

Kokua Employee Training Manual



WELCOME

Hi! And welcome to Kokua! This manual will walk you through all of the tools you need to be successful here at Kokua.

There is a lot of information to be responsible for during your work at Kokua. We don't expect you to memorize everything. This guide will support you navigate through the tools available to you at Kokua to always get the answers to the questions you will face!

A few words of encouragement and advice- relax, don't be afraid to be persistent, set a goal and go for it, and listen, there are guides all around you to assist you in your work, and the best guide of all is the client!

SERVICES WE PROVIDE AT KOKUA

Residential Services are certified by DSHS/Aging and Disability Services Administration (ADSA)/Residential Care Services (RCS)

Residential Services is support provided to eligible clients by the State service providers to enable clients to live in their community.

Who is eligible for Residential Services? **WAC 388-820-060**

Clients who are at least eighteen years old and authorized by DDD may receive residential services.

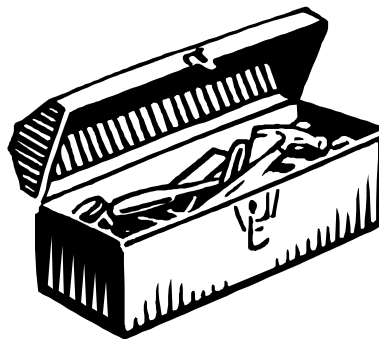
What are supported living services? WAC 388-820-080

1. Instruction and supports offered by service providers (Kokua) to clients who live in or are establishing their own homes. Homes must be owned, rented or leased by the clients or their legal representatives.
2. Clients who receive supported living services are responsible for paying for their daily living expenses, such as rent, utilities, and food, using their personal financial resources.
3. The level of support is based on each client's instruction and support needs. Support may range from one hour per month to twenty-four hours per day of staff support per client.

The Client's DSHS (State) Case Resource Manager will oversee completion of a Plan of Care for the individual. (POC) The POC will outline the support needs and interests of the client. The Services Provider's (Kokua's) responsibilities for supporting the client are outlined in the POC.

Kokua's Client Service Coordinator is responsible for documenting the process that staff will follow for meeting the needs of the client as outlined on the POC. In Addition to the Service Coordinator's process, the team members assist the client with personal goals. An Individual and Instruction Support Plan form IISP is used to document the steps staff will take to assist the client in pursuit of personal goals.

Your Kokua Toolbox



DEVELOPING EMPATHY

- In an effort to understand how difficult it can be for an individual to set-up personal goals, take a few moments to look at the areas of life where you want to grow.

- Take a few moments. Establish a goal for yourself and the steps needed to work toward accomplishing the goal. Write down a few of the steps that you came up with.

1.

2.

3.

4.



RESPECT & DIGNITY

Respect and dignity are the cornerstones of our work. It is only when guided by respect and dignity that we can offer truly life-enhancing services to our clients.

By our nature, a lot of us who walk through the doors of Kokua for work, are caregivers. While that trait may guide who we are as individuals, it can not guide our work here. We are not care-givers here at Kokua, we are Life Skills Instructors, Service Coordinators, Team Leaders, and so on. We have to harness our compassion for others and direct it to supporting the greatest amount of independence and choice for the clients.

"I think the hardest thing I had to learn as a Kokua staff member was to whole-heartedly support a choice made by a client that I knew would fail. I think I wanted to save him from the mistake, from the time mis-spent, from the frustration of making a mistake. You know, that I knew better. But, you know, it failed, and he wasn't upset. I learned so much from that experience. It's his life, who I am to make his choices for him?"

It's not our responsibility to make choices for the clients. It's our mission to support the greatest amount of independence for each client.

What does dignity and respect look like? Here are some real-life examples given by Kokua team members-

"It takes 'Mary' a long time to do the dishes. But it's her house. The dishes are her responsibility. It would be faster if I did them for her, but that's doesn't promote independence."

It is not our responsibility to make things as easy as possible. Rather, to offer assistance where the client needs assistance, and support where the client needs support.

