



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES**

**FAMILY SUPPORT SPECIALIST CERTIFICATION PROGRAM
GUIDELINES, STANDARDS AND PROCEDURES**

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TDMHSAS Family Support Specialist Certification Program

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TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

FAMILY SUPPORT SPECIALIST CERTIFICATION PROGRAM

I. INTRODUCTION

The Family Support Specialist Certification Program (FSSCP) provides State certification for individuals who provide direct *caregiver-to-caregiver* support services to families of children and youth with *mental, emotional, behavioral, or co-occurring disorders*. Because of their life experience in caring for children with these disorders and navigating *child-serving systems*, Certified Family Support Specialists (CFSSs) are able to use their unique experience to inspire hope and provide support to others who are facing similar challenges. This program will allow Certified Family Support Specialists to provide a level of service and support beyond that of clinical staff.

The Certified Family Support Specialist can perform a wide range of tasks to assist *caregivers* in managing their child's illness and fostering *resiliency* and hope in the *recovery* process. These direct *caregiver-to-caregiver* support services include, but are not limited to, developing formal and informal supports, assisting in the development of *strengths-based* family and individual goals, serving as an *advocate, mentor, or facilitator* for resolution of issues that a *caregiver* is unable to resolve on his or her own, or providing education on system navigation and skills necessary to maintain a child with *emotional, behavioral or co-occurring disorders* in their home environment.

Direct *caregiver-to-caregiver* support services provided by a Certified Family Support Specialist are a vital resource to assist families and others who are caring for children and youth with *emotional, behavioral, or co-occurring disorders*. To achieve the *resiliency* and *recovery* goals of the child and family, the CFSS promotes self-determination, personal responsibility, the skills, knowledge and confidence to be an effective *advocate* for his/her child, and inspires a sense of hope that *resiliency* and *recovery* are achievable goals.

II. CERTIFIED FAMILY SUPPORT SPECIALIST DEFINITION

A Certified Family Support Specialist (CFSS) is a person who has self-identified as the *caregiver* of a child or youth with a *mental, emotional, behavioral or co-occurring disorder* and who has successfully navigated the child-serving systems to access treatment and resources necessary to build *resiliency* and foster success in the home, school, and community. This individual has successfully completed training recognized by TDMHSAS on how to assist other *caregivers* in fostering *resiliency* in their child, based on the principles of *resiliency* and *recovery*.

This certification does not in any way indicate that the Certified Family Support Specialist is qualified to diagnosis an illness, to prescribe or provide medication or clinical treatment, or to provide direct *caregiver-to-caregiver* services independent of a TDMHSAS-licensed or otherwise approved agency.

III. CERTIFICATION ELIGIBILITY

In order for an individual to be eligible for certification, certain qualifications of personal experience, training, employment, and job duties must be met.

- **Personal Experience**
 - Self-identify as being or having been the *caregiver/family* member of a child or youth with a *mental, emotional, behavioral, or co-occurring disorder*.
 - Personal experience regarding navigating the child-serving systems as the *caregiver/family* member of a child or youth with a *mental, emotional, behavioral or co-occurring disorder*.
 - Have actively participated for at least twelve consecutive months at any time during the past five years in service planning, system navigation, and building *resiliency* for a child or youth.
 - Have a minimum of six months' work experience (paid and/or volunteer) as a *Family Support Specialist, Support Group Facilitator, Caregiver Educator* and/or *other relevant experience*.
- **Training**
 - Completion of the required *evidence-based* and/or *best practice* Family Support Specialist Training Programs currently recognized by TDMHSAS.
 - Mastery of *competencies* through testing and evaluation as required by the Family Support Specialist Training Programs, including the Professional Competencies Course, recognized by TDMHSAS.
- **Employment / Volunteer Experience**
 - Be under the direct supervision of a *mental health professional* as defined by TDMHSAS.
 - Provide direct *caregiver-to-caregiver support* services.

IV. CFSS EMPLOYMENT GUIDELINES

A CFSS, either employed or volunteer, must be under the direct supervision of a *mental health professional* as defined by TDMHSAS Licensure Rules. A mental health professional as defined by TDMHSAS is a board-eligible or board-certified psychiatrist, or a person with at least a

master's degree and/or clinical training in an accepted mental health field which includes, but is not limited to, counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation, or activity therapy.

As part of his or her job duties, a CFSS must perform tasks described in the CFSS Scope of Activities. The Scope of Activities shows the wide range of tasks a CFSS can perform to assist the child or youth and the family in regaining control over their own lives based on the principles of *resiliency* and *recovery*. The ability to perform any or all of the tasks in the course of the CFSS's job duties is demonstrated by the mastery of *competencies* through testing and evaluation as required by the Family Support Specialist Training Programs recognized by TDMHSAS (see Section VI.A.6, page 6).

Receipt of Certification does not offer or guarantee employment or job placement. Each Certified Family Support Specialist should apply for positions available in his or her community.

V. Employment Standards for Reimbursable Services

If the delivery of the Certified Family Support Specialist service is to be rendered as a Medicaid (TennCare) covered service, then the following guidelines must be met:

- A) Applicants or active CFSS must be employed to work in the role as a paid Certified Family Support Specialist by an agency that is licensed by TDMHSAS and authorized to participate in the Medicaid (TennCare) program.
- B) Agencies that are licensed by TDMHSAS and authorized to participate in the Medicaid (TennCare) program shall:
 - 1) Establish criteria, under which they hire, train and retain Certified Family Support Specialists
 - 2) Provide supervision for Certified Family Support Specialists in accordance with acceptable guidelines and standards of practice as defined by the State and the Centers for Medicare and Medicaid Services.
- C) Each Certified Family Support Specialist providing Medicaid-reimbursable services must be under the supervision of a mental health professional as defined by the State of Tennessee. The mental health professional must work for an agency that is licensed by TDMHSAS and authorized to participate in the Medicaid program. A *mental health professional* means a board eligible or a board certified psychiatrist or a person with at least a Master's degree and/or clinical training in an accepted mental health field which includes, but is not limited to, counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation, or activity therapy.

VI. CERTIFICATION

To become a CFSS in the State of Tennessee, each applicant must meet all minimum requirements, as outlined in the FSSCP Guidelines, Standards and Procedures.

A. Certification Requirements

To become a CFSS in the State of Tennessee, all applicants must meet the following minimum requirements:

- 1) Be at least eighteen (18) years of age or older;
- 2) Hold a high school diploma or a General Educational Development (GED);
- 3) Self-identify as being or having been the *caregiver/family* member of a child or youth with a *mental, emotional, behavioral, or co-occurring disorder*;
- 4) Provide a statement of personal experience regarding navigating the child-serving systems as the *caregiver/family* member of a child or youth with a *mental, emotional, behavioral or co-occurring disorder*;
- 5) During the last five (5) years, have actively participated for at least twelve (12) consecutive months in service planning, system navigation, and building *resiliency* for a child or youth;
- 6) Successfully complete the *evidence-based* and/or *best practice* training currently recognized by TDMHSAS listed below:
 - ONE of the following trainings:
 - (a) National Alliance on Mental Illness of Tennessee's (NAMI-TN) Family Education Program
 - (b) Tennessee Voices for Children's (TVC) Parent-2-Parent Training

FOLLOWED BY

- Family Support Specialist Professional Competencies Course (TVC/NAMI-TN)

OR

- Effective December 1, 2013, applicants may provide documentation of Certification as a Parent Support Provider through the National Certification Commission for Family Support to serve in lieu of currently required State of Tennessee trainings as noted in Section VI.A.6.
- ❖ For information on trainings, contact the Office of Statewide Systems of Care (OSSOC) at 615-770-1788 or fcfs.tdmhsas@tn.gov.
- ❖ Other *evidence-based* and/or *best practice* family support specialist training programs may be considered if appropriate documentation related to the program's curriculum, requirements, and *competencies* are approved by the OSSOC.

