



Department of
**Mental Health &
Substance Abuse Services**

Family Support Specialist Certification Program

Guidelines, Standards, and Procedures

Tennessee Department of Mental Health & Substance Abuse

Handbook | Revised May 2018



Preface

Direct caregiver-to-caregiver support services provided by a Certified Family Support Specialist (CFSS) are a vital resource to assist families and others who are caring for children and youth with emotional, behavioral, and/or co-occurring disorders. To achieve the resiliency and recovery goals of the child and family, the CFSS promotes self-determination, personal responsibility, and 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.

In order to be certified as a Family Support Specialist in the State Of Tennessee, you must:

- ✓ Self-identify as being or having been the biological parent, adoptive parent, foster parent, or relative caregiver with legal custody of a child or youth with a *mental, emotional, behavioral, or co-occurring disorder* (TDMHSAS reserves the right to request supporting documentation of diagnosis and/or guardianship);
- ✓ Meet specific competency and ethical conduct requirements;
- ✓ Possess minimum work, and/or volunteer experience requirements;
- ✓ Possess minimum education and training requirements;
- ✓ Pass the written competency course exam; and
- ✓ Complete minimum continuing education credits annually.

Property of Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

All materials submitted to the TDMHSAS as part of the certification process are considered property of the TDMHSAS. Materials include but are not limited to applications, evaluations, transcripts, and certificates. Applicants are encouraged to keep copies of all materials and paperwork submitted for certification.

All certificates and supporting letters are the property of the TDMHSAS and must be surrendered upon request.

All TDMHSAS certification requirements, policies and procedures are maintained on our website at: www.tn.gov/behavioral-health.

For further information, please contact:

**Tennessee Department of Mental Health and Substance Abuse Services
Office of Children, Young Adults and Families (OCYAF)**

Andrew Jackson Bldg., 5th Floor

500 Deaderick Street

Nashville, TN 37243

615.770.1788 phone; 615.253.6822 fax

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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.

Family Support Specialist Certification Program

III. Introduction

The Family Support Specialist Certification Program (FSSCP) provides State of Tennessee 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 as a caregiver for a child or youth 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 allows Certified Family Support Specialists to provide a level of service and support beyond that of clinical staff. The Tennessee Department of Mental Health and Substance Abuse Services' Office of Children, Young Adults and Families (OCYAF) operate Tennessee's Certified Family Support Specialist Program with consultation from the CFSS Advisory Committee. The OCYAF shall develop and reserves the right to make any necessary changes to CFSS Guidelines, Standards, and Procedures without prior notification so that appropriate authority to grant certification and acceptable professional standards are established.

IV. Purpose

The purpose of a certification system for the Family Support Specialist is to:

1. Assure the public a minimum level of competency for quality services by Certified Family Support Specialists (CFSS).
2. Give professional recognition to qualified CFSS through a process that examines demonstrated work competencies.
3. Assure an opportunity for ongoing professional development for CFSS.
4. Promote professional and ethical practices by enforcing adherence to a Code of Ethics

The Certified Family Support Specialist can perform a wide range of tasks to assist *caregivers* in managing their child's illness, while 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.

V. Definition of a Certified Family Support Specialists

A Certified Family Support Specialist (CFSS) is a person who has self-identified as the biological parent, adoptive parent, foster parent, or relative *caregiver* with legal custody of a child or youth with a *mental, emotional, behavioral and/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*.

VI. Guidelines for Certification

A. Certification Eligibility Requirements

In order for an individual to be eligible to become a Certified Family Support Specialist in the state of Tennessee, they must meet the following minimum qualifications of personal experience and training.

- Have a minimum of six months' experience (paid and/or volunteer) as a *Family Support Specialist, Support Group Facilitator, or Caregiver Educator* and/or *other relevant experience*.

OR if you DO NOT have a minimum of SIX MONTHS' PAID/VOLUNTEER EXPERIENCE as a Family Support Specialist you must:

- Immediately upon hire, complete 60 hours of TDMHSAS specific trainings and 80 hours of job shadowing under the direct guidance of a Certified Family Support Specialist with five or more years of direct service experience. (Complete listing can be found in Appendix B).

