**Module 4: What Happens After**

**Options Counseling**

**Slide 1**

Welcome to Module 4, of Virginia’s Options Counseling Statewide Standards Information Session. Prior to proceeding to Module 4, please make sure that you have completed Modules 1, 2, and 3 as they provide information which will not be repeated in Module 4. You can find Modules 1, 2 and 3 on the same web page as this Module.

As a reminder, completion of Modules 1, 2, 3 and 4 is a prerequisite to delivering Options Counseling. After you have completed Module 4, you will be asked to take and submit a post-quiz to certify that you completed the Module.

Please note that you have online access to materials that will be referenced. There are many interactive parts of the information session so that you can practice the skills that you will be reviewing. These include “quiet time” exercises that allow you to apply what you have learned, and there will also be a role play along the way.

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Module 4 covers Section 3.3 of the Standards. We will be covering how the individual action plan is implemented, what follow up is needed during this time by the Options Counselor, and measuring an individual’s satisfaction with the Options Counseling (also referred to as “OC”) process. We will also look at when Options Counseling ends, re-engaging in OC after it has ended, and the documentation required for this stage.

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In this last Module, we hope that you will gain a clear understanding of how the standards address:

* Effectively conducting follow up,
* Assessing individual satisfaction with the Options Counseling process, and
* Documenting information during the Options Counseling follow up process.

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As we learned in Module 3, the Options Counselor works with the individual and together they develop an action plan. The action plan includes the individual’s goals, action steps needed to reach each goal, and the resources needed to reach the goals. Timing is part of the process, as is determining who will initiate the steps involved in reaching goals, for example who will make calls or be responsible for pursuing the referrals and other steps necessary to reach the goals in the action plan.

In other words, the Options Counselor assists the individual to implement the action plan, making any necessary contacts and referrals as necessary. Part of the plan is determining when the Options Counselor will arrange for supports and when the person chooses to do so. The Options Counselor must stay in touch to support the individual as is helpful--part of the role is to keep the process moving forward as long as the individual wants it to continue. The individual, though, decides who does what even if they are capable but don’t want to do it. At all times the individual has the opportunity to take the lead. In fact, individuals are encouraged to do as much as possible themselves in order to reinforce their independence and autonomy, thus building upon their leadership and advocacy skills. The individual has back-up from the Options Counselor at all times if a barrier occurs.

Individual choice is important. If the individual chooses not to take the lead, the Options Counselor does so.

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If the individual wishes, the Options Counselor arranges for delivery of the supports chosen by the individual as a result of Options Counseling, involving others as needed to get the supports fully in place by:

* Assisting with referrals (including referrals for assessments if necessary) and
* Conducting follow up to assure referrals are in place and adequate for the individual’s support.

Thus, interaction between the Options Counselor and the person is ongoing. Checking in with the individual takes place as needed to assist in reaching goals and at prescribed increments until Options Counseling terminates. This enables the Options Counselor to verify that supports are increasing the individual’s independence and autonomy or to redirect efforts prior to an adverse outcome affecting the individual’s option to remain in the community.

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The Options Counselor assists the individual to make an effective transition to the supports that the individual has chosen by:

* Contacting the individual and conducting other follow-up as necessary to verify the referrals have been made,
* Determining whether the referrals were implemented effectively, and
* If adjustments are needed, supporting the individual in determining the best alternative course of action.

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Once the supports are in place, the Options Counselor follows up to determine the extent to which the individual’s goals have been met. Attainment of goals is a benchmark for success. The Options Counselor will know who the individual is already working with and what supports they are receiving. There is great value in being able to document and convey that data among various entities providing supports is in order to ensure effective coordination of and transition to supports.

The Options Counselor engages in follow-up as required by the individual’s situation or at prescribed time increments. Apart from ongoing follow-up as part of the Options Counseling process, suggested time increments to check in with the individual are every 3 months.

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Under the Standards, Options Counseling may be terminated when an individual:

* Is no longer seeking support;
* No longer has unmet goals—i.e., once the individual and Options Counselor agree that all support needs have been met;
* After six months, has not responded when contacted;
* Has exhausted an appeals process and there is a finding that termination is necessary; or
* Is dissatisfied and the Options Counselor has no further alternatives available to the individual.

