

# Family and Youth Peer Support

Presentation to the Children's  
Behavioral Health Plan  
Implementation Advisory Board

February 2, 2026



# What Is Family and Youth Peer Support?

**Family Peer Support Specialists** are caregivers with lived experience navigating behavioral health and related systems who are trained to support other families.

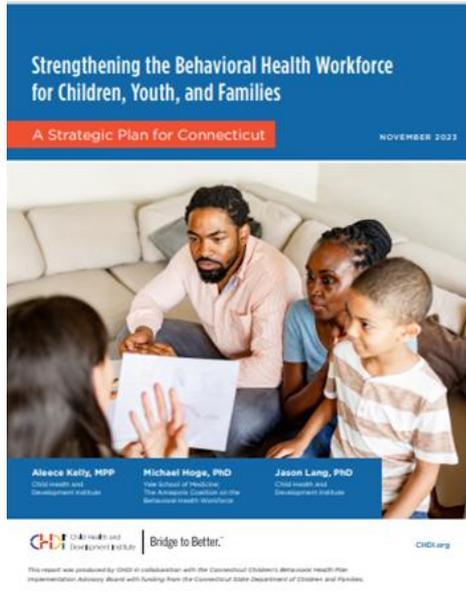
**Youth Peer Support Specialists** are young adults (18-29) with personal lived experience as children or youth receiving behavioral health services or related systems who are trained to support other youth.

# Project Background



**Develop recommendations for Connecticut to expand family and youth peer support roles within the children's behavioral health workforce.**

# Project Background



**Develop recommendations for Connecticut to expand family and youth peer support roles within the children's behavioral health workforce.**

# Project Questions and Methods



Research on effectiveness?  
Best practices in implementation?  
Connecticut landscape?  
Funding and sustainability?



Literature review  
Landscape analysis  
Key informant interviews  
Focus groups  
Survey

# Benefits of Family and Youth Peer Support

**“[Peer staff] helped me navigate the system, supported me, educated me, and empowered me. There’s still so little support for parents and caregivers. [The family agency] gave me – and so many parents – hope.”**

**- Connecticut parent/caregiver**

**“They bring immediate grounding when everything is chaotic. Sometimes just being in the room changes the dynamic.”**

**- Connecticut crisis service provider**

**“You are a mom...and someone says, ‘You know what, I’ve been there. Let me help you.’”**

**-Connecticut parent**

# Family and Youth Peer Roles

## Core Functions:

- Engagement and relationship-building
- Emotional support and mutuality
- System navigation
- Advocacy and empowerment
- Skill building and practical coaching
- Collaboration and administrative functions

***Lived experience is not incidental, but instead central to the role of peers***

# CT Staff Survey Findings: Family and Youth Peer Roles

- **Peer roles emphasize relational engagement**
  - Family, Youth, and RSS staff rated **emotional support, advocacy**, and **personal storytelling** as both highly important and frequently performed.
- **Non-peer roles take on more structured service responsibilities**
  - Case Managers, Care Coordinators, and CHWs more frequently **conducted screenings, scheduled appointments**, and **attended external meetings**, supporting **formal care coordination**.
- **Peer roles expressed strong relational alignment with their work** and feel respected, but are **less clear about long-term growth opportunities**.
  - In contrast, **non-peer roles show more consistency in clarity and training pathways** (likely due to more formalized supervision and professional ladders).

