Show Me Options

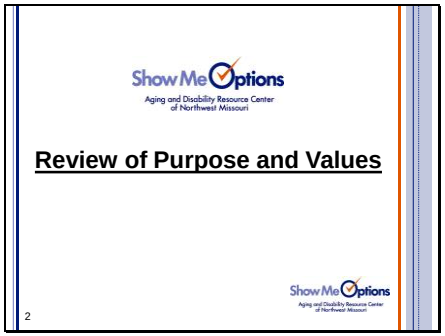
Aging and Disability Resource Center
of Northwest Missouri

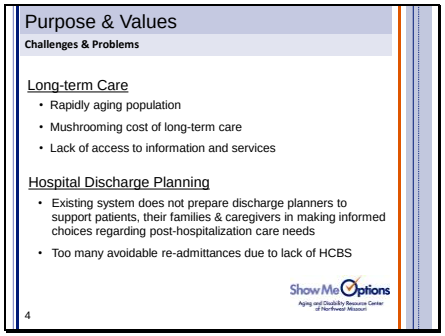
Trainers Manual

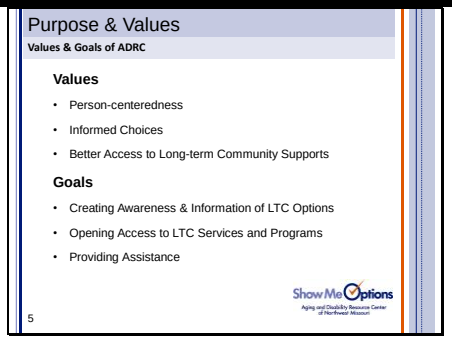
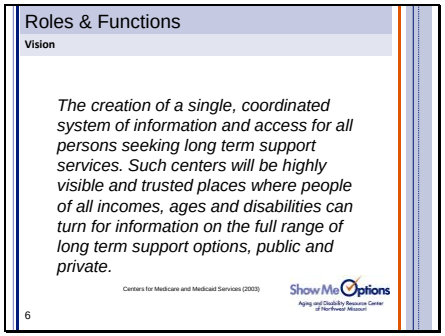
Module 3: Roles & Functions

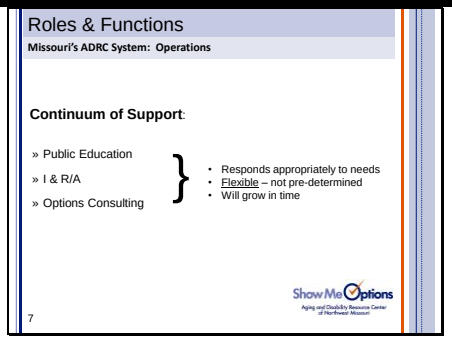
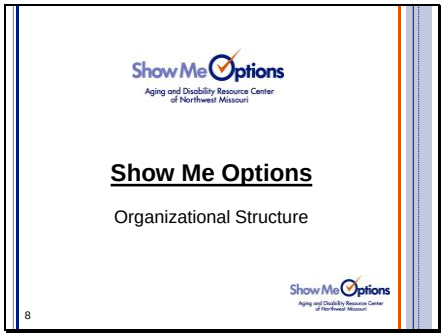
Basic Equipment & Materials for Training

A/V Equipment Needs:	☐ **Computer** ☐ **Flip chart** ☐ **PowerPoint projector** ☐ **Markers**
Resource Material:	☐ **PowerPoint presentation, *Module 3: Roles & Functions*** ☐ **Slide handout** ☐ **Handouts 1 – 15** ☐ **Evaluation form**
Approximate Time Requirement:	**10 Hours**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 1		**Key Point:** • This module will give us in-depth information about how Show Me Options will operate and the functions of each staff member.	
Slide 2			

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 3		**Key Points:** • Show Me Options is an Aging and Disability Resource Center and; • It is funded through the Centers for Medicare and Medicaid Services and the Administration on Aging.	**Question:** Who can remind us of some of the problems and challenges that spurred the development of the ADRC concept? (Next slide for answers.)
Slide 4		**Key Points:** (Review points on slide.) • The ADRC system grew out of increasing evidence that HCBS is preferred by consumers, improves health outcomes, and controls costs. • Now let's look at how this will work in Northwest Missouri.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 5		**Key Points:** • As you will remember, our values and goals are tied directly to the challenges we reviewed in the previous slide. • This module will outline for us the specific protocols and practices by which we will implement these values in our daily work with older adults, people with disabilities, family caregivers, and any other professionals with whom we might interact – hospital discharge planners, for example.	**Question:** Most of you participated in our communications module, where we discussed person-centeredness in detail. Quickly, how do you define person-centeredness in the work that you do?
Slide 6			

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 7		(Review slide with trainees.)	
Slide 8		**Key Point:** • Let's look at how your organizations and other community stakeholders are linked together to provider governance, management, and continuity to Show Me Options.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 9		**Key Points:** • Show Me Options depends on many organizations and people. • Basically, it is made up of 5 interrelated components. • The heart of Show Me Options is the Executive Committee and the Coalition. • These parts of the organization depend on a State Advisory Council, a Consumer Advisory Group, and the ADRC managers to coordinate the activities, address the needs of the people served, and make sure Show Me Options functions as well as it can. • Let's look at each component separately.	
Slide 10		**Key Points:** • The Executive Committee is made up of the executive leadership of the key partners who have developed the Show Me Options initiative. • This committee provides governance and oversight to the structure and functioning of SMO. • They make decisions by consensus regarding the initiatives, activities, and general operations of SMO. In other words, nothing happens without their approval. • They meet monthly to discuss the business of SMO.	

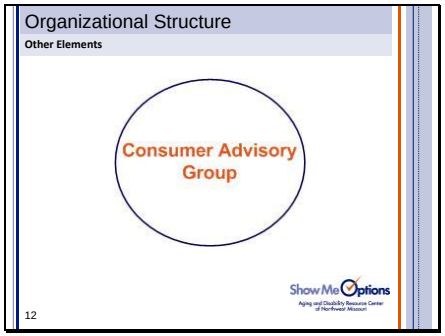
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 11

Key Points:

- The NW Coalition for Integrating Community Resources is the professional and consumer advisory board of Show Me Options.
- It is made up of the executive leadership, staff, board members, and consumers of the key SMO partners.
- The Coalition meets quarterly to discuss the business of SMO.
- It is where executive leadership announces changes to SMO and hears the experiences and concerns of the other Coalition members.
- It is also the place where Coalition colleagues exchange information about their ideas, concerns, and other SMO issues.

Slide 12



Key Points:

- The CAG consists of people that participate in the services provided by the key partners.
- These people represent the interests of SMO's target populations: adults with disabilities, older adults, caregivers, and family members.
- They meet, as needed, to give feedback on new SMO products, initiatives, and activities.
- They can also help convene focus groups to test new products and initiatives, if needed.

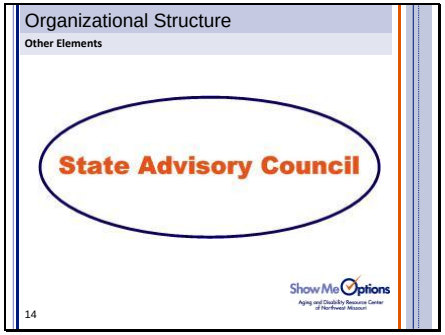
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 13

Key Points:

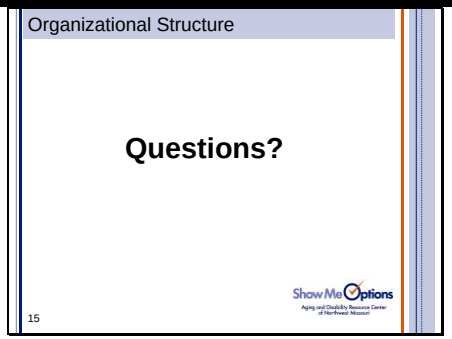
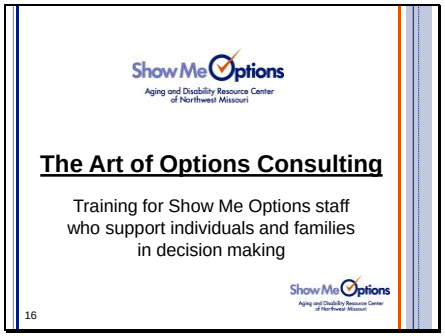
- The ADRC Manager is a staff person appointed by the executive leader of each key partner (except for Heartland, who serves on the Executive Cmte and Coalition only.)
- This means that there are 4 ADRC managers.
- The ADRC managers oversee the daily work of SMO within his/her respective agency.
- They meet quarterly at the Coalition meetings, and can convene meetings with each other as needed.
- They make sure that SMO activities within their organization run as smoothly as possible, and that SMO standards are maintained.

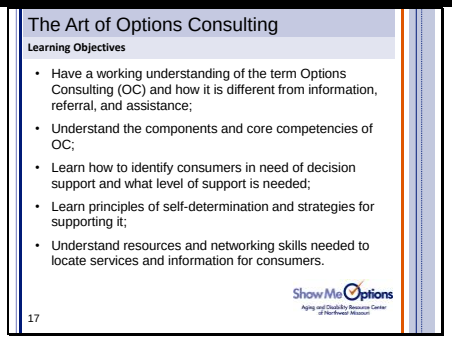
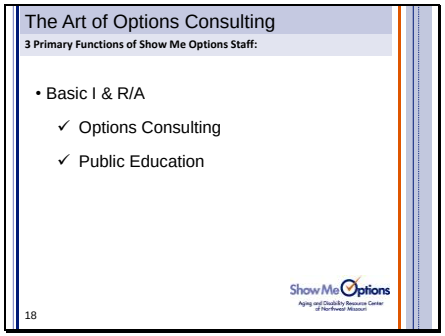
Slide 14



Key Points:

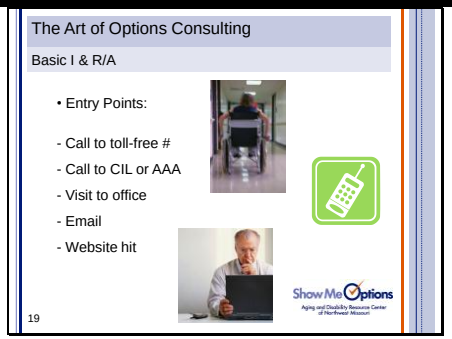
- The State Advisory Council is made up of representatives from agencies that are important stake holders in the Show Me Options initiative, and have a statewide focus.
- Member organizations consist of professionals from the Dept. of Health and Senior Services, the Dept. of Mental Health, the MO Hospital Association, the State's Ombudsman Program, the MO VA and ma4, SILC, and others.
- The SAC's mission is to develop strategies for replicating SMO throughout MO, and to help ensure SMO's sustainability.
- They give advice on these issues to the Executive Cmte.

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 15		**Questions?**	
Slide 16		**Key Points:** • Explain why it's an "art."	**Question:** (Ask each person to write a brief description of their own job. Hang on to these for later.)

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 17		(Review learning objectives with trainees.)	
Slide 18		**Key Points:** • Look at each of these activities in depth starting with the first one. • Note the difference in AAA and CIL terminology.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

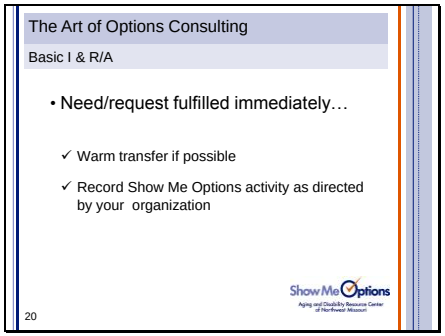
Slide 19



Key Points:

- There are many possible entry points for a participant.
- There is no one physical location for Show Me Options. Each partnering organization (the CILS and the AAA) will staff Show Me Options and will coordinate as necessary to ensure the best outcomes for each individual or family.
- Callers to the toll-free number will not know that their call is routed to one of several locations. The system should be seamless from their perspective.

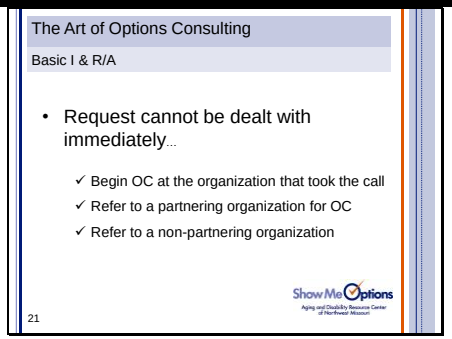
Slide 20

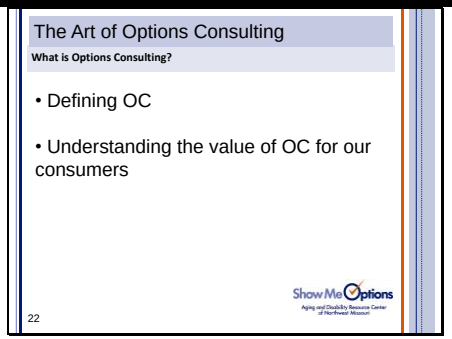
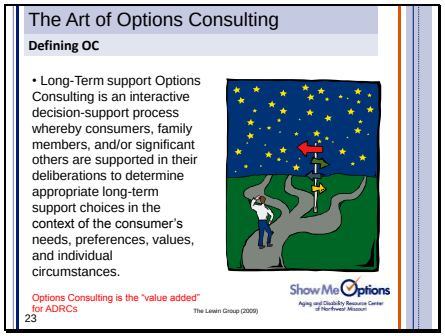


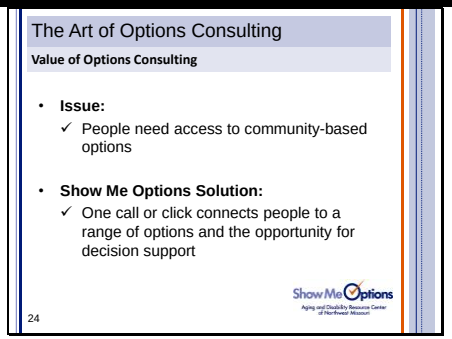
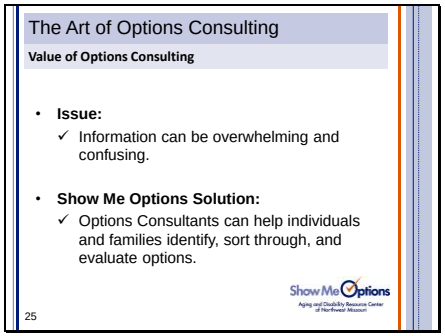
Key Points:

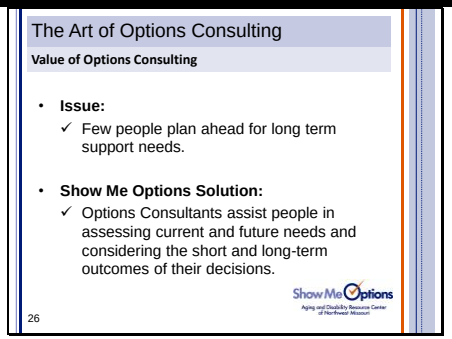
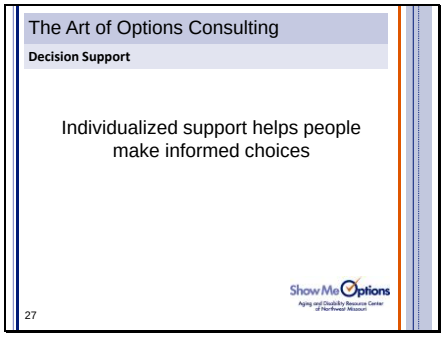
- If a caller's question can be quickly answered and/or they are referred to an appropriate provider, that might be the extent of interaction with that person. (Give example of a brief I & R/A call.)
- When possible, we will provide a warm transfer to the appropriate staff person. If not, protocols exist to make sure that a caller who leaves a message receives follow-up in a timely fashion.
- All staff will record activities as directed by their organization. This will help with participant tracking, funding requests, and state mandated reporting.