- 1) Be at least eighteen (18) years of age or older;
- 2) Hold a high school diploma or a General Educational Development (GED or higher from an accredited institution);
- 3) Self-identify as being or having been the biological parent, adoptive parent, foster parent, or relative caregiver with legal custody of a child or youth with a *mental, emotional, behavioral, or co-occurring disorder* (TDMHSAS reserves the right to request supporting documentation of diagnosis and/or guardianship);
- 4) Provide a statement of personal experience regarding navigating the child-serving systems as the *primary caregiver* of a child or youth with a *mental, emotional, behavioral or co-occurring disorder*;
- 5) During the last ten (10) years, (in employment and/or volunteer work) have actively participated for at least twelve (12) consecutive months in service planning, system navigation, and building *resiliency* for a child or youth; 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), as well as 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 OCYAF.

6) Successfully complete the *evidence-based* and/or *best practice* prerequisite 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 (BASICS, Beginnings, or With Hope In Mind);
 - (b) Tennessee Voices for Children's (TVC) Parent-2-Parent Training;
 - (c) Mental Health Transformation Alliance (MTHA) Straight Talk Workshop;
 - (d) Other *evidence-based* and/or *best practice* family support specialist training program may be considered if appropriate documentation related to the program's curriculum, requirements, and *competencies* are approved by the OCYAF.

***Please note that one of the above trainings must be completed before enrolling in a recognized evidence-based/and/or best practice FSS Training Course.**

FOLLOWED BY

- Family Support Specialist Competencies Training Course offered by TVC/NAMI-TN. Completion of the FSSC Training Course cannot exceed twelve months (1 year).
- 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.
- 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 OCYAF.

OR

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. This includes, but is not limited to the following:
 - 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 *caregiver's* 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 what is 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 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. This includes, but is not limited to, the following:
 - 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*. This includes, but is not limited to, the following:
 - 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) Either as an employee or a volunteer be under the direct supervision of a *mental health professional*. (*Section IX—Employment and Volunteer Guidelines*).

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

- The Certified Family Support Specialist Scope of Activities; and
- The Certified Family Support Specialist Code of Ethics.

B. Term of Certification

The term of certification shall be two (2) years.

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.

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/Volunteer Summary Form, must be submitted by the applicant via mail directly to:

TN Department of Mental Health & Substance Abuse Services
Office of Children, Young Adults, and Families
ATTN: FSSCP - Certification
Andrew Jackson Building, 5th Floor
500 Deaderick Street
Nashville, TN 37243

- Required application documents:
 - ✓ Completed Application Process Checklist.
 - ✓ Completed Application.
 - ✓ Completed Statement of Personal Experience.
 - ✓ Copy of high school diploma, General Educational Development (GED), or College Degree from an accredited institution (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 OCYAF.
 - ✓ Completed Volunteer Summary Form (Applicable only to applicants who are providing volunteer service and not employed). The Volunteer Summary Form must be completed, signed and submitted by the direct supervisor to the OCYAF.
 - ✓ Documentation from applicant verifying completion of required **60 hours of TDMHSAS specific trainings and 80 hours of job shadowing under the guidance of a Certified Family Support Specialist**. (Complete listing can be found in Appendix B pages (38-40).
 - ✓ Copy of the certificate of completion/attendance from one of the required pre-requisite trainings recognized by TDMHSAS (**training must have been completed before participation in a recognized FSS Competency Course**).
 - ✓ Copies of the certificates of completion from the required *evidence-based* and/or *best practice* Family Support Specialist Training Programs currently recognized by **TDMHSAS (Certificates of completion MUST be dated within 365 days of course completion)**.
 - ✓ Three (3) Completed Statement of Support Forms (Applicants should make copies of the form and ask each supporter to return the completed form to them in a **sealed envelope**). Statements of support cannot be older than 365 days of current date of mail.

- ✓ 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 OCYAF 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 will be notified via United States Postal Service (USPS) of closure and instructed to 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 OCYAF and a certification determination made. Upon successful review, the applicant will receive notification via United States Postal Service (USPS) certificate determination within four weeks.

The **OCYAF 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 visit the OCYAF website at: <https://www.tn.gov/behavioral-health/for-providers/additional-resources/certified-family-support-specialist-program.html>.

VIII. Certification Renewal

Certification shall expire at the end of two (2) years. To maintain active certification status, the Certified Family Support Specialist must:

- Complete and submit a Certification Renewal application forty-five (45) days prior to the end of their current certification period;
- If employed (must be with an agency that is a TDMHSAS-licensed or otherwise approved agency) submit employment form signed by the supervisor;
- If volunteering (must be with an agency that is a TDMHSAS-licensed or otherwise approved agency) submit the volunteer 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 OCYAF.

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.

