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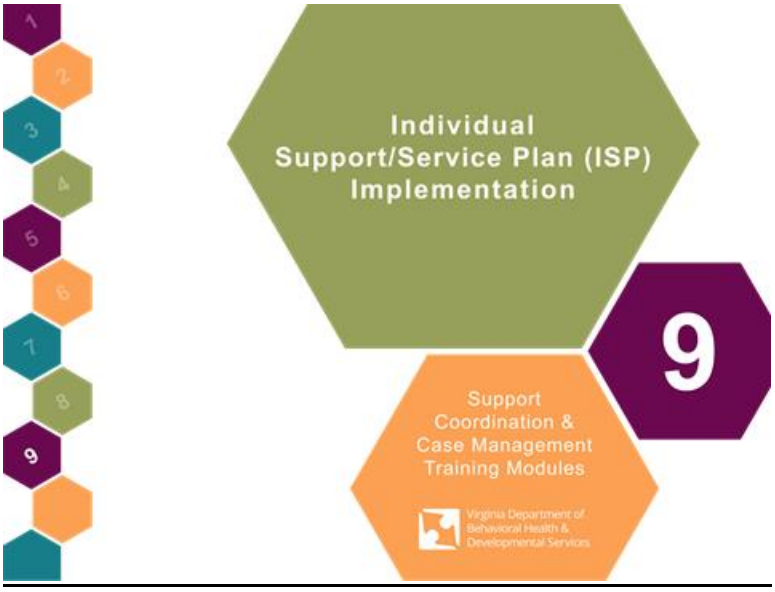

Welcome to Module 9 of DBHDS Support Coordination/Case Management training. This module will cover the Support Coordinator's/Case Manager's role in implementing the individual support/service plan or ISP.

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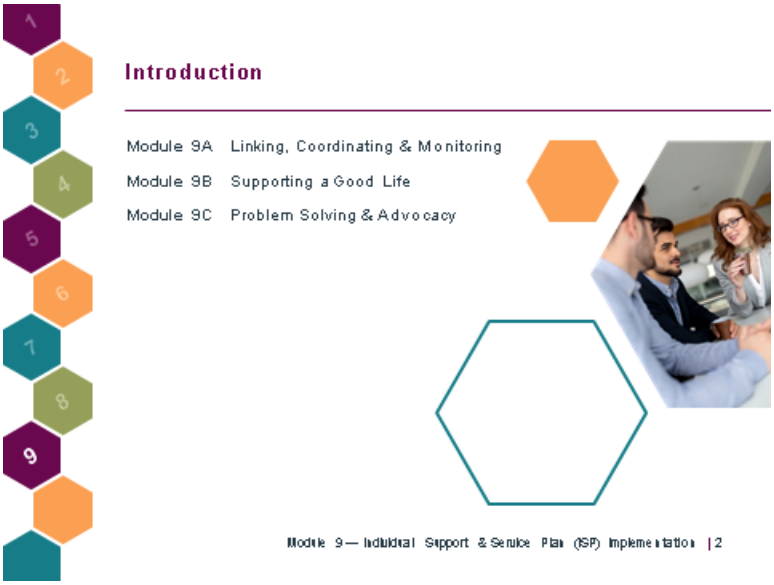

Module 9 is divided into three sections.

- Section 9a covers linking, coordinating, and monitoring progress and reviews the major tasks performed by the Support Coordinator/Case Manager in ensuring that services are delivered according to the ISP.
- Section 9b reviews the services that Support Coordinators/Case Managers provide that support a life of self-determination and recovery.
- Section 9c reviews the critical role of Support Coordinators/Case Managers in ensuring that services are appropriate and effective.

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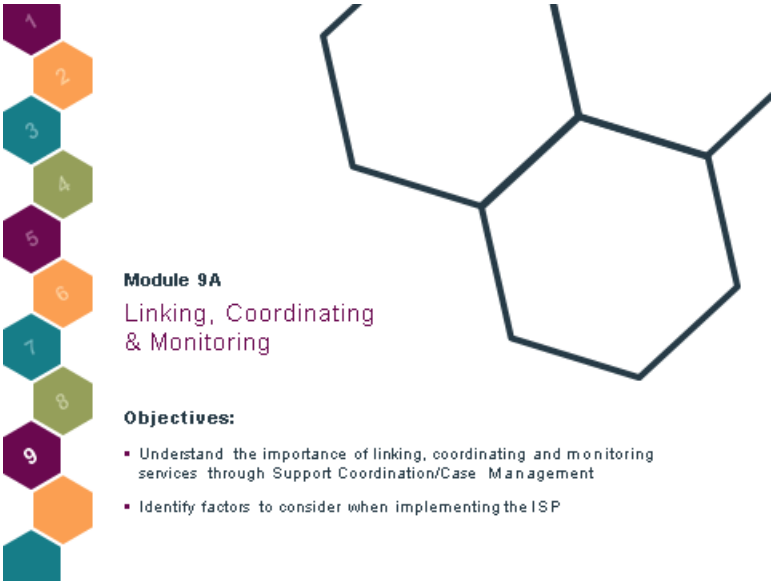

The objectives for Module 9a are to:

- understand the importance of linking, coordinating, and monitoring services through Support Coordination/Case Management; and
- identify factors to consider when implementing the ISP.

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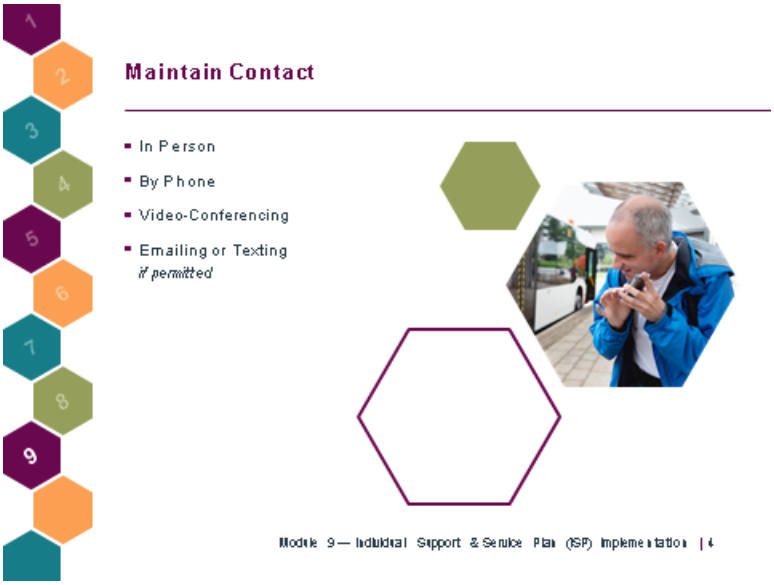

It is important for the Support Coordinator/Case Manager to maintain regular contact with those they serve throughout the entire implementation process, at a frequency that matches individual support needs. Regular contact can be completed in person, by phone, or videoconferencing. Some limited communication can be shared by emailing or texting if permitted by the Support Coordinator's/Case Manager's agency.

Support Coordinators/Case Managers should ensure that distance does not become a barrier to maintaining contact.

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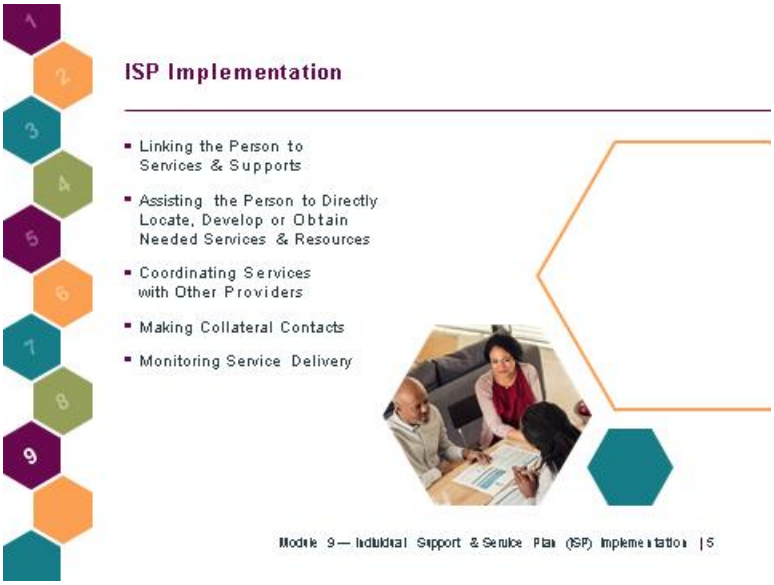

Support Coordination/Case Management ISP implementation services work to help people:

- improve their health and well being;
- live a self-directed life; and
- strive to achieve their full potential.

