Learn the Basics, Learn the Process, Apply What You Learn:

Service Coordination Orientation and Training Curriculum

Planner

Problem Solver

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Southern California
Training and Information Group
(1999)

Learn the Basics, Learn the Process, Apply What You Learn: Service Coordination Orientation and Training Curriculum

Developed for the
**Southern California
Training and Information Group**

a Standing Committee of the
**Southern California
Conference of Regional Center Directors**

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Introduction

Welcome to the Regional Center

As a new employee, you're probably wondering what you need to know to start your new job. You've got your job description and you know your responsibilities, but what is a *purchase of service*, a *vendor*, the *Department of Rehabilitation*? This orientation was developed to give you a sampling of the theory, information, and skills you will need to be a successful service coordinator.

While all twenty-one Regional Centers are not alike, the same laws and regulations apply to each. What you will find in this document are the general procedures that all Regional Centers use with a number of examples. In addition, your Regional Center will be adding its own policies, procedures, and forms to this guide as needed.

A Common Mission Statement for
Regional Center Service Coordinators

In developing this orientation, the *Southern California Training and Information Group* (SCTIG) agreed on a common mission statement for Regional Center service coordinators. This statement provides a value-base for the work that all of you do, regardless of your Regional Center affiliation:

> To support opportunities for individuals with developmental disabilities and their families to participate in community life through education, information, choice, advocacy and service.

Some Philosophical Principles for
Regional Center Service Coordination

Additionally, the SCTIG suggested that the following guiding principles be considered when writing material for this orientation:

1. The needs of individuals and families are unique and changing, therefore, service coordination must be flexible.

2. Individuals and families should be encouraged to be as independent as possible with the support they need to be so.

3. Individuals and families should be encouraged to assume an active role in service coordination.

4. Service coordination is not a time-limited service. It is ongoing and provides individuals and families with the services and supports needed, when they are needed, and for as long as they are needed.

Introduction

Basic Information about the Orientation

You will find this orientation divided into three major parts (and binders) as well as a detailed index to the entire document:

Part 1 - Learn the Basics	A foundation of theory, information, laws, regulations, policies and procedures regarding the developmental disabilities service system in California.
Part 2 - Learn the Process	A compilation of the process skills needed to plan, coordinate, and monitor services and supports.
Part 3 - Apply What You Learn	As a service coordinator, you will be wearing many hats. Part 3 offers a series of field-based and simulated applications of the basic information and process skills you have learned. Each application highlights a different hat or role (e.g., Advocate, Planner).
Index	A comprehensive guide to all of the topics covered in the orientation and provided in the binder jacket of Parts 1, 2 and 3.

It's built in a way that allows for some flexibility in use. For example, you can:

- **Use it in a group training format** (*Tips for Facilitators* is provided under separate cover) with a facilitator (PowerPoint presentations and overheads are bundled with the *Tips for Facilitators*).

- **Use Parts 1 & 2 as a self-paced learning package for individuals** and then assign a mentor or supervisor to work together on Part 3.

- Work through it as group or individual learners in **linear fashion** from Part 1 through Part 3.

- Design a **customized package of selected modules** based on the prior experience and expertise of new service coordinators and their current information needs.

What You Will Find in Each Module

Each module contains a reading, a self-review of the material, suggested activities, additional resources, and references. You will find the information below at the beginning of each module.

Sample Cover Page for Each Module

**Purpose, Outcomes, Methods,
Time, and Materials**

Purpose: Provides a general purpose statement for the module. For example, *the purpose of this module is to provide an overview of the Lanterman Act, its history and how it affects your job as a service coordinator.*

Objectives: Suggests the knowledge and skill you should have upon completion of the module. For example, *define a developmental disability and the four major categories of disability within that definition according to California law.*

Method: Suggests a format for group or individual paced learning. For example, (1) *discussion or self-directed review of the module outline as presented on PowerPoint or overheads*; (2) *read the information brief in each module*; (3) *complete the suggested activities*; and (4) *take the review to test your understanding of the material.*

Time: Suggests the approximate time to allow for each of the methods listed above.

Materials: Recommends the printed and electronic material needed as well as equipment.

Additionally, each cover page for Part 3 modules includes suggestions about which modules in Part 1 & 2 should be reviewed prior to completing the field-based or simulated application activity.

Introduction

Learn the Basics:

Individual Considerations

Best Practices

Local Issues
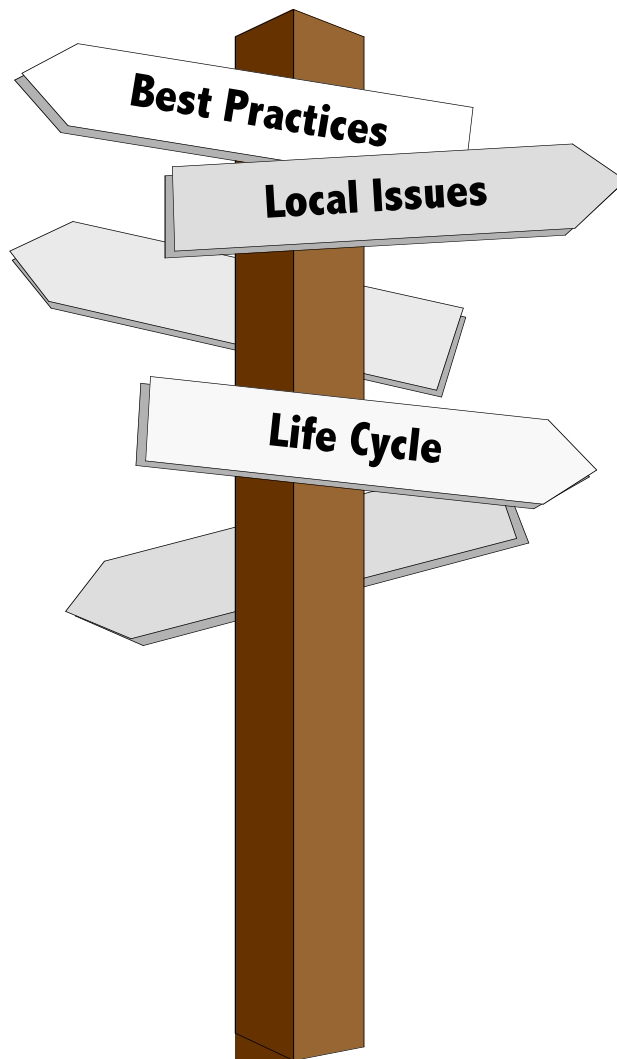
Life Cycle

Learn the Basics:

Life Cycle Issues

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide you with an introduction to some needs and issues faced by many individuals (and families) across the life cycle, and to assist you in responding well, being sensitive to individual (and cultural) differences.

Objectives: Upon completion of this module, you should be able to:

(1)   Be able to identify at least two issues that typically occur (a) when first learning about a disability; (b) during childhood and adolescence; and (c) in adulthood.
(2)   Describe some challenges facing nearly all parents, and some that primarily affect parents of children with significant disabilities.
(3)   Be able to explain why major life transitions can be difficult, especially when the individual and family have their hearts set on certain outcomes (e.g., a regular job, new friends, a different living arrangement).
(4)   Explain why certain issues, such as independence, inclusion, empowerment, health and health care cut across the life cycle, and how aging can affect preferences and opportunities.

Method: (1)   Group presentation and discussion or self-directed review of *Life Cycle Overview* on PowerPoint, overheads or hard copy;
(2)   Self-directed reading of *Some Typical Issues Over the Life Cycle*;
(3)   Group discussion or self-directed completion of *Suggested Activities*; and,
(4)   Group discussion or self-directed completion of *Review*.

Time: **PowerPoint Presentation or Overheads**
of Life Cycle Issues Overview   15 minutes

Some Typical Issues Over the
Life Cycle   40 minutes

Suggested Activity   30 minutes

Review   20 minutes

Materials: •   LCD or Overhead Projector
•   PowerPoint Presentation or hard copy Overheads of *Purchase of Service Standards and Procedures Overview* ;
•   *Learn the Basics - Life Cycle*

Some Typical Issues Over the Life Cycle

Introduction

There are some typical experiences, thoughts, feelings, and needs at various points in the life cycle. Some stem from surprises (e.g., the fact of a disabling condition). Some are associated with transitions. Some emanate from changes in health. Some stem from new opportunities. Subject to the important caveat that each person is unique and responds uniquely, this module is designed to alert you to common patterns across the life cycle. Knowing these will help you listen, and allow you to choose responses that are both empathic and helpful.
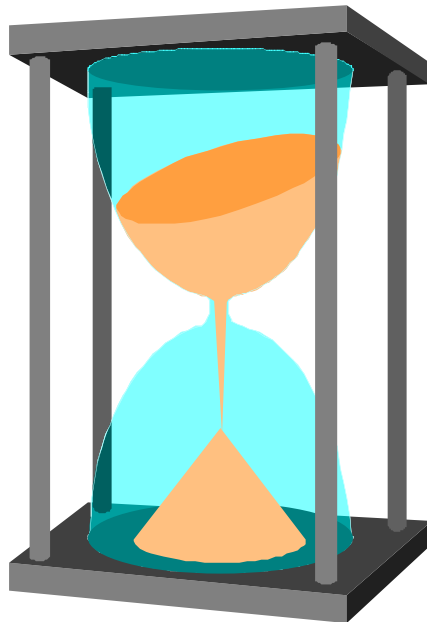
Life Cycle Issues

The Life Cycle

Each of us is born and reared through childhood. Most of us experience adolescence, and test our wings in early adulthood, often pairing up and forming a new household. In the middle years, work and rearing children are demands for many of us. At some point (typically ages 55 to 70), we step away from our main pursuit (job, career), and do other things in retirement.