A Certification renewal received forty-five (45) calendar days or more after the original expiration date **WILL BE MOVED INTO INACTIVE STATUS** by the OCYMH for up to 12 months. If renewal is not completed during this 12 month period the FSS certification will expire and applicant will need to follow the procedures of Reactivation (X. Inactive Status, B. Reactivation of Certification).

B. Ongoing Education Guidelines

Thirty (30) hours of on-going CFSS education are required over a two year period to maintain active certification and must be earned within the certification period (**15 hours per year**). 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 or volunteer agency;
- TDMHSAS Title VI Training <https://www.tn.gov/behavioral-health/providers/training/crisis-services-and-suicide-prevention-training/title-vi.html> (once in the two year cycle);
- Ethics (yearly); **and**
- A minimum of four (4) on-going CFSS education trainings, seminars, workshops, or post-secondary courses totaling thirty (30) hours (over a two year period) within the following categories:
 - System of Care 101
 - High fidelity Wraparound
 - Family Dynamics
 - Juvenile Justice
 - Cultural Linguistic Competency
 - Special Education Law and Rights
 - Child Welfare
 - Substance Abuse in Adolescence
 - Child and Youth Development
 - Social and Emotional Skills
 - Basic Wellness in families
 - Suicide Awareness and Prevention
 - Recovery in the Fields of Mental Health and Co-Occurring Disorders
 - Caregiver Support Services Promoting Resiliency and Recovery

Note: Cardiopulmonary resuscitation (CPR), First aid, participation on advisory councils/boards, driver education classes, and fire arm safety classes will not be accepted for consideration of Continuing Education hours.

Online trainings are limited to five (5) hours out of the 15 hours per year requirement. A minimum of one and half (1.5) hours of Continuing Education per year must be in ethics. **Continuing Education fully focused on clinical treatment will not be accepted.**

D. Verification Procedure

Each Certified Family Support Specialist must submit an Ongoing Education Verification form for each training event. The information below is required to confirm successful completion of the OCYAF recognized ongoing 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 must be on the certificate; and
- Title and/or Category of the Training.

OR

- For post-secondary courses in behavioral-health related subjects—a syllabus signed by the professor with a copy of grades for the course, or a transcript showing course and final passing grade.

To obtain an Ongoing Education Verification form, contact the OCYAF at 1-615-770-1788 or visit the OCYAF website at: <https://www.tn.gov/behavioral-health/support-for-families.html> . Applicants should maintain original copies of ongoing education documentation and only send **copies** of supporting education documentation to OCYAF.

IX. Termination of Certification

Termination is the loss of certification.

A. Termination due to deficient documentation

1) Causes:

- Failure to provide required ongoing education documentation prior to the biennial certification date.
- Failure to complete and submit an application for renewal within designated or identified time frame.
- Failure to submit any other documentation and/or information required by the OCYAF within designated or identified time frame.

2) Requirements for Reinstatement of Certification:

- Submission of a complete **NEW** application packet; **and**
- Successful completion of the required currently recognized *evidence-based* and/or *best practice* Family Support Specialist Training Programs approved by the OCYAF; **and**
- Submission of any other documentation and/or information required by the OCYAF.

B. 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 OCYAF.

2) Requirements for Reinstatement of Certification:

After termination due to willful misrepresentation or Code of Ethics violation, a person may apply for reinstatement after one calendar year from date of termination.

- Submission of a complete application packet, including an Employment/Volunteer 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 OCYAF, **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, **and**
 - c) The corrective action(s) taken.

X. Inactive Status

A. Deactivation of Certification

A Certified Family Support Specialist whose certification is in good standing with TDMHSAS and is in good standing with his or her employer or volunteer agency 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.
- Temporary relocation out of the State of Tennessee.
- 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/volunteer status,
- Birth of a child, or
- Military Deployment.
- Other extenuating employment/volunteer circumstances as detailed to OCYAF and approved appropriate by CFSS Advisory Council.

Inactive status will not be granted for failure to comply with the Ongoing 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. Unless renewed every two years, the certification shall be inactive on the renewal date. Inactive certifications can be reactivated within 12 months from the renewal date. CFSS’s who wish to reactivate their certification status following inactive status must complete one (1) hour of continuing education for every month they have been in inactive status, not to exceed twelve hours.

CFSS on inactive status cannot provide services for Medicaid (TennCare) services.

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

Office of Children, Young Adults, and Families
 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 OCYAF to be reviewed.

The OCYAF will only discuss the status with the applicant. Please inform all others that updates must be obtained from the applicant. For more information on the procedure for Inactive Status, contact the OCYAF at 615-770-1788.

