



SUPERVISION SUMMIT

Creating a Shared Vision of Supervision

JANUARY 28 & JANUARY 30, 2025

“Amplifying Workforce Diversity and Equity through a Family and Youth Peer Advocacy Learning Collaborative”



**Sara Taylor, BSW, MS, FPA-P
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TODAY'S PRESENTER....



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Director, BIPOC PEEEEEEK

Session Overview

This session will highlight an emerging Workforce Development model designed through the lens of equity to increase the representation of credentialed Black, Indigenous, and People of Color (BIPOC) Family and Youth Peer Advocates working across the health/behavioral health care in Upstate New York. We will further explore the importance of a diverse workforce that reflects the racial and ethnic composition of the community served by health and human services organizations. The National CLAS standards highlight the importance of recruiting, promoting, and supporting a workforce that is responsive to the needs of those in the service areas. As professionals who develop trusting, understanding relationships with families, a Peer Advocate workforce that is reflective of the populations of the community is an essential aspect of effective engagement.

Learning objectives and takeaways:

- ✓ Participants will learn key components and strategies for implementing a Workforce Development Learning Collaborative to increase the representation of Diverse Peers
- ✓ Understand key strategies for Education and Awareness about the Career Pathway and Peer Advocacy as a profession
- ✓ Participants will increase their understanding of key considerations for training, recruiting, retaining, and advancing a diverse workforce of Family and Youth Peer Advocates



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DISCLAIMERS

- This is not a clinical training, we will not delve deep into clinical practices, concepts, or processes, beyond the health equity considerations associated with them
- You will not be “culturally competent” after completing this training.
- There will be unfinished business after this training requiring your further learning and research
- Personal “truths” expressed in this training by the Facilitator and the training participants are their truths, respectively, as they have experienced life and must be met with respect.
- The service population/population of focus will universally be referenced to as “participants” in this training.
- The Facilitators may use common language used in the communities of the service population, which may not necessarily be technical terms.



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Name: Healing Together: A Family Wellness and Workforce Collaborative

Project Goal:

Increase the representation of Black, Indigenous, and People of Color (BIPOC) Family Peer Advocates in the health/behavioral health care workforce in Monroe County, NY.

Why:

- ✓ Inclusion and Diverse Representation Matters
- ✓ Health and Employment Outcomes
- ✓ Community Engagement and Partnership
- ✓ Value BIPOC Youth and Parents/Caregivers as professional experts



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Key Partners



BIPOC PEEEEEEK MODEL

PEEEEEEEK: is a program that will serve as an international movement led by *Black, Indigenous, and People of Color* (BIPOC) parents and caregivers of children who are receiving mental health services or have identified emotional health conditions but not linked to care.

PEEEEEEEK Mission: Parents Elevating their voice to Educate and Empower Each other to Eliminate disparities and inequities in services related to the Emotional Health of our Kids.

PEEEEEEEK Vision:

1. Foster a BIPOC network of parents and caregivers with children impacted by mental illness, substance use, juvenile justice, child welfare, development disabilities and receiving special education services.
2. Impact change across the behavioral health system and other systems to foster systems built for BIPOC children and families.

BIPOC PEEEEEEEK MODEL

Offerings

Peer Support and Service Navigation

Advocacy, Education, Ant-Stigmas Awareness and
Caregiver Retreats

Provider, Stakeholder, Law enforcement, Teacher
and Funder Training

Symposiums, Community Summits,
Collaboration and Technical Assistance

Youth and Family Peer Workforce Learning
Collaborative

Research and Evaluation of the Model

Lessons Learned Early On:

- ✓ Making Assumptions that BIPOC Populations know about the Peer Profession, Career Pathways and Employment Opportunities
 - 95% of those who attended information sessions were not aware that there was a profession

- ✓ Importance of education to BIPOC lead and grassroots providers serving children and family (settlement houses, Boys & Girls clubs, YMCA and city recreation centers).
 - 85% of grassroots providers were misinformed that you had to be a licensed Mental Health Organization to provider Children and Family Treatment and Support Services (CFTSS)

- ✓ Intentionality at every level and commitment to moving beyond performative efforts



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Key components and strategies for implementing a Workforce Development Learning Collaborative to increase the representation of Diverse Peers

