

Welcome to Jefferson County's Parent Partner Program

Jefferson County Department of Human Services (the Department) is one of nine sites in the country that was awarded a five-year federal grant to "Improve Child Welfare Outcomes through Systems of Care." Jefferson County's Systems of Care Vision is **"Keep Our Children Safe Through Healthy Families and Strong Communities."**

The Mission is **"To promote the welfare of children and families through the development of sustainable partnerships that provide integrated, quality services that are individualized, strength based, family centered and culturally sensitive."**

The Department's Systems of Care approach is based on the following five Guiding Principles:

Youth and Family Involvement in all aspects of the system

Individualized Strength-based Care Practice that acknowledges a child's and family's unique set of strengths and needs

Culturally Competent services and supports for families, providers and agencies throughout the county

Interagency Collaboration that engages all child and family serving agencies within a community

Accountability of services provided

The Parent Partner Program focuses primarily on the *Family Involvement* principle. Family Involvement is important because:

- Families are the experts on their families
- Families who have been through the system can be a great asset to those going through the system
- Families can educate professionals about their needs and the services provided
- Families have a different perspective that is important and should be respected.

Systems of Care began in the mental health system and has shown promise in helping stabilize placements of children and addressing, in a positive fashion, the mental health needs of children, youth and families. With this grant, child welfare has the opportunity to implement the same principles to transform its own policies, practices, and relationships with other child and family serving agencies to better serve children and their families.

Parent Partner Roles

Parent Partners are parents, kin, foster or adoptive parents that have had personal experience with the child welfare system in Jefferson County and are willing to volunteer their time to help other families. If there has been a child welfare case, the case must be closed before a family may apply to be a Parent Partner.

Parent Partners share their personal experience with the child welfare system by sitting on various decision making committees, co-facilitating orientation meetings for clients coming into the system, facilitating parent support groups, reviewing materials generated by child welfare and mentoring new clients coming into the system. As a mentor, Parent Partners provide emotional support, attend court hearings and staffings with their mentoring partner, provide healthy role modeling, and assist in navigating the various systems. Parent Partners inform the child welfare process in so many ways and are critical to the success of new clients and to the process in general.

Nomination and Referral Process

Caseworkers and other professionals are encouraged to nominate parents that they feel would be a positive asset to the program. Self-referrals will also be accepted. Nominees must have had a personal experience with the child welfare system and if they have had an open child protection or delinquency case, it must now be closed. An initial phone screening will occur and will be followed by an interview with the program coordinator. Background and motor vehicle checks will be conducted on all interested participants.

Confidentiality/Consent to Release Information

All participants of the program must sign a 'Right to Privacy' form and confidentiality statements. Due to the nature of child protection cases, Parent Partners will be trained on the importance of confidentiality issues. This is to protect the family that the Parent Partner is mentoring, as well as the Parent Partner. Confidentiality is critical in all of the different roles a Parent Partner plays including mentoring, sitting at decision making meetings or other staffings where a family's case is being discussed as well as during orientations where clients are sharing personal information.

Training

Parent Partners will be required to participate in various trainings including leadership, the child welfare system and related topics, their role on decision-making committees and topics related to Systems of Care. All Parent Partners will also be required to attend at least one Child Welfare Orientation.

Supervision

Parent Partners will meet personally with the program coordinator on a monthly basis. They will also be required to meet once a month for group supervision. Issues Parent Partners are having with their mentee, with other professionals or with the program should be brought up in individual or group supervision.

Parent Partners will keep a Monthly Contact Sheet to record how s/he is specifically aiding the mentoring family.

Reimbursement for Services

Parent Partners will receive a gift card for \$10.00 per hour when participating in some aspects of the program such as training to become a Parent Partner and other trainings specific to the program, participating in committees, speaking at new worker orientations and other engagements, to name a few. Parent Partners will receive \$50.00 in gift cards per month per family that they are mentoring. Parent Partners will be paid \$100.00 per day when travelling with the Systems of Care grant team. Each Parent Partner will have a time sheet to record the time spent on each activity. Time sheets will need to be signed by an employee of the Department conducting the event. Time sheets need to be turned into the program coordinator at the Support Group Meeting following the month in which the activities took place. Gift cards for qualifying activities will be available for pick up at the Department after the 10th of the following month. For example, time sheets for February's activities should be handed in at the March Monthly Support Group. Gift cards for February's activities will be available after April 10th.

