

The Utah Family Coalition Policy and Training Manual 2015

1 Section Two

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Section 2: FAMILY RESOURCE FACILITATOR JOB DESCRIPTION

TITLE: Family Resource Facilitator
LOCATION: (insert agency/organization where FRF will be housed here)
JOB STATUS: Part time Full Time Other, ___ # of hours/week
 With benefits Without benefits

PAY RATE: (insert hourly rate)

JOB SUMMARY:

The Family Resource Facilitator will work closely with families who have children and teens with complex substance use and mental health needs by linking families to local resources and supports, providing peer support to parents, providing family advocacy and Wraparound facilitation.

DETAILED JOB RESPONSIBILITIES INCLUDE:

- **Family Advocate/Advisor:** Help families navigate and access services through developing a working partnership with provider agencies.
- **Resource Coordinator:** Act as a Resource Coordinator to provide local resource information to any family requesting assistance.
- **Information & Support:** Link families to local Support and Information Groups or help develop groups if and when no other resources are available.
- **Family Wraparound Facilitator:** Work with families and youth who have complex needs to build a plan that incorporates both formal supports (e.g. mental health/substance abuse treatment, educational assistance, juvenile court engagement, etc.) and informal supports (family members, Boy Scouts, clergy, etc.) that will help the child and his/her family exit the mental health system to live full and productive lives.

This position requires working collaboratively with families, (*insert agency where FRF will be housed*) and other child-serving agencies and professionals. On-going training, mentoring and coaching will be provided by the Utah Family Coalition.

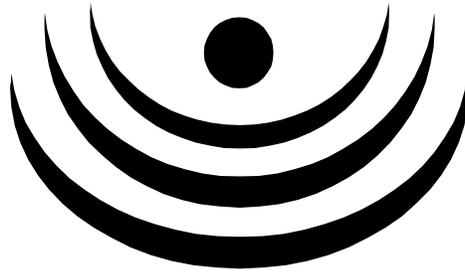
QUALIFICATIONS:

- Preference will be given to parents or caregivers of someone with a mental health disorder and to candidates who live within the community they serve.
- Ability to communicate effectively with families and professionals.
- Good written and verbal communication skills are necessary.

- Good organizational and problem-solving skills.
- Must be flexible with schedule.
- Use of reliable personal vehicle is required.
- Ability to maintain strict confidentiality and work under ethical guidelines and standards.
- Mandatory participation in monthly off-site trainings
- Must have basic computer skills

(Some agencies may insert: Preference will be given to Spanish-speaking/bilingual candidates)

FORM NO. UFC-028

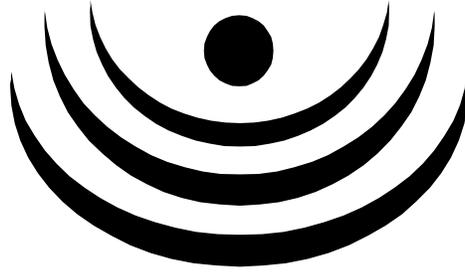


**THE UTAH FAMILY COALITION
FAMILY RESOURCE FACILITATOR
Core Competencies**

A Core Competency is fundamental knowledge, ability, or expertise in a specific subject area or skill set. Core Competencies are intertwined throughout this training; however, each training section will identify and focus on one. The objectives for each training section will provide the pathway to achieving mastery of that competency.

- A. Each Family Resource Facilitator in Utah will successfully fulfill the following competencies:
1. Demonstrate understanding and application of System of Care and wraparound principles, values, and processes at family, agency, community, and state levels.
 2. Demonstrate knowledge and application of laws, policies, and procedures regarding confidentiality, ethics, and boundaries.
 3. Demonstrate knowledge of and ability to access current information and resources regarding available community and state level child and family services and their laws, policies, and procedures as they affect children and families.
 4. Demonstrate effective individual verbal and written communications skills with families, professionals, community members and local and state level decision makers across all cultures.
 5. Demonstrate effective advocacy, mentoring, and support skills at family and provider levels.
 6. Demonstrate organizational skills in carrying out the FRF role and fulfilling contractual obligations to seek and ensure sustainability.