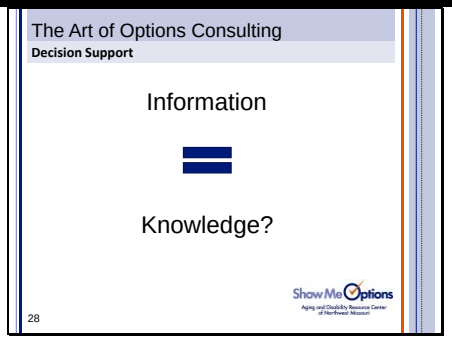
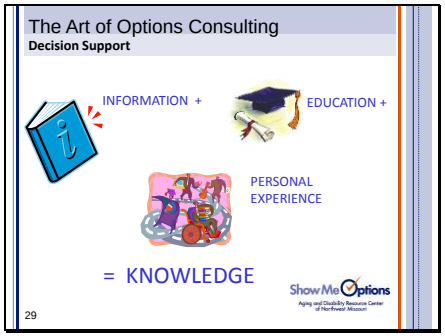
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

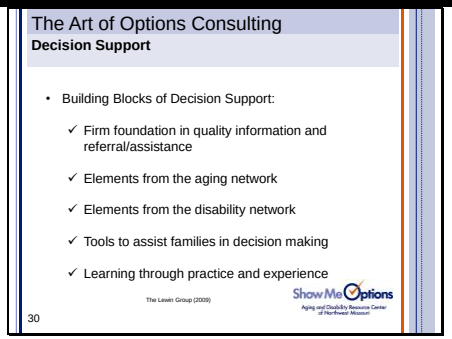
Slide 21		**Key Points:**
		• Many calls go beyond basic I & R/A. This is when Options Consulting begins.
		• The Basic I & R protocol may shows gold diamonds for requests that require more attention.
		• When Options Consulting begins, we follow these steps:
		  • Begin an in-take form for this individual. You have a handout that looks like this (Handout 1.) It will be the intake form used by all partner organizations. Whoever starts this form will fill out as much as possible. The OC can fill in the rest if all information cannot be collected up front.
		  • Next, we do one of the following actions (read bullets on slide).
		  • Create the seamless transfer – connect the caller to the necessary person or organization.
		  • Transfer all intake information and referrals as necessary (the specifics of how to push information to other organizations will be covered later).
		  • (Example: If the AAA staff determines that this person needs Options Consulting, they will open that process and may at that point involve CIL staff or transfer the person to a CIL for OC if that is a better fit for the individual. The same could happen in reverse, if a CIL receives a call from an individual who needs OC but primarily for aging needs that the AAA might be best equipped to handle.)
			Question: What kinds of caller requests or needs might these be?
			
			Handout 1

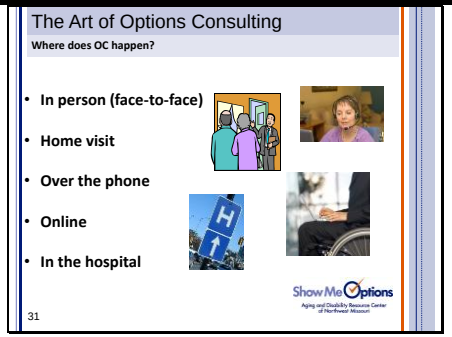
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 22		**Key Points:** • Options Consulting goes beyond I & R/A to provide in-depth decision support. • It is important for us to understand the definition of OC that informs the work of Show Me Options.	
Slide 23		**Key Points** • The definition above was developed by Lewin and NASUA (National Association of State Units on Aging) with input from the original ADRC grantees. • The key here is the concept of decision support. • It is important to understand why OC is a critical component of what Show Me Options has to offer. OC is the way we ensure that consumers make informed decisions. • The vision for Show Me Options and all ADRCs is that if people are able to make informed decisions, they are likely to be more satisfied with services, have services that are more appropriate to their needs, and more likely to prevent unnecessary institutionalization.	**Question:** What words or phrases stand out to you as meaningful? Why?

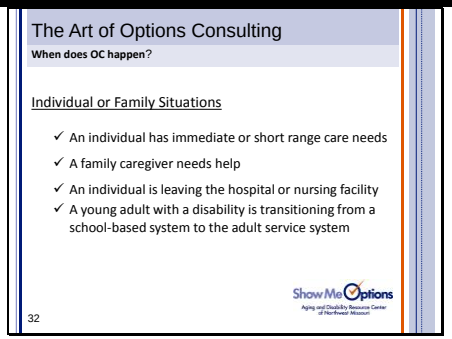
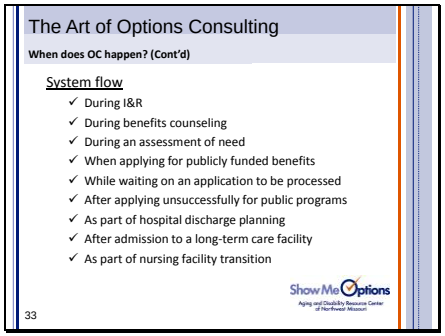
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 24		**Key Points:** • People need community-based options so they can live where they choose. • In some cases they may not be able to find information. • In other cases, they may not even know what information to look for. • This is especially true for individuals or families who are having to make sudden decisions; when an accident or illness has happened and they need to figure out about services and supports they may never have thought about or heard of.	
Slide 25		**Key Points:** • loads of information is available, but it's confusing and overwhelming to sort through it all and make decisions. • OC provides individualized support so families can navigate all the information and the service systems to make the best choices for themselves and their loved ones.	

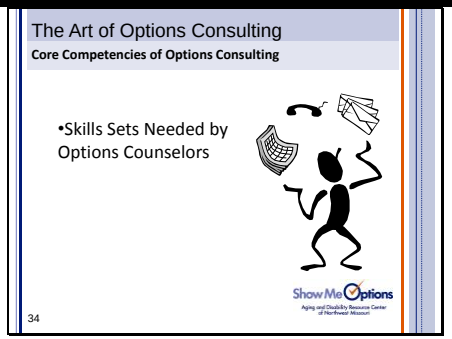
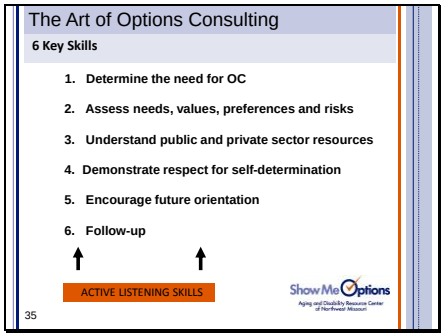
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 26		**Key Points:** • An OC can help individuals and families with not only the immediate needs that may have prompted them to call, but with a plan for the future. • This can include current needs as well as a consideration of needs and situations that may develop in the future. • As we will see, Options Consulting can also include helping people to understand and evaluate the probable outcomes of service and support decisions they make – or don't make – right now.	
Slide 27		**Key Points:** • The value can be summed up as Decision Support. • The key thing is individualized support. OC is not one size fits all. Remember, it's an art. • This doesn't mean we're making decisions for people, but it does mean we can provide tools and opportunities for individuals to make their own **Informed Choices.**	**Questions:** • What do we mean by informed? • How does decision support differ from basic I & A or I & R, depending on the terminology your organization uses?

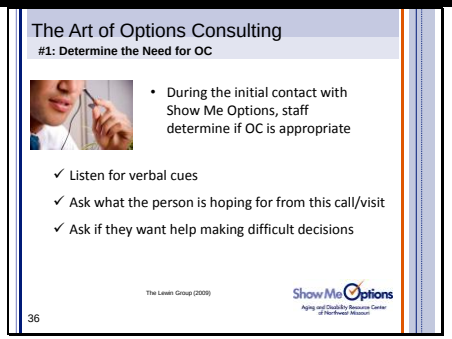
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 28		**Key Points:** • It depends somewhat on the individual. • But in the larger vision of the ADRC, OC goes beyond I &R because we are looking to ensure that people have knowledge about their options and the potential impact of their decisions.	**Question:** Why the question mark? If you give someone pages of information, does that equal knowledge? Are they prepared to make an informed decision?
Slide 29		**Key Points:** • Knowledge involves understanding how to use information. • It includes information, but also education, personal experience, and judgment or understanding.	**Question:** What other components of knowledge do you think could make sense here?

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 30		**Key Points:** • Show Me Options staff who will do OC are required to become AIRS certified within one year of starting. (define AIRS). • Show Me Options staff who will do OC will also attend (list other outside trainings here). (Fill in what they don't say.) • Aging: Assistance with planning; informed decision-making. • Disability: Person-centered planning – we'll review this further, later on in Module 3. Peer counseling. Independent living movement. • Tools: exploring choices using a variety of methods as discussed above. OCs outline action steps for families and help make long-term plans, not just respond to a crisis, although we of course do that too, if necessary. • Learning through practice: again, this is an art. We can provide some skills, tools, guidelines, but family dynamics can be complex and each individual's situation is unique. We'll use some role plays in this training and you will leave here with a notebook of resources.	**Question:** What do the aging and disability networks each bring to the process of decision support? What can each learn from the other?

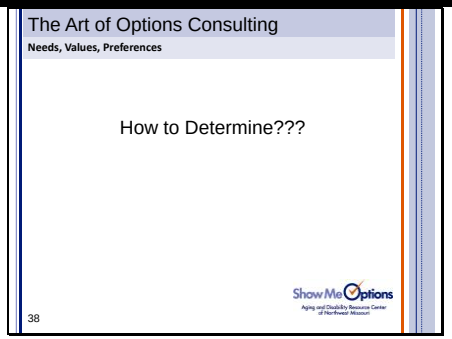
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 31		**Key Points:** • You will likely provide options consulting in many different settings. • There are people who call in (the most common). They need the information 'right now'. • Some want information up front and mailed to them for review and then they will call you back. • Some people walk in off the street needing immediate access to information; some want to set up an appointment to do a face-to-face visit at a mutually convenient time. • Options consultants can offer these alternative modes up front. • Most ADRCs around the country report that face-to-face meetings get better results than phone consultations. • We will also have a website where people can search for service options themselves or can request assistance from staff. A consumer who is using the website and needs personal assistance could either call the 800 number or send an email to set the OC process in motion. • Hospital discharge planners may also provide some OC or they many connect people with an Options Consultant, or they may call the OC themselves on behalf of a individual. So a hospital, nursing facility, or rehab facility could also be a place where OC happens.	

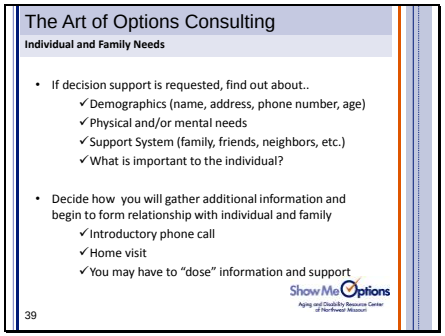
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 32		**Key Points:** • Many situations might bring an individual or family to Show Me Options for help. (Review bullets, giving concrete examples if you wish).	**Question:** What other situations can you add?
Slide 33		**Key Points:** • here are some situations where we might start the OC process. • System flow means where in our organization's system an individual is when a particular service, activity, or interaction happens.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 34			
Slide 35		**Key Points:** • There are 6 core competencies that we will discuss in this module: [READ SLIDE] • It's important to note that ACTIVE LISTENING is critical throughout the planning and implementation of OC and supports each of these core competencies. • Each step of the process requires the ability to **obtain <u>information</u>, to <u>understand</u>, and to <u>learn</u> through honest and authentic communication, without passing personal judgment.**	

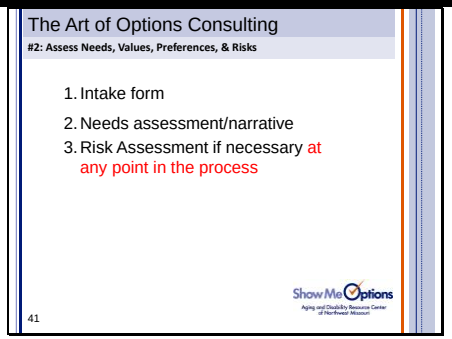
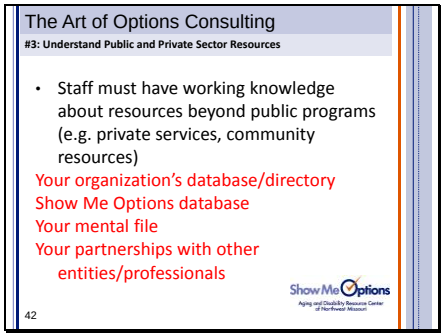
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 36		**Key Points:** • Assessing the need for options consulting begins when an inquirer calls. From the first conversation staff assess physical, mental, social needs and what resources are available to support those needs, which ones still need help. So as we saw, Basic I & A may turn into OC during the course of the first conversation. • We will look at verbal cues on the next slide. • If OC seems appropriate, we begin gathering information about this person's needs, hopes, challenges, etc.	**Question:** (Ask for tips and experiences from participants regarding how to find out what the person is hoping for/needing.)
Slide 37		**Key Points:** • Here are some of the verbal cues that might indicate that someone needs some assistance sorting through options. • It is important to "listen between the lines" for clues that indicate that a person is uncertain, in crisis, or otherwise in need of assistance to arrive at an informed decision. • Both persons may choose the same option; however, options consulting was tailored to each of them based on their verbal cues.	**Questions:** • Are there other "hidden" cues that you have found indicate a need for decision support? Anything from the Non-Verbal Communications module that some of you participated in? • Person A states "I need a list of assisted living facilities in the county." Person B, states "I'm having a hard time living at home. I have a friend in an assisted living facility, maybe I should look into that." How might you respond to each person?

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 38		**Key Points:**
		• As OC starts, it is important to learn about the person's needs, values, and preferences.
		• Show Me Options developed a Needs Assessment Tool. (Handout 2) This can be started by the staff person who first speaks with the participant and filled in further by the OC who ends up working longer term with them, if that is a different staff person. It is a living document that can be added to.
		• Another helpful tool: ADRC documentation guide (Handout 3). This form has a series of questions that might be useful in assessing needs, values and preferences. This is one of the tools to help us learn what an individual values, what their state of mind regarding change is, and what's most important to them in planning for supports. It is not a required form that needs to go in an individual's file; but it might be a useful tool for OC's to use and include in the file at their discretion.
			Question: How do you determine these?
			
			Activity:
			• Get group either as whole or in small groups to discuss the relationship between needs and values.
			• Ask trainee to consider the following questions:
			  • Why do we want to know about the values of the people we work with?
			  • What are strategies to get people to articulate values and preferences
			  • How do our own values and preferences impact our assessment of another individual?
			
