



Welcome to Module 3 of DBHDS Support Coordination/Case Management training modules entitled Accountability.

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A vertical bar on the left side of the slide, composed of a series of hexagons in purple, orange, teal, and green. The hexagons are arranged in a staggered pattern, with some containing numbers 1, 2, and 3.

Introduction

Module 3A Accountability

Module 3B Accountability in Action: Paul & Maria



A photograph of a smiling woman with blonde hair, wearing a light blue top and a beige cardigan, standing next to a young girl with dark hair, wearing a blue shirt. They are both smiling at the camera. The photo is partially overlaid by a large white hexagon with a purple outline.

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Module 3 is divided into two sections.

Section 3a introduces the concept of accountability and the agencies that share accountability responsibilities with Support Coordinators/Case Managers.

Section 3b looks at accountability in action by using Paul and Maria's stories to illustrate the role of the Support Coordinators/Case Managers.

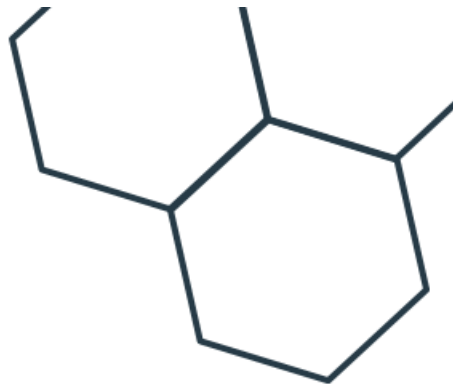


Module 3A Accountability

Objectives:

- Recognize the Support Coordinator's/Case Manager's responsibility for services and outcomes
- Understand the Support Coordinator's/Case Manager's role in accountability

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The objectives of Section 3a are:

- recognize the Support Coordinator's/Case Manager's responsibility for services and outcomes; and
- understand the Support Coordinator's/Case Manager's role in accountability.

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Accountability Defined

Accountability is the acknowledgement and assumption of responsibility for services and outcomes in the Developmental Disabilities and Behavioral Health systems.



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Accountability is the acknowledgment and assumption of responsibility for services and outcomes in the Developmental Disabilities and Behavioral Health systems.

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The Support Coordinator/Case Manager is the eyes and ears of the service system. Their ability to observe and appropriately respond to situations is essential to ensuring that the service system is accountable for assuring a person's safety and that needs are getting met.

Support Coordinators/Case Managers serve as a front line defense against violations of human rights, risks to health & safety, abuse, neglect, and exploitation. They can help save lives and prevent suffering by performing the duties of their job: monitoring, linking, advocating and coordinating, that are covered in these training modules.

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Support Coordinators/Case Managers also bring an objective set of eyes to situations that may be deteriorating. If they see someone often enough, they can identify and point out changes in their condition that might be indicative of emerging problems such as significant weight gain or loss, changes in mood or energy levels, or significant alterations to lifestyle norms.

This is especially important for those served who are not in contact with many people other than their immediate family, roommates, or service provider. Sometimes providers or family members cause harm to people with disabilities not because they have evil intentions, but rather because they are overwhelmed by circumstances and too stressed to cope with the responsibilities. Families may become blind to their loved one's deteriorating condition until it has gotten so bad that they are afraid of the exposure that would come from asking for help.

The Support Coordinator/Case Manager is required to have a face to face visit with all those using Targeted Case Management services as often as needed but not less than every 90 days.

The Support Coordinator/Case Manager can look for red flags and early warning signs. One red flag is when a Support Coordinator/Case Manager is denied access to see someone. If a Support Coordinator/Case Manager is told too often, "He's not home" or "She can't come to the door right now," they might be encountering a problem in the making. If they are told, "I can't let you in without my manager's approval," it is a possible human rights violation. Support Coordinators/Case Managers cannot let such situations go unaddressed. While working to resolve the immediate issue, they should make sure to look for the person in their usual settings. Contact other providers or collateral contacts to make sure the person is alright, then call for help.

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Support Coordinators/Case Managers are not alone in working to assure accountability.

Support Coordinators/Case Managers share accountability responsibilities with other key staff in Virginia's behavioral health and developmental services system such as:

- licensing specialists;
- human rights advocates;
- community resource consultants;
- Medicaid auditors; and
- the Department of Social Services.

The following slides will identify the roles each of these key staff play in the service system, issues that the Support Coordinator/Case Manager needs to be alert to and what the role of the Support Coordinator/Case Manager is in holding people and providers accountable.

Links to each of the websites for these departments are included in the materials section of this module.

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DBHDS Licensing Specialists

- Ensure providers adhere to regulatory standards for health, safety, service provision, and individual rights
- Conduct annual unannounced inspections of each service and complete announced visits, renew and modify licenses as appropriate and license new services
- Investigate complaints regarding potential violations of licensing regulations and reports of serious injuries and deaths in licensed services
- Initiate actions such as sanctions and license revocations, when necessary
- Provide technical assistance with the interpretation of regulations for providers of DD, MH, SA, and Brain Injury Services



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Licensing specialists are employed by the Department of Behavioral Health and Developmental Services (DBHDS) as well as the Department of Social Services (DSS). DBHDS licensing staff license, monitor and provide oversight and technical assistance to licensed providers of Behavioral Health and Developmental Services.

As part of the DBHDS quality assurance activities, they:

- ensure providers adhere to regulatory standards for health, safety, service provision, and individual rights;
- conduct annual unannounced inspections of each service and complete announced visits;
- renew and modify licenses as appropriate and license new services;
- investigate complaints regarding potential violations of licensing regulations and reports of serious injuries and deaths in licensed services; and
- initiate actions such as sanctions and license revocations when necessary.