**SEE SUPPLEMENTAL - HANDOUTS
HANDOUT NO. 2 – UTAH FRF MODEL**



THE UTAH FAMILY COALITION FAMILY RESOURCE FACILITATOR Training and Supervision Expectations

Each Family Resource Facilitator will be supervised, coached, and mentored by a State-certified Mentor from the Utah Family Coalition. Supervision will include:

Training Expectations:

- Complete 40 hour training in the FRF Policy and Training Manual training
- Take Peer Support FRF/Wrap Facilitator Test – pass at 80% or higher
- Attend off site monthly FRF Trainings – 2nd Thursday bi-monthly (January, March, May, July, September, and November)

Supervision Expectations:

- Weekly phone calls
- Monthly site-visits
- Observations to Core Competencies and training assignments
- Observations to the fidelity model of Wraparound facilitation

Time Allocations Guidelines*:

Mentoring and training	6 – 8 %	2.4 – 3.2 hours
Bi- Monthly FRF Training	5 – 8 %	6 hours
Representing Family Voice/ Community Mapping	5 – 7 %	2 – 2.8 hours
Admin/data entry	5 – 7 %	2 – 2.8 hours
Direct Services	70 - 78%	28 – 31.2 hours

**Time Allocations Example based on full time (40 hours/week) work.*

SEE UFC PERFORMANCE PLAN – FORM UFC-001



The Utah Family Coalition Defining Roles in Utah's System of Care

i Wraparound Fidelity: How fully the Wraparound process (whether it is for a family, in an organization, or in a whole system) adheres to the 10 principles and basic activities of the Wraparound process can be measured using fidelity tools such as the Wraparound Fidelity Index or Team Observation Measure. Wraparound to fidelity should not be considered synonymous with Wraparound quality; a Wraparound team or initiative that scores high on getting the basic Wraparound “steps” done may still need improvement in the quality of its work.

Wraparound Facilitator: A person who is trained to coordinate the Wraparound process for an individual family. This person may also be called care coordinator, navigator, Wraparound specialist, resource facilitator or some other term. The person in the facilitator role may change over time depending on what the family thinks is working best. For example, a parent, caregiver, or other team member may take over facilitating the meetings after a period of time.

ii Family Partner/peer support specialist: The Family Partner is a family member who is a formal member of the Wraparound team. The Family Partner's role is to serve the family. They help the members engage, actively participate on the team, and make informed decisions that drive the process. Family Partners have a strong connection to the community and are very knowledgeable about resources, services, and supports for families. The Family Partner's personal experience raising a child with emotional, behavioral, or mental health needs is critical to earning the respect of families and establishing a trusting relationship that is valued by the family. The Family Partner can be a mediator, facilitator, or bridge between the families and agencies. Family Partners ensure each family is heard and their individual needs are being addressed and met. The Family Partner should communicate and educate agency staff on Wraparound principles, the importance of family voice and choice, as well as other key aspects of ensuring Wraparound fidelity. The Family Partners work in close partnership with the Wraparound facilitator.

iii Family Resource Facilitator: Family Resource Facilitators (FRF)s play a key role in developing a formalized, family-driven and child-centered system of care in the State of Utah. They are trained and certified Family Peer Support Specialists who develop working partnerships with child-serving agencies both public and private to represent family voice at service delivery, administration, and policy levels. They are responsible to provide and ensure high fidelity wraparound is being provided locally.

iv Mental Health Case Manager: An individual who is under the supervision of a “qualified provider” and employed or contracted by the local mental health authority. They are responsible for coordinating, advocating, linking, and monitoring activities that assist adults with mental illness. Mental Health Case Managers also work with children with serious emotional disorders in gaining access to needed medical (including mental health), social, educational, and other services. The overall goal of the Mental Health Case Manager is not only to help consumers

access needed services, but to ensure that services are coordinated among all agencies and providers.

i Wraparound Implementation Guide: A Handbook for Administrators and Managers, By Patricia Miles, Neil Brown, and The National Wraparound initiative Implementation Work Groups. Pg. 19, 2

ii Wraparound Implementation Guide: A Handbook for Administrators and Managers, By Patricia Miles, Neil Brown, and The National Wraparound initiative Implementation Work Groups. Pg. 19, 2

iii Family Resource Facilitator Project – A Model for Strengthening Families and Building Communities – A *Medicaid Approved Peer Support Service*

iv Wraparound Implementation Guide: A Handbook for Administrators and Managers, By Patricia Miles, Neil Brown, and The National Wraparound initiative Implementation Work Groups. Pg. 19, 2

