group Protocol

for

Peer and Parent Partners

Developed by Nathaniel Israel, Ph.D.
for Chapin Hall at the University of Chicago

ChapinHall
at the University of Chicago

Parent and Peer Partner Prompts

PURPOSE OF FOCUS GROUPS

Reasons for having them

- *because* Peer and parent partners play a vital role in supporting youth and families in reaching their health and wellness goals
- *and are* Often expert navigators of the system
- *with* Lived experience and the ability to engage families and youth which is different and even more effective than many professionals
- *and who* Understand how professionals' actions can change how you experience the system and benefit from or are harmed by it

Impacts we'd like to have

- Focused on building high-quality, effective services for children and families
- Want to understand how persons in each role on the Wraparound team can be most effective
- Need to identify how to integrate youth and family voice into both our work at the child and family level and into how we define, measure, and provide feedback on the quality of services provided

Focus group format

- Will record the session to make sure that we're accurately hearing and understanding you
- We will send you a description of the key themes which we think that we've heard today, and ask for your feedback on it
- We will provide a summary of themes and recommendations to you, Washington State administrators, and our MCO/BHO, Agency and Advocacy organization partners

Distribute and collect sign in sheet and release sheets.

INTRODUCTIONS

Go around the table and ask:

>Who you are

>What's one interesting thing about you?

How did you come to hear about this role as a Parent / Peer Partner?

>What was interesting about it?

>What did you think that you would be able to contribute in this role?

TRAINING AND PREPARATION

How were you prepared for the role?

>How was the role described to you?

>>What types of responsibilities / opportunities were mentioned?

>Was there training provided when you were hired?

>>Is so, what subject matter was covered in the training?

>>>Was it informational? Interactive? Skill-building?

>Washington is using the CANS tool to help with assessment and treatment planning. Have you been provided with any training on what the CANS is, or how to use it?

>What training supports do you have on an ongoing basis?

>>Does someone check in with you regularly to identify how you're growing and what skills you want to develop?

>>Are there ever times when you need help right away? How do you get help in those moments?

>>Are there trainers or coaches provided who help you develop new skills?

COMMON AND CORE TASKS

What are the types of tasks that you end up doing most frequently?

    With the youth or family outside of the Wraparound meeting

    During the Wraparound meeting

Can you describe in more detail how you work in Wraparound team meetings – what are ways in which you participate and advocate?

    Do you have a clear role on the team?

        What is that role?

    How do you interact with the child / youth?

    How do you interact with the family?

    How do you interact with the care coordinator?

    How do you interact with the therapist?

    How do you interact with the psychiatrist?

    How do you interact with partners from community groups or agencies?

    How do other people on the team respond to your comments and participation?

    What helps these interactions be successful (lead to better teaming and outcomes for the family and youth)?

    Have there been things that you have learned along the way about how to effectively interact with these different stakeholders?

ROLE SUPPORTS

Are there any supports that could be provided which could help you become even more effective or helpful during the meetings?

Are there ways in which Wraparound meetings are run which could better support your participation and effectiveness?

When you have a questions about something that happened in a Wraparound meeting, who do you turn to for help?

    How helpful is this support?

    Are there ways this support could be improved?

Where do you get an opportunity to share what you have learned about how to effectively interact with all of these different stakeholders?

When you have a question about how to do something outside of a Wraparound meeting, who do you turn to for help?

    How helpful is this support?

    Are there ways this support could be improved?

Are there any things that you're doing right now which you feel uncomfortable doing?

    What makes doing these things uncomfortable?

    What would be the right supports to make you feel more comfortable doing this? Or, is this a task which you feel isn't right for you or your role?

CURRENT AND FUTURE IMPACT

How would we see evidence of your work – where would it show up in the treatment record?

> Families come more often, get more services, ineffective services be stopped earlier, more community participation in Wraparound team, better prepared for transitions out of Wraparound….

What other roles in the system have you had – opportunities to serve on committees or boards or to provide input about the way services are provided?

> What has been useful about these opportunities?

> Were there ways in which you feel like your expertise could have been better used in these settings?

Have you served on boards or committees which have looked at data on agency or system performance? These committees may have looked at data on:

> who is getting Access to services,

> Engagement or Satisfaction with services,

> whether services are Appropriate and

> whether or not services are Effective,

> how well the system is providing families with supports and linkages as they transition out of Wraparound.

If so, what was your experience of working on these boards / committees?

Would you have an interest in serving on such committees in the future?

Are there other things that you could be doing as a Peer / Parent Partner, but aren't doing right now? Ways you'd like to grow or could be better used or could have a different impact on the way the system works for families?

