

UNDERSTANDING YOUR VALUE IN THE FAMILY TREE OF CASE MANAGEMENT



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EDUCATIONAL OBJECTIVES

- ✘ Learn and understand the basic Principles of Case Management
- ✘ Know the Importance of understanding everyone's role in the system
- ✘ Recognize how each position contributes to the overall goal
- ✘ Determining system outcomes

OUR STORY

LET'S TALK...

**WHAT DOES YOUR MISSION STATEMENT
LOOK LIKE?**

**DO YOU KNOW YOUR COMPANY'S MISSION
STATEMENT?**

WHY IS IT IMPORTANT?

UNDERSTANDING PRACTICE GUIDELINES

PRACTICE GUIDELINES “HOW WE DO WHAT WE DO”

× (DBHIDS)Philadelphia’s Practice Guidelines

- + Philadelphia’s practice guidelines are based on a transformative approach to a system change. In this approach, the entire system is aligned with principles of recovery and resilience
 - × It encompasses 4 domains; 7 goals and 10 core values

× NACM’S Case Management Practice Standards

- + NACM outlines concepts, principles and values that serve as the foundation for the practice of Case Management
 - × Purpose and Functions of Case Management
 - × Critical Elements of Case Management
 - × The Service Delivery Process
 - × Integrative Qualities

DBHIDS PRACTICE GUIDELINES

✕ 4 DOMAINS:

- + Assertive Outreach and Initial Engagement
- + Screening, Assessment, Service Planning and Delivery
- + Continuing Support and Early Re-Intervention
- + Community Connection and Mobilization

DBHIDS PRACTICE GUIDELINES - CONTINUED

✖ 7 GOALS:

- + Integrate behavioral health, primary care and ancillary support services
- + Create an atmosphere that promotes strength, recovery and resilience
- + Develop inclusive, collaborative service teams and processes
- + Provide services, training and supervision that support recovery and resilience

DBHIDS PRACTICE GUIDELINES - CONTINUED

- ✘ Provide Individualized Services to identify and address barriers
- ✘ Promote successful outcomes through empirically supported approaches
- ✘ Support recovery and resilience through evaluation and quality

DBHIDS PRACTICE GUIDELINES - CONTINUED

× 10 Core Values

- + Strength-based approaches
- + Community inclusion
- + Person and family directed approaches
- + Family Inclusion and leadership
- + Peer culture, support and leadership

× 10 Core Values Cont'd

- + Person-first approaches
- + Trauma informed approaches
- + Holistic approaches towards care
- + Care for the needs and safety of children and adolescents
- + Partnership and Transparency

NATIONAL ASSOCIATION OF CASE MANAGEMENT PRACTICE STANDARDS

× *PURPOSE* of Case Management

- + To recognize the rights of individuals to professional and effective case management services
- + To provide assistance and hope to individuals, their families, other supports and networks as defined by the individual

× *PURPOSE* continued...

- + To effectively and efficiently use services to promote wellness-based outcomes, identify strengths and abilities, needs, preferences, and goals within the process of service delivery
- + To support individuals toward maximizing the quality of life and achieving the most independent and fulfilling lives possible within their communities

NATIONAL ASSOCIATION OF CASE MANAGEMENT PRACTICE STANDARDS

✘ **PRINCIPLES** of Case Management

- + *Accountable*
- + *Consistent with restoring, maintaining and enhancing well-being*
- + *Culturally sensitive*
- + *Effective in accomplishing outcomes*
- + *Empowering*
- + *Flexible and responsive*

✘ **PRINCIPLES** of Case Management continued

- + *Individualized based on self-determination and choice*
- + *Informational*
- + *Trauma informed*
- + *Person centered and network inclusive*
- + *Minimize risk of harm*
- + *Strength based*

NATIONAL ASSOCIATION OF CASE MANAGEMENT PRACTICE STANDARDS

✕ **FUNCTIONS** of Case Management

- + Screening
- + Engagement
- + Assessment
- + Service planning
- + Crisis Prevention

✕ **FUNCTIONS** continued

- + Referral and Linkage
- + Ancillary Supports
- + Monitor/Coordinate
- + Advocacy
- + Evaluation

CRITICAL ELEMENTS: *Conceptualization; Continuity of Care; Skill Development and Training; Individual Choice/Empowerment/Informed Consent; Being Mobile and offering outreach in least restrictive settings; Frequency/Intensity of services based on need; Family and Kindred Support; Exploring and Resolving Ambivalence, increasing motivation and obtaining Commitment*



WHAT IS CASE MANAGEMENT!

