Family Peer Support Partner Model

What is a Family Peer Support Partner?
A Family Support Partner is a parent or caregiver of a child with a mood, behavior, or emotional disorder. They have been through a lot of hurdles, and they have come out stronger; and they are ready to help other parents make it through too. They can provide support and help parents navigate through the process because they have been there themselves. Family Support Partners are hired by and are located at several community agencies.

What do Family Peer Support Partners Do?
Family Peer Support Partners empower families raising children with mood, behavior, or emotional disorders by providing parents with support, training and advocacy skills. Family Peer Support Partners can help with a listening ear, understanding, and the unique perspective of experience. Parents are not alone in their struggles, and sometimes knowing this can help more than they realize.

Family Peer Support Partners can help find or direct parents to the community resources that their family needs. They can help find or arrange for various types of training, seminars, conferences, support groups or discussions to help increase knowledge in critical areas such as Individualized Education Programs (IEPs), Section 504 plans, evaluations, specific disabilities, parenting strategies, local resources, etc.

Family Peer Support Partners can also help establish goals for families, plan and prepare for school meetings or person-centered-planning meetings, and can even attend meetings with families for support, if needed.

Why do Family Peer Support Partners do what they do?
vision is that parents will be respected and valued as competent advocates in the care of their children. We hope to achieve that by giving parents the knowledge and confidence to be able to plan and advocate for their child. We believe parents are their child’s best advocate, and they know him or her better than anyone else does. It is our goal to give families the tools to be able to advocate for their child’s needs, have their own supports and resources within the community, and eventually to be able to help other families in the community and provide a voice for making positive changes to our mental health system of care.
RESIDENTIAL FAMILY ADVOCATE

This position will serve as an advocate and liaison for youths and families working with OMH licensed residential programs. You will provide community linkages and resources to the families and youths. This is a part time position, consisting of 25 hours per week. Schedule will vary depending on the needs of the families being served. Some travel is required, as this position will cover all of Western New York State. Must have own transportation.

Candidates will have a child who has had mental health services and experience negotiating the mental health delivery system. High School Diploma / GED and valid driver's license are required.
Parent Peer Partner Core Skills Manual

Engagement Skills
- Encourage families to tell their own story & actively listen, listen, listen
- Introduce self as a parent of a child with serious emotional or behavioral health challenges
- Communicating Your Story to Other Professionals as a Learning Experience
- Briefly Explain the Role of the Parent Partner While Providing the Family with Materials
- Connect with and validate parent’s expressed concerns, thoughts & feelings
- Explaining the Parent Partner commitment to privacy & confidentiality as well as exceptions to that commitment
- Explain the Child and Family Team Process in a Way That Encourages the Family to Participate
- Child & Family Team Definitions

Planning Skills
- Collaboratively identify youth/family functional strengths & unique cultural aspects from initial conversations
- Actively participate with co-workers, the family and others in writing the Strengths/Needs/Culture Discovery document
- Meet with the family regularly and consistently in order to build an understanding of their vision for the future
- Assist the family in developing and communicating a vision to others involved in their life
- Creating Capacity for Understanding
- Participate in system based meetings (IEP, Court, other system meetings etc.) with the family as necessary using these experiences as an opportunity to support the family’s movement towards self sufficiency

Implementation Activities
- Assist the family in engaging other members of the Child & Family Team
- Support family during ongoing Child & Family team meetings
- Options for Increasing Understanding During Team Meetings
- Partner with the Case Manager in implementing a plan
- Choosing Problem Solving Options
- Reasons Behind Rules
- Encourage Other Team Members to Hear Family/youth Voice Throughout the Process
- Help the family communicate concerns to the facilitator and other team Members

Transition Activities
- Positively regard family member decisions & inspire others to do the same
- Encourage youth/family to provide feedback to the team
- Model strengths and resilience in all interactions with the family, system partners and Child and Family Team members
- Hope, Resilience & Transition
Parent Partner Essential Skills Curriculum

Engagement Skill
- Build a Reasoned Argument and Explain the Benefits of Having a Family Support Partner
- Explaining Benefits of Parent Partners
- Extend self personally to the family in a way that communicates authentic respect & concern on a variety of levels
- Provide an overview of the behavioral health system including the CSP/agency and the role of the Case Manager
- Assess the family need for support (intensive, moderate or supportive) contact
- Reach Agreement with other system partners about the need to engage missing families
- Common Reasons for Not Reaching Out to Family When the Court Has Custody
- Reaching Agreement with System Partners

Planning Skills
- Collaborate with the family to identify possible strategies to cope with circumstances & work towards their vision
- Introduce Concepts of Ways to Assist the Family on Their Journey to Achieve a Sense of Balance and to Improve the Quality of Their Life
- Share Information/Education/Trainings That May Benefit Family/youth as They Move Towards Self Sufficiency
- Reach agreement with families about underlying needs that may be driving their situations
- Identify and Locate Missing or Estranged Parents or Extended Family Members

Implementation Skills
- Assist with Identifying Ground Rules or Items of Respect for the Meeting
- Verbalize & encourage the documentation of newly discovered strengths, needs & cultural aspects
- Finding Strengths
- Assist family to identify what a crisis may be for them, help family/youth/team to develop and refine a crisis plan that is individualized
- Assure team covers life domains & needs of the family as a whole
- Encourage the family to link with natural, informal & community resources: continue to discuss with the family the temporary nature of Parent Partner Support
- Welcoming newly located family members and building bridges with other system partners

Transition Skills
- Identify & Acknowledge movement toward self representation
- Assist the Family in Analyzing Presence of Lack of Progress
- Analyzing Progress: How Much is Enough
- Negotiate Conflicts & Differences Based on Common Interests
- Encourage & Empower Family to Reconvene the Team When Things Aren’t Working
- Steps for Problem Solving
- Compliment & Recognize Efforts Toward Any Progress in a Culturally Sensitive Manner
- Assisting re-located family members to repair and build supportive community and family networks
PARENT PEER PARTNER JOB DESCRIPTION

**Position Summary:**

The Parent Peer Partner will provide Family Peer Support Services (FPSS) to families within their individualized service area, as directed by the families served, in a manner that encourages education, empowerment, rebuilding of natural supports and future self-sufficiency in an environment that is comfortable and chosen by the families we serve.

**Position Functions and Responsibilities:**

- Educate families to FPSS options and work with them to create family support goals that identify the type and intensity of FPSS that they desire and deliver same.
- Provide advocacy (school, court, medical and general) as desired by families being served while modeling and teaching advocacy skills and effective communication styles that will contribute to the family’s future success in self-advocacy.
- Orient new families as they are referred to the SPOA and other service provisions systems.
- Provide needs-based individualized training within the home or community as desired by the families served.
- Appropriately document family support and advocacy activities and progress of the program through data collection, case-noting, service logs and Journey Mapping as directed by NYS OMH, MHACC policy and procedure, and program director.
- Effectively utilize available tools within MHA’s Resource Library and all other available resources such as the internet to provided requested information to our families regarding specific topics.
- Provide information regarding community-based treatment options, service opportunities, active support groups, financial support, advocacy, and training opportunities.
- Assist families in coordination of family recreation activities that will enrich family relationships and rebuild natural support systems.
- Assist families in identifying goals and creating action plans for desired outcomes through use of the Western Region Family Support FANS.
- Educate families to respite opportunities through use of natural supports, informal supports and community resources.
- Coordinate, facilitate and participate in support groups appropriate to families needs.
- Attend and participate in local individualized meetings for families such as Cross Systems, CSE, 504 and etc… and coordinate and co-facilitate same as desired by families.
- Participate in activities that further the education of the community and government on topics that affect our families, enhance service delivery within our county, advocate for systems change, and enrich relationships with other community partners as requested.
- Actively participate in all required training opportunities within the scope of employment and pursue further enrichment/training opportunities as they become available and scheduling allows.
- Participate in regular staff and volunteer meetings.
Qualifications:

- Parent Peer Partner must have a child identified with a significant mental health and/or developmental disability with no less than 5 years experience as a parent within the appropriate service delivery system. PPP experience must have demonstrated the ability to effectively advocate within the system while maintaining the appropriate level of diplomacy and decorum and model these skills to families being served.
- Parent Partner must be able to satisfactorily complete required background checks and fingerprinting prior to working in direct care within a family’s home.
- Must have a high school diploma or the equivalent and have computer experience or the aptitude to learn computer-based documentation and tasks.
- Must have completed Common Sense Parenting prior to or within the first six (6) months of employment and/or volunteering with MHA.
- Ability to effectively model appropriate communication styles, parent to child and peer to peer interactions and act as a role model to parents struggling with these issues.
- Demonstrated ability to speak, listen and write in a clear, thorough and timely manner using appropriate and effective communication tools and techniques.
- Knowledge of government and legislative processes as applicable to support the interests of the families served and organization.
# Family Peer Support Definition

**Final Revised 4/10/15**

## FAMILY PEER SUPPORT SERVICES DEFINITION

Family Peer Support Services (FPSS) are an array of formal and informal services and supports provided to families raising a child up to the age of 21 who is experiencing social, emotional, developmental and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate and the parent/family member for the benefit of the child/youth. The purpose of this service is to support the parent/family member and enhance their skills so they can promote positive youth functioning and their child’s ability to live successfully in their community. FPSS are provided by a trained and credentialed Family Peer Advocate (FPA) who is uniquely qualified to work with families based on his/her personal experience parenting a child with similar needs and the specialized training they receive (see below). FPSS can be provided through individual and group face-to-face work in various settings (e.g. family’s home, community, office, telephone or Skype contacts, etc).

## TYPES OF FAMILY PEER SUPPORT SERVICES

There are six categories of Family Peer Support Services.*

*Within each category are several examples of activities specific to that category. These examples are not intended to be exhaustive.

*A family peer support provider will have the capacity to offer all six categories of services based on the individual needs and preferences of the family.

### Outreach and Information

- Empower families to make informed decisions regarding the nature of supports for themselves and their child through:
  - sharing information about resources, services and supports and exploring what might be appropriate for their child and family;
  - exploring the needs and preferences of the family and locating relevant resources.
  - helping families understand eligibility rules;
  - helping families understand the assessment process and identifying their child’s strengths, needs and diagnosis.

- Develop resource directories to identify relevant formal services and informal resources for families.
- Conduct general and individual outreach in the community to raise awareness, reduce stigma, and engage families in services.
- Staff a ‘warm line’ that families can call for information.

### Engagement, Bridging and Transition Support

- Based on the strengths and needs of the youth and family, connect them with appropriate services and supports. Accompany the family when visiting programs.
- Facilitate meetings between families and service providers.
- Assist the family to gather, organize and prepare documents needed for specific services.
- Address any concrete or subjective barriers that may prevent full participation in services.
- Serve as a bridge between families and service providers, supporting a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Support and assist families during stages of transition which may be unfamiliar (e.g.: placements, in crisis, and between service systems etc.).
- Promote continuity of engagement and supports as families’ needs and services change.