			Handout 2
			
			Handout 3

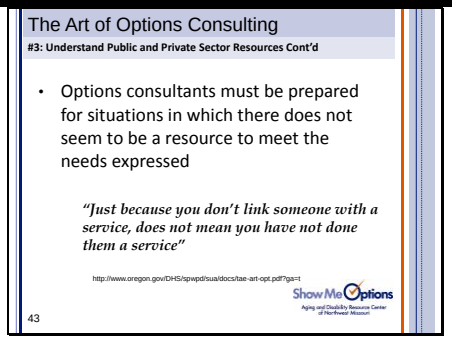
Slide 39		**Key Points:** • It is important to understand the individual and family needs. • The options consultant must assess physical, financial, and social needs as well as the types of support resources the caller values, for example, financial support, family and social network. • Relationships may not be formed in the first visit. It's an ongoing process. That's where your assessment and communication skills will be key.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 39 **(cont.)**	The Art of Options Consulting **Individual and Family Needs** • If decision support is requested, find out about.. ✓Demographics (name, address, phone number, age) ✓Physical and/or mental needs ✓Support System (family, friends, neighbors, etc.) ✓What is important to the individual? • Decide how you will gather additional information and begin to form relationship with individual and family ✓Introductory phone call ✓Home visit ✓You may have to "dose" information and support Show Me Options 39	• Find out: What's important to this person and are there any barriers to their finding long-term supports? This could be barriers having to do with individual themselves: family dynamics, fear, indecision. Or it could relate to the lack of appropriate services and you may have to work with this person or family to figure out some solutions. We'll look at that scenario in a few minutes. • Dosing information and support: people may not be overwhelmed by information, or they may not be ready to consider certain options. Build up to it.	**Question:** How do you build relationships with participants?
Slide 40	The Art of Options Consulting **Risk Assessment** • Who • When • How Show Me Options 40	**Key Points:** • During the process of either I & A or Options Consulting, you may encounter "red flags" that indicate a risk for an individual. • Risks include abuse, neglect, self-neglect, exploitation, unsafe home • Show Me Options has a Risk Assessment Form (Handout 4) that can be filled out at any point that staff suspect risk. It then goes in the person's file. • The Risk Assessment may indicate immediate danger. Then staff should "hotline" the situation. You will receive training from your organization. • Or the Assessment may indicate issues that staff should raise with the person regarding safety and long-term options.	**Questions:** • Who might be at risk for what? What are you looking for? • What information or verbal cues indicate risk? **Handout 4**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 41		(Review points on slide. Ask for questions.)	
Slide 42		**Key Points:** • OC staff must understand what the options are in order to provide decision support. • Learn about local private resources available for people who can afford to pay—what are the services available? What do they cost? • Research both public and private organizations that serve people with disabilities of all ages. Understand how different benefit systems might interact to affect individuals. • SMO will have an online database searchable by the public but also useful for professionals. • The partnership between the disability and aging networks is one of the great strengths and innovations of Show Me Options. We have access to each other's resources and staff. • Handout 5 is a general list of resources.	**Question:** What are some of the best databases or other places that you use to find resources for participants? **Handout 5**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 43



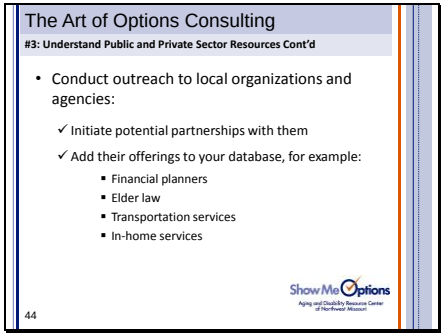
Key Points:

- It is easier to options consult when you have an abundance of resources and options to provide. But sometimes this is not the case.
- Especially for those of you in rural areas, you may find yourselves dealing with scarcity of existing options.
- The challenge arises when we have exhausted informal resources such as church, family, friends, groups, and volunteers, public and private resources and we cannot find an answer.
- Record gaps in service availability to help develop and network for more resources. Tell the honest truth and do not make unrealistic promises. This is actually a very valuable service and must not be taken lightly. OC cannot fix all systems, it helps provide tools so people can take charge of their lives.

Questions:

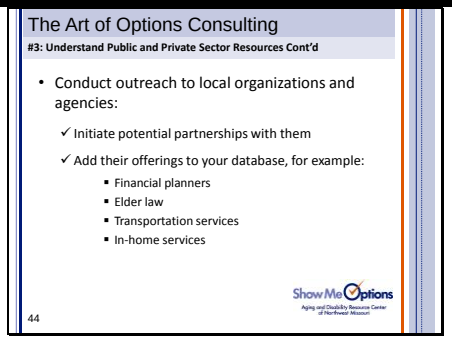
- Are there particular kinds of services that seem difficult to find in your communities?
- What situations do you encounter where services are difficult to locate or arrange?

Slide 44

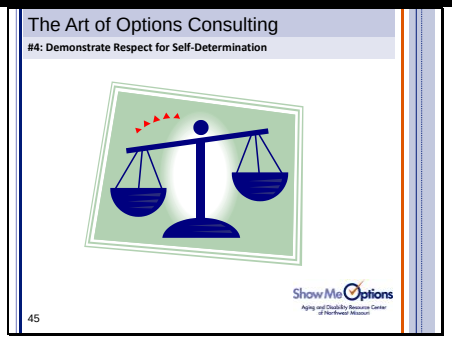


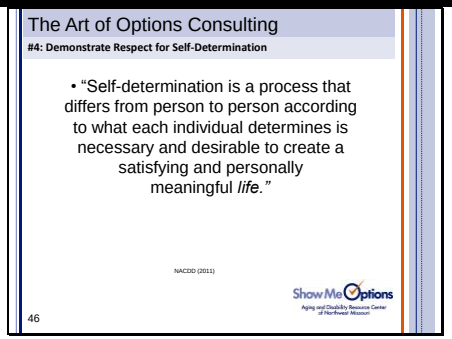
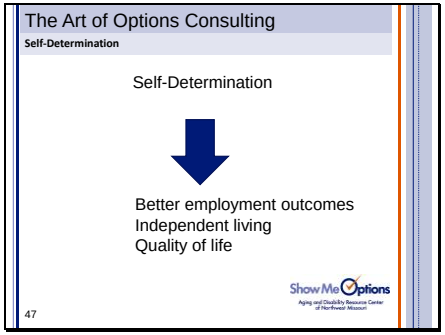
Key Points:

- There are ways we can make sure we know about all possible services and we can even advocate for or help create services where none exist.
- OCs can keep adding to the organizational database as they build relationships with other community entities.

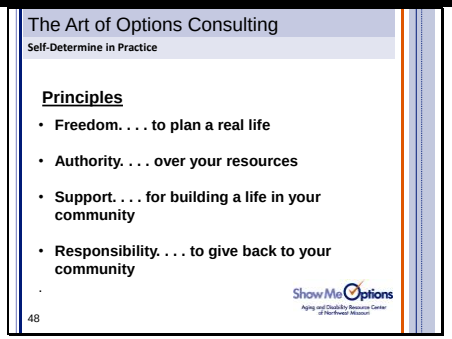
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 44 **(cont.)**			**Activity:** • Tell the story below: One ADRC offers a story about what happened when their Options Consultants noticed a gap in services in their community: "For example, one gap we determined was financial counseling. We had no place to send people when they requested help balancing their checkbook or needed resource /budgeting management. We had a meeting with local banks and were surprised at the enthusiasm they showed towards developing a partnership. Today, our options consultants can schedule appointments (which are held in our facility) when they identify a need for financial assistance or budget/money counseling. We, in turn, educated their tellers so that they could refer their own consumers to our service. This has helped hot only fill a gap but also serves as an outreach to more people in our community." **Question:** What have you done when a solution was not apparent for a participant's need?

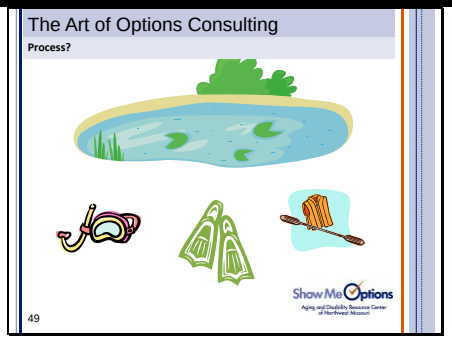
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 45		**Key Points:**
		• Especially those of you who work at CILS are familiar with this.
		• Being self-determined means making things happen in your own life, instead of having others do things to or for you:
		  • Choose your own goals and work toward them.
		  • Solve problems and make decisions.
		• Self-determination doesn't mean you do everything yourself, but you have control over what types of support you get (who, where, how much).
		• Self-determination is inherent in humanity. We don't "let" others become self-determined. No one can "offer" someone else self-determination.
		• **Options consultants should ensure that individuals have control in selecting the types of services/supports they receive.**
		• Self-determination acknowledges the rights of people with disabilities to take charge of and responsibility for their lives. In Self-Determination, the individual, not the service system, decides where he or she will live, and with whom; what type of services he or she requires, and who will provide them; how he or she will spend his or her time, which may include the type of vocational or educational opportunities he or she wishes to engage in, and how he or she will relate to the community, which may include joining in community events, taking part in civic groups, and developing and maintaining relationships with others in the community.
			Question: What would you say are some of the most important principles of self-determination?

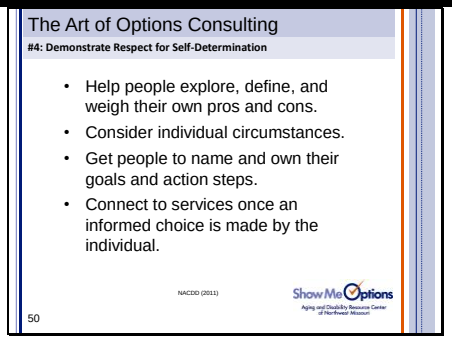
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 46		**Key Point:** • Self Determination is all about individuals making choices based on their preferences, beliefs and abilities.	
Slide 47		**Key Points:** • Research shows that people who are more self-determined have better outcomes in a number of areas and report greater satisfaction with their lives.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

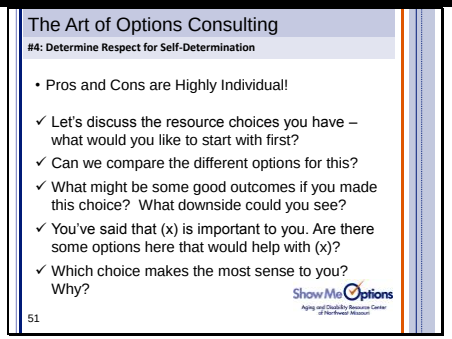
Slide 48		**Key Points:**
		
		• Literature about self-determination basically agrees on the following principles:
		  • **Freedom. . . . to plan a real life**
		  • The ability for a person with a disability, along with freely chosen family and friends, to plan their own lives, with necessary support, rather than purchase a program.
		  • **Authority. . . . over your resources**
		  • The ability of a person with a disability to control a certain sum of dollars in order to purchase supports.
		  • **Support. . . . for building a life in your community**
		  • The arranging of resources and personnel—both formal and informal—that will assist a person with a disability to live a life in the community that is rich in social associations and contributions.
		  • **Responsibility. . . . to give back to your community**
		  • The acceptance of a valued role in a person's community through competitive employment, organizational affiliations, spiritual development and general caring for others in the community, as well as accountability for spending public dollars in ways that are life enhancing for persons with disabilities.	

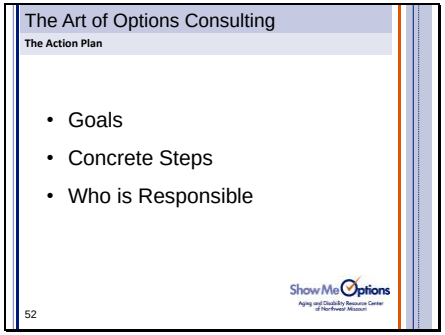
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 49		**Key Points:** • Self-determination (SD) is a process. The skills of SD. can be taught and learned. • Many people speak of a continuum of SD: we must assess where each person is on the continuum and work with them from that point. It may mean educating people about SD and motivating them to move along that continuum. For instance, you wouldn't suggest to a new swimmer that they just jump right in water over their head. They might need some tools – (click to reveal the goggles, etc.) • There is a growing interest in self-determination for older adults. For some older people, self-determination may not seem like a comfortable concept because it is different than the idea of old age that they know. Others may be quite far along the continuum. Younger adults with disabilities may be quite familiar with the concepts of SD and person-centeredness and may be actively seeking to increase them.	**Question:** What experience do you have promoting self-determination for participants? What have you found to be successful? Challenging?

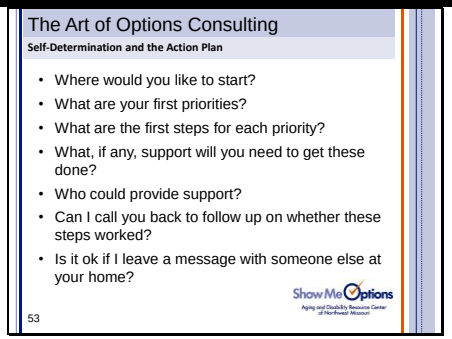
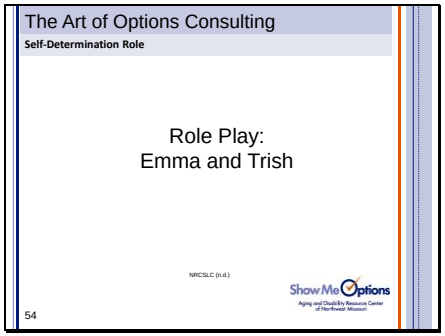
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

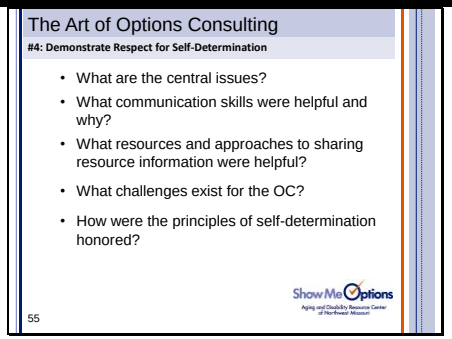
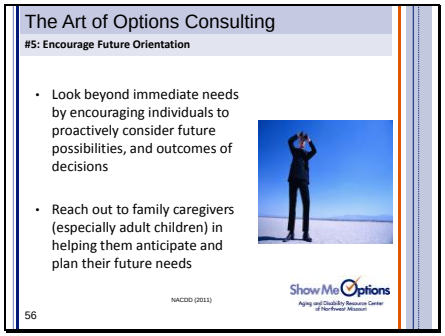
Slide 50		**Key Points:**
		• Part of decision support is helping people evaluate the possible consequences of different choices. (More on this on the next slide.)
		• Respect each person's situation and preferences, but make sure they have opportunities to explore different options.
		• Get people to name their goals.
		  • This is important because it ensures that goals and steps actually belong to the individual and aren't just our suggestions.
		  • So it is a check for you to make sure you are understanding each other.
		  • It is also important because psychiatric research shows that we tend to believe what we hear ourselves saying. So we may be more likely to own and follow through on action steps that we have voiced rather than ones we've heard someone else say.
		  • For example, ask: *Where would you like to see yourself in 2 years? What steps do you need to take to get there? What does that tell you about your support and service choices?*
			Questions:
			• What are your most important strategies for promoting self-determination?
			• Is it ever difficult or challenging for you to honor self-determination? When? Why?
			• What do you do in those situations?

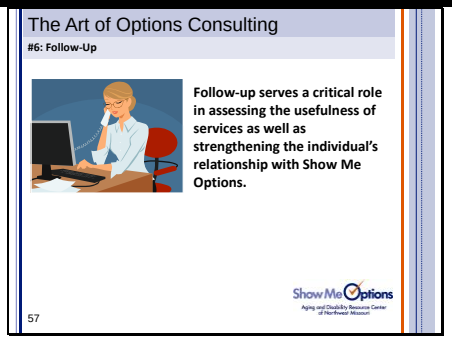
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 51		**Key Points:**
		
		• Here are some tools and strategies we can use to help people voice and weigh the pros and cons of their different options.
		
		• Questions to ask might be:
		  • *What might be some good outcomes if you made this choice?*
		  • *What's the downside that you see?*
		  • *What's the worst thing that could happen? The best thing?*
		  • *You've said that (x) is important to you. Are there some options you've considered that are more likely to result in (x)?*
			Question: How else do you talk about pros and cons with individuals or families who are facing choices?

Slide 52		**Key Points:** • Part of OC is coming up with an action plan. It includes the elements on this slide. • So we can ask individuals and families: What do you need to help you make this decision? What steps can you take toward this goal and what support do you want? • Let go of the need for people to do the right thing as you see it. Discuss how to get to an action plan but respect self-determination. Individual chooses goals and steps, but OC may provide the information about which steps will be necessary to reach which goals. • The Action Steps handout is a helpful guide. Handout 6.	**Handout 6**

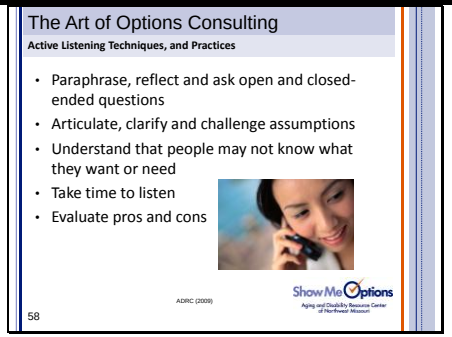
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 53		**Key Points:** • Here are some suggested questions for beginning to make an action plan.	**Question:** Are there others you like to use?
Slide 54		(Divide the group into small groups of 3-5 people)	**Activity: Handouts 7a and 7b**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 55			**Activity:** • Role play the meeting: One Emma, one Trish, one OC, 2 observers for each group. • OC should strive to end the meeting with an action plan or at least a follow up plan. • Observers should look for demonstration of core competencies and of the principles and values of self-determination. Then answer the questions. • Debrief with whole group according to instructions in full trainers manual.
Slide 56		**Key Points:** • OC can help look ahead in addition to discussing more immediate needs. • They also a chance to address any fears and anxieties the person may have about the future: "What I hear you say is that you are really concerned that your money won't last and your kids won't be there. Would it be ok with you if we talk about some options that might make you more secure about your future?" • Options Consultants look beyond immediate needs by helping people to proactively consider future possibilities, and outcomes of decisions made along the way. • They also reach out to family caregivers (especially adult children) in helping them anticipate and plan their future needs. • OC's can look for opportunities when people might be open to a conversation about future orientation.	**Question:** What verbal cues might tell you this might be a good time to talk about fears, dreams, plans?

