

FPSW Application

Contact Information

Name: _____

Mailing Address: _____ City: _____

State/Zip: _____ Email: _____

Home Phone: (_____) _____ Cell: (_____) _____

Which phone number should we use to arrange an interview? Home Cell

Emergency Contact: _____ Phone: _____

Primary Language: _____ Fluency in other Languages: _____

Eligibility Information

Family Peer Support Worker are primary caregivers who have “lived-experience” of being actively involved in raising a child who experiences emotional, behavioral, mental health and/or substance use challenges. This includes young people with neurobiological differences as well as those diagnosed with a serious emotional disorder or substance abuse disorder. Family Peer Support Workers have experience navigating child-serving systems and have received specialized training to empower other families who are raising children with similar experiences. Specific requirements include:

- Successful completion of a 40 hour training program
- 18 years of age or older
- Valid New Mexico mailing address
- Valid New Mexico Driver’s License
- High school diploma or GED
- Parent or other family member of a child or youth who has received a diagnosis of Serious Emotional Disturbance and has received mental health and/or substance use treatment and support services.
- Ability to manage your own well being
- Parent or other family member of a child or youth who has received a diagnosis of Serious Emotional Disturbance and has received mental health and/or substance use treatment and support services, before the age of 18.

Training Participation Agreement (please initial)

_____ I will attend, be on time, and actively participate in all five days of training and understand that I cannot miss any training session for any reason.

_____ I will participate in discussions and role-plays using my personal experiences.

_____ I understand I must take the certification exam to complete certification as a CPSW.

_____ I understand that I am not guaranteed employment as a result of participating in this training.

I need the following accommodations for the training: _____

I have the following special diet needs: _____

Lived Experience

Please describe your experience parenting a child/youth with emotional, behavioral or mental health challenges. _____

Please describe any experience you have, including formal experience, providing peer services and support to others. _____

Please explain any concerns you have with sharing your personal story. _____

Please explain why you want to become a Family Peer Support Worker.

Please provide the names and contact information, and reference letters from two people who can verify your experience with your child, ie, therapist, counselor, teacher, etc.

References

Name

Phone

Address

City/Zip

Name

Phone

Address

City/Zip

Affirmation

Your signature below affirms that you read and understand what is expected of all applicants, and the information you provided is accurate. Your application will not be considered.

Signature: _____

Print Name: _____

Family Peer Support Worker

Job Description

Job Title: Family Peer Support Worker (FPSW)

Purpose of the Position:

The Family Peer Support Worker (FPSW) supports parents and other primary caregivers to ensure that their voice is heard, that their preferences are incorporated into their children's plans of care, and that their natural support systems are strengthened. The FPSW helps families gain the knowledge, skills and confidence to effectively manage their own needs and ultimately move to more family independence. The FPSW serves as a role model demonstrating effective relationships, interactions, and behaviors, sharing his or her experience as appropriate to establish a bond based on similar experience.

The Family Peer Support Worker uses a strengths-based and culturally sensitive approach that recognizes individual youth and family identity, cultural history, life experiences, beliefs, and preferences.

Essential Functions - The Family Peer Support Worker:

- Engages parents, legal guardians, and other primary caregivers in Wraparound or other service delivery processes.
- Promotes parent, legal guardian, and other primary caregiver participation in meetings and other activities.
- Supports parents, legal guardians, and other primary caregivers to build skills and self-efficacy
- Models effective personal interactions and behavior and parenting skills
- Assists parents, legal guardians, and other primary caregivers in identifying their strengths and resiliencies in order to effectively articulate those strengths and prioritize their needs.
- Assists parents, legal guardians, and other primary caregivers in identifying community and natural resources.
- Helps parents, legal guardians, and other primary caregivers in identifying and engaging advocates and supporters as part of their team
- Teaches parents, legal guardians, and other primary caregivers how to effectively navigate complex service delivery systems including juvenile justice, child protective services, education, physical health, behavioral health, and others.
- Informs parents, legal guardians, and other primary caregivers of service options; explains their differences and purposes for informed decision making; and explains relevant terms and conditions related to service options.
- Encourages parents, legal guardians, and other primary caregivers to access services and supports the family in overcoming access barriers when needed.
- Assists parents, legal guardians, and other primary caregivers in meeting the child's educational needs through written requests for special education and other evaluations and attending education related meetings.
- Assists parents in crisis response and stabilization as needed.
- Prepares parents, legal guardians, and other primary caregivers for juvenile justice preliminary

inquiries, meetings and hearings.

