

14. Ability to establish a referral network and to provide technical assistance to professionals within the mental health system and other community groups regarding the value of seeing the ill family member as part of a family unit deserving attention and support (for example, religious groups; health care providers); and

15. An understanding of how to provide respite in a family home and to train respite workers as necessary;

(b) Each PA shall employ sufficient numbers of qualified staff. Staff shall have skills which will enable them to educate families and collaborate with them in the rehabilitation process, support them in coping with their relative's illness and enhance their effectiveness as caregivers. IFSS staff shall help families maintain an environment that is conducive to the recovery process and to enjoy a better quality of life during the course of the illness.

1. The PA shall hire at least one full time employee who shall function as a Family Support Specialist and not be shared with other PA program elements.

2. Each Family Support Specialist shall have an earned Master's degree in a mental health clinical discipline and possess a minimum of three years experience providing mental health services to people with severe and persistent mental illness and their families.

i. If the PA employs additional voluntary or paid family support staff as part of its IFSS program, then the Family Support Specialist shall have supervisory experience.

3. Additional family support staff and consultants employed by the PA in its IFSS program shall at a minimum have a Bachelor's level degree in the behavioral health sciences and two years experience working in the mental health field or a registered nursing degree and two years experience working in the mental health field.

i. Bachelor's degree level staff shall be supervised by the Master's degree level Family Support Specialist.

4. IFSS PAs shall consider employing knowledgeable people with first hand experience in living with a loved one with severe mental illness on a paid or volunteer basis. A Bachelor's level degree may be waived for knowledgeable and experienced family members.

5. IFSS PAs shall also consider employing people with knowledge and experience regarding minority or underserved families in the geographic area.

6. IFSS PAs shall involve families in the staff selection process.

(c) Respite workers employed by the PA must at a minimum have a high school diploma and be specifically trained to provide respite services.

Recodified from N.J.A.C. 10:37I-5.10 and amended by R.2003 d.475, effective December 15, 2003.

See: 35 N.J.R. 3011(a), 35 N.J.R. 5553(b).

In (b), added a new 5 and recodified former 5 as 6. Former N.J.A.C. 10:37I-5.9, Assessment, service preferences and record documentation, recodified to N.J.A.C. 10:37I-5.8.

10:37I-5.10 Training

(a) The PA shall develop and implement an individualized training plan for each IFSS staff member.

(b) Training plans and documentation of training received shall be made a part of the personnel file of each IFSS staff member.

(c) The PA shall provide IFSS staff the time and resources it needs to remain up-to-date with the latest published research on the etiology and treatment of brain disorders.

(d) The PA shall document specific training to respite workers. Training shall include, but not be limited to, the following topics:

1. Crisis/emergency response;
2. Medications and medication observation;
3. Overview of serious mental illness;
4. Mission of IFSS;
5. Basic etiquette for being in a family home;
6. Confidentiality requirements;
7. Orientation to local mental health services and community resources; and
8. Professional conduct.

(e) The PA shall provide staff the training resources it needs to provide education to families including, but not limited to, videotapes, workbooks, and informational brochures.

1. The PA shall provide sufficient resources to assure that information developed for families is linguistically accessible and culturally responsive.

Recodified from N.J.A.C. 10:37I-5.11 by R.2003 d.475, effective December 15, 2003.

See: 35 N.J.R. 3011(a), 35 N.J.R. 5553(b).

Former N.J.A.C. 10:37I-5.10, Staffing requirements, recodified to N.J.A.C. 10:37I-5.9.

10:37I-5.11 Quality assurance

(a) The PA shall comply with the quality assurance and licensure requirements as promulgated in N.J.A.C. 10:37-9 and 10.

(b) The PA shall comply with the client complaint/agency ombuds procedure as promulgated in N.J.A.C. 10:37-4.6.

(c) The PA shall collect information on family satisfaction with services.

1. The PA shall attempt to collect information on satisfaction with services annually and at a family's termination from program or placement on inactive status. The PA shall document these attempts in the family record.

2. The PA shall use a Division approved instrument.

3. The PA shall assure that findings from satisfaction with services surveys remain confidential and separate from the family's treatment record.

(d) The PA shall collect information on each family's level of concern.

1. Level of concern information shall be obtained at intake, at six months, 12 months, and annually thereafter. Level of concern information shall also be collected when families are placed on inactive status.

2. The PA shall use a Division approved instrument.

3. The PA shall review increases and decreases in family level of concern as part of its quality assurance process.

(e) The PA shall make aggregated reports on family satisfaction, level of concern and types of services provided available to the Division upon request but no more than quarterly.

(f) The PA shall annually review aggregated information on referral sources of family members to its IFSS program.

(g) The PA shall meet at least biannually with an advisory group, consisting of members of local NAMI affiliates, families served by the program, and other family support and self-help organizations, where available. The intent of these meetings shall be to dialogue and obtain feedback on how well activities of the PA are meeting the needs of families and how well the activities of the family support organizations are coordinated. Feedback shall be made a part of the quality assurance process.

1. There shall be documented evidence that the feedback has been incorporated into the Quality Assurance Plan.

(h) The PA shall also monitor and evaluate utilization of IFSS resources.

1. At a minimum, the following data shall be routinely collected and analyzed:

i. The number of people who attend individual psychoeducational sessions or educational workshops;

ii. The number of families who request and receive respite services and the amount of time spent providing respite services;

iii. Wait for service data, including:

(1) The length of time from referral to intake interview;

(2) The length of time from intake interview to initiation of services; and

(3) Monthly number of clients on the waiting list, if applicable;

iv. Caseload size, which is the number of families, per family support staff member; and

v. The total number of face-to-face visits including the number of off-site face-to-face visits and the number of agency based face-to-face visits.

Recodified from N.J.A.C. 10:371-5.12 and amended by R.2003 d.475, effective December 15, 2003.

See: 35 N.J.R. 3011(a), 35 N.J.R. 5553(b).

Rewrote the section. Former N.J.A.C. 10:371-5.11, Training, recodified to N.J.A.C. 10:371-5.10.