> How could you be helped to take on these additional roles or develop these interests?

End of Focus Group Prompts for Peer/Parent Partners
Survey instructions Follow.

TEAMING INVENTORY—
Peer and Parent Partners
Version (v1.0), Washington State

Developed by Nathaniel Israel, Ph.D.
for The John Praed Foundation

Teaming Inventory—Peer and Parent Partners

Overview.

This measure is designed to inventory work tasks and supports of peer and parent partners working in behavioral health systems. The measure has four domains: training received, work tasks and activities, workforce integration and supports. Because the core elements of Peer and Parent Partner services are not well-defined nationally, the measure is intended to both capture current practice and to identify areas in which current and future practices can be better assessed. To do this, the four domains all include both quantitative and qualitative items.

Completing the Measure.

The measure can be completed in a number of ways. In order to lower the barriers to completion, and to facilitate item understanding, items can be read aloud and probes for understanding supplied ('What does it seem like this question is asking about?' 'Can you think of examples of what this question is asking about?') On multiple-choice items, item response anchors can then be read aloud. When there are questions about language proficiency or writing ability, the facilitator can offer to write and read back responses to the respondent so that their thoughts are accurately captured. In order to de-stigmatize this process, the facilitator should use neutral language in asking about recording preferences. A suggested prompt is,

> "This measure includes both items which are multiple choice, and items which ask that you write down your thoughts. Some people don't like writing very much. If you'd like me to write down your thoughts so that you can concentrate instead on answering the question, just let me know and I am happy to do that.

> If you choose to have me write down your answers, I will read back what I have written to make sure you can correct me if I've written something down wrong."

The Praed Foundation provides a portal for entering all completed measures into an online data capture, scoring, and reporting system. Please contact Nathaniel Israel at: nisrael@chapinhall.org to access this portal.

These types of reports are a primary 'value-add' associated with the use of TCOM. They allow administrators, program managers, and advocates to identify areas of practice excellence as well as areas in which supports can be enhanced to fully realize the potential of Peer and Parent Partners.

1. *Please identify your **primary** role:*

☐ Peer Partner   ☐ Peer Partner Supervisor   ☐ Other

☐ Parent Partners   ☐ Parent Partner Supervisor

If primary role is 'Supervisor' or 'Parent Partner' then exit this survey and go to the appropriate survey. Otherwise, go to Q #2.

2. Have you received formal training on the roles and tasks associated with being a Peer Partner? ☐ Yes ☐ No

3. *When was the last time you attended a training on being a Peer Partner? (Year, Month; if you cannot remember, approximate dates are fine.)* YYYY/MM: _____

4. *How long did the training last?*   ☐ Less than a Day   ☐ One Day   ☐ Two Days   ☐ More Than Two Days

5. *Are you currently part of regular (weekly, bi-weekly, or monthly) expert consultation on being a Peer Partner?*

☐ Yes, Weekly   ☐ No, this is not available to me

☐ Yes, Bi-weekly   ☐ This was made available to me, but I chose not to participate

☐ Yes, Monthly

6. *What has your formal training on being a Peer Partner included? Training on how to (check all that apply):*

☐ introduce what you do to youth / families   ☐ work in ways that demonstrate respect for different cultures

☐ interact with other professionals   ☐ help a youth give input on their assessment

☐ help a youth give input on their Treatment or Wraparound Plan   ☐ help a youth review their assessment

☐ help a youth tell whether or not services are working   ☐ help a youth plan for what happens after WISe

☐ teach other people how to be a Peer Partner   ☐ Other: _____

7. *What was the most helpful about the training and/or consultation you have received?*

8. *What would you most like additional support around?*

9. *In the past twelve months, how many different youth or families have you worked with? (Choose one):*