Support Coordination/Case Management services related to ISP implementation include:

- linking the person to services and supports;
- assisting the person to directly locate, develop, or obtain needed services and resources;
- coordinating services with other providers;
- making collateral contacts; and
- monitoring service delivery.

Slide 6

Support Coordinators/Case Managers ensure individualized services are identified in the plan.

They do so by:

- facilitating person-centered and community based services with other providers; and
- utilizing a full range of services and supports, as available, to ensure choices for people with disabilities and their supporters.

Slide 7

Support Coordinators/Case Managers can encourage team members to identify creative ways to support the plan by:

- understanding the capability of service providers to meet the person's needs and preferences;
- being knowledgeable of community opportunities and resources, and resource personnel, such as DBHDS Community Resource Consultants and Managed Care Organization Care Coordinators;
- providing emotional support; and
- helping people make informed decisions.

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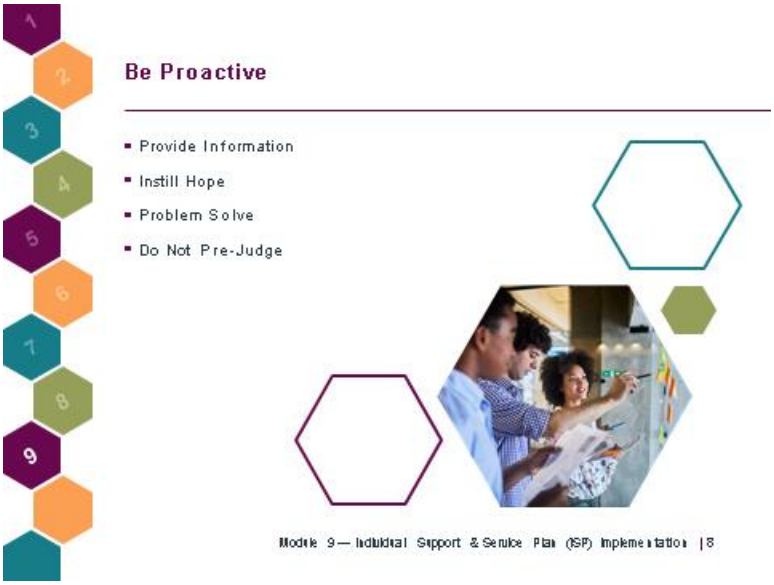

Support Coordinators/Case Managers can proactively identify and address a person's concerns about services by:

- providing information about the process and their options;
- instilling a sense of hope;
- assisting in problem solving; and
- avoiding judgement as to who can and cannot achieve success.

Slide 9

In order to link people with appropriate resources, Support Coordinators/Case Managers must be knowledgeable about community resources that are available, such as:

- public and private service providers;
- advocacy and peer support groups;
- affordable housing resources;
- employment and training programs; and
- financial and medical insurance benefits.

Support Coordinators/Case Managers should maintain regular contact with these groups in order to facilitate access and stay informed.

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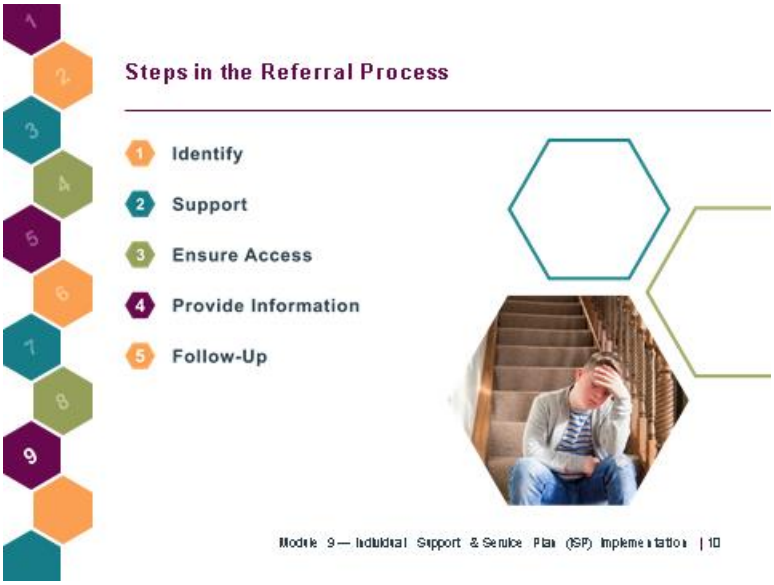

A referral is the process by which a Support Coordinator/Case Manager helps a person use a service or other resource. The referral process can be broken down into the following steps:

- Identify the needed resource and the person's preferences. Then discuss options and choices. Create and maintain shared information files internally on available resources, including treatment, medical, housing, residential, vocational and employment, community and civic, and spiritual.
- Support the person in making the initial contact. Provide information, such as the phone number and directions for reaching the organization.
- As necessary, contact the organization and accompany the person to the first meeting.
- Make sure the person has the ability to access and utilize the service or resource, helping with issues like transportation, telephone connections, and financial resources.
- Follow-up as needed to overcome any barriers to access and ensure a successful connection.

Slide 11

Coordination is a vital responsibility of Support Coordinators/Case Managers. It ensures that activities between the person and service providers are implemented according to the ISP.

Coordination can be done by:

- educating service providers about the person and their plan; and
- updating team members about significant events or changes that impact a person's life and therefore, their plan.

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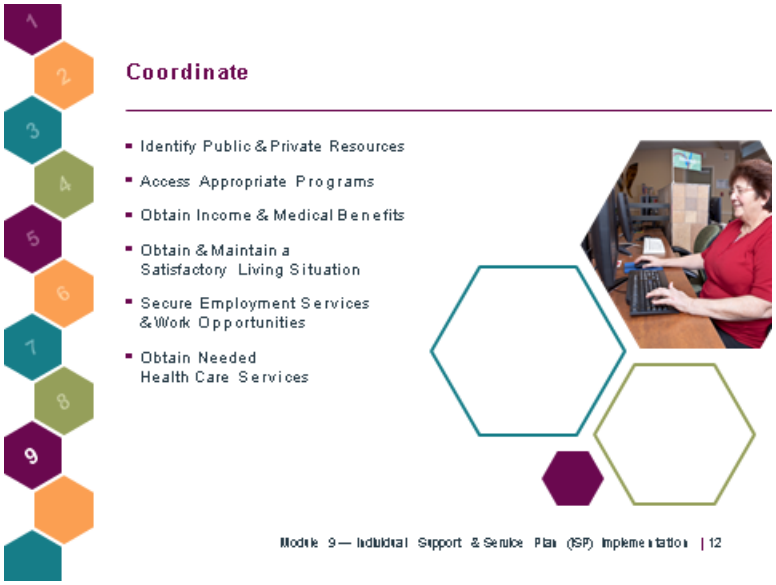

For some people with disabilities, a lack of resources is a significant block to reaching their goals. Additionally, it may be that these resources are actually available but the person and their supporters do not know about them.

Coordinating services and supports involves working to:

- identify public and private resources that may be of interest and value;
- access appropriate programs of services and support;
- obtain income and medical benefits for which they are eligible;
- obtain and maintain a satisfactory living situation;
- secure employment services and work opportunities that assist them in meeting employment goals; and
- obtain needed health care services as well as regularly scheduled physical and dental examinations.

Slide 13

Collaboration is another key part of Support Coordination/Case Management services and supports. It refers both to the work with a person but also with their supporters, colleagues, and service providers. Working together as a team is critical to achieving outcomes.

Collaboration involves:

- working with others to complete tasks and solve problems; this includes the person with the disability, their family members, co-workers, and other service providers;
- participating actively as a member of a support team;
- creating partnerships with people using services and providing information to support informed decision making;
- communicating with family members with the person's consent;
- scheduling meetings and appointments at times that are convenient to others;
- accepting constructive feedback from team members; and
- giving constructive feedback to others.

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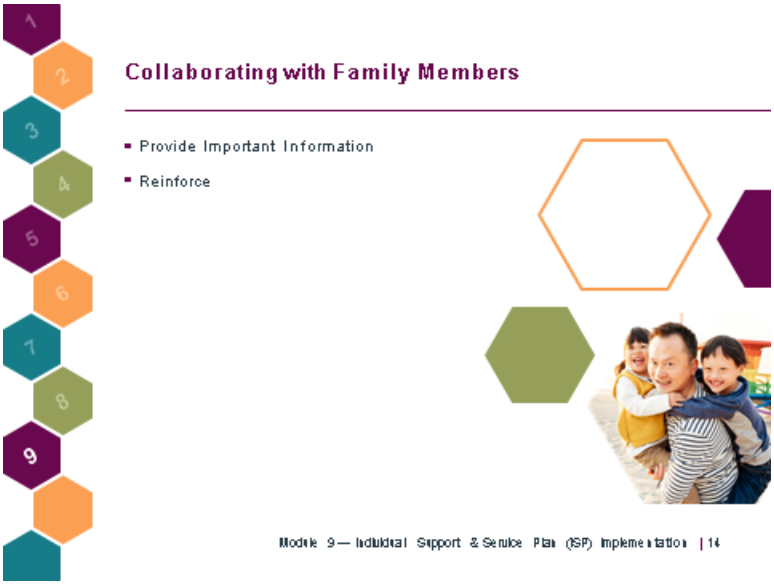

Family and other supporters play an important role in the lives of their loved ones. They can provide important information on how the person is doing. They can also reinforce the importance of the information you give or the supports provided. It is important for the Support Coordinator/Case Manager to check with those served about the role they want each family member to play. Make sure that an updated consent or release of information has been signed.