CASE MANAGEMENT



NACM defines Case Management as a coordinated approach implemented by professionals for the delivery of health, substance abuse, mental health, and social services, linking individuals with appropriate services to address specific individual needs and achieve stated goals.

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes (Google)

Case management is the coordination of services on behalf of an individual person who may be considered a case in different settings such as health care, nursing, rehabilitation, social work, disability insurance, employment, and law. (Wikipedia)

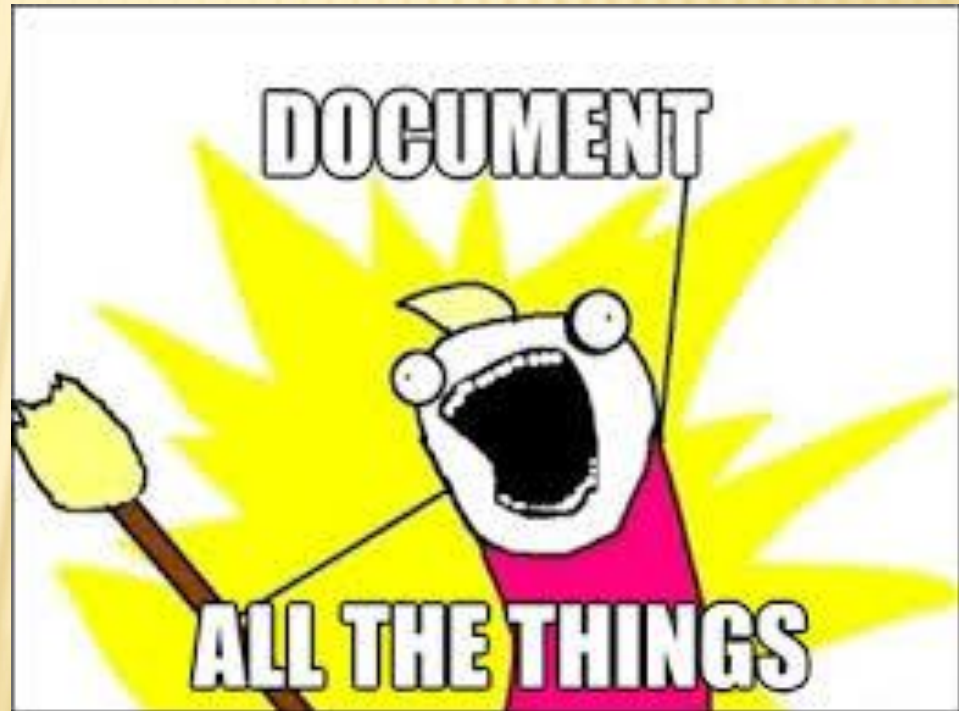
DISCUSS SAMHSA'S DEFINITION...

8 CORE PRINCIPLES OF CASE MANAGEMENT

- ✗ Case management offers the client a single point of contact with the health and social systems
- ✗ Case management is client-driven and driven by client need
- ✗ Case management involves advocacy
- ✗ Case management is community-based
- ✗ Case management is pragmatic
- ✗ Case management is flexible
- ✗ Case management is culturally sensitive

IMPLEMENTATION PHASE-WHAT SHOULD CASE MANAGEMENT LOOK LIKE?

- A. Important Components
 - I. Documentation-If it's not documented it.....



WHY DOCUMENTATION IS VITAL

- ✗ Funding-controlling costs, eligibility requirements, service conditions, and reporting requirements
- ✗ Accountability
- ✗ Outcomes
- ✗ Good documentation-What does it look like?

DOCUMENTATION CONT'D.