☐ 0   ☐ 1-3   ☐ 4-10   ☐ 11-20   ☐ more than 20

	How frequently do you:	Never	Not Often	Often	Always / Routinely
10.	Help youth get information about a service system	☐	☐	☐	☐
11.	Help youth communicate with persons in a service system	☐	☐	☐	☐
12.	Help youth get to appointments	☐	☐	☐	☐
13.	Listen to the youth and provide general support to them	☐	☐	☐	☐
14.	Help them feel comfortable telling their story to professionals	☐	☐	☐	☐
15.	Discuss with them how the information they share is used by professionals	☐	☐	☐	☐
16.	Help them identify the things they do well	☐	☐	☐	☐
17.	Help them identify their most pressing needs	☐	☐	☐	☐
18.	Help them be able to describe what they want to become	☐	☐	☐	☐
19.	Help them identify who are sources of support for them	☐	☐	☐	☐
20.	Make sure goals are written in the youth's words	☐	☐	☐	☐
21.	Prepare a youth for what happens in meetings	☐	☐	☐	☐
22.	Take notes during meetings to review with the youth afterwards	☐	☐	☐	☐
23.	Help them problem solve and manage stress	☐	☐	☐	☐
24.	Make sure providers follow through on promised supports	☐	☐	☐	☐
25.	Check in with youth to see if services are making a real difference	☐	☐	☐	☐
26.	Help youth advocate for change when services are not working	☐	☐	☐	☐
27.	Help them get access to basic supports (food, clothing, shelter)	☐	☐	☐	☐
28.	Link them to other public services	☐	☐	☐	☐
29.	After leaving care, help them get back in touch with the provider if a new need or emergency arises	☐	☐	☐	☐

Current Supports:	No	Yes
30. I have a supervisor or colleague with whom I regularly and formally meet to discuss the progress of youth I serve	☐	☐
If YES: This supervisor or colleague has practical advice about how to help youth I serve	☐	☐
31. I have recorded (audio/visual) my work, or been directly observed with a youth for training and feedback purposes	☐	☐
If YES: **a.** I have reviewed a recording (audio/visual) of my work and identified my own areas of strength and need	☐	☐
b. A recording (audio/visual) or a direct observation of my work has been reviewed by a trainer or supervisor to help identify my areas of strength or need	☐	☐
32. It is getting easier for me to work with youth and families with different needs and backgrounds	☐	☐
33. I can easily find someone in my department or agency who can help answer my questions about how to work with youth	☐	☐
34. I regularly get reports which make it easy for me to show a youth or family their progress	☐	☐
35. I regularly get reports which show how well I address different kinds of needs that families and youth have	☐	☐
36. I regularly get reports which show how well I help youth and families develop their strengths	☐	☐
37. I regularly get reports which show the progress of *all* the youth and families I serve	☐	☐

38. What supports have been most helpful thus far in your work with youth and families?

39. What additional supports would be most helpful in making you successful in your work?

40. Are there other ways which you would like to be involved in making the system more effective for children and families? Check all that apply:

☐ Learning about system quality improvement	☐ Participating in quality workgroups	☐ Reviewing system quality of care results
☐ Making recommendations about care	☐ Other**:**	☐ None

41. *If YES:* **Can we contact you about being involved in these ways?**

Thank you for completing this survey!

We will be using the results of this survey to identify how we can best support you in your collaborative work with youth and families.

1. *Please identify your **primary** role:*

☐ Peer Partner ☐ Peer Partner Supervisor ☐ Other

☐ Parent Partners ☐ Parent Partner Supervisor

If primary role is 'Supervisor' or 'Parent Partner' then exit this survey and go to the appropriate survey. Otherwise, go to Q #2.

2. Have you received formal training on the roles and tasks associated with being a Peer Partner? ☐ Yes ☐ No

3. *When was the last time you attended a training on being a Peer Partner? (Year, Month; if you cannot remember, approximate dates are fine.)* YYYY/MM: _____

4. *How long did the training last?* ☐ Less than a Day ☐ One Day ☐ Two Days ☐ More Than Two Days

5. *Are you currently part of regular (weekly, bi-weekly, or monthly) expert consultation on being a Peer Partner?*

☐ Yes, Weekly ☐ No, this is not available to me

☐ Yes, Bi-weekly ☐ This was made available to me, but I chose not to participate

☐ Yes, Monthly

6. *What has your formal training on being a Peer Partner included? Training on how to (check all that apply):*

☐ introduce what you do to youth / families ☐ work in ways that demonstrate respect for different cultures

☐ interact with other professionals ☐ help a family give input on their youth's assessment

☐ help a family give input on their youth's Treatment or Wraparound Plan ☐ help a youth review their youth's assessment

☐ help a family tell whether or not services are working ☐ help a family plan for what happens after WISe

☐ teach other people how to be a Parent Partner ☐ Other: _____

7. *What was the most helpful about the training and/or consultation you have received?*

8. *What would you most like additional support around?*

9. *In the past twelve months, how many different families have you worked with? (Choose one):*