B. Reactivation of Certification

Reactivation of expired certification may be accomplished through submission of all documents required by the OCYAF. CFSS are required to renew their certification every two (2) years; if not renewed, the certification shall become inactive 45 days after the original renewal date. After one year of Inactive status the Family Support Specialist Certification will be terminated. CFSS's who wish to reactivate their certification status following inactive status must complete one (1) hour of continuing education for every month they have been in inactive status, not to exceed twelve. **After thirteen (13) months of non-renewal, applicant will be required to meet all of the requirements of a new applicant, which includes the re-take and passing of the FSS Competency Course.** For more information, please contact the OCYAF at (615) 770-1788.

XI. Employment and Volunteer Guidelines

A Certified Family Support Specialist (CFSS), either employed or volunteering, 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, psychology, social work, vocational rehabilitation, or activity therapy.

As part of his or her job/volunteer 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 Competency Training Programs recognized by TDMHSAS (see Section VI.A.6).

XII. Supervision Requirements

Certified Family Support Specialists, either employed or volunteer, 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 and as defined in the TDMHSAS Licensure rules, Chapter 0940-05-01, as follows:

"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.

The amount, duration and scope of supervision of Certified Family Support Specialist may range from direct oversight to periodic care consultation.

XIII. Employment Standards for Reimbursable Services

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

- Applicants must be employed to work in the role as a paid CFSS by an agency that is licensed by TDMHSAS and authorized to participate in the Medicaid (TennCare) program.

- Agencies that are licensed by TDMHSAS and authorized to participate in the Medicaid (TennCare) program shall:
 - Establish criteria, under which they hire, train and retain CFSS's.
 - Provide supervision for CFSS in accordance with acceptable guidelines and standards of practice as defined by the State and the Centers for Medicare and Medicaid Services.
- Each CFSS providing Medicaid-reimbursable services must be under the supervision of a mental health professional as defined by the State. The mental health professional must work for an agency that is licensed by TDMHSAS and authorized to participate in the Medicaid program. The amount, duration and scope of supervision may range from direct oversight to periodic care consultation.
 - "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.

XIV. Grievance Procedure

1. When an applicant is denied certification, questions the outcome of an application review, or is subjected to an action by the Office of Children, Young Adults and Families (OCYAF) 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 OCYAF.
 - a. The applicant has thirty (30) calendar days of receipt of notice or denial or any other action the applicant deems is unjustified to file a grievance.
 - b. The grievance must include the following:
 - i. Name of the party filing the grievance.
 - ii. Date of receipt of the notice or denial.
 - iii. Detailed explanation for the grievance.
 1. Cite all relevant documentation and portions of the handbook relating to the grievance.
 2. Attach any supporting documentation.
2. Once the grievance is received by OCYAF, the grievance will be reviewed and all identifying information will be removed.
 - a. The de-identified grievance will be submitted to the Family Support Specialist Advisory Council (FSS-AC) for review.
 - b. A minimum of five (5) reviewers will be required to submit feedback indicating their decision to uphold or deny the grievance.
 - c. The OCYAF Director and the Assistant Commissioner of the Division of Mental Health will review the grievance and findings of the FSS-AC and make the final decision to uphold or deny the grievance.
 - d. A letter will be sent from the Assistant Commissioner indicating the outcome of the grievance.

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 OCYAF to:

Office of Children, Young Adults, and Families
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 OCYAF to be received and reviewed.

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

The FSS 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.

XV. Program Oversight

The TDMHSAS Office of Children, Young Adults, and Families (OCYAF) administers the FSSCP.

- The FSS Advisory Council is comprised of Certified Family Support Specialists appointed by the OCYAF and representatives from TDMHSAS, family and consumer organizations, and other relevant entities in the *child and youth-serving systems*. The Advisory Council shall provide guidance on certification standards, procedures and training. The Advisory Council has authority of 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 OCYAF, 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 OCYAF 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.



XVI. Certified Family Support Specialist 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, behavioral (MEB) and/or co-occurring disorders should have access to a comprehensive array of services that address the child's physical, emotional, social and educational needs.
- Children with MEB and/or co-occurring disorders 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 and/or co-occurring disorders 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 and/or co-occurring disorders 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 and/or co-occurring disorders 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 and/or co-occurring disorders should be ensured smooth transitions to the adult service system as they reach maturity.
- The rights of children with MEB and/or co-occurring disorders should be protected and effective advocacy efforts for children and youth with MEB and/or co-occurring disorders should be promoted.
- Children with MEB and/or co-occurring disorders 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 children, youth, and families in regaining control over their own lives based on the principles of *resiliency*. The Certified Family Support Specialist does not diagnose an illness, prescribe medication, 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 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*, as well as 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; and
 - 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; and
- g) Assisting non-*caregiver* staff in identifying programs and environments that foster hope and *resiliency* and are *family-driven* and *youth-guided* in nature.



