

## **Certified Family Partner Support Services**

“Certified Family Partner support” is the act of a person who has had lived experience parenting a child with emotional or mental health challenges. Support includes giving encouragement, hope, assistance, guidance, and understanding that aids in recovery.

“Certified Family Partner services” include conducting support groups; participating in wraparound services; giving one-on-one support, conducting face to face contact guidance meetings; and helping families navigate systems including juvenile justice, Child Protective Services, independent school districts, Social Security Administration, Snap program, food banks and other community resources.

Certified Family Partners provide supports to the parents/Legal Authorized Representative (LAR) and/or primary caregivers of the child/youth. They do not provide services directly to the child/youth. Access to quality family partner supports can be instrumental in engaging families as active participants in the child or youth’s care and as equal members of the child/youth’s treatment team. A Certified Family Partner’s personal experience is critical to establishing a trusting relationship and earning the respect of families currently within the mental health system. Certified Family Partners can be mediators, facilitators, or a bridge between families and agencies; they ensure each family is heard and their individual needs are being addressed and met. Through their work with parents, primary caregivers, and/or LARs, Certified Family Partners directly impact the child or youth’s resilience and recovery.

## **Certified Family Partner**

A Family Partner is a person who has lived experience parenting a child experiencing mental, emotional or behavioral health challenges and who can articulate the understanding of their experience with another parent or family member. This person may be a birth parent, adoptive parent, foster parent, legally recognized family member standing in for an absent parent, or a person chosen by the family or youth to have the role of parent. A Certified Family Partner has received specialized training and passed a Certification exam demonstrating that she or he has the competencies necessary to successfully navigate systems of care and help other families successfully navigate those systems.

# TEXAS CERTIFICATION BOARD

PO Box 342343  
Lakeway, TX 78734

Phone (512)708-0629

Fax (888)506-8123

Email [admin@TCBAP.org](mailto:admin@TCBAP.org)

## Certified Family Partner (CFP) Application

### APPLICANT INFORMATION

First Name	Middle Name	Last Name	Suffix
Mailing Address	City	State	Zip Code
Home Telephone	Home Email	Work Email	
Office Telephone	Fax	Current Employer	
Current Supervisor	Supervisor Email	Supervisor Telephone	
Date of Birth	Gender		

Race ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian  
☐ Native Hawaiian or Other Pacific Islander ☐ Other \_\_\_\_\_

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

1. Are you currently under investigation for any type of disciplinary action? YES NO
2. Have you ever received any disciplinary action related to any professional license(s)/or certification(s)? YES NO
3. If you answered YES to either question, please attach a letter of explanation.

### **Application Fee \$60**

\*Application fees are non-refundable regardless of completion status\*

☐ I have enclosed a **Cashier's Check** or **Money Order** payable to TCB  
Check Number \_\_\_\_\_

☐ I authorize TCB to charge my credit card in the amount of \$60

Card Type:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

# **Certified Family Partner (CFP)**

## **CERTIFICATION INFORMATION**

### **INITIAL CERTIFICATION SUBMISSION CHECKLIST**

- \_\_\_\_\_ Completed certification application form
  - \_\_\_\_\_ Signed Code of Ethics
  - \_\_\_\_\_ Signed Assurances and Releases
  - \_\_\_\_\_ Certificate of training completion by the Centralized Training Infrastructure (CTI)
  - \_\_\_\_\_ Two letters of reference
    - The letters of reference should speak to the applicant's advocacy skills and ability to give care to a child living with an emotional or mental health condition, as well as validate the applicant's success in navigating systems of care. These could come from a supervisor, school personnel, mental health staff, organizations in your community, family members etc. anyone that can speak to how you have navigated systems.
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### **RECERTIFICATION REQUIREMENTS**

The CFP certification shall be issued for a period of two (2) years, therefore requiring an individual to recertify every two (2) years on that same date. The requirements for recertification shall be as follows:

1. Absent of any ethical or malpractice violations.
2. Completion of twenty (20) hours of continuing education by a TCB or HHSC approved provider.
3. Submission of an application including a signed copy of the ethical standards for Certified Family Partner.

If you have any questions about any portion of this application, call the office for assistance at (512) 708-0629. Be sure to make a copy of this application and all materials sent with it for your permanent record and as back-up in case it should get lost or damaged in the mail. Please note we cannot accept piece mail. Please be certain your portfolio is complete prior to submitting it to TCB. Incomplete portfolios will be returned.

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### **ASSURANCES AND RELEASES**

TCB may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

"I give my permission for the TCB and staff to investigate my background as it relates to information contained in this application for certification. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification."

"I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the TCB, to officers, members, and staff of the aforementioned board."

"I further agree to hold the TCB, its officers, board members, employees, and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of TCB to issue certification."

"I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying."