### Self-Advocacy, Self-Efficacy and Empowerment

- Advocate on behalf of and in collaboration with families to promote shared decision-making.
- Regularly consult with families and providers to ensure that the family’s perspectives are included in all planning and decision-making.
- Coach and model shared decision-making and skills that support collaboration.
- Model strengths-based interactions by accentuating the positive.
- Support the families in discovering their strength and concerns. Assist families to identify and set goals and short term objectives.
- Prepare families for meetings and accompany them when needed.
# Family Peer Support Definition

**Final Revised 4/10/15**

<table>
<thead>
<tr>
<th>Community Connections and Natural Supports</th>
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<tbody>
<tr>
<td>Enhance the quality of life by integration and supports for families in their own communities.</td>
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<tr>
<td>Help the family to rediscover and reconnect to natural supports already present in their lives.</td>
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<td>Utilize the families’ knowledge of their community in developing new supportive relationships.</td>
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<td>Help the family identify and get involved in leisure and recreational activities in their community.</td>
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<tr>
<td>In partnership with community leaders, encourage families who express an interest to get more involved in faith or cultural organizations.</td>
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<td>Arrange support and training as needed to facilitate participation in community activities.</td>
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<tr>
<td>Conduct groups with families to strengthen social skills, decrease isolation, and provide emotional support.</td>
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<tr>
<th>Parent Skill Development</th>
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<tr>
<td>Supports the efforts of families in caring for and strengthening their children’s mental, and physical health, development and well-being of their children.</td>
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<tr>
<td>Helps the family learn and practice strategies to support their child’s positive behavior.</td>
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<td>Assist the family to implement strategies recommended by clinicians (e.g. medication management, behavior support, crisis plan) and talk to clinicians about their comfort with these plans.</td>
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<td>Provide emotional support for the family on their parenting journey to reduce isolation, feelings of stigma, blame and hopelessness.</td>
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<td>Link to and provide workshops and courses on parenting that are matched to families’ individual needs.</td>
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<tr>
<td>Advocate whose child is coming out of placement by equipping the family with skills, knowledge and resources to support the child at home, ensuring the greatest likelihood of success.</td>
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<td>Assist families to access transportation.</td>
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<tr>
<th>Promoting Effective Family-Driven Practice</th>
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<tr>
<td>Participate on teams that manage access to care, evaluate and work to improve quality of care.</td>
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<td>Conduct training for service providers on topics including, strategies for partnering with families, engagement, family-centered care, and family-driven decision-making.</td>
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<tr>
<td>Attend and/or facilitate meetings to promote family voice and infuse a family perspective at all levels: individual provider, agency, local planning, state and national policy making.</td>
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## FAMILY PEER SUPPORT SERVICES PROVIDER QUALIFICATIONS

Family Peer Support is delivered by a New York State Credentialed Family Peer Advocates (FPA). To be eligible for the FPA Credential, the applicant must:

- Demonstrate ‘lived experience’ as the parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
- Have a high school diploma or GED (or document comparable skills).
- Complete the Parent Empowerment Program (PEP) training (40 hours plus 6 months of group coaching phone calls).
- Submit three letters of reference attesting to proficiency in and suitability for the role of Family Peer Advocate.
- Complete a Professional Development Plan.
- Document 1000 hours of experience providing Family Peer Support services.
- Agree to practice according to the Family Peer Advocate Code of Ethics.
- Complete 30 hours of continuing education and renew their FPA credential every three years.

The Family Peer Advocate Credential is administered by Families Together in New York State. [www.ftnys.org](http://www.ftnys.org)
## Family Peer Support Definition

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<th>DEFINITIONS</th>
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<tr>
<td><strong>Advocacy:</strong> The spirit of this advocacy work is one that promotes effective parent-professional-system partnerships. Advocacy in this role does not include legal consultation or representation. It is defined as constructive, collaborative work with and on behalf of families to assist them to obtain needed services and supports to promote positive outcomes.</td>
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<tr>
<td><strong>Parent/Family:</strong> Family is defined as the primary care-giving unit and is inclusive of the wide diversity of primary care-giving units in our culture. Family is a biological, adoptive or self-created unit of people residing together, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren). Persons within this unit share bonds, culture, practices and a significant relationship. Biological parents, siblings and others with significant attachment to the individual living outside the home are included in the definition of family. For the purposes of this service, &quot;family&quot; is defined as the persons who live with, or provide care to a child and may include a parent, spouse, sibling, children, relatives, grandparents, guardians, foster parents or others with significant attachment to the individual.</td>
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<tr>
<td><strong>Service Provider:</strong> Refers to individuals/organizations that provide formal services to the youth and family from all child/family serving systems (mental health, juvenile justice, child welfare, substance abuse treatment, education, health, etc.).</td>
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<tr>
<td><strong>Natural Supports:</strong> Natural supports are individuals and resources a family can access “naturally,” independent from formal services. These supports are a significant source of culturally relevant emotional support and caring friendships for children and families. Natural supports can be short-term or long-term and are usually sustainable and available to the child and family after formal services have ended.</td>
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JOB POSTING

Family Peer Advocate: Responsible for providing emotional support and advocacy to families of children with emotional and/or behavioral disabilities.

Qualifications:

- Parent of a child with an emotional or behavioral disability
- Bilingual candidates are encouraged to apply

Essentials:

- Ability to work closely and cooperatively with parents or caregivers of children with a mental health diagnosis, mental health providers and community stakeholders.
- Good verbal and written communication skills.
- Strong interpersonal communication skills.
- Knowledge of mental health service system in County.
- Ability to perform public presentations.
- Proficiency in Microsoft Office and Excel.
- Administrative skills to assist with reporting requirements to include data entry in Excel and in the program’s database.
- Flexibility with schedule to include evening hours
- Have reliable transportation

Responsibilities

- Support parents by disseminating information and referrals or by providing linkage to appropriate agencies or providers as needed.
- Meet with families in the office, in community setting or at their homes if necessary. Attend Committee on Special Education (CSE) meetings, psychiatric appointments or agency meetings to support families by facilitating positive communication and strength-based focus.
- Facilitate support group meetings, providing a non-judgmental, culturally sensitive environment.
- Assist with family events such as the annual picnic and holiday event.
- Assist in program planning and promotion.
- Maintain family rights to confidentiality.
- Oversee respite program to include tracking of respite budget.
- Administrative duties to include monthly billing, preparing and submitting monthly reports
- Data Entry
- Responsible for payment requests and billing requirements
- Maintain FPA Credential
- Certification in Family Needs and Strengths (FANS)

Other administrative duties as assigned by Program Director.
JOB DESCRIPTION

Title: Lead Family Contact
Immediate Supervisor: Chief Quality Officer
Program: Early Connections Network
Salary Range: $30,000-$35,000

Qualifications: This position is filled by a parent or caregiver of a child or adolescent with a serious health need, who has received services from the mental health service system and demonstrates the following: advocacy and mediation/diplomacy skills, collaborating with diverse stakeholders, knowledge and experience in fostering partnerships and collaborations, understanding and belief in system of care values and principals. The position requires a minimum of three years experiences navigating and self-advocating in child serving systems (mental health, child welfare, juvenile justice, education, public health, etc.)

Skills & Knowledge Required:
• Knowledge of the service area and of resources for children with emotional, behavioral and mental health issues.
• Knowledge and personal experience with children who have emotional and behavioral disorders.
• Knowledge and experience with the juvenile justice, educational, child welfare and other child-serving systems.
• Desire to help and support parents of children with SED, with strong customer service skills.
• Commitment to system of care principles and to working effectively as a part of a team.
• Excellent communication, organizational, problem-solving/creative thinking and leadership skills.
• Established support system and access to resources.

Duties & Responsibilities/Principal Activities:
• Promote family engagement and family involvement in the Early Connections Network and throughout the system of care, assisting with the coordination of efforts in this area
• Work in partnership with Early Connections Network staff and community partners in all aspects of governance, development, implementation, and evaluation of the initiative.
• Participate in the ongoing strategic planning and work plan implementation of the system of care
• Recruit and support diverse family voice/participation representing the cultural and linguistic backgrounds of our target population in strategic plan and system of care work plan
• Full participation on the governance board and workgroups. Identify and recruit additional family representatives to serve on the Governance Board and workgroups. Provide ongoing mentoring and support needed for meaningful participation
• Ensure that families representing the target population have full access to accurate, understandable, and complete information necessary to make choices for improved planning for individual children and families
• Provide support services for families receiving services through the Early Connections Network
• Ensure that families receiving services have advocacy and support, as well as ensure that outreach is provided to families in the five county region not receiving services
• Coordinate and staff monthly Family Engagement Work Group for family members and diverse family groups/organization to ensure families have a primary decision making role in the care of their children as well as the policies and procedures governing care for all children in the five ECN counties.
• Participate in hiring and training process of ECN staff, as well as recruit family members to participate in these processes.
• Develop and facilitate parent support groups for parents and caregivers across the five county region of ECN; ensure both enrolled and non-enrolled families are aware of the support groups and have access to participation.
• Develop strategic plan for family voice in ECN, ensuring family organization and family member involvement in Early Connections Network.
• Assist in development of policies and procedures for Early Connections Network
• Facilitate training to educate and engage caregivers and community members around family driven principles and parental involvement

• Work with Early Connections Management Team, Governance Board, workgroups, and other state, regional, and county entities to plan, promote, and implement strategies for sustainability of the services and supports provided by ECN and infusion of system of care principles and values at all levels
• Other duties as assigned.

Acknowledgement:
I have read and understand this job description, its duties, responsibilities, requirements and principal activities.

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<thead>
<tr>
<th>Employee Signature</th>
<th>Printed Name</th>
<th>Date</th>
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Family Mentor
Individual Family Peer Support Position

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<tr>
<th>Duties</th>
<th>% of Time</th>
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<tr>
<td>1) Provides telephone support from the home or office as scheduled. Meets with families in the office, at their homes, or at a mutually agreed upon location. Must complete Progress Note and all necessary paperwork within 48 hours of contact. Must complete family support CANS and empowerment tool and input information into journey mapping at start up and at 3 month intervals at a minimum. Must follow BDA Individual Family Support Phases Model. Must provide a copy of progress note and process it with their time sheet each pay period. Will model appropriate advocacy and communication skills.</td>
<td>50-60%</td>
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<tr>
<td>2) Attend CSE meetings, Child and Family Team meetings or agency meetings to support the family and facilitate positive communication and a strength-based focus. Model advocacy and discuss methods which encourage positive outcomes. Must attend all mandatory staff meetings and community meetings assigned by supervisor. Upon request of supervisor will provide community presentations to discuss rights, roles, and responsibilities of parents of children with emotional challenges. May also be asked to present BDA services to community.</td>
<td>30-40%</td>
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<tr>
<td>3) Will continually update professional knowledge by doing research, reading materials, attending workshops, conferences and trainings. Is required to be culturally and linguistically competent and to attend a minimum of 6 hours of CLC training annually.</td>
<td>10%</td>
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<tr>
<td>4) May facilitate family support group meetings. Provides a safe, non-judgmental, culturally sensitive environment for group meetings. Will be responsible for contacting some family members between meetings.</td>
<td>0-10%</td>
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**Primary responsibilities:** In space provided at right, please indicate the percentage of time spent monthly completing each of these tasks.

**Education:** High school graduate preferred, but may, at the discretion of the supervisor, accept demonstrated ability to communicate effectively and write reports. Must attend and complete training in family mentor skills. Must attend all mandatory trainings and staff meetings.

**Relevant Experience:** Experience in working with families of children with emotional problems. Prefer demonstrated experience in or knowledge of family-driven, strength-based assessment and intervention tools. Must demonstrate sensitivity and respect for diverse cultural backgrounds and practices of constituents and be willing to participate in diversity training to increase skills in this area on-going.

**Position reports to:** BDA Director of Operations or Director of New Programming

Reviewed by________________________________________ as ___________________ on__________________________

Signature                                                          Title                                                          Date
Family Partner Hiring Packet – Introduction

The attached Family Partner Hiring Packet has been designed to assist those Oklahoma child serving agencies that are recruiting candidates for one of the state’s newest and most unique advocacy positions: Family Support Partners (FPs).

This packet consists of four sections:

1). Section one defines 12 Family Partner (FP) “profile points” and the qualities that will determine the highest probability of a successful hire. Each interviewer should review section one prior to an interview.