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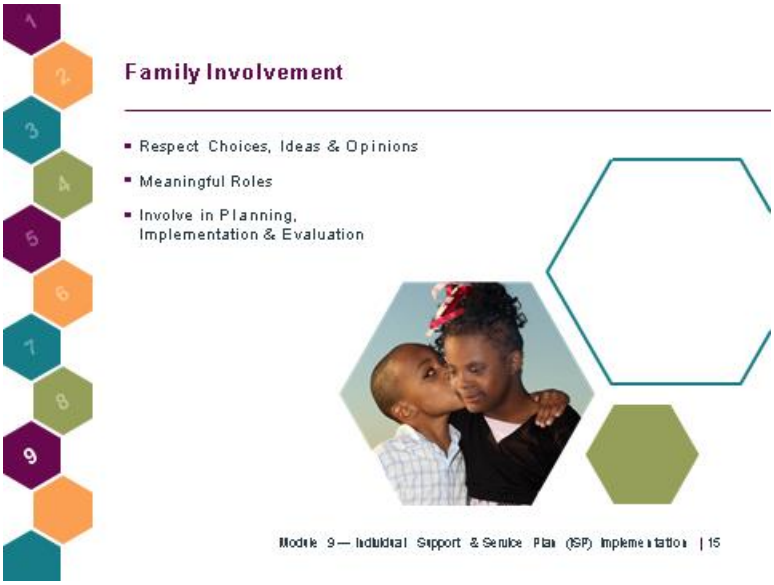
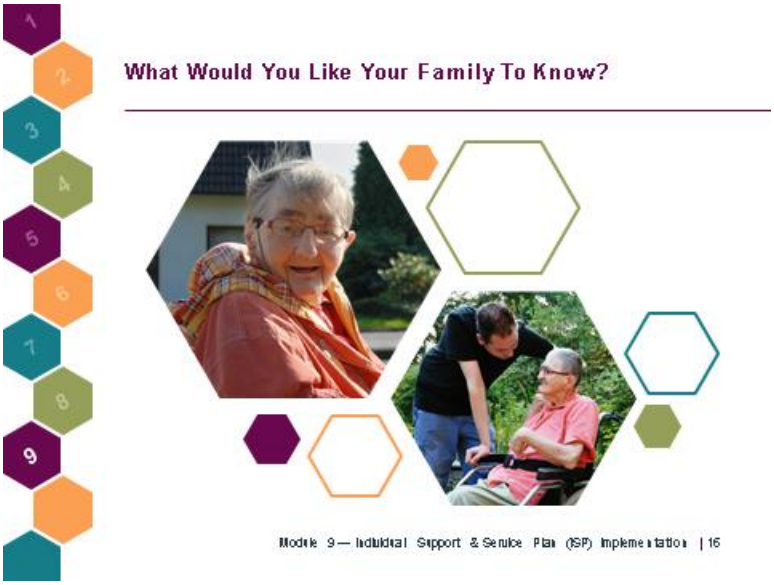


The degree to which family and other supporters are involved depends on a variety of factors including the age and desires of the person with the disability.

The following are some strategies for involving families and other supporters:

- Respect their choices, ideas, and opinions.
- Actively involve family in the planning, service design, implementation, and evaluation of programs, resources, and policies. It is important to ensure that family members have access to all relevant information about the plan and services.
- Conduct any meetings at mutually convenient times and ask family members for the best and worst times for scheduling a meeting.
- When possible, assist them with obtaining childcare, transportation, and other resources needed to attend meetings in support of the person.
- Encourage them to take the opportunity to attend public retreats, conferences, support groups such as National Alliance for Mental Illness (NAMI), Al-Anon and Adult Children of Alcoholics (ACoA) groups, and other special events usually attended by service and support professionals.

Slide 16



Margot, the Support Coordinator/Case Manager, noticed that Mrs. Young wasn't getting her medication dosage quite right. Mrs. Young admitted that sometimes she doesn't remember everything prescribed for her to do. Margot worked with Mrs. Young to decide whether to bring her son to help her at her next doctor's appointment. Although Mrs. Young agreed, she still came alone to the next doctor's appointment. When Margot asked her about it, Mrs. Young said that she was concerned that her son wouldn't let her speak for herself and that she has some personal issues she'd like to discuss that she doesn't want her son to know about. Margot practiced with Mrs. Young ways to speak for herself during the appointment and to ask her son for private time to speak with the doctor. The next time, Mrs. Young brought her son to the visit.

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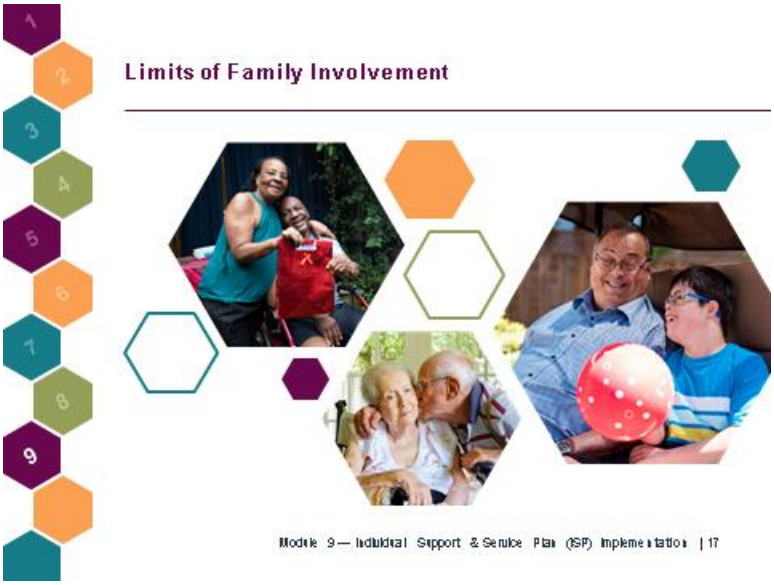

Family members and other supporters may want to make decisions for their loved one and they may have the legal authority to make all or some decisions. However, without this authority, the person you serve is responsible for making their own decisions. You may need to help the family members and other supporters to understand and respect these boundaries.
Support Coordinators/Case Managers who question the ability of the person served to make informed decisions have a responsibility to pursue assessment of their decision making capacity by a licensed professional.

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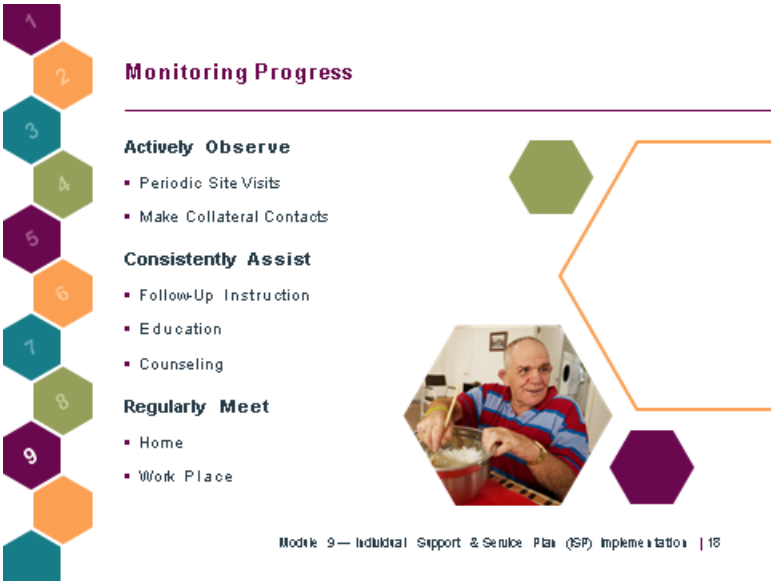


Support Coordination/Case Management monitoring should be community based. Monitoring involves doing the following activities:

- Actively observe the person and service providers to make sure the plan is being properly implemented.
- Make periodic site and home visits to assess the quality of care and satisfaction.
- Make collateral contacts with the person's significant others.
- Consistently assist the person in identifying problems and modify the plan, if necessary.
- Provide follow up instruction, education, and counseling to guide the plan owner.
- Regularly meet with the person in their natural environment, for example their home, day program or workplace, unless this may be seen as too intrusive by the employer or employment provider.

