

Recommendation for Peer Family Support

Submitted to: the State Mental Health Planning Council

Submitted by: the Professional Advocacy Committee on Child, Adolescent and Family Mental Health and Substance Use, PAC.

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Background and Supporting Information

Family relationships and experiences represent a primary area in which people in recovery live, love, work, and play as well as an area of emotional significance and a source of strengths and recovery capital.

Given the centrality of family in the recovery process, the PAC, in the past several years, has engaged in a learning and information gathering endeavor with peer leaders and peer run organizations such as: the Central Mass Learning Community, NAMI peer programs; and family oriented programs such as: the Family Nurturing Program, the Parenting Journey and the Institute for Health and Recovery. The PAC also received technical assistance from SAMSHA's BRSS TAC, Bringing Peer Support to Scale Technical Assistance Center regarding best practices for peer family supports.

Without exception those that informed that PAC's 'research efforts' stated that family experience was a critical element in an individual's recovery process and that both an individual and a family have their own recovery opportunities which were often interrelated. In addition, it was reported that in Massachusetts, with few exceptions, peer-based family supports were not formally identified, trained or contracted. The PAC's expert informants also strongly supported more formal opportunities for peer family support activity in Mass. On National level, the BRSS TAC Technical Assistance Center was not able to identify any peer family support programming or training.

The PAC, therefore, is submitting the following recommendations regarding expanding peer family support to the State Mental Health Planning Council for its consideration and endorsement. We believe that the recommendations below will promote a lived-experienced based understanding of each family members' recovery needs and as well as peer supports that enhance the capacity of peers to respond to the relationship and care needs of all family member.

***Recommendations to the State Mental Health Planning Council
Peer Family Support***

1. Define a set of principles for family recovery and the fundamental of peer-based activities in providing peer family support.
 - a. Identify and convene, with DMH partnership, a work group of peer leadership and relevant others from the cross systems peer supports.
 - b. Create a white paper defining family recovery principles and the fundamentals of peer-based family support.
 - c. Engage DMH in an informed review of the definition and principles of family- based peer supports and recommend that these principles be one of the policy guidelines for DMH supported peer activities.

2. Create and implement models of peer support for families that promote whole family recovery. It is recommended that this activity is supported through a formal state structure such as the DMH Knowledge Center, (and possibly a BSAS function), in contract with selected peer-based organizations that have a commitment to peer family support model development and Implementation.
 - a. Identify current promising models such as the proposed models presented at the State Mental Health Planning Council by the Central Mass Learning Community and NAMI.
 - b. Survey current state supported programming (such as community services such as those provided by: ACCS, RLC.s, venues involving family support specialist, and recovery centers). Identify programs with high need for enhanced peer-lead family supports.
 - c. Select and fund initial phase of peer-lead family supports which would include the development of model peer family supports within the context of the specific selected programs.
 - d. Model implementation deliverables would include: model development, implementation and evaluation.

3. Maximize the opportunity for peer, cross agency mutual support and consultation on family recovery matters.
 - a. In collaboration with other state departments that support peer services such Mass Health, DMH, DPH, establish a regular conference call in session for peers to mutually provide family resources and supports for non-identified family situations.
 - b. Establish an online resources site, possibly SMHPC website, that provides resources and explore contracting for management list serve capacity.

4. Establish regular continuing training courses on peer family support based on principles of family recovery and tapping current resources.

- a. Promote, across the service sectors, post certificate training continuing education for peer workforce focused on principle-based, peer supports for family recovery.
- b. Include competencies training in family peer support for organizations providing peer supports.
- c. Continual quality improvement activities would include encouraging and resourcing existing efforts of organizations that provide peer support to explore and expand family peer support activities.