

MODULE 1

BACKGROUND ON PEER SUPPORT SPECIALIST PROGRAMS AND INTRODUCTION TO THE TOOLKIT



Peer Support Specialist Programs for Families Affected by Substance Use and Involved with Child Welfare Services: A Four-Module Implementation Toolkit



National Center on
Substance Abuse
and Child Welfare

This four-module toolkit offers strategies to develop peer support specialist programs for parents affected by substance use and whose children and families are involved with child welfare services. The toolkit, rich with on-the-ground examples and lessons from successful peer support specialist programs, offers practical strategies and resources to promote system-level policy change and practice innovations on behalf of children and families.

- **Module 1: Background on Peer Support Specialist Programs and Introduction to the Toolkit:** Provides a brief background on this model of support for parents with or at risk of developing substance use disorders and involved with child welfare services. Describes the purpose of this toolkit along with content developed through a focus group with program administrators and peer support specialists from across the country.
- **Module 2: Building Collaborative Partnerships to Establish Peer Support Specialist Programs:** Describes how to lay the foundation of an effective program by convening a cross-system collaborative team to build capacity and readiness for implementation. Offers strategies for building effective partnerships through committing to a common mission and vision, delivering cross-system training, and establishing information sharing agreements.
- **Module 3: Program Development Strategies to Implement Effective Peer Support Specialist Programs:** Provides considerations for designing a peer support specialist program with examples and strategies to determine the population of focus, program goals, and roles and responsibilities of staff.
- **Module 4: Strategies for Developing the Peer Support Specialist Workforce:** Highlights workforce development considerations for establishing peer support specialist programs, including strategies to recruit and hire staff, determine qualifications and certifications, establish salary and benefits, develop onboarding and training, and provide ongoing supervision and support.



MODULE 1: Background on Peer Support Specialist Programs and Introduction to the Toolkit

BACKGROUND

From 2015-2019, “more than 21 million children in the United States lived with a parent who misused substances in the past year, and more than 2 million lived with a parent who had a substance use disorder (SUD).”¹ Some parents with or at risk of developing SUDs* may not be able to meet the social-emotional needs of their children; this may cause children to experience an unpredictable and unstable home life.^{2,3} If they are also involved with child welfare services, they have a lower likelihood of family reunification and their children stay longer in out-of-home care than those who do not have SUDs.^{4,5,6} Children of parents with SUDs may face an increased risk of abuse and neglect; social skill deficits; and physical, emotional, and academic problems.^{7,8,9,10,11,12,13,14}

The Hope

There have been major advances in the past two decades on the most effective policy and practice strategies to keep families together, help parents sustain their recovery from SUDs, and promote child and family well-being. One such strategy is ensuring parents have quick access to SUD assessment, as well as engagement and retention in high-quality, family-centered treatment services to promote child and family well-being. Research shows that prompt entry into SUD treatment significantly increases the length of time parents spend in treatment while increasing the likelihood of parents’ treatment completion and reunification with children.^{15,16,17,18}

Peer support specialist programs are an integral component of an effective system of care for families affected by SUDs and who are involved with child welfare services. Peer support specialists for parents with or at risk of developing a SUD aim to: 1) reduce obstacles to entry and engagement in treatment and recovery, 2) support families to meet the requirements of their treatment and child welfare case plans, and 3) help families remain together.

*The phrase “with or at risk of developing SUDs” refers to individuals who already have a diagnosed substance use disorder as well as those using substances in a manner, situation, amount, or frequency that can cause harm to themselves or those around them.



KEY CONCEPT: BUILD ON FAMILY STRENGTHS

Parental capacities and protective factors and positive childhood experiences can mitigate the risk of child abuse, neglect, and child’s involvement for families affected by parental substance use.

- A *protective factors approach* to working with families empowers parents and family members to identify and build on their strengths, while also noting areas where they may need assistance.
- *Parental capacities* are a caregiver’s behavioral, emotional, and cognitive characteristics directly related to child well-being.
- *Protective factors* are the attributes of individuals, families, communities, and larger society that mitigate risk and promote child and family well-being.
- *Positive child experiences* refer to aspects of a child’s environment and relationships that can buffer the negative effects of child trauma.