Slide 19

So much is learned from visiting people in their home. Whether in an apartment, family home, group home, homeless shelter, or other residential setting, be sure to assess the following indicators of health and well-being:

In the Environment:

- Is regular access to the home available?
- Is there appropriate space for private discussions?
- Is the home clean, safe, and appropriate to the person's needs?
- Are any required home modifications or assistive technology present and in use?
- Does the person have the right to decorate their own space, make choices regarding activities and promote autonomy?

Regarding Appearance and Health:

- Does the person appear healthy and safe? Observe physical appearance, hygiene, weight, bruises, etc.
- Is appropriate food available?; Is the person being served on any special diet? Ask to see their food in the refrigerator and cabinets.
- Are there any newly identified risks, injuries, needs, or other change in status?
- If there were any previously identified risks, what is the current status of each risk?

Regarding Supports:

- Are there paid or other supporters in the home?
- Do they interact respectfully with those supported?
- Are the supports provided reflective of those in the plan?
- Do they remain appropriate?
- Are they being implemented consistent with the person's strengths and preferences?

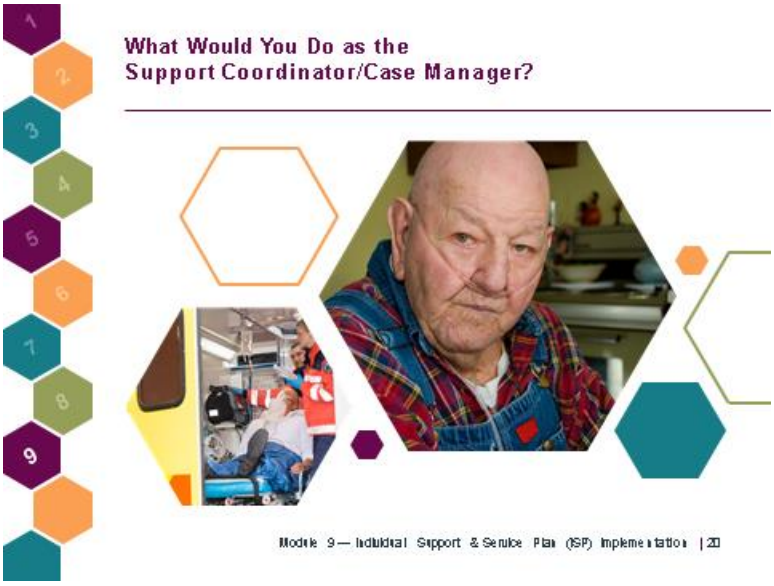
Regarding Community:

- Is the person regularly involved in community activities and events?
- Does the community involvement reflect the person's desired lifestyle?
- Do they go to places they choose and like?
- Are their supports and services provided in the most integrated setting appropriate to the persons needs?

Satisfaction:

- Does the person express satisfaction with the current living situation and all other services?
- Does the person exercise choice in daily activities, providers and services?

Slide 20



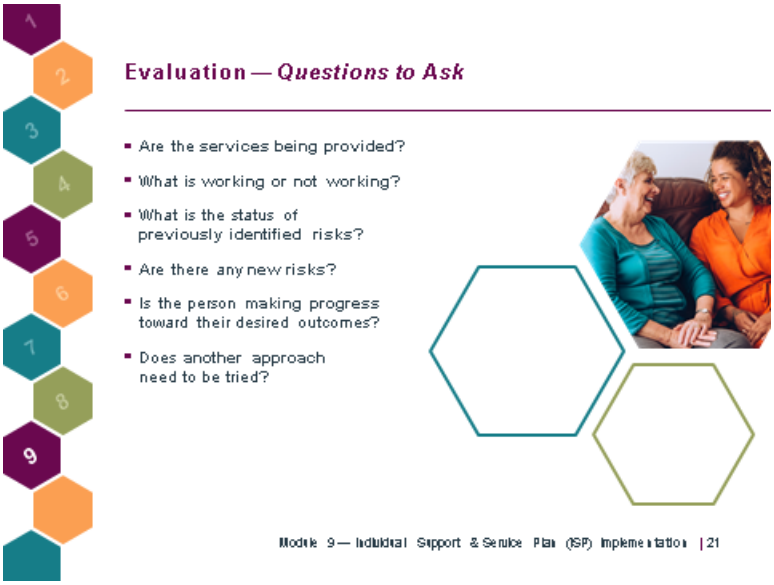
Mr. Jeffrey has advanced lung disease and usually manages well with home oxygen. He has been admitted to the emergency room three times in the last three weeks because he has been unable to breathe. The doctors are puzzled because Mr. Jeffrey is taking his medication on schedule and, he says, using the oxygen as prescribed. The Support Coordinator/Case Manager visits Mr. Jeffrey at home and discovers that because of this winter's bitter cold, Mr. Jeffrey has been running a kerosene heater in his kitchen. For fear of fire, he does not use the oxygen and heater at the same time. The Support Coordinator/Case Manager is not likely to have discovered this situation had she not made a home visit.

What would you do as Mr. Jeffery's Support Coordinator/Case Manager?

Support Coordination/Case Management services should be delivered in the most natural setting possible, meaning the home, school, work, or neighborhood.

As illustrated in the story, more information is often gathered by meeting with people in their community. Meeting in the community also promotes the development and strengthening of linkages with natural social supports.

Slide 21



Ongoing evaluation assesses the effectiveness of the services and supports in relationship to the outcome.

Evaluation detects progress, or lack of it, towards achieving goals or outcomes. Evaluations can reveal ineffective strategies and can help to avoid getting stuck in 'ruts' along the way and can also enhance motivation and further resolve to make progress.

The following are just some questions to ask in order to monitor and evaluate services:

- Are the services being provided according to the plan?
- What is working well with services? What is not working well with services?
- What is the status of previously identified risks? Are there any new risks?
- Is the person making progress toward their desired outcomes?
- Does another approach need to be tried?

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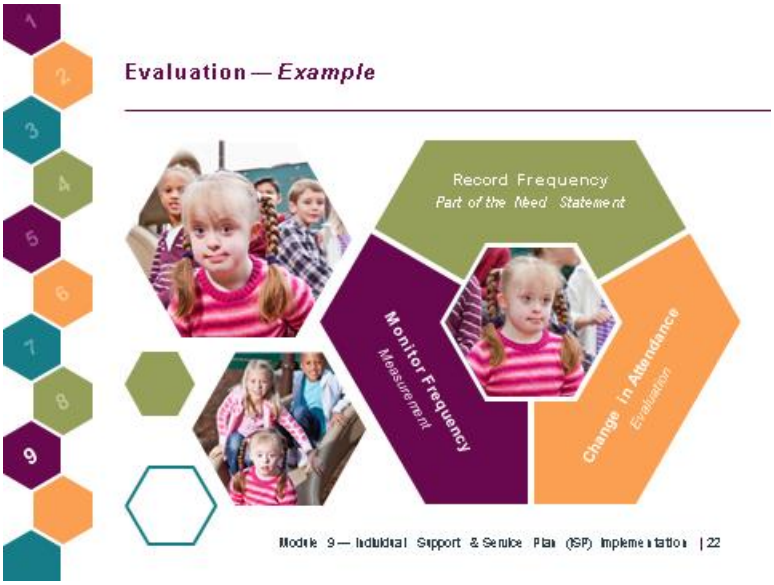

This is an example of an evaluation of a strategy/support activity.

To increase school attendance with a child who has poor attendance, the Support Coordinator/Case Manager decides to help the child connect to an afterschool program. To evaluate if participating in the afterschool program is effective in increasing school attendance, the Support Coordinator/Case Manager could:

- record the frequency of school attendance before participating in the afterschool program;
- monitor frequency of school attendance while participating in the afterschool program; and
- compare to see if there is a change in school attendance.

Keep in mind that change is often slow and incremental.

Slide 23

Some people will need Support Coordination/Case Management services of indefinite duration, others will not. Discharge from Support Coordination/Case Management is possible under the following circumstances:

- Natural supports have been established that help the person to achieve and maintain improvement in their life including their home, school, work setting and community involvement.
- The person moves out of the service area.
- A person becomes jailed or hospitalized for a long period of time.
- A person no longer wants or needs services.