DBHDS licensing staff provides technical assistance with the interpretation of regulations for providers of DD, MH, SA, and Brain Injury Services. It is important to note that the office does not provide consultation to service delivery.

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DSS Licensing Specialists

License & Review

- Assisted Living Facilities
- Adult Day Care Centers
- Child Day Care Centers
- Unlicensed Child Day Programs Receiving Child Care Subsidy Assistance
- Child Caring Institutions
- Certified Preschools
- Family Day Homes
- Family Day Systems
- Children's Residential Programs
- Private Adoption & Foster Care Agencies




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Licensing specialists from the Department of Social Services license and review:


- assisted living facilities;
- adult day care centers;
- child day care centers;
- unlicensed child day programs receiving child care subsidy assistance;
- child caring institutions;
- certified preschools;
- family day homes;
- family day systems;
- children's residential programs; and
- private adoption and foster care agencies.

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DBHDS Human Rights Advocates

- Advocate
- Monitor Provider Compliance
- Monitor Human Rights Regulations
- Provide Consultation & Education
- Manage Dispute Resolution
- Investigate Complaints
- Review Provider Policies
- Provide Technical Assistance



www.dbhds.virginia.gov/quality-management/human-rights

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Human Rights advocates are employed by the Department of Behavioral Health and Developmental Services in the Office of Human Rights. They advocate for the rights of people using services in DBHDS licensed programs and facilities. They monitor provider compliance with human rights regulations, provide consultation and education to those who use services, families and providers about human rights regulations.

They also:

- manage the DBHDS human rights dispute resolution program by investigating complaints regarding potential violation of the human rights regulations;
- review provider's policies to ensure compliance with the human rights regulations; and
- provide technical assistance to the local human rights committees, or LHRC's.

The link provided gives additional information on the Office of Human Rights, including their mission statement, new provider Information, guidance and training documents and contact information for human rights staff. The link is also listed in the material section of this module.

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Individual Rights

- Dignity
- Services
- Participation in Decision Making & Consent
- Confidentiality
- Access to & Amendment of Records
- Restrictions on Freedoms of Everyday Life
- Behavioral Treatment Plans
- Participation in Decision Making & Consent

<https://law.lis.virginia.gov/vacode/title37.2/chapter4/section37.2-400/>



- Work
- Research
- Determination of Capacity & Authorized Reps
- Complaint & Fair Hearing

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Human rights regulations apply to all people using services licensed by DBHDS. Support Coordinators/Case Managers help protect the basic human rights of people with disabilities. They ensure that people are treated with dignity and respect.

There are several “affirmative” rights that people using services possess. They have the right to:

- be treated with dignity and respect;
- receive services in accordance with sound therapeutic practice;
- participate in decision making about services and give consent for those services;
- confidentiality;
- access and amend their service record;
- be free from restrictions of freedoms of everyday life;
- a fair review of any behavioral treatment plans;
- freedom from the unnecessary use of seclusion, restraint or time out;
- work and be paid fairly for that work;
- consent to research;
- have a decision maker appointed if incapacitated; and
- complain about anything under the human rights regulations and have a fair hearing.

The link provided is for the Code of Virginia that states the rights of every person who uses Support Coordination/Case Management Services. It is important to be well versed in these rights.

The link is also listed in the material section of this module.

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Some Examples of Human Rights Issues

Violations include, but are not limited to:

- Provider's Misuse of Person's Money
- Limiting Access to Mail, Telephone or Visits
- Denial of Personal Items
- Locked Cabinets/Appliances
- Restricted Physical Environment
- Restriction from Employment



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If there is a suspected human rights violation, the Support Coordinator/Case Manager should follow agency procedures and notify the Office of Human Rights. Some examples of

Human Rights violations include but are not limited to:

- the provider using someone's money to purchase items for others or failing to maintain individual accounts;
- limited access to friends, family or other visitors;
- an inability to access personal items;
- locks on food cabinets and refrigerators;
- environmental arrangements or equipment that prevent freedom of movement; and
- restriction from employment.

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Provider Duties

- Display Human Rights Notice
- Provide Rights Notices in Frequently Used Languages
- Notify in Writing About Rights & How to File a Complaint
- Obtain Written Signature of the Notice of Rights
- Give a Copy of the Regulations to Anyone Who Asks
- Provide Contact Information for the disAbility Law Center of Virginia at 800-552-3962 or info@dLCV.org



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All providers, including Support Coordinators/Case Managers are required to follow the notification of rights outlined in the Code of Virginia, Human Rights Regulations.

These duties include to:

- display human rights notice & advocate contact details;
- provide rights notices in frequently used languages;
- notify individuals, their authorized representative (AR) or legal guardian (LG) in writing about their rights & how to file a complaint;
- ask individuals, their AR or legal guardian to sign a notice of rights that is filed in the services record
- give a copy of the regulations to anyone who asks; and
- provide contact information for the disAbility Law Center of Virginia (800-552-3962 or info@dLCV.org).

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Community Resource Consultants — Developmental Disability Service Providers




- Provide Technical Assistance
 - Community Services Boards (CSBs)
www.dbhds.virginia.gov/community-services-boards-csbs
 - Private Providers

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Community Resource Consultants are employed by the Department of Behavioral Health and Developmental Services. They provide technical assistance to enhance provider development to CSBs and private providers of Virginia's Medicaid Developmental Disability Waiver services.

The link provides contact information for the Community Resource Consultants.
The link is also listed in the material section of this module.