While this overview of the life cycle is without surprises, discovering that one's child has a significant disability can dramatically change the pattern. One parent may decide to stay home for awhile, rather than return early to the work force. Or, a parent who intended to stay home may return to work for medical insurance reasons. Decisions about having other children may be modified. The family may move to be closer to services. The child with a disability may remain with his family well beyond high school.

Childhood and Adolescence

Loss, grief, confusion, and acceptance
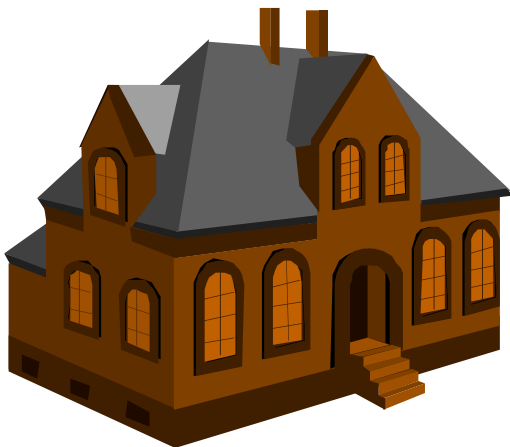Children with genetic or other physical differences (e.g., Down Syndrome; cerebral palsy; spina bifada) are usually identified at (and sometimes before) birth. Others, with behavior, emotional and/or language difficulties may not be diagnosed until later (sometimes much later).

Shock and anguish are typical initial responses of parents. Some parents shop for better diagnoses. Denial and anger are common. Whether they talk about it or not, most parents dream about their yet-to-be-born children and fantasize about their lives. Illustrating this point, parents of newborns who are blind typically ask: "Will my son or daughter go to college? drive a car? get married? have children?"

Beyond the initial shock, many parents read a lot, surf the web for information, and spend time with doctors and other professionals, trying to sort things out. Guilt (usually misplaced) shame and blame (including self-blame) are not uncommon feelings. It is well to remember that even in situations like Fetal Alcohol Syndrome, harming the fetus is rarely (if ever) intentional. Once more prevalent than today, feelings of shame often stem from an earlier time (1910s – 1940s) when mental retardation (or, feeblemindedness) was considered the basis of several social problems, including criminality, promiscuity, poverty, and the like.

Once the shock wears off, there may be a rather long period of uncertainty or emptiness as Mom and Dad deal with

the day-to-day realities of coping with their child's disability, and struggle to reconcile the new realities with earlier views of how life would be. It takes time to figure out what impact the disability will have over the long pull, and how the parents ultimately want to proceed. If feelings have been aired, and if parents have an opportunity to talk (and be with) other parents in similar circumstances, and if professionals are thoughtful and supportive, reconciliation and acceptance will generally occur. Acceptance is about restructuring one's thoughts (e.g., cognitive coping), building strength, moving ahead in ways that are respectful of everyone's needs and desires. As a service coordinator, here are several things you can do to help:

- express genuine and positive interest in the child with a disability;

- be open and friendly with all family members (including dads and siblings);

- listen with interest and understanding;

- avoid being drawn in to support certain points of view (e.g., blame; anger), unless the point is how wonderful this child and this family is;

- talk about possibilities and opportunities;

- support loving every child; and

- be resourceful (e.g., information on support groups, if asked); and

- through time, help the family develop expectations that are reasonable (neither too high, nor too low) and challenging for the child with a disability.

Parenting
Parenting is a challenge, whether the child has a disability or not. Many questions and issues are common; others relate to the disability, or are affected by the fact of disability. Early on, many parents will have many appointments with doctors, therapists and the like. This can be exhausting. Many parents will want to "do or try everything, so they won't look back later and feel they didn't do enough." Some of what they will want may, in the opinion of some professionals, not be a wise use of resources. But, every child is unique, and parents will be thinking that an intervention either will help or won't help. For one family, statistical averages mean very little.

Some parenting matters are affected by the disability. Some parents, for example, will appear to be overprotective and not allow their children to learn from the "rough and tumble" of life. Other parents will deal with the child with a disability much as they would their other children. If both parents work, many issues will be typical of any family: affordable child care, health insurance, finding babysitters, and so forth. Depending on how open parents are to expressing their real feelings, and how creative they are (e.g., in finding time for themselves), certain marital and related issues may emerge. Support groups of various kinds (for parents; moms; dad; siblings) are an excellent resource for these and other reasons.

Life Cycle Issues

As time goes on, many parents become somewhat isolated, especially if their only child has a disability and it is substantial or complicated. In part, this often stems from connecting with other parents "who understand" and who deal with disability-related issues themselves. These relationships can be extremely helpful, especially where parents have a need for specialized information (e.g., a dentist that works with children with behavior difficulties, etc.). But, the upshot is that parents may feel somewhat alienated from parents who are not facing disabilities or major illnesses.

Many parents have issues with schooling and related services. And, they may want a friend to assist them in confronting school-related issues such as: inclusion; aides; access to courses; work experience opportunities; etc.

Adolescence may be especially trying, as it is for many families of children without disabilities. Such issues as allowance, having friends over, getting oneself up in the morning, dressing like other children, and puberty are common. Because the child with a disability may need extra support, the child may end up foregoing many typical teenage experiences. Then, there is the matter of "life beyond high school," and the child may need extra support to pursue his or her dreams.

Siblings and extended family
Having a brother or sister with a disability poses some unique challenges. How will they relate to one another? What about friendships? Is everyone comfortable about airing feelings? Many siblings report that properly directed, sibling support groups can be very valuable. One gets a feeling "one is not alone." It is okay to express some feelings that would be a risk in talking with Mom and Dad, such as "guilt," "jealousy," "anger," etc. We know that, unexpressed, feelings can have pernicious repercussions. Better to know and understand, and then to move on to ways of including disability within the normal course of family life.

Grandparents feel deeply, often, for both their grandchild and their own offspring. It is a kind of "double whammy." They will need time (and support) in finding ways to include disability within their usual pattern of life. It is extraordinarily healthy for all the adults to talk with one another, and support one another, and find ways of helping each other.

Sexuality
Sexuality is a positive and fullfilling aspect of life that, if not addressed through education and support, can result in negative (e.g., abusive) outcomes. It is a sometimes a difficult issue to address with individuals and families, and deeply embedded in the culture are some beliefs that can stand in the way of dealing with sexual issues sensibly. A parent may believe that the child is (or will be) asexual, and provide too little information and counsel too late, or keep their child out of sex education at school. Parents may dread pregnancy so much that they interfere with typical dating patterns. They may

close in, and overprotect the child. There are materials on sexuality, adapted to the learning needs and styles of people with intellectual impairments, and you may need to track these down.

Transitions
With a greater need for support, and constrained options, transitions are likely to demand of parents and others more time than they do for people without disabilities. Then, too, anxiety may be heightened because of the vulnerability of the child, and the focus person's inability (or impaired capacity) to fend well for him- or herself. In childhood, the individual and family face several important transitions: (1) birth center to home; (2) home to Early Start services; (3) Early Start to pre-school; (4) pre-school to elementary school; (5) elementary to middle school; and (6) middle school to high school. In adulthood, some issues, such as divorce, children leaving the nest, and retirement are not as frequently encountered among adults with disabilities, or are not always encountered in the same way as they are with others. Around transitions, here are some ways you can help:

- provide information about options, or put the family in touch with those who can;

- develop a plan, and assist in its implementation;

- urge the child and family to talk extensively about their desired futures;

- accompany to meetings, and advocate for collaborative services in line with how the child

(and family) envision a desired future;

- speak up and, as appropriate, suggest a "review date and time" for team members to get back together to assess whether their plan is working; and

- be sure someone is willing and able to serve as "quarterback" for any team effort that involves multiple steps by many individuals.

