

Health Home Herald



Let's Talk About Boundaries

By Brendy Visintainer with DSHS

Boundaries are something that mark the limits of something. Boundaries govern how we interact in our relationships with others. Boundaries indicate what is acceptable and what is not acceptable behavior. Boundaries could look different depending upon the person but everyone has them and they are based on our values and our experiences. We could generally list boundaries in two categories: Personal and Professional.

Setting and maintaining professional boundaries is critical to an effective, sustainable career. Workers in human services make judgments regarding boundaries sometimes on a daily basis, and these decisions affect not only our well-being but also that of our

clients, colleagues, and loved ones.

Boundaries help us:

- ◇ Avoid problems
- ◇ Avoid risk
- ◇ Allow clear home and work separation
- ◇ Create and maintain positive worker-client relationships
- ◇ Realize this is a crucial component of self-care
- ◇ Develop important skills in personal and professional life
- ◇ Avoid burnout

Common Boundary Areas include:

- ◇ Social media
- ◇ Privacy/HIPAA
- ◇ Conflict of interest
- ◇ Accepting gifts, favors, or services from clients
- ◇ Social invitations/Friendship/Relationships
- ◇ Client demands/ Doing something for client
- ◇ Informed consent

- ◇ Going out of scope of practice
- ◇ Allowing stress to impact your work
- ◇ Self-disclosure

Balancing Boundaries

You could think of boundaries as something on a scale with entangled boundaries on one side of the scale and rigid boundaries on the other. The goal is to have a balance. If the scale tips too much on the side of entangled boundaries that would mean we are over-involved with the client and this could lead to burnout. If the scale tips too much on the rigid side, then we present as noticeably distant in the relationship. This could result in an unhealthy professional relationship with the client.

(Continues on page 5)

What Changed in the 2-day Basic Training for Care Coordinators

January 2021 brought updates to the Health Home 2-day basic training curriculum. The last time the curriculum had been updated was 2018. Some of the main changes and additions include:

- Added page 2 of the HH Participation and Information Sharing Consent Form
- Required and Additional Screenings – included slide for each
- Documentation – general tips and example of insufficient documentation
- What reviewers are looking for in a client file and potential monitoring questions
- What to bring to the first meeting
- Safety – before home visit, leaving office, arriving at home and the Incident report form
- Best Practices when visiting a facility
- Developing relationships and resources with providers in the community

You can find the updated Power-Point handout at <https://www.dshs.wa.gov/altsa/stakeholders/washington-health-home-program-core-training>

Emily Dickinson, 'A Light Exists in Spring'

A Light exists in Spring
Not present on the Year
At any other period –
When March is scarcely here

A Color stands abroad
On Solitary Fields
That Science cannot overtake
But Human Nature feels...

Monthly Webinar Invitations

The Health Home Program offers monthly webinars at no cost to Care Coordinators and allied staff on special topics related to the program.

Some topics are updated and repeated while others are required learning topics for new Health Home Care Coordinators. For the current invitation,

<https://www.dshs.wa.gov/altsa/washington-health-home-program-%E2%80%93-training-invitations>



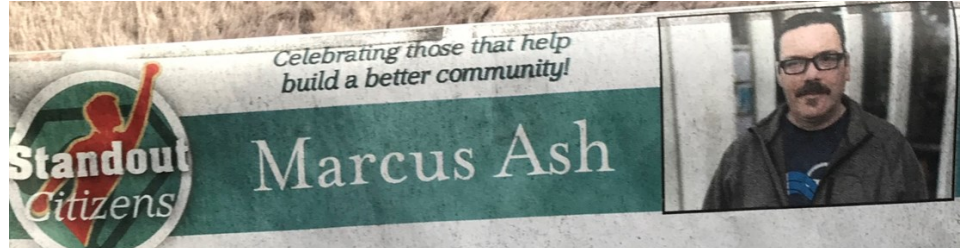
Care Coordinator Corner

Submitted by: Brenda Perkins, CC
with NWRC

Marcus has been with the Health Home program since January 2015 and was transferred to my case-load in 2016. He had experienced a violent attack and suffered a TBI. He has slowly rebuilt his life and regained much control that he lost after the injury.

When I began working with Marcus, he struggled to get his medications refilled on time and wrap his head around all the responsibilities that he faced in daily life. He was unable to process a crisis and take steps to a resolution.

I assisted him with setting up automatic med refills, which was life changing for him! We worked on organization of bills and important documents that he may need to submit for any type of assistance. He is now set up with energy assistance, a free phone and bus pass each month, which helps to relieve the stress from being on such a tight budget.



