# Health Home Herald


# 2021

## Engaging Clients with Limited Decision-Making Capacity

*By Brendy Visintainer with DSHS*

How do you engage someone with limited (or lack of) decision making capacity? Maybe we could start from the beginning with a question. How will you know someone has diminished capacity?

If phone calls are being made for outreach do we ever get the client on the telephone? If not, is someone representing that person and how may we confirm they are authorized to make decisions on the person's behalf? We may want to see if there is a case manager that may help provide information (see article on finding case manager contact information).

We may be told the person has dementia. Just because a person has a diagnosis of dementia does not mean that they cannot make a decision. Inform the client or representative exactly what the program is, what our role is, and what decisions we are asking of them.

Making decisions is fundamental to our independence and individuality. Health Home services are designed to support changes to improve client's ability to function in their home and community and increase self-management of their chronic diseases. We want to maximize our client's understanding and help them to develop person-centered goals.

Every time we speak with a client we are getting a sense of their decision-making capacity. We want to know if they understand the information we are providing to them. If we do not feel they understand, we try a different approach. If we believe a client needs a formal assessment, we help with a referral to their PCP or other provider.

Decisions may be communicated through verbal or non-verbal cues as well as through actions. Informed choices are choices we make based on our understanding of options and what impact different options may have.

What cues do we have that the client understands? Are the cues verbal, non-verbal or through actions? We should get an understanding of how the person communicates and if we understand what they are communicating.

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We may ask the person questions that will confirm their understanding of what we just asked. Questions like:

- What does that mean to you?
- How do you feel about that?

We may ask them to restate what was said to show their understanding.

When working with someone with limited decision-making capacity consider what you are asking them to decide. It takes time, effort and listening skills. Here are some tips to consider:

- Maintain eye contact. Be face-to-face on eye level
- Eliminate as much distractions and noise as possible
- Use facial expressions and gestures and watch for their responses in non-verbal ways
- Use normal and adult voice with short, simple sentences
- Allow extra time for a response
- Keep questions limited, break big questions into smaller parts
- Restate or rephrase as needed
- Explain options (but not too many)
- Explain risks and benefits of options
- Ask for their choices or preferences
- Be positive and smile

We want to honor client autonomy. We want our clients to make decisions after providing the information they need. We want them to make every decision they are able to with as little assistance as possible. This past year has brought many extra challenges with communication and we are thankful for Care Coordinators who strive every day to honor their client's autonomy.

# Care Coordinator Corner

*Cyndi Doolin, Care Coordinator, Area Agency on Aging & Disabilities of Southwest Washington*

I have a very debilitated client who is also a single dad to 3 preteens (9, 10, 12 y/o). With the pandemic and schools being closed, his children have been home since March. My client has an in-home daily caregiver to help with his care needs. Since the children have been home for many months, my client has been at risk of losing caregivers. The caregivers do not want to help with the children's laundry, meal prep, etc... or deal with arguing behavior of siblings. This is not the caregiver's job either.

I found out that DDA has a program to provide caregivers for children with severely disabled parents. To qualify, the children have to have a diagnosis of anything (ie: allergies, ear infections, etc... does not need to be a developmental delay. A caregiver will be set up for the children, to come in and help with their needs so my client's caregiver can focus on his needs. I'm so excited to have found this program. Now the children can get their needs met - to the doctor for their shots, dental care, and meals prepared, etc... My client will be able to keep a caregiver working for him!

P.S. The service is Community First Choice under their specialized unit. Their specialized unit supports individuals who are under the age of 18, do not meet DDA eligibility criteria but are Medicaid eligible and have unmet care needs. DDA supports this program.

Submit your story, resource, or ideas to the Care Coordinator Corner via our newsletter inbox: healthhomenewsletter@dshs.wa.gov

## Care Coordinator Support Meeting

*Barbara Lewis, Lead Care Coordinator with Full Life Care*

At a Full Life Care Health Home Lead Network Meeting on October 26, 2019, we had some breakout sessions. One of the groups focused on developing a Care Coordinator Support Meeting. The basic premise was that the Care Coordinators needed a safe outlet to vent, compare experiences, share ideas and resources, build each other up, etc. Our jobs can be stressful and emotionally draining, and we need to honor those feelings with some supportive self-care.