- Poor documentation-lacks detail, “cookie cutter”, opinions, bad grammar and/or spelling, does not detail progression or lack of progression, no plan, no connection with services being provided, does not tell a story
- “Cookie Cutter”
- Poor documentation = No reimbursement for services provided
- Checks and balances

OPERATIONAL COMPONENTS

- Tools that case managers need to provide high quality customer service with high integrity
 - I. Training
 - II. Company vehicles or access to different modes of transportation & maintenance of vehicles
 - III. Support staff-Office assistant, data processors/file clerks
 - IV. Management Team



✕ Proactive



✖ Reactive



UNDERSTANDING VALUES

HOW WOULD YOU DEFINE YOUR VALUES? BEFORE YOU ANSWER THIS QUESTION, YOU NEED TO KNOW WHAT, IN GENERAL, VALUES ARE.

YOUR VALUES ARE THE THINGS THAT YOU BELIEVE ARE IMPORTANT IN THE WAY YOU LIVE AND WORK. THEY (SHOULD) DETERMINE YOUR PRIORITIES, AND, DEEP DOWN, THEY'RE PROBABLY THE MEASURES YOU USE TO TELL IF YOUR LIFE IS TURNING OUT THE WAY YOU WANT IT TO.

IMPORTANT TO KNOW AND PUT INTO PRACTICE!

- ✖ Your values are a central part of who you are
- ✖ Your values help guide and determine your decisions (home, on the job,...)
- ✖ Affirm or reaffirm your values
- ✖ Do your values align with your present and future goals
- ✖ Ask your employees what their values are
 - + Create time to invest in you and your staff
 - + During Supervisions/Staff Meetings/Attend trainings

WHERE DO I FIT IN?

- ✖ Team Effort-We work for the customer
(Participants)
- ✖ It's like a jigsaw puzzle-any missing piece can prevent development of the whole picture
- ✖ Cross-training

MORALE

- ✖ Incentives
- ✖ Express gratitude
- ✖ Coffee/Snacks
- ✖ Celebrate Work Anniversaries/Birthdays
- ✖ Professional Development
- ✖ Staff Retreat-including team building activities
- ✖ Shout out/Kudos Board

SELF-CARE

- ✖ EAP-Employee Assistance Program
- ✖ Personal/Vacation Day
- ✖ Exercise, eat well
- ✖ Enough sleep
- ✖ Hobby
- ✖ Relaxation techniques





QUESTIONS/REMARKS



What's wrong with this note?

Data: ICM met with the participant and his Good Shepherd case manager (John) for the purpose of returning to the Social Security Administration Building on JFK so that the participant can get his benefit information straightened out. When we first met up, the case manager stated that the participant did not get up in the morning in order to eat breakfast. Due to the participant's ongoing health issues, the case manager had concerns that the participant did not eat. ICM asked the participant about why he did not get up with others in his program in order to eat. The participant stated that he was tired and wanted to sleep a little longer. ICM reminded the participant why eating healthy is important and why breakfast is one of the most important meals of the day. When we arrived to the SSA building we needed to wait until the participant was called. The representative explained that the participant's payments will begin on a regular basis in September. The representative also informed us that the benefit amount would be a little over one thousand dollars per month. The representative explained that as of now, the participant does not have a payee. The representative stated, if the participant does not want to continue his payee services, he needs a letter from either his medical doctor or mental health doctor stating that he is stable enough to handle his own finances. The representative continued to explain that the participant will be receiving a lump sum back payment once he receives the letter from his doctor. ICM then accompanied the participant and case manager back to Good Shepherd.

Assessment: The participant presented as neatly dressed and when asked, stated that he felt fine. It seems as though the participant continues to want to handle his own financial responsibilities.

Plan: program case manager (John) will be attempting to contact the participant's medical case manager in order to have a letter written stating that the participant is stable enough to handle his own finances. The program case manager will contact the representative from DPW (Mr. Smith) in order to discuss the participant's future SNAP benefits. The participant will continue working towards his service plan goal completion. ICM will continue supporting and monitoring the participant's recovery progress.