SEE SUPPLEMENTAL – FORMS -BROCHURE – FORM UFC-002

Utah Medicaid Provider Manual

Rehabilitative Mental Health and Substance Use Disorder Services

Division of Medicaid and Health Financing

Issued January 2013 (Pages 41 – 43)

2 - 12 Peer Support Services

Peer support services means face-to-face services for the primary purpose of assisting in the rehabilitation and recovery of individuals with mental health and/or substance use disorders. For children, peer support services are provided to their parents/legal guardians as appropriate to the child's age when the services are directed exclusively toward the treatment of the Medicaid-eligible child. Peer support services are provided to an individual, a group of individuals or parents/legal guardians. On occasion, it may be impossible to meet with the peer support specialist in which case a telephone contact with the client or parent/legal guardian of a child would be allowed. Peers support services are designed to promote recovery. Peers offer a unique perspective that clients find credible; therefore, peer support specialists are in a position to build alliances and instill hope. Peer support specialists lend their unique insight into mental illness and substance use disorders and what makes recovery possible. Using their own recovery stories as a recovery tool, peer support specialists assist clients with creation of recovery goals and with goals in areas of employment, education, housing, community living, relationships and personal wellness. Peer support specialists also provide symptom monitoring, assist with symptom management, provide crisis prevention, and assist clients with recognition of health issues impacting them.

Peer support services must be prescribed by a licensed mental health therapist identified in paragraph A of Chapter 1-5. Peer support services are delivered in accordance with a written treatment/recovery plan that is a comprehensive, holistic, individualized plan of care developed through a person-centered planning process. Clients lead and direct the design of their plans by identifying their own preferences and individualized measurable recovery goals. Who:

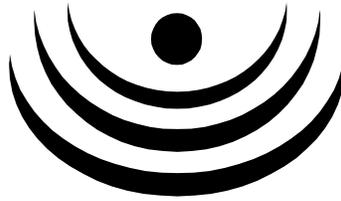
Peer support services are provided by certified support specialists. To become a certified support specialist, an individual must: 1. be at least age 18 and: a. a self-identified individual who is in recovery from a mental health and/or substance use disorder; or b. parent of a child with a behavioral health disorder; or c. other adult who has or has had an ongoing and personal relationship with an individual with a behavioral health disorder; and 2. successfully complete a peer support specialist training curriculum designed to give peer support specialists the competencies necessary to successfully perform peer support services. Curriculums are developed by the State of Utah, Department of Human Services, Division of Substance Abuse and Mental Health (DSAMH), in consultation with national experts in the

field of peer support. Training is provided by DSAMH or a qualified individual or organization sanctioned by DSAMH. At the end of the training individuals must successfully pass a written examination. An individual who successfully completes the certification training will receive a written peer support specialist certification from the DSAMH and also will successfully complete any continuing education requirements the DSAMH requires to maintain certification.

Certified peer support specialists are under the supervision of a licensed mental health therapist identified in paragraph A.1 or A.3(b) of Chapter 1-5, or a licensed ASUDC or SUDC when peer support services are provided to individuals with an SUD. Supervisors must provide ongoing weekly individual and/or group supervision to the certified peer support specialists they supervise. Limits: 1. Peer support groups are limited to a ratio of 1:8. 2. Medicaid clients or Medicaid-eligible children's parents/legal guardians may participate in a maximum of four hours of peer support services a day. 3. With the exception of older adolescents (adolescents age 16-18) for children, peer support services are provided to their parents/legal guardians and the services are directed exclusively to the treatment of the Medicaid-eligible child (i.e., toward assisting the parents/legal guardians in achieving the rehabilitative treatment goals of their children.

