CHAPTER 3. PERSONNEL AND TRAINING

3.1 Contractor/Supervisor Responsibilities

The Contract Administrator and/or designated supervisor(s) shall have responsibility for program oversight and the monitoring of compliance with program requirements, quality improvement and program development as defined in the contract Scope of Work, and the Family Resource Coordination Policy and Procedure Manual (FRCPPM). Responsibilities include:

1. TBI/SCI/CYSHCN Quality Management and Improvement Guidelines;
2. Knowledge of the services of TBI/SCI/CYSHCN;
3. Compliance with Federal and State rules and regulations of TBI/SCI/CYSHCN programs including transition;
4. Submission of all program related materials developed by the Contractor to the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program Manager for review and approval;
5. Ensuring that instruction on family centered care and cultural competency is provided to Family Resource Coordination Staff.
6. Assurance that physical, developmental, emotional, social, educational and cultural needs of each member and his/her family is reflected in the planning and delivery of care.
7. Assurance that information and communication to the family is provided in their primary language or sign language and in writing when practical;
8. Orientation of staff to the roles of the Family Resource Coordinator;
9. The provision of comprehensive Family Resource Coordination within the context of the natural environment of family life.
10. Submit a Family Resource Coordination Staff Report to include Family Resource Coordination Staff, current geographical areas they cover, and the number of annual hours/full time equivalency each Family Resource Coordination Staff person dedicates to the Program whenever there are:
11. Within 30 days of a change in Family Resource Coordination staff submits a Family Resource Coordination Staff Report. The report must be submitted whenever there is new professional staff, changes to existing staff, or changes in geographical area covered by staff, as well as Interim coverage during a Family Resource Coordinators extended absence, termination, or vacation.
12. Compliance with TBI/SCI/CYSHCN reporting requirements and program timelines.
13. Availability of Family Resource Coordination Service evenings and weekends (as needed) 52 weeks a year to meet the timeframes of parent availability.
14. The provision of service within the contracted area.
15. Contract designee and Family Resource Coordinator participation in conference calls, business meetings, training, and other educational activities as required by TBI/SCI/CYSHCN.
16. Access to Word, Excel, and Access software, a computer with internet access, e-mail, a telephone, and have fax capability. Assure that Family Resource Coordinators and support staff are trained in Word, Excel, and Access software and are competent in using a computer, the internet, e-mail, a telephone, and a fax machine.
17. Development of policies and procedures for Family Resource Coordination program implementation, and policies, procedures, and practices related to Family Resource Coordination for children/youth with special health care needs, traumatic brain injury, and/or spinal cord injury, and their families.
18. Establish, implement, and monitor contracts with service providers to deliver services and pay service providers in accordance with the established contract.
19. Participation in tele-health activities and e-learning as requested or as developed.

20. Supporting Family Resource Coordinators in maintaining a forty (40) member case load, and assure the maximum caseload for a Family Resource Coordinator does not exceed sixty (60) members.
21. Ensuring that Family Resource Coordinators have reliable transportation to fulfill Family Resource Coordination responsibilities.
22. Provide ADHS/OCSHCN a copy of the contractor's Organizational Chart.
23. Maintain an updated electronic Roster of Active Members' demographic data to include but not limited to: Member Name, Gender, Date of Birth, Parents/Guardian Name, Phone Number, Address, Program (TBI, SCI, and CYSHCN), Family Resource Coordinator, Primary Language, and Insurance Coverage.
24. Participate in resource development/community development activities to enhance the system of care for CYSHCN, TBI, and SCI members.
25. Participate in the annual Arizona Governor's Council on Spinal and Head Injuries Evaluation Round Table.
26. Implement outreach strategies to increase community awareness of the Program, its mission, stimulate resources, and increase community capacity.
27. Distribute Program Brochures and Program Educational Materials as requested by and provided by the ADHS/OCSHCN.
28. Ensure expenditures do not exceed the established annual budget.
29. Acknowledge that the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program is not an entitlement program and payment above the annual budget amount cannot be guaranteed by the Children and Youth with Special Health Care Needs Program, the Traumatic Brain Injury Program, and the Spinal Cord Injury Program.
30. Abide by processes and standards of practice according to the reporting requirements, timelines, confidentiality of information, procedural safeguards, records maintenance, storage, transfer, and disposal, and all requirements as described in the terms and conditions of the contract.

