ISSUE BRIEF

Strengthening the Family Peer Support Workforce

Updated 2/13/2024

OREGON FAMILY WORKFORCE ASSOCIATION

Issue

The Family Peer Support Workforce has received widespread attention in the youth and family behavioral health system of care and service continuum. The role has been a longstanding requirement in Oregon Wraparound, and in more recent years, it has been a mandated inclusion in IIBHT (Intensive In-home Behavioral Health Treatment) and MRSS (Mobile Response & Stabilization Service).

While there are efforts to integrate the value-added contributions of family peer support into more services, the role of family peers and the needs of the family peer support workforce are not sufficiently understood by state leaders, policymakers, and many employers. There is a significant and growing gap between the professional standards and competencies of family peer support specialists and the actual utilization of the role. Many employers also report difficulty in finding staff to hire into these positions. While mandates for this specialty peer role expand, there is a glaring inequity in the statewide infrastructure needed to support it.

The family peer support workforce itself is experiencing enormous strain and challenges. It is widely documented that the COVID pandemic has had a disproportionate impact on women in the workforce. The family peer support workforce is dominantly filled by women who are parenting children with complex needs, many of whom also have trauma histories. The disproportionate strain on those who fill this workforce underscores the imperative to build a robust infrastructure to bolster successful growth and retention of the workforce.

Informed representation of the workforce has been lacking at the state leadership level since spring 2022 when the OHA Family Partnership Specialist was placed on administrative leave. The family peer support community has experienced adverse impacts from this void, even though partial responsibilities of the position have been distributed to other staff.

In response to the challenges described above, the Oregon Family Workforce Association (ORFWA) conducted a survey to provide an opportunity for those who serve as family peer support specialists to provide input on their experiences. ORFWA was incorporated as a 501(c)6 business league in 2017 to unify and advance the family peer support throughout mental, behavioral, developmental, intellectual and physical health fields. Like the workforce it was founded to support, this volunteer-run organization has experienced a critical decline in capacity, largely due to diminished workforce resilience. We believe resilience would have been higher if an adequate infrastructure around the workforce was in place.

Note: ORFWA is in a process of closing its doors; this Issue Brief is the final advocacy act of the organization.

Building Support for a Strong and Resilient Family Peer Labor Force

ORFWA believes that a critical step forward is to build a more robust infrastructure of support around the family peer workforce. Individuals currently working as family peer support staff need stable working conditions[1] and employers who thoroughly understand their role[2], including the competencies, ethical standards, and challenges that family peers face. It is imperative to elevate the fundamental understanding of the family peer support workforce among state leaders and employers and to increase the upward trajectory of a highly skilled and vital labor force. Equitably-funded professional development paths to sustain the workforce, as well as a clearly defined entry pathway[3] to support growing demands are all essential.

ORFWA urges state policy and decision-makers to draw on a broad and diverse group of family peer leaders from across the state to define what is needed to strengthen, support, and grow the workforce[4], and then work with this group to create a plan to enact what is needed. This issue brief can be used to jump start this effort. Understanding the needs of those who staff this workforce is imperative to meeting the demands placed on them. Because family peer support leaders are Subject Matter Experts (SME) who understand the needs of those doing this work, those who make policy decisions that impact the workforce should be required to use them to co-create policies and infrastructure support. Specifically, these workforce leaders can provide technical assistance on:

- **Training**[5] - opportunities are needed throughout the state for entry level training, specialized to the family peer support role; ongoing professional development opportunities offered at regular intervals throughout the year; time allotted to training during work hours
- **Supervision**[6] – all peers need role-specific peer supervision *in addition* to clinical supervision
- **Understanding of the role**[7] - clarity among all employers about competencies, ethical standards, scope and challenges faced by those in the Family Peer Support Specialist (FSS) role, especially those serving on clinical teams (such as IIBHT and MRSS)

A valuable support to the workforce that Oregon Health Authority added in 2015 was the Family Partnership Specialist position. However, this position has been essentially unstaffed since spring of 2022. It is imperative to address the barriers to filling this void. The position should be actively staffed with an individual who has a deep understanding of the family peer support role, gained from personal lived experiences, as well as direct experiences serving other families as a family peer support specialist.

ORFWA is not alone in calling for improved support to the family peer workforce. The Oregon Ombuds Six-Month Report (2nd Quarter 2023), which focused on the current state of child, youth and family mental health services, shares some of the concerns outlined in this ORFWA Issue Brief.