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**Department of Social Services
Family Service Specialists**

Adult Protective Services (APS)

- Investigates abuse, neglect, exploitation
- Adults over 60 years
- Adults with disabilities over 18 years

Child Protective Services (CPS)

- Investigates abuse, neglect, exploitation
- Children (0-17)
- Enhance child safety
- Prevent further abuse and neglect



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There are two branches of protective services that investigate instances of abuse, neglect and exploitation under the Department of Social Services.

Adult Protective Services (APS) is responsible for investigating reports of abuse, neglect and exploitation of adults 60 years of age or older *and* adults with disabilities aged 18 or older. Although DSS conducts APS investigations, the Department of Aging and Rehabilitative Services (DARS) is the responsible agency responsible for guidance, training, and funding Support Coordination/Case Management.

Child Protective Services (CPS) receive reports of alleged abuse and neglect, conduct investigations and provide services to enhance child safety and prevent further abuse and neglect of children.

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Abuse, Neglect & Exploitation of People with Disabilities

- Experience the same forms of abuse, neglect & exploitation
- Experience higher rates of abuse, neglect & exploitation

<https://disabilityjustice.org/justice-denied/abuse-and-exploitation/>



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An important aspect of a Support Coordinator's/Case Manager's job is to look for and take actions to protect those they serve from abuse, neglect and exploitation. People with disabilities experience the same forms of abuse, neglect and exploitation as the general population, but they do so at higher rates.

The link provided gives additional statistics about abuse, neglect and exploitation of people with disabilities. This link is also found in the materials section of this module.

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Abuse

- Rape or Sexual Assault
- Assault or Battery
- Demeaning Language & Threats
- Misuse of Assets
- Excessive Force
- Out of Compliance Physical Restraints
- Restrictive Services
- Denial of Services to Punish



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Examples of abuse include acts such as:

- rape, sexual assault, or other criminal sexual behavior;
- assault or battery;
- use of language that demeans, threatens, intimidates or humiliates the person;
- misuse or misappropriation of the person's assets, goods or property;
- use of excessive force when placing a person in physical or mechanical restraint;
- use of physical or mechanical restraints on a person that have not been approved and are not in compliance with federal and state laws, regulations, and policies, professionally accepted standards of practice, or the person's individualized services plan; and
- use of more restrictive or intensive services or denial of services to punish the person or that is not consistent with his individualized services plan.

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Neglect

Failure to Provide:


- Nourishment
- Treatment
- Care (Support)
- Goods or Services Necessary to Health, Safety or Welfare



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Neglect, as defined by the Office of Human Rights, means failure by a person, program, or facility operated, licensed, or funded by the Department to provide services including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of a person using care or treatment for mental illness, developmental disability, or substance use disorder.




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Exploitation

| Includes: | Does NOT include: |
|---|--|
| <ul style="list-style-type: none">▪ Misuse of Assets▪ Use of Authority for Personal Gain | <ul style="list-style-type: none">▪ Billing 3rd Party Insurance▪ Using Assets with Permission |

Possible signs of Abuse, Neglect and Exploitation may be found in the material section of this module.



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Exploitation means the misuse or misappropriation of the person's assets, goods, or property. It is a type of abuse. Exploitation also includes the use of a position of authority to extract personal gain from a person. Exploitation does not include the **legitimate** billing of an individual's third party payer for services. It also does not include instances of use or appropriation of a person's assets, goods or property when permission is given by that person or their authorized representative.

Possible signs of abuse, neglect and exploitation may be found in the materials section of this module.

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Support Coordinators/Case Managers are mandated reporters and are required to report all suspicions of abuse, neglect and exploitation.

To report suspected adult abuse, neglect or exploitation of anyone over 60 or anyone over 18 with a disability, call the local Department of Social Services or the Virginia Department of Social Services' 24-hour, toll-free Adult Protective Services (APS) hotline at: (888) 832-3858.


If the person is under 18 years old, or up to the age of 21 while in the care of a legal guardian, Child Protective Services should be contacted at the 24-hour, toll-free Child Protective Services (CPS) Hotline at (800) 552-7096.

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Support Coordinator/Case Manager Responsibility

- Work with the Person Served
- Work with Managed Care Organization's (MCO) Care Coordinator
- Use Key Staff Listed Earlier in Module




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Service providers should maintain regular contact with a person's Support Coordinator/Case Manager to provide updates and notification of changes. If regular contacts are not being made, services are beginning to stray from the approved ISP, or MCO Care Coordinator individual care plan or there is surprise or worry regarding things found during a site visit, the Support Coordinator/Case Manager should consider these the early warning signs of more serious problems.

It is the Support Coordinator's/Case Manager's responsibility to work with the person, the MCO Care Coordinator, and/or providers to resolve problems. It is the Support Coordinator's/Case Manager's responsibility to also inform the person that they can change service providers and assist in finding another provider. But if they are not responsive or no progress is being made over time, staff from human rights, licensing or protective services may need to be alerted.

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Medicaid Provider Responsibility DMAS Rules for Communication

Provider Must Collaborate with SC/CM

- DD Waiver Plan for Supports
- Quarterly Reviews
- Discharge Summary

Supporting Documentation

- Modifications
- DMAS Correspondence




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DMAS has requirements regarding the type and frequency of communication a Medicaid provider must give to the Support Coordinator/Case Manager.


For all community mental health rehabilitative services that allow concurrent provision of Support Coordination/Case Management, the service provider must collaborate with the Support Coordinator/Case Manager and MCO Care Coordinator regarding the provision of services. This collaboration includes sending quarterly updates to the Support Coordinator/Case Manager. If someone is discharged from services, a final quarterly review must be sent to the Support Coordinator/Case Manager that includes information about the discharge.