7) Successfully demonstrate mastery of the following *competencies* through testing and evaluation as required by one of the *evidence-based* and/or *best practice* Family Support Specialist Training Programs recognized by TDMHSAS:

- An understanding of the basic skills and knowledge needed to provide direct *caregiver-to-caregiver* support services and the ability to apply basic skills to routine tasks.
 - Knowledge of the structure of the *child-serving systems* and how they work
 - Knowledge of the *child-serving systems* and community resources and how to access them
 - An understanding of the Certified Family Support Specialist Scope of Activities
 - An understanding of the Certified Family Support Specialist Code of Ethics
 - Knowledge of the meaning and role of providing direct *caregiver-to-caregiver* support services as a Certified Family Support Specialist
 - Knowledge of how to document activities related to delivery of direct *caregiver-to-caregiver* support services
 - Knowledge of how to help *caregivers* combat negative self-talk, overcome fears, and solve problems
 - Knowledge of how to help *caregivers* articulate, set, and accomplish goals
 - Knowledge of how to teach *caregivers* to create their own family and *individualized plans of care*
 - Knowledge of how to teach *caregivers* to work with mental health or *co-occurring disorder* professionals in order to obtain the services they want
 - Knowledge of how to create and facilitate a variety of family and individual activities that support and strengthen *resiliency*
- An understanding of *resiliency* and the ability to use their personal story to help others. This includes, but is not limited to, the following:
 - How *resiliency* is fostered in children and youth and what is helpful and not helpful
 - The ability to identify the power of a *caregiver's* beliefs and values and how they support or work against success
 - The basic definition and dynamics of the *wraparound* process
 - The ability to articulate what has been helpful and what has not been helpful in their own experience as a *caregiver*

- The ability to discern when and how much of one's personal story to share and with whom
 - An understanding of healing and collaborative relationships and the ability to establish such relationships with other *caregivers* and within the workplace.
 - The dynamics of relationships, including power differentials, conflict, and trust
 - The ability to apply this knowledge to deal personally with conflict and difficult *interpersonal relations*
 - The concept of *seeking out common ground* in establishing collaborative relationships
 - The meaning and importance of family and *cultural* differences and beliefs
 - The ability to ask *open-ended questions* that direct a person to his or her strengths
 - The ability to participate in *healing communication*
 - The ability to interact sensitively and effectively with people of other *cultures*
 - The role of direct support to *caregivers* of children or youth with *emotional, behavioral or co-occurring disorders*
 - An understanding of the importance of and have the ability to maintain *self-care*.
 - The dynamics of *stress* and burnout
 - The role of one's own *wellness plan*
 - The ability to identify one's own strategies for *self-care*
 - The ability to develop and utilize a personal *support network* for both personal and professional activities
- 8) Have a minimum of six (6) months paid and/or volunteer work in a support capacity in any or all of the following roles:
- *Family Support Provider*: a person eighteen (18) years of age or older who has been trained to act as an *advocate*, support, and care coordinator for *caregivers* of children and youth with *mental, emotional, behavioral, or co-occurring disorders*.
 - *Caregiver Educator*: a person eighteen (18) years of age or older who has lived experience and has been trained to provide information and education to other *caregivers* so they can make sound decisions about the resiliency and *recovery* process and treatment. Examples include, but are not limited to, being a family education course teacher, teaching various educational topics at a psychosocial program, or providing

caregivers with educational activities that promote *resiliency* and *recovery*.

- *Support Group Facilitator*: a person eighteen (18) years of age or older who has been trained to lead self-help activities in a group setting with the goal of providing emotional support to the participants. These groups can be structured around specific support needs which include, but are not limited to, support groups for parents of children with *serious emotional disturbance* (SED) or *co-occurring disorders* (COD), and women's or men's support groups.
- *Other Relevant Experience*: a person eighteen (18) years of age or older who has other employment or volunteer experience that enhances and supports work as a Family Support Specialist. This experience may be considered if appropriate documentation related to the employment or volunteer program, mission and objective is approved by the OSSOC.

9) Either as an employee or a volunteer, be under the direct supervision of a *mental health professional*.

10) Read, understand, and agree to the following:

- Successful completion of the required currently recognized *evidence-based* and/or *best practice* Family Support Specialist Training Programs
- The Family Support Specialist Training Program required *competencies*
- Paid and/or volunteer employment experience
- The Certified Family Support Specialist Scope of Activities
- The Certified Family Support Specialist Code of Ethics

B. Term of Certification

The term of certification shall be one (1) year.

VII. CERTIFICATION PROCEDURE

It is the applicant's responsibility to ensure that all required documents are accurately completed and submitted.

The completed application and other required documents, with the exception of the Employment Summary Form, must be submitted by the applicant via mail directly to:

Office of Statewide Systems of Care
ATTN: FSSCP - Certification
Andrew Jackson Building, 5th Floor
500 Deaderick Street
Nashville, TN 37243

- Required application documents:
 - Application Process Checklist
 - Completed Application
 - Statement of personal experience
 - Copy of high school diploma or General Educational Development (GED) (verification upon request).
 - Completed Employment Summary Form (Applicable only to applicants who are employed). The Employment Summary Form must be completed, signed and submitted by the direct supervisor to the OSSOC if the individual is employed.
 - Copies of the certificates of completion from the required *evidence-based* and/or *best practice* Family Support Specialist Training Programs currently recognized by TDMHSAS.
 - Three (3) Completed Statement of Support Forms (Applicants should make copies of the form and ask each supporter to return the completed form to you in a sealed envelope).
 - Signed Acknowledgement of the Certified Family Support Specialist Scope of Activities
 - Signed Acknowledgement of the Certified Family Support Specialist Code of Ethics
- If the submitted application packet is not complete, a deficiency letter stating what documentation is missing will be mailed to the applicant within ten (10) business days. All documentation requested in the deficiency letter must be received by the OSSOC within thirty (30) calendar days of the date of the deficiency letter.
- An application packet not completed within thirty (30) calendar days will be closed. The applicant must then submit a new application packet with all the required documentation for consideration.
- When the application packet is complete, the file will be promptly reviewed by the OSSOC and a certification determination made. Upon successful review, the applicant will be mailed the certificate within four weeks.

The OSSOC will only discuss the application status with the applicant. Please inform all others that updates must be obtained from the applicant.

To obtain a CFSS Application and related forms, contact the Office of Statewide Systems of Care at 615-770-1788 or visit the OSSOC website at: <http://www.tn.gov/behavioral-health/topic/system-of-care-initiative-for-children-youth>.

VIII. REPORTING CHANGES

A CFSS must notify in writing the OSSOC, within ten (10) business days of any of the following:

- Any change in name, address, or other contact information.

- Any change in employment or employment status.
 - An updated Employment Summary Form must be completed and signed by the immediate supervisor and faxed by the employer to the OSSOC.
 - Any change in the agency staff person responsible for providing supervision, even if agency does not change.
- NOTE:** A CFSS must at all times be under the direct supervision of a *mental health professional* as defined by TDMHSAS.
- He or she no longer provides direct *caregiver-to-caregiver support* services.
 - He or she violates the CFSS Code of Ethics.

NOTE: Failure to provide notification of any of these changes may result in, but is not limited to, termination of certification.

IX. CERTIFICATION RENEWAL

To maintain active certification status, the Certified Family Support Specialist must:

- complete and submit a Certification Renewal application annually within the current term of certification;
- if employed with an agency that is a TDMHSAS-licensed or otherwise approved agency submit employment form signed by the supervisor;
- remain under the direct supervision of a *mental health professional* as defined by TDMHSAS;
- provide documentation of the successful completion of recognized on-going CFSS education;
- have no reports of violation of the CFSS Code of Ethics; and
- submit any other documents requested by the OSSOC.