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Individuals who have terminated Options Counseling can always re-engage in Options Counseling if they choose to.

* Re-engagement can occur, for example, if Options Counseling was terminated due to the lack of the individual’s response within the six month period.
* Re-engagement can occur if all goals were met, but then later the individual’s situation changes and there are new goals to pursue.

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Well, let’s say the Elderly or Disabled with Consumer Direction (EDCD) Waiver didn’t work out for Joe—and he couldn’t get a housing voucher, either--so he wants to talk with the Options Counselor again about how he can move out on his own.

The Options Counselor schedules a meeting with him following a telephone call from him.

Joe still lives with his mother and very much wants to move out. Joe and his mother return to meet with the Options Counselor. Joe is now 23 and he is upset that his plan has not materialized the way he envisioned it. His Mom is still opposed to his moving and is relieved that he does not qualify for the Elderly or Disabled with Consumer Direction (EDCD) waiver. She is aware that he has limited experience with managing a household and has refused to assist him further.

Joe is determined to make his goal a reality and he has some ideas he would like to share with the Options Counselor. Let’s watch as Joe and the Options Counselor discuss his situation;

**OC  welcomes Joe and mom:**  Hello it’s good to see you again. It has been awhile since we met, how have you been?

**JOE:**  I’m okay, I guess. I still want to move out on my own and my Mom still doesn’t want me to. She told me I could get a dog if I stayed home but I want to be like my friends. 23-year-olds don’t want to live at home.

**MOM:** I am frustrated that Joe insists on moving out of the house. It’s not that I don’t want him to grow up, I guess I’m just protective. What mother wouldn’t be?

**OC:**  I hear you, and I want to do everything I can to help Joe reach his goals and hopefully ease your discomfort surrounding his choices. Joe, can you update me on what has been going on since our last meeting?

**JOE:**  Well, I applied for the Elderly or Disabled with Consumer Direction (EDCD) waiver like was discussed but I did not qualify for it because I don’t have any medical needs. I am healthy except that I use a wheelchair for mobility. I’ve never had a chance to have my own place, pay my bills or even do my own shopping. My Mom has always taken care of those kinds of things. I believe I can learn how to manage all this and prove to my Mom that I am an adult.

**MOM:** Joe has a limited income and I am not certain that he can manage an apartment on his limited income. Without a job or a roommate how will he make ends meet?

**OC:** Let’s review where we are and what direction you want to take.

**OC:** Joe, my job is to help you look at different options and resources so that you can pursue your goals.  I believe we have some options still available to you. Let’s review them (IL training, companion aide, exploring personal care needs and other activities of daily living).

**MOM:** You mean Joe can take a course to help him manage his money and learn how to run an apartment? I could have used that type of assistance myself!

**JOE:** That’s great. I can transfer myself and take care of my daily personal needs. I would need assistance with housing and transportation--I don’t drive but I would like to learn. And I might need some help with setting up a checking account and budgeting. I have social security but it is not a lot so I need a job and I want to work!

**OC:** That’s a great idea! Have you thought about what kinds of jobs you would like to explore? What are your strengths and what careers are you interested in?

**MOM:** Joe is a wiz on the computer he spends a great deal of his time on the internet and communicating with friends.

**JOE:** I have never worked but there are a lot of things I am good at. I enjoy animals and computers. I spend a lot of time at the Apple Store. One of my friends works at one of the local electronics stores – Maybe he could help me look into getting a job there.

**OC:** It sounds as if we are on to something. Joe, you very much want to move out on your own and appears that we all recognize the need for employment to support your independent living goal. How would you feel about having a roommate versus living alone?

**JOE:** I don’t know. I have never shared my home with anyone other than my mom so I don’t know.

**MOM:** That might not be such a bad idea. Joe, maybe it’s time for me to let go a little bit. I think with some help I could support your plan. I would even be willing to help you out a bit just until you get a job or a roommate. It might just be okay.