The Adult Years

Life beyond school
In the adult years, the "ideal" is regular lives, meaning lives that are as similar as possible to those of low-income adults without disabilities, with *inclusion, independence, productivity, interdependence*, and *empowerment* given expression in various ways consistent with each person's personality, values, and the like.

1. Work, training, day activity – How will an adult with a developmental disability, of working age (say 18 to 64) and no longer attending school, spend the work day? The answer depends on several factors:

- What the person wants to do.

- What capabilities, interests, and motivation the person possesses.

- What cultural expectations (and protective strategies) are in place.

Transition Services*

Transition services are provided through special education in local schools. They are mandated through Federal Legislation, beginning at least by age 16 and preferably at 14. Transition services include:

(a) Training programs, resource materials, and handbooks that describe transition services.

(b) Identification of the role and responsibilities of special education in the transition process.

(c) Implementation of systematic vocational education curriculum.

(d) Materials, resource manuals and training programs to support active participation of families in the planning and implementation of transition related goals and activities.

(e) Identification of resources and training that will support the implementation of individualized transition planning.

(f) Coordination with other specialized programs that serve students who face barriers to successful transition.

A coordinated transition planning meeting (conducted along with the IEP) should include representatives of agencies who would serve the individual after graduation. Transition is a purposeful, organized and outcome-oriented process designated to help students with developmental disabilities move from school to employment and a quality adult life.

Expected student outcomes of a successful transition include meaningful employment, a further education, and participation in the community (for example, living arrangements, social activities, recreational activities, on-going educational opportunities, etc.). The California educational system is responsible for providing quality educational opportunities and for coordinating with other service delivery systems to provide a broad array of services and activities to help the student move to a successful adult life.

* Adapted from the Inland Regional Center website

- What range of opportunities exist.

- What formal and informal supports are available, and for what purpose(s).

Regarding options, most communities offer a variety of education and training opportunities, in the form of community college programs, adult school, employment training programs, and proprietary schooling. Most communities also offer *supported employment* services, funded through the Department of Rehabilitation and/or the Department of Developmental Services (via Regional Centers). *Supported employment* typically involves working 20 or more hours per week at or above the minimum wage, in a job in the community, with assistance from a job coach. Individual placements, work crews, and enclaves represent typical patterns. "Community integrated work," or a similar term, typically refers to regional-center funded services that are similar to *supported employment.* While the jobs are with or around people without disabilities, sometimes the person is paid a sub-minimum wage or the work may involve fewer than 20 hours a week.

Work Activity Programs (WAPs) involve extended evaluation or long-term sheltered employment, often at a center or workshop. Pay is often well below the minimum wage, but the emphasis is on work. The Department of Rehabilitation supports such programs financially. The effective staff:client ratio is often quite high, exceeding 6:1. Indeed, it is often twice that. Regional Centers fund an array of day programs within several programmatic categories. Each assumes a somewhat different staff:client ratio. In general, there are *Day Training Activity Centers* (DTACs); *Adult Development Centers* (ADC); and *Behavioral Service Programs* (BSPs), with typical ratios of 6:1, 4:1, and 3:1. In addition, some agencies offer 2:1 and 1:1 services, if needed. Both Mental Health (MH) and Health Services fund employment, activity, or training programs of one kind or another, with mental or physical health services added. Some Regional Center clients (e.g., with dual diagnoses) use *Club House* and other MH services. Adults with significant physical health care needs may participate in Medicaid-funded *Adult Day Health Services.*

As a service coordinator, you can help individuals (and families) set and achieve their goals in several ways:

- listen carefully to hopes and dreams;

- encourage regular lives (e.g., competitive or supported employment);

- suggest that individuals (and families) visit agencies providing day program services;

- find ways (e.g., videotape; interviews; written stories) that people can learn from those in regular jobs;

- counsel individuals about differences in service availability (e.g., one may not be able to be placed in a regular job for some time, whereas entering a traditional day program could be overnight); and

- help the person figure out how to spend their time while waiting for their preferred services (e.g., volunteering at the local food bank).

2. Where to live (alone or with others) – Many young adults, with or without disabilities, live with their families of orientation (mom, dad, siblings) in the years just beyond high school. Indeed, many continue living with families well into middle age. If this is mutually agreeable and mutually beneficial, society supports it. There is much greater tolerance today than two or three decades ago for diversity in how people live. If not living with family, the options generally include:

- an *independent living arrangement*, with some training and support (often about 40 hours per month initially), fading to little or no paid support after two years or so;

- a *supported living arrangement*, alone or with one or two others, with as much support as needed to live successfully in one's own home;

- a *licensed community-care facility* (CCF), often serving six individuals with roughly

comparable needs and interests, with an effective ratio (depending on designated service level) of 6:1 to 2:1;

- a *licensed health-care facility* (HCF), typically serving 4 to 15 individuals who need extra nursing support because of self-care deficits, behavior difficulties, or on-going health-care needs; or

- a certified *foster* or *family home* for one or two children or adults living with individuals or families who provide support.

A service coordinator can help individuals (and families) in much the same way as with major day activity (outlined earlier). Fundamentally important is how the person wants to live. In addition, support groups (or transition classes) can help. To grow up and leave school can be traumatic for everyone. But, to leave the parental home typically involves even more emotionality, including feelings as to whether the son or daughter will be safe, well cared for, and still eager to be with family and friends. Parents who have devoted time and attention to child-rearing may, in addition, be at "loose ends" regarding what they want to do once that part of their work has been completed.

3. Relationships and leisure –
None of us is "all work and no play."
In adulthood, some individuals with
developmental disabilities will form
intimate (often lasting) relationships.
Some will marry; others will live
together; still others will live apart,
but still see each other often. If a
person is moving from one setting
(e.g., school) to another (e.g., a job, or
an agency setting), maintaining old
relationships, as well as forming new
ones, may be vital for the person's
well-being. And friendship formation
and maintenance can be assisted by
the right kind of services and
supports.

Leisure-time pursuits, and recreation,
are important at all ages. Over the
middle years, the kinds of pursuits are
often like those of the general
population: church, sports, fitness
activities, hobbies and collecting,
visual and performing arts, politics,
service clubs, and simply getting out
to see and do things (farmer markets;
craft fairs; etc.). In this area, the
service coordinator can help by:

- acknowledging the importance
  of relationships and leisure-time
  pursuits for mental and physical
  health, and sense of well-being;

- promoting services which help
  support and maintain
  relationships and leisure time
  activities.

Planning for the Future

Planning for the future typically refers to
steps that families take to provide
support for their child with a disability
once parents are dead or incapacitated.
The concept includes discussions (and
informal plans) within the family; the
writing down of basic knowledge
possessed by family members and the
articulation of family hopes for the future
(e.g., a *letter of intent*); a decision to seek
(or not seek) limited conservatorship of
the person; the writing of wills; estate
planning and use of special needs trust
instruments; and the like (e.g., making of
funeral arrangements).

Interest (and concern) in these areas can
surface at any time. A young couple, for
example, may be taking a vacation and
worry about what will happen to their
children if they were to die in a airplane
crash. Discussions within the family are
likely to be ongoing, and reflect what is
happening to siblings as they grow to
maturity. Location, marital and family
status, demonstrated interest in the
sibling with a disability – these and other
factors play a part in the thinking of most
parents.

Service coordinators can help by:

- bringing appropriate learning
  opportunities to the attention of
  families (e.g., workshops on
  special needs trusts);

- urging parents to have properly
  executed wills that acknowledge
  all of their children;

Life Cycle Issues

- explaining how *Supplemental Security Income* (SSI), and other benefits, may be affected by inheritances that are not carefully considered; and

- maintaining a list of lawyers (and parent organizations) who specialize in disability-related issues, or know those who do.

Retirement

Retirement is very much an individual issue. Some elders, whether they have a developmental disability or not, want to retire in order to pursue other interests (e.g., further education; spiritual renewal; travel; and so forth). Some, however, want to continue with life, pretty much as is. A lot depends on aspirations, financial resources, health status, and the kinds of services and supports that are available. Residential Care Facilities for the Elderly (RCFE) and nursing homes offer some retirement-related services. Elders who continue to live in their family homes – beyond the lives of parents – often want to continue "in their own homes," and may benefit from *Senior Companions* or similar services. Elders who reside in regular care homes may have to "go with the flow" and subordinate their personal desires to those of the care-provider or other residents. All too often, an elder is forced to continue working or attending a day program, because of a need for supervision and the "pinch" that staying home puts on the residential service provider.

Issues that Cut across the Life Cycle

Several issues cut across the life cycle.