A. Certification Renewal Procedure

Each Certified Family Support Specialist is responsible for renewing his or her certification, and must submit the Certification Renewal application and all other required documentation, at least forty-five (45) calendar days prior to the end of the current certification period. Unless renewed annually and prior to expiration of certification, the certification shall expire one year from the certification date.

To obtain an application for Certification Renewal, contact the Office of Statewide Systems of Care at 1-615-770-1788 or visit the website at: <http://www.tn.gov/behavioral-health/topic/system-of-care-initiative-for-children-youth>.

B. Ongoing Education Guidelines

Fifteen (15) hours of on-going CFSS education are required annually to maintain active certification and must be earned within the annual certification period. On-going

education trainings are not transferable to any other certification period and are intended to enhance the knowledge and skill base of the CFSS.

C. Ongoing Education Standards

Certified Family Support Specialists must complete:

- All in-service trainings required by their employing agency, **and**
- A minimum of two (2) on-going CFSS education trainings, seminars, workshops, or post-secondary courses totaling at least fifteen (15) hours within, but not limited to, the following categories:
 - Family Dynamics
 - Juvenile Justice issues
 - Cultural Competency
 - Special Education Law and Rights
 - Child Welfare issues
 - Substance Abuse in Adolescence
 - Child and Youth Development
 - Social Skills training
 - Basic Wellness
 - Suicide Awareness and Prevention
 - Recovery in the Fields of Mental Health and Co-Occurring Disorders
 - Caregiver Support Services Promoting Resiliency and Recovery

D. Verification Procedure

Each Certified Family Support Specialist must submit an On-Going Education Verification form for each training event. The information below is required to confirm successful completion of the OSSOC recognized on-going CFSS education trainings:

- Certificate of Attendance and/or Completion
 - CFSS Name
 - Certificate must be signed by the trainer
 - Training Date and number of Training hours
 - Title and/or Category of the Training

OR

- For post-secondary courses: official transcripts must be mailed directly from the school to the OSSOC. **Do not** direct the school to send the transcript to your attention.

Documentation of in-service trainings required by the employing agency should be placed in the CFSS's personnel file and copies made available to the OSSOC upon request.

To obtain an On-Going Education Verification form, contact the OSSOC at 1-615-770-1788 or visit the OSSOC website at: <http://www.tn.gov/behavioral-health/topic/system-of-care-initiative-for-children-youth>.

X. TERMINATION OF CERTIFICATION

Termination is the loss of certification.

A. Termination due to deficient documentation

1) Causes

- Failure to provide required on-going education documentation prior to the annual certification date
- Failure to complete and submit an application for renewal
- Failure to submit any other documentation and/or information required by the OSSOC

2) Requirements for Reinstatement of Certification

- Resubmission of a complete application packet, **and**
- Submission of an On-going Education Verification form confirming fifteen (15) hours of on-going education earned within one (1) year prior to the resubmission of the application, **and**
- Submission of any other documentation and/or information required by the OSSOC.

B. Termination due to change in job duties

1) Cause

- The Certified Family Support Specialist no longer performs any of the duties specified in the Scope of Activities

2) Requirements for Reinstatement of Certification

- Submission of a complete application packet, including an Employment Summary form verifying that the applicant now performs duties specified in the Scope of Activities, **and**
- Submission of an On-going Education Verification form confirming fifteen (15) hours of on-going education earned within one (1) year prior to the resubmission of the application, **and**
- Submission of any other documentation and/or information required by the OSSOC.

C. Termination due to willful misrepresentation or Code of Ethics violation

1) Causes

- Failure to adhere to the Certified Family Support Specialist Code of Ethics
- Knowingly providing false information on any document submitted to the OSSOC

2) Requirements for Reinstatement of Certification

The individual may not apply for reinstatement prior to one (1) year following his or her termination.

- Submission of a complete application packet, including an Employment Summary form verifying that the applicant now performs duties specified in the Scope of Activities, **and**
- Submission of an On-going Education Verification form confirming fifteen (15) hours of on-going education earned within one (1) year prior to the resubmission of the application, **and**
- Submission of a report, including supporting documentation, stating the nature of the violation, an acknowledgment of the violation, and all remedies and/or corrective actions taken to ensure that the violation does not recur, **and**
- Submission of any other documentation and/or information requested by the OSSOC, **and**
- A recommendation to reinstate the individual by the Certified Family Support Specialist Advisory Council, based on review of the following:
 - a) The seriousness of the violation
 - b) The acknowledgment of the violation by the individual
 - c) The corrective action(s) taken

XI. INACTIVE STATUS

A. Deactivation of Certification

A Certified Family Support Specialist whose certification is in good standing and is in good standing with his or her employer may request inactive status for up to one (1) year if unable to meet the requirements of certification due to, but not limited to, the following:

- A decline in physical health and/or mental health
- Extenuating personal circumstances

Examples:

- Death of a spouse, child, parent or close relative
- Prolonged illness of a spouse, child, parent or close relative
- Divorce or marriage
- “Loss of” or “Change in” employment
- Birth of a child
- Military Deployment
- Other extenuating employment circumstances

Inactive status will not be granted for failure to comply with the On-Going Education Guidelines of certification or reported violations of the CFSS Code of Ethics.

It is the responsibility of the CFSS to ensure that all required documents are completed and submitted. Only completed requests will be processed.

The completed Inactive Status Form and any other required documents must be submitted by the applicant and mailed directly to:

Office of Statewide Systems of Care
 ATTN: FSSCP – Inactive Request
 Andrew Jackson Building, 5th Floor
 500 Deaderick Street
 Nashville, TN 37243

Please allow ten (10) business days for documents mailed to the OSSOC to be reviewed.

The OSSOC will only discuss the status with the applicant. Please inform all others that updates must be obtained from the applicant.

To obtain an Inactive Status Form, contact the Office of Statewide Systems of Care at 615-770-1788 or visit the OSSOC website at: <http://www.tn.gov/behavioral-health/topic/system-of-care-initiative-for-children-youth>.

B. Reactivation of Certification

Reactivation of expired certification may be accomplished through submission of all documents required by the OSSOC. For more information, please contact the Office of Statewide Systems of Care at the OSSOC website at: <http://www.tn.gov/behavioral-health/topic/system-of-care-initiative-for-children-youth>.

XII. AGENCY RESPONSIBILITIES

- A CFSS must be under the direct supervision of a *mental health professional* in accordance with acceptable guidelines and standards of practice as defined by TDMHSAS.

- Agencies that are licensed by TDMHSAS shall establish criteria under which they hire, train and retain CFSSs.
- The CFSS's direct supervisor shall immediately contact the OSSOC, and shall complete and submit an amended Employment Summary Form to the OSSOC within ten (10) business days, if any of the following occur:
 - A change in the CFSS's name, address, or other contact information.
 - A change in the CFSS's employment status.
 - A change in the agency staff person responsible for providing direct supervision.
 - The CFSS no longer provides direct *caregiver-to-caregiver support* services.
 - The CFSS violates the CFSS Code of Ethics.
- The agency shall ensure that all services rendered by the CFSS are under a comprehensive, *individualized plan of care*, which is *child-centered and family-driven*.
- The agency shall ensure that the CFSS maintains active certification and meets all on-going education requirements.
- The agency shall obtain copies of all documentation related the CFSS's certification, including certifications and recertification's, agency in-service trainings, and on-going CFSS education certificates, and maintain this documentation in the CFSS's personnel file.

