



Substance Use Disorder Peer Delivered Services Child Welfare Best Practices Curriculum

Southern Oregon Regional Facilitation Center

DACUM Facilitator/Authors

Kurt B. Smith, CADC I, CRM & Carilea Debban, CRM

DACUM Workgoup

Steve Sanden, NCAC I, CADC I, CRM

Maggie Klapperich, CRM

Jason Paul, PSS

Carilea Debban, CRM

Kurt B. Smith, CADC I, CRM

Editing and Qualitative Review

Eric Martin, MAC, CADC III, PRC, CPS

Jay M. Wurscher, CADC II

Linda May Wacker, MEd

October 2017

Substance Use Disorder Peer Delivered Services Child Welfare Best Practices Curriculum

Oregon Regional Facilitation Center

DACUM Facilitator/Authors

Kurt B. Smith, CADC I, CRM & Carilea Debban, CRM

DACUM Workgroup

Steve Sanden, NCAC I, CADC I, CRM

Maggie Klapperich, CRM

Jason Paul, PSS

Carilea Debban, CRM

Kurt B. Smith, CADC I, CRM

Editing and Qualitative Review

Eric Martin, MAC, CADC III, PRS, CPS

Jay M. Wurscher, CADC II

Linda May Wacker, MEd

October 2017

Peer Recovery Mentor Best Practices for Child Welfare Curriculum

Introduction:

Over the last 10 years in Oregon there have been 60,000 to 77,000 cases of suspected child abuse reported each year. In 2016 a total of 76,668 reports of suspected child abuse and neglect were received by Oregon's Department of Human Services Child Welfare Office. While less than half of those (37,320) met the required rule for opening actual investigations that still resulted in a staggering 7,677 cases being "founded" for child abuse and neglect. Within those families that had founded cases of abuse or neglect, 47.2 percent involved parental alcohol and drug use issues. But even more telling is that in cases requiring the placement of children into foster care, many Oregon counties experienced parental substance abuse as a primary reason for removal in over 60 percent of the placements. The vast majority of cases involving alcohol and substance abuse were founded based on neglect rather than other forms of abuse. Throughout the United States parent's or caregiver's alcohol or drug use remains at the top of the list of family stress factors for founded child abuse cases.

All families involved with child welfare receive a comprehensive child safety assessment by child welfare staff. This safety assessment measures many things, one of them being services parents need to assist them in becoming safe for their children once again. Peer mentors are one of the primary service recommendations by child welfare staff as mentors use their personal experience of both recovery from addiction and successfully navigating the child welfare system, to engage parents. That experience, and the chance to learn directly from a person who has come through the system, provides the hope and motivation that recovering parents in the DHS system need. Recovery support services are deeply appreciated by both parents and DHS caseworkers as they are so instrumental to successful outcomes in child welfare cases that involve parents with substance use disorders.

Classroom Procedure:

- Trainer will present the material for students to examine and review, and then discuss each of the best practices with the entire class.
- Each student will complete the self- assessment checklist.
- Students will divide into small groups to discuss their techniques as they pertain to each of the best practices.
- Students will identify personal needs for making improvement in areas of service delivery and make note of those items.
- Trainer will facilitate a discussion and list the insights gained by the small groups.

Methodology:

Review of literature.

We selected 16 documents, scholarly articles related to peer mentoring in child welfare. Certified Recovery Mentors reviewed this material and selected many key points, and each compiled a list they considered to be promising practices.

Findings of subject matter experts.

Five Certified Recovery Mentors (CRM's) became the topic specialists after reviewing the material in the articles. These CRM's having child welfare personal lived-experience, met to compare those practices that they had selected. Several general themes were commonly mentioned regarding both parents and peer mentors; the value of lived experience, communication, support, and advocacy.

Survey of Participants in the Consumer Advisory Committee.