Independence
How independent does a person want to be? How independent can a person be? Being able to take care of personal needs, and being able to perform most activities of daily living (ADL), such as shopping, cooking, banking, and the like, is wholly positive, not only because of the freedom (and choice) such capabilities support, but fewer paid services are needed. *Independence* is only one of many positive values, and can conflict with interdependence, inclusion, and the like. If an adult is independent, for example, and lives alone with few (if any) friendships, and feels lonely or isolated, then some rebalancing is needed. It is important to observe, to inquire, and to listen carefully – and not jump to conclusions as to how a person should live. With advancing years, especially in the face of any health and safety needs, a person may ask for less independence by, for example, trading independent living for assisted living of some kind.

Inclusion and community
How much (and how likely) one is to be included in family, neighborhood, and community life can be an issue at any age. In childhood, it may mean going to the neighborhood school, playing with neighborhood children, and the like. As an adult, it may mean spending time off the job with

co-workers, or being included with community groups of one kind or another (e.g., a model train club; a health and fitness group; a church). As a senior citizen, it may be participating in activities for elders.

Empowerment
Being *empowered* means knowing what you want, being motivated to seek it out, and having the resources (knowledge; experience; dollars) to get it. In other words, empowerment is about (1) preferences and drive (2) knowledge of options; and (3) the capacity to get what we want. As with independence and inclusion, empowerment is an issue cutting across the lifecycle.

Health and health care
A person with a disability, especially a physical one, may need a lot of health services early in life (e.g., multiple operations), and late in life. In the intervening years, from early childhood to old age, both health and health care needs may be little different from that of a person without a disability.

Yet, over the years, a variety of questions (or issues) can arise, including:

- paying for health care (e.g., staying on a parent's insurance policy);

- eating right and staying physically fit;

- being comfortable when examined by a nurse or doctor;

- working effectively within a managed care environment;

- getting needed preventive care (e.g., immunizations; pelvic examinations; mammograms; PSA tests; etc.);

- managing chronic conditions (e.g., seizures; asthma; diabetes; high blood pressure);

- getting needed health care advocacy; and

- having access to health care professionals who are caring and competent.

Clearly, some of these matters vary by age and other factors. And, stereotypes sometimes get in the way of proper practice. Many women with developmental disabilities, for example, are not sexually active. Some people assume that female reproductive health issues are, therefore, of no great importance. This, of course, is not the case.

Life Cycle Issues

Review

1. What are some major stages of a person's life cycle? When a child is born with a developmental disability, a variety of life cycle issues can (and do) arise. Please explain.

2. When a child with a disability is born, key family members may go through several stages, like (1) shock or confusion; (2) emptiness; and (3) acceptance. Please explain.

3. Parenting is a challenge for all parents. Please identify at least three parenting issues that stem from the child's disability.

4. In assisting individuals through transitions (e.g., from school to adult life), identify three ways you, as a service coordinator, can be helpful?

5. For adults with developmental disabilities no longer in high school, identify at least three (a) major day activities and (b) living arrangements.

6. Why is it said that certain issues, like independence, inclusion, and health, cut across the life cycle?

Life Cycle Issues

Suggested Activities

Getting Acquainted with a Family

For this activity, pair up with another service coordinator. Your job:

> Arrange to visit the family of an individual with a disability that you are meeting for the first time. When you encounter the family, introduce yourself and start the conversation by letting the individual and family know that you're just there to get acquainted with everyone. First, engage the individual (depending on the age and communication style) in a conversation about his or her life. Then, turn to other members of the family and inquire about each. Spend time just getting to know members of the family, and convey through facial expression and other body language the great value that you place on each family member.

A day or two later, ask your partner to call the individual (depending on the age and communication style), family member or caregiver who was present, and ask about the visit. How did the visit go? What, if anything, could have been better? Make notes to share with your partner. Then, switch roles and repeat the process. After both have had a chance, talk about what you learned, using the following questions:

1. When asked "How did the visit go?," what did family members say?

2. When asked "What, if anything, could have been better?," what did family members say?

Suggested Activities

Stages of the Life Cycle

Interview someone on your caseload (or ask for this opportunity) who is in high school, or one who is at least 60 years of age. Ask a series of questions to learn what each person is thinking, doing, and (perhaps) planning to do in the not-too-distant future.

1. Where do you live? What do you like about your present living arrangement? Where would you like to be living five years from now?

2. What do you during the week – that is, what is your major day activity: going to school? working? doing something else? What do you like about what you are doing now? What could be better? What do you hope to be doing five years from now?

3. Who are your friends? What kinds of things do you do for fun? What do you like about your friends, and about the things you do? Five years from now, what will you be doing for fun? Who will your friends be?

Life Cycle Issues

Apply What You Learn:

Exploring Your Role as Evaluator

As an evaluator, you will be looking at the effectiveness of services (e.g., day programs, residential services) provided to the individuals you support. You will need to use your knowledge of individual needs to monitor basic service quality and effectiveness through measures of growth (e.g., individual progress, development (e.g., changes in service need), and satisfaction (e.g., staff, service plan implementation).

Outcome, Method, Time, and Review Materials

Objective: Upon completion of this module, you should be able to:

Use the knowledge of individual needs to monitor basic service quality and effectiveness through measures of growth, development, and satisfaction.

Method: This skill-based activity can be completed using either the *sample forms* provided or, if the service coordinator has already been assigned, the forms used by the Regional Center. The completed activity should be reviewed by a supervisor, trainer or peer mentor. If areas of need are discovered through this activity, the service coordinator should be referred back to one or more of the modules or to additional readings and activities.

Time: 8-10 hours

Review Materials-

Learn the Basics:
Best Practices
Laws and Regulations
Reporting Procedures
Assuring Quality Services

Learn the Process:
Communication
Written Communication

Part 1: Completing a Quarterly Review

As a service coordinator, you will be required to complete a face-to-face contact with people who are living in licensed homes. This visit needs to be documented in the individual file. On the next page, you will find a sample Quarterly Review form (or use one from your Regional Center). The first part of this core competency involves completing a review of a child or adult who is living in a licensed home. It is suggested that you work with your supervisor or mentor/instructor to determine the best way to complete this activity. One method would be to pair up with another service coordinator who will be completing a quarterly visit. When you have finished the visit, complete the form and discuss it with both the service coordinator and your supervisor or mentor/teacher. The key elements of the discussion should include:

1.   In general, what services and supports are provided to the individual?

2.   Are services and supports appropriate for the individual?

3.   Looking at the last quarterly review for this individual, have there been any changes in services and supports or health conditions?

4.   Any problem areas noted?

Sample Quarterly Visit*

QUARTER ❏ **1st** ❏ **2nd** ❏ **3rd** ❏ **4th**

❏ **Residence appropriate**   ❏ **Living option discussed**

❏ **Health/Medications status reviewed**   ❏ **IPP/Person-Centered Plan reviewed**

❏ **Participation in and satisfaction with current services and supports**

❏ **Comments re: concerns (PCP, P&I, Medical, Medications, Rights, etc.)**

❏ **ACTION TAKEN/Follow-up Needed:**

❏ **SANDIS information reviewed and updated**

Individual's Name: _____

DOB:_____

UCI: _____

* Adapted from NLARC (1997)

Part 2: Team Member on a Title 17 Review

On a yearly basis, you will be completing some number of Title 17 reviews of licensed homes in your area. A part of each visit, you will be reviewing some of the individual files for accuracy and completeness. For this part of the Evaluator activity, you will be a member of a Title 17 visit to a license home and your role will be to review the records. It's suggested that you join another service coordinator or team to complete a review. Your role will be to review the files of 20% of the individuals living in the home. You can use the checklist on the following page (or one that your Regional Center provides you) for your review. It's important to talk to your team leader after completing the review. Some of these items are considered required documentation and, if missing, a citation for *Substantial Inadequacy* must be completed. In general, your discussion should include:

1. How would you describe the general organization of the individual files?

2. Are there any positive or problem area trends in your review?

3. Any training needs that you identified?

Title 17 Individual File Review

Review individual files charts for 20% of the individuals who live at the home. Write individual's name in a column and enter a plus (+) to indicate that the information is present in the file and a minus (-) to indicate if it is missing.