2). Section Two is a set of interview questions developed to coincide with the 12 profile points. Each interview question is accompanied with a brief recommendation as to what would constitute a positive response to the questions.

3). Section Three consists of four scenarios detailing real-life situations that FPs frequently experience, coupled with the opportunity for the FP candidates to indicate in writing how they would probably respond to similar situations.

4). Section Four is an evaluation tool designed to track each candidate’s number of positive indicators. This grid style evaluation tool will facilitate comparison of the 12 profile points, four scenarios and overall impression by individual section as well as total number of positive indicators between candidates.

Note: This is a subjective exercise that has been developed as an auxiliary tool in the interviewing process, and should not be viewed as a stand-alone decision guide. A candidate with ten positive responses, for example, might not be a better candidate than one with nine positive responses because of other factors or considerations. However, a candidate with many positive responses will almost always be the better candidate than one with few or no positive responses.

Family Partner Profile Points

Section One

These “Profile Points” were developed through interviews with and observation of successful Family Support Partners (FPs), and analysis of characteristics and behaviors of unsuccessful FPs. We believe that candidates who meet all or most of these profile points will find more success in the FP role than those who meet few or none of the points.

1). Real Life Experience – The better candidate will be a parent of a child or children with mental illness or emotional disturbance who has survived the trauma associated with that environment and developed the insights and perspectives necessary to help other families who are struggling through the process. This experience should include
interaction with the local school system, Office of Juvenile Affairs (OJA), and the Department of Human Services (DHS), the Education System, etc.

In most cases, the successful FP will have an understanding of how family therapy works, and will probably have gone through therapy with their child.

A current or former foster parent of child/children with mental illness or emotional disturbance could also be considered a likely candidate. A grandparent raising a grandchild/grandchildren with mental illness or emotional disturbance would be a good candidate.

A former “child of the system”, someone who has personally endured the rigors of family separation, detention, foster care, homelessness or other similar traumas and emerged intact could also be considered to have the real life experience that appears to be such a critical characteristic of a successful FP.

It should be mentioned that experience with mental retardation or other developmental disability should not be considered an acceptable substitute unless mental illness or emotional disturbance is also involved.

2). Family Stability – The FP candidate should be in a stable family relationship at the time of hire, and have their own family support systems in place. Candidates who are graduates of Systems of Care should have been graduated for at least six months and be able to demonstrate family stability and utilization of support systems during that interim, preferably ongoing involvement with the local Systems of Care family support group.

If the FP candidate faces the personal challenge of mental illness—which, incidentally, should not be considered a disqualifier—they should be able to demonstrate that they are currently stable with necessary medications and/or treatment, and show evidence of a crisis plan that could be employed should the mental illness become a deterrent during the course of employment.

3). Passion – The successful FP is passionate about the job and about helping families in crisis. This passion will come through in the interview process. If it doesn’t, then it probably isn’t there.

4). Nurturer, not Enabler – The successful FP is a person who helps families in crisis find the strength and resources to help themselves, not one who does the work for the family. We are looking for a coach, not a personal assistant. The FP will need extremely healthy boundaries when dealing with families.

5). Genuine Empathy for Children with Mental Illness/Emotional Disorders – The FP candidates should be able to demonstrate that they actually like working with children with mental illness or emotional disorders. This goes beyond having empathy for the parents; it includes empathy and affection for the children themselves.
performance than process, and the ability to use time as a resource to manage the)
6). Organizational/Time Management Skills – FP work is related more to completion of necessary tasks is very important. A candidate with a reputation for chronic lateness, procrastination or cancellation would probably not be a good fit as an FP.

7). Accepting, Non-Judgmental – Successful FP s do not make personal judgments on families based on lifestyle, parenting ability, faith, income, culture, alcohol or drug use, etc. They are accepting of families where they are, and help them to build on their strengths to become the best that they can be. A candidate with a rigid personality would probably not be a very successful—or happy—FP.

8). Flexibility and Creativity - Closely related to Number 7 above, flexibility is a crucial trait of the successful FP who understands that crisis begets chaos, and that chaos is the foe of planning. The successful FP understands that plans can quickly go awry, and instead of being frustrated, consider it a challenge to be overcome with alternate strategies. The FP should understand that there is more than one way to solve a problem and demonstrate “thinking outside the box” for solutions.

9). Team Player – The Wraparound Process requires that all participants be team players, and this is especially true of the FP, who acts as the family liaison with the rest of the system. Lone Wolves, Crusaders, and Martyrs are not good FP fits.

10). Basic Communication Skills - While the FP position places more importance on experience than education, the successful FP candidate will demonstrate basic communication skills, to include reading comprehension; the ability to write basic reports in a legible fashion; and the ability to speak clearly and logically.

11). Understanding 24/7 – The FP position is a 24/7 job that requires the FP to be on call 24 hours a day, seven days a week. Moreover, it is not uncommon for family meetings to take place after hours to accommodate the work schedules of parents. Also, family crisis does not follow a 40-hour, Monday – Friday, 8-5 work schedule, and FP s may be called out on weekends. A candidate who cannot accommodate a 24-7 job should probably be eliminated as a serious contender for the position.

12). Reliable Transportation – Reliable transportation is a must for the successful FP. A candidate who relies on public transportation or the kindness of friends and strangers for their transportation needs is probably not a good FP fit.
1). would you please tell us why you are interested in this position?

The successful candidate will probably reference their personal experience during their opening statement. If they don’t, ask directly if they have any personal experience involving work with families and children with mental illness or emotional disturbance.

2). (Assuming personal experience) As a person with direct experience in dealing with the challenges facing our Systems of Care families, would you please tell us how you are able to maintain stability in your own family, including any support systems you and your family have developed?

If the candidate cannot provide a clear answer to this question, then it probably means that there is no clear plan to maintain stability, and therefore be considered a negative response.

If the candidate has self-identified themselves as a person with mental illness, it is perfectly acceptable to ask how they maintain their stability. If their answer includes physician-prescribed medication and treatment, you can ask further if they have developed a crisis plan or wrap plan to augment their stability.

3). When you first heard about this job, what did you think?

If the candidate has a passion for the opportunity, and for helping families in trouble, it should come out in the response to this question.

4). would you tell us about a family or person that you have helped, and how you helped them?

The answer to this question will point to whether your candidate is a nurturer or enabler. If she/he is a nurturer, the answer will revolve around how the candidate helped the family to help themselves, or how the candidate discovered resources that the family was able to use to help themselves. If the candidate is an enabler, the answer will revolve around what the candidate did personally for the family member.

This question can be tricky. For example, if the candidate took a mother and daughter to a Juvenile Court hearing for the daughter, that could be construed as a nurturing act. If the candidate called the Juvenile worker to set the appointment, arranged transportation, gathered the necessary documents, made child care arrangements rather that use that as an opportunity to teach the parent those life skills the candidate leans toward enabler.

5). would you please tell us about any experiences that you have had with children with mental illness or emotional disturbance?

The tone of this response may be more important than the actual answer. Listen carefully to the candidate’s tone of voice and observe the non-verbal cues as the question is answered, for they should give you insight into how the candidate actually feels about children with mental illness or emotional disturbance.
6). Would you please tell us how you go about planning your day's activities?

Look for a response that involves the use of a calendar or a list of activities. If the candidate states something to the effect that they would be lost without their calendar, that they carry it everywhere, or that they begin each morning with a list of things they need to get done that day, those would be considered positive responses.

Follow-up Question: Would your friends say that you are usually early for appointments, on time for appointments, or late for appointments?

If the response is “usually early” or “usually on time”, there will probably be included a philosophical statement on time management. If the response is “Usually late”, the candidate will usually list excuses for that behavior, or simply laugh it off.

7). Would you please tell us what it is about people that bugs you the most?

While the responses to this can vary greatly, by the time the response is completed there should be no doubt whether you are dealing with a judgmental or non-judgmental person.

8). Would you please tell us about the most frustrating thing that has happened to you this week, why it was frustrating, and how you reacted to whatever it was that frustrated you?

An inflexible candidate will take delight in telling you about the details of the frustrating event, and who was to blame for the event. A flexible candidate will focus on how she/he overcame the event, and possibly what they learned in the process.

9). Let me give you a hypothetical scenario, and tell us how you would react:

You are working with a family where an Office of Juvenile Affairs worker and a Department of Human Services worker are also involved. You overhear the Department of Human Services worker say that she is thinking of recommending that one of the children be removed from the home. You know the removal of the child would break the mother’s heart, and you personally don’t think removal of the child would be in the best interest of either the child or the family. What do you do?

You are looking for evidence that the candidate is a team player. If the candidate responds that she/he would warn the mother so that she could get the child out of the home, or that she/he would go to the Department of Human Services worker’s supervisor for an intervention, those would be considered negative responses. The response we are looking for is an action that would create a dialogue with the Department of Human Services worker, the Office of Juvenile Affairs worker, and the family of the child, to discuss why the Department of Human Services worker thinks the child should be removed from the home, and what could be done by all parties to deter or delay the removal.

10). Give the candidate a blank piece of paper and a pen. State this: “I want you to take three minutes or less and write in 50 words or less why you think you should be hired for this position”.
This also gives you the opportunity to observe the candidate under stress. When the time is up ask the candidate to read what they have read. This should lead to further discussion and further opportunity to observe the candidate’s communication skills.

11). Do you understand that the FP is on call 24 hours a day, seven days a week, including week-ends and night hours, and are you and your family all right with that? This question may need to be rephrased to meet the job expectations regarding shift coverage.

This is a straightforward question requiring a yes or no answer. Any quibbling with the terms should be considered a negative response. For example, if the candidate asks if the host agency will pay for childcare for the FP when she/he is out on late night calls, that should be considered a negative responses. If the candidate states that she/he will be available 24/7 except on, say, Saturdays and Sundays, then that should be considered a negative response.

12). Do you have 24/7 access to a reliable, safe vehicle?

As in Number 11 above, this is straightforward question requiring a yes or no answer. Any quibbling should be considered a negative response.
These questions may be a verbal interaction with the candidate or a written process. If written, ask them to please read the following scenarios and write your answers in the provided space. There is no right or wrong answer. Please use the back if additional space is needed.

Scenario One:
Linda is the Mother of twelve year old Justin. Linda called you crying and telling you that she hates the school, the counselor, Department of Human Services, and Office of Juvenile Affairs. She thinks everyone sees her as a bad Mother and they either want to take away her son or lock him up. She is tired of people judging her. How would you respond to Linda?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Scenario Two:
You have been working as the Family Partner for Jeanie and her two children, Kevin 16 and Melissa 10 for the past 6 months. Jeanie called you on Saturday night at 9:30pm to tell you that Kevin has gone wild and is threatening her and Melissa. Jeanie is afraid Kevin will hurt them. You can hear yelling, cursing and the sound of things breaking in the background. Jeanie wants to know if you can come over right now to help. How would you respond?

___________________________________________________________________________
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___________________________________________________________________________
Scenario Three:
The Fitzpatrick family has been in wraparound services for three months and they have been making tremendous improvement in areas such as school, family communication, and anger outbursts. The one area they have not even addressed is their living conditions. Each time you visit the house you are still shocked at the general filth, animal waste, roaches, clutter, etc. To make matters worse, 6 year old Tiffany smells bad and always sits right next to you. How would you respond?
___________________________________________________________________________
___________________________________________________________________________
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___________________________________________________________________________

Scenario Four:
John is the Father of 8 year old James. You are in a meeting at James’s school with John, James, the school principal, the school counselor, a teacher, the school psychologist and the teacher’s aide. You and John discussed before the meeting began that John wants James to receive additional classroom help with his math. James works hard on math but he just doesn’t seem to understand. Suddenly it seems the consensus of the group is that if James does not complete his assignments in class on time he will receive lunch detention for that day. If he doesn’t complete his assignments on time twice in one week he will receive one week of detention. This will continue until James decides he will stop being stubborn and do his work like everybody else in class. John starts getting very angry and it appears he may have an outburst at any moment. He has had outbursts in the past at school meetings and the police were called. How would you respond?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Evaluation Tool  
Section Four  
 Positive is favorable response. Negative is unfavorable response. Candidates may have a profile point left blank.  
Please place a check mark (√) in the appropriate column in each row.