XVII. 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, *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 possible.
- 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 not 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 CFSS Scope of Activities.
- 20) The Certified Family Support Specialist will not provide services, either for employment or on a volunteer basis, without being under the direct supervision of a mental health professional as defined by TDMHSAS Licensure Rules.
- 21) The Certified Family Support Specialist will not provide services beyond their qualifications. This includes diagnosing an illness, prescribing medications, or providing clinical services.
- 22) Certified Family Support Specialist shall only provide services and support within the hours, days and locations that are authorized by the TDMHSAS-approved agency with which they work or volunteer.

APPENDIX A



PROGRAM FORMS



Certified Family Support Specialist Application Process Checklist

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

	Yes	No
1) Application Process Checklist	___	___
2) Completed Certified Family Support Specialist Application	___	___
<ul style="list-style-type: none">• 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 or Volunteer Summary (whichever is most applicable to the applicant)	___	___
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 Competences Course (TVC/NAMI-TN)	___	___
Or		
National Peer Support Provider Certification (NFFCMH)	___	___
Completion of any FSSC Training Course cannot exceed twelve months (1 year).		
7) Ongoing Education Verification forms	___	___
8) Three (3) completed Statements of Support	___	___
9) Signed Certified Family Support Specialist Scope of Activities	___	___
10) 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

Certified Family Support Specialist Application

Name *(please print)* _____

Address _____ City _____ State: TN ZIP _____

Phone (_____) _____ - _____ Email _____

Are you the Biological Parent? Yes ___ No ___ (If no, specify below)
(Specify, example: grandparent, foster/adoptive parent) _____

Are you/have you been the primary caregiver of a child or youth diagnosed with a mental, emotional, behavioral or co-occurring disorder by a physician or licensed mental health professional? **Yes ___ No ___ ***

*What is your child/youth/young adults' diagnosis _____?

*What is your child/youth/young adults' age now _____?

(TDMHSAS reserves the right to request supporting documentation of diagnosis and/or guardianship)

- 1) The OCYAF 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/volunteer at 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 ___**
- 3) *If Yes, please have your immediate supervisor complete and submit the attached Employment/Volunteer Summary Form to the OCYAF with attention to the Family Engagement Program Manager.*
- 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 ten (10) 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? **Yes ___ No ___**
- 6) Have you demonstrated successful completion of a required evidence-based and/or best practice Family Support Specialist Training Program recognized by TDMHSAS? If yes, please attach copies of the certificates of completion. **Yes ___ No ___**
- 7) 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)**
 Current Position? Yes ___ No ___ Paid / Volunteer

Agency _____ Supervisor's Name _____

Phone Number () - Position Held _____

Briefly Describe Your Work Responsibilities: _____

(Circle one)

Paid / Volunteer

b) Support Group Facilitator Years _____ Months _____
Current Position? Yes _____ No _____

Agency _____ Supervisor's Name _____

Phone Number () - Position Held _____

Briefly Describe Your Work Responsibilities: _____

(Circle one)

Paid / Volunteer

c) Caregiver Educator Years _____ Months _____
Current Position? Yes _____ No _____

Agency _____ Supervisor's Name _____

Phone Number () - Position Held _____

Briefly Describe Your Work Responsibilities: _____

(Circle one)

Paid / Volunteer

d) Other Relevant Experience Years _____ Months _____
Current Position? Yes _____ No _____

Agency _____ Supervisor's Name _____

Phone Number () - Position Held _____

Briefly Describe Your Work Responsibilities: _____

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 completely understand that any time during application process or upon/after certification Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) reserve the right to request supporting documentation of diagnosis, guardianship, and/or employment/volunteer status.

I understand that knowingly providing false information will be grounds to deny or terminate my certification.

Applicant's Signature _____ Date _____

DEMOGRAPHIC DATA

This information is collected for internal purposes only for the TDMHSAS—Office of Children, Young Adults, and Families. Information collected will not impact your application for CFSS (the answering of these questions are optional).