DD Waiver providers must annually submit a PC ISP Part V Plan for Supports in WaMS to be reviewed, supported or rejected, and incorporated into the PC ISP maintained by the Support Coordinator/Case Manager. If changes occur during the year, providers should submit an updated Part V and reference changes in the quarterly report sent to the Support Coordinator/Case Manager for review and retention in the primary electronic record.

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Assisted Living Facility Responsibility VDSS Rules for Communication



- Access
- Written Agreement for Appropriate Services
- Written Progress Notes

https://dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/final_alf_reg.pdf

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The Virginia Department of Social Services (VDSS) has requirements regarding the type and frequency of communication an assisted living facility must provide to the Support Coordinator/Case Manager.

Assisted living facilities shall provide reasonable access to staff or contractual agents of Community Services Boards (CSBs). The facility shall make sure a Release of Information is signed by the resident for each provider of any community behavioral health or developmental services utilized by them in the facility. If community services are needed, the Support Coordinator/Case Manager would assist in linking to and coordinating among these services.

The link provided is for the standards for assisted living facilities and is also listed in the material section of this module.

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Home & Community Based Services

- Integrated in and supports full access to the greater community
- Selected by the individual
- Optimizes autonomy and independence
- Facilitates individual choice in selecting services and service providers
- Ensures individual's rights of privacy, dignity, respect, and freedom from coercion and restraint



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It is important for Support Coordinators/Case Managers to know the regulations for The Home and Community Based Services so they will know if these are not being followed.

All settings where HCBS are provided must:

- be integrated in and support full access to the greater community;
- be selected by the individual from among a variety of setting options;
- optimize autonomy and independence in making life choices;
- facilitate individual choice in selecting both services and service providers; and
- ensure individuals rights of privacy, dignity, respect, and freedom from coercion and restraint.

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If the person is living in a DBHDS licensed residential setting or using licensed residential services, the onsite visits conducted by the Support Coordinator help ensure health and safety and human rights protections between visits from licensing specialists.

Licensed residential settings include:


- community gero-psychiatric residences;
- community ICF/DD;
- group homes, supported living, sponsored living;
- inpatient psychiatric centers;
- managed withdrawal (medical detoxification programs);
- residential crisis stabilization programs;
- residential treatment facilities;
- residential respite facilities;
- sponsored residential programs;
- REACH services;
- substance abuse residential treatment for women and children; and
- supervised living residential settings.

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Licensed Residential Setting

| | |
|---|---|
| ▪ Lease or other signed legally enforceable agreement | ▪ Freedom to decorate and furnish their sleeping and/or dwelling unit |
| ▪ Access to privacy in their sleeping units | ▪ Ability to control their daily schedules and activities and have access to food at any time |
| ▪ Entrances lockable by the individual | ▪ Have visitors at any time |
| ▪ Choice in selecting their roommate(s), if they share a room | ▪ Physical accessibility |



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The Home and Community Based Services regulations state that in addition to the requirements already stated, all residential settings where HCBS are provided, must also:

- have a lease or other signed legally enforceable agreement providing similar protections;
- have access to privacy in their sleeping units;
- have entrances lockable by the individual, with keys provided to appropriate staff, as needed;
- have a choice in selecting their roommate(s), if they share a room;
- have the freedom to decorate and furnish their sleeping and/or dwelling unit;
- have the ability to control their daily schedules and activities and have access to food at any time;
- be able to have visitors at any time; and
- be able to physically maneuver within the setting (e.g., setting is physically accessible).

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Health & Safety

Medical Emergency — Call 911

Threats to Safety — Call Accountability Office

- Suspected abuse, neglect or exploitation
- Fire Hazards
- Report in CHRIS



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If there is a medical emergency, while providing face to face Support Coordination/Case Management activities, the Support Coordinator/Case Manager should call 911 and follow agency procedure.

If observing or being informed of a suspected threat to safety, the Support Coordinator/Case Manager should report the matter to their supervisor and contact the appropriate accountability office including:

- Office of Licensing for suspected licensing violations;
- Office of Human Rights for suspected human rights violations; or
- Adult or Child Protective Services.

Required documentation and incident reporting should follow.

Some examples of suspected threats to safety are:

- suspected abuse, neglect or exploitation;
- medications that remain unfilled and/or not delivered as prescribed;
- medical actions identified by physician that are not followed; and
- fire hazards.

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Property Concerns

- Unsatisfactory Conditions
- Hoarding
- Rodent or Other Pest Infestation
- Foul Odors
- Inoperable Toilets, Sinks, Showers or Tubs
- Accessibility Concerns
- Excessive Temperatures of Hot Water
- Broken Furniture, Etc.
- Inadequate Lighting
- Inadequate Heating or Air Conditioning
- Improper Storage of Medications




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If there are problems identified with someone's living quarters, the Support Coordinator/Case Manager should address the issue with the provider and contact the licensing specialist assigned to the provider for follow up. If it is not a licensed residential setting, report serious problems to Adult or Child Protective Services and follow local code enforcement complaint procedures.

Examples of property concerns may include:



- unsanitary conditions, hoarding;
- rodent or other pest infestation;
- foul odors;
- inoperable toilets, sinks, showers or tubs;
- accessibility concerns;
- overly hot water that may lead to scalding;
- broken furniture;
- inadequate lighting;
- inadequate heating or air conditioning resulting in uncomfortable building temperature; and
- improper storage of medications.

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Provider Ability

- Inadequate Staffing Ratio
- Unmet Medical Needs
- Lack of Staff Training & Sensitivity
- Unmet Dietary Needs




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If there are problems with a licensed provider's ability to implement services described in an approved ISP, the Support Coordinator/Case Manager should address their concerns with the provider, and/or their supervisor, the person being served and their LG or AR, if applicable. In some instances, it may be necessary to consider other service providers. If a licensed developmental services provider is in need of support, contact the DBHDS assigned Community Resource Consultant for training or technical assistance.