**Profile Points:**

<table>
<thead>
<tr>
<th>Profile Points</th>
<th>Positive</th>
<th>Negative</th>
</tr>
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<tbody>
<tr>
<td>Real Life Experience</td>
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<tr>
<td>Family Stability</td>
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<tr>
<td>Passion</td>
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<tr>
<td>Nurturer/Enabler</td>
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<td>Empathy</td>
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<tr>
<td>Organization</td>
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<tr>
<td>Non-Judgmental</td>
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<tr>
<td>Flexible/Creative</td>
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<tr>
<td>Team Player</td>
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<tr>
<td>Communication</td>
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<td>24/7</td>
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<td>Transportation</td>
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<td><strong>Total</strong></td>
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</table>

**Scenario Indicators:**

Scenario One: Look for the following indicators:  
_____ Empathy with Mother’s feelings  
_____ Does not join in bashing of agencies  
_____ Understanding of agency roles and mandates  
_____ Appropriate sharing of real life experience

Scenario Two: Look for the following indicators:  
_____ Family stability  
_____ Understanding 24/7
Understanding safety concerns
Nurturer vs. Enabler

Scenario Three: Look for the following indicators:
- Accepting, Non-Judgmental
- Genuine empathy for Children with mental illness
- May look for flexibility in creative problem solving

Scenario Four: Look for the following indicators:
- Team Player – not alienate school officials
- Nurturer vs. Enabler
- Flexibility and Creativity

Overall or General Impression Indicators:

Overall Impression Look for the following indicators:
- Passion for helping families
- Real life experience shared appropriately
- Healing from past personal experiences
- Creativity in solution and problem solving
- Basic written communication skills
- True opinion vs. scripted responses

Overall Scoring:

Interview Question Positive Indicators
Scenario Question Positive Indicators
Overall Impression Positive Indicators

Total Score
**Family Advocate**

Part-Time, up 20 hours per week. Occasional evening and weekend required.

**QUALIFICATIONS**

The Family Advocate will be required to have a high school education (a high school diploma or GED is preferred), must be at least 21 years of age. It is preferred that the Family Advocate be a parent or caregiver of a child with a history of emotional or behavioral problems and **has experience working as an advocate.**

- Must have the ability to relate to children, adolescents and parents.
- Ability to work cooperatively with various service providers in the community and RPC’s interdisciplinary team.
- Must have a valid NYS driver’s license and insurance.
- Clearance through the NYS Central Registry of Child Abuse is required.
- ***liability insurance***
- Training related to community safety, and has completed as least fifteen hours of training in principle of wellness and recovery, advocacy, creating support groups, group facilitation skills and/or basic engagement skills
- Extensive knowledge of community services.
- Ability to recognize strengths in families and children.
- Ability to complete Prevention and Managing Crisis Situation Training. Includes verbal and physical interventions skill.
- Excellent oral and written communication skills.
- Ability to work with youth, families and staff in a caring and respectful manner, and with due understanding of and consideration for cultural differences.
- Ability to separate personal issues from client issues and maintain boundaries.
- Ability to prepare accurate and timely documentation, reports and other written assignments.
- This assignment is between two sites. SPCR (Smith Road, Webster) and RPC (Elmwood Av, Rochester). Reports to the Program Administrator.

**PURPOSE:**

The Family Advocate will provide support to parents with youth who are in the Inpatient hospital. The Family Advocate will provide assistance, education and support to parents with accessing services so they may better advocate for the needs of their family and increase the family’s ability to care for the child in the home and in the community.

**DUTIES INCLUDE BUT NOT LIMITED TO:**

- Support to families during the admission/intake process.
- Assess level of needs for each family.
- Utilize accepted tool to empower families (i.e. Family Needs and Strengths tool, Proactive Parenting and or 10 Tip Booklet).
o Provide assistance, educate and support parents with accessing services so they may better advocate for the needs of their child/family.
o Provide information and assist families in meeting the child’s educational needs. Serve as the parent representative for RPC Committee on Special Education held by the Inpatient team.
o Work collaboratively with treatment team and maintains good public relationships.
o Attend meetings as assigned.
o Develop, implement and lead training/groups for parents/siblings (ie skills building training workshops, parent support group)
o Provides backup childcare within their agency’s guidelines (i.e. during Common Sense Parenting Class)
o Attends appropriate training and in-services seminars in accordance with agency policies.
o Maintains client confidentiality at all times. Follow HIPPA regulation and acquire appropriate releases of information. Item that will be included in patient records must first be approved by HIMS and signed by PA prior to being placed in record.
o Assists with data collection and surveys as indicated by Program Administrator.
o Provides knowledge of community services, parenting and/or life skills education, and role modeling parent/child interactions.
o Attends and participates in agency staff meetings, treatment meetings, service plans and community meetings, as assigned.
o May provide (at no additional cost to the facility) or arrange for family transportation per agency guidelines.
currently recruiting for a position within our REACH Family-Based Treatment Program. The **Parent Partner** is an 18 hr/week position & acts as an advocate for the families of youth in placement, provides support to the families, and is a point of contact for them throughout the referral and/or the placement process. In addition, the Parent Partner will monitor family satisfaction and will ensure the highest quality of service is provided. **Qualifications:** Must have High School Diploma or G.E.D, must be at least 18 years of age and have experience working with children (preference given to those who are the parent or guardian of a youth with emotional disturbance. It is preferable that the candidate has experience having a youth in residential placement.)
Family Peer Support Partner
Advocacy Services for Kids & Families

JOB TITLE: Family Peer Support Partner
TIME/HOURS: 40 hours/week
FLSA STATUS: Exempt
WAGE/SALARY: $26,500
BENEFITS: Full
SUPERVISOR: Program Manager

PROBATIONARY PERIOD: 3 months

EDUCATION AND REQUIREMENTS:
1. Must be the parent or caregiver of a child with a serious emotional disturbance.
2. Possess a high school diploma or GED.
3. Excellent oral and written communication skills.
4. Ability to work with people from all backgrounds.
5. Have your own transportation and proof of insurance.

PURPOSE: The Family Peer Support Partner provides information, peer to peer support and education to family members receiving services. In this role, the Family Peer Support Partner builds partnerships with parents and professionals, and is committed to promoting a non-judgmental and respectful attitude with regards to families. The Family Peer Support Partner focuses on the needs of the parent/caregiver and 1) helps the parent recognize self-efficacy, 2) promotes the parent perspective, 3) builds partnership values between families, communities and system stakeholders.

UNIVERSAL JOB SKILLS: All Advocacy Services for Kids and Families employees will demonstrate the ability to:
1. Communicate role, responsibility and agency philosophy and services
2. Use active listening techniques to build rapport
3. Redirect statements that assign blame
4. Maintain a focus on strengths, needs and creative solutions.
5. Report relevant information to the right people at the right time
6. Complete required documentation within established timeframes

ENGAGEMENT SKILLS:
1. Meet, greet and welcome families
2. Build mutual respect, confidence and trust with family
3. Provide non-judgmental and unconditional support to families
4. Utilize personal and professional life experience to provide peer support to parents and families

PLANNING SKILLS:
1. Collaborate with families and other agencies to set desired outcomes
2. Integrate the strengths and culture of the family into the plan
3. Negotiate with parents about implementation activities
4. Administer the Family Needs and Strengths FANS

TRANSITION IMPLEMENTATION SKILLS:
1. Customize helping approaches to fit the family’s uniqueness, personality, culture and interest
2. Inform and support families to effectively use ASK and other community services
3. Assess and respond to immediate safety and stabilization needs
4. Communicate ideas by using own life as learning and teaching tool
5. Utilize the family’s expertise in problem solving and solution seeking
6. Collaborate with others to implement plans
7. Respond to families in a timely fashion

**SKILLS:**

1. Inform, introduce and link families to follow-up support
2. Summarize accomplishments and next steps collaboratively with the parent
3. Follow up with family to determine referral completion and satisfaction
4. Communicate a sense of hope as families complete services
Non - Management Position Description

Position Title: Family Advocate I

Location/Affiliate: Various Locations and Affiliates

Position Number:

Reports To: Assigned Manager

Department:

Completed By: Job Description Team

Date:

FLSA Status: Non Exempt

Date of HR Approval

Purpose:
Under the supervision and general direction of their assigned manager, the Family Advocate I provide outreach, information, referrals, and advocacy services and helps to coordinate family support services for families of children with special needs.

Essential Functions: The major duties of the job that constitute the fundamental tasks and or responsibilities of the position. Employees must be able to perform the essential functions of the position with or without reasonable accommodations.

<table>
<thead>
<tr>
<th>Daily*=D</th>
<th>Periodic=P</th>
<th>Occasional=O</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide emotional support to the family through telephone and face to face meetings.</td>
<td>D</td>
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<tr>
<td>2. Meet program specific billable service requirements (as appropriate).</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>3. Meet documentation requirements in a timely manner per program guidelines.</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>4. Provide family support as needed.</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>5. Coach families how to advocate for themselves.</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>6. Facilitates/co-facilitates meetings with families in the home or at the agency.</td>
<td>D</td>
<td></td>
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<tr>
<td>7. Advocate for families active in service.</td>
<td>D</td>
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<tr>
<td>8. Help family find ways to meet basic needs of food, clothing, shelter, safety, and health.</td>
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<tr>
<td>9. Assist the family in identifying parenting skills which could be strengthened and provide role modeling of these skills.</td>
<td>D</td>
<td></td>
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</tbody>
</table>
10. At point of intake, help family assess their own resources for services needed, i.e. respite, transportation, child care.

11. Links family to HFA PAP.

12. Acts as an advocate in identifying and accessing community services and resources for families.

13. Help family identify gaps in services needed and assist in planning to eliminate gap.

14. With family identify strengths upon which to build a foundation of improved communication and coping skill.

15. Meet regularly with Clinician to coordinate and discuss treatment plan related to family functioning.

16. Attend CSE or community services meetings with family, advocating for them as necessary

17. Assists family in developing natural and community resources to meet their continuing care needs.

18. Works flexible hours as determined by families needs. (This may include evenings and weekends as determined by needs of service).

19. Performs various related responsibilities and duties based on the particular assignment and or Service.

20. Assists individuals and families in crisis.

21. This job description is not exhaustive. Employees may be required to perform other duties as assigned.

*Daily = What the position does every day.
Periodic = What the position does regularly – every few days, every week or every month. Occasional = What the position does every several months or on an annual basis.

**Job-Related Qualifications**

**Education:**

Required: High School diploma Area of Study:

Preferred: Please Choose Area of Study:

Note: Proof of any required education degree will be required pre-employment and, as required, during employment.
**Licenses or Accreditation:**

Required: NYS Driver’s License  
Note: Clean driving record to meet agency standards

Required: Please Choose  Specialty Area (if applicable):

Preferred: Please Choose  Specialty Area (if applicable):

Note: Proof of any required license and/or accreditation will be required pre-employment and, as required, during employment.