"I didn't see any reason why 'Tom' couldn't learn laundry skills. We started by putting away shirts. One by one, I would hand him a hanger. And one by one, he hung up his shirts. From there, we worked on washing and drying. I didn't know if anyone had ever explained to him how a washer and dryer worked. I apologized to him in case I was telling him something he already knew. From there, he began helping me load the washer, add the detergent, now we're working on

turning it on and off. It's taken a long time, but he's getting the process."

As you get to know each of the clients, more and more opportunities will present themselves to support independence. Faith in the client's abilities is one of the factors in respect and dignity. As well, it is necessary for the success of the client. No matter how long it takes, or how small the steps, the journey and the accomplishment are both success.

Being guided by respect and dignity in your work will also aid you in not becoming too personally connected with the clients.

"Just because 'Jake' smokes in his house, doesn't mean I can. 'Jake' and I have been working together for years, and we get along great, but it's his home, and my workplace. When I smoke, I wait for a break and go outside, far enough from the door so that the smoke won't breeze in."

Our workplaces are unique. The boundary between working and friendship can become easily blurred given the casual settings of our client's homes. However, it is intrinsic to the success of our work and success of the clients to maintain that boundary. We work in the client's homes, the clients do not happen to live in our place of work.

WHAT IS AN ADVOCATE?

An advocate is someone who:

- supports
- defends
- promotes
- upholds
- stands up for...

the needs and opinions of another.

To be a personal advocate for a resident means to try to be attuned to the *resident's* view of their life. This means setting aside our own particular beliefs or opinions as a staff person and really listening to what the resident has to say. How does he view the quality of his life? What does she think of the work that she performs? Is there a part of her life that holds sadness or loss? Does he have an impossible dream that he has always nurtured in his heart?

The role of the advocate involves being a caring listener. It means being willing to spend time with the person helping them to clarify their feelings. It means being patient with someone who doesn't process information as quickly or in the same way as you do. It means having enough faith in someone to give them the privilege of trying and failing, and trying and failing, and trying and failing. We all learn much more from our failures than we ever do from our successes!

Being an advocate also means allowing the individual to have dreams and aspirations beyond their assumed capability (or the staff's capability!) to realize. Our dreams are what carry us forward in life. If we have little dreams, we will never know just what we are capable of achieving. If our dream is big enough, it will carry us far beyond what we ever thought we could accomplish.

BEING A BOUNDARY ADVOCATE

Who can have boundaries? Everyone can have boundaries. The people we serve can have boundaries.

What are boundaries? Boundaries are conditions that people put around themselves. Boundaries are like fences around the person with the boundary. They are definitely not fences that the person puts around others.

What is the difference between correct and incorrect boundaries? Here are examples of correct and incorrect boundaries that someone could have:

Correct Boundary	Incorrect Boundary
<i>I do not let anyone use my cd's.</i>	<i>You shouldn't touch my cd's. Or Don't touch my cd's.</i>
<i>I do not let people touch me.</i>	<i>Don't touch me. You can't touch me.</i>
<i>I don't watch violent shows.</i>	<i>Don't turn on violent shows when we're watching.</i>

The correct boundaries above put protective fences around the person with the boundary. The incorrect boundaries attempt to put fences around other people. The incorrect boundaries often do not work.

An important part of the correctly stated boundaries above is that they empower the person. They say to others, "I am in control of what happens to me. This is what I allow and don't allow."

What are some common boundaries that people have?

Three boundaries that we can assume an independent person would have:

*"I do not allow anyone to touch me without my permission."
(Includes hitting, pinching, stroking, poking, etc.)*

"I do not allow anyone to talk to me that way." (Insulting, name-calling, threatening, cursing, taunting, teasing, etc.)

"I do not allow anyone to come into my space without my permission." (Standing close, entering my room, etc.)

What does a boundary advocate do? Sometimes the people we serve will not be able to state or "endorse" their boundaries when others violate the boundary. You can help a vulnerable person by being a boundary

advocate. When you are a boundary advocate, you help persons maintain their boundaries and you help others learn that people do have boundaries. Boundary advocates:

- ✓ Ask permission to help the person state a boundary if it is being violated.
- ✓ If permission is given, state one of the three boundaries above to anyone who is violating the boundary.
- ✓ Restate the boundary if the person persists in violating the boundary.
- ✓ Help the person violating the boundary to identify and meet his/her need.