Name of Residence:

Facility Name (on Purchase of Service) ☐ ☐ ☐ ☐ ☐

Client File ☐ ☐ ☐ ☐ ☐

Recent photo and physical description ☐ ☐ ☐ ☐ ☐

Signed release of information for adults and
    consent form for children ☐ ☐ ☐ ☐ ☐

Data Base-Social/Psych/Medical History ☐ ☐ ☐ ☐ ☐

Current emergency information sheet ☐ ☐ ☐ ☐ ☐

Admission Agreement ☐ ☐ ☐ ☐ ☐

Ambulatory Status ☐ ☐ ☐ ☐ ☐

Dangerous Propensities ☐ ☐ ☐ ☐ ☐

I.P.P. (Current) ☐ ☐ ☐ ☐ ☐

Facility Component ☐ ☐ ☐ ☐ ☐

P & I Responsible Person ☐ ☐ ☐ ☐ ☐

Individual Objectives ☐ ☐ ☐ ☐ ☐

Day Program ☐ ☐ ☐ ☐ ☐

Physical Exam (frequency made by physician) ☐ ☐ ☐ ☐ ☐

Inoculation & TB Records ☐ ☐ ☐ ☐ ☐

Allergy Record (show if none) ☐ ☐ ☐ ☐ ☐

Dental Exam (frequency made by dentist) ☐ ☐ ☐ ☐ ☐

Height/Weight (monthly, only if required in IPP) ☐ ☐ ☐ ☐ ☐

Central Medication Log (current) ☐ ☐ ☐ ☐ ☐

Individual's Rights (signed) ☐ ☐ ☐ ☐ ☐

Copies of Special Incident Reports,
    written by the RSP ☐ ☐ ☐ ☐ ☐

Date of Review:

Part 3: Looking at Individual Progress

In addition to looking are records, you will regularly be presented with information from both day and residential services regarding individual progress on goals and objectives. From time to time, this will include learning data. On the following page is an example of an individual data sheet from a community care home. To track progress in learning using this type of data system, the objective is broken down into steps (task analysis) and data is collected on a regular basis. The staff member/teacher records the level of support (e.g., prompt, independent) needed by the individual to complete each of the steps in the task. The idea is to move towards 100% independence on as many steps as possible. Your job in this activity is to look at the data sheet and to answer the questions below.

1. What has happened with the *level of independence* over time?

2. What steps in the process are difficult for this individual?

3. What might be changed to help the individual be more successful?

4. Should this objective be continued?

Exploring Your Role as Evaluator

Progress Record

Name <u>Joe Mayberry</u>   Skill <u>Joe shaves</u>

"**+**" = independent   "**O**" = prompted

Task Analysis: Dates:

	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10
1. <u>Gets shaver</u>	0	0	0	0	0	0	0	0	0	0
2. <u>Plugs in shaver</u>	0	0	0	0	0	+	+	+	+	+
3. <u>Turns on shaver</u>	+	+	+	+	+	+	+	+	+	+
4. <u>Feels for unshaven beard</u>	0	0	0	0	0	0	0	0	0	0
5. <u>Shaves faces</u>	+	0	0	0	+	+	+	+	+	+
6. <u>Turns off shaver</u>	0	0	0	0	+	+	+	+	+	+
7. <u>Puts shaver away</u>	0	0	0	+	+	+	+	+	+	+
8. _____										
9. _____										
10. _____										
11. _____										
12. _____										
13. _____										
14. _____										

15. _____

Part 4: Satisfaction with Services

Another element in your role as an evaluator is determining *customer* satisfaction with services and supports. This gives a qualitative and more personal aspect to the quantitative and more objective information that you collect. Together, you will get a better picture of the services and supports provided to an individual by a particular vendored or generic service agency.

On the following two pages, you will find an adapted survey which can be used with adults or children (photocopy as needed). It is written in a way that you can use as a way to talk to individuals (or those who know and care if communication is difficult) or to the families of children in school.   You should work with your supervisor or mentor/instructor to figure out the best way to complete this activity. It is suggested that you talk to between five and ten individuals. If you want an opportunity to look at trends, it would make sense to choose individuals or families who have the same major day activity and use the same service. Once you have completed the surveys, answer the following questions:

1.   What are the major ways that the individuals in your survey spend their days?

2.   How do individuals generally feel about the work or activities they take part in every day?

3.   Does anyone want to be doing anything else? If so, what?

4.   What is the best thing about the major day activity for most people?

5.   What could be better?

6.   In general, do people *like a lot*, think *it's okay,* or *don't like* their major day activity?

Major Day Activity Satisfaction Survey
(Adapted from San Andreas Regional Center Adult Survey)

I'd like to ask you a few questions about what you do during the day.

1. **Are you going to school, working, attending a day program, or doing something else?** *If more than one,* **which is your main activity?**

    Describe: _____

    _____

2. **Where does this activity take place?   (for example, name of workshop, center, business, etc?**

    _____

3. *If doing some work,* **do you get paid?**   ☐ YES   ☐ NO

4. **How do you feel about**
    (a) the place or building?

    (b) the work or activities that you do every day?

    (c) the pay you get (if applicable)?

    (d) any people who help, such as instructors or job coaches?

5. **Would you rather be doing something else? (OR do you know someone who is doing something you'd like to do?)** ☐ YES   ☐ NO

    What?_____
    _____
    _____

Apply What You Learn - 750

Is there anything in the way you spend your days . . .

(6). that you *__like a lot__*?

Anything else?

Anything else?

(7). that you *__don't like__*, or that *__could be better__*?

Anything else?

Anything else?

8. All things considered, how do you feel about the things you do each day (your major activity)? Would you say you *Like it a lot? It's okay?* or that you *Don't like it?*

Like it a lot	It's OK	Don't like it
☐	☐	☐

Exploring Your Role as Evaluator

Learn the Process:

Time Management

Purpose, Outcomes, Methods, Time, and Materials

Purpose: The purpose of this module is to provide service coordinators with a set of *time management* tools that will increase efficiency and productivity in: report writing and documentation; planning meetings; and, written and electronic correspondence.

Objectives: Upon completion of this module, you should be able to:

(1) Rearrange office furniture and supplies according to frequency of use.
(2) Describe your personal method of prioritizing daily work tasks.
(3) Use a method of organizing incoming and outgoing documents according to type.
(4) Practice the basic themes of time management.

Method:
(1) Group presentation and discussion or self-directed review of *Time Management Overview*;
(2) Self-directed reading of *The Care and Handling of Your Most Precious Commodity: Time*;
(3) Group discussion or self-directed completion of *Suggested Activities*; and,
(4) Group discussion or self-directed completion of *Review*.

Time:
***PowerPoint Presentation or Overheads
of Communication Overview***
Time Management Overview   30 minutes

***The Care and Handling of Your Most
Precious Commodity: Time***   20 minutes

Suggested Activities   30 minutes

***Review***   15 minutes

Materials:
• LCD or Overhead Projector
• PowerPoint Presentation or hard copy Overheads of *Time Management Overview*
• *Learn the Process - Time Management*

The Care and Handling of Your Most Precious Commodity: Time

Introduction

The job of a service coordinator is one in which everything is a priority. Try to tell Consumer A on your caseload that their situation isn't as important as Consumer B's. Everyone for whom you are responsible is a priority. Everyone wants their work done NOW. Kerry Gleason, author of the Personal Efficiency Program (PEP) says that too often when we set priorities, we never seem to get around to everything on our lists. *Less important* or B list activities get pushed aside to work on the *more important* or A list activities. Sometimes, those *less important* things rot on our **To Do** list. If not done, they will eventually become very high priorities. And when does THAT activity need to be done? NOW, of course.

Gleason writes that the only method of time management that really produces results is to *Do It Now*. Nike gives us the same message, "Just do it." How many people in your office (or maybe you already do) have a huge **To Do** stack of papers? How often do you go through that stack of papers to find something and not fully complete the task? Gleason's advice is to act on an item the first time you touch it or read it. Make the call you need to make, respond to the e-mail message now, answer a letter from a day program, talk to your supervisor about a service request.
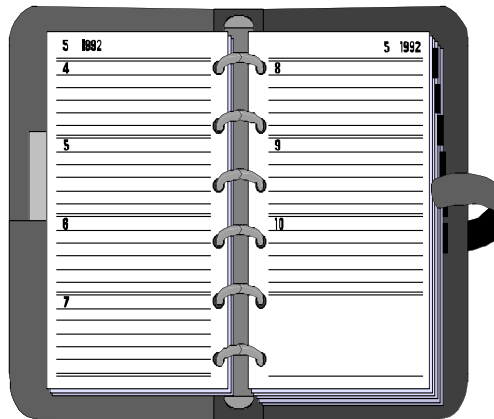
Time Management

Basic Tips

Because the job of a service coordinator can be very intense - dealing with emotional issues, and the volume of work can be overwhelming, it can be very easy to fall into the trap of procrastination.   We put things in a pending file, we start to write an IPP and put it aside for more information, we put off returning phone calls. Here are some ways to be most successful:

- **Do things once** - Many people keep a pile of things to do. One time management expert suggests that people who keep piles also keep a pencil near the pile. For one week, make a mark on each paper as you go through the pile. You will be amazed at how many marks end up on each paper after a week.

