



Alliance for the Betterment of
Citizens with Disabilities

Empowering People: Providers Shaping Policies

Safety, Service, Support

Promoting Workplace Safety in the Field. Ensuring Quality Service to the Individual. Expanding Support to Families

Support Coordination services are the foundation of the person-centered, strength-based system of care. As the primary contact within the DDD service system on an initial, ongoing, and life-long basis they overcome resistance and systemic barriers to make sure the individual achieves their goals and maintains their health and safety.

Once services and supports are established, the support coordinator (SC) is required to monitor the individual monthly, which includes quarterly face-to face and annual in-home visits. During scheduled in-home visits, there are instances when the parent, informal caregiver or client threatens or verbally abuses the SC. In general, working with difficult clients and families comes with the territory of being a good case manager; however, no SC should ever be put into the position of being required to enter a home where they are concerned for their safety. In addition, leaving the SC with the only option to call the police or Adult Protective Services may not result in an optimum outcome. Make no mistake, though our stance is that the support coordination agency has every right to demand that their employee (the SC) not be put in this situation, this is not an excuse for withdrawing from service provision. We believe more can be done to prevent the erosion of the relationship between provider and family/individual and improve the quality of assistance, while increasing staff safety.

Here are some suggestions to promote safety, ensure service, and expand support.

1. Amend the DHS/DDD *Participant Statement of Rights and Responsibilities* to include responsibilities of the Family and Informal Caregiver

To build trust and guide behavior, it is necessary to establish with the family and informal caregivers, an unambiguous set of rules and consequences in their interactions with the SC and all providers. At minimum the Statement should be amended to include:

- I, the family or informal caregiver, agree to demonstrate respect for all providers, including the SC, regardless of culture or background.
- I, the family or informal caregiver, agree to not behave in a manner which has any real or perceived threat to the provider, including the SC.

- I, the family or informal caregiver, understand that doing either of the above is considered non-compliance with Division policy, is required to be reported to the Division by the SC or provider and may jeopardize the continued provision of Division services.

2. Code of Conduct and Safety Training

Encourage support coordination and provider agencies to develop a code of conduct for caregivers and recipients and provide safety training to SCs before they enter homes.

3. Inform Provider of Known Risks

If there is a history of threatening behavior by the family, informal caregiver or client, the state has the obligation to share this information with providers, including the SC.

4. Establish Exceptions Process for Home Visits

- If the family or informal caregiver threaten the SC, the home visit must be waived and, instead, take place in public.
- If the individual threatens the SC, the home visit must be waived and conducted in public or when other staff is providing in-home service. During this visit, the SC should be prepared to provide suggestions for additional services and supports in response to the individual's behavior. The SC should also ask the family how they are doing and be prepared to provide a list of available supports for them.

5. Arm the SC.

DDD should develop a Crisis Intervention Tool Kit, which lists service options for individuals and support options for families.

6. Crisis Intervention Specialist/ Family Support Specialist

The Division should consider developing the positions of Family Support and Crisis Intervention Specialists to be accessed through recommendation of SC/provider in times of high need for the family and individual living in their own home.

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