Are you Hispanic or Latino? Yes___ No___ Refused___

(If Yes) What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

Central American Yes___ No___ Refused___

Cuban Yes___ No___ Refused___

Dominican Yes___ No___ Refused___

Mexican Yes___ No___ Refused___

South American Yes___ No___ Refused___

Other Yes___ No___ Refused___

(If Other, Specify Below)
(Specify _____)

What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

Black or African American Yes___ No___ Refused___

Asian Yes___ No___ Refused___

Native Hawaiian or other

Pacific Islander Yes___ No___ Refused___

Alaska Native Yes___ No___ Refused___

White Yes___ No___ Refused___

American Indian Yes___ No___ Refused___

What is your Month and Year of Birth?

_____/_____/_____
Month Year Refused___

Statement of Personal Experience

Because of his or her life experience in caring for a child with a *mental, emotional, behavioral, and/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 about your experience as a parent/caregiver of a child/youth/young adult with mental, emotional, behavioral, and/or co-occurring disorder and will assist the OCYAF in identifying qualified applicants.

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

- A. What is your child/youth's mental, emotional, behavioral, and/or co-occurring disorder as diagnosed by a physician or licensed mental health professional (TDMHSAS reserves the right to request supporting documentation of diagnosis)?
- B. Describe in 5-10 sentences your experience as the primary caregiver of a child or youth with *mental, emotional, behavioral, or co-occurring disorder(s)*.
- C. 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).
- D. Describe in 5-10 sentences what *resiliency* means to you and how you have strengthened *resiliency* in your child and family.
- E. What does family-driven and youth-guided mean to you?
- F. What does it mean to you to be culturally and linguistically informed?
- G. What does community based mean to you?
- H. Describe in 5-10 sentences what *self-care* means to you.
- I. Describe in 5-10 sentences why you would like to become a Certified Family Support Specialist.
- J. 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 *mental, emotional, behavioral and/or co-occurring disorder*.
- K. Do you feel you have acquired any specific skills from navigating the varying child serving systems for your child/youth/young adult? If so. Please describe in 5-10 sentences.

Employment Summary

The person named below is completing an application to be certified as a Family Support Specialist with the OCYAF. 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 500 Deaderick St., Nashville, TN 37243. If you have questions, please contact the OCYAF at 615.770-1788.

Prospective Certified Family Support Specialist: _____ (Please Print Name)

- 1) Is the applicant named above employed to work in a direct service role as a paid Family Support Specialist? Yes ___ No ___

Title of Applicant's paid position within the agency: _____

Date of employment: _____

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

- 3) 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:

- 4) Name _____ Phone (_____) _____ - _____

Job Title _____ Credentials _____

Agency _____ Email _____

Address _____ City _____ State __ ZIP _____

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

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

- 7) 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 _____

Volunteer Summary

The person named below is completing an application to be certified as a Family Support Specialist with the OCYAF. 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 500 Deaderick St., Nashville, TN 37243. If you have questions, please contact the OCYAF at 615.770-1788.

Prospective Certified Family Support Specialist: _____ (Please Print Name)

- 1) Is the applicant named above assigned to volunteer in a direct service role as a Family Support Specialist? Yes___ No___
Title of Applicant's volunteer position within the agency: _____
Start date: _____
- 2) Number of hours assigned to volunteer in this position per week: _____
- 3) 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:
 - 4) Name _____ Phone (_____) _____ - _____
Job Title _____ Credentials _____
Agency _____ Email _____
Address _____
City _____ State _____ ZIP _____
- 5) Please describe the nature of the applicant's volunteer responsibilities in the position and role of Family Support Specialist within the agency: _____

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

- 7) 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 _____

Statement of Support

The person named below is completing an application to be certified as a Family Support Specialist. All applicants must submit three (3) 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 OCYAF at 615-770-1788.

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

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



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



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 CHILDREN, YOUNG ADULTS, AND FAMILIES
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243

CERTIFIED FAMILY SUPPORT SPECIALIST
ON-GOING EDUCATION VERIFICATION

An individual, who is certified as a Family Support Specialist, shall satisfactorily complete a minimum of thirty (30) hours over a two year period (15 hours per year) of continuing education trainings in conjunction with the certification renewal process. Only continuing education trainings recognized by the OCYAF shall be used to satisfy the continuing education requirement.

- 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.
- Attach a copy of the Certificate of Attendance or Completion for each training item listed.