RESOURCE SPOTLIGHT



NCSACW’s *Building Hope for Families Affected by Substance Use and Mental Health Disorders: A Blueprint for an Effective System of Care to Promote Lasting Family Recovery and Well-Being* describes the 10 essential pillars of an effective system of care for families affected by SUDs. A key pillar that leads to positive outcomes is peer support services.

PEER SUPPORT SPECIALIST PROGRAMS

While quick access to SUD assessment and quality treatment is essential, parents often face many obstacles accessing and remaining in treatment. Child welfare staff may lack the specialized knowledge and capacity necessary to identify and assist parents affected by substance use.¹⁹ Parents may face ambivalence about entering treatment, experience shame and stigma associated with substance use and child welfare involvement, and feel overwhelmed by competing (and sometimes conflicting) case plan requirements from each of the systems.

Peer support specialists are individuals who offer non-clinical support to individuals with or at risk of developing SUDs to help mitigate these obstacles in accessing and remaining in treatment and in sustaining recovery. Within the context of child welfare services, peer support specialists aim to coordinate services to achieve cross-agency goals of fostering adult SUD recovery and parental capacity, strengthening adult and child bonding, and promoting child safety² and permanency in their caregiving relationships.²⁰

There is much variation among peer support specialist programs in terms of roles, funding, processes, and job titles. They might also be known as peer workers, recovery coaches, and recovery support specialists. For the purposes of this toolkit, the term “peer support specialist programs”



² The term “safety” is used in this toolkit in the context of state child welfare state statutes that promote the safety, permanency, and well-being of children.



KEY CONCEPT: PEER SUPPORT MODELS

Increasingly in recent years, child welfare, mental health and SUD treatment, courts, and criminal justice agencies have implemented peer support models to aid parents, children, and families. Specifically for families with child welfare services involvement, there are a number of peer support programs offering mentoring, coaching, and support by parents with lived experience with child welfare, such as [parent partner programs](#). The National Resource Center for In-Home Services offers a [brief](#) on the various parent peer support programs in child welfare. There are also effective [peer support programs](#) for parents with children and youth receiving mental health and SUD services by families who share this experience. While these other effective models exist, this toolkit is targeted specifically for peer support of *parents at risk of or with SUDs* and child welfare involvement.

“ The trusting non-judgmental relationship that they have is crucial in starting the hope for a different future and better life. ”

—Peer support specialist program manager





KEY CONCEPT: LIVED EXPERIENCE IS INVALUABLE

Focus group participants stressed that lived experience of SUD treatment and recovery and involvement with child welfare services remains a critical component to engaging and supporting parents and their families. Peers serve as an example of hope—that recovery is possible—and serve as trusted allies for parents and families as they navigate the child welfare, SUD treatment, and court systems.

“ I can walk in that client’s shoes because I’ve been there, done that. ”

—Peer support specialist



“ It is important to find that one person who believes in you and wants to help you in your recovery. You can speak power and hope to each other. ”

—Peer support specialist

generally refers to those programs that support parents with or at risk of developing SUDs—and their children and families who have involvement with child welfare services.

The term “peers” is used to describe individuals with lived experience of recovery from SUDs who have often successfully reunified with children following a child welfare case. They serve as trusted allies for parents as well as positive role models for recovery that extends beyond the reach of clinical SUD treatment. They may have a number of roles, including: 1) advocating for parents in recovery, 2) sharing resources and building skills, 3) building community and relationships, 4) leading recovery groups, and 5) mentoring and setting goals.²¹ Increasingly, states and agencies are requiring peers to have state-approved, peer-specific training and certification to qualify for these positions. SAMHSA has developed [core competencies for peer support workers](#) as well as the [National Model Standards for Peer Support Certification](#). These standards, however, do not include competencies for working specifically with families at risk of or involved with child welfare services. Module 4 offers strategies for training peer support specialists on working specifically with these families.

Peers who have lived experience of being in recovery themselves offer a significant dimension to this work that helps with early engagement into treatment and services. Parents need a trusting and supportive relationship with someone they can confide in candidly (i.e., someone who understands treatment and recovery as well as the effects of substance use on children and families). Peers with this lived experience fulfill this invaluable role.