    There is no reason to read and reread policy memos, letters from programs, newsletters from programs, service requests from consumers, or letters from Social Security. You knew the first time you read the information what had to be done. All that happens when you procrastinate is that time has gone by. When you get a policy memo, file it with other policy information. Answer the letter when you get it.

- **Solve problems while they are small** - As you gain experience with the Regional Center, you will learn to recognize "red flags" that let you know a problem is brewing. It might be a phone call from a person living on their own about financial issues, or it might be a parent with a chronic illness

calling to let you know they might have to be hospitalized, or the group home owner concerned about not being able to manage a person's behavior. Putting off responding to these calls, or putting them in your "to do" file because there is a more pressing issue means that these issues could be a crisis by the time you deal with them.

Some people complain that human service agency staff spend their time *putting out fires*. Develop a habit of dealing with the *smoke* NOW, and you will be dealing with problems before they become big, time consuming *fires*.

- **Reduce interruptions** -   Avoiding or preventing interruptions is a very difficult thing to do. Many service coordinators do not have offices with doors to close out interruptions, and even those that do are interrupted by phone calls from outside or queries from Regional Center staff.

    Carve out time when you can work without answering the phone. Successful service coordinators suggest that planning a block of time very shortly after a person centered planning meeting to write up the IPP is the best way to get the program written while the information is fresh in your mind and your notes still make sense. It also means that you will have to do the work once, since you will have all of the information you need with you.

    Some people find that returning phone calls during one hour of the day rather than taking phone calls all day long makes them more efficient.

Organizing Your Office

You probably don't have much choice about the location of your office, but you do have a lot of choice about how your office layout can work for you. Nationally recognized author Susan Silver says that the essential office includes adequate work space and adequate storage space. Sometimes it's hard to tell if there is adequate space, since many desktops haven't been seen in years. Silver says to regard your desk as an airport runway. A pilot wouldn't find spare parts from the plane in the middle of the runway. So, remove obstacles from your work surface, and make your desk a place of action. Not everything needs to be at your fingertips.

Silver suggests:

1. ***Set up systems for paperwork and projects***. This can be a simple system of organizing all of the paper that doesn't belong in consumer records into file folders (resource information, procedures, policies, newsletters). Set aside time each week to make sure that the papers find their way into the folders. Or you might have a vertical file to keep manila folders that have projects you are working on. They are close to your work area, and they are sorted by project.

2. ***Put just the things you absolutely need to have closest to you*** (this could be a hole punch to make pages for records, stapler, or other supplies).

This keeps your work space clear of items you don't regularly need.

3. ***Make sure there is enough work space***. The surface directly in front of you should be your primary work space and has on it only the things you use every day. An area off to the side might be a work area for other activities. Some people like to have a separate area for the phone and message pads. If you have the luxury of that much space, that's great. If not, the secondary area can be for keeping the files with current work.

Even in a cubicle with furnishings that are attached to walls, you have some control about the layout of your work.

Ask yourself:

- Is everything convenient for me to do my work?

- Are the items I most use close by?

- Do you have enough work space and storage space?

- Is there enough room for your keyboard and monitor?

- Could you meet with consumers in your office if you wanted to?

- Are there distractions? Do people walk by, catch your eye, and stop to chat?

- How do you work best? Are you more efficient if your phone is in a different area from the computer?

Time Management

Keeping Paper in Its Place

Even those who have support staff who file materials into records have other material that has to be filed. You will want to keep some material near your work, like current projects. You will probably also want to keep information about programs, resources, articles of interest in another place for reference. There are two keys to keep from swimming in the paper river - you don't need to keep everything, and what you keep needs to be easy to find when you need it.

Start with deciding what to keep. The temptation, especially for the new service coordinator, is to keep everything. After all, you will probably need something at some time in the future. Your paper river will grow if you make no decisions. Georgene Lockwood, author of Organizing Your Life, notes that although we live in the computer age, the "paperless society" doesn't seem to exist. She offers several ideas:

- ***Decide what to do with each piece of paper - NOW***. Don't allow it to pile up. Papers can go into three categories: Action, Throw away, and Pass On. You might need to take action on a letter from a program, or contact Social Security, or discuss resource information with a family. These are papers you keep. You might have information that needs to get to Accounting or to Resource Development. That information gets passed on. Everything else can get tossed, or filed in a very clear filing system. If you are having trouble

deciding, ask yourself where else you might get that information if you needed it at some point in the future. If you don't think the information is available anywhere else in the agency, you then need to think about how to file it so you can find it again.

Read those newsletters or journals today. If you can't, select just the articles you might read, and cut them out. Then toss the journal. If the reading pile gets too high, you'll never read it all anyway. You might ask yourself what would happen if you never read the articles you are waiting to read.

- ***Handle each paper as little as possible***. Make your decision and act. Some time management experts say to handle each paper only once. That means DO IT NOW.

- ***Pass it on***. Mail things to people who want them, forward interoffice mail to whomever needs the information, forward resource information to a colleague.
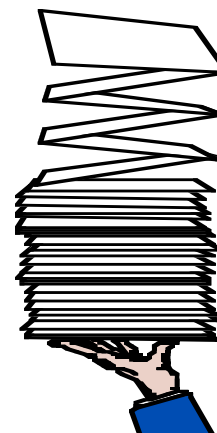
- ***Find out how long you really need it***. If you keep everything, you should be surrounded by a wall of file cabinets. Consumer records are periodically purged, and dated information is stored in a separate place. The same is true for other paper you receive.

- ***File it so you can find it***. There is really no reason to start a file called "Resources" if you will be filing everything in it. When you need information about camp programs, you will have to sort through that entire file. Make a filing system that works for you. Set a standard for the shortest length of time to find something you need in your filing system. This might mean you file by age categories, or by program services. Create a system that works for you. Don't be tempted to start files called "Do Something with This" or "Think about This someday soon."

- ***Keep paper where you need it***. Keep phone message pads or a book for messages by the phone. Keep policy information that you use often, maybe service standards or vendor codes, close to your work area.

- ***Use computers to cut paper, not make more***. You really don't need to print everything you generate on the computer. Can you read the information from your screen, and make corrections as needed? Do you really need to see the draft hard copy of every document?

Work can get lost on computer disks the same as paper gets lost in an office. Save only the documents you need to save. If you will need the information in the near future, save the file. Name your files so that you can easily retrieve the files. If your center has a system of numbering files, be sure to keep a key to decipher the numbering system. If you are free to label files as you wish, label them so that you can find them. All of your outgoing letters might be labeled starting with LETTER and adding the last name of the person to whom the letter is addressed:

> LETTER - New Distance
> LETTER - P. Smith
> LETTER - Ordinary Moments
> LETTER - Dr. Ropa

Or you could label files by project; the same as you would if they were all paper. Or you could have a file folder for each consumer, with all of the pertinent files within that folder. The key is to periodically review all of your computer files, and delete those not needed.

Take 10 minutes each day for the next week and review your filing system to see if it really works. You can also look at consumer record filing as well. Often copies end up in consumer records in various parts of the record.

Ask successful service coordinators how they file the papers they receive. Check with those who leave a clean desk every night.

Managing All of Those Assignments

As you learned in a previous chapter, you need to keep close tabs on all the work required each month. One of the best ways to keep track of appointments and deadlines is to use a calendar that allows you to plan at least a month at a time, and plan each day based on the assignments due that month.

Some service coordinators plot out all of the IPPs due for the year, based on birthdates of consumers, which is generally available as a printout of your caseload. Some people find that looking ahead for three months at what IPPs are due is easier to manage. Either way, plot out those appointments, determine what information you need before the meetings occur, and plan in time to write up the summary and process the appropriate paperwork. These are appointments that must be kept. Other emergencies will present themselves and can be worked in with the planned work.

You might also want to look at your caseload looks when plotted on a map. To make the most of your time, you may be able to schedule appointments in close proximity by also looking at where consumers are located, and where their programs are located. This information should also be available on your caseload printout.

The next step is to plan each day. Time management experts advise listing the activities that you intend to accomplish each day. Some people write a list just before the end of the day for the next work day, some do the list each morning.

Either way, you then prioritize the tasks to be done. That will keep you focused and able to avoid the temptation of dealing with whatever the first phone call brings in, and then dealing with a phone call from a day program, when you had planned to complete the forms to refer a person to a residential program.

Remember to complete the task before moving to the next task on the priority list.
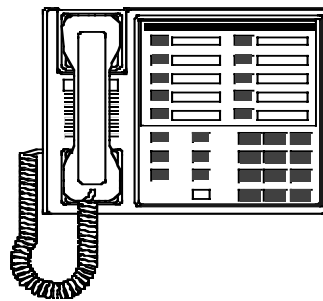
E-Mail Tips

Sure, e-mail has made some things easier for you. You don't have to write the memo, copy the memo and send the memo - you don't have to leave your desk. But you'll want to manage your e-mail system as much as your paper files and your calendar.