4. In accordance with 42 CFR 440.130, and the definition of rehabilitative services, the following do not constitute medical or remedial services and may not be billed to Medicaid: a. Job training, job coaching, and vocational and educational services. These activities are not within the scope of a peer support specialist's role; however, helping individuals with the emotional and social skills necessary to obtain and maintain employment is within the scope of peer support services; b. Social and recreational activities (although these activities may be therapeutic for the client, and the peer support specialist may obtain valuable observations for processing later, they do not constitute reportable services. However, time spent before and after the activity addressing the clients' behaviors related to the clients' peer support goals is allowed); and c. Routine transportation of the client or transportation to a site where a peer support services will be provided. Procedure Code and Unit of Service:

H0038 – Individual Peer Support Services - per 15 minutes H0038 with HQ modifier - Group Peer Support Services - per 15 minutes per Medicaid client The following time rules apply for converting actual time to the specified number of units: Less than 8 minutes equals 0 units; 8 minutes through 22 minutes of service equals 1 unit; 23 minutes through 37 minutes of service equals 2 units; 38 minutes through 52 minutes of service equals 3 units; 53 minutes through 67 minutes of service equals 4 units; 68 minutes through 82 minutes of service equals 5 units; 83 minutes through 97 minutes of service equals 6 units; 98 minutes through 112 minutes of service equals 7 units; and 113 minutes through 127 minutes of service equals 8 units, etc. Record: Documentation must include: 1. date and actual time of the service; 2. duration of the service; 3. setting in which the service was rendered; 4. specific service rendered (i.e., peer support services); 5. treatment goal(s); 6. progress toward treatment goal(s) or if there was no reportable progress, documentation of reasons or barriers; and 7. signature and licensure or credentials of individual who rendered the service. If peer support services goals are met as a result of participation in the service, then new individualized goals must be added to the treatment plan.



**The Utah Family Coalition
FAMILY RESOURCE FACILITATOR
POLICIES AND PROCEDURES**

The Utah Family Coalition does not have its own set of policies and procedures. The Coalition is individual non-profit organizations working together in a spirit of cooperation and collaboration while each maintains their own organizational policies and procedures.

Some Family Resource Facilitators will be hired directly by their anchoring agency. Other Family Resource Facilitators will be subcontracted with a Coalition member organization through an anchoring agency. These agencies have their own policies and procedures you will be expected to become familiar with and following the policies and procedures of the agency where you are housed.

Your Mentor will go over any applicable policies and procedures with each FRF on an individual basis.

**SEE SUPPLEMENTAL – FORMS DHS CODE OF CONDUCT –
UFC -003**



**The Utah Family Coalition
Policy and Procedure No. 1
Effective Date: July 1, 2014**

Family Resource Facilitator and Wraparound Facilitator Certification

Level I - Family Resource Facilitator and Level II – Wraparound Facilitator –

- Attend bi-monthly training – contractually FRFs are required to attend bi-monthly trainings. In order to maintain the Level 1 FRF Certification or Level II Wraparound Facilitator Certification, FRFs have to obtain 20 hours of on-going training annually – per Medicaid requirement. Outside training opportunities need to be mutually agreeable between FRFs and mentor to count or provide additional training. Individual consideration will be given by DSAMH if this requirement cannot be met.

If FRFs don't meet the requirements for training, they will not be able to bill Medicaid and won't receive recertification. Once FRFs get that 20 hours of additional training, they can kick back in to certification.

- On-site mentoring – 1 time a month. FRFs need to respond to on-site mentoring by keeping appointments and completing assignments.
- 100% on assignments – i.e. All FRFs will complete three (3) WFI's Applications YEARLY, etc.
Note: FRFs connected to the Mobile Crisis Team: Because many of the Mobile Crisis Teams work a short amount of time with the family (6 – 8 weeks), it is requested that they do one (1) WFI Application/High-fidelity Wraparound per year to maintain their wraparound skills and provide the opportunity to advance to Wraparound Certification.
- Documentation – FRFs must have their data entered on time by the 5th of the month. One month unexcused delay of data entry requires that the FRF will need to be consistent in documenting for three (3) months before recertification or upward certification can be considered.
- 152 hour supervised practicum. Direct service hours only are counted (i.e., IRC, IFA, GRC, and FWP). FWP hours can only be counted once.
- Observations are required to measure the use of learned skills in family resource facilitation at monthly on-site visits. An observation of the successful use of wraparound skills of each “phase” in the wraparound process is required prior to receiving Wraparound Facilitator Certification.



