

**Broome County**

**Mental Health Department**



**Family Peer Support Services**

**Guidelines**

# Family Peer Support Services Guidelines

## 1. Introduction

In an effort to streamline waitlists and clarify expectations, Broome County Mental Health Department (BCMHD) has developed guidelines for *Family Peer Support Services (FPSS)* programs. The Program Code for *Family Peer Support Services* is 1650. These guidelines are effective beginning 01/01/2020.

## 2. Funding

Funding, by OMH via State Aid letter to Broome County as a Local Government Unit (LGU), is provided to serve children and adolescents who are without Medicaid or do not meet the medical necessity criteria for *Children and Family Treatment and Support Services (CFTSS)*. BCMHD directly contracts with and governs the oversight of local not-for-profit service providers for the provision of certain services.

OMH State Aid funding is used to serve individuals in need of *Family Peer Support Services* that cannot be enrolled in CFTSS because they are without Medicaid. For individuals who are without Medicaid, but may be eligible for Medicaid and/or Managed Care services packages, the *Family Peer Advocate (FPA)* should work with the family, whenever possible, to establish these benefits and transition the individual to CFTSS.

Beginning September 2020, providers receiving funding to operate *Family Peer Support Services* programs are expected to be a designated *Family Peer Support Services* provider through CFTSS, in good standing, with an active case load. Providers who do not meet this expectation will be reviewed for appropriateness for 2021 *Family Peer Support Services* programming.

## 3. Eligible Population

Caregivers of children and youth who:

- reside in Broome County,
- are school-aged children entering Kindergarten up to age 21,
- are experiencing social, emotional, substance use and/or behavioral challenges in their home, school, placement or community.

## 4. Referral Process and Case Assignment

It is expected that *Children's Single Point of Access (C-SPOA)* and providers work collaboratively to manage individuals without eligibility for CFTSS. As provided under Article 41 of Mental Hygiene Law, LGU/SPOA has oversight responsibilities for high-need populations and facilitates access to behavioral health services. Referrals to C-SPOA for *Family Peer Support Services* come from multiple sources including community providers, schools, forensics, hospitals, etc. Documentation is needed to support that the referred individual may, or is at risk of developing a Serious Emotional Disturbance.

Upon receipt of a referral, C-SPOA reviews the referral for eligibility. At the C-SPOA meeting, the Committee discusses appropriateness for services. Individuals are approved for six (6) months of *Family Peer Support Services* at the time of initial assignment. Requests for extension of FPSS beyond the initial

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period are facilitated through the Utilization Review (UR) process below (item #9). Families are provided the opportunity to select a preferred provider.

C-SPOA maintains a single waitlist for *Family Peer Support Services*. Families are assigned to the first available slot, unless they expressly chose a specific provider. Families on the waitlist are prioritized if the child or youth is returning from an out of home placement: Residential Treatment Center (RTC), Residential Treatment Facility (RTF), Community Residences, or hospitalization. Other considerations for prioritization are considered on a case by case basis through presentation to the C-SPOA Committee.

### 5. Caseload and Contact Requirements

To promote clarity and continuity of service for individuals, *Family Peer Support Services* expectations mirror those of CFTSS including documentation, services, and staff requirements. Accordingly, caseload sizes should ensure the following:

- Caseload size should allow for adequate time providing support based on family need.

The intensity of service, including the number of contacts per month, is driven by the needs of the family being served. The minimum requirements for contact is:

- one (1) contact per week via phone, email, or text message, and
- one (1) face to face contact per month.
- Wrap around meetings can be held dependent on each family's needs and wants.

Documentation of contact with the individual, providers, and other supports should be maintained in the case record in the form of a progress note. Face to face contacts must occur individually with the family and not in a group setting.

### 6. Staffing Requirements

Education, experience and training requirements for staff and supervisors are consistent with CFTSS Guidance: *Children and Family Treatment and Support Services Provider Manual for EPSDT Services* (p. 37-40).

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/updated\\_spa\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf).

The service must be delivered by a credentialed FPA or Certified Recovery Peer Advocate (CRPA) with a Family Specialty. The staff member must also be credentialed to conduct the *Family Assessment of Needs and Strengths (FANS)*.

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## 7. Case Record

A case record must be maintained for all families enrolled in the *Family Peer Support Services* program. The record contains, at minimum: a completed FANS, a plan of care, progress notes, and copies of any releases of information signed by the individual or their caregiver, as appropriate. The standards for these components are outlined in the guidance document: *CFTSS Provider Guidance: Health Record Documentation*.