Caseworker/Mentor Relationship

The caseworker must fill out a referral to request a mentor for a parent on their caseload who is interested in having such support. The program coordinator will contact the client to get further information and to make the best possible selection when assigning a mentor. There will be an introductory meeting arranged by the program coordinator, between the mentor and client to discuss the policies of the mentor program.

The client will be provided the contact information of his or her mentor. Some of the ways a mentor can be helpful is to attend meetings and court with a client, assist the client in accessing resources and navigating the various systems and providing emotional support. The mentor should assist the client in advocating for themselves.

It is the responsibility of the client to keep his or her caseworker updated with any changes, or progress on the treatment plan. The mentor will not be

responsible for updating the caseworker regarding any aspects of the case. In the event of an emergency, the mentor will report the incident to the intake hotline should it relate to possible child abuse or neglect.

Statement of Policies for Mentoring

The Parent Partner Program of Jefferson County knows that the relationship between the Parent and Parent Partner needs to be flexible, with a minimum of restrictions. It is important, however, for all parties to understand the boundaries under which this program operates. These policies are designed to support the Parent Partner to be successful in working as a volunteer with the Parent and family they are matched with. The policies apply to everyone involved in a Parent Partner relationship in this program. Parent Partners and Parents alike are asked to sign this form so they are aware of the policies Parent Partners follow.

- Screening Parent Partners is part of the application process
- An initial Orientation is mandatory for each Parent Partner
- Ongoing training is mandatory for each Parent Partner
- Parent Partners may not violate the “Right to Privacy” of the relationship with their Client Family, except in the case of suspected child abuse or statements of self harm/harm to others. Releases must be obtained for other situations.
- Family Partners will treat all members of their Partnering Family with respect
- Parent Partners may not initiate any contact with the Partnering Family’s relatives or friends without the family’s prior consent.
- Parent Partners may not initiate any contact with a business, government office or other agency/organization on the Partnering Family’s behalf without the family’s prior consent.
- Parent Partners will not be reimbursed for travel expenses while on duty.
- Parent Partners may not house their Partnering Families, either with or without financial payment. Parent Partners will not give money to their Partnering Families.
- Parent Partners may not fraternize with any member of a Partnering Family (including relatives), while serving in the Parent Partner capacity.
- Parent Partners may not use illegal substances with any member of a Partnering Family.

- The Parent Partner may not abuse alcohol while working with any parent of a Partnering Family.
- Parent Partners will not provide any type of medications to any member of a Partnering Family
- Parent Partners must obey all laws pertaining to the reporting of suspected child abuse and/or neglect
- Parent Partners must obey all laws concerning car safety and the use of seat belts and children's seatbelts/car seats.
- Parent Partners will report monthly on the progress of the Partnering Family.
- The Parent Partner will receive regular supervision to assist them in being successful in their role.
- Parent Partners will keep the program coordinator updated on the progress of the family they are working with.
- A Parent Partner may be dismissed at any time, due to partial or complete violation of compliance with any of the rules of the Statement of Policy.
- Examples of additional unacceptable behavior or performance may include but is not limited to :
 - a. Falsification of volunteer information, including application and screening;
 - b. Inefficiency, incompetence, or negligence in the performance of duties;
 - c. Careless, negligent, or improper use of the program's property, facilities or equipment;
 - d. Discourteous treatment of the other Parent Partners, staff or clients
- Any behavior or action, which is detrimental to the health, safety, or reputation of the program's personnel, clients, or organization itself, is just cause for immediate dismissal. Other causes include but are not limited to:
 - a) client abuse;
 - b) Immoral or indecent conduct while on duty;
 - c) Criminal actions (including theft and assault);
 - d) Conviction of a felony or of a crime which relates to the Parent Partner duties or undermines the public trust;
 - e) Willful acts that would endanger the lives or properties of others;

- f) Possession of unauthorized firearms or lethal weapons while on duty;
- g) Impaired performance as a result of the use of alcohol or drugs; illegal use of drugs; possession of illegal drugs;
- h) Sharing information that is only allowed by statute to be confidential;
- i) Deliberate violation of instruction

The purpose of this Statement of Policies is to support you to be successful in working as a Parent Partner in Jefferson County. Thank You.