Example:

- Elliott is poking Cynthia on the shoulder.
- Edna (caregiver) asks Cynthia, "Do you want me to say your boundary?" (Edna and Cynthia had previously talked about the three boundaries.)
- Cynthia nods her head.
- Edna faces Elliott and says, "Cynthia doesn't let anyone touch her without her permission. Please stop."
- Elliott pokes Cynthia again.
- Edna steps between Elliott and Cynthia and says, "Cynthia doesn't let anyone touch her without her permission. You seem to want something... what do you want?"

(From here Edna follows the questions in Reality Therapy – "What do you want?" "What are you doing to get what you want?" "Is it working?" (See the Challenging Behavior Series module, Reality Therapy, for details. It is available free on the internet at <http://depts.washington.edu/chddtr/pbs>).

POSITIVE BEHAVIOR SUPPORT

It is the philosophy of Kokua to provide residents with the most supportive environment possible, physically, socially and emotionally. Keeping in mind that resident's homes are their own personal space, residents should feel safe and at liberty to be themselves when in their own home. Difficult behavior will be at a minimum in an environment that supports and encourages:

- Personal autonomy, including the right to make choices regarding ones own personal space.
- The right to free expression, including the right to express affection, anger, disappointment, or disagreement with staff or roommates. Free expression also includes the availability of any alternative means needed to communicate, i.e. communication devices or staff trained in facilitated communication.
- Friendships with family and peers, and the ever present opportunities to make new friends and community affiliations.
- New learning. All individuals have the ability to learn throughout the life span and should have the opportunity to take measured risks and even to experience failure in pursuit of new learning.

Any time a resident consistently exhibits behavior that is seriously troubling to others, does not recognize the rights of roommates or presents a danger to staff or roommates, a Positive Behavioral Support Plan should be developed. The purpose of a Positive Behavioral Support Plan is to:

- Identify, in a non-judgmental manner, why the behavior is occurring and what the resident may be trying to communicate through this behavior.
- Identify what legitimate needs of the resident are not being met. Meeting these needs may alleviate this behavior.
- Examine the environment for factors that may be contributing to the behavior.
- Examine the routine, demeanor and techniques of staff which may be contributing to the behavior.
- If the resident's behavior represents a lack of interpersonal skills in relating to others, make a plan to assist the resident in gaining the needed skills.
- As much as possible, involve the resident in the process of forming the Positive Behavioral Support Plan.

- Kokua staff are not to use “consequences” or “punishments” of any sort in response to the behavior of a resident, i.e. withholding of a planned activity, curtailing TV time or eliminating dessert.

EMERGENCIES INVOLVING BEHAVIOR OF A RESIDENT

If a resident engages in behavior that interferes with the rights of others, endangers self or others, or poses the risk of significant property damage, intervention may be required on the part of staff. Any intervention should always involve **the least action necessary** to maintain health and safety and protect personal property. Any restrictions to the resident must be temporary and for the purpose of protection only. No restrictive means should ever be used as a method of behavioral change (except for the purposes of community protection under the guidance of a certified sexual treatment provider.)

For the purposes of **protection only**, the following techniques may be used in an emergency:

- Physically blocking someone’s behavior, i.e. to prevent self-abusive behavior or assault of others.
- Requiring a person to leave an area, using physical guidance, to protect the safety of others.
- Temporary removal of personal property being used to inflict harm on others.
- Manually holding a person to prevent the movement of all or part of their body to prevent them from inflicting harm on themselves or others. Holding an individual under these circumstances should always involve the least amount of force necessary to maintain safety and should be terminated as soon as the immediate threat of danger has passed. **Restraining a person in a prone position is always prohibited.**
- Any incident involving emergency restriction of a resident’s rights should be documented in an incident report.

PERSON-CENTERED PLANNING PROCESS

Information-Gathering

The process starts with an information gathering phase. Long before there is an IISP meeting and any goals are arrived at, time is spent discovering information you can use later in goal setting. Part of this process may involve the use of the IISP Pre-Planning Questionnaire, or any other tool the team decides is useful for gathering this type of information.

The Personal Advocate should begin by meeting with the resident in an informal manner to help him/her begin to think about the goal setting process. You can use pictures cut from magazines to build a poster of the person's life. Pictures are often a good way to help a person focus their thoughts. Make the process fun for all involved!