**OC:**  I think we may be on to something great!

Was Joe continuing Options Counseling? Or was he re-engaging in Options Counseling?

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An important part of follow up with individuals is determining their level of satisfaction with Options Counseling. Because Options Counseling is a very person-centered process, some believe that the only way to determine whether Options Counseling is successful is to ask each person! Assessing satisfaction not only measures the success of Options Counseling itself, it also provides critically important information for your agency’s ongoing quality assurance and quality improvement. If people are not satisfied, you can learn what needs to be corrected or adjusted.

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Under the standards, there are five measures (called domains) of the success of Options Counseling to each individual:

* Choice: Was the individual in charge of action plan development?
* Heard: Were his or her perspectives, values and preferences understood and respected?
* Supports: Did the individual receive supports needed towards accomplishing the goals?
* Informed: Was the individual given comprehensive information about options available in the community at the time? And
* Autonomy: Did the individual feel empowered to make his or her own decisions?

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To assess satisfaction in these five domains, the Standards call for a uniform instrument administered in the method or mode of communication that the individual uses and prefers. A copy of this survey is in the Module 4 materials on the webpage. To assure candid responses, someone else in the agency—not the Options Counselor—should administer the survey.

Communication is key in administering the survey. Not everybody speaks the same language. Not everybody communicates in the same way. Individual satisfaction information will be accurate only if the questions are asked using the individual’s communication preferences, for example sign language, foreign language, special device, speaking, or writing.

The questions in the satisfaction survey should be asked not only using the individual’s communication preference, but also using the environment that the individual prefers and in which he or she feels most comfortable. For example, in person (and location: home, public place, office)? Over the telephone? By mail? Electronically?

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Now let’s turn our attention to follow up documentation under the Standards. Again, we will not be covering the means by which it will be collected: that is determined by each agency. For those agencies that use the electronic Communication, Referral, Information and Assistance (CRIA, **pronounced “CREE-AH”,)** there is an Options Counseling screen specifically designed for the collection of Options Counseling data. Aggregate reports for Options Counseling feed off of this data as well. Information regarding the use of CRIA **(pronounced “CREE-AH”**) and/or the use of Options Counseling in CRIA **(pronounced “CREE-AH”)** is available by contacting the Department for Aging and Rehabilitative Services (DARS).

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As a part of following up with each individual, the standards provide that five things be documented:

* The date of contact with the individual;
* The outcome of the follow up contact;
* Whether the individual’s goals have been achieved, are unmet or have changed, including what supports the individual received;
* Whether the individual has followed the plan, and, if not, the reason why; or needs direct assistance to continue implementing the plan; and
* The date and reason for termination of Options Counseling.

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Throughout Modules 2, 3 and 4 we’ve talked about documentation, and some of you may be wondering why it’s so important. Under the Standards, data is collected for evaluation for the purpose of quality improvement and quality assurance as well as for program performance. Evaluation is conducted on three levels. Let’s start at the bottom and go up.

* At the individual level, the satisfaction instrument (which we have already discussed) provides data regarding each individual’s experiences with Options Counseling. As an aside, and apart from evaluation, information that is documented is important to the continuity of Options Counseling within the agency such as should staff turnover occur.
* Agency level data is also important. Agencies can vary greatly in the way they set up and administer their Options Counseling programs. For example, some agencies may have only one Options Counselor, while others may have multiple Options Counselors. Agency-level data can serve many purposes, such as identifying practice inconsistencies among Options Counselors, identifying staff training needs, or pinpointing individual

satisfaction trends to make improvements within the agency.

* At the system-wide level, data can show statewide trends in Options Counseling implementation and individual satisfaction that could prompt changes in statewide standards and make the case for additional funding for Options Counseling.

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Thank you again for your time and interest in Options Counseling. This completes Module 4, the last of the Options Counseling Information Session Modules. Please remember to complete and submit the Module 4 post-quiz, after which you will receive a certificate of completion.

There is also a link to an evaluation form which allows you to give us feedback about your experiences with the Options Counseling Information Sessions. Your feedback is extremely valuable and will be used to make future improvements to the sessions.