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 57		**Key Points:** • Following up with individuals and families ensures they received the information they needed and have a clear picture of their options in order to make informed decisions. • Follow-up to determine how the decisions worked out and if there is a need for additional information. Continuing to strengthen the relationship with the individual supports your ability to assess the person's ongoing needs. • Especially important for: people who are reluctant to accept services, people who might be at risk. The follow up can reveal a need for ongoing OC. Sometimes it takes several meetings to help an individual reach a decision or to work through any problems with services.	**Activity:** • Ask trainees to consider the following scenario: Mrs. X calls in to ask about homemakers and our programs. Options Consulting is completed and in-home funding is discussed along with private pay options. Mrs. X is confused and can't keep up with the conversation; she voices no other needs. Options Consultant mails out paperwork for in-home funding and never hears back. Follow-up call reveals that Mrs. X did not understand the paperwork or what was needed. OC was able to work with the family, after permission from Mrs. X was received, and determined that Mrs. X's needs were more involved than originally conveyed to the OC. Through multiple contacts, the OC was able to get a more comprehensive view of Mrs. X's needs in order to put together a workable plan for her care. **Question:** What are some examples in your experience where follow-up made the difference in helping a person meet his/her needs?

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 58

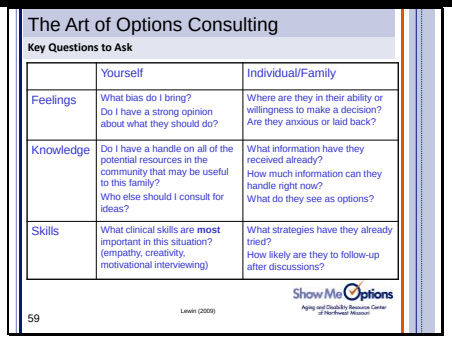


Key Points:

- Active listening techniques can help Options Consultants do their work effectively.
- Reflective listening: builds trust, shows empathy, makes sure you understand. *It sounds like…What I hear you saying….So you said on the one hand….but on the other hand….I get the sense that…..It seems as if…*
- Open and close-ended questions allows you to learn more, and encourage individuals to voice their own needs and preferences:
  - *What makes you think it might be time for a change?*
  - *What's changed since you first (started this service, moved here, etc.)?*
  - *Tell me about your typical day…What do you like best about living here on your own? Are there any ways it could be better?*
- Articulate, clarify, and challenge assumptions.
  - Part of reflective listening.
  - It is also the skill you can use to help move a person forward in the decision making process by exploring assumptions or gently pointing out discrepancies in what they say and do. If a person has an assumption about what it means to have a particular service, use a particular technology, live a certain place.
  - It can be useful to use some data about other people in similar situation: E.g., *Many spouses of people with Alzheimer's have expressed the same concerns you do. Most of them say that the support groups really help.*

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 59



Key Point:

- Finally, here are key questions to ask about yourself as well as about the individual and family you're serving. This slide provides an easy check on the core competencies.

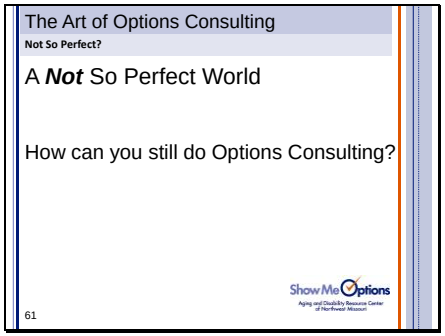
Slide 60

Key Point:

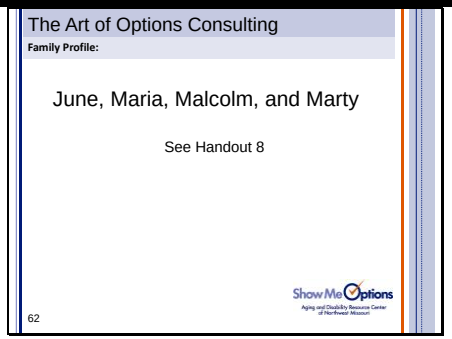
- Most of the time we do not operate in a perfect world.

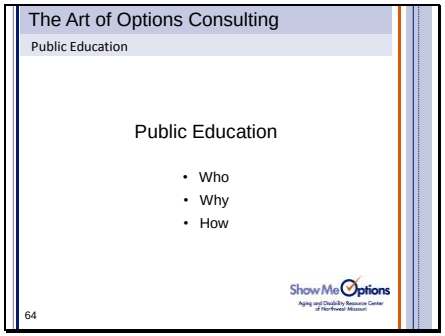
Questions:

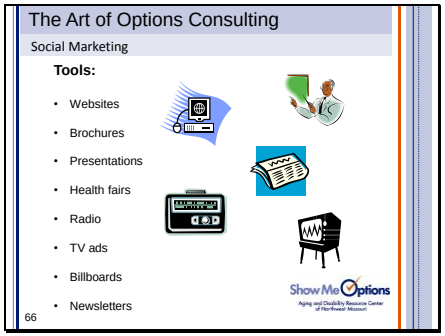
- Anybody recognize this artist? (Norman Rockwell.)
- What do we see here?
  - Happy family with no dysfunction.
  - Everyone wants what is best for the individual with service needs.
  - There is plenty of time to explore and consider options.
  - The consumer is competent and expresses needs openly.
  - Wants/desires/values are openly discussed.
  - The I & A worker is empathetic and knowledgeable, and is skillful in communication.
  - Weighs pros and cons and everyone helps think through the complex issues together.
  - Everyone leave fast friends feeling helped and guided.
  - Follow up happens and is welcomed-performed diligently.
  - Consumer couldn't be happier and chooses the least expensive options that keep them in their home.

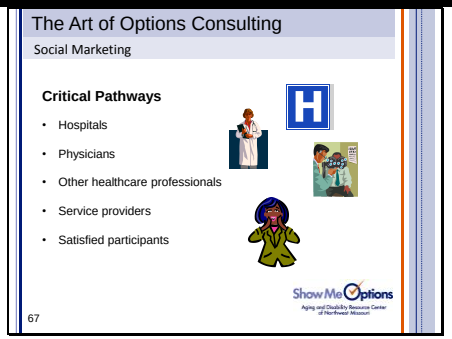
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 60 **(cont.)**			○ The state and Federal government-so pleased by the $ savings, reduces the amount of paperwork and reporting required out of gratitude.
Slide 61			**Questions:** • How many of you encounter the Norman Rockwell version all day every day? • What can make a situation challenging? • Let's break into groups and role play a couple of situations.

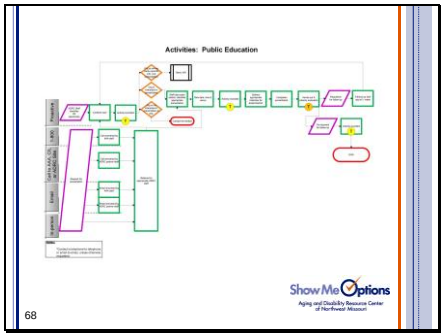
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

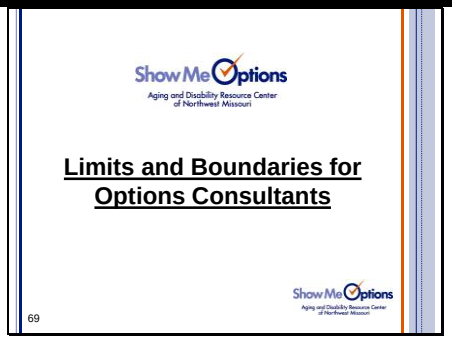
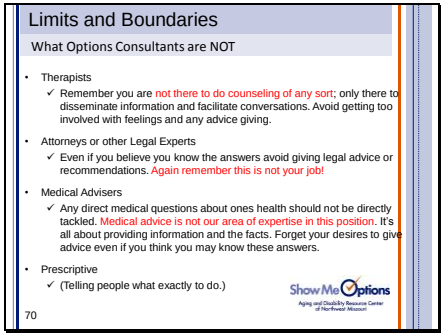
Slide 62			**Activity: Handout 8**
			• Create different small groups than for the previous exercise.
			• Instead of a role play, have a group discussion about how to handle this situation.
			• Possible questions for trainees to consider:
			  • How will you plan for the meeting?
			  • In a situation like this, how can you assist the family to prioritize issues?
			  • What are the central issues and which need to be addressed first?
			  • What resources might be available?
			  • What barriers/challenges exist to a successful outcome that respects self-determination for all involved? What strategies will you use?
			  • Do you as OCs bring values/assumptions/assumptions to the situation and how do they shape your interaction with this family?
			  • How do you respect SD for all?

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 63		**Key Point:** • In closing, Options Consulting provides the opportunity to build capacity of individuals to make informed decisions that meet their unique needs and desires.	
Slide 64		**Key Points:** • Public education is one of the core functions as mandated by the federal grant that supports the development of Show Me Options. • In order to achieve visibility and trust, you can use social marketing strategies to raise public awareness among older adults, people with disabilities, family caregivers, and professionals.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 65		**Key Point:** • Social marketing involves the use of strategies like advertising, public relations, and media advocacy.	
Slide 66		**Key Points:** • Some of the most common marketing and outreach tools used by ADRC programs include: websites, brochures, presentations, trainings, health fairs, radio and TV ads, billboards and newsletters. • What we mean by public education is both making sure the public knows about Show Me Options and offering education to the public about long-term care supports and services and specific related issues. • The mission is to make sure that all potential users of LTCSS know about the public and private options available, are aware of the need to plan, and know that Show Me Options is a resource.	

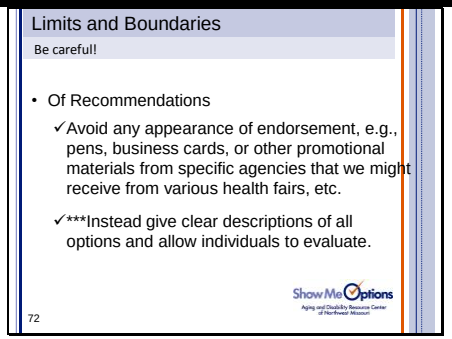
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 67		**Key Point:** • ADRCs can target "critical pathway" providers such as hospitals and physicians and encourage satisfied users of the ADRC to spread the world about the program to friends and family.	

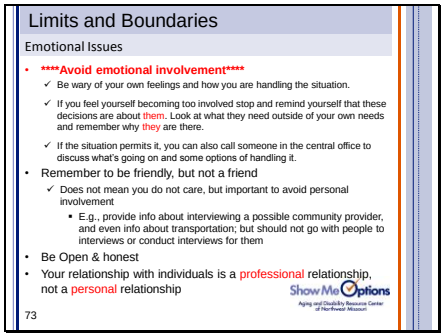
Slide 68		**Key Points:**
		
		• Our flow chart (handout 9) shows how the PE function will work in your daily lives. We will look more closely at this flowchart later. For now, let's look at what might instigate an opportunity for public education:
		  • You or a colleague may identify a PE opportunity.
		  • Maybe there's a health fair in your town.
		  • Or maybe an organization calls you to ask for a presentation.
		• Staff will work together to plan an appropriate presentation with any materials.
		  • It may be that staff from one organization does this or there may be times when several of you from various partnering organizations get together on PE.
		  • We will have brochures, presentation materials like banners and presentation boards, and PowerPoint presentations for you to use.
			Question: What other opportunities for PE can you think of?
			
			Handout 9

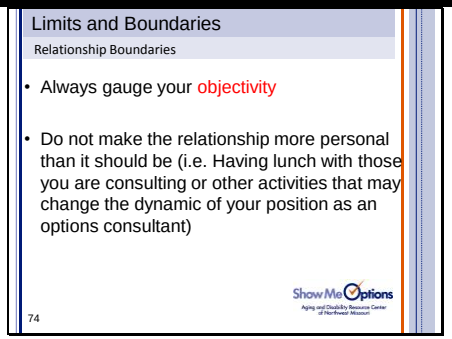
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 69		**Introductory comments:** • This section seeks to clarify further the specific role of the options consultant. Because this is a relatively new role in human services, it is important to be as clear as possible about how the options consultant does his/her work. • Since there is potential overlap with other professionals, this section will help to clarify the professional, emotional and relationship boundaries that must be observed.	**Question:** (As a review, ask participants to describe in their own words the responsibilities of the options consultant.)
Slide 70		**Key points:** • Initially this position was labeled options counseling. In Missouri, we have elected to call the position options consulting. This was done to emphasize that this is not a counseling role. Person's making difficult transitions and tough decisions may seek guidance and potential could benefit from counseling. BUT that is not your role! • People may also need legal counsel or guidance as they explore their options. The OC can suggest that an individual seek legal guidance and may make available a list of resources, but should not offer legal advice or even recommend a specific professional.	

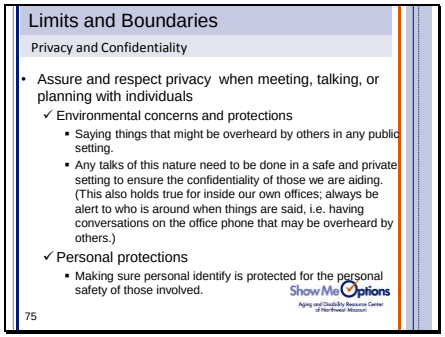
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 70 **(cont.)**	Limits and Boundaries What Options Consultants are NOT • Therapists ✓ Remember you are not there to do counseling of any sort; only there to disseminate information and facilitate conversations. Avoid getting too involved with feelings and any advice giving. • Attorneys or other Legal Experts ✓ Even if you believe you know the answers avoid giving legal advice or recommendations. Again remember this is not your job! • Medical Advisers ✓ Any direct medical questions about ones health should not be directly tackled. Medical advice is not our area of expertise in this position. It's all about providing information and the facts. Forget your desires to give advice even if you think you may know these answers. • Prescriptive ✓ (Telling people what exactly to do.) Show Me Options 70	• As above, the individuals you meet with may often have medical concerns, issues and problems. These should be acknowledge and taken into account in the planning process. But the OC of course does not offer specific medical advice or make a specific recommendation w/respect to a medical practitioner. • Note that therapists, lawyers and medical practitioners tend to offer "prescriptive" recommendations---"you should.." The OC is a facilitator or a guide in decision making. Or as has been stated earlier, supports the decision making process.	
Slide 71	Limits and Boundaries What Options Consultants ARE • Resource Information Providers ✓ Provide information from objective sources or ways for the individual to evaluate. ✓ Provide info about sources of "quality ratings" of specific options, e.g., CMS report card or DMH information about community providers. ✓ Provide a checklist to consumers with objective criteria for evaluating options. • Facilitators of the Decision Making process ✓ Objective and non aligning to any specific outcome. Show Me Options 71	**Key Points:** (Emphasize roles of providing information and facilitating, or supporting, decision making.) • Information is key to making good decisions. Thus it is critical that the OC have accurate and up to date information and be aware of resources for further info.	**Questions:** • Suppose a person asks you for a recommendation for a community support agency. Can you make a specific recommendation? Why or why not? • Can you suggest resources where a person can get specific information about the quality of a community agency? Why or why not? • Be sure that participants understand that they are key in all kinds of info including evaluative info, but the boundary lies in not making a specific recommendation. Why would it be incorrect to make a specific recommendation? • What are some sources of "evaluative information about community agencies? (e.g., may have certification from CARF or Council on Quality) • What about information sources for long-term care facilities? (e.g., CMS report cards)

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

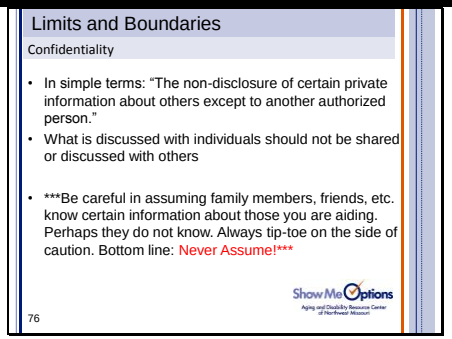
Slide 72		**Key Points:**
		• Important not to appear to endorse a particular organization:
		  • Examples: Calendars, pens or office paraphernalia with specific organization names.
		• It is appropriate to facilitate decision-process by suggesting strategies:
		  • Example: You develop a grid where the person lists advantages and disadvantages of various housing options.
			Question: What about brochures that agencies have made available?
			(Answer: If a variety is available from a range of agencies, its ok—no specific endorsement is implied.)
			