Parent Partner Signature
(I have read and understand this form)

Date

Parent Partner Coordinator Signature

Date

**Jefferson County Department of Human Services
Parent Partner Program
Driver Agreement**

Please include a Photocopy of your Driver's License

Should I choose to use an automobile to transport a Jefferson County Department of Human Services, I agree that:

1. It will be operated in accordance with the traffic laws of the state in which it is driven.
2. The vehicle will be in safe mechanical condition.
3. If I am involved in an accident while transporting a client, I will notify the Parent Partner Coordinator as soon as possible.
4. I will not drive with any amount of alcohol in my blood.
5. I will maintain valid liability and property damage insurance on my vehicle.
6. I will not knowingly drive any uninsured vehicle while transporting any clients.
7. I understand that this agency does not provide car insurance coverage for Parent Partners.
8. I understand that part of the screening process for the Parent Partner Program of Jefferson County includes checking my motor vehicle driving record and verifying insurance coverage through my agent or company.

Name _____

Driver's License Number _____ State Issued _____

Insurance Company _____

Address _____

City/State _____ Zip _____

Name of Agent _____ Phone _____

Policy Number _____

Parent Partner Signature

Date

Parent Partner Coordinator

Date

Parent Partner Program Of Jefferson County

“Right to Privacy” Policy

The Parent Partner Program respects the ‘Right to Privacy’ for our clients. All Parent Partners who have access to personal information have a responsibility they are bound to the client, their family, the Parent Partner Program of Jefferson County, the community, and themselves. The program’s clients act in good faith, expecting that their circumstances and personal matters will remain private. Thus we are obligated by both law and ethics to honor this trust.

Though not all-inclusive, the following is presented to provide some guidelines concerning the subject of ‘Right to Privacy’. The “client” is any person who is served by the Parent Partner Program of Jefferson County and Jefferson County Division of Children Youth and Families.

1. No identifying information about the Program’s clients (names, addresses, social security numbers, physical disabilities, reasons for services, etc.) should be revealed to anyone outside the Program, and only those in the program to whom the information is necessary for the welfare of the client.
2. Discussing personal circumstances concerning a client, even though names, addresses, or other identifying information is not used, is also considered a breach of ‘Right to Privacy’. A Parent Partner might possibly describe in detail personal experiences and information concerning a client, even though the name and address is not revealed, this descriptive material may jeopardize the clients right to privacy. Thus, the discussion or description of a client’s personal information or circumstances may provide information to others that identifies that person.
3. The ‘Right to Privacy’ applies to verbal and written information, written records, video, film, pictures, or the use of the client’s name in any publication
4. Parent Partners and client shall sign a statement that s/he has read and understands the program policy on ‘Right to Privacy’ and agrees to program participation under these guidelines.
5. Parent Partners need to understand and agree that upon completion or termination of their services with Parent Partner Program of Jefferson County, they will maintain all information about the previously mentioned parties in the strictest of confidence
6. When Parent Partners have questions or concerns regarding ‘Right to Privacy’ matters they should discuss this with the Parent Partner Coordinator as soon as possible.

Limits of Right to Privacy

1. Information will be released to other individuals or organizations only after receiving an authorized “consent to release information” form signed by the client.
2. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena and /or court order
3. Information shall be provided to the program’s legal counsel in the event of litigation or potential litigation involving the program. Such information is considered privileged information, and the law protects its confidentiality.
4. State law mandates that suspected child abuse be reported to the appropriate authorities – Jefferson County Human Services Child Protection Department. Parent Partners are responsible for knowing such reporting requirements and shall always comply with mandated procedures.
5. If any Parent Partner receives information indicating a client may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include making a report to the local law enforcement authorities.

I have read and understand the ‘Right to Privacy’ Policy that states the program policy with respect to Right of Policy for every client and their records. I agree to program participation under the conditions it sets forth.

Signature of Parent Partner

Date

Signature of Program Coordinator

Date

Parent Partner Nomination Referral
Jefferson County Department of Human Services

The System of Care team is recruiting family members to be part of the Parent Partner program as outlined below. Please nominate a family member with whom you have worked with in CYF, who has made the necessary life changes in order to have their children returned to their care (or remain in their care). Your nominee must be closed to CYF, even if it is a recent closure. You may also nominate foster, kin and adoptive parents as well as birth parents, who could serve in the roles listed.

