

ATTACHMENT FIFTEEN
Service Attachment – Family Peer Support
Attachment 2
Effective July 1, 2018

Definition:

Family Peer Support Services are time limited services designed for the caregiver of a child/adolescent living with a severe emotional disturbance or substance use disorder, and who has experienced behavioral/emotional challenges in the home, school, and/or community. Services utilize a parent peer coaching model to facilitate system navigation, accessing community resources and other benefits, engaging with formal and informal supports to ensure that the elements of the Family Plan for the child/adolescent and family are planned for and progress towards goals and objectives occurs. Services are designed to increase capacity and skills to prevent/stabilize crisis within the family, caregiver, or prevent out of home placement of child/adolescent.

Family Peer Support provides a structured, strength-based relationship between a Family Peer Support Specialist and the caregiver for the benefit of the child/adolescent and family. Relationships are built on mutually reciprocal relationships, valuing of lived experience, and voice and choice. Services are supportive in nature and rehabilitative in focus and are initiated when there is a reasonable likelihood that such services will benefit the family's functioning and assist the youth in maintaining community tenure.

Services are designed for families who are actively involved in their recovery and choose to have Family Peer Support Services as an essential element in their Family Plan. Services utilize a parent peer coaching model to facilitate system navigation, accessing community resources and other benefits, engaging with formal and informal supports to ensure that the elements of the Family Plan for the child/adolescent and family are planned for and progress towards goals and objectives occurs.

It utilizes specific methods for moving toward an interagency system of care by developing referral sources and collaborative working relationships between families and public and private child serving agencies. Services embrace a child focused and family-centered philosophy and acknowledges the child/adolescent and/or families, legal guardians, and caregivers as equal partners. It promotes utilization of the least restrictive, least intrusive, developmentally appropriate interventions in accordance with the child/adolescent and family needs within the most normalized environment.

Service Expectations:

- A clear point of entry to services.
- Ensure Family Peer Support services are offered, upon referral, to families within 24-72 hours of the initial referral. Initial contact with family should occur within the first 48 hours of referral and the first face to face meeting with the family should be scheduled or occur within the first 72 hours of referral.
- Developmentally appropriate screenings to identify strengths, ability, 40 developmental assets, and at-risk behavior, including suicide, at admission and throughout program; if there is imminent danger is identified appropriate steps must be taken to minimize risk.
- Designation of a Family Peer Support Specialist to serve parent peer coach to support the caregiver in building upon current strengths to improve parenting capacity of child/adolescent. Designated Family Peer Specialist will facilitate system navigation and accessing services and supports to ensure that the elements of the Family Plan are planned for and progress towards goals and objectives occurs. All levels of service planning and delivery are done in equal partnership with the legal guardian/caregiver.
- Develop a mutual set of expectations regarding the roles of the family and the Family Peer Support Specialist within one month of admission to the program.
- Development of a single individualized family centered Family Plan with clear, outcome focused, time sensitive, and measureable goals and objectives that are purposed to support the safety, well-being, recovery and resiliency of the child/adolescent and their family within the first 30 days of admission to service and then reviewed and updated with the child/adolescent and caregiver;

- updated as frequently as needed, but at a minimum of every 30 days; and signed by the caregiver and child/adolescent (if applicable).
- A minimum of one (1) face to face meeting per month. If a face to face does not occur then documentation must be maintained logging the attempts to contact family, or reasons for cancellation. Individualized plan includes the utilization of building upon 40 developmental assets and protective factors framework (inclusive of initial assessment) to encourage growth in the areas of self-direction, resilience, social connections, concrete supports, knowledge of parenting and child development, independent living skills, and nurturing/attachment. Provide child/adolescent and family advocacy as needed.
 - Assist child/adolescent and family in obtaining benefits such as SSI, housing vouchers, food/financial assistance, health insurance, etc.
 - Provide system navigation and coach caregiver in locating and engaging with appropriate community-based behavioral health services, identifying and/or accessing community resources, other benefits, and natural supports that can be used to help facilitate child/adolescent and family/caregiver efficacy and increase child/adolescent functioning.
 - Empower the child/adolescent and family/caregiver to develop their continued Family Plan that will be sustained after discharge. Assistance in the development of a crisis relapse prevention plan if desired and appropriate.
 - Parental linkage to the local family organization network, which includes parent and youth support groups, mutual self-help groups, and parent leadership opportunities, etc.
 - Family education to support building parenting skills, behavioral health education, how to talk to providers, consumer rights, building resiliency, understanding trauma, etc.
 - Services must be trauma-informed and culturally/linguistically-sensitive
 - Provide assistance in interpreting the case plan, court documents, and other documents as needed.

Staffing Ratio:

1:25 (one Family Peer Support Specialist to 25 families)

Target Population:

Caregiver of a child/adolescent living with a severe emotional disturbance, substance use disorder, who are experiencing urgent behavioral/emotional challenges in the home, school, and/or community.

Or

The legal guardian/caregiver of the child/adolescent will experience or is experiencing a behavioral health crisis that is or has potential to limit their capacity to care for the child/adolescent.

Admission Guidelines:

Eligible families must meet the following mandatory criteria:

- a. Families involved with the Division of Children and Family Services because of abuse/neglect.
- b. Families involved in court or non-court or alternative response cases.
- c. Child placed in-home or in out-of-home care.
 - If child is placed in out-of-home care the Permanency Plan for the family must be reunification.
- d. Families with at least one child ages 0-8 unless directly approved by DHHS Administration.
- e. Families who are assessed by DHHS or its designee as High or Very High on the Structure Decision Making Assessment unless directly approved by DHHS Administration.