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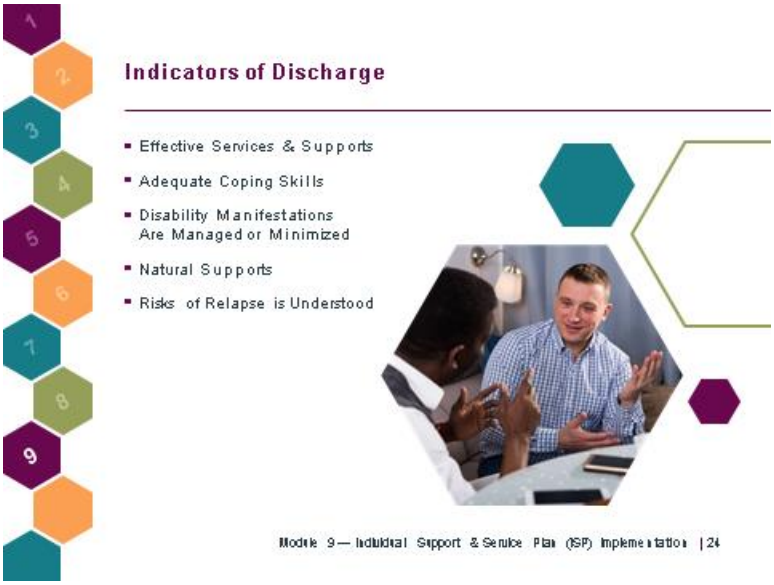

Indicators of possible discharge can include:

- services and supports have been effectively accessed and utilized, and there is no longer need for significant coordination;
- the person has gained adequate coping skills and is staying linked with other appropriate services and supports;
- manifestations of the disability are managed and minimized;
- natural supports have been developed and maintained; and
- risks of relapse are understood and a plan is in place to manage the possible return of symptoms or other problems.

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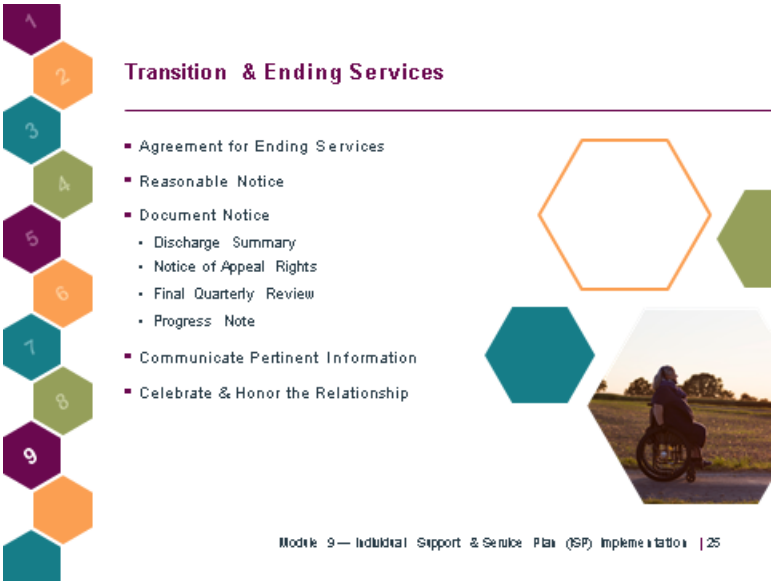


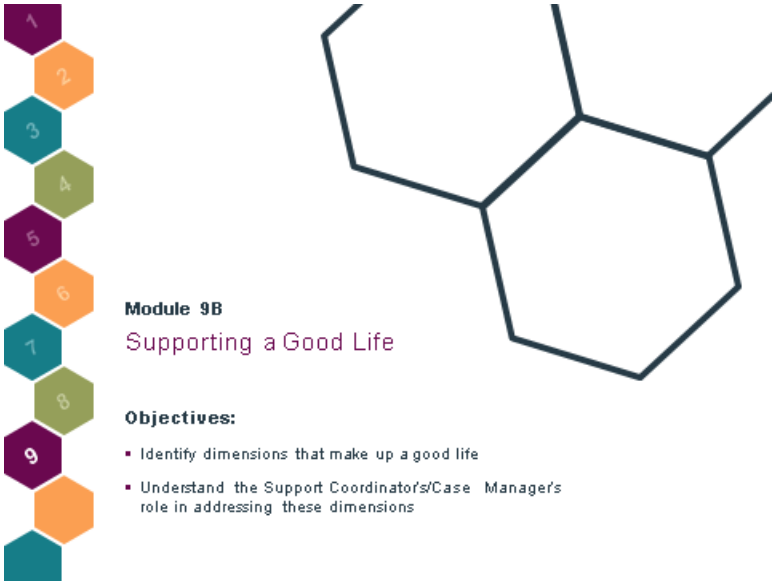
It is essential for the Support Coordinator/Case Manager to work carefully through the transition and discharge process.

It is important to make sure there is agreement for the ending of Support Coordination/Case Management services with the person, the agency, and other appropriate parties. The Support Coordinator/Case Manager should provide reasonable notice of discharge that is based upon the facts and circumstances of each person's life.

The Support Coordinator/Case Manager documents both verbal and written notice to the person and the other participating service providers. Documentation includes completion of the required Discharge Summary, notice of appeal rights, final quarterly review, and progress notes.

It is important to communicate pertinent information, with permission, when transitioning to other providers and supports to maximize positive outcomes. And lastly and most importantly, celebrate the work done together; recognize achievements and honor the relationship.

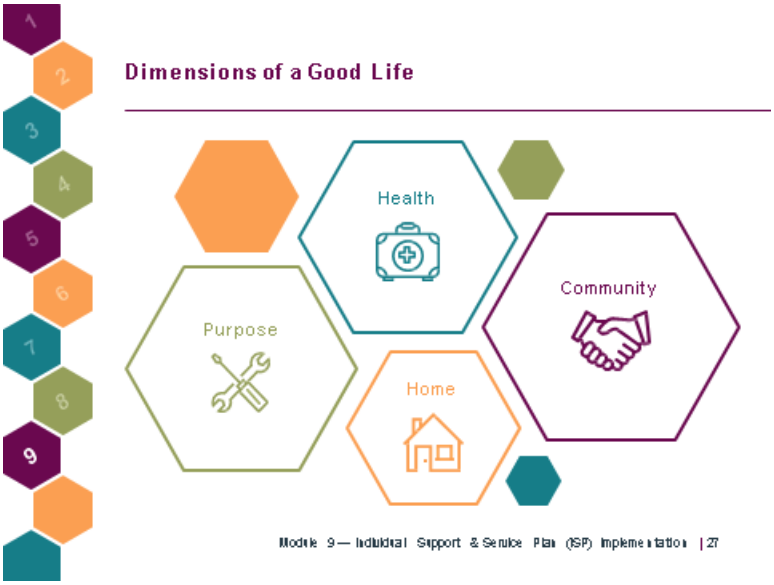
Slide 26



The objectives of Section 9b are to:

- identify dimensions that make up a good life; and
- understand the Support Coordinator/Case Manager's role in addressing these dimensions

Slide 27



One of a Support Coordinator's/Case Manager's strengths is the ability to see people with disabilities as 'people' first. They are not a 'case' nor are they a collection of behavioral health symptoms or developmental disability labels. They are people with unique skills and abilities and, like everybody, they have challenges that prevent them from reaching some of their goals. The Support Coordinator's/Case Manager's job is to help those they serve, recognize and learn to adjust to those challenges so they can live as fully and satisfyingly as possible.

There are four major life dimensions essential to supporting recovery and living a good life.

They are:

- living in a physically and emotionally healthy way;
- having a stable and safe place to live;
- having meaningful daily activities, such as a job, school, volunteerism, or family care-taking that enable making contribution to family, community and/or society; and
- having relationships and social networks that provide support, friendship, love, and hope.

Slide 28

It is important for the Support Coordinator/Case Manager to know and monitor the person's health status, medical conditions, medications and potential side effects, and risks**,** as well as assist the person in working with their prescribers. Encouraging people to continue to take their medications is one way we can significantly improve goals/outcomes.

Here are some things to say to begin the conversation:
"It is really important for your health to follow your prescriptions".
"How has your medication been helpful"?
"Do you feel or act differently on days when you have missed your medication"?

Slide 29

If people have trouble remembering to take their medication, ask them to consider the following strategies:

- Count out and put the pills in a weekly pill box.
- Keep medication where it cannot be missed, for example, on a bedside table, with the TV remote control, near the refrigerator, or even taped to the handle of a toothbrush. Everyone has two or three things they do everyday without fail. Put the medication in a place where it cannot be avoided when doing that activity, but always away from children!
- Use an alarm such as a clock, watch, or cell phone. Encourage the person to set a time of day the medication should be taken.