Peer support specialists help parents assess and build their “recovery capital”: the internal and external resources necessary to begin and maintain recovery, such as access to health care, self-help or other recovery meetings, supportive relationships, education and employment, self-esteem, and safe housing.²² Based on need, they promote parents’ resilience and focus on strengths (as well as social relationships that support recovery), and connect them with community-based recovery support services. Peer support specialists offer a voice to families and advocate for their needs among often complex systems and agencies. After developing trust, support specialists can also help parents meet the goals in their treatment and case plans.

While it is ideal that persons fulfilling this role do have lived experience of SUD recovery, some communities hire “recovery specialists” who are professionals with training or certifications related to SUD treatment and recovery but who may or may not have their own lived experience of

SUD recovery. Many of the roles and responsibilities are otherwise quite similar between peer support specialists and recovery specialists. Recovery specialists help to engage parents into SUD assessment and treatment services. They often act as formal liaisons in child welfare and court programs; they help to build and enhance the communication between agencies on behalf of parents. With formalized training in SUD treatment and recovery, they can also serve as consultants on the nature of SUDs while interacting with various community partners and providers. This toolkit and its strategies is also applicable to jurisdictions implementing recovery specialist programs.

Positive Outcomes for Parents, Children, and Families

Peer support specialist programs have demonstrated positive outcomes for participating parents, children, and families, such as improved treatment completion and recovery rates for parents, reduced time children spend in out-of-home care, and improved family reunification rates.^{23,24,25,26} The Sobriety Treatment and Recovery Teams (START) program offers peer support through “family mentors” paired with child welfare workers. The program aims to keep children at home with their families through comprehensive safety planning, quick access to SUD treatment, peer support, and collaborative practices.²⁷ Mothers who participate in this program achieve sobriety at 1.8 times the rate of typical treatment, and children are less likely to have reoccurrence of child maltreatment within 6 months or re-enter foster care at 12 months.^{28,29}

There is much variation in the implementation of peer support specialist programs. When selecting and developing a program model, each community must identify the target population, prioritize program goals, and determine the most appropriate roles and responsibilities of staff to achieve those goals. Regardless of the model, the successful implementation of a peer support specialist program requires a high level of communication, coordination of services, and trust among participating agencies and staff. Engagement and buy-in from key partners in child welfare, SUD treatment, court, and other community agencies are also important components of a successful program. The next module in this toolkit offers strategies for convening the collaborative team.



RESOURCE SPOTLIGHT



SAMHSA's [*National Model Standards for Peer Support Certification*](#) provides standards for developing a national certification program for substance use and mental health peer specialists.

SAMHSA's [*Incorporating Peer Support Into Substance Use Disorder Treatment Services*](#) offers guidance on incorporating peer workers and the services they provide directly into SUD treatment and supportive programs.

SAMHSA's [*Core Competencies for Peer Workers in Behavioral Health Services*](#) describes the critical knowledge, skills, and abilities needed by those providing peer support services to people with or in recovery from a mental health or substance use condition.

The Office of Planning, Research, and Evaluation's [*Recovery Coaching Interventions for Families Involved with the Child Welfare System: Moving Toward Evidence-Based Practices*](#) describes effective family recovery and reunification interventions that use recovery coaches.

SAMHSA's [*Bringing Recovery Supports to Scale Technical Assistance Center Strategy*](#) offers a host of resources on implementing effective recovery support services.



CHALLENGES AND BARRIERS FOR PEER SUPPORT SPECIALIST PROGRAMS

Focus group participants also pointed out a number of barriers to delivering these programs for families who have child welfare involvement:

- **Funding** these programs continues to challenge jurisdictions and there is no one clear approach. Programs vary in terms of how they weave together federal, state, and philanthropic funding streams.
- **Stigma** related to persons with SUDs continues to hinder families' engagement in services, as well as the ability for peer support specialists with lived experience of SUD treatment and recovery to be viewed as respected professionals in the collaborative team.
- **Access to resources**, such as SUD treatment, transportation, community-based recovery meetings, and supportive services to build recovery capital are lacking, especially in rural communities.
- **Services for fathers**, such as residential SUD treatment and sober living for men with children, are lacking in many communities. Programs also face challenges in recruiting and hiring male peer support specialists.