[1] Q4 - worries about viability of career, such as salary, benefits, working conditions
[2] Q5 - understanding of the role
[3] Q11, Q12, Q13, Q14 - pathways into the workforce and barriers
[4] Q4 - worry about workforce diversity
[5] Q8 - availability of training opportunities
[6] Q10 - availability of supervision and coaching
[7] Q5 - understanding of the role

The report says, **"the state legislature, OHA and CCOs should prioritize investments in community-based child and youth mental health services and the workforce serving children and youth at amounts equal to or greater than investments in adult mental health funding and at least proportional to the number of young people in Oregon."**

Based on referenced experiences and data identified in the report, the Ombuds Program makes recommendations to improve:

- Child and youth mental health funding, data, workforce and provider networks;
- Child and youth serving programs (specifically Mobile Response and Stabilization Services (MRSS), Intensive In-Home Behavioral Treatment Services (IIBHT), Respite care; and
- Statewide child and youth advocacy.

The report includes workforce development among its recommendations, with a direct reference to strengthening the peer workforce within children's mental health. "OHA and CCOs should address capacity concerns of the programs discussed…by prioritizing career paths and entryways to leverage the peer-delivered service workforce and implement workforce payment parity."

Requiring that family peer support must be integrated into services and including the role in the Oregon Administrative Rules (OARs) is only one part of demonstrating the value of this workforce in Oregon. Providing the necessary scaffolding, as defined by those working within it, and including appropriate staffing along with workforce infrastructure support at the state level must go hand-in-hand.

The Oregon Family Workforce Association makes the following recommendations to increase the upward trajectory of a highly skilled and vital labor force of family peer support workers.

Recommendations

1. ORFWA endorses the recommendation by the Ombuds Program to prioritize investments in community-based child and youth mental health services and the workforce serving children and youth at amounts equal to or greater than investments in adult mental health funding and at least proportional to the number of young people in Oregon.
2. Meaningfully engage a broad and diverse[8] set of individuals throughout the state who are directly involved in the family peer support workforce to define what is needed to strengthen, support, and grow the workforce.
3. Develop a plan to elevate the fundamental understanding of the family peer support workforce among state leaders and employers.
4. Prioritize outreach and recruitment efforts to reach systematically marginalized and underserved populations in order to build a culturally diverse[9] workforce.
5. Equitably fund professional development pathways to sustain the workforce and fulfill the growing demands.

[8] multiple open-ended responses mentioned the need for diverse representation
[9] multiple open-ended responses noted the need for cultural diversity

6. Create training at the supervision level so that supervisors sufficiently understand how to support family peers and establish an infrastructure to provide state level family peer supervision for those employers that are unable to provide this type of supervision within their own organizations.
7. Fill the OHA Family Partnership Specialist position with an individual who has a thorough understanding of the family peer support role in Oregon, is certified as a "Family Support Specialist" under the THW rules, and has experience providing direct service to other families as a family peer support specialist.

Future Leverage

Addressing the concerns described above may strategically position the state to fulfill the need for community-based family peer support that is not tied to programs that have eligibility requirements of a family's multi-systems involvement, multiple diagnoses or high clinical acuity, as is the case with Wraparound, IIBHT, and MRSS. This may be particularly advantageous within interventions for birth to age 5 populations, where skilled family support can have a large impact for less investment of time and money. Oregon has been a nationwide leader in recognizing the potential value of the family peer workforce, and making investments in developing this workforce. This early commitment must be reinforced now, or these early investments will be lost.

References and Resources

OHA Health Systems Division, Behavioral Health Services Stabilization Services 309-072-0160(2)(k)

OHA Health Systems Division, Behavioral Health Services Outpatient Behavioral Health Services 309-019-0100

OHA Office of Equity and Inclusion, Traditional Health Workers Definitions 950-060-0010(10)

Oregon Ombuds Six-Month Report (2nd Quarter 2023)

Contact Information

Due to ORFWA's dissolution as a non-profit organization, questions or follow up to this Issue Brief can be directed to the following family peer support workforce leaders who have agreed to represent the concerns and recommendations presented, as well as guiding any resulting follow up actions.