NOTE: If the CFSS's services are to be rendered as a Medicaid covered service, these additional guidelines must be met:

- The CFSS must be employed by an agency licensed by TDMHSAS and authorized to participate in the Medicaid program.
- The agency shall provide all required in-service trainings as specified in the TDMHSAS Managed Care Standards for the Delivery of Behavioral Health Services.

XIII. GRIEVANCE PROCEDURE

When an applicant is denied certification, questions the outcome of an application review, or is subjected to an action by the OSSOC that he or she deems unjustified, the applicant may file a grievance when there is a valid, factual reason to dispute a determination made by the OSSOC.

The applicant must submit the grievance within thirty (30) calendar days of receipt of notice of denial or of any other action deemed by the applicant to be unjustified.

It is the applicant's responsibility to submit the grievance and any other documents required by the OSSOC to:

Office of Statewide Systems of Care
ATTN: FSSCP - Grievance
Andrew Jackson Building, 5th Floor
500 Deaderick Street
Nashville, TN 37243

Please allow ten (10) business days for documents mailed to the OSSOC to be received and reviewed.

The OSSOC will only discuss the grievance status with the applicant. Please inform all others that updates must be obtained from the applicant.

The Advisory Council will review the grievance and make recommendations. TDMHSAS, as the authorizing entity for certification, will make the final decision as to what remedy, if any, is required.

XIV. PROGRAM OVERSIGHT

The TDMHSAS Office of Statewide Systems of Care (OSSOC) administers the FSSCP.

- The Advisory Council is comprised of Certified Family Support Specialists appointed by the OSSOC and representatives from TDMHSAS, family and consumer organizations, and other relevant entities in the *child-serving systems*. The Advisory Council shall meet at least quarterly to provide guidance on certification standards, procedures and training. The Advisory Council is responsible for reviewing applications and making recommendations for certification, recertification, and decertification to TDMHSAS based on the requirements as outlined by the FSSCP Guidelines, Standards and Procedures. The Advisory Council is also involved in reviewing grievances, as well as providing input on certification process issues as requested by TDMHSAS.
- TDMHSAS, through the OSSOC, is the authorizing entity for certification. TDMHSAS is responsible for program standards and administration, and the final decision on certification, recertification, and decertification of each applicant is under the authority of TDMHSAS.
- The Division of Mental Health Services (DMHS) provides guidance related to funding and the CFSS's role within the service delivery system.

The OSSOC shall develop and revise as needed the FSSCP Guidelines, Standards and Procedures, so that the appropriate authority to grant certification and set acceptable professional standards is established.



XV. CFSS SCOPE OF ACTIVITIES

In rendering services to children, youth and families, the CFSS follows *system of care* (SOC) values and principles:

- Services should be *child-centered*, community-based and *culturally and linguistically competent*.
- Services should be *family-driven* and *youth-guided*.
- Children with mental, emotional and/or behavioral (MEB) health disturbances should have access to a comprehensive array of services that address the child's physical, emotional, social and educational needs.
- Children with *MEB* should receive individualized services in accordance with the unique needs and potentials of each child and guided by an *individualized service plan*.
- Children with *MEB* should receive services within the least restrictive, most normative environment that is clinically appropriate
- The families and surrogate families of children with *MEB* should be full participants in all aspects of the planning and delivery of services.
- Children with *MEB* should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
- Children with *MEB* should be provided with *case management* or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
- Early identification and intervention for children with *MEB* should be promoted by the SOC in order to enhance the likelihood of positive outcomes.
- Children with *MEB* should be ensured smooth transitions to the adult service system as they reach maturity.
- The rights of children with *MEB* should be protected and effective advocacy efforts for children and youth with *MEB* should be promoted.
- Children with *MEB* should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics; and services should be sensitive and responsive to *cultural differences* and special needs.

The Scope of Activities shows the wide range of tasks a Certified Family Support Specialist can perform to assist the child or youth, and family in regaining control over their own lives based on the principles of *resiliency*. The Certified Family Support Specialist does not diagnose an illness, prescribe or provide clinical services.

- 1) Utilizing unique experiences as a *caregiver* of a child or youth with MEB or, *co-occurring disorders*, the Certified Family Support Specialist shall:
 - a) Teach and role model the value of every individual's experience caring for a child or youth with an MEB or *co-occurring disorder*;
 - b) Model effective coping techniques and advocacy skills;
 - c) Encourage *caregivers* to develop informal and formal networks of support that are responsive to the *culture* and unique needs of

- d) their child and family;
 - d) Foster a full and equal partnership with the child, family, and *caregiver*.
- 2) Utilizing direct *caregiver-to-caregiver* support and interaction and a goal-setting process, the Certified Family Support Specialist shall:
- a) Educate *caregivers* regarding diagnoses, cause of disorders, treatments, and treatment adherence techniques.
 - b) Understand and utilize specific interventions necessary to assist *caregivers* in developing a *Child and Family Team* and in establishing and meeting their child and family's individualized goals;
 - c) Lead as well as model how to facilitate collaborative working relationships with providers, school staff, and other professionals to positively transform the treatment experience of the child, youth, and family;
 - d) Teach relevant skills needed for effective advocacy and navigation of the *child-serving systems*, including child welfare, juvenile justice, education, mental health, and transition services;
 - e) Assist *caregivers* in meeting their child's or youth's educational needs through support, education, and guidance in school related meetings (504, Individual Education Plans, etc.) and the special education system;
 - f) Assist *caregivers* in identifying and connecting with services addressing substance abuse and *co-occurring disorders* as well as providing information and other resources;
 - g) Teach the child, family, and *caregiver* how to identify and utilize their strengths in achieving the family's goals;
 - h) Assist *caregivers* in articulating their goals and objectives for their family;
 - i) Assist *caregivers* in creating their *Child and Family Team* and *individualized service plan* (e.g., *wraparound plan*, *crisis plan*, etc.);
 - j) Assist *caregivers* in establishing and maintaining informal and formal supports;
 - k) Assist *caregivers* in learning how to access community resources and in making positive treatment choices for their child and family;
 - l) Appropriately document activities provided to *caregivers* in either their individual records or program records.
 - m) Assist *caregivers* in identifying resources for specialty services such as DD/MR, adult children with special needs, medically fragile, etc.
- 3) The Certified Family Support Specialist shall maintain a working knowledge of current trends and developments in the fields of mental health, *co-occurring disorders*, education/special education, child welfare regulations, child/adolescent development and basic wellness, SOC and *peer support* services by:
- a) Reading books, current journals, and other relevant material;
 - b) Developing and sharing *strengths-based* material with other Certified Family Support Specialists;

- c) Attending recognized seminars, workshops, and educational trainings.
- 4) The Certified Family Support Specialist shall serve as a *caregiver* support agent by:
- a) Providing and promoting effective family-based services (e.g. *wraparound*, Parents as Teachers, etc.);
 - b) Assisting *caregivers* in obtaining services that are responsive to each family's individual needs and *culture*;
 - c) Assisting *caregivers* in becoming *advocates* for their child through knowledge, skills and confidence;
 - d) Assisting *caregivers* in developing problem-solving skills to respond effectively to child and/or family crises;
 - e) Fostering a sense of hope and *resiliency* in *caregivers*;
 - f) Sharing his or her unique perspective on caring for a child or youth with MEB or *co-occurring disorders* with non-*caregiver* staff;
 - g) Assisting non-*caregiver* staff in identifying programs and environments that foster hope and *resiliency* and are *family-driven* and *youth-guided* in nature.



XVI. CERTIFIED FAMILY SUPPORT SPECIALIST CODE OF ETHICS

These principles will guide Certified Family Support Specialists in their various roles, relationships, and levels of responsibility in which they function professionally.