If the resident is unable to participate in the actual planning process, elicit feedback from friends, family members, and vocational and residential staff. You can use the Pre-Planning Questionnaire or any other form your team creates for this purpose. Before any planning is done, be sure you have really taken time to ask questions such as:

What kind of a person is _____? What are his/her likes and dislikes? What really puts a smile on his/her face? What are the skills/capacities of this person? What personal traits does this person exhibit that make them unique? What opportunities for growth exist for this person?

Planning for the Meeting

An IISP meeting should feel like a celebration. Just like a birthday, an IISP meeting is an opportunity to give recognition to the individual for what makes them special as a person. As much as possible, the resident should be involved in planning for this event. They can help to decide:

- Who will attend the meeting? The resident should invite anyone he or she feels should attend.
- Who will lead the meeting?
- What refreshments will be served?
- What kind of invitations should be sent?

Planning Meeting

If the resident has made a poster or a banner with their dreams or goals, it can be used as a focus point for discussion during the meeting. The resident or their personal advocate can point out pictures on the poster

and explain their significance to the guests. If there is a photo album, trophies or anything else the resident wants to share with guests- this can give the resident a way to communicate about the things that are important in his/her life. During the discussion, focus on:

- Celebrating the individual's accomplishments, capacities, etc.
- Reviewing the information gathered about interests and potential areas of growth.
- Building a vision.

Create a Plan

If the discussion has been fruitful, you should be able to identify areas of interest and opportunity for the individual. As goals are identified, be sure the resident is comfortable with all aspects of the goal before it is formally written down. You may need to take time to be sure you are really hearing what the person wants. When goals are written, it is time to:

- Plan action steps.
- Delegate responsibility for implementation steps.
- Create timelines.

This is the part of the IISP that spells out how the goals will be reached. Who will assist with the goal? How long will it take? Where will progress toward this goal be documented? These are the details that transform a goal into a reality .

Bringing the Plan to Reality

Once goals are written for an individual, it is the special responsibility of the Personal Advocate to monitor progress toward the goals. If there are issues of coordination or lack of follow through, it is the Personal Advocate's duty to bring these issues up at monthly team meetings so that the team can work toward improvement.

It is also the responsibility of the Personal Advocate to be sure that there is good documentation of IISP goals. It is important that documentation be clear and consistent. A guardian, case manager or family member who looks at the documentation should be able to easily see the progress on the resident's goals.

Once goals are written, they are not cast in concrete. Situations change, the resident may try a new activity but decide they don't like it, or a whole new goal may arise that shouldn't have to wait until the next IISP meeting to be formalized. Personal advocates should remember that goals can be begun or ended at any time. Some goals may be very short

term- just a week or two. Other goals can be very long term and may be continued from one IISP to another, extending over several years. The important thing is that goals should be flexible and should always reflect resident preference. Once an IISP is written it is a good idea to meet informally with the resident from time to time in order to:

- Discuss progress toward goals.
- Does the individual still want this goal? If not, discontinue the goal.
- Is there any thing which needs to change?
- Is there a new interest in the resident's life which might make a good goal?

A well-written IISP can be a very effective tool for improving the quality of resident services. IISP's also give residents opportunities to broaden their life experiences and live fuller, richer lives.

HAVE YOU MET?

Speaking of adding to your Kokua toolbox- have you met the following folks? They are all available for support and assistance during your work here at Kokua!

Kokua Office	
Chris Rasmussen-Barsanti, Exec Director	
Judy Cline, Director of Client Services	
Office Management Team	
Sally Lewis, Administrative Assistant	
Diane Lamb, Business Operations Coord	
Service Coordination Team	
Carol McAuley, Client Svc Coord.	
David Bacon, Client Svc Coord.	
Dominique Gonzalez, Recruit/Hire	
Kacie Luderus, Mental Health Spec.	
Molly Doyle, Training Coordinator	
Sean Bonneprise, Client Svc Coord.	
Cary Richardson- Volunteer/Intern Coord.	
Team Support Specialists	
MaryAnn Yarber- Quality Assurance	
Sara Gordon- Client Finances	
Holly Burson- Client Finances Asst.	
Your Team Members	
Team Leader-	

ON-CALL PROCEDURES

During Business Hours

If you have a serious problem during business hours (8:30 a.m. – 5:00 p.m.)