- Empowers parents, legal guardians, and other primary caregivers to effectively build upon their child's strengths through role-modeling of persuasive self-advocacy skills and facilitating collaborative working relationships with professionals.
- Maintains verbal or written communication on behalf of families with physical health and behavioral health providers, Juvenile Probation Officers, Protective Service Specialists, Education Administrators, Community Support Specialists or other providers as needed.
- Procures signed Releases of Information from parents, legal guardians, and other primary caregivers to ensure parents, legal guardians, and other primary caregivers permission to acquire assessments and records or to communicate with other agencies or organizations.
- Completes documents and maintains case files in accordance with agency policies and contractual agreements.
- Adheres to Code of Professional Conduct.
- Organizes support groups, educational opportunities or social gatherings as requested
- Recruits parents, legal guardians, and other primary caregivers and youth to advocacy and systems level work as requested.
- Maintains confidentiality of family and youth information except in cases of suspected neglect and/or abuse or exploitation of the vulnerable.
- Other duties as assigned.

Position Requirements:

Family Peer Support Workers are primary caregivers who have "lived-experience" of being actively involved in raising a child who experiences emotional, behavioral, mental health and/or substance use challenges. This includes young people with neurobiological differences as well as those diagnosed with a serious emotional disorder or substance abuse disorder. Family Peer Support Workers have experience navigating child-serving systems and have received specialized training to empower other families who are raising children with similar experiences. Specific requirements include:

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Code of Ethics for Family Peer Support Worker

By making application for certification as a Family Peer Support Worker (FPSW) with the NM Credentialing Board for Behavioral Health Professionals, I _____ pledge to strive to:

- Share my experience as a parent when it may help other family members;
- Support other family members as peers with a common background and history rather than as experts who has all the answers;
- Acknowledge that each family member's answers may be different than mine;
- Take responsibility for clarifying my role as a Family Peer Support Worker and as a parent of a child who experienced emotional, behavioral or mental health challenges;
- Build partnerships with others who are involved in the care of our children;
- Commit to honesty in all my interactions as a Family Peer Support Worker and expect the same from others;
- Commit to a non-judgmental and respectful attitude in my dealings with and discussions regarding families;
- Commit to a non-adversarial approach to advocacy in my role as a Family Peer Support Worker; and

THEREFORE, in order to fulfill this pledge, I agree to abide by the following principles, rules and procedures.

Initials

Principle 1 – Integrity

To maintain high standards of competence and integrity, I will:

1. Apply the principles of resiliency, wellness and/or recovery, family-driven approach, youth-guided or youth-driven approach, consumer-driven approach and peer to peer mutual-learning principles in every day interactions with family members;
2. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values and beliefs;
3. Promote the family members' voices and the articulation of their values in planning and evaluating children's behavioral health related issues;
4. Teach, mentor, coach and support family members to articulate goals that reflect each family member's current needs and strengths;
5. Demonstrate respect for the cultural-based values of the family members engaged in peer support;

6. Communicate information in ways that are both developmentally and culturally appropriate;
7. Empower family members I am assisting to be fully informed in preparing to make decisions and understand the implications of these decisions;
8. Maintain high standards of professional competence and integrity;
9. Abstain from discriminating against or refusing services to anyone on the basis of race, ethnicity, gender, gender identity, religion/spirituality, culture, national origin, age, sexual orientation, marital status, language preference, socioeconomic status or disability;
10. Only assist family members whose concerns are within my competency as determined by my education, training, experience and on-going supervision/consultation;
11. Abstain from establishing or maintaining a relationship for the sole purpose of financial remuneration to me or the agency associated with me; and
12. Terminate relationship when it becomes reasonably clear that the peer relationship is no longer the desire of the family member.

Initials

Principle 2 – Safety

To maintain the safety of all family members involved with their services, I will:

1. Comply with all laws and regulations applicable to the jurisdiction in which the parent support services are provided, including but not limited to confidentiality;
2. Maintain confidentiality in my personal and professional communication and ensure that family members have authorized my use or release of any and all information about themselves or family members for whom they have legal authority, including but not limited to verbal statements, writing, or re-release of documents;
3. When complying with laws and regulations involving mandatory reporting of harm, abuse or neglect.
4. Respect the privacy of the agencies with whom I partner, and refrain from distributing internal or draft document or private or internal conversations.
5. Comply with all laws and regulations applicable to the jurisdiction in which the parent support services are provided;
6. Discuss and explain to family members the rights, roles, expectations, benefits and limitations of the peer support process;
7. Avoid ambiguity in the relationship with family members and ensure clarity of my role at all times;
8. Maintain a positive relationship with family members, refraining from premature or unannounced ceasing of the relationship, until a reasonable alternative arrangement is made for continuation of similar peer support services;
9. Abstain from engaging in intimate emotional or physical relationships with family members engaged in a peer support relationship;

10. Neither offer nor accept gifts, other than token gifts, related to the professional service of parent support, including but not limited to, personal barter services, payment for referrals, or other remunerations; and
11. Abstain from engaging in personal financial transactions with family members engaged in parent support relationship.