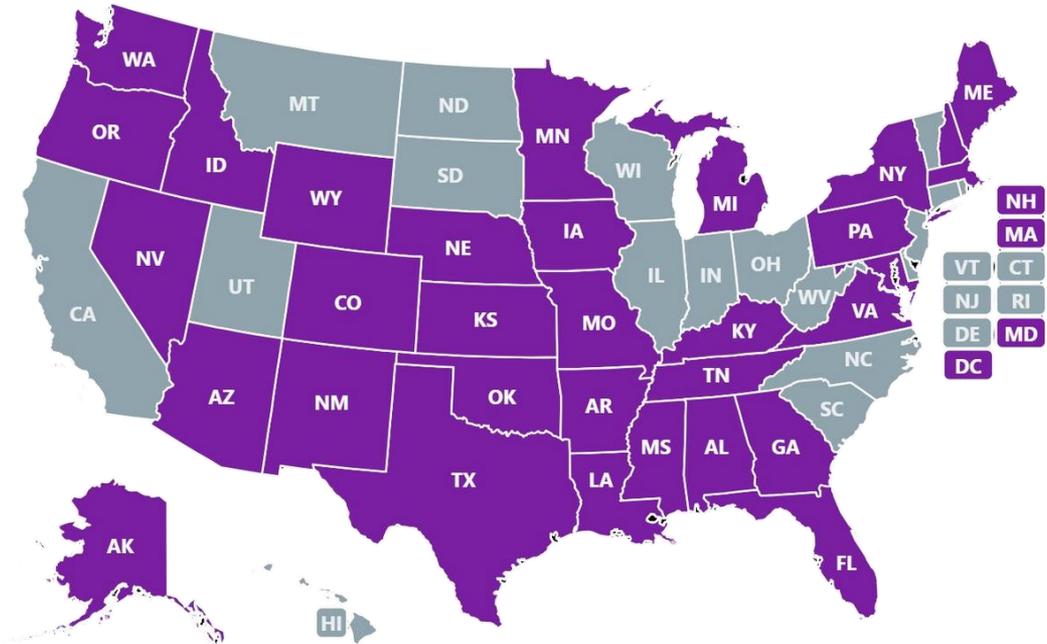
# Best Practices in Implementation of Family and Youth Peer Support

- Clearly define roles across team
- Offer career pathways
- Ongoing structured training
- Dedicated family and youth peer supervision models
- Structure implementation to bridge behavioral health integration and family-led organizations



# Medicaid Coverage for Family and Youth Peer Support

**33** states have Medicaid coverage for family and/or youth peer support\*



\*As of April 2020 (SAMHSA)

# Connecticut Landscape

- Connecticut has family peer support training and services consistent with national best practices
- Families have positive experiences
- Very few youth peer programs exist
- Family peer roles serve only a fraction of families who could benefit
- No clear career ladder/advancement opportunities
- Supervision structures vary widely
- Funding remains grant-dependent and vulnerable to disruption



# Recommendations

## 1. Secure insurance coverage of services provided by peer support specialists

**Change Connecticut Medicaid policy (through a state plan amendment) to allow reimbursement for services offered by peer support specialists (inclusive of adult, youth, and family peer support specialists or recovery specialists).**

- DPH verify family/youth peer certification in order for DSS to provide reimbursement
- Identify opportunities to add reimbursement by commercial insurers
- Pursue flexible Medicaid funding through value-based or bundled payment options (in addition to reimbursement)
- Develop a bundled payment for Wraparound

# Recommendations

## 2. Expand access to existing family and youth training and certification programs

**The state should provide grants to family-run organizations to offer the training and certification at little or no cost to parents and caregivers with lived experience who are ready in their wellness or recovery journey with their child to become family peer support specialists.**

- Offer youth peer support training and certification aligned with best practices
- Ongoing professional development opportunities should be funded and required to maintain certification

# Recommendations

## 3. Strengthen behavioral health programs' capacity to integrate peer support services.

**Develop tools that can prepare children's behavioral health agencies to expand family and youth peer support staffing.**

- Utilize an organizational readiness tool
- Develop a training for peer support supervisors
- Develop a written tool or template to strengthen clarity across non-clinical roles
- Create a career pathway for peer support specialists

# Recommendations

4. **Prioritize identified behavioral health services and family and youth needs as funding becomes available to expand the peer support workforce.**

**The state should invest peer support services in levels of care and for children and family needs that align with best practices.**

- All youth and families in the following levels of care: higher levels of care, crisis services, care coordination
- Families with multi-system involvement, youth re-entering community and home, transitional age youth
- Families on wait lists or hesitant to engage in services
- Caregivers experiencing high levels of stress

# Recommendations

## 5. Implement peer support services as prevention and early intervention strategies.

**As peer service investments expand, include support for children (or with families of younger children) with emerging behavioral health concerns at lower levels of intervention need.**

- Support family-run organizations to directly bill Medicaid
- Train peer support providers to address interventions for mild concerns (e.g., single session)

# Recommendations

6. **Expand the role of individuals with lived expertise throughout the children's behavioral health system and grow the capacity of those with lived experience to fill more leadership positions through the system.**

**In addition to peer support services, Connecticut should expand the roles of individuals with lived experience throughout Connecticut's system, inclusive of service delivery, leadership, and policy-making.**