The following non-mandatory program criteria should also be considered at the time of the referral:

- a. Families that are involved with the Division of Children and Family Services for the first time.
- b. Family is agreeable to working with a Family Peer Support Advocate.

Length of Service:

Average length of service is six months. Length of service is individualized and based on criteria for

acceptance to the program and continued treatment as well as ability to make progress on individual treatment goals.

Staff Credentials:

- Program Director: Four years of Behavioral Health program management experiences. Bachelor's degree is preferred. Additional experience may be substituted for the education requirement on a year by year basis. Must have experience navigating the child welfare system as a parent.
- Family Peer Support Specialist: High School Diploma or equivalent with minimum of two years of experience in human services field or two years navigating the child welfare system as a parent; or four years' experience in human services field with demonstrated skills and competencies. Experience navigating the child welfare system as a parent is required. All staff must have successfully completed Family Peer Support training through the Office of Consumer Affairs within one year.
- Clinical Consultant: Clinical consultation by a licensed person (APRN, RN, LMHP, PLMHP, LIMHP, Psychologist) working with the program to provide clinical consultation to staff members on services provided.

Minimum Reporting Requirements:

The Contractor shall develop a Family Plan with clear, outcome focused, time sensitive, and measureable goals that support the safety, well-being, recovery and resiliency of the child/adolescent and their family within the first 30 days of admission to service. The Family Plan shall be reviewed and updated with the child/adolescent and caregiver as frequently as needed, but at a minimum of every 30 days and signed by the caregiver and child/adolescent (if applicable). The contractor must submit the Family Plan and any updates via email to the Service Area identified on the service referral by the 15th business day of the month to:

Southeast Service Area (SESA) Reporting:
DHHS.SESABillingandReporting@nebraska.gov

Northern Service Area (NSA) Reporting:
DHHS.NSABillingandReporting@nebraska.gov

Central Service Area (CSA) Reporting:
DHHS.CSABillingandReporting@nebraska.gov

Western Service Area (WSA) Reporting:
DHHS.WSABillingandReporting@nebraska.gov

Established Rate:

DHHS shall pay the Contractor per family for the provision of face to face services at a fifteen minute unit rate, and for eligible costs incurred that are not covered by the unit rate in accordance with Section 2. Payment Terms and Structure of this Services Contract.

A billable month of service will include a minimum of at least one distinct (1) contact with the parent that is face to face and a minimum total number of direct service hours that equate to no less than (1) hour of direct service that are face to face. For the purposes of this contract, a billable contact is defined as an interaction between the Family Peer Support Specialist, the parent, and other formal and informal supports that are expected to further the accomplishment of the goals for the parent/family as identified in the family plan developed by the Family Peer Support Specialist and the parent. The billable contact must be clearly and explicitly documented in the file to support that this occurred and must demonstrate which activities were planned for and took place during the contact. The in-person intake appointment is also included as a billable month of service.

Desired Outcome:

- Child/adolescent placement in out-of-home setting is avoided or delayed.
- Child/adolescent and their family/caregiver/legal guardian is empowered to express their voice and choice and participates in decisions impacting their care.
- Child/adolescent and their family/caregiver/legal guardian perceives improved overall health and well-being.
- Child/adolescent and their family/caregiver/legal guardian demonstrates the ability to identify their strengths, needs, access resources, and successfully navigate various systems to engage with those resources.
- Child/adolescent and their family/caregiver/legal guardian has formal services and informal supports in place as appropriate.
- Child/adolescent and their family/caregiver/legal guardian are connected to other families and supports with personal lived experience.
- Child/adolescent and their family/caregiver/legal guardian has sustainable wellness skills/tools and is able to draw upon them in crisis situations.
- Child/adolescent and their family/caregiver/legal guardian has progressed on goals and objectives to their personal satisfaction in their Family Plan.
- Child/adolescent and their family/caregiver/legal guardian has developed a continuing Family Plan.

Discharge:

- Families served who experience DHHS case closure must be discharged within thirty (30) days.
- Individualized service plan goals and objectives have been successfully completed.
- Admission to a higher level of care.
- No longer meets Admission Guidelines.
- Adequate support systems obtained in a less restrictive environment.
- Maximum treatment and rehabilitation benefit and goals have been achieved. The child/adolescent and their family/caregiver/legal guardian can function independently without intensive professional multidisciplinary supports.
- Child/adolescent and their family/caregiver/legal guardian is able to express their voice and choice and participates in decisions impacting their care and transition to adulthood.
- Child/adolescent and their family/caregiver/legal guardian perceives improved overall functioning, health, and well-being.
- Child/adolescent and their family/caregiver/legal guardian demonstrates the ability to identify their strengths, needs, access resources, and successfully navigate various systems to engage with those resources.
- Child/adolescent and their family/caregiver/legal guardian has formal services and informal supports in place as appropriate.
- Child/adolescent and their family/caregiver/legal guardian has sustainable wellness skills/tools and is able to draw upon them in crisis situations.
- Child/adolescent and their family/caregiver/legal guardian has progressed on goals to their personal satisfaction.
- Child/adolescent and their family/caregiver/legal guardian has developed a continuing Family Plan.