



STRATEGY BRIEF

# SAFE STRONG SUPPORTIVE

June 2022

## How do some jurisdictions fund parent partner programs?

**Editor’s note:** In July 2024, the [Child Welfare Policy Manual Question 4](#) was updated to include peer navigation as an allowable administrative cost under the Title IV-E prevention program.

[Parent partner programs](#)<sup>1</sup> in child welfare support parents who are at risk of or already involved with the child welfare system by teaming them with a peer parent with a closed child welfare case who serves as a partner and mentor to help them navigate the system. These programs vary in many ways, including their structure, the support offered, and their relationship with the child protection agency and court system. Programs also vary in how they are funded, which may impact the types of support provided. Parent partner programs frequently start with a small pilot, sometimes funded through court improvement funds, but as they expand and evidence of effectiveness increases, programs have sought enhanced or alternate funding sources for expansion. Experiences of five different parent partner programs<sup>2</sup> demonstrate that funding sources fall into three general categories: Medicaid, state funding, and grant funding, with some locations pulling funding from multiple sources.

### Medicaid funding

Coverage for parent partner programs through Medicaid<sup>3</sup> is an optional benefit and the state can decide what elements are covered. Medicaid operates based on an individual need for service, but if a child meets the eligibility criteria, many services for the child can involve the entire family if the state has expanded benefits to include adult family members who otherwise would not be Medicaid-eligible. Medicaid is a health care delivery system, and therefore the services provided — including those for mental health and substance use treatment — must be deemed medically necessary and be delivered by a Medicaid provider. All Medicaid providers must meet certain requirements (specific training, coaching certifications, etc.) to bill for services. The process for billing Medicaid varies by state. Receiving technical assistance from other organizations that have been successful in using Medicaid funds within their own county or state can be hugely beneficial to organizations seeking to understand and implement Medicaid reimbursement processes.

In addition to using other funding streams, [Stanford Sierra Youth & Families](#) in Northern California bills Medicaid for parent partner programming by documenting it as a service to support the child's medical need for services. Given the importance of detailed documentation for securing Medicaid funding, Stanford Sierra Youth & Families provides its program staff with a thorough onboarding process that includes training on proper notes writing and how to obtain a National Provider Identifier (NPI), a certification number that Medicaid providers are required to use for billing purposes. Additionally, all Stanford Sierra Youth & Families staff, regardless of whether they will be seeking Medicaid reimbursement, are trained to the Medicaid standard of documentation. This helps maintain clear, consistent documentation across all programs. An internal feedback cycle has been developed to identify and support staff that may be struggling with documenting to Medicaid standards. Funding a parent partner program through Medicaid does have some limitations. For example, Stanford Sierra Youth & Families recognizes that many parent partners are drawn to their role because they want to help other families, not because they want to write notes, and they may not always see the value of extensive documentation. Therefore, effective training includes a clear explanation of why appropriate documentation is essential to program funding and sustainability.

### Medicaid Funding for Peer Support in Children's Behavioral Health

Some parent partner programs support specific populations of families, such as those with children who have behavioral health challenges. By supporting parents who may be overwhelmed with managing their child's behavioral health and navigating the system, children are more likely to remain at home or in their placement, if they are not in their family home. These populations often include children impacted by the child welfare system, and many of these programs are financed through Medicaid.

New Jersey uses Medicaid administrative funding (as opposed to Medicaid reimbursement for direct medical services) to support organizations led by and comprised of family members with lived experience across all child-serving systems to provide peer support to families involved with the child behavioral health system. Using Medicaid administrative funding provides greater flexibility; however, this approach may result in less Medicaid funding overall. States may claim only a 50% federal match for administrative activities, rather than what is typically a higher federal match rate for direct services.

Families of Medicaid-eligible children enrolled in Oklahoma's Medicaid Health Home program have access to parent peer support. A health home is an integrated approach to care that combines general and behavioral health services for children (or adults) with high needs. Oklahoma funds parent peer support for families with children in health homes through the program's monthly "per member per month" rate.

Washington funds peer support through its [WISe](#) Medicaid initiative, which provides home- and community-based services for children with complex behavioral health needs. Children and their parents can receive peer support, provided by certified peer counselors, through the initiative. Peer counselors may assist youth and their families with navigating the behavioral health system, identifying services, and developing treatment goals.