**Prior Experience:**

Required: Parent or Primary Care Giver of a child with special needs and / or social, emotional, or behavioral challenges; experience in navigating systems (general or special education, court, specialized therapies, etc.) to obtain services for their child/family; has supported/assisted other families in obtaining assistance.

Preferred:  
Years: Please select  
Type:

**Competencies: Describe specific skills or behaviors that must be demonstrated on the job in this position.**

| 1. Displays sensitivity to the needs of clients, visitors and colleagues |
| 2. Cooperates with other departments and work groups |
| 3. Discusses confidential matters only in an appropriate manner and setting. |
| 4. Treats everyone with courtesy and respect. |
| 5. Proficiency with understanding written and verbal instructions, converting instructions into tasks and completing tasks must be demonstrated on the job. |
| 6. Proficiency with office productivity programs and software, organization skills, tact and priority setting must be demonstrated on the job. |
| 7. Compliance with all regulatory requirements and Hillside Family of Agency rules and expectations must be demonstrated on the job. |
| 8. Proficiency with office correspondence including email and internet must be demonstrated on the job. |
| 9. Proficiency with software applications, accurate data entry and the ability to learn new applications must be demonstrated on the job. |
10. Proficiency with effective communications at all levels internally and externally must be demonstrated on the job.

**Physical Requirements:**

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<thead>
<tr>
<th></th>
<th><strong>OCCASIONAL (0-33%)</strong></th>
<th><strong>FREQUENT (34%-66%)</strong></th>
<th><strong>CONTINUOUS (67%-100%)</strong></th>
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<td>&lt;30 min</td>
<td>1 hr</td>
<td>2 hr</td>
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<tr>
<td>Sitting</td>
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<tr>
<td>Standing</td>
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<tr>
<td>Walking</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Driving</td>
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<table>
<thead>
<tr>
<th></th>
<th><strong>NONE</strong></th>
<th><strong>OCCASIONAL 1 - 2.5 hr.</strong></th>
<th><strong>FREQUENT 2.5 - 5.5 hr.</strong></th>
<th><strong>CONTINUOUS 5.5 - 8 hr.</strong></th>
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<tbody>
<tr>
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<tr>
<td>Bending/ Stooping</td>
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<tr>
<td>Climbing</td>
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<tr>
<td>Crawling/Crouching</td>
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<tr>
<td>Reaching Forward or Down</td>
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<tr>
<td>Reaching Overhead</td>
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<tr>
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<tr>
<td>Twisting</td>
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**Lifting and Carrying:**

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<th></th>
<th><strong>Required</strong></th>
<th><strong>Distance</strong></th>
<th><strong>Heaviest Lb.</strong></th>
<th><strong>Frequency</strong></th>
<th><strong>Most Frequent Lb.</strong></th>
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<tbody>
<tr>
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<td>20 lbs.</td>
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<tr>
<td>Carrying</td>
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<td>Varies</td>
<td>5-10 lbs.</td>
<td>Daily</td>
<td>5-10 lbs.</td>
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**Manual Dexterity:**

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<th><strong>Occasional 1 - 2.5 hr.</strong></th>
<th><strong>Frequent 2.5 - 5.5 hr.</strong></th>
<th><strong>Continuous 5.5 - 8 hr.</strong></th>
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<tr>
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<td>Fine Manipulation</td>
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<td>X</td>
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- Is there exposure to extreme changes in temperature or humidity? No
- Is there exposure to dust, fumes, gases or chemicals? Yes***
- Is there work at heights? No
- Protective clothing or equipment required: None
- Ability to change positions as needed? Yes

**Special Considerations:**

*** May be required to attend community meetings or home visits that may occasionally expose employees to cigarette smoke or normal household cleaning products.
**GENERAL SUMMARY:** Under the general direction of their assigned manager/director, the Family Advocate Supervisor is responsible for achieving the goals/objects and quality of assigned family advocacy programs and initiatives and the performance of the (Associate) Family Advocates they supervise. Represents the agency with a variety of external organizations as assigned. Ability to mentor and provide training.

**QUALIFICATIONS:**

**Minimum Education:** Bachelors degree (comparable education and related experience will be considered). Minimum of one applicable certification and / or Agency approved advocacy training (PEP, Family Development Credential, Lay Advocacy Training, Partners in Policymaking, etc.).

**Minimum Experience:** Parent or Primary Care Giver of a child with special needs and / or social, emotional, or behavioral challenges; experience in navigating systems (general or special education, court, specialized therapies, etc.) to obtain services for their child/family; has supported/assisted other families in obtaining assistance. Demonstrated proficiency in all essential functions of the Family Advocate position or 5 years of external experience in a comparable position demonstrating same. Prefer prior leadership experience and demonstrated experience in or knowledge of family driven, strength based assessment and intervention tools. Demonstrated experience in or knowledge of eligibility requirements, services offered and system structure. Ability to build relationships/represent the agency with a variety of community and state organizations as assigned. Ability to mentor and provide training.

**Functional Requirements:** Demonstrated leadership ability and exemplary job performance and people management skills. Ability to lead others by example and include others in decision making. Understanding of the theory and practice of systems thinking and team development. Excellent listening, oral and written communication skills with the ability to mediate conflict. Models cultural competence. Able to provide strong advocacy with a non-judgmental approach to working with families. Good organizational/planning and time management skills. Have reliable transportation, driving record and auto insurance that meet minimum agency requirements to transport clients.

**DUTIES:** Each staff consistently demonstrates the following:

**Part I: Agency Responsibilities:**
- Displays sensitivity to the needs of clients, visitors and colleagues.
- Treats everyone with consideration, courtesy and respect.
- Communicates clearly and accurately with clients, visitors, and colleagues.
- Performs duties willingly and with initiative.
- Displays friendly, helpful behavior to clients, visitors and colleagues.
- Uses judgment and tact when dealing with clients, visitors and colleagues.
- Cooperates with other departments or work groups.
- Maintains appearance and hygiene appropriate to delivery of quality services.
- Discusses confidential matters only in an appropriate manner and setting.
- Understands and supports the shared vision, mission and policies of the agency.
- Represents the agency in and to the community in a professional manner.

**Part II: Team Responsibilities:**
- Participates as a constructive member of the team.
- Is willing to improve own work and work of the team.
- Has the ability to look at an issue objectively and find acceptable compromises within the team.
- Solves problems proactively in the team.
- Conducts him/herself in a professional manner using team time efficiently.
- Resolves problems with the appropriate team members, using conflict resolution skills.
- Acts in the best interest of the Agency.

**Part III: Personal Responsibilities:**
- Knowledge of personnel and work related policies.
- Consistent, punctual and reliable attendance.
- Knowledge of and compliance with safety regulations including universal precautions and hazardous material safety rules, where applicable.
- Ability to perform work properly the first time, uses time, equipment, services and supplies in an efficient way.
- Ability to express him/herself verbally and in written form at a level equal to his/her responsibilities.
- Follows through on commitments.
- Willingness to admit mistakes and learn from them.
- Education and application of age specific knowledge to clients served.
- Sensitivity to biological, psychological, social and cultural diversity.
- Demonstrates ethical and professional conduct, using shared vision and ethics policy as a guide.
- Is responsive to customers and strives to satisfy them.
- Assumes responsibility for own professional development and learning.
- Demonstrates commitment to continuous quality improvement.

**ESSENTIAL FUNCTIONS:**
- Provides leadership and supervision to assigned staff.
- Plans, organizes, assigns and monitors work of assigned staff.
- Involves team members in decision making process and encourages the development of leadership skills in other team members.
- Practices systems thinking.
- Communicates on behalf of the team with families, internal and external resources, and funders.
- Makes decisions as needed, and has authority to implement decisions in conjunction with the leadership structure of the given service area.
- Mediates conflict as needed between team members in accordance with agency conflict resolution policy.
- Coordinates with team members and regional resources to complete performance appraisals for team members. Takes appropriate actions to improve performance and/or take disciplinary actions as required. Documents same.
- Hires staff as approved
- Responsible to insure that team development occurs in accordance with agency curriculum. Puts into operation learned tools in conjunction with team members.
- Insures Agency policies, procedures and all applicable governmental laws/regulations are adhered to.
- As required performs the essential functions of a Family Advocate.
- Performs other responsibilities as assigned.

This job description is intended to describe essential job functions used to assess the performance of a staff member and is not intended to be an all-inclusive statement of job responsibilities. It may be revised at any time to reflect the changing needs of the Agency.
AGENCY JOB POSTING

FROM: 11/9/12 TO: 11/23/12

POSITION OPENING: FAMILY PEER SUPPORT PROVIDER

DIVISION: Community Residence

Responsibilities: Provides emotional support and advocacy to families of children with emotional or behavioral disabilities with special emphasis on parent support and communication. Ensures completion of Parenting Wisely training for all parents and staff. Maintains contact with and supervision of residents. Promotes a strength-based, family driven approach to care and interfaces with both family and Service providers. Assists with completion of Functional Assessments and Progress Notes. Participates in Service Plan Meetings, Clinical Reviews of youth and development of Service Plans and Behavior Management Plans. Responsible for documenting a minimum of 4 restorative service notes per month. Completes family activities and gatherings within scope and purpose of programming.

Qualifications: High School Graduate or Equivalency, knowledge of Mental Health Service System. Good written and verbal communication skills. Minimum of one year experience working with youth or adults in a Human Service capacity. Parent of a child with serious emotional disturbance or other emotional/behavioral disability. Minimum 21 years of age; clean NYS driving record, clean fingerprint record.

FULL-TIME/PART-TIME: Part Time (32 hours max/week) GRADE LEVEL: 3

HOURS: Days, evenings, weekends in keeping with families and activity schedules.

SALARY RANGE: $10.00 - $13.00/hourly

IF INTERESTED CONTACT:
Position: ASSISTANT DIRECTOR OF FAMILY INVOLVEMENT

Region: Monroe
Date: 1-27-11
Program: Integration
Location: 
Hours: Up to 40; Flexible Schedule

Requirements: Under the matrix managed supervision of the Director of Family Involvement and the Integration Operations Manager, the Assistant Director of Family Involvement is responsible for supporting agency Family Involvement activities and systems by completing various administrative functions and by bringing the “family perspective” to the Integration Center. Is also responsible for providing operations support and implementing administrative systems, procedures, and policies. Provides support and/or is responsible for administering complex activities requiring independence and frequent decision making abilities. Provides outreach information, referrals, and advocacy services that help to coordinate family support services for families of children involved with the Integration Center. Demonstrated experience in and knowledge of family driven, strength based assessment and intervention tools. Demonstrated experience and knowledge of eligibility requirements, services offered and system structure. Successful completion of the Parent Empowerment Program (PEP), Family Development Credential (FDC), Partners in Policy Making, or other formal advocacy training preferred. Minimum Education: High School diploma with applicable certifications and / or Agency approved advocacy training (PEP, Family Development Credential, Lay Advocacy Training, Partners in Policymaking, etc.) highly desirable. Minimum Experience: Parent or Primary Care Giver of a child with special needs and/or social, emotional, or behavioral challenges; experience in navigating systems (general or special education, court, specialized therapies, etc.) to obtain services for their child/family; has supported/assisted other families in obtaining assistance. Demonstrated proficiency in all essential functions of the Family Advocate Level 2 position.

Demonstrated experience in and knowledge of family driven, strength based assessment and intervention tools. Demonstrated experience and knowledge of eligibility requirements, services offered and system structure. Successful completion of the Parent Empowerment Program (PEP), Family Development Credential (FDC), Partners in Policy Making, or other formal advocacy training preferred. Ability to build relationships/represent the agency with a variety of community and state organizations as assigned. Ability to mentor and provide training.