			Question: What other strategies could you provide to assist in decision making?

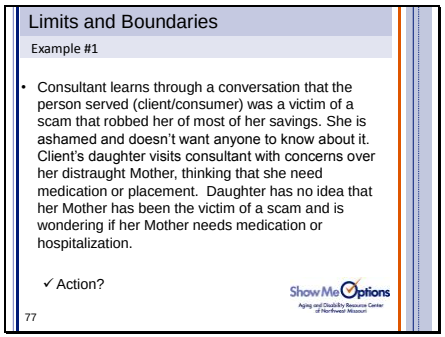
Slide 73		**Key Points:**
		• Role as OC represents a professional relationship.
		• Obviously, this doesn't mean that you are not friendly and personable – you are in the people business!
			Activity:
			• Ask: Does this mean that you don't care about people or what happens to them?
			  • Facilitate discussion about the difference between letting your emotions get the upper hand v "feeling for the person."
			  • Discuss sympathy vs. empathy.
			  • What about a person who "doesn't have someone" to turn to?

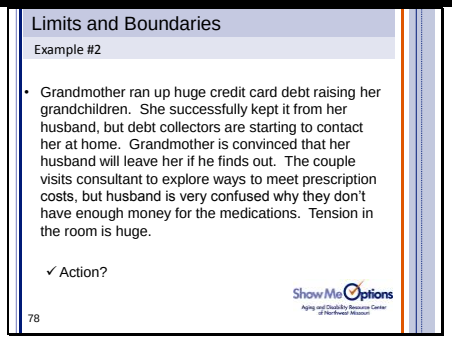
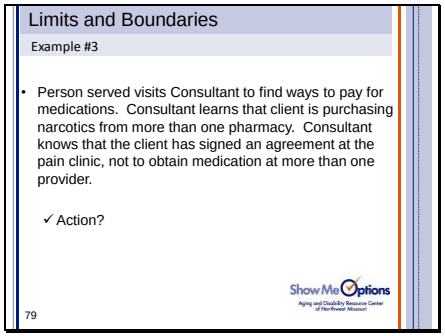
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 74			**Questions:** • How do you define the "relationship boundary" for yourself? • What if you feel you are crossing the boundary, i.e., you feel like you are becoming too attached to a particular person? (Some possible answers): • Get another OC involved. • Suggest places or organizations where the person could find emotional support. • Get person connected to a support or social group.

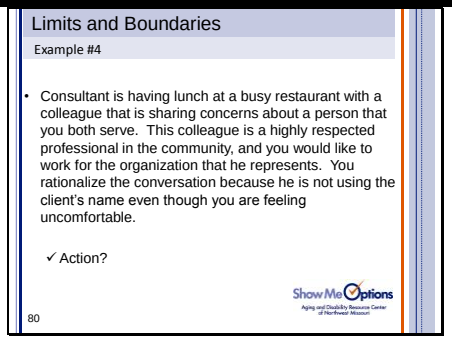
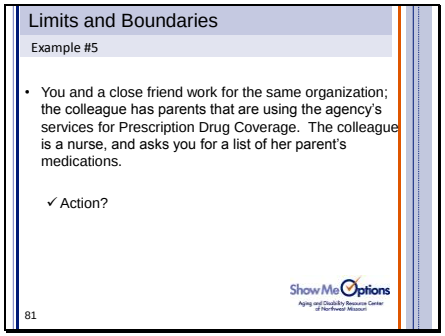
Slide 75		**Key Points:**
		• Privacy has to do with place: public space v private space.
		• Confidentiality has to do with your obligation not to disclose information told to someone with an expectation of not telling others.
		• Consider assurance of privacy when meeting with individuals.
		  • Use of a private meeting room in the office rather than in an open space.
		  • Be careful in meeting in public spaces.
			Question: What is the difference between privacy and confidentiality?

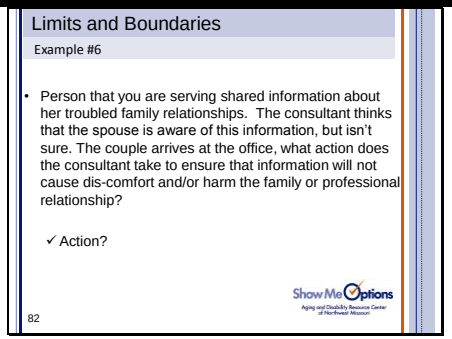
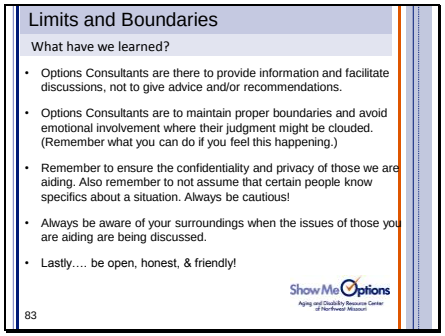
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

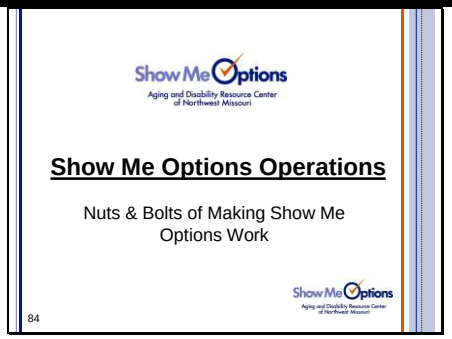
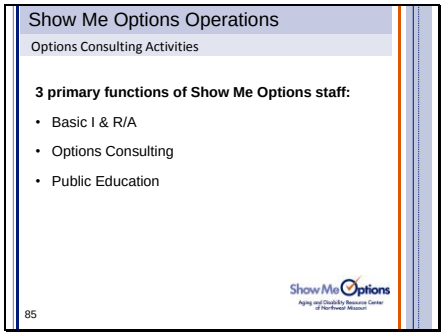
Slide 76		**Key Points:**
		(Emphasize obligation of OC to maintain confidentiality.)
		• Be careful sharing a person's story, even if you don't use the person's name.
		  • Even circumstances could be a giveaway.
		  • May be overheard by others who the person being discussed.
			Questions:
			• What about discussing with another OC?
			  ○ May be helpful to get another perspective on the issues.
			  ○ Should ask the person first or invite another OC to participate in meeting with person's permission.
			
			• What about family members?
			  ○ Don't assume that the person has shared with family members conversations you may have had; check with them first.
			  ○ Not your job to tell a person with whom they should discussion their situation.

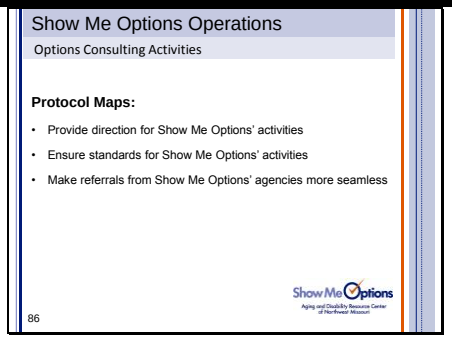
Slide 77			**Activity:**
			• The next 6 scenarios deal with one or more of the issues discussed.
			• These could be discussed as a large group or in smaller groups as circumstances dictate.
			• In debriefing guide the discussion with these questions:
			  • What are the issue(s) this scenario raises?
			  • What is the obligation of the OC in this case?
			  • What should the OC do?
			  • What the OC NOT do?

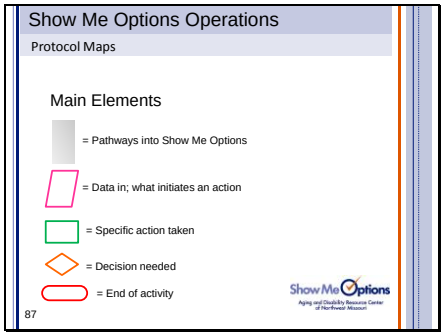
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 78			
Slide 79			

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 80			
Slide 81			

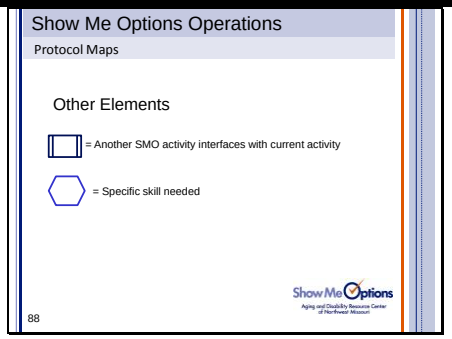
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 82			
Slide 83		(Review key points on slide.) **Questions?**	

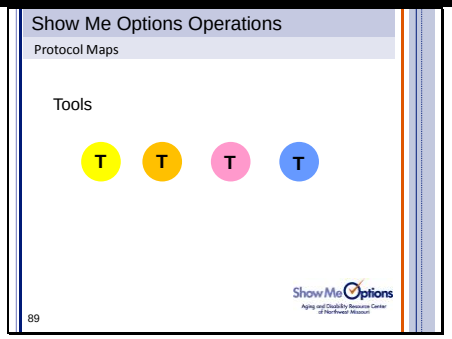
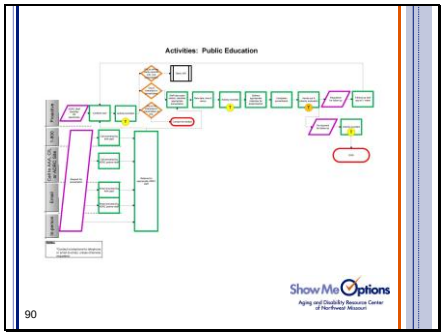
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 84			
Slide 85		**Key Points:** • In the Art of Options Consulting, we discussed the three primary functions of SMO staff. • We're now going to take a closer look at the protocol that gives structure to these activities. • These protocol have been developed by program staff and executive leaders from SMO's key partners: NW MO AAA, Access II, MERIL, and RAIL. • They have developed business maps (flow charts) that give an overview of how the core activities should be carried out. (Handouts 9, 10, 11) • Much of what you will see in these flow charts is common sense, and is most likely similar to what you already do. • However, these charts can be helpful if you have any questions as to what might need to happen next is a process. They are a tool for you to consult, if needed.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 86			**Question:** Why do you think this is an important tool for SMO?

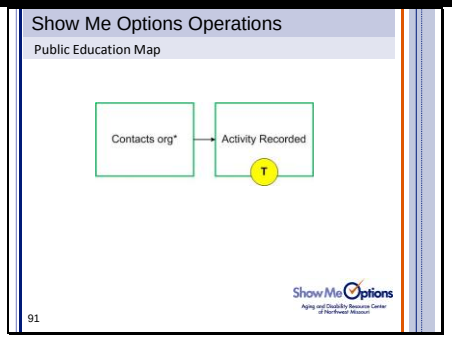
Slide 87		**Key Points:**
		• These are the core elements of the protocol maps.
		• They give us a visual of what's going on in an activity.
		• Let's look at the Public Education map:
		  • On the left, you'll see gray rectangles that represent the way in which public education can be initiated.
		  • The pink, slanted rectangles show something that leads to an action; for example a request for information.
		  • The green rectangles show a specific action taken, such as a contact made, or an email answered.
		  • Orange rectangles show a need for a decision, either on the part of staff, or the individual being served.
		  • The elongated, red oval represents the end of an activity.	

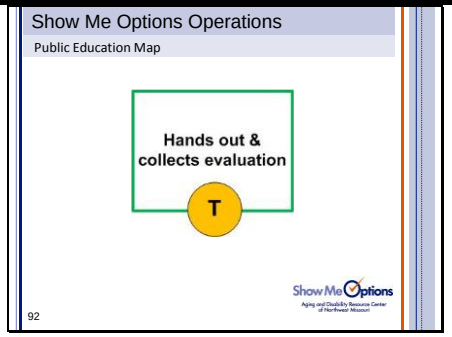
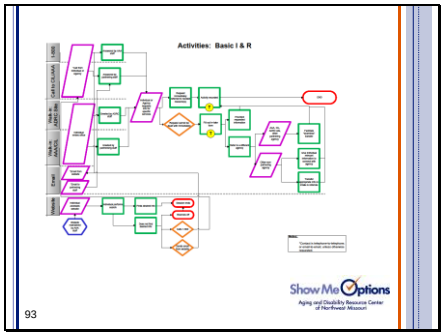
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 88		**Key Points:**
		• These are other elements that are less prevalent in the maps.
		  • The black rectangle with the two black vertical lines represents another SMO activity coming into play.
		  • For example, you'll notice "Basic I & R" at the top of the Public Education map. This mean that Basic I & R activities begin here.
		  • Now look at the Basic I & R map. Notice how the black rectangle in the Public Education map relates to the "data-in" that begins Basic I & R.
		  • The blue hexagon shows specific skills that impact a specific action. These are skills that you may or may not need yourself, but they will impact your ability to do that specific activity, or an individual's ability to use the SMO system.
		  • For example, in the Basic I & R map, you'll notice that an individual entering the Show Me Options system via the website will depend on the website being maintained.
		  • If you look at the Options Consulting map, you'll see that your ability to get an accurate narrative from an individual you're working with will depend on motivational interviewing and active listening skills.	