Some examples of problems with provider ability include:



- the staffing ratio is inadequate for the people being served;
- medical needs requiring skilled care by a nurse are not addressed;
- lack of staff training and sensitivity specific to the person's needs; and
- an inability to prepare foods as needed by the person.

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Documentation Concerns

- Progress Notes Unrelated to Goals/Outcomes
- Substandard Documentation
- Missing Documentation
- Suspected Falsified Documentation



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If the licensed provider is failing to maintain adequate and accurate documentation, the Support Coordinator/Case Manager should contact the licensing specialist assigned to the provider. If a licensed developmental services provider is in need of training or technical assistance, contact the DBHDS assigned Community Resource Consultant. If a Medicaid provider has serious documentation problems, contact the Department of Medical Assistance Services (DMAS).

Some examples of documentation concerns include the following:

- progress notes that are not tied to goals/outcomes indicated in the ISP;
- substandard documentation of progress toward goals/outcomes;
- missing plans, quarterly reviews or progress notes;
- missing documentation of medication administration; and
- suspected falsified or fraudulent documentation.

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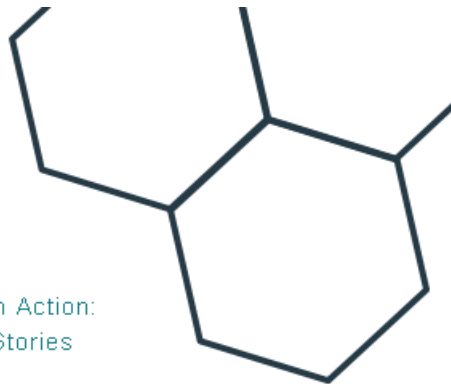


In all of these kinds of situations, it is important that the Support Coordinator/Case Manager follow agency policies and procedures about how contacts are made and the required frequency of contacts with service providers. The Support Coordinator/Case Manager should seek guidance from their supervisor if they have concerns, as it may not always be clearly evident or easy to judge how severe and urgent a problem actually is. It is equally important for Support Coordinators to stay up-to-date with best practices and changes with regulations. They should take advantage of training and information sessions provided by DBHDS and DMAS.



Module 3B
Accountability in Action:
Paul & Maria's Stories

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Module 3b will illustrate accountability in action through Paul and Maria's stories.

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Objectives

- Translate accountability into action



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The objective of Section 3b is:

- translate accountability into action.

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Paul is a young man in his late 20's. Everyone who meets Paul will tell you he is well liked. He likes rock music, computers and NASCAR. He has a good sense of humor and people always say how much fun he is to be around. Paul lived at home with his mother Gwen, and father John. However, John passed away last year and Gwen's health began to decline. Paul received a Developmental Disabilities Community Living Waiver slot. With the support of his mother, he choose to live in a group home since this would be the first time living apart from the family home. Paul thought he would like having other people around and his mom agreed with him. Paul moved into his new home and decorated his room with all of his favorite posters. He got his first job working at the NASCAR Café at a nearby racetrack with the support of an Employment Service Organization.

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Paul settled in really well at his new home and for several months everything was going well. Then things began to change. The provider notified the Support Coordinator/Case Manager, Tyrone, that Paul has been getting very upset to the point of hitting walls, shouting, and verbally threatening the staff in his home. The Support Coordinator/Case Manager decided to visit the home unannounced to talk with Paul.

When Tyrone arrived, he noticed that it took a long time for someone to answer the door. As he waited on the porch, he saw movement inside and eventually a staff member whom he did not recognize, opened the door. The Direct Support Professional (DSP) said her name is Jackie and that she started working in the home a few weeks ago.

Jackie asked to see identification, and once it was viewed, she had Tyrone sign the visitor log and to wait in the living room until a supervisor arrived. Paul entered the living room, upon hearing his Support Coordinator's/Case Manager's voice but was instructed by Jackie to return to his room until she called him. This raised concerns for Tyrone and he explained that he was there to see Paul not the supervisor, but Jackie said this is a new rule. Tyrone asked how long these rules had been in place. Jackie stated she wasn't sure because they were in place when she started a few weeks ago.

The group home supervisor arrived at the home within a few minutes and introduced herself as Amanda. Then Jackie appeared with Paul. Tyrone noticed immediately that Paul had lost weight since last month and that he was very quiet. Paul didn't greet him with the same excitement as usual. Tyrone asked him "How are you doing?" Paul first looked at Jackie and Amanda before saying, "Fine".

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Noting this as unusual, Tyrone told the supervisor that he would like to talk with Paul alone and asked Paul if he could show him his room. As Paul led him down the hall and into a new bedroom, he said “I had to move rooms.” Tyrone immediately noticed that his rock band and NASCAR posters were missing from the walls. When he asked Paul about the posters, he said “My mom has them, because I couldn’t put them up again.”

Tyrone went on to ask how Paul had been feeling and what had been getting him upset, reminding Paul that his information is private as long as he is not in danger. Paul said, “I’m ok.” and “Not mad.” Tyrone then asked Paul, “Is it okay to talk about what has been happening at home, so I can better understand what is happening and figure out how to help you be happier in your home again?”

Tyrone and Paul went and talked with supervisor, Amanda, who didn’t understand why Paul was upset and aggressive toward staff. They just repainted all the rooms of the home and everyone got matching bed linen and curtains picked out by the owner. She also stated they all got new decorations for their rooms, so that old stuff Paul had hanging up went to his mom’s house.