3.2 Family Resource Coordinator

The primary role of the Family Resource Coordinator is to support the family in the identification of needs and resources, and to assist them in coordination, collaboration and communication with multiple service providers. A Family Resource Coordinators' role is to establish a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet TBI/SCI/CYSHCN member's needs, using communication and available resources to promote quality, cost-effective outcomes. Family Resource Coordinators synchronize and connect services and resources for TBI/SCI/CYSHCN to reach an optimum level of wellness, functional capability, and autonomy, and support activities that will empower them to act as their own advocate.

The role of the Family Resource Coordinator is to facilitate the member's/family's identification of resources, priorities, concerns, and desired outcomes, assisting members/families in accessing services identified in the Individual Service Plan. The Family Resource Coordinator provides direct assistance to families by providing information and support, which will enable the member/family to function independently.

The Family Resource Coordinator ensures that services are coordinated across agency lines, comprehensive, responsive to the member's/family's needs and delivered in accordance with mandated safeguards. The Family Resource Coordinator serves as an initial point of contact in helping members/families obtain the service and assistance they need.

A. Educational Background and Experience:

1. Bachelor's degree in a health related field, social service, education, or other related field, or three years of experience performing Family Resource Coordination.
2. Family Resource Coordinators shall have knowledge of the impact of parenting a

child/youth with medical involvement, development, and community resources.

3. The ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program Manager must approve requests for exceptions to these requirements. Exception requests must be submitted to the ADHS/OCSHCN TBI/SCI/CYSHCN Family Resource Coordination Program Manager in writing for review and approval.

B. Personnel Files

Current personnel files for Family Resource Coordination Staff must include but not be limited to:

1. Resume/Vitae to include: Educational Background, including Degrees Granted and/or Experience performing Family Resource Coordination or related activities
2. Professional License and/or Certification and/or appropriate Credentials, if applicable
3. Fingerprint Registration, Criminal History Affidavit/Background check
4. CPR Certification
5. First Aid Certification
6. Arizona Driver's License, Vehicle Registration, and Proof of Insurance
7. Documentation of Program Orientation and Program Specialized Training
8. Documentation of Continuing Education
9. Documentation of Certificate of Completion of or participation in the Arizona Governor's Council on Spinal and Head Injuries Family Resource Coordinator Training Program
10. Documentation of training in the contactor's Business Continuity and Recover Plan

C. Roles and Responsibilities:

1. Support the member's/family's level of participation in coordinating their own services while assisting them in moving towards independence;
2. Partner with members/families to identify potential resources and negotiate the provision of services;
3. Serve as an initial point of contact to facilitate delivery of available services and promote a seamless system for the family;
4. Assist members/families in pursuing all available resources and funding, particularly those natural resources found within the community;
5. Gather information from the member/family on an ongoing basis to determine the appropriateness of the Individual Service Plan and their satisfaction with services being delivered; assist in making needed goal adjustments or changes as required;
6. Provide services to members with special health care needs by supporting them and their families to lead self-sufficient, healthy, and productive lives within their capabilities;
7. Have knowledge of methods, procedures, and techniques relating to the care and assistance for members with special health care needs; principles and practices of Family Resource Coordination; community resources; medical and behavioral health issues and terminology; principles of applied behavioral interventions; child development principles; and requirements of Health Insurance Portability and Accountability Act (HIPPA).
8. Exhibit skill in oral and written communication; implement, develop and maintain Individual Service Plans; interview; interact with members and family members; coordinate and facilitate meetings;
9. Listen, be supportive, and respect the members/family's beliefs, ideas, and culture.
10. Provide information and/or educational materials about TBI/SCI/CYSHCN;
11. Assist the TBI/SCI/CYSHCN member and/or the family with determining priorities, assessing resources and needs, identifying alternative resources, navigating the multiple service delivery system, completing forms and applications, identifying service