Strategies and solutions to reduce these barriers, and more, are included in the subsequent modules of this toolkit.

PURPOSE OF THIS TOOLKIT

This four-module toolkit offers strategies for jurisdictions as they develop peer support specialist programs for parents affected by substance use and SUDs and their families involved with child welfare services. It offers site examples, strategies, lessons, and practical tips from successful programs operating across the country. The intended audience includes program administrators and supervisors seeking to implement and strengthen peer support specialist programs for families.

While a number of excellent resources exist to integrate peer support into SUD treatment and other programs, there is a need for clear strategies and considerations specifically for peer support specialist programs serving families with or at risk of child welfare involvement. This toolkit aims to fill this gap. It offers steps and considerations for jurisdictions to implement these programs and customize based on their own community's needs.

To inform the content of this toolkit, NCSACW convened an in-person focus group with representatives from peer support specialist programs from across the country—including program managers; state leaders from child welfare; SUD treatment and court systems; and peer support specialists with lived experience of SUD recovery. The meeting, held in March 2023, had 26 attendees, including 13 program administrators and 13 peer support specialist staff. The 2-day meeting provided opportunities for peer-to-peer knowledge sharing and interactive discussion among program administrators and staff with lived experience who implement these programs.

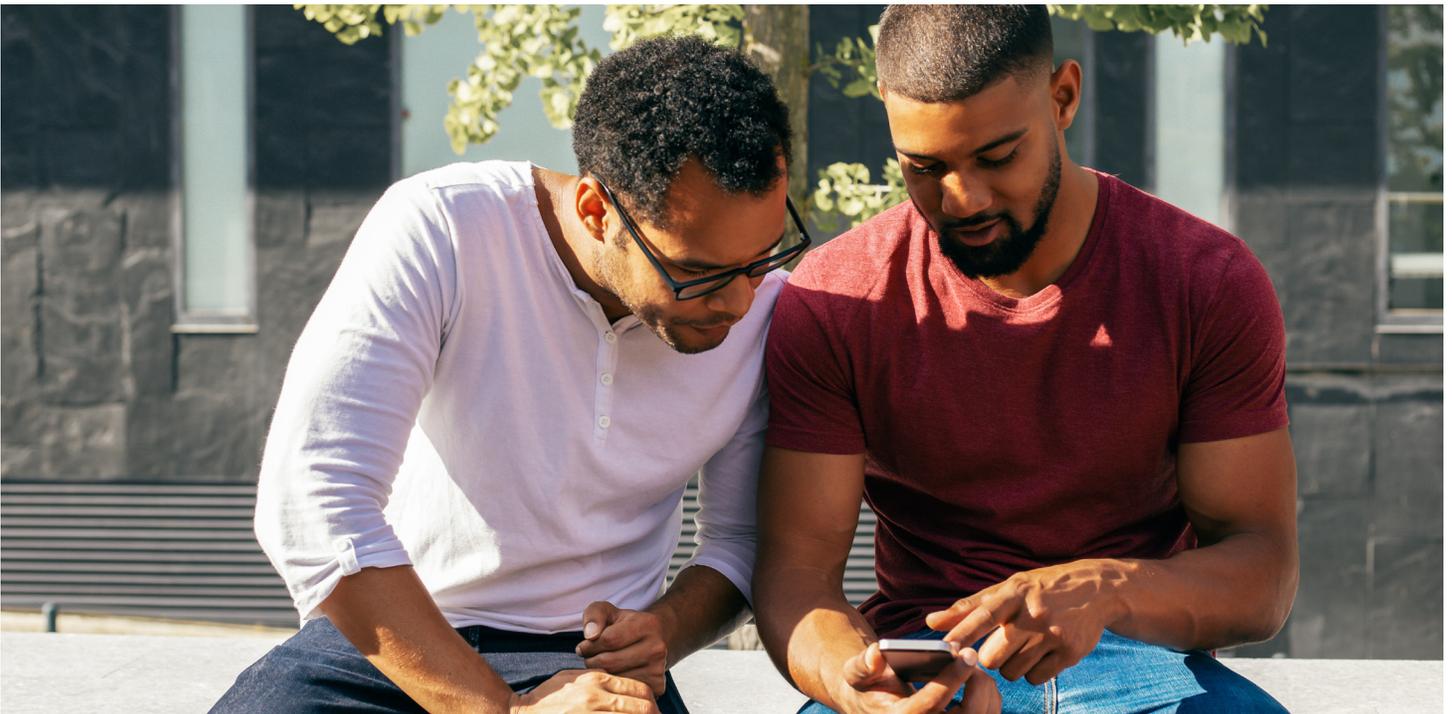
NCSACW acknowledges the significant contributions of the meeting participants who shared their system-level policy efforts, practice strategies and innovations, program challenges and barriers, and messages of recovery and hope. These contributions are the backbone of this toolkit and bring it to life with on-the-ground examples and innovations.