After removing the “simple” crisis, typically surrounding finances, meds and doctor appointments, Marcus felt that his life just was not complete. We discussed him working again, but he did not feel he was ready for that, so we discussed volunteer work.

Marcus wanted to give back to his community, have connection with others and have a purpose to get up in the morning. We started this discussion back in 2018, however each time he planned to connect with a volunteer opportunity, he backed out.

In May 2019, I made an apt for Marcus to meet with the local Senior Center Director and he showed up for the appointment!! They were looking for an activity volunteer and Marcus was perfect! He started work and began to make connections with others, feeling a sense of purpose and regaining the confidence that he had been longing for.

He started to see members in the

community. They smiled and said “hi” to him! He felt like part of something amazing!

Marcus refers to Health Homes as “Healthy Homes” because he feels healthy as a result of the program, and it isn’t just about physical health, but social and emotional health as well.

The center relies on Marcus and his position so much especially with the pandemic! He is in charge of distributing food to senior community members through the Meals on Wheels program. I spoke with the director and she says that they just couldn’t do it without him!

The Health Home program is such a special program that provides a client-centered approach that works if the client wants it to work, and in this example, Marcus had the motivation and desire to change his life in so many ways. He is a blessing to our community and so many individuals each and every day.

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

Spotlight on Resources



Building Resiliency Huddle

Join us for a Health Home Building Resiliency Huddle.

We meet the first Monday of every month at 9am to build on the tools shared in the Building Resiliency webinar last presented in December and to share the different ways we alleviate stress in our own lives. These huddles will be a conversation with Care Coordinators and other Health Home staff.

Please email HealthHomeNews-letter@dshs.wa.gov if you are interested in the meeting link.

Phase Finder

The Phase Finder tool is designed to help people in Washington find out if they are eligible for a COVID vaccine now or if not, sign up to be notified when they become eligible. It should be available in multiple languages.

Please visit the [DOH website](#) for more information.

If someone is not able to use Phase

Finder, they can contact the State COVID19 Assistance Hotline at 1-800-525-0127, press # OR call 888.856.5816. The state’s DOH *How to Get the COVID-19 Vaccine* website can be found [here](#)

[WA state Coronavirus website](#), has great resources for you and your family, workers and businesses

[COVID19 Vaccine Toolkit](#) has numerous helpful resources including fact sheets, scripts from radio ads and 1 minute videos on topics such as how vaccines are made and how they work in your body. Resources are available in multiple languages.

You may also visit your local or county Department of Health website for county specific information

Consumer Facing Webpage

Did You Know...

The Service Experience Team helped to create a consumer facing webpage that is designed to provide resources for clients of the Aging and Long-Term Support Administration (AL TSA) to find information they might need while they are receiving services. This page is continually being updated with new information. Please forward the link to your clients and get the word out.

<https://www.dshs.wa.gov/altsa/home-and-community-services/client-information-and-resources>



Continued from page 1

You could think of boundaries as something on a scale with entangled boundaries on one side of the scale and rigid boundaries on the other. The goal is to have a balance.

When we have entangled boundaries we are over-involved and investing time and energy with a client in a way that is not helpful to them. These boundaries could also be considered as “loose” or “open”. Examples may include giving advice to a client or trying to rescue them from a bad situation, or even saying “yes” to everything asked of us. We want to help clients achieve their goals and support them to change their situation and not change it for them.

Rigid or closed boundaries, on the other hand, are when there is a significant distance within the worker-client relationship and that distance is noticeable. We believe we are the expert and have control over the situation or client. This could result in lack of empathy, client abandonment, or uninformed assessments.

If the scale tips too greatly on the side of entangled boundaries we are at risk of burnout. If the scale tips too much on the rigid side this could result in an unhealthy relationship with the client.