Tyrone thought a meeting with Paul, his mother and the group home staff was needed. He asked Paul if he would like to meet with his mother and he quickly says “yes.” Tyrone let Paul know he would arrange the meeting and let him know once it was scheduled. Paul asked, “Could it be really soon?” Tyrone let the House Manager know that he would like to schedule a meeting with her, Paul, Paul’s mom and himself. The house manager thought it a great idea because maybe Paul’s mom could figure out why he had been so angry lately.



Supporting Paul — Team Meeting

- What have we tried?
- What have we learned?
- What are we pleased about?
- What are we concerned about?
- Knowing what we do from the above, what do we need to do next?

www.sdaus.com/Too-Hit-templates-examples



Face to Face Visit

Asking Questions

Team Meeting

Action Steps

Follow-Up

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Two days later, Tyrone returned to the home for a meeting with Paul, his mother, Jackie, the DSP and Amanda, the group home supervisor. He expressed his concerns about Paul's recent weight loss, mood and behavioral issues, and the new house rules. Amanda said Paul saw his doctor this week and there were no medical concerns. Realizing it would be helpful to give everyone a chance to provide input, Tyrone facilitated a discussion with everyone there and used a person centered tool called the 4+1 questions. 4+ 1 questions include: What have we tried? What have we learned? What are we pleased about? What are we concerned about? What do we need to do next?

Based on the information gathered using the 4 + 1, Tyrone pointed out that recent changes in the home might be causing Paul's behavioral issues. While it is apparent that Paul is still doing things that are important to him because he still enjoys his music and going to the "NASCAR café" the group home did not take into consideration his personal tastes and preferences when it came to moving him and decorating his room.

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Tyrone also discovered through the use of the 4+1 tool that the house manager Amanda feels that “everyone in the house could lose a little weight” and therefore the house menu has changed, eliminating some of Paul’s favorite foods. Amanda admitted that Paul’s doctor did not prescribe any special diet, but that she made the decision as his residential provider. She also explained that another new house rule prevents anyone using tape and nails to hang things on the walls, since all the rooms had been recently decorated in a cohesive style. She insisted that Paul had to move rooms so that he would be closer to the office where the Direct Support Professionals could respond to his ‘behavior problems’.

Tyrone asked Amanda to share the agency written plan for the provision of food services, but she says she is unaware of one and is unfamiliar with this licensing requirement. Tyrone explained that Paul has basic human rights, including the prevention of restrictions on the freedoms of everyday life such as making his own food choices, having visitors, etc. He went on to explain that a restricted diet should only be used if physician approved and included in his plan. Tyrone added that he spoke with his supervisor and will be reaching out to Human Rights with his concerns. He also explained to Paul and his mother that they have the right to contact Human Rights and showed them the Human Rights poster in the home. The house manager stated that the new lease agreement has all these new rules, it was explained to Paul and his mother and they both signed the lease agreement. Paul and his mother stated that is true, but Paul stated he is not happy with the ‘new rules’. Tyrone reminded Amanda of Home and Community Based Settings requirements and provided her with the summary provided by his supervisor. Tyrone further explained to Paul that he has the right to choose his providers. Tyrone then gave Paul and his mother the options on the following slide so he would know how to best advocate for Paul.

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Option 1 The provider can work with Paul, his mom and the house manager to identify a menu that meets his preferences and needs, determine alternate ways to display his posters and memorabilia in his room and begin working with Paul to help him express when he is unhappy with his supports so that creative approaches to resolution can be attempted.

Option 2 Paul and his mom may want to tour other group homes to see if there is a better fit for Paul, where he can follow a menu based on his preferences and needs, place his posters on the walls and have more flexibility in his schedule.

Option 3 Paul can move to his own home using new integrated, independent housing arrangements and hire in-home supports to assist him with developing his desired lifestyle and becoming a more integral part of his community. Paul could also consider the shared living service through which he could live with his cousin as his roommate.

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Paul and his mother, Gwen agreed they would like to explore more integrated and independent housing options. Tyrone's next steps as the Support Coordinator/Case Manager were to meet again with Paul and his team to discuss his decision, advocate for Paul at the group home to lift restrictions while they explore other options, and modify his Individual Support Plan (ISP). Finally he proceeded with the actions needed to support Paul and his mother's decision to explore more independent supportive housing, which may include exploring the many resources on the DBHDS website related to the Path to Housing, contacting the local DBHDS Community Resource Consultant (CRC) for advice and/or Regional Housing Specialist for assistance.

Tyrone was careful to document the meetings and related activities in a progress note before leaving for the day.

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Maria is the first generation of her extended family to be born in the United States. She is 27 years old, speaks fluent Spanish and English and enjoys waitressing at the restaurant down the street from where she lives. She has a close knit family and lives with her mother and grandmother. She has been diagnosed with Schizophrenia and has reported increased use of marijuana to help with her symptoms of hearing voices. Maria uses Support Coordination/Case Management and psychiatric services. However, she does not want to discuss her marijuana use. Her mother is supportive of her treatment and participation in services, however, her grandmother is not supportive. Maria herself is inconsistent with psychiatric services. She has missed several appointments and is inconsistent in taking her medication.

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Maria's Support Coordinator/Case Manager, Sandra, received an email from the psychiatric nurse, informing her that Maria's psychiatric services are in jeopardy due to her missing too many appointments. The doctor refused to refill her prescription until Maria returns to the clinic. Sandra routinely meets with Maria at her home due to transportation problems, and scheduled a meeting with Maria. When she arrived, Maria's mother was at work and Maria was home alone with her grandmother. Maria asks to meet with Sandra outside, because, "My abuela doesn't like hearing about my problems." When asked about her missed appointments, Maria stated, "It's too far, I can't walk there." Sandra has provided Maria with bus passes in the past, and when questioned, Maria stated she gave the passes to her mother so she can take the bus to work.