SUMMARY

Peer support specialists serve as trusted allies for parents affected by substance use and SUDs who have involvement with child welfare services. They help them enter and remain in SUD treatment and recovery, offer connections and services to support their parenting needs, advocate for them within agencies, foster their strengths, and spark hope that recovery is possible.

Child welfare, SUD treatment, family courts, and other community-based agencies need support developing and

implementing peer support specialist programs geared specifically for parents with SUDs and involvement with child welfare services. The next module in this toolkit, [*Module 2: Building Collaborative Partnerships to Establish Peer Support Specialist Programs*](#), provides strategies for building a collaborative team with diverse partners to lay the foundation of a strong program. The subsequent toolkit modules aim to offer concrete strategies and on-the-ground examples that jurisdictions can customize based on their community needs.



CONTACT US

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APPENDIX A: ACKNOWLEDGMENT

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REFERENCES

- ¹ Ghertner, R. (2022). *National and state estimates of children with parents using substances, 2015-2019*. Office of the Assistant Secretary for Planning and Evaluation.
- ² Child Welfare Information Gateway (CWIG). (2021, January). *Domestic violence: A Primer for Child Welfare Professionals*. Children's Bureau.
- ³ Solis, J. M., Shadur, J. M., Burns, A. R., & Hussong, A. M. (2012). Understanding the diverse needs of children whose parents abuse substances. *Current Drug Abuse Reviews*, 5(2), 135–147.
- ⁴ Kaplan, C., Schene, P., DePanfilis, D., & Gilmore, D. (2009). Introduction: Shining light on chronic neglect. *Protecting Children*, 24, 1-7.
- ⁵ Gregoire, K. A., & Schultz, D. J. (2001). Substance-abusing and child welfare parents: Treatment and child placement outcomes. *Child Welfare*, 80, 433-452.
- ⁶ Brook, J., & McDonald, T. (2010). The impact of parental substance abuse on the stability of family reunifications from foster care. *Child and Youth Services Review*, 31, 193-198.
- ⁷ Barnard, M., & McKeganey, N. (2004). The impact of parental problem drug use on children: What is the problem and what can be done to help? *Addiction*, 99, 552–559.
- ⁸ Burdzovic Andreas, J., & O'Farrell, T. J. (2006). Longitudinal associations between fathers' heavy drinking patterns and children's psychosocial adjustment. *Journal of Abnormal Child Psychology*, 35, 1–16.
- ⁹ Daley, D., & Tartar, R. (2017). *Children of parents with substance use disorder*. In The SAGE Encyclopedia of Abnormal and Clinical Psychology, ed. Amy Wenzel. Thousand Oaks, CA: SAGE, 643–644.
- ¹⁰ Solis, J., Shadur, J. M., Burns, A. R., & Hussong, A. M. (2012). Understanding the diverse needs of children whose parents abuse substances. *Current Drug Abuse Reviews*, 5(2), 135–147.
- ¹¹ Kirisci, L., Vanyukov, M., & Tarter, R. (2005). Detection of youth at high risk for substance use disorders: A longitudinal study. *Psychology of Addictive Behaviors*, 19, 243–252.
- ¹² Saaro, S., & Flykt, M. (2013). *The impact of parental addiction on child development*. In Parenting and Substance Abuse: Developmental Approaches to Intervention, eds. Nancy Suchman, Marjukka Pajulo, and Linda Mayes. New York: Oxford University Press, 195–210.
- ¹³ Smith, E., & Daley, D. (2017). *Substance use disorders and the family*. In The SAGE Encyclopedia of Abnormal and Clinical Psychology, ed. Amy Wenzel. Thousand Oaks, CA: SAGE.