On March 28, 2017, a panel of individual parents, all of them having child welfare experience, received stipends to participate and formed the Consumer Advisory Committee. This group met at Lakeview Village Training Center to gather information from consumers regarding their experience with child welfare. A series of survey questions prompted answers from these consumers. The results yielded insight into the perspective of the parents that had various outcomes including parents with children removed from their home; parents who lost their parental rights; and parents with reunification as the outcome.

Qualitative Administrative Validation:

A draft document was distributed to administrators with peer/recovery experience for validation through managerial and administrative review, with subsequent edits to best practices based on results.

DACUM Curriculum:

Final edits to the Peer Recovery Mentor Best Practices for Child Welfare Curriculum were produced by the SME. The curriculum self- assessment grids were edited for training and self-evaluation.

Systematic Literature Review and DACUM Workgroup

DACUM Lead Facilitator:

Kurt B. Smith, CADC I, CRM

- Education Director, Bay Area First Step, Inc.
- Peer Supervisor, Bay Area First Step, Inc.
- Peer Mentor & Trainer, Bay Area First Step Training Center

DACUM Facilitator:

Carilea Debban, CRM

- Recovery Center Director, Bay Area First Step, Inc.
- Peer Mentor & Trainer, Bay Area First Step Training Center

Steve Sanden, NCAC I, CADC I, CRM

- Executive Director, Bay Area First Step, Inc.
- Peer Supervisor and Trainer, Bay Area First Step Training Center

Jason Paul, PSS

- Peer Support Specialist, Bay Area First Step, Inc.
- Coos County Jail Outreach Recovery Mentor

Maggie Klapperich, CRM

- Addiction Recovery Team
- DHS Child Welfare Outreach Worker, CRM
- Subject Matter Expert, DHS - Child Welfare

Editing & Qualitative Review

Eric Martin, MAC, CADC III, PRC, CPS

- Peer Trainer, Daystar Education
- Peer Consultant, 4th Dimension Recovery Center
- Supervisor, VPGR Peer Services
- Peer Delivered Services Researcher, Health Share of Oregon
- Adjunct Faculty, University of Oregon

Jay M. Wurscher, CADC II

- Alcohol and Drug Services Coordinator
- Oregon DHS – Office of Child Welfare programs

Linda May Wacker, MEd

- Program Manager, Morrison Child & Family Services Parent Mentor Program
- Peer Mentor Trainer & Supervisor, Morrison Child & Family Services Parent Mentor Program
- Co-author, OHA-accredited Parent Mentor CRM Training Curriculum
- Member, Multnomah County Child Welfare Fathers Advisory Board

The development of this curriculum was funded through the Oregon Regional Facilitation Center grant from the Oregon Health Authority, Health Services Division.

Recommended Citation:

Smith, K. Debban, C. Sanden, S. Martin, E. Wurscher, J. Wacker, L M. Klapperich, M. Paul, J. (2017). *Substance Use Disorder Peer Delivered Services Child Welfare Best Practices Curriculum*. Southern Oregon Regional Facilitation Center, North Bend, Oregon.

Peer Recovery Mentor Best Practices for Child Welfare Curriculum

- Best Practice One:** Establishing a Connection with Parents
- Best Practice Two:** Supporting Positive Engagement in Services
- Best Practice Three:** Supporting Compliance with Child Welfare
- Best Practice Four:** Promoting Self-efficacy
- Best Practice Five:** Inspiring Hope and Serving as Reunification Role Models
- Best Practice Six:** Person-centered Trauma-informed Services that Evoke Individual Needs, Objectives and Goals
- Best Practice Seven:** Advocating for Parents with Child Welfare
- Best Practice Eight:** Guiding Development of Supportive Relationships
- Best Practice Nine:** Guiding and Teaching System Navigation
- Best Practice Ten:** Regulations, Ethical Conduct, and Peer Boundaries

Best Practice One: Establishing a Connection with Parents

Peer Recovery Mentors build trust with parents by developing a connection through the sharing of their personal experience and history of managing their substance use disorders and past child welfare involvement. They engage individuals in a caring relationship by recognizing trauma, understanding and articulating fears of parent-child separation, and listening carefully to the content and emotion being shared. Peers demonstrate acceptance and respect with non-judgmental understanding. They alleviate the parent's feelings of guilt and shame and counter the stigmatization often associated with addiction, child welfare investigations, court appearances and out-of-home placement of their children.