Additionally, Medicaid reimbursement applies only to eligible activities; other activities, such as advocacy efforts and system impact work, cannot be reimbursed. The burdens and requirements related to billing documentation and billable hours are among the main reasons administrators at the Family Involvement Center in Arizona decided not to seek Medicaid funding for its Parents for Parents program. The center wanted parent partners to have opportunities to influence public policy, speak at conferences, and engage in other leadership activities that do not meet Medicaid criteria. These opportunities also are a priority at Stanford Sierra Youth & Families. That's why the agency has braided Medicaid with other funding sources, such as from the state's Mental Health Services Act, county child welfare, wraparound reinvestment savings, and private foundation grants, to fund its parent partners program. This way, parent partners can

pursue activities not covered by Medicaid — such as systems change efforts, leadership activities, and training — while still being paid for their time.

## State funding

Parent partner programs in Iowa, Oklahoma, and Washington receive the majority of their funding through the state.

### Iowa

Rated as a “promising” intervention by the [California Evidence-Based Clearinghouse for Child Welfare](#) and the [Title IV-E Prevention Services Clearinghouse](#), the **Iowa Parent Partner Approach** has a long-standing history in the state. Conceived in 2006 through a partnership between the Iowa Department of Human Services (DHS) and Casey Family Programs, the program began as a pilot in four locations. In 2009, the model was expanded through a grant from the Midwest Child Welfare Implementation Center and was implemented statewide by 2013 through a contract with [Children & Families of Iowa](#), a leading family services provider in the state. In 2012, evidence of the program’s effectiveness and return on investment led to lawmakers dedicating funds for the program in the state’s child welfare budget.

The state funding, which has remained stable, primarily supports parent partners for parents whose children are placed in foster care. When DHS leadership wanted to expand the program, the agency procured additional funds for three pilots through the federal [Promoting Safe and Stable Families](#) program. One pilot focused on pre-removal, one focused on post-reunification, and a smaller pilot focused on fathers with a known instance of interpersonal violence. In the pre-removal pilot, parents with children at imminent risk of entering foster care, as determined through an intake and risk-level assessment, are offered a parent partner. On the opposite end of the spectrum, families with children returning home from foster care are offered a parent partner for six months after reunification has occurred. Evaluation results from the pilot programs will help DHS leadership determine the value of having a parent partner as part of the full array of services. If evaluation results are positive, and based on the inclusion of the Iowa Parent Partner Approach in the Title IV-E Prevention Services Clearinghouse, the agency plans to apply for Title IV-E prevention money to fund the programs.

### Oklahoma

In Oklahoma, parent partner programs are funded through a combination of state dollars and federal Promoting Safe and Stable Families program funds and are offered through multiple providers. The program at [NorthCare](#), an integrated behavioral health services provider, began in 2018 with two parent partners to serve families in Oklahoma County, the most populous in the state. It was funded through the Court Improvement Program (which receives a grant from the federal Children’s Bureau) and the Arnall Family Foundation, a philanthropy based in Oklahoma City. Interest in the program grew quickly, with judges and caseworkers requesting support and insight from the parent partners. Given the program’s alignment with the agency’s values of engaging and supporting parents, Oklahoma Human Services — the state agency that oversees child welfare — decided to expand the program a year later. It now has five parent partners and a full-time supervisor and is entirely funded by the state agency.

More recently, [Circle of Care](#), a foster care agency in Oklahoma, also was interested in implementing a parent partner program to expand access to families outside of Oklahoma County. Circle of Care and Oklahoma Human Services collaborated with Iowa to learn everything they could about implementing a parent partner program similar to that state’s model. Circle of Care is funding the first 18 months of its pilot, after which time Oklahoma Human Services will invest state resources to sustain the program.

### Washington

In Washington state, Children’s Home Society of Washington’s [Parents for Parents](#) was first launched in one county in 2005 with Court Improvement Program funding, and later expanded to additional counties with support from the state’s Children’s Administration (now the Department of Children, Youth, and

Families). In 2014, when the program learned that Children’s Administration might reduce the funding, the program mobilized to advocate for funding directly from the Washington Legislature. Efforts included gathering letters of support, providing testimony, and developing relationships with state lawmakers. In sharing personal stories, parent partners emphasized the estimated savings of being reunified with their children compared with the costs involved with long-term foster care or adoption. The efforts paid off: In 2015 the Legislature [passed a bill](#) with strong bi-partisan support to provide state funding for the program. The Legislature also mandated and funded an evaluation, which has been key to demonstrating the effectiveness of Parents for Parents. In 2019, the program was formally expanded statewide and funding has been sustained ever since. As of June 2021, Parents for Parents operates in all 39 counties in Washington.