Nominees will be screened including background checks for any recent activity. Training will be provided and support will be built in for them during their time as a Parent Partner. Parents will receive financial compensation for the training time and their participation in subcommittees.

A true system of care reflects collaboration with parents instead of serving them. We hope that by engaging families to share their experience in the system, we will help break down barriers, empower families and inform the system of practical ways to provide more effective aligned services on behalf of children and families.

Parent Partners: are life-trained paraprofessionals who have successfully navigated the child welfare system. These parents can offer a wealth of knowledge and experience two ways:

- 1) As parent advocates the parent partners will mentor parents currently involved in the system. Some of the ways a mentor can be helpful is to attend meetings and court with the parent, access resources, navigate systems and provide emotional support. as well as and new client orientations as a supportive voice for the family.
- 2) As Parent leaders the parent partners will act as the 'Family Voice' as participants on various committees and workgroups.

Name of person making nomination: _____ ext _____

Name of Nominee: _____

Address _____

Telephone, e-mail _____

Briefly explain the nominee's involvement with the DCYF and why you think that person would be successful as a Parent Partner: _____

When was your nominee's Child Welfare case closed? _____

Does your nominee know that you are submitting his/her name as a Parent Partner candidate? _____

Please share any additional relevant information: _____

Please return this nomination form to: Robin Brown

rrbrown@jeffco.us

900 Jefferson County Parkway Room 295 Golden, CO 80401

303-271-4824

Parent Partner Information

Welcome and thank you for coming to find out about the Parent Partner Program. Please complete the following information so we have a better idea of who you are.

Name _____ Date of Birth _____

1) Why do you want to be a Parent Partner?

2) What do you think you would like most about being a Parent Partner?

3) What do you think you would like least about being a Parent Partner?

4) What are your strengths?

5) How did you cope with a recent disappointment or loss in your life?

6) Is there a type of parent that you would not want to mentor? If so, please explain why:

7) What has your experience with child welfare taught you?

8) Is there anything else you would like to tell us about yourself?

Thank you!

Parent Partner Application

Name: _____

Address: _____

Gender Male Female

Telephone _____

E-Mail: _____

If it is ok to contact you at work – work telephone: _____

Occupation _____ Work Schedule _____

If you are selected as a Parent Partner, what days and times are you available?

Is English your primary language? Yes NO If not, what is? _____

Is your case with Child Welfare closed? Yes No Date of closure? _____

Are you interested in participating in committees and workgroups? Yes No

Are you interested in helping to run a support group? Yes No

Are you interested in being a mentor? Yes No

Please circle if you are currently receiving services from other Divisions of Human Services such as:

Head Start Justice Services Workforce Development Community Assistance

TANF Medicaid Food Stamps LEAP Child Care Assistance

Other: Please explain _____

What might be a barrier that would prevent your involvement?

Child Care? Transportation Other? _____

Please include anything else you would like us to know about you and your ability to be a Parent Partner:

**Parent Partner Program
Mentor Referral Form**

Caseworker _____

Date _____

Family Information

Parent _____

Parent _____

Children _____ **Age** _____

Address _____

Phone Number _____

***Presenting Concerns with Family:**

***How you think a mentor might be helpful:**

***Please return to:**

Robin Brown

Rm 290

303-271-4824

Jefferson County Human Services

Systems of Care
1/2006

INVOICE

For the Month of: _____

This invoice is to serve as documentation for Parent Partner participation in Systems of Care activities for the Department of Human Services, Jefferson County Colorado.

Name: _____

Address: _____

Date of Event: _____ **Number of Hours:** _____

Title of Event: _____

Signature of Employee Conducting Event: _____

Date of Event: _____ **Number of Hours:** _____

Title of Event: _____

Signature of Employee Conducting Event: _____

Date of Event: _____ **Number of Hours:** _____

Title of Event: _____

Signature of Employee Conducting Event: _____

Date of Event: _____ **Number of Hours:** _____

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Date of Event: _____ **Number of Hours:** _____

Title of Event: _____

Signature of Employee Conducting Event: _____

Date of Event: _____ **Number of Hours:** _____

Title of Event: _____

Signature of Employee Conducting Event: _____

Date of Event: _____ **Number of Hours:** _____

Title of Event: _____

Signature of Employee Conducting Event: _____

Total Cost: _____

Signature of Parent: _____

Signature of County Employee: _____