✓	Self-Assessment Checklist
<input type="checkbox"/>	Peers share their stories. They share the experience of having had an open child welfare case, having children removed from the home, and all the related feelings. Sharing the common experience can build trust and rapport with parents. Peers practice reflective listening and provide constructive feedback utilizing Motivational Interviewing skills.
<input type="checkbox"/>	Peers treat all parents/guardians equally and strive to connect consistently with individuals. Peers are aware of disparity data regarding out-of-home placements and termination of parental rights. Peers strive to make a connection with all parents without regard to race, ethnicity, cultural identity, religion, gender, sexual orientation, gender identity/expression, or disability.
<input type="checkbox"/>	Peers inspire hope through sharing their re-unification stories. They motivate parents by identifying factors of resiliency and self-efficacy that support parents in complying with the requirements of child welfare and family court. Peers understand that hope springs from their stories of re-unification, not their stories of active addiction.

Best Practice Two: Supporting Positive Engagement in Services

Peer Recovery Mentors maintain regular communication through assertive outreach and being available for frequent face to face contact. Contact may also be by phone outside normal business hours and supporting engagement in services. Peers reach out to parents knowing accessibility and responsiveness increases the likelihood they will connect with the mentor. Peers encourage parents to engage in services such as: alcohol and drug treatment, mental health sessions, recovery meetings, parenting classes and support groups, anger management classes, and domestic violence classes.

✓	Self-Assessment Checklist
<input type="checkbox"/>	Peers keep a consistent open line of communication that serves to foster engagement in agency services and develop alliances that may result in a more positive outcome.
<input type="checkbox"/>	Peers address unfounded fears, anxiety and rumors that some parents experience, such as, “The state wants to take your babies and sell them through adoption to make money for the state.” Peers share their prior misconceptions regarding the motives of child welfare. Peers work to reduce “triangulation” between parents, peers and the child welfare system. Peers do not collude with parents against the child welfare system, and do not make disparaging comments about child welfare workers, state’s attorney’s or family court judges.
<input type="checkbox"/>	Peers assist parents by inquiring about services that may be helpful. Peers providing information and support with employment services, housing options, childcare, and transportation.
<input type="checkbox"/>	Peers address issues in the child welfare Safety Plan, advocate for the parent, support family reunification. Peers explain child welfare positions when possible and assists parent in understanding that position when it does not match with parent hopes. Peers do not determine child safety.

Best Practice Three: Supporting Compliance with Child Welfare

Peer Recovery Mentors assist individuals in identifying their ambivalence and resistance regarding engagement with child welfare. Peers describe their experience of how improving communication with their caseworker impacted their own child welfare case. Peers assist in overcoming barriers to treatment attendance, success in recovery and completion of treatment, in order to comply with the child welfare plan. Peers describe the personal benefits of compliance with child welfare staff and services and the potential self-improvement and growth through participation in services, regardless of the outcome. Peers utilize the principles of motivational enhancement to increase the parent’s motivation for change and engage individuals in change talk.