Name *(please print)*: _____

Certification Number: _____ Certification Date: _____

Address: _____

City _____ State _____ ZIP _____

Phone Number: (____) _____ - _____ Email: _____

List the title, date, sponsoring organization/association/agency, and the number of hours for each ongoing training attended. (Make copies of form as necessary)

1) _____	_____
Title of Ongoing Education	Sponsor
_____	_____
Number of Training Hours	Date
2) _____	_____
Title of Ongoing Education	Sponsor
_____	_____
Number of Training Hours	Date
3) _____	_____
Title of Ongoing Education	Sponsor
_____	_____
Number of Training Hours	Date

4)	_____	_____
	Title of Ongoing Education	Sponsor
	_____	_____
	Number of Training Hours	Date
5)	_____	_____
	Title of Ongoing Education	Sponsor
	_____	_____
	Number of Training Hours	Date
6)	_____	_____
	Title of Ongoing Education	Sponsor
	_____	_____
	Number of Training Hours	Date
7)	_____	_____
	Title of Ongoing Education	Sponsor
	_____	_____
	Number of Training Hours	Date
8)	_____	_____
	Title of Ongoing Education	Sponsor
	_____	_____
	Number of Training Hours	Date
9)	_____	_____
	Title of Ongoing Education	Sponsor
	_____	_____
	Number of Training Hours	Date
10)	_____	_____
	Title of Ongoing Education	Sponsor
	_____	_____
	Number of Training Hours	Date
11)	_____	_____
	Title of Ongoing Education	Sponsor
	_____	_____
	Number of Training Hours	Date
12)	_____	_____
	Title of Ongoing Education	Sponsor
	_____	_____
	Number of Training Hours	Date

Total: _____

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

Signature of Applicant

Date



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF CHILDREN, YOUNG ADULTS, AND FAMILIES
 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/volunteer agency 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: _____

2. 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: _____ Phone 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



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF CHILDREN, YOUNG ADULTS, AND FAMILIES
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 30 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

Thirty (30) hours total of ongoing education are required to be obtained during a two year period (15 hours per year) to maintain active certification and must be earned within the certification period. Please refer to Appendix B 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 appropriate Certificate of Attendance or Completion for each training item 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 _____ Yes _____ No _____
If no, omit part III of the application.

Renewal Application PART III – Employment Summary – – Completed by the supervising mental health professional and returned to the Office of Children, Young Adults, and Families at 500 Deaderick Street, Nashville, TN 37243, or email to fcfs.tdmhsas@tn.gov . If you are not currently employed as a TCFSS please complete the Volunteer Summary form.

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: (____) _____ - _____ 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: | |
|--|---------|----|
| • 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 |

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



TRAINING SPECIFICATIONS



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF CHILDREN, YOUNG ADULTS, AND FAMILIES

Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243

TRAINING SPECIFICATIONS

- **REQUIRED TRAINING: INITIAL APPLICATION WITH WORK/VOLUNTEER EXPERIENCE** (refer to VI. A. 5 for specifications)
- Completion of one of the required pre-requisite trainings recognized by TDMHSAS (training date must reflect that completion occurred before participation in a required *evidence-based* and/or *best practice* Family Support Specialist Training Course recognized by TDMHSAS).
 - Completion of a required *evidence-based* and/or *best practice* Family Support Specialist Training Course recognized by TDMHSAS (Section VI. A. 6).
 - Completion of a minimum of 1.5 hours in Ethics.
- **REQUIRED TRAINING: INITIAL APPLICATION WITHOUT WORK/VOLUNTEER EXPERIENCE**
- Any CFSS applicant lacking at least six months' work experience (paid and/or volunteer) is required to complete and document 60 hours of TDMHSAS specific trainings. The 60 hours must specifically come from training listing at the bottom of the page. **A minimum of 1.5 hours must be earned in each content area with an asterisk (*)**.
 - Completion of one of the required pre-requisite trainings recognized by TDMHSAS (training date must reflect that completion occurred before participation in a required *evidence-based* and/or *best practice* Family Support Specialist Training Course recognized by TDMHSAS).
 - Completion of the required *evidence-based* and/or *best practice* Family Support Specialist Training Programs currently recognized by TDMHSAS (Section VI. A. 6).
- Effective Advocacy
 - Ethics*
 - Confidentiality *
 - Boundaries*
 - Title VI*
 - Written and Verbal Communication*
 - Parenting for resiliency and wellness
 - Stigma/Discrimination Issues in Mental Health
 - System of Care/Wrap-Around Philosophy*
 - Legal Issues in Children's Mental Health
 - Cultural and Linguistic Competency/CLAS Standards*
 - Community and Natural Resources

Examples of eligible course content are listed on following page.