- ✓ Outreach and Education to Parents, Caregivers and Youth
- ✓ Awareness and outreach to grassroots providers and family and youth service providers who are trusted and creditable messengers
- ✓ Weekly Information sessions
- ✓ Six- Week Cohort with online models CTAC training
- ✓ 1 In-person mandatory orientation
- ✓ Individual Accountability for completing the 14 online learning modules
- ✓ Weekly 1.5-hour Cohort group virtual session - interactive discussion
- ✓ Sharing perspective learn from each other
- ✓ Guidance completing the credentialing application process
- ✓ Weekly Coaching and mentoring
- ✓ Addressing the digital divide
- ✓ Incentives



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Improving Outcomes: System, Practice and Community

✓ System

- Innovative opportunities to address wait list
- Level playing field for smaller organizations to provide services and partner with experienced designated providers

✓ Practice

- Workforce Development Inclusion and increase the base of qualified candidates
- Increase Family participation across systems
- Improved retention through culturally responsive engagement

✓ Community

- Education and Awareness
- Belonging and Healing



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Key Considerations and lessons learned

- ✓ Data of Workforce and Populations Served
- ✓ Digital Divide
- ✓ Hiring Bias/Providers
- ✓ Education and Awareness
- ✓ Languages and terminology used across the Peer Profession (Statement of lived experience)
- ✓ Intentionality to value BIPOC Family and Youth as Experts
- ✓ Coaching and Mentorship
- ✓ Promote growth and resiliency
- ✓ Human Resource Department is aware of qualifying requirements based on program or funding (GED, High School Diploma or Comparable Skills)
- ✓ Employers committed to hiring from the Equity Lens
- ✓ Mentor Agencies willing to share and work with new FPA programs
- ✓ Youth Programs willing to host cohorts
- ✓ State credentialing organization and other key partners



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CREATING INCLUSIVE WORK ENVIRONMENTS

Promoting Diversity and Inclusion Initiatives



Mitigating Microaggressions and Discrimination

Fostering a Culture of Belonging



Progress and Process Improvement

✓ Cohort Learnings

- Emphasizing this is a workforce initiatives and engaging parents who are serious about being employed
- Person Centered approach
- Job Readiness and Soft skills
- Learning Circles and continued support beyond the six weeks
- Employer partnerships are key
- Partnership at the five schools are key

✓ Progress

- Third cohort in progress
- 17 credentialed to date
- Five employed at least per diem
- Increase awareness of Peer Advocacy as a Career Pathway



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WHY THIS MATTERS

- HEALTH AND BEHAVIOR HEALTHCARE OUTCOMES
- QUALITY OF CARE
- THE LIVES OF CONSUMERS AND THEIR FAMILIES
- STANDARDS OF PRACTICE



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[Satcher Health Leadership Institute at Morehouse School of Medicine Releases First-Ever Report Demonstrating the Devastating Cost of Mental Health Inequities - Satcher Health Leadership Institute \(satcherinstitute.org\)](https://satcherinstitute.org)



CONCLUSION

- **Summary of Key Points**
- **Call to Action**
Commitment to Equity Across the Peer Profession
- **Closing Remarks**
- **Contact:**
bipocparentvoice@gmail.com

The background of the slide is a vibrant teal color, densely populated with a repeating pattern of speech bubbles. Each bubble is a different color—red, yellow, pink, and white—and contains a dark teal question mark. The bubbles are scattered across the entire page, creating a busy, thematic visual. A white horizontal band runs across the middle of the slide, containing the text 'QUESTIONS & ANSWERS' in a bold, black, sans-serif font.

QUESTIONS & ANSWERS

Resources and References

www.bipocparentvoice.org

[Families Together in NYS | Families Together in NYS \(ftnys.org\)](http://families-together-in-nys.org)

[CCSI | Coordinated Care Services, Inc.](http://www.ccsi.org)

[Behavioral Health | Rochester Regional Health](http://www.behavioralhealth.org)

[Office for Disparities Research and Workforce Diversity Webinar Series: Mechanisms of Risk and Resilience for Mental Health in Individuals of Mexican Origin - National Institute of Mental Health \(NIMH\)](https://www.nimh.nih.gov/health/topics/office-for-disparities-research-and-workforce-diversity-webinar-series-mechanisms-of-risk-and-resilience-for-mental-health-in-individuals-of-mexican-origin)

[Workforce | SAMHSA](http://www.samhsa.gov)

[Culturally and Linguistically Appropriate Services - Think Cultural Health](http://www.culturalhealth.org)

[Family Peer-to-Peer Support Programs in Children's Mental Health](http://www.familypeer.org)

[Increasing Representation of Black Primary Care Physicians—A Critical Strategy to Advance Racial Health Equity – PMC](http://www.pmc.org)

[NYS Office of Mental Health Statistics and Reports](http://www.nysmentalhealth.org)



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