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/cftss\\_prov\\_guide\\_hlth\\_rec\\_doc.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cftss_prov_guide_hlth_rec_doc.pdf)

### a. Needs Assessment

A *Family Assessment of Needs and Strengths (FANS)* must be completed within 30 days of admission to the program, which is the date of consent to the program. The FANS is also required at 90 days of admission, in preparation for each Utilization Review, and as part of Discharge Planning. Completed FANS assessments are catalogued by providers in the case record and monitored by LGU/C-SPOA. Family Peer Advocates (FPAs) document a family's progress using an excel spreadsheet template provided by the LGU/C-SPOA.

## 8. Program Requirements

*Family Peer Support Services (FPSS)* are an array of formal and informal services and supports provided to families raising children who are experiencing social, emotional, developmental, substance use and/or behavioral challenges in their home, school, placement, or community. FPSS provide a structured, strength-based relationship between an FPA and the parent or family member for the benefit of the child. For the purposes of this service, "family" is defined as the persons who live with or provide care to a child and may include a parent, spouse, sibling, children, relatives, grandparents, guardians, foster parents or others with significant attachment to the child.

Program requirements are to be carried out consistent with the [Children and Family Treatment and Support Services Provider Manual for EPSDT Services](#) document distributed by the NYS Department of Health. Namely, the service should provide the following components:

- a) Outreach and Information
- b) Engagement, Bridging, and Transition Support
- c) Self-Advocacy, Self-Efficacy, and Empowerment
- d) Parent Skill Development
- e) Community Connections and Natural Supports
- f) Promoting Effective Family-Drive Practice

Additional descriptions for these components can be found on the *Families Together New York State* website, here: <https://www.ftnys.org/wp-content/uploads/2017/10/Family-support-Definition.pdf>.

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### 9. Utilization Review

While families are approved for six (6) months of *Family Peer Support Services* at initial assignment at the C-SPOA meeting, a Utilization Review (UR) process examines the ongoing needs of families at that time. The UR is presented to the C-SPOA Committee and discussed for continuation. The UR requires, at a minimum, progress that has been made on the goals outlined in the plan of care, outstanding needs, and updates on any adverse events that occurred. If approved, the UR allows for an extension of 3 months of service. Additional extensions can undergo the UR process as needed.

### 10. Transition/Discharge from Family Peer Support Services

Families are discharged in accordance with their needs, recovery goals and preferences. The individual, along with their providers and natural supports, should be involved in the development of a discharge plan. The plan should include any linkages and/or information to support the individual's health, service needs, and safety post discharge.

Reasons for disenrollment may include, but are not limited to:

- The family, FPA, and providers/natural supports agree that the family has met the goals of their plan of care and no longer requires the services of an FPA.
- The family no longer wants to receive *Family Peer Support Services*.
- The family has relocated outside of Broome County.
- The family is lost to contact.
- The individual has obtained Medicaid and meets medical necessity for CFTSS.

### 11. LGU Oversight

LGU/C-SPOA will have oversight of *Family Peer Support Services* slots funded by OMH State Aid. C-SPOA facilitates a current roster of individuals enrolled within each program. Providers are expected to work cooperatively with C-SPOA, providing notification of status changes promptly. C-SPOA maintains the waitlist for access to *Family Peer Support Services*. Eligibility and priority are determined in concert during C-SPOA Committee meetings.

#### a. Performance and Contract Management

BCMHD *Performance and Contract Management* staff conduct a site visit and an on-site audit of records consisting of 10% of individuals served by each program annually, but not less than five (5) records. Review of the Case Record includes required elements of documentation, number, and types of contacts. Advanced notification of at least one week is provided prior to the record review.

#### b. Quality Measures

BCMHD monitors the *Length of Stay (LOS)*, percent of referred individuals enrolled (% enrolled), and number of days spent on the waitlist for individuals referred to each program.

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### c. Participation in C-SPOA Committee Meetings

Agencies operating *Family Peer Support Services* programs are expected to attend 80% of the C-SPOA Committee meetings to receive referrals and provide updates on previously assigned cases. C-SPOA Committee meeting is scheduled every Tuesday of the month at 9:00AM.

### **Questions**

Any questions may be directed to: [MHContracts@co.broome.ny.us](mailto:MHContracts@co.broome.ny.us).