✓	Self-Assessment Checklist
<input type="checkbox"/>	Peers assist individuals in identifying their ambivalence regarding compliance with child welfare throughout the process from assessment, protective action planning, the development of an ongoing safety plan, and conditions of return. Peers utilize the principles of motivational enhancement to increase motivation for

	change and engage individuals in change talk.
<input type="checkbox"/>	<p>Peers support individuals in a variety of settings including family court, alcohol and drug treatment, parole/probation, and child welfare proceedings such as initial child visits and safety/family meetings. Peers model for parents how to communicate with caseworkers, attorneys, and judges, in a way that will help them be heard.</p>
<input type="checkbox"/>	<p>Peers understand that they can be advocates regardless of level of engagement or compliance. Peers should not abandon any individual due to noncompliance or perceived low motivation for change.</p>
<input type="checkbox"/>	<p>Peers understand the importance of motivation, participation, and compliance during varying stages of child welfare involvement and have a contemporary understanding of the process.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Initial Report and Screening: Peers can be involved soon after parent’s initial child welfare contact with the CPS worker and law enforcement at the home. They express empathy, share lived-experience of having a child removed from the home, helping reassure them, and strive to motivate parents to cooperate with child protective services. Mentors can and should be present at preliminary/shelter hearings to help orient parents to that process, offer emotional support and encourage them to advocate for visits with their child as quickly as possible. Whenever possible, caseworkers should notify a parent’s mentor that a removal is imminent (within the same day, not long enough for the mentor to feel they are holding a secret) if the parent and their mentor have already established a relationship.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Investigation and Substantiation: Peers communicate with individuals in these early stages, expressing the importance of having a willingness to participate in services with child welfare as it can affect the outcome. They work to understand the safety threats child welfare has identified to assist parent on why the involvement will continue.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> In-home placement: Peers encourage prosocial behaviors and development of positive parenting skills in the process while supporting compliance and engagement in services. Peer helps parent understand the protective capacities child welfare feels are important for the individual to be a safe parent.</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Out-of-home placement: Peers recognize the authority of child welfare and the court to make decisions about child removal and help parents understand that authority. Peers support parents through separation and grieving. Peers support compliance with child</p> </div>

	<p>welfare and consistently clarifies to the parent the steps child welfare determines are necessary for reunification (conditions for return) using the principles of motivational enhancement. Peers help parent to build their relationships with foster parents.</p>
	<p><input type="checkbox"/> Court, Dependency Petition, Attorneys: Peers help parents navigate the legal system, participating in hearings, and having specific knowledge of the Court proceedings. Peers help parents understand legal jargon and processes, be prepared for court appearances, and understand the role of various parties in their legal case.</p>
	<p><input type="checkbox"/> Family Services, Meetings, Child Visits: Peers support parents in family meetings and encourage engagement and active participation in all meetings regarding services. They model and encourage cooperation with staff in supervised visitation, and staying focused on making the visit as positive as possible for their children.</p>
	<p><input type="checkbox"/> Permanency Outcomes: Reunification/ Relative Placement / Guardianship / Adoption: Peers continue to promote recovery and its benefits, regardless of the outcome in the case. Peers work with child welfare to understand the precise child plan, and the child welfare justification, to better support the parent with whatever outcome the court has decided to make permanent for their child.</p>
	<p><input type="checkbox"/> Closure: Peers understand that recovery support should not end with the closure of their case with child welfare. Peers support parents in identifying ongoing recovery supports for them to access once mentoring services are closed.</p>

Best Practice Four: Promoting Self-efficacy

Peer Recovery Mentors encourage parents and promote their beliefs in their own capacity to execute the behaviors necessary to achieve and sustain recovery, and to parent their children safely. Peers reflect confidence in parent’s ability to exert control over their own motivation, behavior, and social environments. Peers identify and reinforce prior and current successes to build self-efficacy and resilience. Peers model and rehearse patterns of prosocial healthy behaviors.