☐ 0 ☐ 1-3 ☐ 4-10 ☐ 11-20 ☐ more than 20

	How frequently do you:	Never	Not Often	Often	Always / Routinely
10.	Help families get information about a service system	☐	☐	☐	☐
11.	Help families communicate with persons in a service system	☐	☐	☐	☐
12.	Help families get to appointments	☐	☐	☐	☐
13.	Listen to the family and provide general support to them	☐	☐	☐	☐
14.	Help them feel comfortable telling their story to professionals	☐	☐	☐	☐
15.	Discuss with them how the information they share is used by professionals	☐	☐	☐	☐
16.	Help them identify the things they do well	☐	☐	☐	☐
17.	Help them identify their most pressing needs	☐	☐	☐	☐
18.	Help them be able to describe what they want to become	☐	☐	☐	☐
19.	Help them identify who are sources of support for them	☐	☐	☐	☐
20.	Make sure goals are written in the family's words	☐	☐	☐	☐
21.	Prepare a family for what happens in meetings	☐	☐	☐	☐
22.	Take notes during meetings to review with the family afterwards	☐	☐	☐	☐
23.	Help them problem solve and manage stress	☐	☐	☐	☐
24.	Make sure providers follow through on promised supports	☐	☐	☐	☐
25.	Check in with families to see if services are making a real difference	☐	☐	☐	☐
26.	Help youth advocate for change when services are not working	☐	☐	☐	☐
27.	Help them get access to basic supports (food, clothing, shelter)	☐	☐	☐	☐
28.	Link them to other public services	☐	☐	☐	☐
29.	After leaving care, help them get back in touch with the provider if a new need or emergency arises	☐	☐	☐	☐

Current Supports:	No	Yes
30. I have a supervisor or colleague with whom I regularly and formally meet to discuss the progress of families I serve	☐	☐
If YES: This supervisor or colleague has practical advice about how to help families I serve	☐	☐
31. I have recorded (audio/visual) my work, or been directly observed with a family for training and feedback purposes	☐	☐
If YES: **a.** I have reviewed a recording (audio/visual) of my work and identified my own areas of strength and need	☐	☐
b. A recording (audio/visual) or a direct observation of my work has been reviewed by a trainer or supervisor to help identify my areas of strength or need	☐	☐
32. It is getting easier for me to work with families with different needs and backgrounds	☐	☐
33. I can easily find someone in my department or agency who can help answer my questions about how to work with families.	☐	☐
34. I regularly get reports which make it easy for me to show a family their progress	☐	☐
35. I regularly get reports which show how well I address different kinds of needs that families have	☐	☐
36. I regularly get reports which show how well I help families develop their strengths	☐	☐
37. I regularly get reports which show the progress of *all* the families I serve	☐	☐

38. What supports have been most helpful thus far in your work with youth and families?

39. What additional supports would be most helpful in making you successful in your work?

40. Are there other ways which you would like to be involved in making the system more effective for youth and families?
Check all that apply:

☐ Learning about system quality improvement	☐ Participating in quality workgroups	☐ Reviewing system quality of care results
☐ Making recommendations about care	☐ Other**:**	☐ None

41. *If YES:* **Can we contact you about being involved in these ways?**

Thank you for completing this survey!
We will be using the results of this survey to identify how we can best support you in your collaborative work with youth and families.

SUPPORTS INVENTORY—
Supervisors of Youth and Parent Partners

Version (v1.0), Washington State

Developed by Nathaniel Israel, Ph.D.
for The John Praed Foundation

Supports Inventory—Supervisors of Youth and Parent Partners

Overview.

This measure is designed to inventory work tasks and supports of supervisors of youth and parent partners working in Wraparound for Intensive Services (WISe services) in the state of Washington. The measure has four domains: training received, work tasks and activities, workforce integration and supports. Because the core elements of Youth and Parent Partner Supervisor practices are not well-defined nationally, the measure is intended to both capture current practice and to identify areas in which current and future practices can be better assessed. To do this, the measure includes both quantitative and qualitative items.

Completing the Measure.

The measure can be completed in a number of ways. In order to lower the barriers to completion, and to facilitate item understanding, items can be read aloud and probes for understanding supplied ('What does it seem like this question is asking about?' 'Can you think of examples of what this question is asking about?') On multiple-choice items, item response anchors can then be read aloud. When there are questions about language proficiency or writing ability, the facilitator can offer to write and read back responses to the respondent so that their thoughts are accurately captured. In order to de-stigmatize this process, the facilitator should use neutral language in asking about recording preferences. A suggested prompt is,

> "This measure includes both items which are multiple choice, and items which ask that you write down your thoughts. Some people don't like writing very much. If you'd like me to write down your thoughts so that you can concentrate instead on answering the question, just let me know and I am happy to do that.
>
> If you choose to have me write down your answers, I will read back what I have written to make sure you can correct me if I've written something down wrong."

