Consensus Service Definition
Competency-Based Training
Credentialing Process
*Family Peer Advocates (FPAs) are increasingly being used to assist parents to navigate multiple child-serving systems, improve engagement, promote family-centered decision-making and support effective parenting for children and youth with complex health, behavioral health, and developmental needs.

FPAs are trained, ‘veternarian’ parents with lived-experience. New York State has a long history of standing commitment to Family Peer Support Services (FPSS). As FPSS have matured and expanded to new settings, a consensus service definition was developed, steps have been taken to define core competencies and quality indicators, and a formal credentialing process was initiated in 2011. This poster describes key aspects of this process.

Competency-Based Training
A standardized approach to training this paraprofessional workforce, the Parent Empowerment Program (PEP), was first developed in 2005. The training has evolved to address new components, with a focus on work in a more integrated and outcome-focused changing health care environment. This new two-level modularized PEP training(Table 1) includes the following components:

- Orientation Modules
- In-person Training
- Consultation Calls
- Work with Supervisors

**PEPm Family Peer Advocate Training**

<table>
<thead>
<tr>
<th>Level 1 Training</th>
<th>Orientation Modules (on-line)</th>
<th>Level 2 Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Required On-line Modules (complete all)</strong></td>
<td><strong>B. Elective On-line Modules (complete a minimum of 3)</strong></td>
<td><strong>C. In-person Training (2 days)</strong></td>
</tr>
<tr>
<td>Learning About Systems: Education</td>
<td>Learning About Systems: Mental Health</td>
<td>Engagement, Communication and Empowerment Strategies</td>
</tr>
<tr>
<td>Running Groups: Planning and Strategies for Success</td>
<td>Learning About Systems: Substance Use</td>
<td>Putting it All Together: Assessment, Goal Development, Progress Evaluation, Plan Revision, Structuring for Self-Sufficiency</td>
</tr>
<tr>
<td>Building Community Connections and Natural Supports</td>
<td>Learning About Systems: Developmental Disabilities</td>
<td><strong>12-hour-long calls to reinforce application of skills and competency in practice</strong></td>
</tr>
<tr>
<td>Supporting Parents in their Parenting Role</td>
<td>Learning About Systems: Special Health Care Needs</td>
<td><strong>FPA Credentialing</strong></td>
</tr>
</tbody>
</table>
| Trauma Informed Care: Supporting Family Resilience | Learning About Systems: Early Intervention | Credentialing of FPAs was initiated in 2011. Professional FPA Credential requirements include:
* 1000 hours FPA work experience
* Lived-experience as the parent of a child with social, emotional, behavioral health/or developmental challenges

Quality Indicators
This work is taking place in the context of a state-wide effort to standardize the service through an expanded research agenda (Hoagwood and Burns, 2014).

In the Family-to-Family Study, IDEAS researchers have used a structured approach to develop quality indicators for both the programs employing FPAs (e.g., certified FPAs, core leaders, specialized supervision) and the FPAs themselves (e.g., specific knowledge and skills; partnership with family/team; Olin et al, 2013).

**Discussion**
The use of Family Peer Support Services (FPSS) is viewed as pivotal to achieving many key health care goals including, but not limited to: improving patient engagement, activation, and experience, and supporting the integration of health, behavioral and developmental services.

**References:**


**Awards:**


**Discussion**
The use of Family Peer Support Services (FPSS) is viewed as pivotal to achieving many key health care goals including, but not limited to: improving patient engagement, activation, and experience, and supporting the integration of health, behavioral and developmental services.

**Quality Indicators**
This work is taking place in the context of a state-wide effort to standardize the service through an expanded research agenda (Hoagwood and Burns, 2014).

In the Family-to-Family Study, IDEAS researchers have used a structured approach to develop quality indicators for both the programs employing FPAs (e.g., certified FPAs, core leaders, specialized supervision) and the FPAs themselves (e.g., specific knowledge and skills; partnership with family/team; Olin et al, 2013).

**Awards:**

- Hoagwood, K.E. (2013). Developing quality indicators for family support services in community team-based mental health care. Administration and Policy in Mental Health and Mental Health Services Research, 40(3), published online May 25.

**Discussion**
The use of Family Peer Support Services (FPSS) is viewed as pivotal to achieving many key health care goals including, but not limited to: improving patient engagement, activation, and experience, and supporting the integration of health, behavioral and developmental services.

**Quality Indicators**
This work is taking place in the context of a state-wide effort to standardize the service through an expanded research agenda (Hoagwood and Burns, 2014).

In the Family-to-Family Study, IDEAS researchers have used a structured approach to develop quality indicators for both the programs employing FPAs (e.g., certified FPAs, core leaders, specialized supervision) and the FPAs themselves (e.g., specific knowledge and skills; partnership with family/team; Olin et al, 2013).

**Awards:**

- Hoagwood, K.E. (2013). Developing quality indicators for family support services in community team-based mental health care. Administration and Policy in Mental Health and Mental Health Services Research, 40(3), published online May 25.