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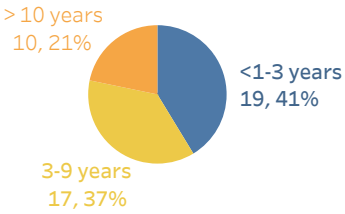
Family Peer Support Workforce Experiences Survey: N=46

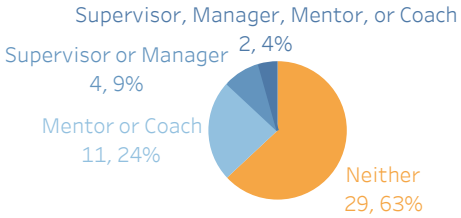
The Oregon Family Workforce Association (ORFWA) conducted a survey in December 2023 to gather input from those who work as family peer support professionals. To our knowledge, this was the first survey to the family peer workforce in the state. The survey was sent to ORFWA members, peers listed with the Oregon Traditional Health Workers registry who identified their peer provider type as family peer support specialist, and attendees of the state-sponsored FSS Learning Collaborative for IIBHT/MRSS. Below is a summary of their experiences and impressions.

Years of experience, role within the workforce, programs in which they work.

Q1: How many **years have you been working** in a family peer or parent support role? **n=46**

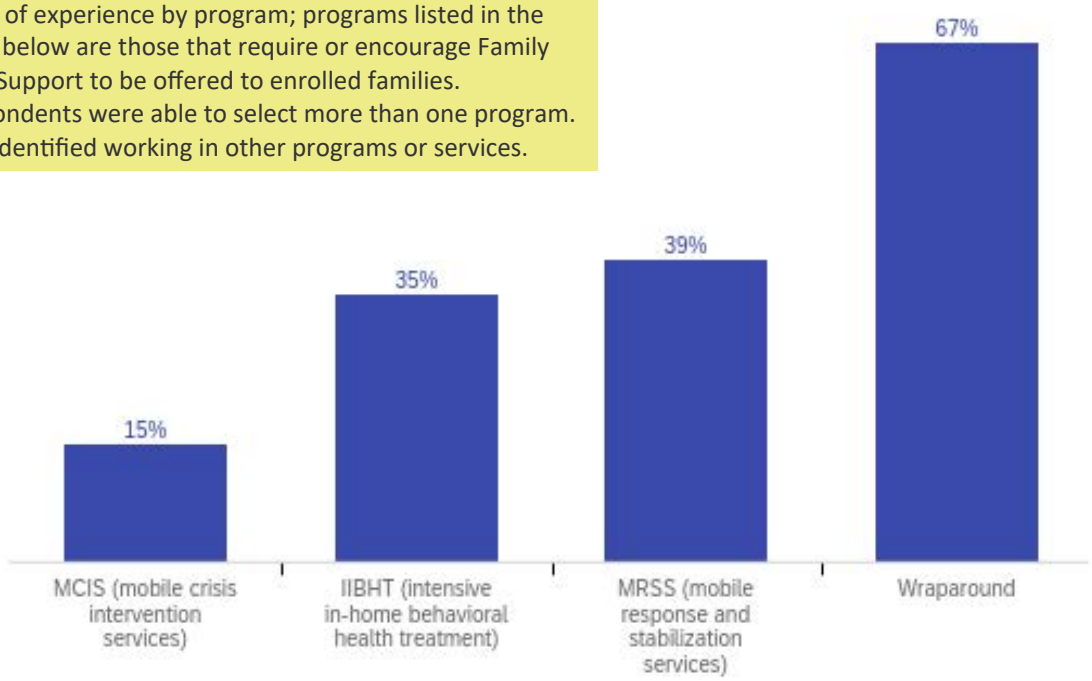


Q3: Are you a **family peer supervisor/manager, mentor/coach** (select all that apply)? **n=46**



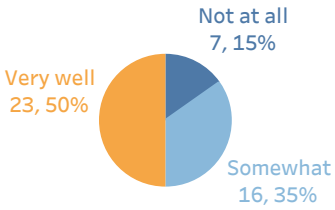
Q2: Do you **work in** any of the following programs or services (select all that apply)? **n=46**

Years of experience by program; programs listed in the chart below are those that require or encourage Family Peer Support to be offered to enrolled families. Respondents were able to select more than one program. 29% identified working in other programs or services.

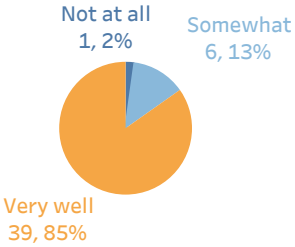


Understanding of the family peer support role.