**The Utah Family Coalition
Policies and Procedure No. 2
Effective Date: July 1, 2014**

When simultaneously meeting with 2 or more clients of different families, SPLIT documentation activity time under the identified child(ren) (current clients) using the IFA or FWP codes.

If there aren't any current clients attending the activity, please document FRF time under the code GRC – still allowing FRF direct service hours.



THE UTAH FAMILY COALITION
FAMILY RESOURCE FACILITATOR

DOCUMENTATION – DATA

Web Site: <http://www.frf-utah.com>

FRF ID:

FRF PIN:

Client Prefix #:

SEE SUPPLEMENTAL – HANDOUTS

Handout No. 3 – Database Screenshots



FRF ACTIVITY CODES

DIRECT SERVICES – 70 % of your time is spent in direct services

IRC	<p>Resource Coordination (for an individual/family w/client number) Initial contact and collecting intake data from a specific family Researching available resources for a specific family Providing information to a family (or clinician) about resources, programs or services for a family</p>
GRC	<p>General Resource Coordination (for an individual/family without a client number) Attempting to make initial contact with a family prior to intake and prior to assigning a client number (this includes discussions with clinicians and /or referent about the family being referred) Providing information about resources to an individual or family that you are unable to do an intake/assign client number to Distribute information to several families in group setting (booths, fairs, etc.)</p>
IFA	<p>Individual Family Advocacy – (for an individual/family w/client number) Participating in clinical staffing meetings as an advocate or representative of a specific child and/or family Participating in meetings as an advocate or support person for a specific child and/or family (this includes meetings with the child/family at the MHC, DCFS, JJS, court, school or any other setting that involves a specific child/family) Preparation with the family before attending a meeting and/or debriefing with the child/family after the meeting Informal communications with clinicians, caseworkers, providers, probation officers and other organizations/agencies about or on behalf of a specific family Assisting a specific family in filling out paperwork or applying for services</p>

**** Whenever possible collect basic intake information and assign a client number. Use GRC only when you are unable to assign a client number. When using GRC be sure to record specific notes about what kind of resource information you provided.**

WRAPAROUND SERVICES

FWP	<p>Family Wraparound Planning – Wraparound to Fidelity Identify and invite team members to Wraparound Meeting Facilitate any immediate crisis and safety plans with family Facilitate Wraparound Meeting Writing up the minutes and the details of the wraparound plan Sharing the minutes and wraparound plan with family and team members Follow up on plan implementation with family and team members Facilitate follow up meetings and transition planning</p>
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REPRESENTING & DEVELOPING FAMILY VOICE

RFV	Representing Family Voice Attending meetings that are not about a specific family but where your presence is recognized as representing family voice (i.e. general and staff meetings at the LMHA, inter-agency, task force, advisory and committee meetings in the community) Preparation for these meetings and follow up with assigned tasks Making presentations about the FRF program to community organizations and agencies
ISG	Information & Support Group Identify already existing support groups for families and make referrals to these groups Develop relationships/partnerships with already existing support group facilitators Maintain list of active support groups

INDIRECT SERVICES

ADM 5 to 7 % of your time spent here	Administrative Tasks Completing LMHA or UFC paperwork Filling out forms, monthly reports, timesheets, etc. completing data
MAP	Identify and develop community resources, map, partnerships; Keep information about resources current (printed materials, networks, etc.)
TRV	Travel
TRA 5 to 10 percent of your time is spent here.	Training Bi-Monthly FRF Trainings Mentoring Visits* Attending LMHA trainings, orientations or general meetings with director/clinician about policies and procedures (not specific to families) Attending outside trainings with approval of Mentor and LMHA

***NOTE: When mentoring visits include participation of the Mentor in direct services, wraparound or representing and developing family voice you should count that time as you normally do with the appropriate service code. Any other time spent with the Mentor during mentoring visits would be allocated to TRA.**

DOCUMENTATION:

SEE SUPPLEMENTAL – FORMS

- 1. FRF Weekly Activity Log – UFC-004**
- 2. Behavioral Health Client List – UFC-005**
- 3. Release of Information – UFC-006**

SEE SUPPLEMENTAL - ACTIVITIES
Activity No. 3 - Database Scenarios