- 1) The primary responsibility of a Certified Family Support Specialist is to help *caregivers* achieve their family's needs, wants, and goals.
- 2) The Certified Family Support Specialist will maintain high standards of personal and professional conduct.
- 3) The Certified Family Support Specialist will conduct himself or herself in a manner that maintains his or her own wellness.
- 4) The Certified Family Support Specialist will openly share with *caregivers*, other CFSSs and non-caregivers his or her stories as a *caregiver* of a child or youth with MEB or *co-occurring disorders* as appropriate for the situation in order to promote and support *resiliency*.
- 5) The Certified Family Support Specialist will respect at all times the rights and dignity of those he or she serves.
- 6) The Certified Family Support Specialist will never intimidate, threaten, harass, use undue influence, use physical force, use verbal abuse, or make unwarranted promises of benefits to the individuals he or she serves.
- 7) The Certified Family Support Specialist will not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, military and/or veteran status, or any other preference or personal characteristic, condition, or state.
- 8) The Certified Family Support Specialist will promote thoughtful, informed decision making for those he or she serves in all matters.
- 9) The Certified Family Support Specialist will respect the privacy and confidentiality of those he or she serves.
- 10) The Certified Family Support Specialist will comply with mandated reporting requirements for abuse and neglect of children and vulnerable adults.
- 11) The Certified Family Support Specialist will promote and support services that foster hope and *resiliency* and maintenance of a child or youth with mental, emotional or behavioral health issues in the home, school, and community.
- 12) The Certified Family Support Specialist will be directed by the philosophy that parents and *caregivers* should be equal partners in the treatment of their children.

- 13) The Certified Family Support Specialist will be directed by the knowledge that all individuals have the right to live and receive services in the least restrictive and least intrusive environment.
- 14) The Certified Family Support Specialist will not enter into dual relationships or commitments that conflict with the interests of those he or she serves.
- 15) The Certified Family Support Specialist will never engage in sexual and/or intimate activities with any individual he or she serves.
- 16) The Certified Family Support Specialist will not abuse prescription medications or alcohol or use illegal substances under any circumstances.
- 17) The Certified Family Support Specialist will keep current with emerging knowledge relevant to *resiliency*, *family-driven care*, and child/adolescent issues and will share this knowledge with other Certified Family Support Specialists.
- 18) The Certified Family Support Specialist will not accept gifts of significant value from those he or she serves.
- 19) The Certified Family Support Specialist will provide direct *caregiver-to-caregiver* support services as defined by the Scope of Activities.

APPENDIX A



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES**

**FAMILY SUPPORT SPECIALIST CERTIFICATION
PROGRAM FORMS**



Certified Family Support Specialist Application Process Checklist

Please complete and submit the checklist below verifying that all required documents are enclosed with the application prior to mailing:

	Yes	No
1) Application Process Checklist	___	___
2) Completed Certified Family Support Specialist Application	___	___
• Do not alter the application from its original format.		
• Write legibly in only black or blue ink.		
• Do not use nicknames or abbreviated forms of your legal name.		
3) Statement of personal experience	___	___
4) Copy of high-school diploma or GED	___	___
5) Employment Summary, if employed completed and submitted by employer to the OSSOC	___	___
6) Copies of the certificates of completion from the required evidence-based and/or best practice Family Support Specialist Training Programs recognized by TDMHSAS below:		
NAMI-TN Family Education Program or	___	___
Parent-2-Parent Training (TVC)	___	___
and		
Family Support Specialist Professional Competences Course (TVC/NAMI-TN)	___	___
or		
National Certification	___	___
7) Three (3) completed Statements of Support	___	___
8) Signed Certified Family Support Specialist Scope of Activities	___	___
9) Signed Certified Family Support Specialist Code of Ethics	___	___

This completed checklist verifies that my application packet has been completed prior to its submission.

Signature of Applicant

Date



STATE OF TENNESSEE
 DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
 OFFICE OF STATEWIDE SYSTEMS OF CARE
 Andrew Jackson Building, 5th Floor
 500 Deaderick Street
 NASHVILLE, TENNESSEE 37243

CERTIFIED FAMILY SUPPORT SPECIALIST Application

Name (*please print*) _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ - _____ Work (_____) _____ - _____

Email _____

1) The OSSOC requires a minimum of a high school diploma or GED. Do you have a high school diploma or GED? If yes, please attach a copy.

Yes No

2) Are you employed by an agency that is a TDMHSAS-licensed or otherwise approved agency and under the direct supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by TDMHSAS?

Yes No

If Yes, please have your immediate supervisor complete and submit the attached Employment Summary Form to the OSSOC at fcfs.tdmhsas@tn.gov or by fax: 615-770-1788.

3) Are you/have you been the caregiver of a child or youth diagnosed with a mental, emotional, behavioral or co-occurring disorder by a physician or psychologist?

Yes No

4) Have you self-disclosed that you are or have been a caregiver of a child or youth who is diagnosed with a mental, emotional, behavioral or co-occurring disorder and who is receiving or has received mental health or co-occurring disorder services?

Yes

No

- 5) In the last five (5) years, have you actively participated in a minimum of twelve (12) consecutive months in the service planning , system navigation, and building resiliency for a child or youth with a mental, emotional, behavioral, or mental health disorder? (must show experience in leadership, advocacy, and support)

Yes

No

- 6) Have you demonstrated successful completion of the required evidence-based and/or best practice Family Support Specialist Training Programs recognized by TDMHSAS? If yes, please attach copies of the certificates of completion.

Yes

No

- 7) Have you worked with other caregivers of children or youth diagnosed with emotional, behavioral or co-occurring disorders for at least six (6) months (paid or volunteer) as a family support specialist, support group facilitator, caregiver educator, or other relevant experience?

Yes

No

- 8) Indicate below the paid and/or volunteer experiences you have had in working with other caregivers of children who are recipients of mental health or co-occurring disorder services:

a) Family Support Specialist Years ___ Months ___ **(circle one)** Paid / Volunteer

Current Position? Yes ___ No ___

Agency _____

Phone Number (____) _____ - _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (____) _____ - _____

b) Support Group Facilitator Years ___ Months ___ **(circle one)** Paid / Volunteer

Current Position? Yes ___ No ___

Agency _____

Phone Number (____) _____ - _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (____) _____ - _____

c) Caregiver Educator Years ____ Months ____ Paid / Volunteer **(circle one)**

Current Position? Yes ____ No ____

Agency _____

Phone Number (____) _____ - _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (____) _____ - _____

d) Other Relevant Experience Years ____ Months ____ Paid / Volunteer **(circle one)**

Current Position? Yes ____ No ____

Agency _____

Phone Number (____) _____ - _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

Supervisor's Name _____

Phone Number (____) _____ - _____

My signature affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information will be grounds to deny or terminate my certification.

Applicant's Signature _____ Date _____



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF STATEWIDE SYSTEMS OF CARE
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243

Statement of Personal Experience

Because of his or her life experience in caring for a child with a *mental, emotional, behavioral, or co-occurring disorder* and in navigating *child-serving systems* to access resources necessary to build *resiliency*, a Certified Family Support Specialist is uniquely able to provide support to and inspire hope in others who are facing similar challenges

Certified Family Support Specialist Applicant:

(Please Print Name)

Please answer the following questions to the best of your ability. Your responses will help us get to know you and will assist the OSSOC and / or the Advisory Council in identifying qualified applicants.

Write or type your answers on separate paper, and submit them with your application packet.

- A. Describe in 5-10 sentences your experience as a *caregiver* of a child or youth with *mental, emotional, behavioral, or co-occurring disorders*.
- B. What experiences have you had in assisting or advocating for families of children and youth with *mental, emotional, behavioral (MEB), or co-occurring disorders*? (For example, support group leadership, self-advocacy, public testimony, programs you started)
- C. Describe in 5-10 sentences what *resiliency* means to you and how you've strengthened *resiliency* in your child and family.
- D. Describe in 5-10 sentences how you practice *self-care*.
- E. Describe in 5-10 sentences why you would like to become a Certified Family Support Specialist.
- F. Describe in 5-10 sentences why you believe that you would be a good candidate to work with other *caregivers* of children and youth with *MEB, or co-occurring disorders*.