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Return completed application packet to: TCB, PO Box 342343 Lakeway, TX 78734**

## **CERTIFIED FAMILY PARTNER (CFP)**

### **Code of Ethics**

The principles in the following Code of Ethics guide Certified Family Partners in the various roles, relationships, and levels of responsibility in which they function professionally.

Upon Certification, a Certified Family Partner agrees to comply with the Code's provisions.

1. The primary responsibility of a Certified Family Partner is to help caregivers achieve their family's needs, wants, and goals.
2. The Certified Family Partner shall maintain high standards of personal and professional conduct.
3. The Certified Family Partner shall conduct himself/herself in a manner that maintains his/her own wellness.
4. The Certified Family Partner shall openly share with caregivers, other Certified Family Partners, and non-caregivers his/her experiences as a caregiver of a child or youth with emotional, behavioral, or co-occurring disorders as appropriate for the situation in order to promote and support resiliency and recovery.
5. The Certified Family Partner shall respect, at all times, the rights and dignity of those he/she serves.
6. The Certified Family Partner shall never intimidate, threaten, harass, use undue influence, use physical force, use verbal abuse, or make unwarranted promises of benefits to the individuals he/she serves.
7. The Certified Family Partner shall 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 Partner shall promote thoughtful, informed decision making for those he/she serves in all matters.
9. The Certified Family Partner shall respect the privacy and confidentiality of those he/she serves.
10. The Certified Family Partner shall comply with mandated reporting requirements for abuse and neglect of children and vulnerable adults.
11. The Certified Family Partner shall promote and support services that foster hope and resilience and maintenance of a child or youth with mental illness in the home, school, and community.
12. The Certified Family Partner shall be directed by the philosophy that parents and caregivers should be equal partners in the treatment of their children.
13. The Certified Family Partner shall be directed by the knowledge that all individuals have the right to live and receive services in the least restrictive and least intrusive environment.
14. The Certified Family Partner shall not enter into dual roles or relationships or commitments that conflict with the interests of those he/she serves and takes them out of the scope of their activities.
  - a. Dual roles include but are not limited to a CFP taking on the role of a Certified Peer Specialist (CPS) to a family they are serving as a CFP; financial management or billing or acting as a QMHP or case manager.
15. The Certified Family Partner shall never engage in sexual and/or intimate activities with any individual he/she serves.
16. The Certified Family Partner shall not abuse prescription medications or alcohol or use illegal substances under any circumstances.

17. The Certified Family Partner shall keep current with emerging knowledge relevant to resiliency, family-driven care, and child/adolescent issues and will share this knowledge with other Certified Family Partners.
18. The Certified Family Partner shall not accept gifts of significant value from those he/she serves.
19. The Certified Family Partner shall provide direct caregiver-to-caregiver support services as defined by the Scope of Activities.

### **Professional Standards**

The following Professional Standards set forth the minimum standards of conduct which all Certified Family Partners are expected to honor. Failure to comply with an obligation or prohibition set forth in the standards may result in disciplinary action.

1. A Certified Family Partner shall meet and comply with all terms, conditions, or limitations of the family partner professional certification which they hold.
2. A Certified Family Partner shall not perform services outside of their area of training, expertise, competence, or scope of practice.
3. A Certified Family Partner shall not fail to obtain an appropriate consultation or make an appropriate referral when the family's problem is beyond the area of his/her training, expertise, competence, or scope of practice.
4. A Certified Family Partner shall not in any way participate in discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, socio-economic status, political belief, psychiatric or psychological impairment, physical disability, or the amount of previous therapeutic or treatment occurrences.
5. A Certified Family Partner that has any physical, emotional, psychological or substance use issues that interfere with her/his professional functioning shall seek assistance in regaining their wellness.
6. A Certified Family Partner has a responsibility both to the families and participant(s) served and to the organization within which the service is performed to maintain a high standard of ethical conduct.
7. The Certified Family Partner shall not discontinue professional services to a family, nor shall the Certified Family Partner abandon the family without facilitating an appropriate therapeutic closure of professional services for the family.
8. A Certified Family Partner shall not reveal confidential information obtained as the result of a professional relationship, without the prior written consent from the recipient of services, except as authorized or required by law. CFP Policy and Procedure Manual.

### **PROCEDURE FOR CODE OF ETHICS COMPLAINTS**

TCB has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCB CFP or an applicant to the certification system. This provides a procedure and a forum by which such a professional or applicant may make a good faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be irresolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the CFP or through the CFP supervisor/employing agency. If this means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

All matters of ethical violation and misconduct shall be referred to the Ethics Committee, which shall investigate any allegations or charges against any member of the Association and/or certified individual. After appropriate study and necessary hearings assuring due process, the committee shall make its recommendations to the Certification Board for review and disposition. A written copy of the Code of Ethics and policies and procedures for grievance, complaints and hearings shall be made available to all members and to any other person requesting them.

Ethic complaints must be submitted in writing and mailed to TCB Headquarters at PO Box 342343, Lakeway, TX 78734.

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Applicant Signature

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Date