➤ **REQUIRED TRAINING: RECERTIFICATION APPLICATION** (Continuing Educations Trainings)

- All in-service trainings required by the employing or volunteer agency;
- TDMHSAS Title VI training (once in the two year cycle);
- Ethics (yearly); and
- A minimum of four (4) ongoing CFSS education trainings, seminars, workshops, or post-secondary courses totaling thirty (30) hours (over a two year period) within the following categories:

<ul style="list-style-type: none"> ✓ System of Care 101 ✓ High fidelity Wraparound ✓ Family Dynamics ✓ Juvenile Justice ✓ Cultural Linguistic Competency ✓ Special Education Law and Rights ✓ Child Welfare ✓ Substance Abuse in Adolescence 	<ul style="list-style-type: none"> ✓ Child and Youth Development ✓ Social and Emotional Skills ✓ Basic Wellness in families ✓ Suicide Awareness and Prevention ✓ Recovery in the Fields of Mental Health and Co-Occurring Disorders ✓ Caregiver Support Services ✓ Promoting Resiliency and Recovery
--	---

Online trainings are limited to five (5) hours out of the 15 hours per year requirement. A minimum of one and a half (1.5) hours of Continuing Education per year must be in ethics. **Continuing Education fully focused on clinical treatment will not be accepted.**

UNACCEPTABLE TRAINING

1. Any training that cannot be supported and verified by appropriate documentation will not be approved.
2. Practicums and internships **are not acceptable for training requirement credit hours**, but may be submitted to document **minimum experience when the practicum/internship occurs on-site** (not in the college classroom).
3. Cardiopulmonary resuscitation (CPR), First aid, participation on advisory councils/boards, driver education classes, and fire arm safety classes **will not** be accepted for consideration of Continuing Education hours.
4. Training fully focused on clinical treatment will not be accepted.

DOCUMENTING TRAINING REQUIREMENTS

Training Verification Forms are completed by the applicant. Applicant must attach supporting documentation for each entry on the verification form. Supporting documentation must contain the following information:

- ✓ Applicant’s name
- ✓ Title of course/educational event
- ✓ Sponsor/provider
- ✓ Delivery date(s)
- ✓ Number of contact hours

Examples of eligible courses are listed under required content. This list is not exhaustive; any course that builds knowledge and skill necessary to perform a job task is **eligible for consideration** for training credit.

Effective Advocacy

*Consumer-Centered Recovery Support
Advocacy across and within systems
Mentoring Leadership*

Ethics/Confidentiality/Title VI

*Professional Responsibility
<http://www.tn.gov/behavioral-health/article/title-vi-training>*

Written and Verbal Communication

*Active Listening
Composing Progress Notes*

Stigma/Discrimination Issues in Mental Health

*Coping with the Stigma of Mental Health Illness
Discrimination Issues in Mental Health*

Community and Natural Resources

Identification and Location

Legal Issues in Children’s Mental Health

*Wrights law
Mandatory Reporting
Juvenile Justice*

Cultural & Linguistic Competency

*CLAS Standards
Understanding of values and beliefs*

Parenting for Resiliency and Wellness

*Current Issues Child & Adolescent Development
Substance Use*

System of Care/Wrap-Around Philosophy

*Evidence Based Practices
WRAP*

APPENDIX C

FAMILY SUPPORT SPECIALIST CERTIFICATION PROGRAM

FREQUENTLY ASKED QUESTIONS



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
OFFICE OF CHILDREN, YOUNG ADULTS, AND FAMILIES
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 OCYAF 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 is Family Support Specialist trainings offered and is a fee involved?

For information on recognized trainings, please contact the Office of Children, Young Adults, and Families at 615-770-1788.

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 some 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.

13) Am I eligible if I am not a parent or primary caregiver of a child with a child or youth diagnosed with a mental, emotional, behavioral, or co-occurring disorder?

No. Applicants must be the parent (foster, adoptive, or biological) or primary caregiver of a child or youth with diagnosed with a *mental, emotional, behavioral, or co-occurring disorders*.

This is not, in any way, intended to discount the commitment and expertise of others who provide services to children and families. It is, however; intended to recognize that 'lived experience' (coupled with appropriate training and specific competencies) affords individuals serving in this role a perspective that is invaluable in engaging and empowering others.

14) What will happen if the certification requirements change in the future?

In any profession, the requirements of being certified change over time. This reflects new understanding from research and practice about what competencies and training lead to the best outcomes. We can be sure that the requirements for the Family Support Specialist Certification will change.

There may be specific required continuing education courses or topics that you would need to complete in order to renew your certification, but these would be announced well in advance and would be delivered in a manner that would assure they are accessible to you.