Functional Requirements: Have reliable transportation, driving record and auto insurance that meet minimum agency requirements to transport clients. Proficient communication skills including excellent listening skills. Able to provide strong advocacy with a non-judgmental approach to working with families. Good organizational/planning and time management skills.
Date: January 4, 2014

Agency:

Type: Part Time, 20 hours a week

Position Opening: Family Peer Support Worker

Contact Person:

Job Description:

Provide support, training & advocacy to parents of children with mental health or behavioral disorders in the Cattaraugus County. Must have experience navigating the children’s mental health and school special education system as a parent or caregiver, and meet other requirements. Required: High School diploma, valid driver’s license, reliable transportation, ability to complete required background checks and ability to work flexible hours that may include late afternoons & evenings. Participation in regular ongoing support and training is provided for the position. This is a part time position of 20hrs per week with the ability to create your own schedule while accommodating the families you serve.
Recommended Definition for Family Partners by Family Partners

Adopted Thursday May 22, 2008

Definition of who is a Family Partner:
Since January 2008, North Carolina Families United, NFFCMH has facilitated Family Partner Development meetings. All Family Partners who have participated in NC System of Care trainings across the state and who work within the values and principles of the System of Care philosophy were invited to participate in the development meetings. In order to insure consistency and validation of the profession a statewide recommended job description was developed and adopted by attendees. It should be noted that the definition of Family Partner Coordinator and Family Partner is defined as a caregiver/parent of someone who has received services and therefore has firsthand experience within the child and family system, or who has gone through the system themselves. The authors of this document recognize the legitimacy and value of many individuals who have not had firsthand experience within their own personal lives who are working with families and advocating for families in a similar fashion. In order to emphasize the belief that family firsthand experience is the best practice in helping other families navigate the system and to clarify any miscommunication of the title Family Partner Coordinator and Family Partner it is strongly recommended that other individuals doing the same work are recognized yet hold a title of Family Advocate, Family Support Partner or other title their organization deems appropriate. This process will allow families the opportunity to choose the people who best meet their needs.

Job Description 1:

FAMILY PARTNER COORDINATOR: a youth or adult who has received services or who is a caregiver/parent of someone who has received services and therefore has firsthand experience within the system. The coordinator works within the System of Care (SOC) values and principles.

A Family Partner Coordinator partners, recruits, advocates, trains, and coordinates in collaboration with stakeholders in the community.

A Family Partner Coordinator collaborates with fellow stakeholders in the following ways:

PARTNERS: with families, the SOC Coordinator and stakeholders in the community

RECRUITS: Family Partners and Mentors new Family Partners

ADVOCATES: SOC values and principles for families, youth and children so that the SOC approach is used when addressing families needs.

Promotes collaboration among families, providers, service givers and natural supports. (Natural supports may include the faith based community, neighbors, and community organizations such as the YMCA, etc.)

Attends relevant meetings in support of the family such as, but not limited to, CFT, Individual Education Plans (IEP) Intervention, manifestation, Positive Behavior Supports (PBS), 504 hearings, juvenile justice, drug court, treatment team meetings.

TRAINS AND CO-TRAINS/EDUCATES/COACHES: Community and Professional Stakeholders in Family-driven, youth guided SOC values/principles, the CFT process and other strength based processes, and/or other trainings that promote family voice and choice.

Stakeholders may include but are not limited to:

- Parents
- Youth
- Children
- Family Members
- Service Providers
- Service Givers
- Natural Supports
- Business Community
- Community Stakeholders

COORDINATES: matching Family Partners with families who are navigating the system.

May collaborate in the preparation of the family for the CFT and other meetings.

May collaborate in the follow-up with the family after the CFT and other meetings.
May work in collaboration with SOC Coordinator to help link services for the CFT.

Supports family needs by looking at resources in the community in an innovative creative manner.

**PROMOTES:** Family voice and collaboration

May identify and promote activities that help fill-in the unmet needs for families.

May attend collaborative, interagency, infrastructure and other community meetings to promote family voice and a family perspective.

Salary for this position will be determined by the employer. Optimally, it is recommended that this will be a paid full time position with a salary range of $15.00-$20.00 per hour.

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**Job Description 2:**

**FAMILY PARTNER:** A youth or adult who partners with families and adheres to the SOC values and principles. A family partner has received services or is the caregiver/parent of someone who has received services.

A Family Partner may advocate, train and co-train in the same fashion as a Family Partner Coordinator. The Family Partner Coordinator may act as mentor or coach to the Family Partner. Not all Family Partners are Family Partner Coordinators.

Salary for this position will be determined by the employer. Optimally, it is recommended that this will be a paid full time position with a salary range of $13-$15.00 per hour.

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**Job Description 3:**

**FAMILY PARTNER Trainer:** A youth or adult who has received services or who is a caregiver/parent of someone who has received services and therefore has firsthand experience within the system. The Family Partner Trainer works within the System of Care (SOC) values and principles.

A Family Partner Trainer, recruits, advocates, trains, and coordinates in collaboration with stakeholders in the community.

A Family Partner Trainer collaborates with fellow stakeholders in the following ways:

**PARTNERS:** with families, the SOC Coordinator and stakeholders in the community

**TRAINS AND CO-TRAiNS /EDUCATES/COACHES:** Community and Professional Stakeholders in Family-driven, youth guided SOC values/principles, strength based processes, and/or other trainings that promote family voice and choice or parent education.

Stakeholders may include but are not limited to:

- Parents
- Youth
- Children
- Family members
- Service Providers
- Service Givers
- Natural Supports
- Business Community
- Community Stakeholders

**PROMOTES:** Family voice and collaboration

May identify and provide technical assistance that help fill-in the unmet needs for families, by developing a curriculum training based on evidenced based practices or community based needs.

May attend collaborative, interagency, infrastructure and other community meetings to promote family voice and a family perspective.
JOB Duties Outlined:

Train on issues related to their first hand experiences using system of care values and principles and recommended best practices based on current state and national data.

Develops curriculum based on national research and evidence based practices when there is a need.

May work with other Family Partner trainers, Parent Educators or community partners to co-train.

Support and foster co-training relationships.

Design and implement evaluation tools that collect data on the effectiveness of the trainer and trainings presented.

Supports data collection and analysis and is willing to improve trainings based on findings.

Updates training techniques and tools relevant to outcomes.

Takes advantage of professional development

Can work as a private contractor or employee of an agency.

Family Partner Training Duties are often times not exclusive to those persons holding this title. A Family Partner, Family Partner Coordinator or Lead Family Partner can act as a Family Partner Trainer and have Family Partner Trainer duties included into their job descriptions.

Salary for this position will be determined by the employer. Optimally, it is recommended that this will be a paid full time position with a salary range of $15.00-$20.00 per hour. A temporary contracted Family Partner Trainer should receive $50.00 an hour or $400.00 a day for curriculum development and roll out of trainings.
2. SCOPE OF SERVICES

Rehabilitative mental health services are covered benefits when they are medically necessary services. Medically necessary services may include psychiatric diagnostic interview examination, mental health assessment by a non-mental health therapist, psychological testing, individual psychotherapy, individual psychotherapy with medical evaluation and management services, family psychotherapy, group psychotherapy, pharmacologic management, therapeutic behavioral services, psychosocial rehabilitative services, and peer support services as described in Chapters 2-2 through 2-10. For PMHPs, rehabilitative mental health services also include 1915(b)(3) services defined in Chapter 3.

2 - 11 Peer Support Services (page 35 to 38 of 49)

Peer support services means face-to-face services that are provided for the primary purpose of assisting in the rehabilitation and recovery of adults with serious and persistent mental illness (SPMI) and children with serious emotional disturbances (SED). Individuals may also have co-occurring substance use disorders. SED is the inclusive term for children and adolescents whose emotional and mental disturbance severely limits their development and welfare over a significant period of time and requires a comprehensive coordinated system of care to meet their needs. For children with SED, peer support services may be provided to their parents/legal guardians when the services are directed exclusively toward the treatment of the Medicaid-eligible child.

Peers offer a unique perspective that clients find credible; therefore, peer support specialists are in a position to build alliances, instill hope, and demonstrate that recovery is possible. Peer support services are provided to an individual, a group of individuals or parents/legal guardians. On occasion, it may be impossible to meet with the peer support specialist in which case a telephone contact with the client or parent/legal guardian of a child with SED would be allowed. Through coaching, mentoring, role modeling, and as appropriate, using their own recovery stories as a recovery tool, peer support specialists assist clients with their recovery goals. Peer support specialists assist clients in developing skills in areas including: creation of recovery goals; daily and community living, including, when age appropriate, independently obtaining food, clothing, housing, medical care, employment, etc.; socialization; adaptation and problem-solving; development and maintenance of healthy relationships and communication; combating negative self-talk and facing fears; regulation of emotions, including anger management; pursuing educational goals; securing and maintaining employment and overcoming job-related anxiety. Peer support specialists also provide symptom monitoring and crisis prevention, assist clients with recognition of health issues impacting them and with symptom management.

Peer support services are delivered in accordance with a written treatment/recovery plan. Clients lead and direct in their own recovery by identifying their own preferences and individualized measurable recovery goals.
Who:

Peer support services are provided by certified support specialists.

To become a certified support specialist, an individual must:

1. be at least age 18 and:
   a. a self-identified individual who is in recovery from SPMI or SED, and from co-occurring substance use disorders if co-morbidly diagnosed; or
   b. a parent of a child with SED or an adult who has an on-going and personal relationship with a family member who is a child with SED; and

2. successfully complete a peer support specialist training curriculum designed to give peer support specialists the competencies necessary to successfully perform peer support services. Curriculums are developed by the State of Utah, Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH), in consultation with national experts in the field of peer support. Training is provided by DSAMH or a qualified individual or organization under contract with the DSAMH. An individual who successfully completes the certification training will receive a written peer support specialist certification from the DSAMH. Peer support specialists must successfully complete 20 hours of continuing education each year to maintain the DSAMH certification.

Certified peer support specialists are under the supervision of a licensed mental health therapist practicing within the scope of his or her license in accordance with Title 58 of the Utah Code:

a. licensed physician and surgeon or osteopathic physician engaged in the practice of mental health therapy;

b. licensed psychologist qualified to engage in the practice of mental health therapy;

c. licensed clinical social worker;

d. licensed certified social worker under the supervision of a licensed clinical social worker;

e. licensed advanced practice registered nurse (APRN), either as a nurse specialist or a nurse practitioner, with psychiatric mental health nursing specialty certification;

f. licensed marriage and family therapist; or

g. licensed professional counselor.

Certified peer support specialists must receive weekly individual and/or group supervision by their supervisor.

Limits:

1. Peer Support Services is an approved service effective July 1, 2011. Peer support services provided on or after this date may be billed or reported to Medicaid.

2. Peer support groups are limited to a ratio of 1:8.
3. Medicaid clients or Medicaid-eligible children’s parents/legal guardians may participate in a maximum of four hours of peer support services a day.

4. With the exception of older adolescents (adolescents age 16-18) for children with SED, peer support services are provided to their parents/legal guardians and the services are directed exclusively to the treatment of the Medicaid-eligible child (i.e., toward assisting the parents/legal guardians in achieving the rehabilitative treatment goals of their children.

5. In accordance with 42 CFR 440.130, and the definition of rehabilitative services, the following do not constitute medical or remedial services and may not be billed or reported to Medicaid:

   a. Job training, job coaching, and vocational and educational services. These activities are not within the scope of a peer support specialist’s role; however, helping individuals with the emotional and social skills necessary to obtain and maintain employment is within the scope of peer support services;
   b. Social and recreational activities (although these activities may be therapeutic for the client, and the peer support specialist may obtain valuable observations for processing later, they do not constitute billable services. However, time spent before and after the activity addressing the clients’ skills and behaviors related to the clients’ rehabilitative goals is allowed); and
   c. Routine transportation of the client or transportation to a site where a peer support services will be provided.

