



POSITION DESCRIPTION/EVALUATION

Name: _____
Position: Family Support Provider

Evaluation Date: _____
Department: Children's Services

REPORTS TO: Children's Services Supervisor

POSITION PURPOSE:

To develop a support system for parents of children with serious emotional disorders.

QUALIFICATIONS:

A family member with a child who has been or currently has a behavioral or emotional disorder. Missouri resident for at least two (2) years. High school diploma or GED.

ESSENTIAL FUNCTIONS:

- 1) Assist and coach family to increase their knowledge and awareness of the child's needs
- 2) Attend meetings and trainings as required
- 3) Assist the family in building helpful relationships with child and family team members
- 4) Link family with support groups and other community resources
- 5) Provide helpful materials such as videos, books, articles or Internet address
- 6) Provide moral support during crisis and other critical periods
- 7) Assist family with preparations for meetings
- 8) Participate in other activities as defined by the treatment team and family
- 9) Appropriately submit required documentation
- 10) Develop individualized service plans that wrap services around the family needs
- 11) Comply with directives of CSS case managers
- 12) Other duties as assigned

Although driving is not an essential function of the position, a valid license and agency established minimum automobile coverage are required in the event the employee drives during the course of employment.

PHYSICAL DEMANDS:

While performing the duties of this job, the employee is occasionally required to stand; walk; sit; use hands to finger, handle, or feel objects, tools or controls; reach with arms and hands; climb stairs; balance; stoop, kneel or crouch; talk and hear. The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities of the position include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to focus.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Job Description Reviewed on:

Signature Date

Rate each factor by indicating the number (1,2,3) for the level of performance
 A weight is assigned to each competency based on significance.

PERFORMANCE APPRAISAL SUMMARY

WEIGHT	LEVELS OF PERFORMANCE
1-Relevant	1. Needs Improvement
2-Significant	2. Satisfactory
3-Critical	3. Above Average

COMPETENCY ASSESSMENT CODE

These abbreviations may be used in the "Method of Assessment" section for competencies. More than one method may be used each time & other methods not on the list may be written in:

C	Course/Class/In-service Attended
D	Demonstrates
DR	Documentation Review
OBS	Supervisor Observed Performance
P/P	Follows Policy/Procedure
PR	Peer Review/Feedback
S/S	Self-Study Materials Completed
V	Verbalizes Appropriate Knowledge

Competency: Job Functions	Level (1, 2, 3)	Method of Assessment
Provide direct and/ indirect rehabilitation and recovery services to consumer and their families as prescribed on the treatment plan.		
Participate in and coordinate with the child and family interagency team members on an ongoing basis		
Assist the family with accessing, locating and arranging services and resources to assist in producing desired outcomes		
Provide educational information and guidance to parents and/or consumer regarding areas of concern		
Consistently reassess the child's status, service choices available, overall community functioning, strengths, needs and process towards goals		
Provide moral support during crisis and other critical periods		
Overall Rating:	0	
Comments/Measures:		
Weight: 3 x Level of Performance: 0.00 = 0.00		
Competency: Productivity	Level (1, 2, 3)	Method of Assessment
Schedule all appointment with consumers and collateral agencies in manner to maintain the standard unit count		
Spends 65% of time delivering services eligible for reimbursement and 35% of time on delivering services ineligible for reimbursement engaged in training, team development, staff development or other service related non-reimbursable activities.		
Overall Rating:	0	
Comments/Measures:		