✓	Self-Assessment Checklist
<input type="checkbox"/>	Peers take a strength-based approach, encouraging individuals to build on past achievements to inspire success in their current situation. Peers ask questions regarding prior successes, including,

	but not limited to, “What’s the longest period of time you have ever quit using drugs in the past? How did you do it?”
<input type="checkbox"/>	Peers help individuals trust their own abilities in the face of adversity and view their circumstances and challenges as an opportunity for growth. Peers assist individuals in identifying difficult circumstances that they have survived in the past, and assist individuals in developing resiliency by identifying times in their lives they have been “survivors” and have overcome adversity.
<input type="checkbox"/>	Peers help parents believe in themselves as they develop skills, pursue goals of recovery and articulate and demonstrate skills for positive parenting.

Best Practice Five: Inspiring Hope and Serving as Reunification Role Models

Peer Recovery Mentors inspire hope through self-disclosure, while role modeling healthy lifestyle choices. Peers teach prosocial behavior in recovery and wellness. Peers guide in the process of setting goals. Peers understand that ambivalence should be viewed as positive in terms of readiness to change and engage individuals in dialog to mobilize change talk.

✓	Self-Assessment Checklist
<input type="checkbox"/>	Peers serve as a role models, and supportive guides, and demonstrate the possibility of change, consistently promoting wellness and exhibiting the benefits of recovery.
<input type="checkbox"/>	Peers understand the fears and uncertainty associated with having an open child welfare case and help resolve those fears through shared lived experience.
<input type="checkbox"/>	Peers are responsible for fulfilling the role of a trusted and supportive guide for each participating individual.

Best Practice Six: Person-centered Trauma-informed Services that Evoke Individual Needs, Objectives and Goals

Peer Recovery Mentors help individuals with crisis management using a trauma-informed approach. Peers recognize the impact of trauma and seek to actively resist re-

traumatization. Peers are mindful of the importance of self-care and practice stress reduction methods to reduce risk and maintain safety. Peers provide emotional support, reducing anxiety and inspiring confidence. Peer Recovery Mentors assist in planning to accomplish objectives, propose strategies, and support individuals in finding their own pathways to recovery. Oftentimes, parents involved with child welfare have little voice in adopting goals that are established by child welfare and family courts. Peers assist these individuals in identifying objectives to achieve court mandated goals. Peers support parents in decision making processes and encourage engagement in activities with the child welfare case management process; from the safety assessment, to safety planning, creating a Protective Action Plan, identifying Conditions for Return, participating in Permanency Hearings at family court and all meetings possible where their child, or child welfare case is being discussed.

✓	Self-Assessment Checklist
<input type="checkbox"/>	Peers encourage creative and ambitious thinking about future goals and achievements.
<input type="checkbox"/>	Peers create an environment where individuals feel safe acknowledging areas where they may need improvement. Peers explain the limits of confidentiality and create trust and safety through adherence to confidentiality.
<input type="checkbox"/>	Peers assist individuals to identify their experience, personal characteristics, strengths, and skills necessary to develop success in their personal lives and in the workplace.
<input type="checkbox"/>	Peers are culturally responsive and mindful of individuals' cultural values when encouraging goal setting and planning for future success and personal achievement.
<input type="checkbox"/>	Peers exhibit an attitude of cultural humility, being mindful of different cultural norms as they are revealed by individuals.
<input type="checkbox"/>	Peers understand the stigma, discrimination, and exploitation individuals can face within the child welfare system, including cultural/ethnic minorities, individuals who identify as LGBTQ, those with substance use disorders, mental health challenges, or physical disabilities. Peers share the strength and key personal strategies necessary to deal appropriately and safely with negative feelings and anger that come from those realities.
<input type="checkbox"/>	Peers address inequity. Peers understand the stigma, discrimination, and exploitation individuals face within society as a result of their child welfare involvement.