1. Try to locate your Team Leader.
2. If you can't locate your Team Leader, call the office and ask your Client Services Coordinator for assistance (Sean, Carol, Molly or David).
3. If your Client Services Coordinator is unavailable, page **413-2428**, the Admin pager.

After Business Hours

If you have a serious problem after business hours:

1. If you have an urgent medical emergency or if a resident's behavior threatens the health and safety of staff and residents, call **911**.
2. If you need assistance call the On-Call Team Leader at **790-5892**.
3. If you do not get a response in five minutes, call the On-Call Client Services Coordinator at **790-5916**.
4. If there is an incident involving law enforcement or other media, if a client is missing, or if **911** is called, the Executive Director needs to be notified by paging **413-6586**.
5. *Do not call your Team Leader after hours.*

Staffing Problems

Staffing shortages are the responsibility of the team. Unless there is a health and issue involved, team members need to try to problem solve a staff shortage before calling for assistance.

1. Call other team members to see if they would be able to fill in. The first choice for a fill-in person should be someone who will not be in overtime.
2. If no team member is able to come in, begin to call individuals who normally fill-in at your home. Do not page the on-call pager until you have tried all of your options for emergency staff.
3. If you are unable to locate anyone to fill the shift, call the On-Call team Leader at **790-5892**.

Emergency On-Call Protocol Checklist

Has an Incident Report been written and filed by the staff on shift at time of incident?

Yes If not you, who did it? _____

Did the emergency involve the hospital, 911, a missing person, law enforcement, or the media?

Yes

If yes, did you page the On-Call system & Chris Rasmussen Barsanti, the Executive Director?

Yes If not you, who did it? _____

Has the client's DDD Case Manager been called (leave message if call does not take place during business hours) to alert them to an Incident Report?

Yes If not you, who did it? _____

FEELING CONFUSED?

Take a deep breath

Relax. It helps you to think more clearly

“Step Back” Mentally

You can't see a problem clearly if you are becoming part of the problem. Observe the problem from a mental distance so that you can see all of the factors more clearly

What Kind of a Problem is It?

Inter-personal? Team Issue? Lack of Training? Major Breach of Policy?

Who is This a Problem For?

We can't solve other people's problems for them. We all grow through tackling problems and solving them.

What Policy or Procedure Applies to This Problem?

It is important to follow Policy and Procedure. When we are clear about our own role and responsibilities, we are in a position to mentor others. When we jump into a situation where we don't belong, we just increase the confusion!

GROUND RULES FOR EFFECTIVE PROBLEM SOLVING

- Use “I” statements when speaking.
- Use neutral language. *Describe the issue* without resorting to blaming a coworker, i.e. “Bill always runs out of money before the end of the month.” Don’t say, “You always let Bill spend too much money.”
- Remember that meeting time is limited. Keep to the point and avoid telling long stories.
- Listen to coworkers’ suggestions without interrupting or offering judgment. We all need to feel safe to express our views.
- When a course of action has been decided upon, be clear about *who, what and when*. What has been decided? Who is responsible to see that it is done? When do you expect it to be completed?
- Decide which issues you plan to tackle today and which you will deal with at a later date. Before you leave, set a date for your next meeting.
- What are rules that work for you that aren’t already on this list?

WHO DO I CALL?

Need help focusing in on who can help you?

Director of Client Services (Team Leader for the Service Coordination Team) **Judy Cline**

- Approving staff schedules
- Help in problem solving staff-related issues
- Answering questions about WAC, policy and procedure
- Questions about Nurse Delegation
- Monitors Incident Reports, alerts MH Specialist of needs for Positive Behavior Support Plans
- When a client has a grievance
- If you notice unsafe working conditions for employees
- Questions from the Team Leader Team
- Has the leading role in planning new placements
- Has the leading role in house reconfigurations
- Carries the emergency pager during business hours
- To make change to signers on client accounts
- Purchase tickets or make reservations for clients using the agency credit card
- Initiate a client loan
- Request the approval of all non-emergency overtime