providers, coordinating services, meeting transportation needs, and identifying potential funding sources;
12. Support the member/family in the Individual Education Program (IEP) process;
13. Provide community outreach/education/awareness about the effects of TBI and SCI;
14. Provide continuity as a member moves through the stages of illness/recovery and other aspects of the service delivery system.
15. Assist in transition from/to hospital, rehab, home, school, and work as well as developmental transitions.

The Family Resource Coordinator cannot counsel or advise, screen or evaluate, provide therapeutic services, provide mental health services, serve as a "first responder", or act as an emergency service provider. Family Resource Coordinators are not educational or IDEA experts and cannot actively participate in the IEP process.

3.3 Overview of Training/Education Requirements

Family Resource Coordinators must receive sufficient orientation, training, continuing education and updated information to meet their responsibilities safely, competently, and in compliance with program requirements.

A. Orientation

Initial orientation shall be provided by the Contract Administrator, Supervisor, or other designated staff. The Initial Orientation Process form is used to document orientation provided to Family Resource Coordination staff. The completed form shall be maintained in the individual provider file for review during the annual contractor site visit process.

Orientation must include but is not limited to:

- Program overview
- Roles and responsibilities
- Reporting requirements
- The Principles of Family Centered Practice
- Observation of an initial Individual Service Plan Development Meeting
- The Development of the Individual Service Plan
- Supervised home visits
- Procedural Safeguards and required documentation
- Accessing or developing community resources
- The Reflective Supervision process
- Chart file requirements
- The Invoice billing process

B. Training/Continuing Education

Continuing education is designed to strengthen skills, provide new information, and support the activities of the Family Resource Coordinator. Training should be individualized to address specific staff needs.

1. Family Resource Coordinators must participate in training/meetings as required by ADHS/OCSHCN;
2. Reimbursement for training, other than required/provided by the ADHS/OCSHCN TBI/SCI/CYSHCN Program, must have prior approval by the ADHS/OCSHCN TBI/SCI/CYSHCN Program Manager;
3. Family Resource Coordinators are required to participate in monthly telephone/video conferences calls;
4. Family Resource Coordinators shall utilize the FRC Staff

Training/Education/Meetings/TA Log, to be reviewed during annual contractor site visits, to document their attendance at any/all trainings/meetings.

3.4 Reflective Supervision

Reflective supervision is a process in which the supervisor creates a safe nurturing environment and relationship in order to provide a forum for the Family Resource Coordinator to share any and all aspects of their work with families. Reflection, collaboration and regularity are essential to effective supervision. The practice provides the model for a respectful relationship that parallels employee/family and family/child/youth relationships. Supervision and mentoring practices create a work environment that encourages open communication, empathy and support for staff concerns, and a commitment to continued professional development.

A. Principles:

1. Regularly scheduled meetings (documented in files)
2. Developmental Theory as related to the Development of Relationships
3. The Parallel Process
4. Protection Mastery
5. Intimacy
6. Collaboration
7. Boundaries
8. Reflection
9. Mutuality
10. Bravery in the Face of Conflict, which serves as the context in which learning takes place.

B. Key Concepts

(taken from " Reflective Supervision as a Vehicle for Individualized and Organizational Development," Trudi Norman-Murch, Zero to Three, Oct/Nov 1996).

1. Everyone working with young individuals and their families (regardless of level of responsibility or amount of experience) needs and deserves on-going supervision or mentoring.
2. All learning takes place within the context of relationships and is critically affected by the quality of those relationships.
3. Relationships are the medium. How one is in a situation has an important effect on what gets done.
4. We bring to a situation our past experiences, values and expectations. We likewise; respond in terms of other people' s experiences, values, and expectations.
5. The Golden Rule of supervision: " Do unto others as you would have others do unto others." (Jeree Paul)