Initials

Principle 3 – Professional Responsibility

Through educational activities, supervision and personal commitment, I will:

1. Stay informed and up-to-date with regard to the research, policy and developments in the field of parent/peer support and children’s behavioral health which relates to my own practice and children’s general health and wellbeing;
2. Engage in helping relationships that include skills building not exceeding by scope of practice, experience, training, education or competence;
3. Perform or hold myself out as competent to perform only parent support services not beyond my education, training, education or competence;
4. Seek appropriate professional supervision/consultation or assistance for my personal problems or conflicts that may impair or affect work/volunteer performance or judgment;
5. File a complaint with the NM Credentialing Board for Behavioral Health Professionals when I have reason to believe that another Parent Support Provider is or has been engaged in conduct that violates the law or this Code. Making a complaint to the NM Credentialing Board for Behavioral Health Professionals is an additional requirement, not a substitute for or an alternative to any duty of filing report(s) required by statute or regulation;
6. Refrain from distorting, misusing or misrepresenting my experience, knowledge, skills or research findings;
7. Refrain from financially or professionally exploiting a colleague or representing a colleague’s work, associated with the provision of peer support or the profession of peer support, as my own;
8. In the role of a supervisor/consultant, be responsible for maintaining the quality of my own supervisory/consultation skills and obtaining supervision/consultation for work as a supervisor/consultant;

Initials

Principle 4 – Certification Responsibilities

As an applicant or certificate, I will:

1. Comply with Standards of Practice, Code of Ethics and recertification requirements;
2. Only use the Certified Family Peer Support Worker (FPSW) credential or represent myself as having that credential when I am in full compliance with the credentialing requirements;

3. Always utilize the Certified Family Peer Support Worker (FPSW) designation appropriately;
4. Cooperate with any ethics investigation by any professional organization or government agency, and truthfully represent and disclose facts to such organizations or agencies when requested or when necessary to preserve the integrity of the parent support profession;
5. Notify the NM Credentialing Board for Behavioral Health Professionals of any legal action with potential impact on my practice of parent support, including but not limited to, the filing in any court of an information, complaint, indictment, conviction, revocation of suspended imposition of sentence, revocation of probation/parole, filing of any charge or action before a state, tribal or federal regulatory agency or judicial body concerning the practice of parent support or related professions, or a matter before another certification body. Such notification shall be made within sixty (60) days of the filing of such charge or action, and I shall provide documentation of the resolution of such action within sixty (60) days of that resolution.

Applicant Name

Date

Applicant Signature

Family Peer Support Worker Certification Checklist (CFPSW)

Checklist

CONTACT INFORMATION

Department:	CYFD Behavioral Health Services
Contact Person:	Nicole Montoya-Jones (Family Engagement Specialist)
Address:	Physical: 1120 Paseo De Peralta RM. 123 Mailing: PO Drawer 5160 Santa Fe NM 87502
Telephone number:	Cell: (505) 795-0261 Office: (505) 827-8008
Fax number:	(505) 476-0225
Email:	Nicole.montoyajones2@state.nm.us

CHECKLIST

<input type="checkbox"/>	Review Job Description and Certified Family Peer Support Worker (CFPSW) Flyer for training details	
<input type="checkbox"/>	Fill out CFPSW applications and Inform CYFD Behavioral Health Services which training you are interested in	
<input type="checkbox"/>	Sign Code of Ethics	
<input type="checkbox"/>	Send CFPSW application and signed Code of Ethics	Send via Email/Fax/Mail or Drop-Off
<input type="checkbox"/>	CYFD BHS will notify Applicant that Application has been received	
<input type="checkbox"/>	CYFD BHS will schedule a phone interview	Interview will be 15 to 20 minutes
<input type="checkbox"/>	If applicant qualifies for the CFPSW program applicant will be notified by correspondence	If the applicant does not get placed on the list for the most recent upcoming training, the applicant will be notified and waitlisted for the next appropriate CFPSW training
<input type="checkbox"/>	Applicant will attend the 40 hour CFPSW training that they qualified for	Applicant will need to attend the full 40 hour CFPSW training in order to get certified
<input type="checkbox"/>	Complete 40 Internship hours once CFPSW training is completed	Send Verification Form to mailing address above once Internship hours are completed
<input type="checkbox"/>	Applicant will be contacted by the CYFD Behavioral Health Services office with the upcoming testing dates once the above steps have been completed	
<input type="checkbox"/>	Take the Certified Family Peer Support Worker Certification Test through the New Mexico Credentialing Board for Behavioral Health Professionals, Inc.	Testing will be held in Albuquerque by the NMCBBHP www.nmcbhbp.org
<input type="checkbox"/>	Certificate will be awarded certifying the FPSW once the test is completed and the applicant has passed	