- Advisory bodies should expand membership and participation of individuals with lived experience
- Agencies should identify opportunities to strengthen integration of those with lived experience within their agencies
- The state should build capacity for greater youth involvement by recruiting youth with lived expertise onto decision-making bodies

# Recommendations

7. Evaluate peer support services and track outcomes to support sustainability and inform gaps in research.

**As investments in family and youth peer support are made, ensure that data is collected and reported to inform implementation and support sustainability.**

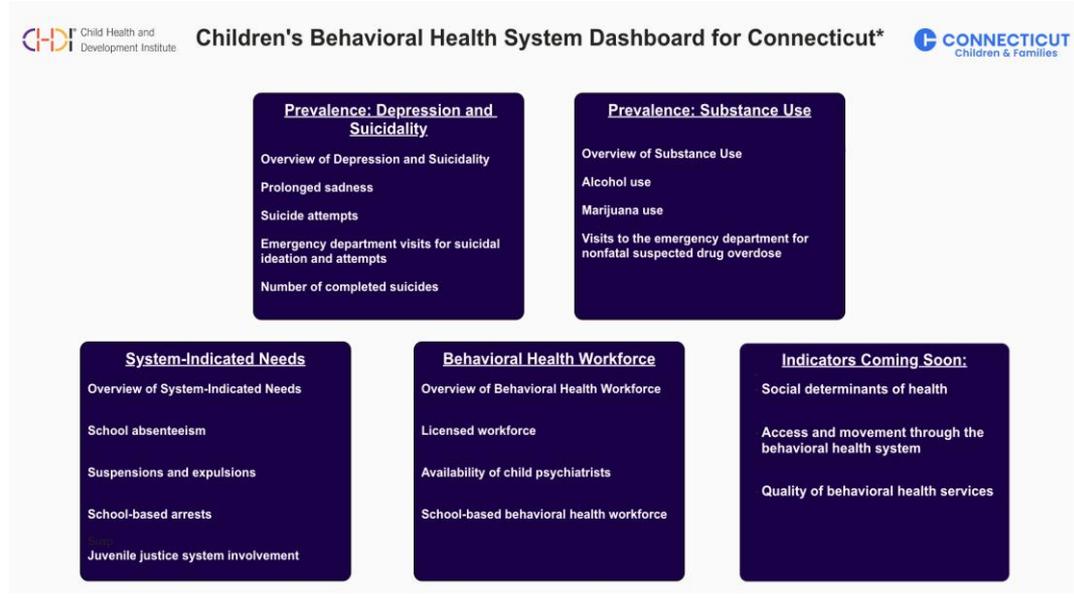


# System Dashboard

Data Integration Workgroup of the CBHPIAB created a guiding framework and identified system-level indicators

Goals: (1) identify and track system-level strengths and challenges; and (2) streamline relevant data in as single, accessible platform.

Publicly launched in 2025 with Prevalence, System-Indicated Needs and Workforce data



<https://plan4children.org/connecticuts-plan/childrens-bh-system-dashboard-ct/>



# System Dashboard Plans for 2026

1. Expand dashboard Indicators
  - Social Drivers of Health Indicators
    - Child Poverty
    - Income Inequality
    - Insurance Status
    - Housing Insecurity
  - Cross-Service Indicators
2. Publish data brief by September 2026
  - Identify persisting trends in dashboard data
  - Focus groups to discuss trends and what could be done
  - Findings across indicators and policy/program implications to be discussed with the advisory board



# Behavioral Health Services for Children with Developmental or Intellectual Disabilities

**Goal C.1: Build and adequately resource an array of behavioral health care services that has the capacity to meet child and family needs, is accessible to all, and is equally distributed across all areas of the state.**

*- Connecticut Children's Behavioral Health Plan*

CHILDREN'S BEHAVIORAL HEALTH  
PLAN IMPLEMENTATION ADVISORY  
BOARD



**CHDI**® Child Health and  
Development Institute

Bridge to Better.®

# Behavioral Health Services for Children with Developmental or Intellectual Disabilities

## Proposed Focus:

- Develop recommendations/next steps for the state to strengthen community-based behavioral health services for children with co-occurring IDD including autism

## For Discussion:

- Identify Key Project Questions
- Define scope and population
- Identify potential members of a workgroup