- ¹⁴ Young, J., Kline-Simon, A. H., Mordecai, D. J., & Weisner, C. (2015). Prevalence of behavioral health disorders and associated chronic disease burden in a commercially insured health system: Findings of a case- control study. *Elsevier General Hospital Psychiatry*, 37(2), 101–108.
- ¹⁵ Worcel, S. D., Green, B. L., Furrer, C. J., Burrus, S. W. M., & Finigan, M. W. (2007). *Family treatment drug court evaluation: Executive summary*. Substance Abuse and Mental Health Services Administration.
- ¹⁶ Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment*, 12(1), 43–59.
- ¹⁷ Bruns, E. J., Pullmann, M. D., Weathers, E. S., Wirschem, M. L., & Murphy, J. K. (2012). Effects of a multidisciplinary family treatment drug court on child and family outcomes: Results of a quasi-experimental study. *Child Maltreatment*, 17(3), 218–30.
- ¹⁸ Doab, A., Fowler, C., & Dawson, A. (2015). Factors that influence mother–child reunification for mothers with a history of substance use: A systematic review of the evidence to inform policy and practice in Australia. *International Journal of Drug Policy*, 26, 820–31.
- ¹⁹ Radel, L., Baldwin, M., Crouse, G., Ghertner, R., & Waters, A. (2018). *Substance use, the opioid epidemic, and the child welfare system: Key findings from a mixed methods study*. ASPE Research Brief. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.
- ²⁰ Huebner, R. A., Hall, M. T., Smead, E., Willauer, T., & Posze, L. (2018). Peer mentoring services, opportunities, and outcomes for child welfare families with substance use disorders. *Children and Youth Services Review*, 84, 239-246.
- ²¹ Bringing Recovery Supports to Scale Technical Assistance Center Strategy. (2023). *Peer support workers for those in recovery*. Substance Abuse and Mental Health Services Administration.
- ²² Substance Abuse and Mental Health Services Administration. (2023). *Incorporating Peer Support Into Substance Use Disorder Treatment Services*. Treatment Improvement Protocol (TIP) Series 64. Publication No. PEP23-02-01-001. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2023.
- ²³ James, S., Rivera, R., & Shafer, M. S. (2014). Effects of peer recovery coaches on substance abuse treatment engagement among child welfare-involved parents. *Journal of Family Strengths*, 14(1).

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- ²⁴ Hall, M., Huebner, R., Sears, J., Posze, L., Willauer, T., & Oliver, J. (2015). Sobriety treatment and recovery teams in rural Appalachia: Implementation and outcomes. *Child Welfare, 94*(4), 119.
- ²⁵ Huebner, R. A., Willauer, T., Posze, L., Hall, M. T., & Oliver, J. (2015). Application of the evaluation framework for program improvement of START. *Journal of Public Child Welfare, 9*(1), 42-64.
- ²⁶ Ryan, J. P., Peeron, B. E., Moore, A., Wictor, B. G., & Park, K. (2010). Timing matters: A randomized control trial of recovery coaches in foster care. *Journal of Substance Abuse Treatment, 77*, 178-184.
- ²⁷ Hall, M. T., Kelmel, A. B., Huebner, R. A., Walton, M. T., & Barbee, A.A. (2021). Sobriety Treatment and Recovery Teams for families with co-occurring substance use and child maltreatment: A randomized controlled trial. *Child Abuse and Neglect, 114*.
- ²⁸ Huebner, R., Willauer, T., & Posze, L. (2012). The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes. *Families in Society: The Journal of Contemporary Social Services, 93*(3), 196-203.
- ²⁹ Hall, M., Huebner, R., Sears, J., Posze, L., Willauer, T., & Oliver, J. (2015). Sobriety treatment and recovery teams in rural Appalachia: Implementation and outcomes. *Child Welfare, 94*(4), 119.