Q5: How well do you feel that **your employer understands your role? n =46**

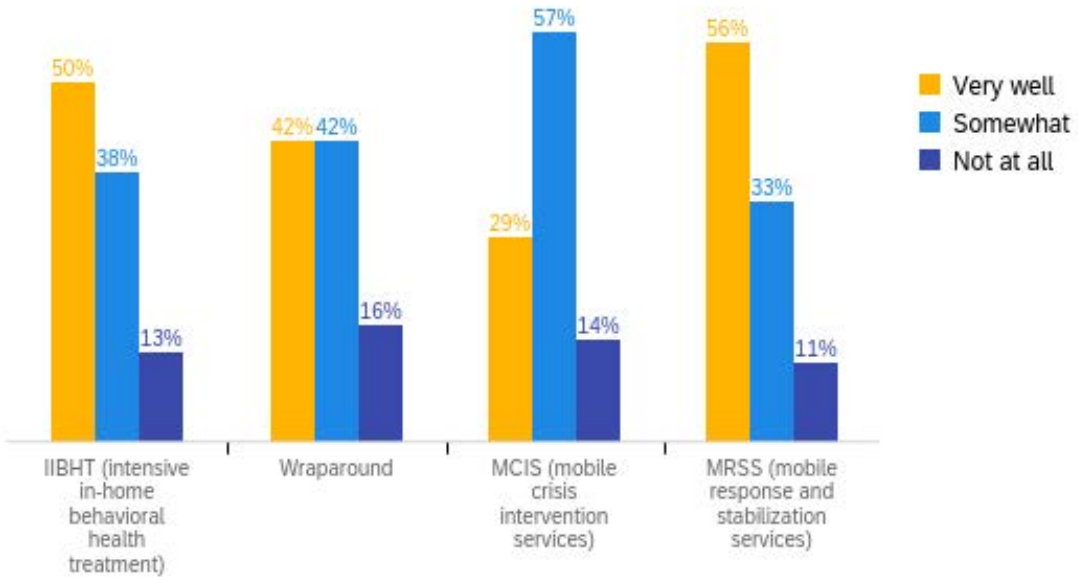


Q6: How well **do you understand your role? n =46**



Q5: How well do you feel that **your employer understands your role? n =46**

Employer understanding of role by program.



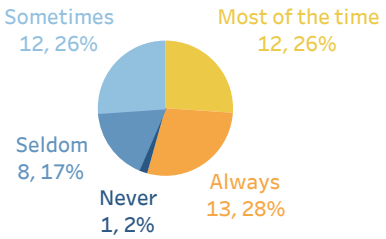
While 85% of respondents report they understand their role *very well*, half of respondents (50%) report they don't feel their employer understands their role *very well*.

In programs that require FSS to be offered, feelings of employer understanding of the role varies, however feelings by the workforce that the role is not highly understood by their employers is high throughout all programs.

IIBHT, over half (51%) report only *somewhat* or *not at all*
MCIS, 71% report only *somewhat* or *not at all*
MRSS, 44% report only *somewhat* or *not at all*
Wraparound, 58% report only *somewhat* or *not at all*

Support, supervision, training, connection with peer workforce community.

Q7: How often do you **feel highly supported** in your workplace? **n =46**

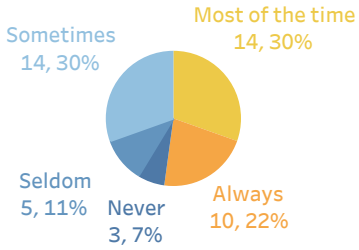


48% reported *sometimes, seldom* or *never* feeling highly supported

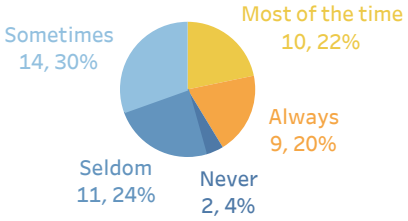
48% report they only *sometimes, seldom* or *never* have training opportunities that fit the role

58% respondents report that they *sometimes, seldom* or *never* connect with other family peer support workers