If someone chooses not to take their medication:

- acknowledge they have a right to choose not to use any medications;
- stress that they owe it to themselves to make sure their decision is well thought out. It is an important decision about their personal health;
- ask their reason for choosing not to take the medication. Tell them you're sure they wouldn't make such an important decision without having a good reason. Encourage more discussion beyond "I just don't like pills."
- Support them in following up with the prescribing doctor to discuss their concerns and consider different options.

Slide 30

Activities to support housing stability include those that support people in obtaining and maintaining their housing. While many of these activities are specific to those who are not living in specialized residential settings, Support Coordinators/Case Managers may still engage in some of these activities as someone moves toward greater community integration.

In order to obtain housing, Support Coordinators/Case Managers can support people to:

- discuss and explore residential options available through the developmental disability waivers, if applicable;
- find affordable housing through ads in the newspaper, applications for subsidized housing, Projects for Assistance in Transition from Homelessness (PATH), Discharge Assistance Planning (DAP) funds, and homeless programs;
- understand the basic requirements of a typical lease;
- contact and build a relationship with the landlord, provided permission has been granted by the person with the disability;
- learn about and advocate for their fair housing protections under Landlord Tenant Laws, the Americans with Disabilities Act, and Fair Housing laws;
- contact a DBHDS Housing Specialist;

The link provided lists the contact information for DBHDS Housing Specialists. This link is also included in the materials section of this module.

Slide 31

Obtaining housing includes being able to pay for it. Support Coordinators/Case Managers can support people to:

- apply for a housing subsidy;
- recertify when required to keep their housing subsidy;
- apply for financial assistance to pay their rent or other bills;
- access and understand their credit reports; and
- improve their credit ratings by correcting errors, repaying old debts, and building a positive credit history.

Slide 32

Support Coordinators/Case Managers support people in keeping their housing by:

- visiting the person's home to assess their housing situation;
- teaching the person how to interact appropriately with landlords and other tenants;
- supporting people to learn basic skills to care for the housing; and
- maintaining a relationship with the landlord, with the person's permission. By doing so, landlords can contact the Support Coordinator/Case Manager should any problems arise or become serious. Maintaining a good relationship with a landlord can ensure that a positive reference can be obtained upon moving.

Slide 33

Support Coordinators/Case Managers serve people who need extra assistance in keeping their housing by helping to access residential services.

They can support people in this way by:

- determining residential service and support needs;
- researching available providers of residential services;
- offering choice regarding residential service options;
- visiting potential providers and meeting other residents;
- assisting in selecting an appropriate provider; and
- completing any required paperwork for the residential services program.

Slide 34

Most people with disabilities would choose to work, given the opportunity. People who work experience higher levels of self-efficacy. They have higher expectations of what they can accomplish, and this spreads to other areas of their lives. They experience increased connectedness to the larger community, with a greater number of friendships with those who do not have disabilities. They enjoy better health and a deeper sense of well-being than people who aren't working. People who work tend to have greater meaning in their lives. A sense of purpose grows from being engaged in meaningful activities. Earning an income is also an important benefit. Many people with disabilities live in poverty. Income from work helps supplement their resources and improves the quality of their lives. Module 11 will review more opportunities for employment supports.

Slide 35

Regardless of the severity of the person's disability, the service system should encourage people to work in competitive employment, meaning in jobs that provide:

- at least minimum wage and related benefits;
- a typical work setting where employees with disabilities have opportunities to interact with workers who do not have disabilities;
- work that makes the best use of one's abilities and provides a feeling of accomplishment;
- the opportunity for career advancement; and
- the opportunity to work as many hours a week as the person is able and willing to work.

Slide 36

Some things for Support Coordinators/Case Managers to consider about employment include:

- What interests does the person have that can guide career choice?
- What qualities, skills and abilities the person possesses that an employer would value and that would contribute to the work environment?
- Has the person created a resume that includes job and volunteer experience?
- What kind of supports will the person need to be successful on the job?
- Where can the person get a job in a supported work environment?
- What impact will earned income from a job have on the person's benefits?
- Is it enough to pay their bills and have the life they want?

Slide 37

Some important services the Support Coordinator/Case Manager can provide to encourage employment are:

- support the person in believing that they can work in the community;
- talk to the person about what they enjoy doing, what they are good at, and what kind of job they might want;
- create linkages among colleagues and other service providers to provide the supports necessary to help the person find, get, and keep employment in the community;
- work with the Department of Aging and Rehabilitative Services (DARS), who provides opportunities and support for employment to people with disabilities; and
- support people in building personal networks that may result in job opportunities;

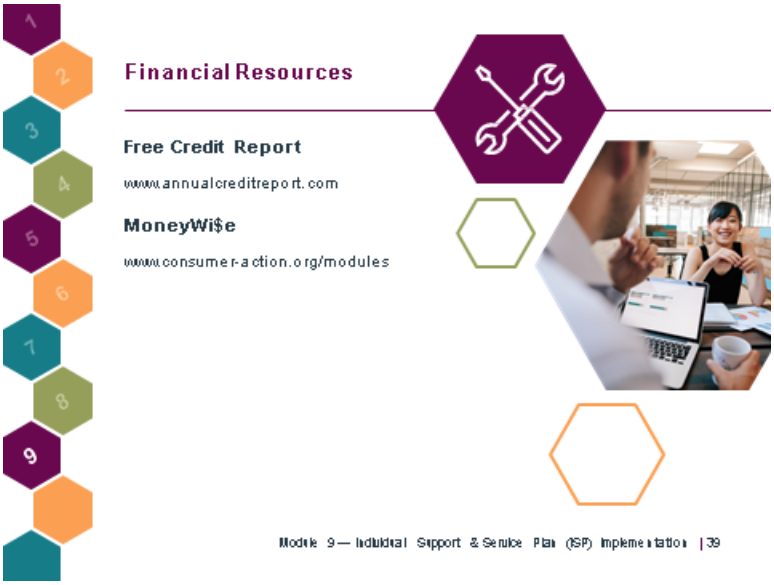
Slide 38

Another area of Support Coordination/Case Management services is helping the person budget their financial resources.

Some suggestions include:

- working with the person to develop a list of priorities by helping them distinguish between needs and wants. Help them understand that money for ***wants*** should come after ***needs*** are taken care of;
- not pushing judgments or values about money on the person;
- being careful to not "rescue." Work with the person to outline possible consequences, both positive and negative, for financial decisions;
- discussing any concerns regarding financial exploitation;
- being aware of ethical concerns when dealing with financial issues and consult a supervisor if there are any ethical concerns; and
- consider exploring the option of a representative payee to manage money and pay bills, if appropriate.

Slide 39



A Support Coordinator/Case Manager can help a person access and understand their credit reports. Free yearly credit reports can be obtained from the link provided.

MoneyWi$e, a Consumer Action and Capital One partnership, is a national program offering free, multilingual financial education to people and nonprofit organizations.

These links are also listed in the materials section of this module.

Slide 40

Support Coordinators/Case Managers may need to transport a person when other sources of transportation are unavailable. If a Support Coordinator/Case Manager drives their personal vehicle, it is important to check with their agency and their personal insurance company to ensure that they are properly covered. Know and follow agency policies about driving people served, as well as use of specialized transportation needs, such as an accessible vehicle and use of a lift and tie downs. Obtain necessary training and discuss these policies with a supervisor. DO NOT transport a person that is believed to present a safety concern without other staff present.

Slide 41

In addition to implementing and coordinating the services listed in a plan, Support Coordinators/Case Managers also educate people with disabilities and their supporters about disabilities, illnesses, resilience, recovery, resources and services.

Useful educational materials and resources include:

- support groups;
- provider's and advocate's brochures;
- informative websites;
- topical books and videos;
- community information seminars; and
- online webinars.

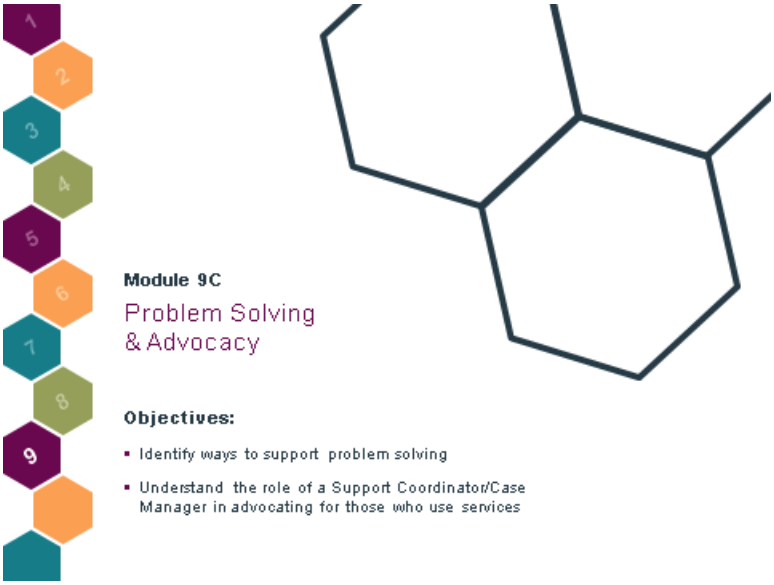
Support Coordinators/Case Managers need to work with the person and their supporters to identify resources to help build skills including self-care, activities of daily living, use of adaptive equipment, stress management, and assertiveness.