The Praed Foundation provides a portal for entering all completed measures into an online data capture, scoring, and reporting system. Please contact Nathaniel Israel at: nisrael@chapinhall.org to access this portal.

These types of reports are a primary 'value-add' associated with the use of TCOM. They allow administrators, program managers, and advocates to identify areas of practice excellence as well as areas in which supports can be enhanced to fully realize the potential of Peer and Parent Partners.

Supports Inventory – Supervisors of Youth and Parent Partners (Page 1 of 4)

1. *Please identify your **primary** role:*

☐ Youth Partner Supervisor   ☐ Youth Partner   ☐ Other

☐ Parent Partner Supervisor   ☐ Parent Partner

If primary role is 'Youth Partner' or 'Parent Partner' then exit this survey and go to the appropriate survey. Otherwise, go to Q #2.

2. Have you received formal training on the roles and tasks associated with being a Supervisor of Youth/Parent Partners?

☐ Yes   ☐ No **If 'No', go to Q #5.**

3. *When was the last time you attended a training on being a Partner Supervisor?* *(Year, Month; if you cannot remember, approximate dates are fine.)*

YYYY/MM: _____

4. *How long did the training last?*   ☐ Less than a Day   ☐ One Day   ☐ Two Days   ☐ More Than Two Days

5. *Are you currently part of regular (weekly, bi-weekly, or monthly) expert consultation on being a Supervisor of Youth or Parent Partners?*

☐ Yes, Weekly   ☐ No, this is not available to me

☐ Yes, Bi-weekly   ☐ This was made available to me, but I chose not to participate

☐ Yes, Monthly

6. *What has your formal training on being a Supervisor included? Training on how to teach a trainee to (check all that apply):*

☐ introduce what they do to youth / families   ☐ work in ways that demonstrate respect for different cultures

☐ interact with other professionals   ☐ help a youth or caregiver give input on the youth's assessment

☐ help a youth give input on their Treatment or Wraparound Plan   ☐ help a youth and caregivers review the youth's assessment

☐ help a youth / family tell whether or not services are working   ☐ help a youth or family plan for what happens after WISe

☐ teach other people how to supervise Youth / Parent Partners   ☐ Other: _____

7. *What was the most helpful about the training and/or consultation you have received?*

8. *What would you most like additional support around?*

9. *Do you currently provide care coordination or treatment for families in WISe?*   ☐ Yes   ☐ No

The Youth and Parent Partners I supervise can competently:	Never	Not Often	Often	Always / Routinely
10. Help youth / families get information about a service system	☐	☐	☐	☐
11. Help youth / families communicate with persons in a service system	☐	☐	☐	☐
12. Help youth / families get to appointments	☐	☐	☐	☐
13. Listen to the youth or caregivers and provide general support to them	☐	☐	☐	☐
14. Help the youth or caregivers feel comfortable telling their story to professionals	☐	☐	☐	☐
15. Discuss with the youth and caregivers how the information they share is used by professionals	☐	☐	☐	☐
16. Help the youth and family identify the things they do well	☐	☐	☐	☐
17. Help the youth identify their most pressing needs	☐	☐	☐	☐
18. Help the youth be able to describe what they want to become	☐	☐	☐	☐
19. Help the youth and family identify who are sources of support for them	☐	☐	☐	☐
20. Make sure goals are written in the youth's words	☐	☐	☐	☐
21. Prepare a youth or family for what happens in meetings	☐	☐	☐	☐
22. Take notes during meetings to review with the youth or family afterwards	☐	☐	☐	☐
23. Help the youth or caregivers problem solve and manage stress	☐	☐	☐	☐
24. Make sure providers follow through on promised supports	☐	☐	☐	☐
25. Check in with youth or caregivers to see if services are making a real difference	☐	☐	☐	☐
26. Help the youth or caregivers advocate for change when services are not working	☐	☐	☐	☐
27. Help them get access to basic supports (food, clothing, shelter)	☐	☐	☐	☐
28. Link youth or families to other public services	☐	☐	☐	☐
29. Help the youth get back in touch with the provider if a new need or emergency arises after leaving care	☐	☐	☐	☐