Progress Note:

Data: Enhanced Case Manager (ECM) met with Jane Doe at her current residence (2713 West Albert Street) to update her Addiction Services Recovery Assessment (ASRA) and Service Recovery Plan (SRP). Upon ECM's arrival, Jane informed ECM that she is no longer employed full-time as a Therapeutic Support Staff (TSS) worker due to the company no longer having availability for her, at this time. Jane informed ECM that she has located temporary employment but still requested ECM's assistance with finding more stable and long-term employment that will better provide for she and the five children that are in her care. After discussing Jane's employment interests, ECM assisted Jane with making outreach via telephone to Philadelphia Opportunities Industrialization Company (OIC), a vocational school, to inquire about their hospitality-training program to peruse housekeeping. Philadelphia OIC representative was able to provide Jane with information regarding the program and stated that Jane would be able to begin the program in July. ECM provided Jane with additional information regarding OIC's program and she and Jane developed plan to ensure other necessities would be met while she was involved in training. Jane disclosed to ECM that due to her no longer being employed for the past month, she has increased her Marijuana usage to five "blunts" per day. Jane reported feeling as though Marijuana assists her with functioning properly and participating in daily activities. When ECM inquired about Jane's reasoning for using, she reported that Marijuana assists with controlling her anger and irritability, and stated that she has experienced severe withdrawal symptoms when she has attempted to stop using in the past. ECM inquired about if she has consulted her Physician regarding medication that can help alleviate and reduce some of the withdrawal symptoms. Jane stated that she has but that none of the medications have been beneficial. Jane expressed being unopen to receiving outpatient drug and alcohol treatment, at this time, nor attending Narcotics Anonymous (NA) groups, but was open to discussing Harm Reduction techniques. She and ECM reviewed these techniques so Jane could be informed of ways to reduce risk. Jane also disclosed that she has been feeling more angry and depressed, as of late. Jane was unable to provide ECM with reasoning's behind why these negative feelings have increased. Jane reported being unopen to receiving psychiatric medication, at this time, due to her past experiences of becoming increasingly drowsy or depressed while taking medications. Due to Jane not knowing what medications she had previously received, she and ECM agreed to obtain a print-out of her previous medications so that when she feels more equipped to handle medication, she and her Physician are able to discuss her medications that she feels did not work. Jane agreed to being open to receiving trauma treatment services from Joseph J. Peters Institute (JJPI) to address her numerous past traumas. ECM assisted Jane with making outreach via telephone to JJPI but there was no answer. ECM left voicemail message. ECM then assisted Jane with identifying domains she would like support in on her SRP: Basic Needs (link to food banks, clothing drives, budgeting assistance), Education (link to OIC), Mental Health (link to JJPI). ECM and Jane agreed to meet within two weeks for an intake appointment at JJPI.

Assessment: Jane appeared to be open with ECM when discussing her Marijuana usage and her current mental health. She seems unopen to adhere to medications due to poor experiences in the past. It seems that these experiences pose as a barrier to Jane's mental health. ECM believes that Jane is in between the Pre-Contemplation and Contemplation stage of recovery as evidenced by her being aware that her Marijuana usage can be problematic in other areas of her life and being open to practicing Harm Reduction techniques, but also not wanting to adhere to treatment.

Plan:

ECM will meet with Jane within two weeks for an intake appointment at JJPI.

Scenarios: How should these situations be addressed?

Scenario 1: Mr. Smith, shows up to meet with his case manager. The office assistant does not greet the participant and simply asks, "Who are you here to see?" Mr. Smith gives the name of his CM and is told to have a seat. He asks the OA for some coffee and she points to it and says "over there". The CM, Tony, comes to greet Mr. Smith and he sounds frustrated. Tony asks him what is wrong and is told he thinks the OA has been rude to him.

Scenario 2: Tina is meeting with her participant to complete paperwork in order to activate ICM services and begin developing recovery goals. When Tina goes to retrieve the paperwork, there is none in the bin. Tina asks the office assistant to please make more copies but she said she is busy and it will have to wait. Tina is able to get a copy of the paperwork but when she goes to make a copy there is no paper in the machine.

Scenario 3: A participant arrives in the lobby and case manager is called to meet with her in the lobby for a scheduled appointment. However, the participant is left in the lobby for 30 minutes and front desk has called up to CM again but cannot be found. The supervisor is also called but is in a meeting. The participant is then met by the case manager and is upset. The participant expresses their frustration having to wait so long when the appointment was for an hour prior. The case manager does not apologize and simply says "stuff happens."

Scenario 4: Support staff is scanning in documentation into a participants chart while watching a show on their cell phone. The supervisor comes over to the staff to submit documentation and notices her watching tv. This is not the first time this staff has been caught watching television while handling documentation. The supervisor does chart audits and notices this staff has scanned a participant's information into the wrong chart on several charts.