Moving forward, we have been meeting quarterly, directly after the main Network Meeting. Participation is completely voluntary. Attendance fluctuates but on average 15 Care Coordinators attend. Topics of discussion have included outreach best practices, serving clients telephonically during COVID-19, caseload size and self-care. The initial feedback has shown that the CC Support Meeting is building comradery among the Care Coordinators throughout the network. Sharing resources, best practices, and having the ability to discuss items directly after the network meeting, in a safe space, is building relationships. This, in turn, builds morale, which contributes to care coordinator retention. And that, better serves our clients.

The meeting agenda is truly driven by Care Coordinators and no meeting minutes are taken. Meeting topics will adjust and change according to the needs and dynamic of the network. Our group meeting, for the last year, has offered the opportunity for community and our conversation supports Care Coordinator wellness. I would encourage any Lead Network to explore developing a safe space for Care Coordinators to communicate and support each other.

# Spotlight on Resources

## Developmental Disabilities Administration (DDA)

DDA has a great amount of information on their website https://www.dshs.wa.gov/dda

Including:

- Information phone number for the county you live in
- Publications and forms including fact sheets
- Resource links
- Services and programs offered
- And so much more

You may find a list and descriptions of services and programs offered by DDA at https://www.dshs.wa.gov/dda/developmental-disabilities-administration-services-programs


## Participant Portrait

*Chynna Loeffler with Sunrise Services (CHPW Lead)*

It took some time working with a client we will call Alice, to have her open up to the HHCC and accept assistance due to a history of abuse. The HHCC worked diligently to gain her trust and learn the many ways that they could help.

Health Homes has been able to provide support to Alice by assisting in finding resources in her community and building confidence in the client to better her health independently. Since enrolling Alice has been able to successfully obtain needed doctors and specialists (neurologist, infectious disease doctor, etc.), and complete significant testing to identify issues and new diagnoses. With the HHCC's assistance, she also was able to obtain gas reimbursement for going to her medical appointments and applied for Social Security Disability Income. When feeling able to work, HHCC assisted the client in a job search, and ultimately obtaining employment.

After Alice felt sure that her primary needs were taken care of, she felt the need to obtain her own housing, as she has been living with her brother. her HHCC was able to get her on many housing waitlists and make a plan to get her own apartment where she can feel safe and have a fresh start. She is expected to move into her new apartment by the end of the month!

While working with Alice the HHCC learned of a need for family assistance as Alice needed help finding outlets to keep her children busy, continue their learning and ensure that they were in a safe environment. The HHCC connected the family to free community events and social circles to meet other children of their age and build friendships. This also allowed Alice to build relationships with other moms in her area and feel supported.

The HHCC has supplied Alice with many resources and has broken down how to achieve her goals one step at a time. The HHCC has also assisted in calling healthcare providers and completing applications. Keeping in frequent contact and continuously encouraging Alice has attributed to her success!