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF STATEWIDE SYSTEMS OF CARE
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243

Employment Summary

The person named below is completing an application to be certified as a Family Support Specialist with the OSSOC. In order to complete the application process, the immediate supervisor must complete the following form regarding the applicant's employment, work responsibilities and supervisory plan. Once the form is completed, submit it to TDMHSAS Family Support Specialist Certification Program at 615.253.6822 (fax) fcfs.tdmhsas@tn.gov (email). If you have questions, please contact the Office of Statewide Systems of Care at 615-770-1788.

- 1) Prospective Certified Family Support Specialist:

(Please Print Name)

- 2) Is the applicant named above employed to work in the role as a paid Family Support Specialist?

Yes

No

- 3) **Title of Applicant's paid position within the agency**

Date of employment as a Family Support Specialist _____

- 4) Number of hours assigned to work in this position per week: _____

- 5) A Certified Family Support Specialist must be under the supervision of a *mental health professional* in accordance with acceptable guidelines and standards of practice as defined by TDMHSAS. A Mental Health Professional as defined by TDMHSAS is a board eligible or a board certified psychiatrist or a person with at least a Master's degree and/or clinical training in an accepted mental health field which includes, but is not limited to, counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation, or activity therapy. Please provide the following information regarding the agency staff that provides direct supervision:

Name _____ Phone (____) ____ - _____

Job Title _____ Credentials _____

Agency _____ Email _____

Address _____

City _____ State _____ ZIP _____

- 6) Please describe the nature of the applicant's work responsibilities in the position and role as a paid Family Support Specialist within the agency:

- 7) Please describe in detail the nature of your direct one-on-one clinical supervision interactions with this applicant:

- 8) Please describe in detail the professional development plan or goals for this individual within the agency:

My signature below affirms that all of the information contained in this document is true, and that I support this application.

Signature of Direct Supervisor _____ Date _____



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF STATEWIDE SYSTEMS OF CARE
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243**

Certified Family Support Specialist Statement of Support

The person named below is completing an application to be certified as a Family Support Specialist. All applicants must submit (3) three statements of support in order to complete the application process. You have been chosen by the applicant to provide a statement for this purpose. Once the statement of support is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application. We appreciate your support of this applicant. If you have questions, please contact the Office of Statewide Systems of Care at 615-770-1788 or fcfs.tdmhsas@tn.gov.

1) Prospective Certified Family Support Specialist:

(Please Print Name)

2) Please describe your knowledge of the applicant's ability to work in the role of a Family Support Specialist:

3) Please describe the nature of your relationship with the applicant (personal or professional):

4) Please describe the strengths and any potential weaknesses of the applicant in their ability to provide services as a Family Support Specialist :

Supporter Contact Information

(Please Print)

Name _____

Agency _____

Address _____

City, State, ZIP _____

Email _____

Phone (____) ____ - _____

My signature below affirms that all of the information contained in this document is true, and that I support this application.

Signature of Supporter

Date



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF STATEWIDE SYSTEMS OF CARE**
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243

Acknowledgement of the Certified Family Support Specialist Scope of Activities

By initialing and signing below, you understand that you are required to follow the professional standards detailed in the Certified Family Support Specialist Scope of Activities. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Certified Family Support Specialist's Scope of Activities and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Certified Family Support Specialist Scope of Activities and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Scope of Activities.

Initials _____

Print Full Name

Date

Signature



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF STATEWIDE SYSTEMS OF CARE**
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243

Acknowledgement of the Certified Family Support Specialist Code of Ethics

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the Certified Family Support Specialist Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Certified Family Support Specialist's Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Certified Family Support Specialist Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics.

Initials _____

Print Full Name

Date

Signature



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF STATEWIDE SYSTEMS OF CARE
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243

**CERTIFIED FAMILY SUPPORT SPECIALIST
INACTIVE STATUS REQUEST**

A Certified Family Support Specialist whose certification is in good standing and is in good standing with his or her employer and is unable to meet the requirements of certification due to an unforeseen circumstance, may request inactive status.

Inactive status will not be granted for failure to comply with the On-Going Education Guidelines of certification or reported violations of the Certified Family Support Specialist Code of Ethics.

- Do not alter the form from its original format.
- Write legibly in only black or blue ink.
- Do not use nicknames or abbreviated forms of your legal name.

1) Name (*please print*): _____

Certification Number: _____ Certification Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) ____ - _____ Email: _____

3) Are you currently employed by an agency that is a TDMHSAS-licensed or otherwise approved agency, and under the direct supervision of a mental health professional?

Yes

No

If yes, please provide the following employment information:

Employer: _____

City: _____ State: _____ ZIP: _____

Supervisor's Name: _____

Telephone Number: (_____) _____ - _____

3) Please briefly describe the extenuating circumstance(s) that renders you unable to meet the required competencies and/or scope of activities requirements of certification:

My signature below affirms that all of the information contained in this verification form is true and correct to the best of my knowledge. I understand while on inactive status, I will not present myself as a Certified Family Support Specialist, and nor will I engage in or perform any activity for which a Family Support Specialist certification is required.

I understand that knowingly providing false information shall be grounds to terminate my certification.

Signature of Applicant

Date

Do Not Write Below This Line

Internal TDMHSAS – OCY Use Only

Date received: _____

Date reviewed: _____ Approved _____ Not-approved _____

Date letter of findings mailed to applicant: _____

If approved, date inactive status letter was mailed to agency: _____

Date information was recorded in data-base: _____

Notes: _____

Processed by: _____



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF CHILDREN AND YOUTH
 Andrew Jackson Building, 5th Floor
 500 Deaderick Street
 NASHVILLE, TENNESSEE 37243

TENNESSEE CERTIFIED FAMILY SUPPORT SPECIALIST CERTIFICATION RENEWAL APPLICATION

Please Print

Renewal Application PART I – Applicant Contact Information and Verification of Status

Full Name _____

Certification Number: _____ Certification Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Email: _____

Circle:

- I have successfully completed 15 hours of recognized continuing education. Yes No
- I certify that I have not committed any violations to the TCFSS Code of Ethics; in addition, I have no reports of violation to the TCFSS Code of Ethics. Yes No

If you circled "No" on any of the statements above, please explain: _____

Renewal Application PART II – Verification of Ongoing Education

Fifteen (15) hours of ongoing education are required annually to maintain active certification and must be earned within the annual certification period. Please refer to Section IX of the TCFSS Handbook for ongoing education requirements.

List the title and date of the training, the sponsoring organization, and the number of hours for each training attended. Submit this application with a copy of the Certificate of Attendance or Completion for each training listed.

1)	_____	_____
	Title of the Training	Sponsor
	_____	_____
	Number of Training Hours	Training Date
2)	_____	_____
	Title of the Training	Sponsor
	_____	_____
	Number of Training Hours	Training Date
3)	_____	_____
	Title of the Training	Sponsor
	_____	_____
	Number of Training Hours	Training Date
4)	_____	_____
	Title of the Training	Sponsor
	_____	_____
	Number of Training Hours	Training Date

Total Number of Hours _____

My signature below affirms that all of the information attached to and contained in this certification renewal application is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds for termination of certification.

Signature of Applicant

Date

Note: The Certification Renewal Application and all required documentation must be submitted at least 45 calendar days prior to the end of the current certification period.

Currently working as a TCFSS
If no, omit part III of the application.

Yes

No

Renewal Application PART III – Employment Summary – Completed by the supervising mental health professional and faxed to the Office of Statewide Systems of Care, attention Brenda Donaldson, at 615-770-1788. May be omitted if not currently working as a TCFSS.