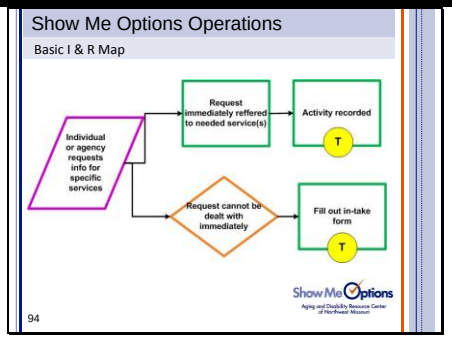
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 89		**Key Points:** • The colored circles with a "T" in the middle indicate times when you'll use a tool in your SMO activity. • Of course, you will have other supporting materials and tools you can choose to use to aid work. • However, the tools indicated on these maps show when certain tools MUST be used.	
Slide 90		**Key Points:** • Let's look at the Public Education map. • It shows the ways in which requests for public education can come into the SMO system. • Staff can look for opportunities themselves, or individuals or other organization may request presentations. • Take a minute to look at the activities that happen once a presentation opportunity is pursued or requested.	**Handout 9**

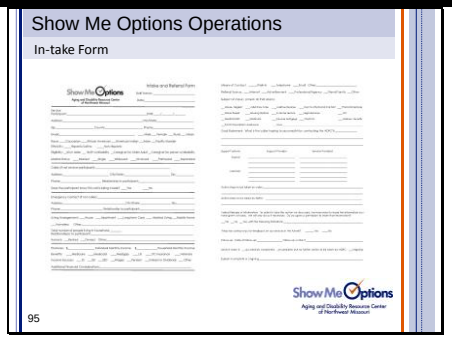
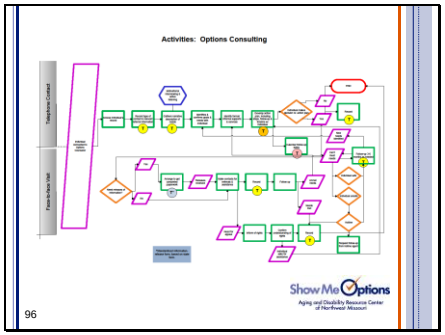
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 91		**Key Points:**
		• At the bottom of the map, you'll see a note. As you'll notice, in the event of a request for a presentation, contact is made phone-call-to-phone-call or email-to-email, unless otherwise requested.
		• It is important that you record your activities ASAP. The yellow circle indicates that you'll use a tool to record this activity.
		• The tool indicated by the yellow circle is an electronic tool you will be provided with by the software you will be using.
		  • You will be trained on this software later.
		  • For now, just know that the software will provide a place for you to record all your SMO activities.
		• Take a minute to identify the activities you'll be recording.
			Handout 9

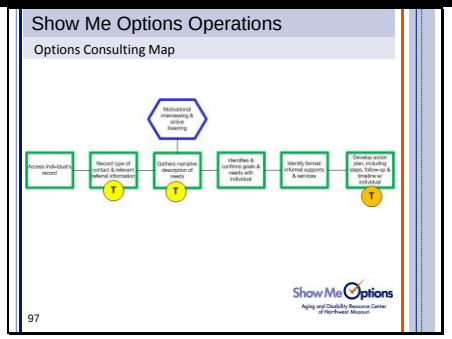
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 92		**Key Points:** • The orange circle indicates a paper tool you'll use to get evaluations on presentations you do. • This information will be kept on file at your organization. • It will provide your ADRC manager with feedback on the presentation, and may suggest changes that he or she may want to discuss with his/her colleagues.	**Handout 9**
Slide 93		**Key Points:** • Now, let's look at the Basic I & R map. • As you'll notice, this map also includes the pathways that individuals and other organizations can enter the Show Me Options System. • There are also two times in which you'll be recording activities using the software. Let's look at these.	**Handout 10**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

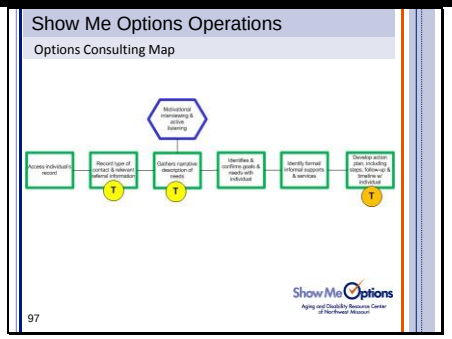
Slide 94		**Key Points:**
		• When staff attending a request for information can give that information immediately, this activity should be recorded immediately.
		• You'll record this information electronically, using the provided software.
		  • In these situations, it may not be necessary to fill out in-take information.
		  • As many of you already do, this will be recorded as an "anonymous" contact.
		• However, there will be time in which you cannot give all the information a person is requesting immediately.
		• They may require more help than a simple referral to a specific service provider.
		• When this happens, you'll fill out an in-take form.
		• The in-take form will also be available to you through the software you'll be using.
		• Filling out an in-take form is what establishes a client record. It is important that this is done immediately.
			Handout 10
			
			Handout 1

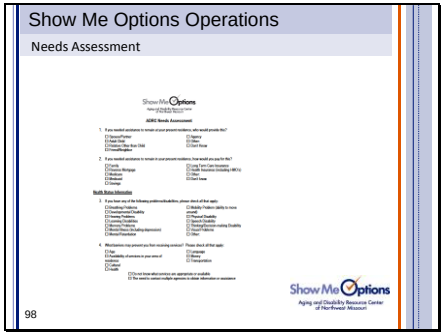
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 95		**Key Points:** • There will be times that you cannot access the electronic version of the in-take form. • In these cases, you can use the paper form. • However, you will be expected to input the information into the electronic system **within 3 business days** of filling it out.	**Handout 1**
Slide 96		**Key Points:** • Now, let's look at the Options Consulting map. (Handout 11) • Options Consulting always begins at the point where Basic I & R ends. • That's why there are only two pathways into Options Consulting: a telephone contact or a face-to-face visit – whether in a person's home, in your office, or at another location.	**Handout 11**

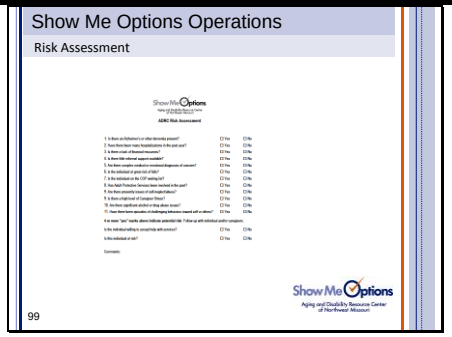
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

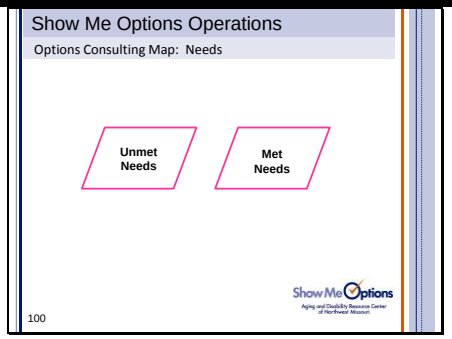
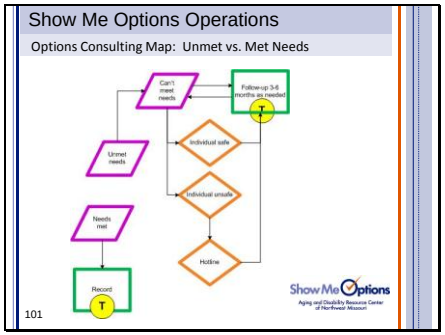
Slide 97		**Key Points:**
		• When doing options consulting, you'll start with the individual's client record.
		  • You'll record the type of contact & any other relevant information, such as the date.
		  • Next, you'll need to listen to the person's story. Notice that this will require active listening skills to make sure you understand what the person's needs and concerns are.
		• In some cases, it may be difficult to get the information you need or to give the best support you can to the person you're working with.
		• In difficult situations, you can employ a skill called "motivational interviewing."
		  • This is a sophisticated skill that you can learn in advanced training, which will be offered after core training.
		  • For now, just remember that getting a person's story will require your utmost attention.
		• You will record the person's narrative electronically in the place provided in the software.
		• Again, if you need to record the information elsewhere, you will be expected to enter it into the electronic record **within 3 business days**.
		• The narrative will help you identify the person's needs and goals, which you will verify with the individual.
		• Once this is done, you can start identifying possible supports, programs, and services the individual may benefit from.
			Handout 11

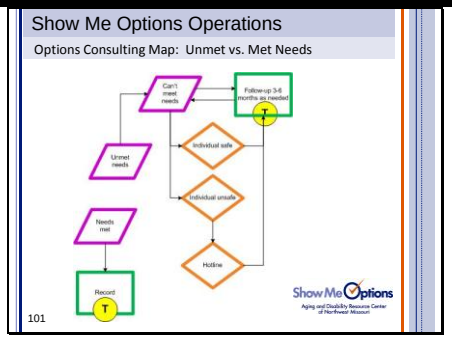
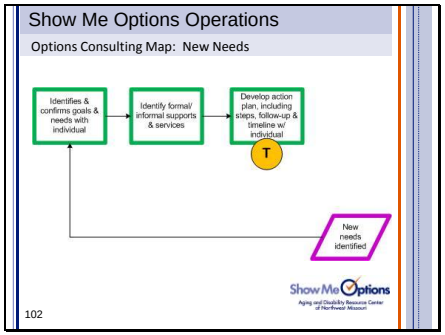
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 97
 	
(cont.)
		• After confirming the person's needs and goals, you will develop an action plan with the individual.
		  • Notice that the action plan is a tool.
		  • Although there is no standardized tool at this time, the plan should include the steps to be taken, times for follow-up, and a timeline.
		  • Please note that this tool may be developed as part of the electronic record. You will be informed of this by your ADRC manager.
		• You will also need to calendar your follow-up dates. You can use whatever calendar you typically use to schedule these.
			Handout 11

Slide 98		**Key Points:** • Let's look at some other tools you may want to use to help you identify an individual's needs and goals. • First, we'll look at the Show Me Options Needs Assessment tool. (Handout 2) • The Needs Assessment is a three page document consisting of nine questions. • If someone is having difficulty articulating their needs and goals, you can use this to help. • This tool is not required, and is for you to use as you see fit. • However, the information you record should become part of the person's action plan, and remain in their file.	**Handout 2**

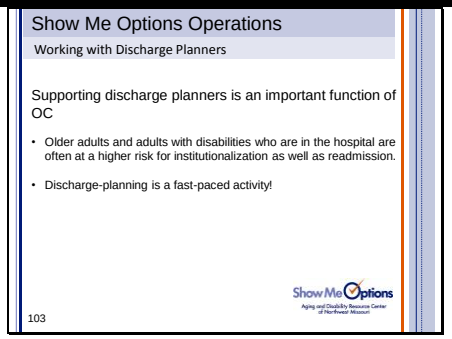
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 99		**Key Points:** • Now, let's look at the Show Me Options Risk Assessment. (Handout 4) • As you gather information on an individual's needs, there may be times that you sense a person is facing significant risks. • In these situations, you should fill out the Show Me Options Risk Assessment. • This tool will help you take stock of a person's potential risks. • You can then communicate this information to the individual you're working with to make sure they are aware of these possible risks, and to make plans with them to address theses risks. • If you've identified four or more risks, this signifies a heightened level of risk to the individual. In these cases, it will be imperative that you work with the individual and their caregivers to address these risks. • If an individual does not want to address the risks you've indicated, you'll need to check with your ADRC manager and any other management at your organization. As mandated reporters, you may have an obligation to hotline an individual who is at heightened risk but unable or unwilling to address the risks.	**Handout 4**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 100		**Key Point:** • Now, let's look at unmet and met needs.	**Handout 11**
Slide 101		**Key Point:** • Of course, if you and the individual you're working with are able to fulfill the action plan, and all needs are met, you will record this in the electronic client file, at which point options consulting is done. • However, there will be times when only some of the person's needs can be met – or possible none of them. • In these cases, you'll have to decide whether the individual is safe or unsafe with their unmet needs. • If the person is unsafe, chances are you will have to hotline them. • If they are safe, you should follow up with them in 3-6 months, depending on how pressing the unmet need is. • Follow-up is an essential part of options consulting. You'll want to follow up with someone who has unmet needs regularly, not just once, as you feel appropriate, or as your organization requires. If you have any questions as to how often and how frequently you should follow up, ask your ADRC manager for advice.	**Handout 11**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 101 **(cont.)**		• In the case of a hotline, you should plan to follow up with the person or their caregivers – unless they have asked you not to. Again, when in doubt, ask your ADRC manager for input.	**Handout 11**
Slide 102		**Key Points:** • And, of course, new needs may always arise. • When new needs arise, you'll need to go back to the beginning. • Revisit the goals and needs you identified with the individual; identify possible supports, programs and services to address these new needs, and work with the individual to revise the action plan as needed.	**Handout 11**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

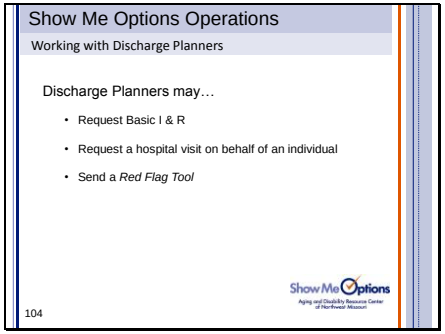
Slide 103



Key Points:

- Because many times older adults and adults with disabilities who are in the hospital are at increased risk to be sent to an institution or sent home without adequate supports to remain in the community, working with discharge planners is a top priority.
- When all else is equal, OCs will be expected to give requests from discharge planners first consideration.
- Often, discharge planning has to happen in a very short period of time – anywhere from a few hours to a few days.
- Therefore, discharge planners don't always have time to make sure they've accounted for all of a person's needs and wishes. This is where you come in.

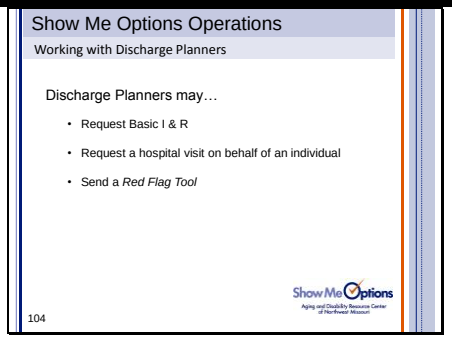
Slide 104



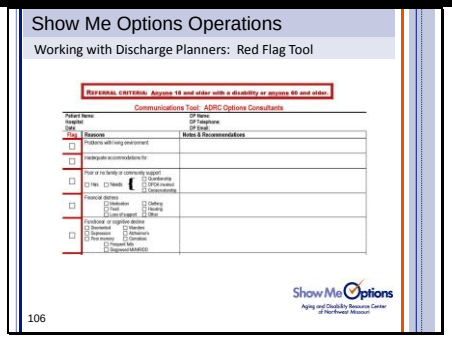
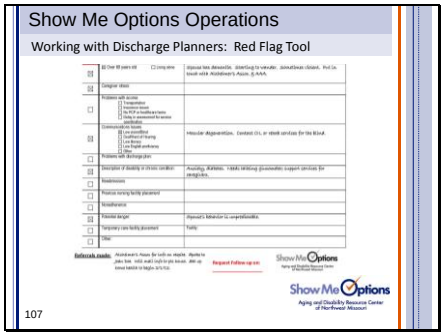
Key Points:

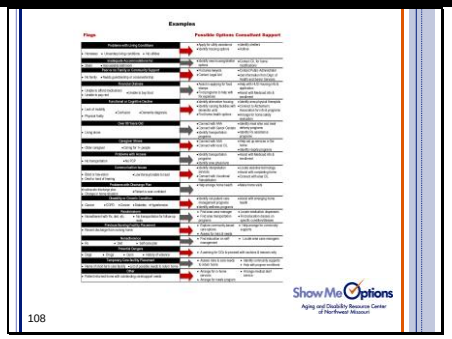
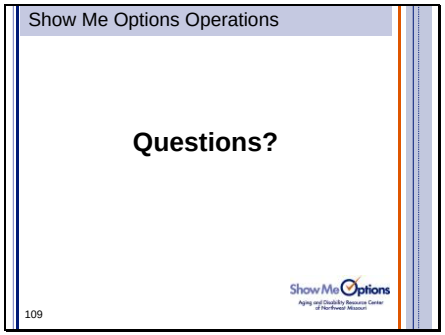
- Discharge planners may simply call to ask a question about a service. Usually, this should be easy to handle.
    - You would treat such a request like any other Basic I & R request.
- However, they may call to request that an OC begin working with an individual and their caregivers while they are still in the hospital.
- This request begins an options consulting activity with the individual in the hospital.