How regularly do you use these practices as you supervise:	Never	Not Often	Often	Always / Routinely
30. Help supervisees define appropriate roles and tasks on the Wraparound team	☐	☐	☐	☐
31. Establish supervisees' practice development goals directly aligned with their practice needs and strengths	☐	☐	☐	☐
32. Use audio or videotapes to directly assess their practices	☐	☐	☐	☐
33. Use a structured tracking instrument to track supervisees' progress towards CANS-identified development goals	☐	☐	☐	☐
34. Review supervisees' progress towards development goals	☐	☐	☐	☐
35. Celebrate successes with supervisees in meeting their development goals	☐	☐	☐	☐
36. Change the focus of supervision based on supervisee's progress in meeting development goals	☐	☐	☐	☐
37. Teach a supervisee to use self-assessment and self-evaluate their own development process and progress	☐	☐	☐	☐
38. Provide ongoing written and verbal feedback on their progress towards developing specific practice competencies	☐	☐	☐	☐
39. Elicit formal written feedback on your performance as a supervisor to help the trainee meet their development goals	☐	☐	☐	☐
40. Elicit structured verbal feedback on your ability as a supervisor to help the trainee meet their development goals	☐	☐	☐	☐
41. What would you say is the single area in which your supervisees have demonstrated the greatest competence / effectiveness?				
42. What would you say is the single area in which additional practice supports are most needed for your Parent / Youth Partner supervisees?				

Supports:	Yes	No
43. I have someone with whom I regularly discuss supervision practices for Youth or Parent Partners	☐	☐
44. I can easily find someone at my agency who can help answer my questions about Youth / Parent Partner practices	☐	☐
45. I have audiotaped or videotaped a supervision session for review by an expert in supervising Youth / Parent Partners	☐	☐
46. I am part of a peer group of Youth / Parent Partner Supervisors who regularly meet to discuss supervision practices	☐	☐
47. The administration at my agency makes it easy for us to integrate the work of Youth / Parent Partners into WISe	☐	☐
48. I regularly use reports in supervision to see how treatment is progressing with a youth / family	☐	☐
49. I regularly use reports with supervisees which show how s/he is addressing different kinds of youth needs and strengths	☐	☐
50. I regularly use reports which show how well a supervisee is helping children/youth develop their strengths	☐	☐
51. I regularly use reports which show the treatment progress of *all* the youth / families my supervisees serve	☐	☐
52. I regularly use reports which show the intensity of each supervisee's current caseload	☐	☐
53. I regularly use reports which show how effective my supervisees are compared to an agency average	☐	☐
54. I regularly use reports in group supervision to discuss practice successes and needs	☐	☐
55. My agency regularly provides trainings which effectively address gaps in my supervisees' skills	☐	☐
56. I could teach another supervisor how to become a more effective Youth / Parent Partner supervisor	☐	☐
57. What supports have been most helpful thus far in developing skills in the persons you supervise?		
58. What additional supports would be most helpful in insuring that the Youth and Parent Partners you supervise continue to develop their practice skills?		

End of Protocol.

APPENDIX B—

CONSENT TO PARTICIPATE IN PEER AND PARENT PARTNER FOCUS GROUP AND SURVEY

APPENDIX B

Table of Contents

Chapin Hall at the University of Chicago

Consent to Participate in Peer and Parent Partner Focus Group and Survey

"UNDERSTANDING THE ROLE OF PEER AND PARENT PARTNERS IN WRAPAROUND WITH INTENSIVE SERVICES IN WASHINGTON STATE"

What are the focus groups about?

You are being asked to take part in a focus group being conducted by Dr. Nathaniel Israel of Chapin Hall.

The purpose of the study is to *understand the roles, training and supports that Peer and parent Partners currently experience. We also want to know what roles, training and supports can help Peer and Parent Partners take on new or different responsibilities.* This information will be reported to the state.

We are talking to Peer and Parent partners who have been formally trained for this role, and who have varying levels of experience in the role. This will allow us to better understand what supports and training are useful at different stages of employment. It will also help us understand how roles may change over time.

We will conduct four focus groups involving about 40 people.

What will you be asked to do?

You are being asked to participate in a focus group in a private place. This focus group will take 90 to 120 minutes. After we talk in this group we will provide everyone with a survey to fill out to learn more about their role and supports for the role.

We would like to audio record your answers to our questions to help us get your story right.

What kinds of questions will I ask you in the interview?

We would like to ask you about your job, your role in your agency's delivery of WISe services, what you think you and your agency does well and the challenges in your work.

Do you have to answer all of my questions?

No, you do not have to answer any questions or participate in this focus group. Your decision to participate or answer questions is completely up to you. Participation in the study focus group is voluntary. You may end participation in the focus group at any time, or choose not answer a question or discuss a topic. You do not have to give a reason for not answering a question. Similarly, you do not have to answer all of the questions on the survey form and may choose to not answer any or all questions on the form at any time, without giving any reason.