A Tennessee Certified Family Support Specialist (TCFSS) who is employed must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State. Provide the following information regarding the agency staff that provides direct supervision:

Supervisor's Name: _____

Credentials: _____ Position: _____

Agency: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____ ext. _____

Email: _____

TCFSS's Name: _____

TCFSS's job title within the agency: _____

Full-time / part-time (circle one) Number of hours worked per week: _____

Certification number: _____ Certification Date: _____

- | | Circle: | |
|---|---------|----|
| | Yes | No |
| • The applicant is employed by this agency. | Yes | No |
| • The applicant is under my general supervision. | Yes | No |
| • The applicant performs duties specified in the TCFSS Scope of Activities. | Yes | No |
| • The applicant has successfully completed 15 hours of recognized continuing education. | Yes | No |

If you circled "No" on any of the statements above, please explain: _____

I verify that all of the information contained in this document is true and correct to the best of my knowledge and that the above-named applicant is employed by this agency.

Signature of Supervising Mental Health Professional

Date

APPENDIX B



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES**

FAMILY SUPPORT SPECIALIST CERTIFICATION PROGRAM

FREQUENTLY ASKED QUESTIONS

ACRONYMS

GLOSSARY OF TERMS



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF STATEWIDE SYSTEMS OF CARE
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243

FREQUENTLY ASKED QUESTIONS

1) What is a Certified Family Support Specialist?

A Certified Family Support Specialist (CFSS) is a person who has self-identified as the *caregiver* of a child or youth with a *mental, emotional, behavioral or co-occurring disorder* and who has successfully navigated the child-serving systems to access treatment and resources necessary to build *resiliency* and foster success in the home, school, and community. This individual has successfully completed training recognized by TDMHSAS on how to assist other *caregivers* in fostering *resiliency* in their child based on the principles of *resiliency* and *recovery*.

2) Why are direct “caregiver-to-caregiver” services important?

Caregiver-to-caregiver services are used to assist other *caregivers* of children or youth diagnosed with *mental, emotional, behavioral, or co-occurring disorders* to enhance *resiliency* in youth by providing support, modeling effective advocacy skills, assisting with system navigation, and by offering hope as a *caregiver* who has overcome barriers to parenting a child with an *emotional, behavioral or co-occurring disorder*. By providing positive images of *caregivers* of children or youth diagnosed with such disorders, Family Support Specialists can also have a positive impact on the negative attitudes sometimes found among mental health service providers.

3) What is the purpose of the TDMHSAS Family Support Specialist Certification Program?

The purpose of the Certification Program is to ensure that individuals who provide direct *caregiver-to-caregiver* support services meet acceptable minimum standards.

4) Who oversees the TDMHSAS Family Support Specialist Certification Program?

The OSSOC develops and administers the policies and procedures within TDMHSAS guidelines to grant certification and to ensure that acceptable professional standards are established.

5) Where can a Certified Family Support Specialist work?

Programs in which Certified Family Support Specialist can be utilized include, but are not limited to, community mental health centers, educational settings, family support centers,

juvenile justice settings, crisis stabilization units, case management, psychosocial rehabilitation, advocacy organizations and inpatient hospital settings.

6) What types of services can a Certified Family Support Specialist provide?

Certified Family Support Specialists may provide, but are not limited to, assistance in the development of formal and informal supports, of *strengths-based* family and individual goals, services as an *advocate, mentor, or facilitator* for resolution of issues that a *caregiver* is unable to resolve on his or her own, or education on system navigation and skills necessary to maintain a child with a *mental, emotional, behavioral, or co-occurring disorder* in their home environment.

7) Does TDMHSAS provide employment or job placement?

No. TDMHSAS does not offer or guarantee employment or job placement.

8) Who will supervise the Certified Family Support Specialist and how?

Each Certified Family Support Specialist must be under the supervision of a mental health professional as defined in the CFSS Employment Guidelines.

9) Where are Family Support Specialist trainings offered and is a fee involved?

For information on recognized trainings, please contact the Office of Statewide Systems of Care at 615-770-1788 or fcfs.tdmhsas@tn.gov.

10) How can provider agencies ensure that Certified Family Support Specialist employees maintain confidentiality?

Maintaining confidentiality and privacy of all individuals receiving services is a legitimate concern and major issue to emphasize with all employees, not just Certified Family Support Specialist employees.

All employees should receive Title 33 training, Health Insurance Portability and Accountability Act (HIPAA) training and education on their duty to uphold confidentiality. Every employee should be aware that all information regarding a person's *recovery* and treatment status is confidential.

11) What is the salary range for Certified Family Support Specialist?

Many CFSS may work part time, while others work full time. The salary range is determined by the provider agency and program.

12) I have a post-secondary degree. May I submit a copy of that diploma for my application packet?

Yes. While a post-secondary degree is not required for certification, you may submit a copy of a post-secondary diploma (verification upon request) in place of a high-school diploma or GED.

ACRONYMS

BRIDGES	Building Recovery of Individual Dreams and Goals through Education and Support (a Tennessee Mental Health Consumers' Association (TMHCA) psycho-education course)
COD	Co-Occurring Disorder
CFSS	Certified Family Support Specialist
DMHS	TDMHSAS's Division of Mental Health Services
FSSCP	Family Support Specialist Certification Program
GED	General Educational Development (a high school equivalency diploma)
HIPAA	Health Insurance Portability and Accountability Act
MEB	Mental, Emotional and/or Behavioral Disorders
NAMI-TN	National Alliance on Mental Illness of Tennessee
OSSOC	TDMHSAS's Office of Statewide Systems of Care
PSSCP	Peer Support Specialist Certification Program
SED	Serious emotional disturbance
SOC	System of Care
TDMHSAS	Tennessee Department of Mental Health and Substance Abuse Services
TJC	The Joint Commission
TMHCA	Tennessee Mental Health Consumers' Association
TVC	Tennessee Voices for Children

GLOSSARY OF TERMS

Advocate

An advocate speaks on the behalf of another person, an advocate values independence and self-determination. An advocate helps another in navigating the service array and being aware of rights.

Behavioral disorder

A behavioral disorder is one of the most common forms of SED among children and youth and is the most frequently cited reason for referral to mental health services. Behavioral disorders become apparent when the individual displays a repetitive and impact-persistent pattern of behavior that substantially interferes with or limits a child's role or functioning in family, school, or community activities.

Best practice

Best practice is the best clinical or administrative practice or approach at the moment, given the situation, the consumer's or family's needs and desires, the evidence about what works for this situation/need/desire, and the resources available. Sometimes, the term "best practice" is used synonymously with the term "evidence-based practice." Sometimes, "best practice" is used to describe guidelines or practices driven more by clinical wisdom, guild organizations, or other consensus approaches that do not include systematic use of available research evidence.

Caregiver

A person who provides support to the disabled, ill, or dependent individual, and has principal responsibility for taking care of his needs. This person may or may not be a direct family member.

Caregiver (to-Caregiver) Support

Caregiver-to-caregiver services are used to assist other *caregivers* of children or youth diagnosed with *mental, emotional, behavioral, or co-occurring disorders* to enhance *resiliency* in youth by providing support, modeling effective advocacy skills, assisting with system navigation, and by offering hope as a *caregiver* who has overcome barriers to parenting a child with an *emotional, behavioral or co-occurring disorder*.

Case management

The provision of, and the assurance that an individual receives, comprehensive, intensive and individualized treatment for SED that conforms to and addresses an individualized plan of care, and entails monitoring to ensure progress or completion of tasks.