Client Service Coordinators **David Bacon, Carol McAuley, Sean Bonneprise**

- Questions regarding client health
- Questions about client IISP, IFP, Service Plan
- Issues of home accessibility
- Help in problem solving client issues

Mental Health Specialist **Kacie Luderus**

- Questions regarding challenging client behavior
- Help to do a Functional Assessment of a Challenging Behavior
- Assistance to develop a Positive Behavior Support Plan
- Tracking and interpreting behavioral data
- Liaison with psychiatrist when there are problems with psychotropic medications
- Mentor staff to learn positive behavior support techniques

Team Support Specialist for Client Finances **Sara Gordon**

- SSI/SSA questions
- Housing Authority paperwork

- Medicare/Medicaid Issues
- Repaying client loans
- Client budgets
- Report client wages

Team Support Specialist for Quality Assurance **Mary Ann Yarber**

- Provide teams with feedback on the quality of their documentation and processes
- Help individual staff who need extra support with documentation
- Answer questions about documentation processes

Support Team

Michelle Cole, Jill Smith, Kevin Preston, Devin Giles

- Client communication issues
- OT/PT needs
- Health maintenance and physical fitness
- Group events

Recruitment and Hiring Coordinator **Dominique Gonzalez**

- To request someone be hired for an open position
- Give feedback on an applicant who has come for a “meet and Greet”
- Questions regarding your timesheet

Employee Training Coordinator **Molly Doyle**

- Point of contact for new employees regarding their core training
- Team requests for additional training
- Requests for mediation

Business Operations Coordinator **Diane Lamb**

- Vehicle maintenance and repair
- Requests for staff CI
- Payroll questions
- Supplies
- Repair or maintenance of agency property
- Data requests
- Report problems with phone or Internet service
- Request for a purchase with petty cash
- Questions about employee mileage

Administrative Assistant

Sally Lewis

- Questions about employee benefits (medical, dental, 401-K, 125 plan)
- Need help having something typed or a document created
- Newsletter submissions

Executive Director

Chris Rasmussen-Barsanti

- Serious breach of policy and procedure
- Immediate health and safety concerns
- Requests for Family and Medical Leave
- Report harassment or discrimination
- Questions about agency budget, finances, resources, public relations
- Liaison with the Board of Directors

Glossary

(Confused by all the letters we throw together? Here's some help!)



S.C.T. *Service Coordination Team*

T.L. *Team Leader*

S.L. *Supported Living*

C.S.C. *Client Services Coordinator*

I.I.S.P. *Individual Instruction and Support Plan*

I.S.P. *Individual Service Plan*

P.O.C. *Plan of Care*

C.M. *Case Manager*

A.P.S. *Adult Protective Services*

R.C.S. *Residential Care Services*

L.S.I. *Life Skills Instructor*

I.C.F. / M.R *Intermediate Care Facility for persons with Mental Retardation*

P.T. *Physical Therapy*

E.R. *Emergency Room*

A.O.R. *Area of Responsibility*

P.B.S.P. *Positive Behavior Support Plan*

F.A. *Functional Assessment*

B.H.R. *Behavioral Health Response*

C.R. *Community Resources*

D.S.H.S. *Department of Social Health Services*

A.R.C.

W.A.C. *Washington Administrative Code*

P.P. *Personal Possessions*

D.D.D.	<i>Department of Developmental Disabilities</i>
A.D.S.A.	<i>Ageing and Disability Services Administration</i>
C.S.O.	<i>Community Services Organization</i>
E.S.P.	<i>Employment Solutions Plus</i>
A.S.A.P.	<i>As Soon As Possible</i>
F.Y.I.	<i>For Your Information</i>
H.U.D.	<i>Housing and Urban Development</i>
P.A.	<i>Personal Advocate</i>
E.T.P.	<i>Exception To Policy</i>
E.F.I.	<i>Exceptional Foresters Incorporated</i>
C.A.P.	<i>Community Alternatives Program</i>
C.P.S.	<i>Community Protection Services</i>
I.F.P.	<i>Individual Financial Plan</i>
N.A.	<i>Nursing Assistant</i>
C.N.A.	<i>Certified Nursing Assistant</i>