Record:

Documentation must include:
1. date and actual time of the service (time may be rounded to the nearest five minute interval);
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. progress toward treatment goal(s) or if there was no reportable progress, documentation of reasons or barriers; and
7. signature and licensure or credentials of individual who rendered the service.

If peer support services goals are met as a result of participation in the service, then new individualized goals must be added to the treatment plan.

Unit:

H0038 – Individual Peer Support Services - per 15 minutes

H0038 with HQ modifier - Group Peer Support Services - per 15 minutes per Medicaid client
When billing or reporting this procedure code/modifier, follow these rounding rules for converting actual time to the specified number of units:

Less than 8 minutes equals 0 units;

8 minutes through 22 minutes of service equals 1 unit;

23 minutes through 37 minutes of service equals 2 units;

38 minutes through 52 minutes of service equals 3 units;

53 minutes through 67 minutes of service equals 4 units;

68 minutes through 82 minutes of service equals 5 units;

83 minutes through 97 minutes of service equals 6 units;

98 minutes through 112 minutes of service equals 7 units; and

113 minutes through 127 minutes of service equals 8 units, etc.
Job Description: The Kentucky Partnership for Families and Children, Inc. (KPFC) is a
nonprofit organization that works to improve the quality of life for children, youth, and young
adults facing emotional, social, and behavioral challenges. This position is a grant-funded
position that continues through September 30, 2014. This position will be responsible for:

☆ Expanding existing parent networks in identified regions of the state on how to include
parents that have children between birth to five years old who have social, emotional,
and behavioral needs and their families,

☆ Providing peer support to parents who have children between birth to five years old who
have social, emotional, and behavioral needs,

☆ Training parents on how to navigate the systems that serve children between birth to five
years old with children age birth to 5 who have social, emotional, and behavioral needs,

☆ Providing a “parent voice” on state-level committees as the parent of a son/daughter that
has dealt with, or is dealing with, a child between birth to five years old who have
social, emotional, and behavioral needs.

☆ Participating in national and local evaluation activities

☆ Training and supporting parent leaders to participate in national and local evaluation
activities

☆ Coordinate and staff KPFC’s Early Childhood Advisory Council, and

☆ Provide supervision and leadership to early childhood parent leaders across the state.

Requirements:

➢ Parent of a child that is receiving, or has received, services for a social, emotional, and
behavioral needs when their child was birth to five years old,

➢ Ability to share parent voice from the perspective of a parent with a young child,

➢ Bachelors degree in Human Services, Education, Family Studies, or Early Childhood, or
related field preferred. (Experience and skills may be substituted for degree.)

➢ A minimum of one year supervisory experience,

➢ An ability to collect data and use data in decision-making,

➢ Strong computer skills,

➢ Effective communication skills, both oral and written;

➢ Ability to plan, organize, and coordinate work,

➢ Comfortable speaking in front of small groups, and

➢ Ability to travel within the state and minimal out-of-state travel.

Send cover letter and resume to Mary Chicoinesmith by November 8, 2010, at KPFC, 207
Holmes Street, First Floor, Frankfort, KY 40601.
A Brief Overview of Parent Peer Specialists

Throughout America, there is a growing recognition of the key role peer specialists can play in the recovery of individuals with mental health needs. This document focuses on a particular class of peer specialists who work with families that include children with emotional or behavioral disorders.

What Is a Parent Peer Specialist?

Parent peer specialists are:

- A parent or caregiver of a child with emotional or behavioral disorders, or other special needs
- Specifically trained for an information, support and advocacy role
- Genuinely understanding and appreciative of the culture of a family living with a child with special needs, because it is also their culture
- Typically employed by an organization other than service-providing agencies

There is a critical difference between support for families and peer specialist support:

<table>
<thead>
<tr>
<th>Family Support</th>
<th>Peer Specialist Support</th>
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<tbody>
<tr>
<td>Delivered by anyone within the system</td>
<td>Delivered by trained individual with first-person experience</td>
</tr>
<tr>
<td>All services within a well-balanced system should be supportive</td>
<td>Must have direct system experience as a family member of someone receiving services</td>
</tr>
<tr>
<td>Therapeutic or professional distance maintained</td>
<td>Use of self and self-disclosure as a means to help</td>
</tr>
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Theory For the Use of Parent Peer Specialists

Families raising children with special needs, especially those with emotional or behavioral disorders, report significantly higher levels of caregiver strain. Caregiver strain is a term given to describe various stressors affecting the functioning of a family. Caregiver strain may be caused by fear, guilt, anxiety, isolation, hopelessness and exhaustion – all very common traits of families that include children with significant mental health needs.

High levels of caregiver strain have been linked to:

- Decreased likelihood of seeking help for their children
- Child maltreatment (4-10x the incidence of the general population)
- Substance abuse
- Domestic violence
- Fracturing of the family unit (e.g., out-of-home placement, separation/divorce)
Parent peer specialists work directly with the family, targeting the causative factors that increase caregiver strain. They typically employ a non-judgmental approach that fosters listening, learning and lasting solutions.

The model of using someone with a shared experiential background to assist individuals in overcoming the challenges they face is widely-used. One of the more well-known examples is Alcoholics Anonymous.

**What Does a Parent Peer Specialist Do?**

The specific activities conducted by a parent peer specialist are individualized, based on the strengths and needs of the child and his/her family. In general, they work to break the loneliness, isolation and hopelessness that often grip these families. They teach skills, either directly or through modeling. They identify resources and assist the family in accessing and using those resources. They use relationships they’ve developed to help the family get their needs met.

Activities provided by parent peer specialists may include:

- Supplying information so families can better understand and participate in the systems serving their children
- Giving emotional support and guidance through a maze of services
- Acting as an objective liaison between families, schools, case managers, care coordinators and service providers
- Advocating for filling gaps in services and supports that can help a child flourish
- Ensuring that school plans are effective and appropriate
- Leading support groups that are confidential and educational
- Sponsoring low-cost social and recreational events for families
- Providing telephone support at times needed by families
- Offering hope and encouragement in times of crisis
- Helping families become better advocates for their children

**Parent Peer Specialists in Collaborative Systems of Care (a.k.a. Wraparound)**

Wraparound is a collaborative team process designed to ensure strong family involvement and shared decision making. Because of this construct, some may argue that parent peer specialists (PPS) are not necessary in the process. In practice however, not all wraparound teams are adequately prepared and supported to empower parents to drive the team and be informed decision-makers for their children’s plan of care. Likewise, not all family members possess the self-advocacy skills required to share in decision-making with their wraparound team (Osher & Penn, 2008). Parent peer specialists can help ensure fidelity to the key wraparound concepts of family involvement and shared decision making.

According to the National Wraparound Initiative (NWI), “the [Parent Peer Specialist] (Note: NWI refers to PPS as “Family Partners”) is a formal member of the wraparound team whose role is to serve the family and help them engage and actively participate on the team and make informed decisions that drive the process. [Parent peer specialists] have a strong connection to the community and are very knowledgeable about resources, services, and supports for the family. The [parent peer specialist’s] personal experience is critical to earning the respect of families and establishing a trusting relationship that is valued by the family” (Penn & Osher, 2007).

Parent peer specialists help the wraparound process work more smoothly by reminding the team of the importance of the wraparound principles and fostering open communication. As one parent peer
specialist put it, “I can say things to parents that they will listen to because I’m a parent, not a professional. I can also say things to professionals that [the family] can’t say, but I can because I’m ‘just a parent,’ all of which facilitates open communication on teams.” Parent peer specialists often report that families will listen to what they say, while ignoring the same exact information when provided by a professional.

Activities provided by parent peer specialists in wraparound settings may include:

- Acting as a mediator, facilitator, or bridge between families and agencies
- Communicating and educating team members on wraparound principles, the importance of family voice and choice, and other key aspects of ensuring wraparound fidelity
- Helping the team understand the parent perspective
- Helping families prepare for and supporting families during Individualized Education Program (IEP) meetings
- Sharing personal experiences that can help teams to develop creative strength-based options
- Taking calls and providing support at times professionals are typically unreachable
- Listening to the family’s frustrations and concerns, thereby freeing up time for the Care Coordinator
- Saying things to family members that may have a greater impact because the PPS has experienced some of the same frustrations and challenges as the family
- Conducting program evaluations that are more likely to get honest positive and negative feedback from families

As a general practice, parent peer specialists should serve on wraparound teams only as long as families need their support to effectively speak for themselves. However, they should continue to be available as a resource to wraparound families in times of need.

**Evidence for Parent Peer Specialists**

**Literature Review**

A large body of research speaks to the unique benefits of parent-to-parent support:

- Parent-to-parent support provides help in seeing hope for the future, feeling less alone, seeing positives in the situation, acceptance of the child’s diagnosis, seeing family strengths, and dealing with stress (Santelli et al., 1997).
- Peer support was found to be helpful by over 80% of parents utilizing the services; it increased parents’ sense of being able to cope and their acceptance of their situation (Kerr & McIntosh, 2000)
- Parent-to-parent support is a means for helping parents feel less isolated, for providing empathy by those who truly understand, and for providing hope in what may seem a hopeless situation (Shelton et al., 1987).

Some of the conclusions found in the literature review include:

- “The transforming effect of contact with other parents was clearly evident.”
- “Parent-to-parent support can exert a powerful stress-buffering influence.”
- “Peer support provided ... benefits ... that evidently could not be derived from other sources.”
- “Parents of children with special health care needs are uniquely qualified to help each other.”
Research Studies

There are two recent studies of the impact of parent peer specialists.

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<td>Method</td>
<td>Mixed-methods approach consisting of focus groups, interviews, questionnaires, and secondary analysis of an existing database</td>
<td>Non-random pilot study with self-administered online surveys with five demographic and eight closed-ended statements, based on the Likert Scale</td>
</tr>
<tr>
<td>Key Findings</td>
<td>Children whose parents received peer support specialist services have better outcomes in terms of residential status, law enforcement contact, academic performance, and school attendance. In addition, these children demonstrated fewer externalizing behaviors than children whose parents were not receiving support.</td>
<td>Parents receiving peer specialist services experienced improvement in coping skills, emotional health and confidence, as well as increased knowledge, improved management of children’s behavior, and more confidence in advocacy skills. The data do not as strongly support a link to improvement in the children’s behavior. However, there is still some indication that improvements for the parents impacted the children, as evidenced by a correlation between parent coping skills and better school grades for their children.</td>
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</table>

Evaluation of Wisconsin Family Ties’ Services

The following outcomes were determined by a survey of families served by Wisconsin Family Ties (WFT) in 2009.

- 97% feel they now have somewhere to turn when they need information & support
- 84% believe WFT helped them become better advocates for their children
- 88% reported they now know the steps to take when they are concerned about the services their children are or are not receiving

For families that identified prior to receiving services that improvement was possible according to the survey rating scale (i.e., where the “pre-test” was not already at the highest rating on the Likert Scale before receiving parent peer specialist services), respondents reported the following improvements after receiving services from Wisconsin Family Ties:

- 100% felt more capable of dealing with the various systems serving their child
- 84% felt more able to cope with their family situation
- 97% reported having more information regarding their child’s diagnosis, treatment options and available community programs
- 86% felt more hopeful about the future

This document was authored by Hugh Davis, a parent of children with mental health needs and executive director of Wisconsin Family Ties.
SOC Lead Family Contact

Hiring the Lead Family Contact (LFC) is a requirement of the System of Care (SOC) Expansion and Sustainability Cooperative Agreements with SAMHSA. It is also an opportunity to demonstrate a commitment to the value of a family driven system of care for children, youth and young adults with mental, emotional or behavioral health needs. Filling this position with the right person is crucial.