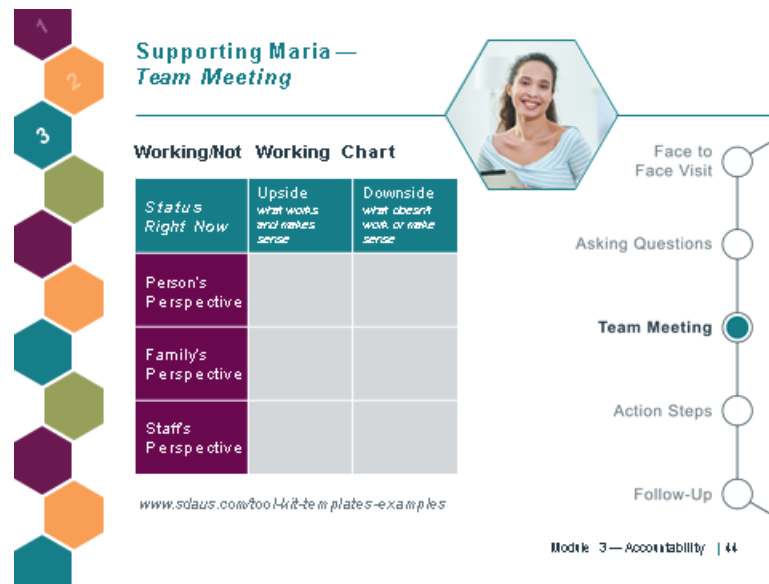
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Maria and Sandra sat on the front porch for privacy. As part of the visit, Maria disclosed that her mother is working more hours, which leaves Maria alone with her grandmother more often. She stated, “She doesn’t think I need to see the doctor.” Due to her missed appointments, Maria ran out of medicine last month. She reported, “The voices talk to me everyday. They tell me that I’m a ‘bad person’.” Maria added, “My abuela says I need to pray more to keep the voices away.” Maria began to cry and said it is not working. She stated she is needing to use marijuana daily which is a significant increase from the last contact. Maria said she is scared of the voices and fears she will lose her job.

Sandra asked Maria if she would be comfortable meeting with her mom and her grandmother to discuss Maria’s and the family’s needs. Maria agreed to meet.

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The meeting was held at Sandra's office that is adjacent to the mental health clinic. With Maria's permission, Sandra arranged to have the psychiatric nurse attend the meeting. Maria's grandmother only speaks Spanish and wanted her daughter to translate. When all were gathered, Sandra realized that each person in attendance had different perspectives about Maria's situation. She used a person centered tool called Working/Not Working. This tool is a negotiation tool that helps to find common ground among differing people's perspectives, along with building a bridge to action-planning by helping to understand:

- What needs to be maintained/enhanced?
- What needs to change?

Knowing grandparents usually have an important role in Hispanic culture, Sandra first asked the grandmother for her input about what was going well and not going well and about her concerns about Maria receiving treatment. Then she asked Maria and her mother for the same information.

The link provided explains in more detail the use of this tool along with providing a blank template to use. This link is also listed in the material section of this module.

It was agreed upon by all participants, that some of things that were going well in Maria's life were that she is employed, has a stable living arrangement, has close relationships with her family, and understands Schizophrenia.

Some things that are not working include Maria's lack of access to needed services, lack of her grandmother's understanding about Maria's condition and services, and increased substance use which may lead to Maria losing her job and other problems.

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Maria's Grandmother expressed concerns regarding:

- Maria's relationship with God;
- Maria's interaction with the family; and
- her lack of understanding about Maria's mental health concerns.

Maria's concerns included:

- not wanting to upset her abuela;
- not losing her job; and
- making the voices go away.

Maria's mother's concerns included:

- trying to keep peace in the home between Maria and her grandmother;
- getting herself to work to support the family;
- getting Maria to appointments; and
- Maria's substance use.

After hearing everyone's input, Sandra believed priorities for the visit should be:

- increase Maria and her family's understanding of mental health issues and the benefits of medication and psych services;
- discuss Maria's missed appointments;
- address family concerns, such as transportation issues; and
- address Maria's substance use.

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During the meeting, Sandra and the nurse provided education related to Maria’s need for service, the mental health treatment process and impact of Maria’s substance use. Her grandmother had a lot of questions, but agreed to support Maria taking her medication. Maria agreed to attend church with her grandmother at least a few times a month. Maria also agreed to attend follow-up psychiatric appointments and take her medications as prescribed. Sandra’s next steps would be to contact Maria’s MCO Care Coordinator to discuss any assistance that they could provide for Maria and her family as well.


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Sandra will arrange, through Maria's MCO, transportation for Maria to her psychiatric appointments. Maria's mother was provided with information for obtaining a monthly bus pass to save money. Further education related to family concerns will be provided as needed. Maria has chosen to wait to address her marijuana use until she is back on her medication and her symptoms have reduced. However, she is willing to meet with peer recovery staff at her next psychiatric appointment for additional support which Sandra will coordinate.


Sandra was careful to document the meetings and related activities in a progress note before leaving for the day.

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Attributes of Support Coordinators/Case Managers

- Critical Thinking
- Professional Judgement
- Person-Centeredness
- Empathy & Respect
- Responsibility
- Collaboration
- Confidentiality
- Support for Informed Choice
- Consideration of More Independent Options



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Both of these stories demonstrate the necessary attributes of effective Support Coordination which include:

- critical thinking and professional judgement;
- person-centeredness;
- empathy and respect;
- responsibility;
- collaboration;
- confidentiality; and
- support for informed choice.

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In both examples the Support Coordinator/Case Manager used critical thinking and professional judgement.