Setting Boundaries

Dr. Dana Gionta, a psychologist shares 10 steps in setting and maintaining boundaries

- Name your limits
- Tune into your feelings
- Be direct
- Give yourself permission
- Practice self-awareness
- Consider your past and present
- Make self-care a priority
- Seek support
- Be assertive
- Start small

Tartakovsky, M. (2018). 10 Way to Build and Preserve Better Boundaries. *Psych Central*. Retrieved on June 2, 2020, from <https://psychcentral.com/lib/10-way-to-build-and-preserve-better-boundaries/>

When setting and maintaining boundaries it is also important to

- Know your agency policies on various topics related to professional boundaries
- Talk to your supervisor
- Talk to your peers (not to circumvent supervisors)
- Use self-reflection

To help you find your balance:

- Set clear, appropriate and culturally sensitive boundaries

- Set clear expectations with a client right from the beginning. Let your client know what they can expect from you and what you expect from them and be clear about your role
- Have awareness in your messaging of boundaries
- Remain objective and reflect upon how you manage biases or triggers
- Model the balance
- Recognize warning signs when you are losing your balance
- Engage in critical reflection – of boundaries, your role and your relationships

Lastly, when deciding whether to share personal information with your client ask yourself these questions:

- Why am I using self-disclosure at this moment in time?
- Is sharing personal information in my client’s best interest?
- Is there any way to accomplish the same goal without sharing personal information?
- What are the potential impacts on my client both positive and negative?
- Am I sure that I am not doing this to meet my own needs?
- How will I feel if the client tells other people what I have shared? Would I want my personal information broadcast to anyone?



Participant Portrait

Submitted by United Healthcare on behalf of Amelia VanMeter a Care Coordinator with SeaMar Community Health Center

This client enrolled in the Health Home Program on November 19, 2020. Prior to enrollment he was extremely ill and had suffered from COVID-19 and Pneumonia which resulted in him needing a ventilator and observation in the Intensive Care Unit for 3 months. Upon discharge he then went through two more months of rehab in a facility. It was a combination of this event and his diagnosis' that identified him as high risk/high needs who was not only Health Homes eligible but also required oversight and staffing in United's Clinical In-Depth Rounds with a high level of coordination from their internal Health Home care team. The client was immediately referred to SeaMar CCO and their follow up was timely with enrollment completed as soon as he was discharged and available.

Upon enrollment into Health Homes, this client was just two weeks out from his rehab stay and was settling in back home with his wife and children. He reported he was weak and struggling at home stating "my body hurts all over and sometimes I can barely stand up." His goals are simple... he needs to

pay his bills, wants to walk independently (without a walker), and long-term he wants to get back to work. His CC immediately took to addressing his needs and resolving as many barriers as possible so that he could focus on his recovery. Among those items was a follow up appointment with his Primary Care Physician, working with him to get unemployment reinstated (it was suspended when he was hospitalized), contacting the Community Action Council to discuss a referral for financial/resource assistance and following up with a Physical Therapy referral so that he could regain enough strength to walk without a walker.

As of the writing of this story he has been enrolled in Health Homes for just two months, even still, a great deal of progress has been made. He has received Care Transition services including a follow up with his Primary Care Physician, a Medication reconciliation, and has a Physical Therapy referral in progress. Additionally, he has already received his first payment from the Community Action Council's COVID-19 emergency fund, and, with the assistance of his Care Coordinator, has submitted an additional request for energy assistance from the local energy company. His unemployment case was reopened and is in progress and his Care Coordinator is now



helping him to follow up with L&I as well to ensure his much-needed benefits get reinstated.

This client is extremely appreciative of the Health Home program and all the assistance provided by his Care Coordinator, he is highly engaged and actively maintaining very regular contact. In just two short months the client is already showing great success and improvement as he is on the road to recovery through increased coordination of care resulting in an improvement in his health and quality of life.



WORD PUZZLES

Can you guess the common word or phrase that is portrayed in each puzzle box?

<p>1</p> <p>B B M M U U H H T T</p>	<p>2</p> <p>egg <u>egg</u> easy</p>	<p>3</p> <p>lang4uage</p>	<p>4</p> <p>_____</p> <p>read</p> <p>_____</p>
<p>5</p> <p>History History History</p>	<p>6</p> <p>r - i * s + k</p>	<p>7</p> <p><u>ses</u> <u>ame</u></p>	<p>8</p> <p>encounters encounters encounters</p>
<p>9</p> <p><u>neegr</u> <u>geren</u> <u>ngree</u> regen</p>	<p>10</p> <p>ONCE 4:56 pm</p>	<p>11</p> <p>0 M.D. Ph.D. MSW</p>	<p>12</p> <p>ECNALG</p>
<p>13</p> <p>GET A WORD IN</p>	<p>14</p> <p>BIRD</p>	<p>15</p> <p>C C GARAGE R R</p>	<p>16</p>  <p>3.14159</p>
<p>17</p> <p>451SAFETY976</p>	<p>18</p> <p><u>mce</u> <u>mce</u> <u>mce</u></p>	<p>19</p> 	<p>20</p> <p>PEN sword</p>