Slide 42

Ultimately, one of the Support Coordinator's/Case Manager's most important roles is to help those served develop natural supports in the community. These may include but are not limited to:

- family;
- diverse friendships among those in the neighborhood and larger community;
- relationships with fellow employees in work places or students in regular classrooms; and
- associations through participation in churches, clubs, organizations, and other civic activities.

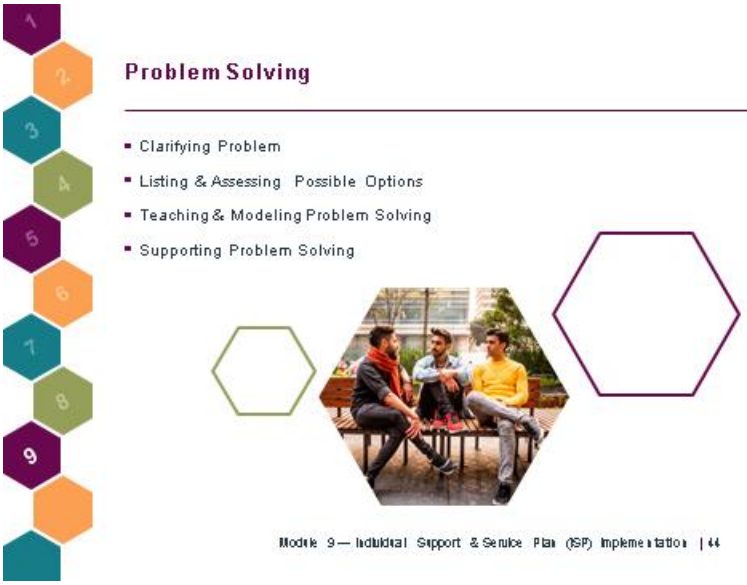
Slide 43



The objectives for Section 9c, are:

- identify ways to support problem solving; and
- understand the role of a Support Coordinator/Case Manager in advocating for those who use services.

Slide 44

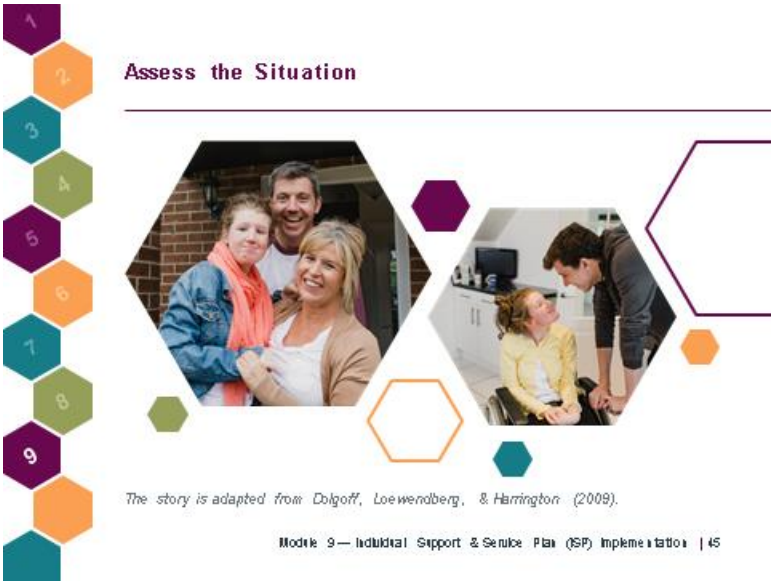


There are many situations in which problems can arise and Support Coordinators/Case Managers can help bring resolution and overcome barriers.

You can do this by:

- clarifying the problem;
- listing and assessing possible options;
- teaching and modeling problem solving for people with disabilities and supporters; and
- supporting people and supporters in solving problems and overcoming barriers.

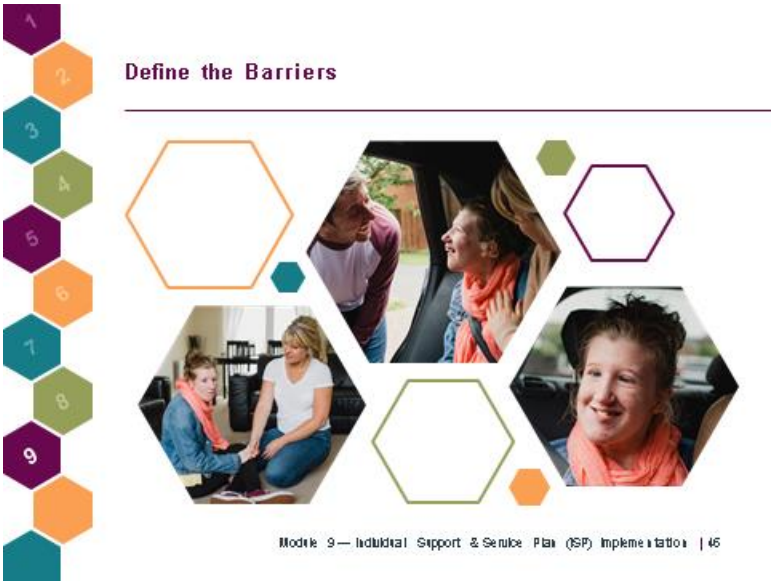
Slide 45



Christie Murray is 15 years old and the youngest of 4 children. She has an intellectual disability and uses a wheelchair. For the past 3 years she has lived at a therapeutic residential school. According to the residential staff, her teachers, and the psychologist, Christie is doing well, has reached her expected goals and is ready to return home. Both of Christie's parents are employed and live 1 hour away from the school. The Murray's visit Christie once a month and Christie goes home for a weekend visit once a month.

Christie has expressed that she is ready to live at home again. The school staff have determined that Christie appears to be ready to return home also. The Support Coordinator/Case Manager has shared this information with the parents, and has informed them of community supports that will be available to Christie when she returns home. However, the Murray's disagree and are satisfied with the current arrangement. They feel that it would be too much of a strain on the other children if Christie returns home.

Slide 46



Based on the information the Support Coordinator/Case Manager gathered, it seemed as if the problem could be defined as this:

The Murrays are satisfied with and don't want to change the current living situation for Christie. However, the staff at the residential school recommend that she return to live in the community with her parents and Christie would like this as well.

The Support Coordinator/Case Manager is convinced that it would be in Christie's best interest for her to leave the school and resume a more normal home life. She requested a meeting with Mr. and Ms. Murray and the staff at Christie's school to talk more about the situation and to come up with an agreeable solution.

Slide 47

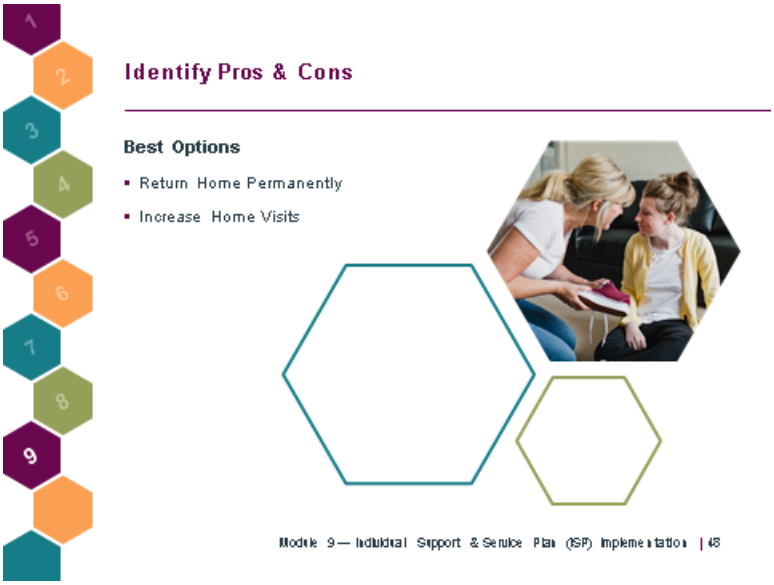
The Support Coordinator/Case Manager worked with the school staff and the Murrays to list possible solutions. The keys to effective problem solving include gathering ideas, withholding criticism, welcoming unusual ideas, and combining and improving on ideas.