Qualifications of LFC: The main qualification for this position is “lived experience” as the primary caregiver for a child, youth or young adult with behavioral health needs and experience navigating one or more systems for their child. In addition to “lived experience,” it is important that the LFC have additional qualities, such as self-awareness and collaboration skills. The LFC job description template that follows describes these in further detail.

LFC Within the SOC Structure: The position of LFC in the organizational structure of the SOC is critical. The LFC should be part of the leadership or management team and equally important to other leadership positions such as the project director, cultural competence coordinator or social marketer.

Support and Resources: One key role of the LFC is to engage families and prepare them to participate in the planning, implementation and evaluation of the SOC efforts. To ensure there is family voice and involvement at all levels of the SOC initiative, and to fulfill their role and responsibilities, the LFC requires resources, (i.e. material, workforce and a budget). The LFC also requires support to strategize around any challenges or barriers they encounter in their position or assigned tasks.

How Grantees, States, and Communities Have Filled This Important Position:

Contracting with an existing family-run organization: If there is an existing family-run organization in the state, the SOC site may contract with the family-run organization directly to designate a current senior staff member to function as the SOC LFC or hire a new staff member for the position. There are multiple advantages to this arrangement. The family-run organization may have participated in planning the proposal and already be knowledgeable about the goals of the award.
In addition, the family-run organization has access to families and may easily be able to identify families ready to serve in leadership positions such as participating on committees or in governance, or becoming parent peer support providers. This arrangement also provides financial support and greater visibility for the family-run organization and upholds the organization’s sustainability and the expectation of family involvement beyond the funded grant period.

**Hiring an LFC as an employee of the state or local government entity:** If there is no existing family-run organization, SOC sites may directly hire an LFC. Advantages to this arrangement are that the LFC has close access to the SOC project director and other key staff. Family members hired under this arrangement may feel somewhat isolated. It is important that the LFC have access to support and peer supervision so they are clear about their role and know how to handle task related challenges.

**Local or state contracting with a family member to be the LFC:** Numerous procedural obstacles in local or state government can impede or prolong the hiring process for an LFC. Some sites have contracted with a family member on a temporary basis when faced with protracted hiring processes.

**Hiring or contracting with a family member during the establishment of a family-run organization:** Many times, SOC grantee goals include establishing a family-run organization if one does not already exist. For the time it takes to write by-laws, form a board of directors and incorporate the organization, the grantee can play a critical role in “incubating” the family-run organization by employing or contracting with a lead family member while the family-run organization completes the necessary procedures. Once the process is complete, the contract for the LFC can transfer to the newly formed family-run organization.

**SOC LFC Job Description:**

The SOC LFC job description template provides a starting place for constructing a job description based on best practices for the LFC role as required within the current SOC FOA. This key position should be staffed by one individual with a .75 or 1.0 full-time equivalent position (FTE).

Communities and states have used many different titles for this position, such as *Family Involvement Coordinator, Family Support Coordinator,* or *Family Engagement Specialist.* This template uses language from Appendix F of the SOC FOA.

The title selected for the LFC by the SOC community or state should speak to the role of this individual and communicate their leadership status and the equal importance of the role to that of the SOC project director or cultural competency coordinator.
Name of Organization

Title: Lead Family Contact

Immediate Supervisor:

Program/Name of System of Care:

Salary Range:

Full-Time/Part-Time:

Exempt/Non-exempt:

Qualifications:

Successful applicant/candidate must be a primary caregiver (biological parent, kinship caregiver, foster parent, adoptive parent) of a child, youth or young adult, who has received or is receiving publicly funded behavioral health services. Experience includes navigating and advocating within child-serving systems such as mental health, juvenile justice, education or child welfare. Minimum GED or high school diploma; reliable transportation and appropriate insurance; ability to maintain a flexible schedule; and ability to travel and be away from home overnight are required.

Knowledge & Skills:

- Strong writing and verbal communication skills
- Computer literacy with Word, PowerPoint and Excel
- Understanding and belief in the SOC values and principles
- Effective advocacy skills
- Public speaking skills and experience teaching/educating in group setting (families, community members, professionals)
- Ability to maintain professional boundaries, behavior, and appearance
- Ability to work with diverse stakeholders to foster partnerships and collaborations across systems, families and youth.

Competencies:

- Comfortable sharing their own lived experience with others
- Awareness that lived experience (positive and negative) fosters personal growth
- Ability to recognize and understand multiple points of view
- Capacity to think beyond their own family needs to understand the perspective and needs of other families as well as the needs of agencies or systems
• Values collaborative partnerships with families and professionals and actively seeks to build them
• Non-judgmental approach that is tolerant of diverse opinions and attitudes of others;
• Team player who works for the benefit of the whole rather than self

**Programmatic Supervision: SOC Project Director**

Peer supervision should also be included and provided through a family-run organization or by a qualified family leader.¹

**Personnel/Administrative Supervision: Agency of Employment**

The LFC receives regular programmatic supervision from the SOC project director and personnel/administrative supervision from the hiring organization. In the case of a family-run organization, the supervisor should have experience working in SOC, working with families, and supervisory experience supporting family leaders working in the field. If supervision through a family-run organization is not available, the grantee could hire a family leader, experienced and familiar with the community/state to serve in a peer supervisory/coaching capacity.

**Role and Responsibilities:**

The LFC is a member of the SOC project director’s management team and works in partnership with an existing family-run organization whose mission is to support children, youth and young adults with behavioral health disorders and their families, to fulfill their role and responsibilities. In the absence of a family-run organization at the local or state level with this mission, the LFC, in partnership with SOC key stakeholders, will provide direction for and facilitate the development of such a family-run organization.

**LFC Duties May Include:**

**System Partner**

- Participate as a full member of the SOC management team for the SOC initiative to accomplish goals and objectives of the SOC Expansion and Sustainability Cooperative Agreement.
- Promote the mission and vision of the SOC values and principles of family-driven care.
- Support and facilitate families to be engaged in all aspects of the SOC at all levels, including planning, design, financing, outreach, evaluation and implementation of parent peer support services.
- Oversee dedicated funds for family activities, involvement, training, and other necessary tasks including partnering with an existing family-run organization or guiding the development of a family-run organization if none exists.
- Inform the SOC about barriers families may be encountering related to effective engagement, implementation of the SOC services, supports, and/or resources.
- Work with the lead evaluator to ensure evaluation activities are family and youth-driven.
- Work in partnership with the youth coordinator, if one exists, to ensure that family and youth activities of the SOC initiative take place in a coordinated and complimentary way.

¹ For more information contact the Family-Run Executive Director Leadership Association (FREDLA) at 410.746.4538 / info@fredla.org / www.fredla.org
• Work with SOC project director and family-run organization to complete necessary reporting requirements for local, state, and federal stakeholders and funders.

**Family Liaison**

• Work in partnership with an existing family-run organization and other partners to engage families at all levels of the SOC.

• Reach out to new families through participation in community activities, using social media, hosting family activities, and collaboration with existing community groups including cultural and ethnic groups.

• Participate in planning and implementation of activities for Children’s Mental Health Awareness Day.

• Provide training, support, resources, mentoring and any other assistance families may need for fully integrating into the SOC efforts and in leadership roles.

• Develop and/or facilitate opportunities for families to cultivate leadership skills, understand how to participate in decision-making bodies, and empower families to become involved at all levels of the SOC including design, implementation, evaluation, outreach, service delivery and continuous quality improvement.

• Participate on and support family member involvement and sharing of their expertise in training programs, task forces and committees at a local, state and/or national level that enhance the implementation of SOC for families and youth.

• Participate in the development of parent peer support services, including program design, training curriculum development and hiring, training and supervision of parent peer support staff.

• Promote the importance of access to parent peer support for families enrolled in the SOC.

• Work with project director, key SOC staff, stakeholders (including the family-run organization) and families to develop and implement a sustainability plan to continue family involvement, leadership and the roles developed as part of the SOC efforts beyond the life of the grant. If there is currently no family-run organization, the LFC will work with families in the SOC and collaboratively with the project director, key SOC staff and stakeholders, to provide direction and facilitate a plan for creating a family-run organization.
Peer Support Descriptions for Missouri Organizations

**Truman Medical Centers Behavioral Health (TMC) Peer Supports** is the only site that has had a peer specialist from the beginning of the grant period. The current peer specialist has been in the position for almost two years. The paid position started at 20 hours a week and now has increased to 24 hours a week. The Peer Specialist can be used as the first point of contact with the young person if deemed appropriate. Additionally, the Peer Specialist attends the HOPE and Youth MOVE meetings, and conducts outreach for the Program and Peer Specialist services during those council meetings or by appointment. The Peer Specialist works with ages 16 to 25 years.

TMC has had Family Support Providers (FSP) for the past 4 ½ years. Two FSPs are currently working with parents of children (ages 3-14) and transition aged youth/young adults (ages 15-25). One FSP is identified as our Family Support Specialist due to her clinical experience. She works 20 hours a week as an FSP and 20 hours a week as a QMHP while the other FSP works 28 hours a week. The FSPs can work/bill their services for youth up to age 25. They each assist the parents with coordination of FAITH, the parent’s advisory council.

TMC administrative staff work towards making sure the peers support positions are respected throughout the center. They are contributing partners during TIP Solutions Review department staffing, and are included in any treatment team staffing regarding young people with whom they work. Efforts are made to ask staff to avoid using clinical jargon when possible while being sensitive and appreciative of layman terms that peers supports use.

**Comprehensive Mental Health Services (CMH) Peer Supports** has struggled to maintain consistency with the Peer Specialist and Family Support Specialist (FSP) positions. Each peer support lasted less than a year. Both positions are supervised by the Transition Team leader.

In November 2013, CMH hired a new Family Support Specialist. Qualifications for the FSP is that the person had to have a child in the mental health system and is supposed to be TIP trained. The FSP is also supposed to attend a three day Department of Mental Health training. The CSS identifies when there is a need for the FSP. This is a paid part-time position (up to 20 hours) and the hours are billable.

Qualifications for the Peer Specialist are similar to the FSP in that the person is supposed to be a recipient of mental health services. The position is currently unoccupied at CMH.
Swope Health Services Behavioral Health (SPBH) Peer Supports has recently hired a part-time Family Support Provider (FSP) in September 2013. The FSP is not a clinician and is only responsible for intervention duties. Care plans are done in collaboration with the FSP supervisor. SPBH is looking to expand the responsibilities of the FSP to include the task of reviewing progress notes to better serve the parent and youth. The Center is currently looking for financial sustainability to expand this position to a full time position.

SPBH continues to search for the "right" Peer Specialist for their transitioned aged youth and young adults.

ReDiscover Mental Health Services (ReDiscover) Peer Supports has always had an adult peer specialist however they have always been over 18 years old and not specific to the transition age range of 16-25 years old which is the stipulation made to follow the RECONNECT model. During the course of the pilot study ReDiscover has had a couple of Peer Specialist but they have not worked out well. The next one they hire will be hired part-time for about 5-10 hours and provide support within groups instead of individually. ReDiscover believes that the main criterion for their next peer specialist is that he/she is solid in recovery.

ReDiscover did not have a Family Support Provider (FSP) before the grant started. They currently have an FSP who is housed in the Children's Division and has been TIP trained. The FSP may only have about four or five young people within the transition age of 16-25 who she is working with their parents. The TLP young people seldom have parents that are engaged with their young person.