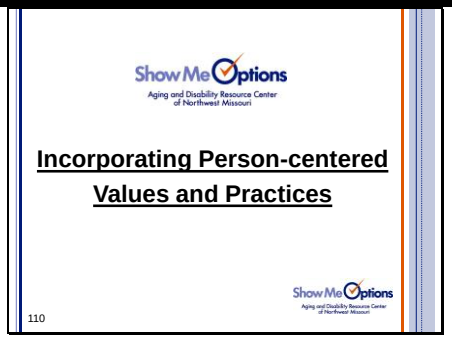
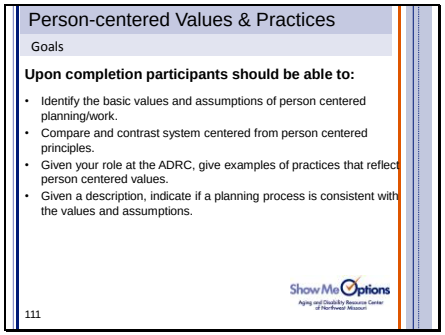
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 104
 	
(cont.)
		• Responding to such a request should be **done before other requests**, unless you're dealing with an emergency or crisis situation. If you are unsure where to put a request from a discharge planner, talk to him or her about the pressing nature of his/her request, and consult with you ADRC manager.
		• OCs will also receive faxed requests from discharge planners. The form you will receive is call the Red Flag Tool. We will take a look at this form in a minute.
		  • Normally, these requests indicate that you will be interacting with an individual post-discharge, which may mean you will visit with them in their home, in a long-term care facility, or on the phone.
		  • Again, this will initiate an options consulting activity.
		• Now, let's take a look at the *Red Flag Tool.* (Handout 12)
			Handout 12

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 105		**Key Points:** • A discharge planner will fill out the Red Flag Tool to the best of his or her abilities. • Here is where they indicate areas of concern that the OC should explore with the individual. • The discharge planner may also provide extra information in the narrative section and suggest any recommendations they have for the OC to consider. • If the discharge planner has already made referrals, they will be listed at the bottom of the form. • If he/she would like a follow-up from you, they will indicate a date when you should contact them at the bottom right-hand corner of the form. • At the top of the form will be the discharge planner's contact information. • When you receive a Red Flag tool, send an acknowledgement of receipt as soon as possible, and always within one business day.	**Handout 12**

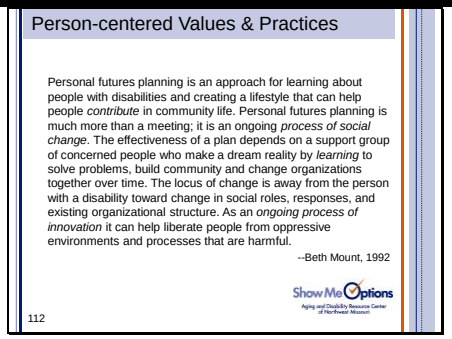
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 106		**Key Point:** • The top 5 flags are **priority flags**, meaning that if one of these is checked, the situation needs to be dealt with ASAP. In other words, this would become a top priority request, and may require you to delay responding to other requests.	**Handout 12**
Slide 107		**Key Point:** • Also, if **4 or more** of the other flags are checked, this would also indicate a top priority request.	**Handout 12**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 108		**Key Point:** • Also, for the Discharge Planners reference, the Red Flag Tool also includes on the back of the form examples of how an options consultant might be of help.	**Handout 12**
Slide 109			

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 110		**Key Points:** • Person centered beliefs and values should drive all of the ADRC's work. This section is designed to introduce or review person centered assumptions and demonstrate the ways in which these beliefs and values ought to guide the ADRC staff in all of their work. Handout 13 is an overview that you can read on your own later.	**Questions:** (Ask people the extent they are familiar with person centered planning; have they been part of a planning process or facilitated a plan with an individual?) • Based on your experience, what are key values and assumptions that guide person centered work? **Handout 13**
Slide 111		(Review points on the slide.) (Highlight especially that the **intent is NOT to train people to facilitate person centered plans**. Rather, to be sure all are clear on the values, and how to incorporate those values into the practical work of the ADRC.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

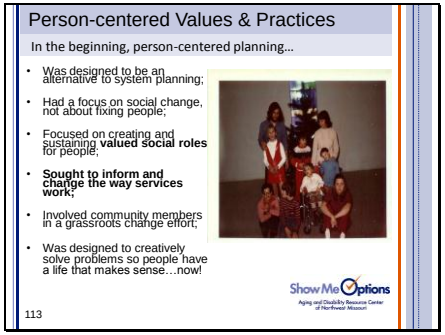
Slide 112



Key Points:

- Person-centered planning is about social change: changing the beliefs and perceptions society may have about individuals with disability and others who may be disenfranchised.
- The goal is to enable individuals to be active participants in community life; NOT to change or fix people.
- It is a community-problem-solving process that actively solicits community members to participate in both planning and implementation.
- The ADRC ought to be viewed as a community resource that actively seeks to assist people in remaining in their community and getting the support and assistance they need.

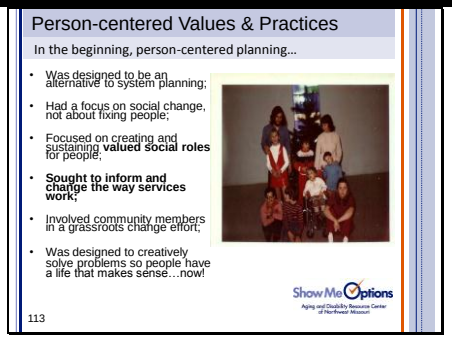
Slide 113

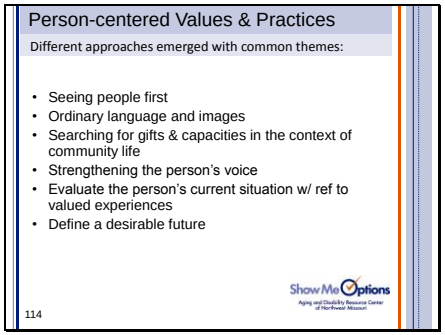


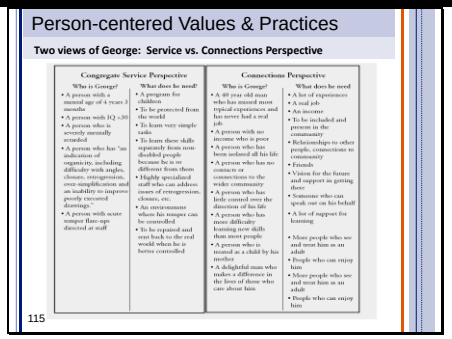
Key Points:

- Person-centered planning began as an alternative to traditional planning for people with disability. Rather than segregating and isolating, it focused on creating and sustaining valued social roles.
- It sought to create community change by directly involving key family, friends and other community members in supporting an individual to create a positive idea about the future. The same supporters then would work together to implement their ideas with the person.
- The goal was for people to have an ordinary life and the support they needed in order to achieve that.

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 113
 	
(cont.)
		• Goals might include:
		  • Being in a regular classroom
		  • Getting a meaningful job
		  • Becoming a homeowner
		  • Being more involved in community groups and organizations
		  • Advocating for change	

Slide 114		(Review points on slide.) **Key Points:** • There are different approaches to person centered planning, but all share these common themes and beliefs. • These themes that need to be incorporated into ADRC practices.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 115		**Key Points:** • Perhaps, the most powerful idea underlying person-centered planning is that the way a person who needs services is seen and understood by those who deliver the service. • PCP generates a powerful internal consistency in the ways the person is served. • Trying to make changes in procedures or settings offers far less leverage for changing services than shifting the understanding of a person. • These two descriptions of George lead to different images of him as a person. These images point to different ideas about what George wants and needs. • The ADRC seeks to work from a connections perspective	**Question:** Does anyone have another example of how perceptions of a person drive what services are provided?

Person-centered Values & Practices

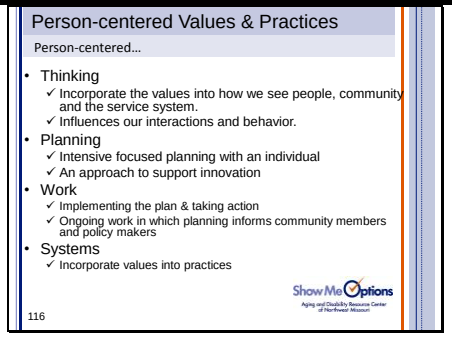
Two views of George: Service vs. Connections Perspective

Congregate Service Perspective		Connections Perspective	
Who is George?	**What does he need?**	**Who is George?**	**What does he need**
• A person with a mental age of 4 years 3 months • A person with IQ <30 • A person who is severely mentally retarded • A person who has "an indication of organicity, including difficulty with angles, closure, retrogression, over-simplification and an inability to improve poorly executed drawings." • A person with acute temper flare-ups directed at staff	• A program for children • To be protected from the world • To learn very simple tasks • To learn these skills separately from non-disabled people because he is so different from them • Highly specialized staff who can address issues of retrogression, closure, etc. • An environment where his temper can be controlled • To be repaired and sent back to the real world when he is better controlled	• A 40 year old man who has missed most typical experiences and has never had a real job • A person with no income who is poor • A person who has been isolated all his life • A person who has no contacts or connections to the wider community • A person who has little control over the direction of his life • A person who has more difficulty learning new skills than most people • A person who is treated as a child by his mother • A delightful man who makes a difference in the lives of those who care about him	• A lot of experiences • A real job • An income • To be included and present in the community • Relationships to other people, connections to community • Friends • Vision for the future and support in getting there • Someone who can speak out on his behalf • A lot of support for learning • More people who see and treat him as an adult • People who can enjoy him • More people who see and treat him as an adult • People who can enjoy him

115

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 116



Key Points:

- Person centeredness can be employed in different contexts:
  - Most powerfully in how we see, think about and interact with people with disability.
  - It can be employed in a more intensive way to plan with people.
  - Its values can provide general guidance in our day to day work.
  - Lastly, it can guide systemic and organizational change.

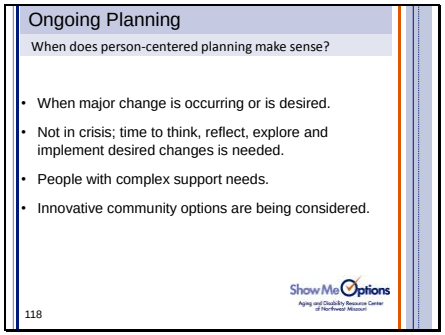
Slide 117

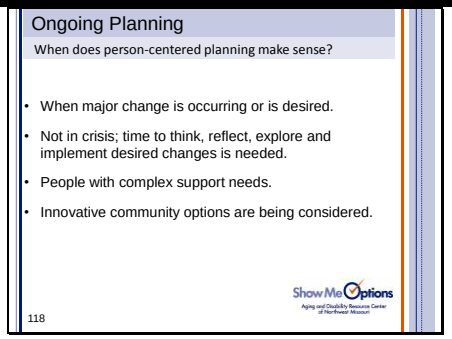
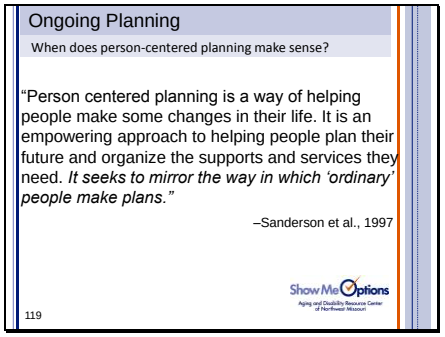
Key Points:

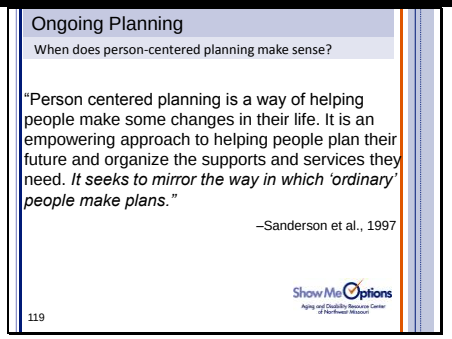
Ongoing planning with people is a common way in which person centered values are demonstrated.

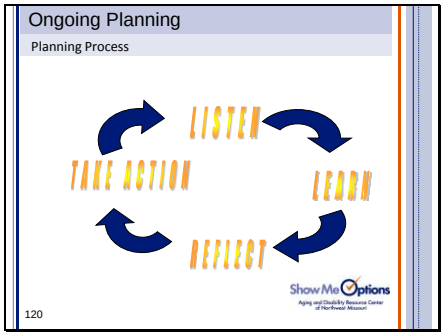
We will review the situations in which intensive person centered planning makes sense.

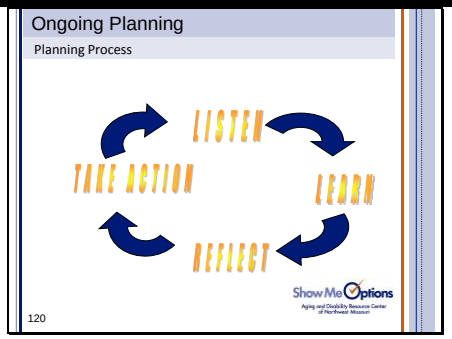
- The ADRC may elect to engage in an intensive planning effort in some situations.
- ADRC staff may be asked to be a part of the planning/ implementation effort or at times may be asked by an individual to assume the role of facilitator of a planning effort.
- A facilitator should have training and experience in this role and not assume that “anyone can do it.”
- Our review of the planning process today is meant to provide a snapshot of the process, and is not to be considered training to facilitate person centered plans.

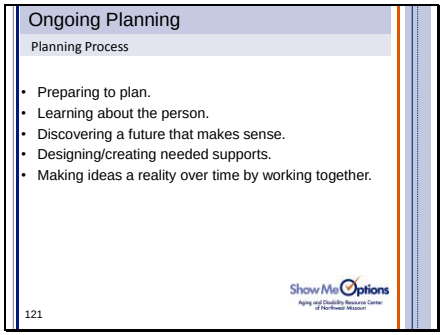
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 117 (cont.)		(**Suggestion:** If you have had experience with PCP, share your experience in which you had intimate involvement with a planning circle. Use this story to review the person centered planning process, to show examples of maps and how they helped understand the person and their perspective. Show how their "image of the future" emerged. Give examples of actions taken and how the work of the planning circle led to positive outcome. Incorporate photos if you have some. This is the most powerful way to show how the process works. Remember—the idea here is not to train facilitators but to provide a snapshot of the process and to see the values and assumptions in action.)	
Slide 118		(Review the suggestions for employing intensive person-centered planning effort on the slide.)	**Activity:** (Discuss the following scenarios): • An individual contacts the ADRC by phone and wants to enroll in Part D. They need assistance in filling out the forms and selecting a provider. • Is this person-centered planning? Why or why not? • You have been with an individual in a nursing facility who is planning to move back to their community after 6 years absence. The person is about 30 years old, and has muscular dystrophy. They have maintained some connections with people and groups in their community, but have had minimal contact over the past 5 years.

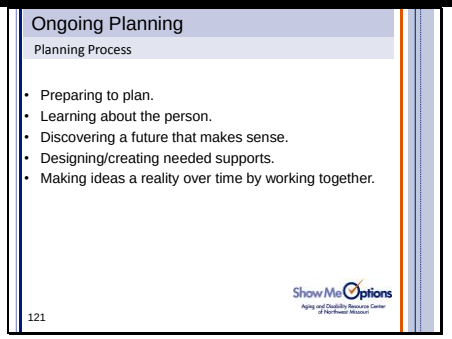
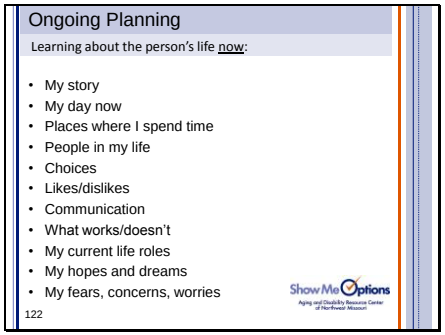
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 118 **(cont.)**			• Could this involve person-centered planning? Why or why not? • You are meeting with a family who has a son with a cognitive disability. The parents are getting older and they have agreed with their son that he should move into his own place. He has also expressed that he wishes to leave the sheltered workshop he has attended the past 5 years and get a job. • Would person-centered planning be appropriate here? Why or why not? **Question:** Can you think of other examples of when person-centered planning may or may not seem necessary?
Slide 119			**Activity:** (Review following example outcomes and ask if this is an expected outcome of person centered planning as they understand it): • Moving into an apartment with a friend • Being placed in a day program until you are ready to work • Becoming a member of the seniors bowling league • Participating in the special recreation bowling league • Managing your paid assistance around your schedule • Getting in home assistance that demands you schedule your life around their availability • Being placed in a group home • Buying a condominium and having the support to live there successfully

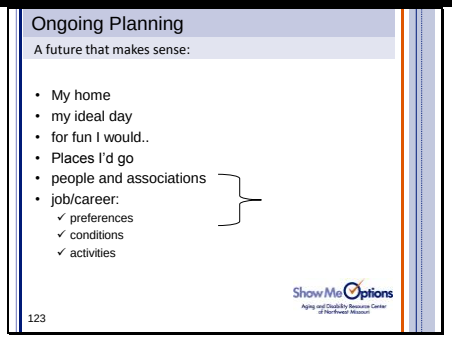
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 119 **(cont.)**			**Questions:** • Can you think of more examples of outcomes from person-centered plans? • In your experience what worked for people in the planning process so they achieved meaningful outcomes? • What barriers did you encounter? How did you resolve them?