The Support Coordinator/Case Manager wrote each idea on a wipe board as the participants in the meeting made suggestions. She was careful not to show any reaction to the ideas and encouraged the participants to save prolonged discussion about them until the next phase of the problem solving.

A partial list of the ideas gathered at their meeting included:

- keep the living situation as is;
- increase the home visits to every weekend;
- Christie returns home for a trial period of one month;
- Christie returns home permanently and the family receives in-home support services to help manage the change; and
- the Murrays move closer to the school so Christie can go there during the day but stay at home at night.

Slide 48



The Support Coordinator/Case Manager led the discussion about the pros and cons of each idea. From that discussion, they also came up with a few new ideas that the Support Coordinator/Case Manager wrote on the board. Each person participating, drew a star beside their 3 favorite ideas.

Based on everyone's vote the following two potential options were identified:

- Christie returns home permanently and the Support Coordinator/Case Manager assists the family with obtaining in-home support services for Christie that help the family to manage the change.
- Christie's home visits are increased to every weekend for the next 3 months.

Slide 49

Christie started visiting home every weekend. Staff from the residential school began providing training to the parents at their home one weekend day a month. The transportation back and forth every weekend proved difficult for the parents, so staff provided transportation to the Murray's home on Fridays and the Murrays brought Christie back to the school on Sundays.

Slide 50

As part of the decision making process, the Support Coordinator/Case Manager helped the family decide how they would know if the plan worked. Together, they identified the following as signs that would show that it was succeeding:

- Christie would consistently report that she is happy to be home.
- The Murrays would feel more confident that they could support Christie with her daily activities on a regular basis.
- The other children would not experience a significant drop in their grades at school or demonstrate serious behavior problems.

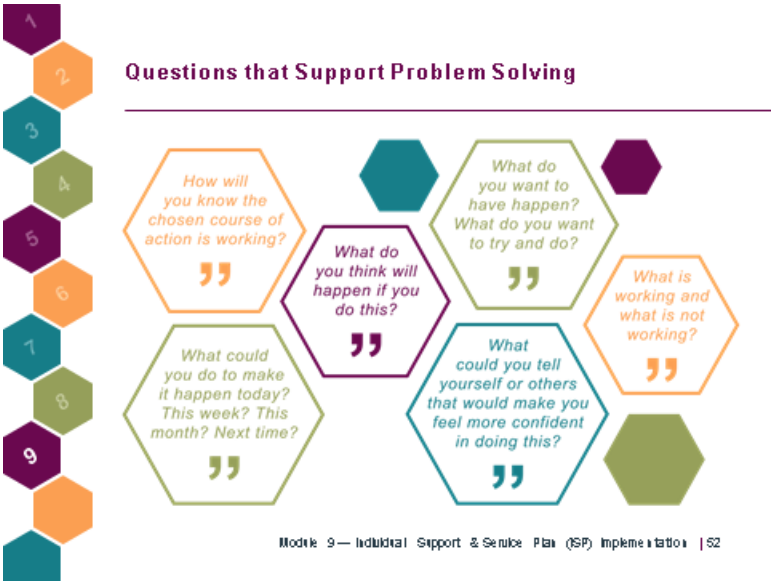
Christie did say she was happy to be living at home and the Murrays reported feeling much more confident in their ability to support her there. While it was difficult at times, they really enjoyed having Christie at home more often. One of the children said, "I like having my whole family together." It was decided that Christie would return home permanently.

Slide 51

Sometimes the problems are about conflicts between people. In those cases, Support Coordinators/Case Managers can manage the conflict by doing the following:

- anticipate and help resolve emerging tensions between people;
- remain calm and constructive when confronted with people who are angry, critical, or threatening; and
- mediate conflicts among people with disabilities, family members, and other care providers.

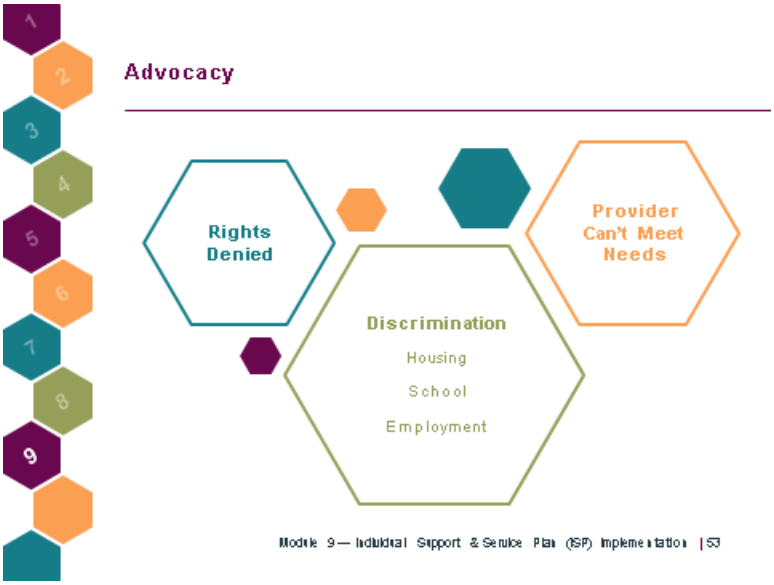
Slide 52



Whether you are using the problem solving model or not, the following are questions you could ask of each team member to help support someone to find a solution:

- What is working and what is not working about this particular issue? Ask this from each team member's perspective, including, of course, the person who uses services.
- What do you want to have happen? What do you want to try and do?
- What do you think will happen if you do this?
- What could you do to make it happen today? This week? This month? Next time?
- What could you tell yourself or others that would make you feel more confident in doing this?
- How will you know the chosen course of action is working?

Slide 53



What happens when there is a problem that involves discrimination in school, employment, or housing, because of a disability?

Or when a provider's services are no longer meeting an person's changing needs?

Or when a person's other rights are denied?

What is a Support Coordinator's/Case Manager's response?

Slide 54

As an advocate, the Support Coordinator/Case Manager has the knowledge and professionalism to represent the best interests of the person served by doing the following:

- provide verbal and written information to the person and their family members about their rights and responsibilities including personal, interpersonal, legal, and civil rights;
- represent and support the person's goals and wishes with colleagues, the treatment team, other service providers, human rights advocates, and the ombudsman;
- identify potential risks related to exercising rights and attempt to make a plan that will minimize those risks;
- speak out against violations or appeal decisions that appear to violate the person's rights; and
- bring examples of unmet needs and possible solutions for meeting such needs to the attention of decision-makers for their consideration for possible action.

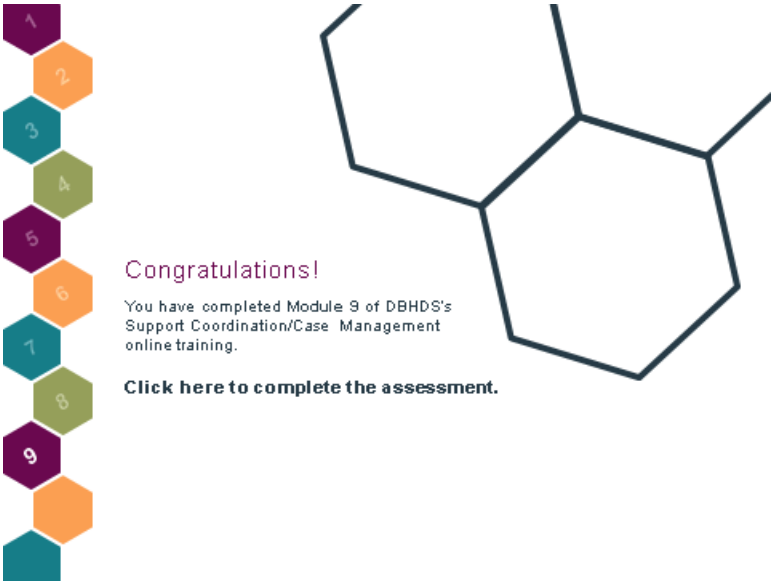
Slide 55

When possible, it is preferable for the person to act on their own behalf. This helps to enhance self-efficacy which is the belief in one's own competence. Additionally self-advocacy increases a sense of empowerment.

To support self-advocacy, a Support Coordinator/Case Manager can:

- arrange for the person and family members to have access to planning meetings and key decision makers about their benefits and services;
- coach the person on how to participate in planning meetings and ask for what they want;
- link the person and family members to peer and family support activities, to receive or provide peer support;
- encourage and assist the person to join any advocacy groups in their area or form groups where none exist;
- advocate with the person to request service improvements when they are judged to be unfair, inadequate, or non-existent; and
- assist the person in using formal grievance processes.

Slide 56



Congratulations!

You have completed Module 9 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 9 before proceeding to Module 10.

Thank you for your participation!