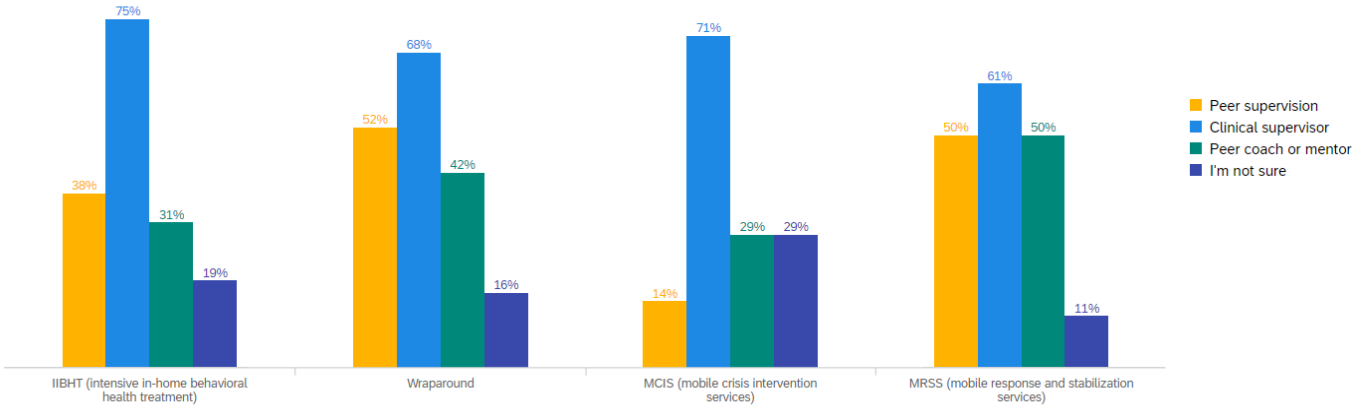
Q8: Do you have ongoing **training opportunities** that fit your role? **n =46**



Q9: How often do you **connect with other family peer support workers? n =46**



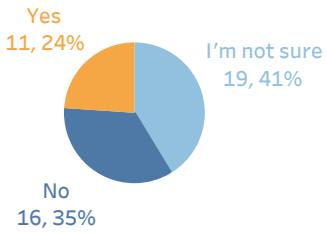
Q10: What kind of **supervision or coaching** does your organization provide you (select all that apply)? **n=46**



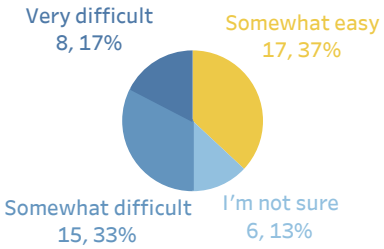
Best practice is for peer workers to have available to them both clinical and peer supervision provided by a supervisor with same peer role (ie family peer support). Availability of peer supervision falls far below clinical supervision in all programs, and between 11% and 29% are *not sure* which type of supervision they have.

Worries about the family peer support workforce.

Q12: Do you know of **any families who want to join** the family support workforce? **n =46**

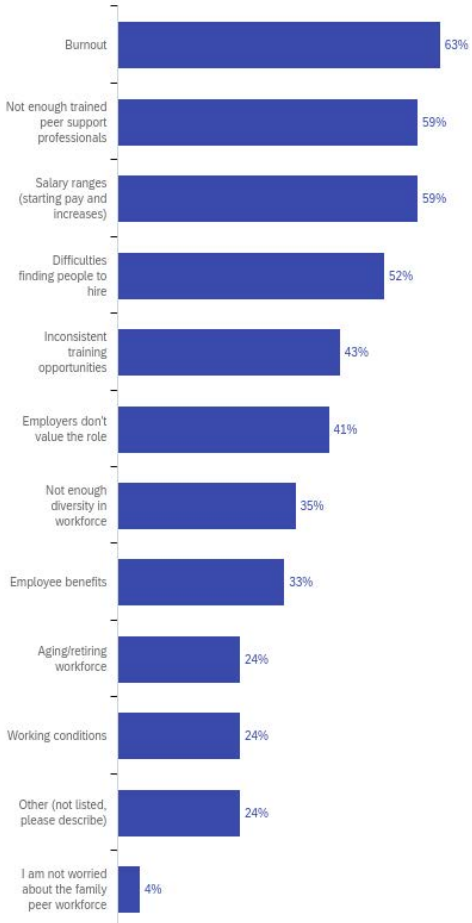


Q13: How easy do you think it is for new people to **enter the family peer field? n =46**



While 24% report knowing individuals who may want to join the workforce, half of respondents report that it is *somewhat* or *very difficult* to enter the family peer field. 37% think it is *somewhat easy* and 13% report that they are *not sure* how difficult it is to enter. 0% report that it is *easy*.

Q4: Do you have any of the following **worries about the family/parent peer support workforce** (select all that apply)? **n=46**



Respondents were able to select as many worries as they have about the workforce.

The top selected worries are:

- ***Burnout*** (63%)
- ***Not enough trained peer support professionals*** (59%)
- ***Salary*** (59%)
- ***Difficulties finding people to hire*** (52%)

Other significant worries include:

- ***Inconsistent training opportunities*** (43%)
- ***Employers not valuing the role*** (41%)
- ***Not enough diversity*** (35%)

Only 4% reported they are not worried about the family peer workforce.