Paul was not happy in the group home. Tyrone observed and assessed the causes of Paul's dissatisfaction. He noted the delayed access to Paul and his home. He observed the unspoken signs of dissatisfaction, advocated for Paul's rights, and inquired about changes in provider policies. He took action for a potential human rights violation, provided information on Home and Community Based Settings Requirements, and intends to modify Paul's Individual Support Plan (ISP) to obtain more independent housing.

Maria was missing psychiatric appointments. Lack of access to medication and family pressure caused her symptoms to increase. Sandra educated and collaborated with the family to increase their understanding of Maria's needs. She contacted the Managed Care Organization's Care Coordinator to inform them of issues, and collaborate on meeting Maria's needs. She eliminated transportation concerns for both Maria and her mother. She encouraged Maria to connect with peer support when Maria is ready to address her substance use. She will determine if Maria's ISP needs to be updated after her visit with peer support.

Slide 50



Be Person-Centered

- Involve the Person & Support System
- Ask Questions
- Recognize Cultural Differences
- Pay Attention to Unspoken Cues
- Promote Choice




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The Support Coordinator/Case Manager provided person centered support by involving Paul, Maria and their teams in the decisions that affected them.



Tyrone addressed Paul directly and paid close attention to unspoken cues that contradicted his words. Both Tyrone and Sandra used a person centered tool to analyze and problem solve the issues. They put Paul and Maria first to better assess their situations and used person centered practices to help guide them in making informed decisions.

Slide 51



Show Empathy & Respect

- Consider Preferences
- Be Creative
- Listen
- Observe
- Support (Act)



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Tyrone and Sandra showed empathy and respect while being sensitive to preferences, culture and family. They considered both individuals' preferences and thoughts in considering next steps.

Tyrone recognized the importance of Paul's hobbies and interests and knew that a creative approach was needed to ensure their inclusion in his daily life. He also identified that what Paul said and what he did were in conflict and responded by offering a meeting to explore this further with the team.

Sandra recognized and respected the important role the grandmother has in Maria's family and the influence she had on their decisions.

Support Coordinators/Case Managers listen to what people say with their words and actions.

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Be Responsible

- Gather Information
- Advocate for The Person
- Assure Discussion
- Provide Education
- Include Other Team Members
- Be Knowledgeable of Available Resources



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Paul had been hitting walls and threatening the Direct Support Professionals. He had lost weight and appeared sad. Maria was experiencing increased symptoms that could have worsened over time, led to job loss, and other negative consequences.

Tyrone and Sandra responded quickly and went to the homes to gather information face to face about the reported concerns. They assured discussion about health concerns and communicated follow up plans based on Paul's and Maria's decisions. Tyrone and Sandra were aware of resources, such as Office of Human Rights/Licensing for incident reporting, MCO Care Coordination, more cost effective ways to access transportation, and availability of less restrictive housing options.

Support Coordinators/Case Managers quickly respond to individuals' concerns and risks of harm in a comprehensive way.

Slide 53




It's important for Support Coordinators/Case Managers to work together with team members to ensure the best outcome. Tyrone noted that the provider was unaware of Paul's rights and Home and Community Based Settings requirements regarding personal room decor, food choices and diet, and was unable to produce a policy on food services.

Both Tyrone and Sandra held meetings with Paul and Maria, and others in their support systems.

Tyrone made efforts to educate himself about licensing, human rights policies and Home and Community Based Settings requirements and was therefore able to discern and discuss potential problems in the home. He conferred with his supervisor to confirm his judgement and strategy.

Sandra was aware of the cultural importance of grandparents in Hispanic families and was familiar with other resources to assist the family, such as the psychiatric nurse and transportation options.


Slide 54



1
2
3

Protect Confidentiality

- Have Private Conversations
- Remind People of their Right to Privacy



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Protecting confidentiality is a vital part of Support Coordination/Case Management. Tyrone and Sandra noticed Paul's and Maria's hesitation to express their concerns in front of Paul's provider and Maria's grandmother.

Tyrone noted Paul's hesitation to express his concerns and afforded him the opportunity to observe Paul and inspect his bedroom, while providing a more conducive environment for a private conversation. He reminded Paul that this information remained private as long as he is not in danger. Sandra agreed to sit on the front porch with Maria to provide her with privacy to discuss her concerns.

Support Coordinators/Case Managers meet with individuals in settings that are appropriate and offer privacy to discuss concerns.

Slide 55



Tyrone assured autonomy and self-determination by supporting Paul and his mother to choose their preferred course of action. He provided Paul and his mother with options, but did not make the final decision, nor suggest that one option was better than another.

Sandra took the opportunity to educate Maria's family about her condition, mental health services, peer support, and transportation resources.

Support Coordinators/Case Managers support people in making their own choices

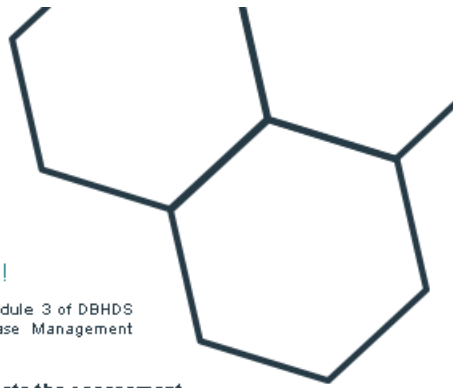
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[Click here to complete the assessment.](#)



Congratulations!

You have completed Module 3 of DBHDS Support Coordination/Case Management online training. Please note that all of the web links provided in this Module are contained in the accompanying training materials. Please complete the assessment for Module 3 before proceeding to Module 4.

Thank you for your participation!