Know when to use e-mail. Not everyone checks e-mail each day, so choose your recipients based on how often they check their messages, and how quickly you need a response. Sometimes a phone call will be more expedient.

Find out the features of your e-mail system. Can you send an e-mail to several people at the same time by using an address book? This is especially effective if you are sending a copy of an e-mail message to your supervisor or to all of the people in your work unit.

Schedule time to check your e-mail messages. Like checking for phone messages, having an e-mail system can be an invitation to be distracted from work. Unless you are waiting for a response to an urgent e-mail, you can probably check once each day.

Susan Silver offers e-mail writing tips:

- Determine your recipient in advance. You can frame your message better if you know who really needs to read the message

- Be cautious about what you write. Lots of people can read your messages.

- Write a subject line that gets noticed.

- Write the most important information right up front.

- Use subheading, numbers and bullets to break up long messages and to guide the reader through the message.

- Limit the use of capital letters. It's comparable to screaming at someone, and it can be very difficult to read.

- As you would with any written communication, check the tone and emotional content of your message.

- When you respond to a message, clearly refer to the original message you received, if it isn't included in the subject line when you reply.
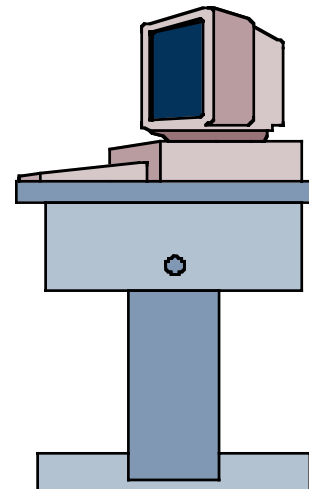
Staying Organized

Gleason has a tray system he suggests for offices. Your office has to be free of clutter to work most efficiently. And your trays have to be easy to reach to work best.

In Box - for incoming mail and notes, things never touched. Pick things up from the box and act on them - NOW

Pending box - Short term (only 24 - 48 hours). Only for things you would have acted on but you need more information from another source, waiting for a return call, or got interrupted for a more urgent matter) Not for putting things off or incomplete projects.

Out box - collection of completed items for removal. Remove things from here when you leave the office or when there are enough things to warrant leaving the office for (items to be copied, if you don't have clerical assistance for copying, letters to be mailed).

Reading - Optional. Either schedule a time to read everything, or scan and clip only the important articles. Read short items NOW.

For routine tasks, Gleason suggests *batching* your work. This means setting aside time in which all you do is return phone calls or answer mail. It is estimated that you will find 25% more time to dedicate to more important work by batching your work. Gleason also maintains that while you are "batching," you may have to Do It Now - Later. If you are completing an IPP write up when a phone call comes in, continue to work on the IPP. Don't stop one task to take on another. If you do, chances are that you will have two tasks unfinished with the likelihood that a third will get in the way of completion of the first task as well.

In order to plan, you will need a calendar on which to note your appointments and tasks to be completed. It is generally best to plan your time by noting what needs to be accomplished with a time estimate for completion. Rather than move **to do** items from one day to the next, plan your day realistically. Many things may get in the way of completing what you hope to complete each day. In the life of a service coordinator, the phone seems to be the enemy of task completion. If you plan your time each day, and plan time for phone calls and other potential interruptions, you will be more effective and accomplish more. The power of planning your time cannot be underestimated.

If you don't know where you are going, any road will get you there.

Unknown

Additional Time Management Tips
for Service Coordinators

Phones
Avoid getting too involved in *phone tag*. Make your voice mail or message system work for you. Find a time a day when it is best for you to return calls, and try to stick to that as much as possible. You can let people know the best time to find you in the office, or the time they can expect to hear back from you.

On your voice mail message, ask people to leave a detailed message for you. You can get the information prepared before you return the call. Ask them to let you know the best time to reach them.

Planning
Bring consent forms, CDER booklets, previous assessments, past IPPs to the IPP or IFSP meeting. Questions can easily be answered, and all required forms can be completed at the same meeting.

Try to plan several hours at your desk following a planning meeting. You can complete your write up while the information is fresh in your mind. Each day that passes means more time for you to recall the discussion.

Keep a file of information you are waiting for other people's response to complete your task. Keep a log of when you forwarded a service request to your supervisor, so you know when the request should be signed and approved. You can follow up and get the service authorization forms completed and get the service to the individual in a timely manner.

Keep a running log of mileage as you travel. It saves time to have the information ready when you need to prepare reimbursement forms.

ID Notes/Title 19 Recording
Keep a log of all of the consumers on your caseload with a Title 19 form for each. As you complete a phone call, log in the note. Again, it is much easier to recall information right away than to have to remember information that occurred a week ago.

Review

1. Describe "batching" your work and how it can make you more effective.

2. Outline several ways to reduce interruptions.

3. What is a good strategy for keeping up with phone calls?

4. What is the major slogan of all time management strategies?

5. The two essential features of an effective office are adequate
    _____ _____ and adequate _____ _____.
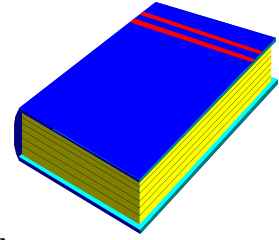
6. The three categories that describe paper management are:

    _____

    _____

    _____

7. What is the key to making your computer system work for you?

8. In addition to making a daily list of things to do, what do time
    management experts suggest be done each day?

9. What are some ways you can be most efficient in an IPP meeting?

Time Management

Suggested Activities

1. Look around your office and think about whether this is the most
    efficient way to be organized. Think about ways to rearrange things
    that will make you more productive. If you are new to the center, you
    probably moved into someone else's work space. Make the office work for
    your work style. Use the space below to draw a floorplan of your office the way
    you would like it:

2. Review your caseload and determine the number of IPPs, annual reviews, quarterly
    reviews due in 2 months. Schedule those appointments.

3. Describe your method for naming computer files. Is it effective?

Resources for
Supportive Personal Skills

While we may not think much of some of these titles, they do make easy to understand guides!

Corel Wordperfect 8 for Windows for Dummies (Serial)
By Margaret Levine Young, David C. Kay, Jordan M., II Young (1997); IDG Books Worldwide; ISBN: 0764501860

This is the perfect reference for WordPerfect users who are upgrading from WordPerfect 7, or any users switching from another word processor. The book helps users create beautiful documents by using WordPerfect formatting and explains the Internet Publisher command to create cool-looking Web pages without leaving WordPerfect.

Dummies 101: Windows 98
By Andy Rathbone (1998); IDG Books Worldwide; ISBN: 0764502085

This tutorial takes readers through step-by-step instructions and lab assignments on the way to mastery of the basics of Windows 98. Sections include starting and exiting Windows, using the mouse and keyboard on menus and task bars, managing files on the desktop, and more.

How to Get Control of Your Time and Your Life
by Alan Lakein (1996); Mass Market; ISBN: 0451167724

An invaluable text for solving all problems. It outlines clear ways to take control and enjoy it. It is around 100 pages so is not too cumbersome and its ideas make it one of the single best "success" or help books around. It will add to your success, creativity, and peace of mind.

Microsoft Office 97 for Windows for Dummies
By Wallace Wang, Roger C. Parker (1997); IDG Books Worldwide; ISBN: 0764500503

For users who need an easy-to-understand book that's packed with information on the applications included with the latest version of Microsoft Office, this book describes each package, the important features, and most importantly how to use them all together. Find out how to desktop publish with Word, use Excel to calculate functions of all kinds, and more.

Time Management

The 10 Natural Laws of Successful Time and Life Management : Proven Strategies for Increased Productivity and Inner Peace
by Hyrum W. Smith (1995); Warner Books; ISBN: 0446670642

Written for anyone who suffers from "time famine," this essential handbook provides simple, effective methods for successfully taking control of one's hours-- and one's life. Smith shows how, by managing time better, anyone can lead a happier, more confident and fulfilled life.

The Complete Idiot's Guide to Organizing Your Life
by Georgene Muller Lockwood (1997); Alpha Books; ISBN: 0028610903

Fast, effective relief for common clutter and other organizational hazards, this book provides easy-to-follow tips that promise to help eliminate everyday chaos and clutter at home and in the office. Includes strategies for managing time and space, guidelines for handling paperwork more efficiently, and pointers on holiday planning.

The Internet for Dummies
By John R. Levine, Carol Baroudi, Margaret Levine Young (1998); IDG Books Worldwide; ISBN: 0764503545

Over one million readers have found this to be the best reference for sending e-mail, browsing the Web, and enjoying the benefits of electronic communication. This latest edition includes updated coverage of the most popular options on the Internet: e-mail, searching the Web with updated browsers, and Windows 98's new Internet service providers.