Certified Family Support Specialist

A Certified Family Support Specialist (CFSS) is a person who has self-identified as the *caregiver* of a child or youth with an *emotional, behavioral or co-occurring disorder* and who has successfully navigated the child serving system to access treatment and resources necessary to build *resiliency* and foster success in the home, school and community. A CFSS has undergone training recognized by TDMHSAS on how to assist other *caregivers* in fostering *resiliency*. Direct *peer-to-peer support* services provided by the CFSS are a vital resource to assist families and others who are caring for children and youth with *emotional, behavioral or co-occurring disorders*.

Child and family team

The child family team consists of the child/youth (when appropriate), family or other *caregivers*, formal (mental health professionals, school staff, etc.) and informal supports. The team assists the family in developing and implementing a plan of care based on the family's unique strengths and needs.

Child-centered

Services are planned and provided with the unique strengths and needs of the child in mind rather than fitting the child into an existing service.

Child-serving systems

Child-serving systems are those systems that provide services to children with *serious emotional disturbance* and their families according to their legal mandates and best practices in each specific field.

Competencies

Competencies are elements of a knowledge base and a set of skills that include technical/subject matter, know-how, experience, and training. They are particular strengths and abilities relative to the practice of a profession measured against a standard.

Co-occurring disorder

The term *co-occurring disorders* (COD) refers to co-occurring substance-related and mental health disorders. Clients with CODs have at least one substance-related disorder as well as at least one mental health disorder.

Crisis plan

The crisis plan is developed by the child family team and focuses on a concrete plan of action for use in the event of a mental health crisis.

Cultural competency

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Competency implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and need presented by families and their communities.

Cultural differences

Differences among individuals based on a number of factors including but not limited to race, ethnicity, religious orientation, political affiliation, sex, education level, individual family values and beliefs.

Culture(s)

Culture refers to an integrated pattern of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Emotional disorder

An emotional impairment exhibited by a child or youth that disrupts his academic and/or developmental progress, and family and interpersonal relationships.

Evidence-based

Evidence-based practice is the integration of best research evidence with clinical expertise and patient values, or clinical or administrative interventions or practices for which there is consistent scientific evidence showing that they improve client outcomes. The term evidence-based practices sometimes encompasses the terms, best, promising, and emerging practices.

Facilitator

An individual who helps in a group discussion with understanding common objectives and assists in planning without taking a position in the discussion. A facilitator will assist a group in achieving a consensus on disagreements.

Family-Driven

Family-driven means families have a primary decision-making role in the care of their own children. This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals; and
- Monitoring outcomes.

Family Support Provider

An advocate, support, and care coordinator for *caregivers* of a child or youth with SED.

Healing communication

Communication that is *nonjudgmental*, demonstrates respect and dignity, and promotes unconditional positive regard in an effort to assist another person healing their emotional pain and *stress*.

Individualized service plan**Individualized plan of care**

A plan that is comprehensive, coordinated, age-appropriate, provides smooth transition through life stages, involves families as appropriate, and is developed by qualified professionals in consultation with service recipients and family members as appropriate.

Interpersonal relations

Therapeutic processes that are used to facilitate interaction between individuals as contrasted with a medical or professional/client relationship model.

Mental Health Professional

A board eligible or a board certified psychiatrist or a person with at least a Master's degree and/or clinical training in an accepted mental health field which includes, but is not limited to, counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation, or activity therapy.

Mental illness

A psychiatric disorder, alcohol dependence, or drug dependence; does not include mental retardation or other developmental disabilities.

Mentor

A caring individual who, along with parents or guardians, provides youth with support, advice, friendship, reinforcement and examples that can help youth from all circumstances succeed.

Nondirective

An unobtrusive approach in counseling which encourages free expression and problem resolution by the individual.

Nonjudgmental

An attitude that avoids or suspends judgmental criticism of what a person is expressing.

Open-ended questions

Questions which do not require a specific answer. Most therapists are trained to ask open-ended questions as a way of allowing clients to talk about whatever is important to them, which encourages them to share important material.

Peer

A consumer of mental health services who works with other mental health consumers.

Peer counseling**Peer counselor**

Peer counseling is the process by which a trained peer gives *nonjudgmental, nondirective* support to a peer who is experiencing a personal crisis. It is short-term and provided by a peer instead of a mental health professional.

Peer educator

A consumer of mental health services who works with other consumers on educational issues.

Peer (-to-peer) support

Mutual support – including the sharing of experiential knowledge and skills and social learning – plays an invaluable role in *recovery*. Consumers encourage and engage other consumers in *recovery* and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

Resiliency

Resiliency is an inner capacity that when nurtured, facilitated, and supported by others, empowers children, youth, and families to successfully meet life's challenges with a sense of self-determination, mastery, hope, and well-being.

Self-Care

A *caregiver's* intentional self-regard, attitudes, and behaviors that prioritizes one's own needs for support, information, and resources to reduce stress and prevent burnout. A plan to sustain one's own wellness.

Seeking out common ground

Finding common interest and or experiences to foster trust and open dialog with another.

Serious emotional disturbance (SED)

Children with SED are defined as persons from birth to age 18, who currently or at any time during the past year, have had a diagnosable *mental, behavioral, or emotional disorder* that is of sufficient duration to meet diagnostic criteria for the disorder specified by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR) and has resulted in a functional impairment that substantially interferes with or limits a child's role or functioning in family, school, or community activities. Serious (MEB) do not include developmental disorders, substance-related disorders, or conditions or problems classified in the DSM-IV-TR as "other

conditions that may be a focus of clinical attention unless they co-occur with another diagnosable serious emotional disturbance.”

Strengths-based

A strengths-based approach assumes people are, or have the capacity to become competent. The approach focuses on personal development of the family's strengths rather than treatment of deficits by building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.

Stress

Stress is the consequence of the failure to adapt to change: the condition that results when person-environment transactions lead someone to perceive a discrepancy, whether real or not, between the demands of a situation, on the one hand and, on the other, the resources of their biological, psychological or social systems. Stressful stimuli can be mental or physical.

Support group leader

A leader of a support group; they may be a professional leading a group or a peer leading a *peer support* group. The leader functions as a facilitator allowing the group self-direction while acting as a moderator for the group.

Support network

A network of systems, professionals, family, friends and peers developed by an individual to provide the individualized support that they require.

Systems of Care (SOC)

A SOC is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. A SOC helps children, youth and families function better at home, in school, in the community and throughout life.

SOC also refers to a philosophy of how care should be delivered. SOC is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs.

Title 33

Title 33 of the Tennessee Code Annotated is the mental health and developmental disability law of the State of Tennessee.

Wellness Plan

A self-directed wellness plan working toward meeting life dreams and goals. The plan identifies issues that provide hope and control over people's lives. Personal wellness plans identify specific problematic issues, as well as the thoughts, feelings, and experiences with the issues. It helps in identifying goals, working on problematic issues and reaching the personal goals.

Wraparound

Wraparound is a team-based planning process intended to provide individualized, coordinated, *family-driven* care to meet the complex needs of children who are involved with several child-

and family-serving systems, who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties. The wraparound process requires that families, providers, and key members of the family's social *support network* collaborate to build a creative plan that responds to the particular needs of the child and family. Team members then implement the plan and continue to meet regularly to monitor progress and make adjustments to the plan as necessary. The team continues its work until members reach a consensus that a formal wraparound process is no longer needed.

Wraparound should be individualized, *family-driven*, culturally competent and community based. Wraparound should increase the "natural support" available to a family by strengthening *interpersonal relationships* and utilizing other resources that are available in the family's network of social and community relationships and should be "strengths based," helping the child and family to recognize, utilize, and build talents, assets, and positive capacities.

Youth-guided

Youth-guided means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives. This includes giving young people a sustainable voice, being listened to, and the focus should be towards creating a safe environment enabling a young person to gain self-sustainability in accordance to the cultures and beliefs they abide by.