Will the information you give be confidential?

We will be writing a summary of the results of the focus groups. In this summary, we will not use agency names or locations or your name. But people at your agency or other agencies who read the summary might be able to guess that a quote or opinion came from you. Additionally, though we will ask that each person in the focus groups keep what is said in the focus group confidential, there is the chance that someone in the focus group will say what was said in the focus group outside of the focus group.

Similarly, we may use information from the focus group with you to inform later focus groups with other Peer or Parent Partners or Peer and Parent Partner Supervisors. For example, I may say to a colleague of yours in an interview, "I have heard that the transition to this new system was plagued with problems. What did that mean for your work?" Your work colleague may be able to guess or figure out that it was you who described the transition as "plagued with problems."

However, we will do what we can to keep the information you share with us confidential. We will destroy the audio record of this interview as soon as it is transcribed and corrected for errors. That transcript will not have any identifying information about you on it. But you should assume that other people may be able to figure out what you tell us.

Exceptions to confidentiality

We are required by law to report child or elder abuse to the proper state or county authorities and foreseeable harm to others or self to law enforcement. However, we will not ask about any of these topics.

What risks are there if you participate in this study?

The main risks of participating in this study relate to your co-workers or supervisors learning something about your work or opinions that leads them to think less of you or your work.

Some of the questions may make you feel uncomfortable. For example, we may ask you something about a skill set that you do not yet possess and this makes you wonder whether you are good at your job and this is disconcerting to you.

In addition, recall that if we uncover evidence that you, a child, or older person is in danger, we are required to report such information.

Voluntary participation and withdrawal

If you volunteer to be in this study, you may withdraw at any time without consequences. If you decide to participate, you can skip any question for any reason. You can also stop participating at any time.

What benefits are there if you participate in this study?

There are no direct benefits to you, but it is an opportunity to learn from what other Peer or parent Partners are doing, the supports which help make them successful, and how they would like to grow in their role.

Many people also enjoy and appreciate the chance to know that their opinions are listened to and used in improving child and family service agencies.

Will you receive any payment if you participate in the study?

Yes. We will provide a $50.00 gift card to offset the time you spend participating.

Who should I contact if I have questions?

If you have any questions about this evaluation study or the interviews, please contact the researcher conducting the study.

Nathaniel Israel

Chapin Hall

1313 E. 60th Street

Chicago IL 60637

(773) 26 100

nisrael@chapinhall.org

If you agree to participate in this focus group and feel that your rights have been violated, or you were not treated fairly please feel free to contact our Contract Manager at the State of Washington:

Paul Davis

Child and Family Behavioral Health

Division of Behavioral Health

Department of Social and Health Services

360-725-1632

davispa@dshs.wa.gov

Please review and check the boxes below to indicate that each of these conditions and your questions have been answered to your satisfaction.

☐ You understand that the researchers are conducting four focus groups and collecting forty surveys to better understand the role of Peer and Parent Partners in Wraparound with Intensive Services (WISe) in Washington State.

☐ You understand that you are being asked to agree to be interviewed about your job and your agency's efforts in supporting your role.

☐ You understand that your participation is voluntary.

☐ You understand that there are risks that other persons involved in the human service system in Washington State may be able to guess or figure out the opinions you express in this interview, even though the researchers will do what they can to protect your confidentiality.

☐ You understand that you will receive a $50.00 gift card as part of participating in this interview.

Agreement to Participate

I, _____ [print name], understand the procedures described above.

My questions have been answered to my satisfaction, and I agree to participate in this study.

_____ _____   _____ _____

    Signature of Participant   Date   Signature of Interviewer   Date

Chapin Hall at the University of Chicago

Consent to Participate in Focus Group and Survey of Supervisors of Peer Partners

"UNDERSTANDING THE ROLE OF PEER AND PARENT PARTNERS IN WRAPAROUND WITH INTENSIVE SERVICES IN WASHINGTON STATE"

What are the focus groups about?

You are being asked to take part in a focus group being conducted by Dr. Nathaniel Israel of Chapin Hall.

The purpose of the study is to *understand the roles, training and supports that Peer (Youth and Parent) Partners currently experience. We also want to know what roles, training and supports can help Peer Partners take on new or different responsibilities.* This information will be reported to the state with recommendations for supporting Peer Partners.

We are talking to Peer Partners who have been formally trained for this role, and who have varying levels of experience in the role, and their supervisors. This will allow us to better understand what supports and training are useful at different stages of employment. It will also help us understand how roles may change over time.