The Personal Efficiency Program : How to Get Organized to Do More Work in Less Time
by Kerry Gleeson (1997); Mass Market Paperback; ISBN: 0471193267

Written by the founder of the world-renowned Institute for Business Technology, a consultancy firm specializing in white-collar efficiency and productivity improvement, this book provides an effective and easy-to-learn system for getting organized at work. PEP teaches readers how to reduce job stress, double or triple productivity, work fewer hours, and take control of the workday.

The Time Trap
by Alec MacKenzie (1997); AMACOM; ISBN: 081447926X

Designed to combat today's most tenacious time-wasters, this new edition is filled with smart tactics, hard-hitting interviews, a handy time log, and priority matrix. Mackenzie shows readers how to squeeze the optimal efficiency--and satisfaction-- from their workdays.

References for
Supportive Personal Skills
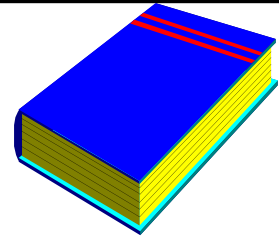
Big Dummy's Guide to the Internet
Electronic Frontier Foundation online (1993)

How to Get Control of Your Time and Your Life
by Alan Lakein (1996); Mass Market; ISBN: 0451167724

http://www.creativenation.com/Glossary.htm
Creative Nation Glossary of Terms

http://www.synctech.co.kr/tech-ref.htm#D
Professional Web Technology Reference Dictionary; written by Dennis A. Bohn of Craig Hulbert Incorporated

The Time Trap
by Alec MacKenzie (1997); AMACOM; ISBN: 081447926X

Tri Counties Regional Center Introduction to Information System
Don Sorensen – Manager of Information Systems

Time Management

Part 1: Learn the Basics

Cultural Diversity

Cultural Sensitivity, It's Important to . . .

- Try to experience the life situations from the perspective of individuals and families you support

- Be aware of thoughts which might exaggerate of misinterpret differences

- Your role is to support the decisions of individuals and families

- Ask *Am I getting this right? What does this mean to you?*

Building An Effective Working Relationship

- First meeting
  - greet the individual or family, establish eye contact, break the ice with small talk, listen attentively, go where the conversation leads

- Basic Communication
  - nod your head in agreement, encourage more conversation by paraphrasing, reflecting

- Use Questions to Gain Understanding
  - *Tell me about your concerns*
  - *How do you view this issue?*
  - *What does this mean to you?*
  - *What does this mean to your family?*
  - *What do you recommend be done?*
  - *Am I understanding you correctly?*

Cross Cultural Communication

- High Context and Low Context Communication

- Eye Contact and Facial Expressions
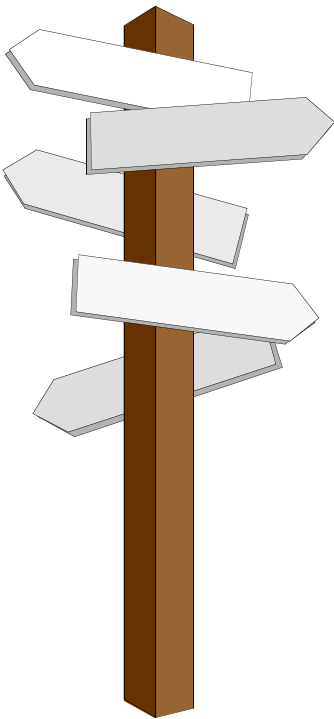
- Proximity and Touching

- Gestures

Effective Communicators

- Respects individuals from other cultures

- Attempts to understand other points of view

- Open to new learning

- Flexible

- Sense of humor

- Tolerates ambiguity

- Approaches others with a desire to learn

Tips for Facilitators of Service Coordinator Orientations

Some things to think about before your first session

At least a few weeks before you're going to hold your first orientation session, you should remember to:

- ☐ Make sure that you have a place that is -
  - ✓ okay for you to use for about 1-3 hours (depending on the number of modules you want to present);
  - ✓ comfortable;
  - ✓ roomy with enough chairs and tables for people to work at; and,
  - ✓ accessible.

- ☐ Make sure that you send out a flyer or memo that tells everyone where you will be meeting, what time you will start and stop, and (if you like) include a copy of the agenda.

- ☐ Make sure that everyone has Parts 1-3 of the *Service Coordination Orientation and Training Curriculum* in advance.

- ☐ Make your overheads from the 'masters' provided for Parts 1 & 2..

- ☐ Other things? _____

Things you will typically need for your session(s)

Here is a list of the things that you will typically need to be ready for your session(s):

- ☐ Your copy of Parts 1-3 of the *Service Coordination Orientation and Training Curriculum* and overheads;

- ☐ Pens and markers for writing;

- ☐ Water or other things (like punch or coffee) to drink;

- ☐ Overhead projector;

- ☐ Flip chart or banner paper ;

- ☐ Review the module(s) to see if there are additional **materials** needed (e.g., Regional Center policies, forms); and,

- ☐ Other things? _____

Tips for Facilitators

Basic Information about the Orientation

You will find this orientation divided into three major parts and as well as a detailed index to the entire document:

Part 1 - Learn the Basics   A foundation of theory, information, laws, regulations, policies and procedures regarding the developmental disabilities service system in California.

Part 2 - Learn the Process   A compilation of the process skills needed to plan, coordinate, and monitor services and supports.

Part 3 - Apply What You Learn   Service coordinators will wear many different hats. Part 3 offers a series of field-based and simulated applications of the basic information and process skills learned in Parts 1 &2. Each application highlights a different hat or role (e.g., Advocate, Planner).

Index   A guide to all of the topics covered in the orientation and provided in the binder jacket of Parts 1, 2 and 3.

It's built in a way that allows for some flexibility in use. For example, you can:

- **Use it in a group training format** (*Tips for Facilitators* is provided under separate cover) with a facilitator (PowerPoint presentations and overheads are bundled with the *Tips for Facilitators*).

- **Use Parts 1 & 2 as a self-paced learning package for individuals** and then assign a mentor or supervisor to work together on Part 3.

- Work through it as group or individual learners in **linear fashion** from Part 1 through Part 3.

- Design a **customized package of selected modules** based on the prior experience and expertise of new service coordinators and their current information needs.

What You Will Find in Each Module

Each module contains a reading, a self-review of the material, suggested activities, additional resources, and references. You will find the information below at the beginning of each module.

Sample Cover Page for Each Module

Purpose, Outcomes, Methods, Time, and Materials

Purpose: Provides a general purpose statement for the module. For example, *the purpose of this module is to provide an overview of the Lanterman Act, its history and how it affects your job as a service coordinator.*

Objectives: Suggests the knowledge and skill you should have upon completion of the module. For example, *define a developmental disability and the four major categories of disability within that definition according to California law.*

Method: Suggests a format for group or individual paced learning. For example, (1) *discussion or self-directed review of the module outline as presented on PowerPoint or overheads*; (2) *read the information brief in each module*; (3) *complete the suggested activities*; and (4) *take the review to test your understanding of the material.*

Time: Suggests the approximate time to allow for each of the methods listed above.

Materials: Recommends the printed and electronic material needed as well as equipment.

Additionally, each cover page for a Part 3 module includes suggestions about which modules in Parts 1 & 2 should be reviewed prior to completing the field-based or simulated application activity.

Tips for Facilitators

Review the modules you will be presenting

If this is the first time that you have presented one of the modules, you will want to:

☐ Read through all of it;

☐ Make yourself a set of **Facilitator Notes** (e.g., things you will add, stories you will tell, discussion questions, additional Regional Center forms);

☐ Use a set of symbols in your **Facilitator Notes** to identify times for a handouts, overheads, or activities;

☐ Rehearse it by reading through your notes and overheads to yourself, adding notes to personalize your 'script' and imagining how you will set up activities;

☐ Consider using or adapting some of the activities found at the back of each module for an in-class activities;

☐ Other things? _____

Some thoughts about using and adapting the modules

• Break up larger modules into smaller blocks to meet your *time* needs;

• Add your own stories, overheads and activities;

• Adapt activities to the experience level of your group (e.g., service coordinators with no experience, those with experience in other agencies);

• Keep a file of vignettes from your experience and the things you hear every day;

• Use the readings, assignments and activities for small group, in-class discussions;

• Hold trainings across regional centers, exchange staff or contract out for training;

• Use available videotapes to highlight information;

• Invite other Regional Center staff (e.g., resource development, quality assurance, early intervention) to assist with training;

• Use 'seasoned' service coordinators as mentors or presenters (e.g., sharing experiences, leading discussions); and

• Other ideas _____