<input type="checkbox"/>	Self-care is a critical part of working in the field of recovery support services. Peers understand the importance of self-care and will be committed to maintaining physical, emotional, and spiritual health. Peers will continue to actively maintain a program of recovery.
--------------------------	---

Best Practice Seven: Advocating for Parents with Child Welfare

Peer Recovery Mentors advocate for individuals by making sure the parent’s voices are heard. Peers question caseworkers to make them aware of situations where individuals need representation. Peers offer clarity by modeling effective communication skills with caseworkers. Peers support parents in visitation, and relationships with foster parents. Peers represent individuals in a variety of settings and systems, but always with the parent, not speaking for the parent. Peers working out of a stand-alone, consumer operated (peer-run) organization, are best able to advocate for parents with child welfare, because they are not governed by the agency.

<input checked="" type="checkbox"/>	Self-Assessment Checklist
<input type="checkbox"/>	Peers should always use a strength-based approach when advocating on behalf of an individual. They should accentuate the positive related to the parent’s accomplishments, goals completed, tasks completed, and attitude.
<input type="checkbox"/>	Peers understand that advocacy efforts are dynamic in nature and are determined on an individual basis by client need.
<input type="checkbox"/>	Peers ensure that parents are given a voice in the process of developing case plans, and advocate for inclusion of the birth family in all aspects of child welfare agency service.

Best Practice Eight: Guiding Development of Supportive Relationships

Peer Recovery Mentors support positive and healthy affiliation with other peers by guiding parents in the development of supportive relationships. Peers encourage growth in building a recovery support group. Peers promote involvement in Recovery Center activities, as well as alcohol and drug free housing communities. Peers communicate the critical importance of community support for long term success in recovery. Peers support parents asking for letters of support and recommendations from professionals they have worked with for placements and other steps forward. Peers support the parent when some of those requests are denied.

✓	Self-Assessment Checklist
<input type="checkbox"/>	Peers facilitate contacts within the recovery community that promote alcohol and drug free socialization opportunities.
<input type="checkbox"/>	Peers help individuals connect with appropriate resources available in the community.
<input type="checkbox"/>	Peers encourage involvement in local mutual support groups. Peers can accompany individuals by attending meetings, and other community events.

Best Practice Nine: Guiding and Teaching System Navigation

Peer Recovery Mentors guide parents in initial navigation of systems, and in learning to self-navigate, by providing information regarding system requirements, such as supervision guidelines, the culture of helping organizations, and treatment plan stipulations. Peers may provide transportation to appointments and meetings. Peers are punctual and model arriving on time, being organized, remaining calm, minimizing expectations, and asking for exactly what they need. Peers model and coach self-advocacy and appropriate behavior for interaction with professionals.

✓	Self-Assessment Checklist
<input type="checkbox"/>	Peers help individuals navigate child welfare involvement by having experience with the process, and specific knowledge of agency requirements.
<input type="checkbox"/>	Peers have experience with various agencies within the system of addiction and mental health providers as well as state courts, Social Security, DMV, Housing Authority and DHS.
<input type="checkbox"/>	Peers demonstrate effective communication and organizational skills, coaching self-advocacy and assertiveness in interactions with professionals.

Best Practice Ten: Regulations, Ethical Conduct and Peer Boundaries

Peer Recovery Mentors adhere to professional, ethical and legal guidelines. Peers maintain boundaries and resist the temptation to collude with individuals against the system, especially with regard to perceived or actual injustice. Similarly, Peer Recovery Mentors do not collude with the system against the individual. From the standpoint of a neutral third party, Peers may act as an intermediary while advocating for individuals with the agency. Peers have a responsibility to know the guidelines and limitations to both HIPAA and 42- CFR Part 2 and other potential privacy laws. Peers understand the necessity of obtaining signed Releases of Information for every supporting family member, stakeholder, agency and/or organization before attempting to contact anyone.