Slide 120		**Key Points:**
		The overall planning process involves:
		• Listen: One of the key's to person-centered work is giving the focus person a voice.
		• Person centered work is a group learning and problem-solving process.
		  • It begins by learning together about the focus person.
		  • The person and facilitator design a process that enable him/her to share their most important events and life elements while at the same time permitting key people in their life to share perspectives.
		  • This is done in a variety of ways:
		  • Through storytelling, first and foremost.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 120 **(cont.)**		• Further elaboration of important issues can be facilitated by different maps that summarize issues around choice, participation, contribution. • Planners spend time reflecting together and individually about the meaning of what they learn. • The process leads to actions that are suggestive about further learning that is needed as well as ideas for a desirable future. • Since this is a grass roots problem-solving process, the person's supporters assume responsibility for working together with the person to achieve the goals they desire.	

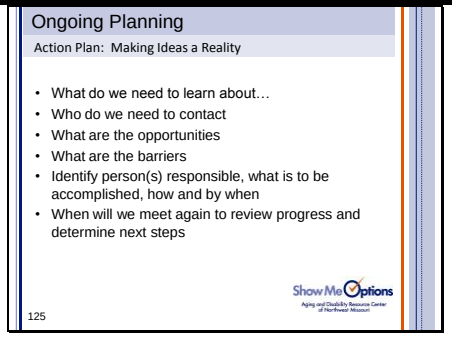
Slide 121		**Key Points:**
		
		These are the phases that happen across time. True PCP is a time-consuming activity:
		• Preparation:
		  • Getting to know the person
		  • What is their "agenda" for planning
		  • Helping identify a circle of support
		  • Where to meet
		  • How to make people comfortable & creative
		  • Invitations
		  • Agenda for first meeting
		• Learning what the support circle needs to know to assist the person, and getting clear about support circles perspectives.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 121 **(cont.)**		• Discovering through shared discussion and reflection a desirable future. • Determining what support and assistance will be needed. • Developing and implementing a plan of action. • Consistently following through on needed actions. • Celebrating successes!	
Slide 122		(Review points on slide.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 123		**Key Point:** • As people learn about the person together, ideas for change and a desirable future emerge.	
Slide 124		**Key Point:** • The future is described by the person and his/her supporters from their perspective. • Real world language is used, NOT service descriptions.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

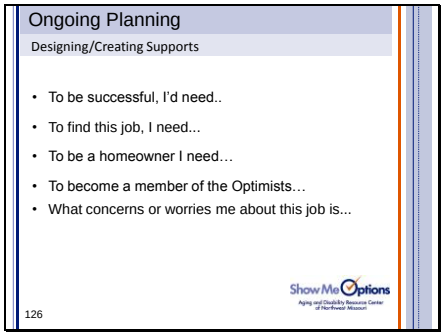
Slide 125



Key Point:

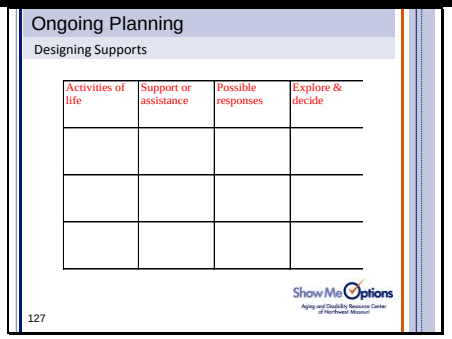
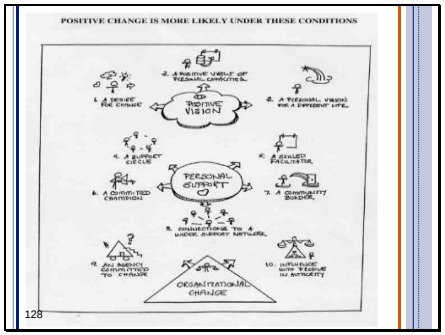
- Gatherings of planners conclude with an action plan outlining specific steps to be taken to expand the person's horizons, learn about opportunities and options, and to pursue those opportunities and possibilities that make sense.

Slide 126



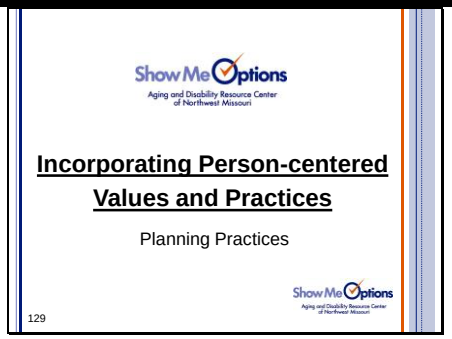
Key Points:

- Often, for opportunities to become realities, may mean specific types of assistance or support are needed.
- Initial focus is on the most natural and least intrusive assistance that can be identified.
- Whether natural, more informal supports or paid services, all assistance is individually tailored to the individual.

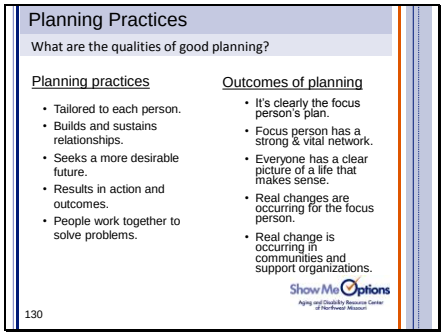
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 127			**Activity:** • Consider a morning routine or an on-the-job experience. • Identify needed supports for these activities, and possible responses. • Explore the pros & cons of the identified approach.
Slide 128		(Review the conditions for change in the graphic. Use examples from your experience, or solicit experiences from the trainees.) Handout 14	**Handout 14**

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 129

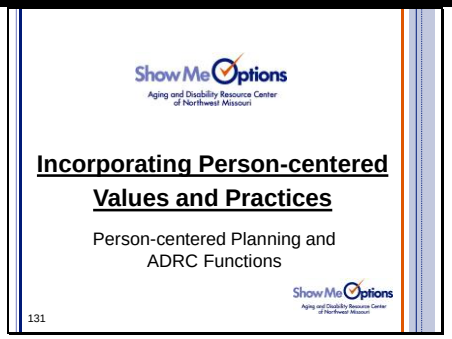
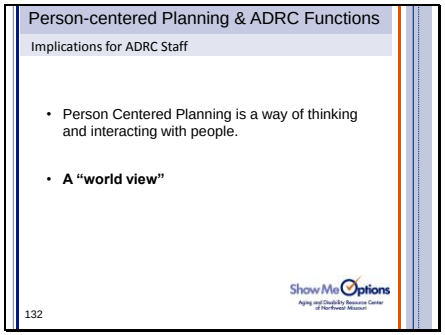


Slide 130

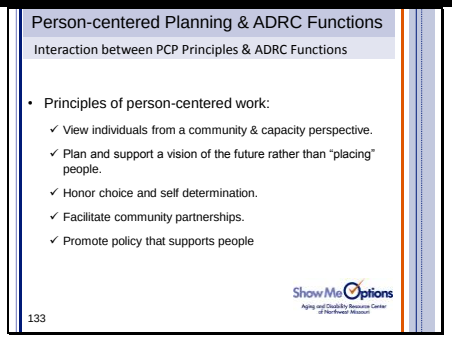


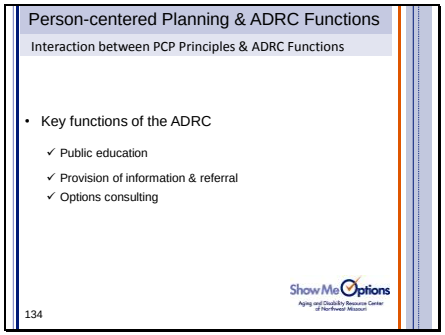
Key Point:

- To maintain quality, it is a desirable practice for those facilitating person-centered plans to regularly review planning practices with the individual and their planning team.

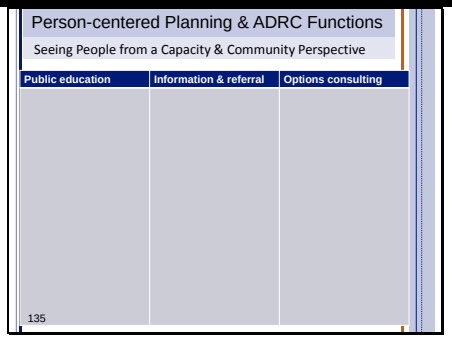
#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 131		**Key Points:** • Person centered-practices can be incorporated into all ADRC functions. • In this section we will revisit the ADRC functions with reference to person-centered values.	
Slide 132		**Key Points:** • Being "person-centered" represents a way of thinking and interacting with people. • It can and should not only be integrated into each staff member's interactions, but incorporated into the way the ADRC functions, generally. This demands an ongoing review of practices.	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

Slide 133		**Key Points:**
		(Review points on slide.)
		• These are the underlying values and assumptions of person-centered work.
		• There is a definite contrast between the "system-perspective" of individuals who are older or with disability, and the person-centered perspective:
		  • For example, seeing people as "less than" or deficient suggests that they are unable. This perspective represents traditional placement in facilities.
		  • The person centered perspective assumes that all have gifts and talents to share with their communities. All of us need support and assistance of various kinds at different times in order to be full participants.	

Slide 134		(Review key ADRC functions on slide.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials

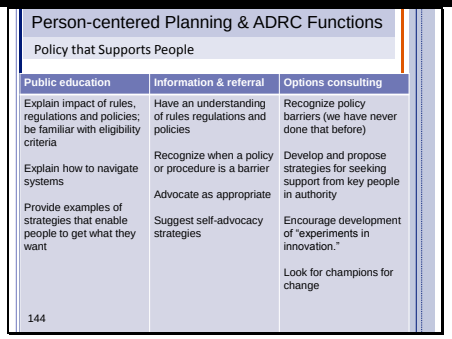
Slide 135			**Questions:**
			• When we view people from a capacity perspective, how do we engage in public education?
			• What about I&R?
			• What about options consulting?
			
			Activity:
			• Place people into teams.
			• Assign each group one of the following person-centered assumptions:
			  • Capacity perspective
			  • Focus on a positive vision
			  • Choice and self determination
			  • Community partnerships
			  • Supportive policy
			
			• Each group should list ADRC practices relative to the 3 key ADRC functions (public education, I&R, options consulting) that are consistent with their assigned person-centered assumption.
			• Give each team approximately 20 minutes to create a list.
			• Next, go from team to team, asking them to identify practices consistent with person centered values.
			• Give the entire group an opportunity to add to the list and/or give feedback.
			• Finally, summarize and compare the teams' lists to the lists provided (following slides).

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 136	Person-centered Planning & ADRC Functions Seeing People from a Capacity & Community Perspective **Public education**: Materials use people first language; Emphasize individuals, rather than classes of people; Stress value of individuals gifts and talents to others **Information & referral**: Take time to get the story; Seek to learn about people's interests gifts and talents; Community is for all **Options consulting**: Work with the individual to design a planning process that works for them; Assist in helping the person identify allies who can participate and support; Assure the person remains the focus of the planning; Focus on capacities rather than deficiencies 136	(Handout 15 contains all 3 grids used in this exercise. Best not to have them using the handout during the activity. Tell them about it after, so they can use it to refer to in their work.)	
Slide 137	Person-centered Planning & ADRC Functions Planning as Vision & Opportunity **Public education** / **Information & referral** / **Options consulting** 137	(Review trainees' grid.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 138	Person-centered Planning & ADRC Functions Planning as Vision & Opportunity Public education: Emphasize tailoring resources and supports around the individual; Strengths and capacities of the community; Strength in diversity Information & referral: Determine the kind of life the person wants; Help them figure out the support they need; Identify and suggest community resources available Options consulting: Be sure options are a good fit for the individual; i.e., are consistent with what we know about them; Create a clear picture of a desirable future; Don't let planners concerns about needed support get in the way, i.e., first the what, then the how 138	(Compare with trainees' grid.)	
Slide 139	Person-centered Planning & ADRC Functions Honoring Choice and Self Determination Public education Information & referral Options consulting 139	(Review trainees' grid.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 140	Person-centered Planning & ADRC Functions Honoring Choice and Self Determination **Public education**: Emphasize that ADRC functions as a service; ultimate decisions belong to individuals Information is power—ADRC empowers people **Information & referral**: Offer suggestions and resources, but know it is the individual who must make the decision Seek to simplify and make understandable complexities that people may be faced with Relate advantages and disadvantages of particular options **Options consulting**: Check in with the person about ideas and actions before, after and during planning sessions-what's working/ what isn't. Develop strategies for engaging the individual in the planning process; this is especially important when the person may have negative images or an undesirable reputation 140	(Compare with trainees' grid.)	
Slide 141	Person-centered Planning & ADRC Functions Facilitating Community Partnerships **Public education** | **Information & referral** | **Options consulting** 141	(Review trainees' grid.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 142	Person-centered Planning & ADRC Functions Facilitating Community Partnerships **Public education**: Relate how ADRC's work with other community agencies and state agencies Relate and give examples of natural support and collaborative assistance **Information & referral**: Explore sources of natural support Explore possible generic community support and resources Build and create partnerships with other potential sources of support and assistance (housing, volunteer opportunities, in-home assistance, personal assistance services) **Options consulting**: Emphasize that in grassroots planning, the planners are the doers. Involve supporters in the work to be done Encourage supporters to spend time Invite new people into the planning process as ideas emerge Make meetings an opportunity for review and progress as well as fellowship/ camaraderie. Celebrate accomplishments 142	(Compare to trainees' grid.)	
Slide 143	Person-centered Planning & ADRC Functions Policy that Supports People **Public education** / **Information & referral** / **Options consulting** 143	(Review trainees' grid.)	

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 144		(Compare with trainees' grid.)	**Handout 15**
Slide 145		**Key Points:** • In summary, how we function as an ADRC is a reflection of our values and assumptions about people, what people want and need, our communities, and our beliefs about the real purpose of services for those with disability and those who are older. • We need to consider how we can aid those who need long-term assistance to remain active visible community members. • Human services can be seen as a production line or as a part of a supportive community network. • Our image of our organization will ultimately influence how we approach our work and how we are seen by our community.	

Person-centered Planning & ADRC Functions

Policy that Supports People

Public education	Information & referral	Options consulting
Explain impact of rules, regulations and policies; be familiar with eligibility criteria Explain how to navigate systems Provide examples of strategies that enable people to get what they want	Have an understanding of rules regulations and policies Recognize when a policy or procedure is a barrier Advocate as appropriate Suggest self-advocacy strategies	Recognize policy barriers (we have never done that before) Develop and propose strategies for seeking support from key people in authority Encourage development of "experiments in innovation." Look for champions for change

144

Person-centered Planning & ADRC Functions

Policy that Supports People: What is our image of human services?

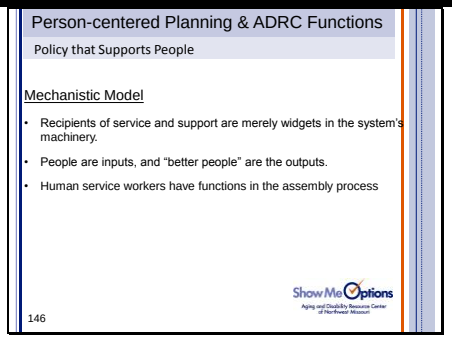
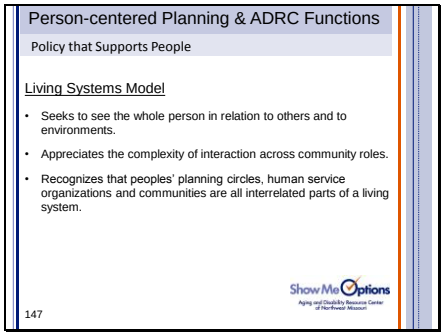
Machine

Living system

Show Me Options

Aging and Disability Resource Center of Northeast Missouri

145

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 146		(Review point on slide.)	**Questions:** • Is this how we see ourselves? Our organization? • If not, are there individual practices, or practices in our organizations, that reflect a mechanistic approach? • Is so, how can we change them?
Slide 147		(Review points on slide.)	**Questions:** • Is this how we see ourselves and our organization? • Do we portray ourselves and the ADRC in a way that reflects this? • If so, how?

#	Slide	Key Talking Points	Queues for Questions, Activities & Materials
Slide 148	Person-centered Planning & ADRC Functions "You can't do person centered planning in a system centered way." – Beth Mount, 1992 Show Me Options Aging and Disability Resource Center of Northwest Missouri 148	**Questions?**	