Legislative funding continues to be the main source of program dollars throughout the state. Additional funding in King County, the largest county in the state, has allowed Parents for Parents to hire a full-time coordinator to supervise parent partners in multiple locations throughout the county, increasing the ability to serve a larger number of families. Funding nevertheless is the program’s biggest challenge, particularly in other counties throughout the state. Many Parents for Parents programs operate on an extremely limited budget, despite the program’s demonstrated success. The [most recent evaluation](#) of the program found that 79% of parents who participated in the full program reunified with their children, compared with 53% of parents in a comparison group of parents who did not participate. Given these findings, coupled with the continued demand for parent partners, program leaders plan to request additional funding from the state Legislature and advocate for an overall shift in how child welfare resources are allocated so that funding is prioritized for interventions — like parent partner programs — that are designed to keep families together.

## Grant funding

In 2014, the juvenile court in Arizona decided to bring Children’s Home Society of Washington’s Parents for Parents program to its state, using Court Improvement Program funds for initial implementation and eventually contracting with the **Family Involvement Center** to manage the program. The parent partner program is now largely funded with state opioid response funds, which are federal grants to support treatment and recovery activities for individuals struggling with substance use, including families involved with child welfare. Funds are not limited to opioid use and also can be applied to prevention and recovery services. Parent partners who provide these services are often in recovery themselves and feel that by partnering with parents experiencing similar struggles, they can directly impact efforts to keep children safely at home with their parents.

Parent Partner Program	Primary Funding Source
Family Involvement Center, Arizona	Grant Funding
NorthCare, Circle of Care, Oklahoma	State Funding
Parent Partner Approach, Iowa	State Funding
Parents for Parents, Washington	State Funding
Stanford Sierra Youth & Families, California	Medicaid

For the Family Involvement Center, the flexibility of grant funding relieves the burden of ensuring a set amount of time is spent on billable activities and also removes the requirement for a parent or child to have a medical diagnosis. Grant funding also supports funding flexibility for individualized training and supervision, exploration of parent partners’ professional interests and goals, and participation in advocacy efforts. On the other hand, grant funding is often time-limited and can impact long-term sustainability when the grant expires. As a result, the Family Involvement Center currently is exploring additional funding sources to ensure program continuity.

## Moving forward

While organizations and agencies that have implemented parent partner programs recognize their value and impact, most are constantly seeking avenues for additional funds given the lack of a dedicated funding stream. As experiences across the country have shown, jurisdictions looking to develop a parent partner program should start with a small pilot and then build support from the child welfare agency, parent partners themselves, families that have benefited from the service, local service providers, courts, and the broader community in order to spread and sustain the model statewide. For example, while many jurisdictions look to the **Iowa Parent Partner Approach** as a model of a large statewide program, the effort began as a small pilot. The support of Iowa's Department of Human Services, as well as the community, has been critical to the program's continual growth and sustained funding. Similarly, the **Parents for Parents** program in Washington leverages an advisory committee at each site to help build relationships between the program and key stakeholders, ensuring ongoing support.

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1 Parent partner programs also are known as parent mentor, peer partner, peer mentor, and other similarly termed programs. The name of the program and the title of the role vary by organization. For purposes of this brief, the term "parent partner program" is used and the parents who provide these services are referred to as "parent partners."

2 Unless otherwise noted, the information on parent partner programs in this brief is based on interviews with Karin Kline, director of child welfare initiatives, Family Involvement Center, Arizona, on Aug. 6, 2021; Janee Harvey, division administrator of Adult, Children and Family Services, Iowa Department of Human Services, on Sept. 22, 2021; Ebony Chambers, chief family and youth partnership officer, Stanford Sierra Youth & Families, California, on July 27, 2021; Karen Coy, program manager, Oklahoma parent partners at NorthCare, on Aug. 25, 2021; Keitha Wilson, Oklahoma Children's Services administrator, and Maghan Ruark, permanency planning program administrator, Oklahoma Human Services, on Sept. 16, 2021; Shelly Willis, family education and support services, Parents for Parents, Thurston County, Wash., on Aug. 11, 2021; and Heather Cantamessa, national family impact program manager, and Ambrosia Eberhardt, statewide family impact manager, Children's Home Society of Washington, on Sept. 14, 2021.

3 Unless otherwise noted, the information about Medicaid funding was gleaned from a phone interview with Stefanie Polacheck, senior program officer, Centers for Health Care Strategies, and Sheila Pires, managing partner, Human Service Collaborative, on July 7, 2021.

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### Casey Family Programs

Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families in the United States. By working together, we can create a nation where Communities of Hope provide the support and opportunities that children and families need to thrive. Founded in 1966, we work in all 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands and with tribal nations across North America to influence long-lasting improvements to the well-being of children, families and the communities where they live.

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