✓	Self-Assessment Checklist																				
<input type="checkbox"/>	<p>Peers are familiar with all applicable laws, regulations, and ethical standards:</p> <table border="1" data-bbox="467 720 1367 1115"> <tr> <td data-bbox="467 720 532 762"><input type="checkbox"/></td> <td data-bbox="532 720 1367 762">HIPAA</td> </tr> <tr> <td data-bbox="467 762 532 804"><input type="checkbox"/></td> <td data-bbox="532 762 1367 804">CFR 42 PII</td> </tr> <tr> <td data-bbox="467 804 532 846"><input type="checkbox"/></td> <td data-bbox="532 804 1367 846">ADA</td> </tr> <tr> <td data-bbox="467 846 532 888"><input type="checkbox"/></td> <td data-bbox="532 846 1367 888">Fair Housing</td> </tr> <tr> <td data-bbox="467 888 532 930"><input type="checkbox"/></td> <td data-bbox="532 888 1367 930">Civil Rights</td> </tr> <tr> <td data-bbox="467 930 532 972"><input type="checkbox"/></td> <td data-bbox="532 930 1367 972">Informed Consent</td> </tr> <tr> <td data-bbox="467 972 532 1014"><input type="checkbox"/></td> <td data-bbox="532 972 1367 1014">State Administrative Codes</td> </tr> <tr> <td data-bbox="467 1014 532 1056"><input type="checkbox"/></td> <td data-bbox="532 1014 1367 1056">Medicaid Fraud</td> </tr> <tr> <td data-bbox="467 1056 532 1098"><input type="checkbox"/></td> <td data-bbox="532 1056 1367 1098">Peer Ethical Codes of Conduct</td> </tr> <tr> <td data-bbox="467 1098 532 1115"><input type="checkbox"/></td> <td data-bbox="532 1098 1367 1115">Mandatory Reporting</td> </tr> </table>	<input type="checkbox"/>	HIPAA	<input type="checkbox"/>	CFR 42 PII	<input type="checkbox"/>	ADA	<input type="checkbox"/>	Fair Housing	<input type="checkbox"/>	Civil Rights	<input type="checkbox"/>	Informed Consent	<input type="checkbox"/>	State Administrative Codes	<input type="checkbox"/>	Medicaid Fraud	<input type="checkbox"/>	Peer Ethical Codes of Conduct	<input type="checkbox"/>	Mandatory Reporting
<input type="checkbox"/>	HIPAA																				
<input type="checkbox"/>	CFR 42 PII																				
<input type="checkbox"/>	ADA																				
<input type="checkbox"/>	Fair Housing																				
<input type="checkbox"/>	Civil Rights																				
<input type="checkbox"/>	Informed Consent																				
<input type="checkbox"/>	State Administrative Codes																				
<input type="checkbox"/>	Medicaid Fraud																				
<input type="checkbox"/>	Peer Ethical Codes of Conduct																				
<input type="checkbox"/>	Mandatory Reporting																				
<input type="checkbox"/>	<p>Peers are “mandatory reporters” of the suspected abuse of individuals from many vulnerable populations. It is a legal requirement for CRM’s and Peers to report suspected child abuse and neglect, the maltreatment of elderly individuals age 65 or older, and the abuse of adults with developmental disabilities or mental health issues. Failure to report suspected abuse or neglect can result in jail time or fines. Mandatory reporters need only to suspect that abuse or neglect has taken place. It is not necessary to provide proof. An investigation by authorities will determine the validity of the report.</p>																				
<input type="checkbox"/>	<p>Peers adhere to an ethical code of conduct, and utilize supervision when they need support and input regarding ethical decision making. Peers meet at regular intervals with a qualified supervisor who is conversant with Peer supervision competencies.</p>																				
<input type="checkbox"/>	<p>Peers know that it is unethical to pursue dual relationships with clients and strive to maintain healthy personal and professional boundaries with the individuals they serve.</p>																				

<input type="checkbox"/>	During the process of establishing a connection and building a solid rapport, Peers clearly define the mentor role early on in the relationship, while setting healthy boundaries by further defining their mentoring role.
<input type="checkbox"/>	Peers receive continued education addressing specific boundary issues such as loaning money or giving of gifts to clients. Defining boundaries in the workplace, at home, and with social media are needful in the formation of each mentor, mentee relationship.