Weight: 3 x Level of Performance: 0.00 = 0.00		
Competency: Documentation	Level (1, 2, 3)	Method of Assessment
Complete all required documentation, according to agency policy, which includes but is not limited to: Assessment/Intake Report, Daily Progress Notes, Individualized Treatment Plans, and Treatment Plan Reviews within 72 hours.		
Overall Rating:	0	
Comments/Measures:		
Weight: 3 x Level of Performance: 0.00 = 0.00		
Competency: Work Habits/Job Skills	Level (1, 2, 3)	Method of Assessment
Performs job tasks accurately		
Organizes and uses time well, meets deadlines		
Attends work regularly, is punctual to work and appointments, has minimal unplanned absences, and works scheduled hours		
Maintains a professional appearance and adheres to corporate dress code		
Keeps up with advances/developments in job areas and demonstrates growth in knowledge and skills		
Demonstrates appropriate initiative		
Demonstrates effective oral and written communication		
Demonstrates good judgment in decision making		
Is able to adapt to change and demonstrate flexibility		
Seeks and accepts supervision to enhance professional effectiveness		
Overall Rating:	0	
Comments/Measures:		
Weight: 2 x Level of Performance: 0.00 = 0.00		
Competency: Customer Service/Teamwork	Level (1, 2, 3)	Method of Assessment
Demonstrates a positive attitude consistent with Compass Health's mission and values		
Consistently works in a respectful manner with internal and external customers by demonstrating compassion, responsiveness, cooperation, and tact		
Participates in developing solutions and resolving problems or conflicts by active participation in team meetings and by listening and appropriately interacting with others		
Acts with personal and professional integrity		

Consistently demonstrates willingness to go above and beyond		
Is mindful of how he/she impacts others and how others impact him/her and demonstrates ability to manage reactions to situations and people		
Overall Rating:	0	
Comments/Measures:		
Weight: <u>3</u> x Level of Performance: <u>0.00</u> = <u>0.00</u>		
Accomplished objectives identified on previous year's performance evaluation	Level (1, 2, 3)	Method of Assessment
Overall Rating:		
Comments/Measures:		
Weight: <u>2</u> x Level of Performance: <u>0.00</u> = <u>0.00</u>		

Specific performance objectives for the coming year:

1.	
2.	
3.	
4.	
5.	

GRAND TOTAL:	<u>16</u> A	<u>0.00</u> B
To obtain the employee's overall level of performance, divide the total evaluation points (B) by the total weighting (A) and enter number below (rounded to the nearest tenth). <u>0.00</u> OVERALL LEVEL OF PERFORMANCE		

INTERPRETATION OF OVERALL LEVEL OF PERFORMANCE	
Less than 1.5	Needs Improvement-does not regularly meet normal expectations for the position
1.5 but less than 2.5	Satisfactory-meets expectations for the position
2.5 to 3	Above average-consistently exceeds expectations for the position

Supervisor has reviewed access levels for electronic medical records:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Billing | <input type="checkbox"/> HR | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Support/Admissions | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Environmental | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Finance | <input type="checkbox"/> N/A | |

Document access changes if identified:

Supervisor's Signature _____
Date

I have reviewed this performance evaluation and concur with its content.

Intermediate Supervisor's Signature _____
Date

Program Director's Signature _____
Date

I have reviewed my performance rating report and have been given the opportunity to respond to the evaluation.

As part of our Corporate Compliance program, we are requesting the following information:

Are you aware of any activities which may be deemed fraudulent or not in practice with appropriate organizational ethics?

Yes

No

If you answered "Yes," please outline in the space provided below. Attach additional sheets as needed. You may also contact our Corporate Compliance Officer. All information will be kept strictly confidential to the extent practicable.

In addition, I understand it is my responsibility to complete the annual mandatory training on our Corporate Compliance program.

In accordance with the Compass Health, Inc. Conflict of Interest Policy, we are requesting the following information:

Are you aware of any conflicts of interest that may arise as a result of your employment with Compass Health, Inc.?

Are you a spouse, child, parent, brother, or sister by blood or marriage of any member of the Board of Directors of Compass Health, Inc.?

Yes

No

If you answered "Yes," please outline in the space provided below. Attach additional sheets as needed. All information will be kept strictly confidential to the extent practicable.

In addition, I have read and understand the Conflict of Interest Policy.

Employee's Signature

Date