We will conduct up to four focus groups involving about 40 people.

What will you be asked to do?

You are being asked to participate in a focus group in a private place. This focus group will take 90 to 120 minutes. After we talk in this group we will provide everyone with a survey to fill out to learn more about their role and supports for the role.

We would like to audio record your answers to our questions to help us get your story right.

What kinds of questions will I ask you in the interview?

We would like to ask you about your job, your role in your agency's delivery of WISe services, what you think you and your agency does well and the challenges in your work.

Do you have to answer all of my questions?

No, you do not have to answer any questions or participate in this focus group. Your decision to participate or answer questions is completely up to you. Participation in the study focus group is voluntary.   You may end participation in the focus group at any time, or choose not answer a question or discuss a topic. You do not have to give a reason for not answering a question. Similarly, you do not have to answer all of the questions on the survey form and may choose to not answer any or all questions on the form at any time, without giving any reason.

Will the information you give be confidential?

We will be writing a summary of the results of the focus groups. In this summary, we will not use agency names or locations or your name. But people at your agency or other agencies who read the summary might be able to guess that a quote or opinion came from you. Additionally, though we will ask that each person in the focus groups keep what is said in the focus group confidential, there is the chance that someone in the focus group will say what was said in the focus group outside of the focus group.

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Similarly, we may use information from the focus group with you to inform later focus groups with other Peer or Parent Partners or Peer and Parent Partner Supervisors. For example, I may say to a colleague of yours in an interview, "I have heard that the transition to this new system was plagued with problems. What did that mean for your work?" Your work colleague may be able to guess or figure out that it was you who described the transition as "plagued with problems."

However, we will do what we can to keep the information you share with us confidential. We will destroy the audio record of this interview as soon as it is transcribed and corrected for errors. That transcript will not have any identifying information about you on it. But you should assume that other people may be able to figure out what you tell us.

Exceptions to confidentiality

We are required by law to report child or elder abuse to the proper state or county authorities and foreseeable harm to others or self to law enforcement. However, we will not ask about any of these topics.

What risks are there if you participate in this study?

The main risks of participating in this study relate to your co-workers or supervisors learning something about your work or opinions that leads them to think less of you or your work.

Some of the questions may make you feel uncomfortable. For example, we may ask you something about a skill set that you do not yet possess and this makes you wonder whether you are good at your job and this is disconcerting to you.

In addition, recall that if we uncover evidence that you, a child, or older person is in danger, we are required to report such information.

Voluntary participation and withdrawal

If you volunteer to be in this study, you may withdraw at any time without consequences. If you decide to participate, you can skip any question for any reason. You can also stop participating at any time.

What benefits are there if you participate in this study?

There are no direct benefits to you, but it is an opportunity to learn from what other Peer or parent Partners are doing, the supports which help make them successful, and how they would like to grow in their role.

Many people also enjoy and appreciate the chance to know that their opinions are listened to and used in improving child and family service agencies.

Will you receive any payment if you participate in the study?

Yes. We will provide a $50.00 gift card to offset the time you spend participating.

Who should I contact if I have questions?

If you have any questions about this evaluation study or the interviews, please contact the researcher conducting the study.

>Nathaniel Israel
>Chapin Hall
>1313 E. 60th Street
>Chicago IL 60637
>773-256-5100
>nisrael@chapinhall.org

If you agree to participate in this focus group and feel that your rights have been violated, or you were not treated fairly please feel free to contact our Contract Manager at the State of Washington:

>Paul Davis
>Child and Family Behavioral Health
>Division of Behavioral Health
>Department of Social and Health Services
>360-725-1632
>davispa@dshs.wa.gov

Please review and check the boxes below to indicate that each of these conditions and your questions have been answered to your satisfaction.

☐ You understand that the researchers are conducting four focus groups and collecting forty surveys to better understand the role of Peer and Parent Partners in Wraparound with Intensive Services (WISe) in Washington State.

☐ You understand that you are being asked to agree to be interviewed about your job and your agency's efforts in supporting your role.

☐ You understand that your participation is voluntary.

☐ You understand that there are risks that other persons involved in the human service system in Washington State may be able to guess or figure out the opinions you express in this interview, even though the researchers will do what they can to protect your confidentiality.

☐ You understand that you will receive a $50.00 gift card as part of participating in this interview.

Agreement to Participate

I, _____ [print name], understand the procedures described above.

My questions have been answered to my satisfaction, and I agree to participate in this study.

_____ _____   _____ _____
Signature of Participant   Date   Signature of Interviewer   Date

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