# Finding Case Manager Contact Information in PRISM

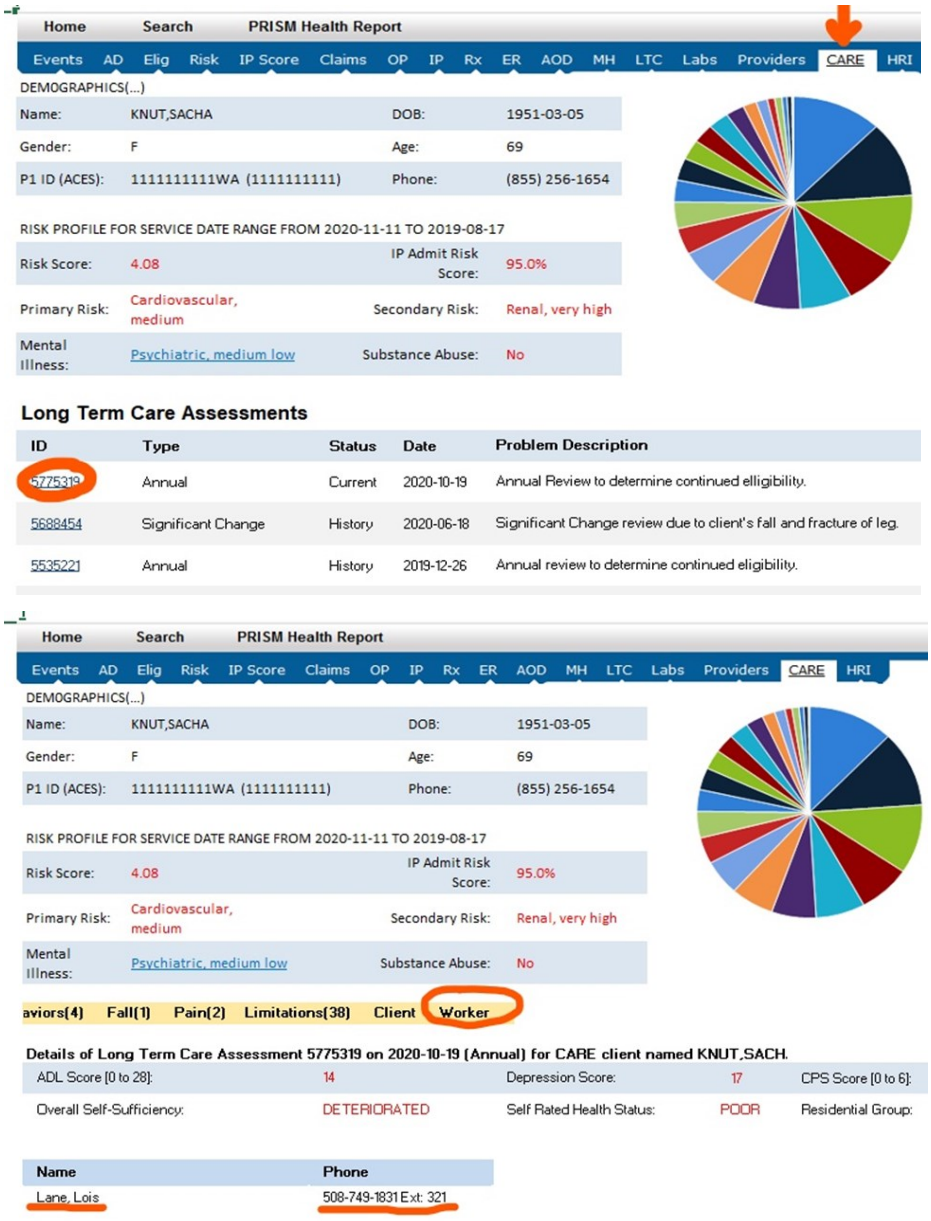
*By Brendy Visintainer with DSHS*

If a CC is having difficulty getting in contact with a client, they may want to see if there is a case manager assigned who may have current contact information. Speaking with case managers also may help with coordinating services for clients.

To find if there is a case manager with HCS/AAA/DDA go to the CARE tab in PRISM. If there is an assessment, it will show under "Long Term Care Assessments". Assessments will be listed as current, pending or history.

When the PRISM user selects a particular assessment from the list, the following information will be displayed.

Click on "Worker". Once you do, the current HCS/AAA/DDA case manager and their phone number will be shown.




## Webinar Trainings for First Quarter of2021

Please use this link to register: https://attendee.gotowebinar.com/register/7737551806507536396

Registration link is good for January through March

There will be a new link for April through June

When registering, please make sure your email address is correctly entered

Invitations are also posted on DSHS website at https://www.dshs.wa.gov/altsa/washington-health-home-program-%E2%80%93-training-invitations

### Upcoming topics

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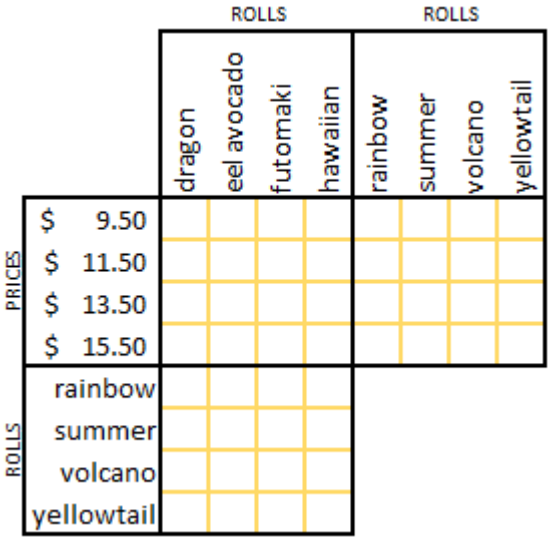
|---|---|
| JAN 14 | Trauma 101 |

# Health Home Puzzles & Games




Ben works at Nemo Sushi and he needs to figure out the total bill for a number of different customers, each of whom ordered two different types of sushi rolls. Using the clues provided, match each order (two types of rolls) to its price.