Bibliography Sources:

- Rockhill, Anna. Furrer, Carrie J. Duong, Thuan M. Peer *Mentoring in Child Welfare: A Motivational Framework*. Journal of Public Child Welfare. October 2015
- Berrick, Jill D. Young, Elizabeth W. Cohen, Ed. Anthony, Elizabeth. *"I am the face of success": peer mentors in child welfare*. University of California at Berkeley. August 2010
- Sears, Jeanelle S. Hall, Martin T. Harris, Lesley M. Mount, Shannon. Willauer, Tina. Posze, Lynn. Smead, Erin. *"Like a Marriage": Partnering with peer mentors in child welfare*. Children and Youth Services Review. 2017, vol 74, issue C, p. 80-86.
- Rockhill, Anna. Green, Beth L. Newton-Curtis, Linda. *Accessing Substance Abuse Treatment: Issues for Parents Involved with Child Welfare Services*. Child Welfare Vol 87. No. 3, 2008.
- Marsh, Jeanne C. Cao, Dingcai. *Parents in substance abuse treatment: Implications for child welfare practice*. Children and Youth Services Review, 2005.
- Oliveros, Arazais. Kaufman, Joan. *Addressing Substance Abuse Treatment Needs of Parents Involved with the Child Welfare System*. Child Welfare-Vol.90, No.1, 2011.
- Peacock, Shelley. Konrad, Stephanie. Watson, Erin. Nickel, Darren. Muhajarine, Nazeem. *Effectiveness of home visiting programs on child outcomes: a systematic review*. BioMed Central Public Health, 2013.
- Howard, Kimberly S. Brooks-Gunn, Jeanne. *The Role of Home-Visiting Programs in Preventing Child Abuse and Neglect*. The Future of Children Vol.19 No.1, 2009.
- Snyder, Elizabeth H. Lawrence, C. Nicole. Weatherholt, Tara N. Nagy, Paul. *The Benefits of Motivational Interviewing and Coaching for Improving the Practice of Comprehensive Family Assessments in Child Welfare*. Child Welfare Vol. 91, No. 5, 2012.
- Kamp, Jon. Campo-Flores, Arian. *Parents' Drug Abuse Strains Child-Welfare Agencies; Growing epidemic of heroin and other opioids put more children in foster care*. Wall Street Journal (Online). Jan 11, 2016.
- Kamp, Jon. Campo-Flores, *Parents' Drug Abuse Strains Child-Welfare Agencies; Growing epidemic puts more children into foster care*. Wall Street Journal (Online). Jan 12, 2016.
- Cohen, Edward. Canan, Linda. *Closer to Home: Parent Mentors in Child Welfare*. Child Welfare Vol 85, No. 5, Sept. 2006.
- Kemp, Susan P. Marcenko, Maureen O. Hoagwood, Kimberly. Vesneski, William. *Engaging Parents in Child Welfare Services: Bridging Family Needs and Child Welfare Mandates*. Child Welfare Vol. 88. No.1, 2009.
- Libby, Anne M. Orton, Heather D. Barth, Richard P. Webb, Mary Bruce. Burns, Barbara J. wood, Patricia A. Spicer, Paul. *Mental Health and Substance Abuse Services to Parents of Children Involved with Child Welfare: A Study of Racial and Ethnic Differences for American Indian Parents*. Springer Science+Business Media LLC. October 26,2006

Wells, Melissa. Vanyukevych, Anastasiya. Levesque, Sherri. *Engaging Parents: Assessing Child Welfare Agency Onsite Review Instrument Outcomes*. Families in Society: The Journal of Contemporary Social Services, Vol.96, No. 3. 2015.

Breshears, E.M., Yeh, S. & Young, N.K. *Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers*. U.S. Department of Health and Human Services. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004.