1. The client who ordered the hawaiian roll paid 2 dollars more than the client who ordered the dragon roll.
2. The client who paid $13.50 and the customer who ordered the futomaki roll, one ordered the rainbow roll and the other ordered the summer roll.
3. The customer who ordered the hawaiian roll ordered the yellowtail roll.
4. The person who ordered the eel avocado roll paid $13.50.
5. The customer who paid $13.50 is either the client who ordered the hawaiian roll or the client who ordered the summer roll.

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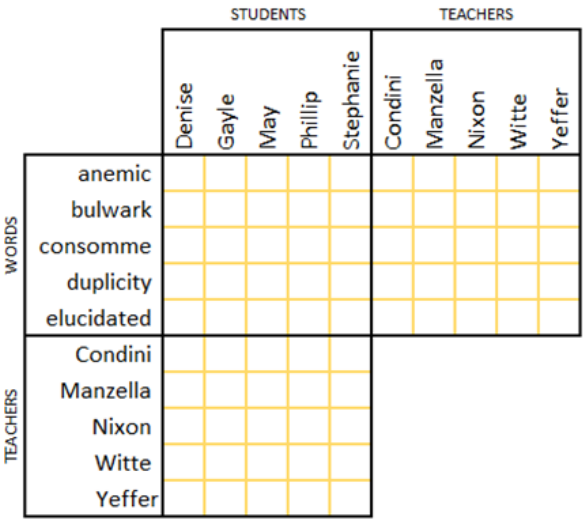


Stride Elementary School held a spelling bee this week. Each contestant was from a different English class and each was given a different word during the final round of the contest. Using only the clues provided, match each child to their English teacher and their final word.

1. Phillip was from Mrs. Witte's class.
2. Of the child whose word was "anemic" and the student whose final word was "consomme," one was from Ms. Witte's class and the other is Denise.
3. Of the child whose word was "anemic" and the student whose final word was "consomme," one was from Ms. Witte's class and the other is Denise.
4. Stephanie had to spell a word that was 3 letters shorter than the one given to the contestant from Mrs. Nixon's class.
5. Gayle has never taken a class from Mrs. Nixon.
6. Stephanie was from Mrs. Manzella's class.

Answers will be posted at... https://www.dshs.wa.gov/altsa/stakeholders/washington-health-home-program-quarterly-newsletters

| | | CHEFS | | | | | DISHES | | | | | RESTAURANTS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Celia | Hattie | Sonia | Wade | Yolanda | cajun chili | jambalaya | lemon snapper | smoked pork | turkey soup | Apple Barn | Enzo's | Oceanside | White Bean | Zenaida's |
| SCORES | 42 | | | | | | | | | | | | | | | |
| | 49 | | | | | | | | | | | | | | | |
| | 56 | | | | | | | | | | | | | | | |
| | 63 | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | |
| RESTAURANTS | Apple Barn | | | | | | | | | | | | | | | |
| | Enzo's | | | | | | | | | | | | | | | |
| | Oceanside | | | | | | | | | | | | | | | |
| | White Bean | | | | | | | | | | | | | | | |
| | Zenaida's | | | | | | | | | | | | | | | |
| DISHES | cajun chili | | | | | | | | | | | | | | | |
| | jambalaya | | | | | | | | | | | | | | | |
| | lemon snapper | | | | | | | | | | | | | | | |
| | smoked pork | | | | | | | | | | | | | | | |
| | turkey soup | | | | | | | | | | | | | | | |

Palatka County held a charity cook-off this weekend, which pitted several local chefs against each other. Each chef cooked a different dish and received a different score (on a scale of 1-100, with 100 being the best). Using only the clues below match each chef to their entree and determine the score it received and the name of the restaurant each chef works at.

1. The cook from Zenaida's, the person who made the jambalaya and Yolanda are all different chefs.
2. The person who scored 49 points made the smoked pork.
3. Celia scored 14 more points than the cook who made the jambalaya.
4. Of the person who scored 42 points and the cook from Enzo's, one was Sonia and the other made the jambalaya.
5. Wade scored 70 points.
6. Yolanda scored somewhat more points than the cook from Oceanside.
7. The cook who scored 56 points didn't make the cajun chili.
8. The chef who scored 56 didn't make the turkey soup.
9. Sonia, the chef who made the turkey soup, and the chef who scored 63 points are three different chefs.
10. The chef from Zeno's scored 7 more points than the person from White Bean.