Overview

- Concerns about current model of case mgt
- Context – Case Mgt in Allegheny County
- History of Allegheny County’s Change
- Recommendations/Changes to Case Mgt
- Progress Update
- Future Steps
Concerns about Case Mgt.

- Very crisis oriented, not sufficiently planning oriented
- Not sufficiently recovery oriented
- Not sufficiently family oriented
- Not involved in system wide planning
- Insufficient coordination in same agency
- Insufficient coordination across agencies
- Fee for Service drives productivity not quality
- Not enough knowledge about mental health system
- Not enough knowledge about diagnosis, treatment
- Less variety between intensity of service given needs
- Staff turnover
Goal: Develop Recovery Oriented Service Coordination

To improve

- Access to Care including medical care and wellness
- Coordination of Care
- Advocacy
- Emphasis on recovery oriented practices and
- Overall Accountability of the System to:
  - Consumers
  - Family Members
  - Purchasers
  - Stakeholders and the Community at Large.
Goal: To Create Careers for Service Coordinators

- Don’t have to leave to make higher salary
- Create career ladders in Service Coordination
- Add convening of treatment teams as a skill
- Service coordinator mentors to train new staff
- Fund so staff can get MA degrees & stay
Goal: Building Respect for Service Coordination in other Programs

- Service will be assessment, planning, monitoring, and linkage across systems
- Coordination of planning across system
- Coordination of any transition planning
- Communicating plan across system
- Coordinating plan across system
- Convening teams as necessary
This Affirmative Responsibility is Vested in:

- Case Management, named Service Coordination (Blended, Acute, Admin, Enhanced Clinical Case Mgt)
- Community Treatment Teams
Context of Case Management in Allegheny County

- Case Mgt provided by providers
- 8 Service Coordination Units (AKA BSU’s)
- # case managers/agency ranges from 3 - 77
- Administrative Management – often high case loads
- 4 Specialty Children’s case mgt programs
- Population, 1.2 million people
- 300 Blended (ICM/RC) case managers
- 6 Community Treatment Teams (ACT)
- Drug & Alcohol Case Mgt resides in County
- Forensic Related Services – County Based
History – SPA Initiative

- July 2005 – FSWP Case Mgt Staff surveyed
- July 2006 – FSWP Consultation/Research
- November – SCM loaned to County, ½ time
- January 2007 – Stakeholders group formed
- Sept 2007 – Final Report released
- January 2008 – SPA Work Groups formed
SPA Recommendations

- Set nine affirmative responsibilities
- County wide training proposed
- Use of mentors to train case managers
- Implement recruitment/retention initiatives
- Tie responsibilities to job description & evals
- Create career ladders for case managers
- Incrementally increase rates and salaries
Recommendations, continued

- Increase accountability w/in agencies to implement
- Become central service coordinators across system
- Agencies assure cultural competency
- Change names: Service Coordinator, ACT
- Increase role of families in services & supports
- Greater system utilizes Case Mgt differently
- Develop High Level Recovery Plan from all Supports
- Phase in system change over 5 years
Increase use of Systems Theory

- The sum of the parts is greater than the whole
- Homeostasis–systems self-regulate – stay the same
- Change requires moving beyond homeostasis
- Focus on Circular, not Linear thinking
- Behavior of system repeats – look for patterns
- Helper is part of the system, not separate
- Helper can become part of homeostatic regulations
- Focus:
  Family, Agency System, BH System, Community
Affirmative Responsibilities
High Level View

- Being Go-To Person for Consumer
- Clearly Communicating What They can Expect
- Planning with Consumer for Development of Natural Supports; linking Consumer with resources
- Assuring Cross Systems Assessment & Planning
- Assuring Cross Systems Coordination
- Developing Relationships that Endure
- Giving Feedback on Systems Barriers/Problems
- Providing Primary Safety Net function
- Helping to Sustain Positive Outlook for Future
Detailed Affirmative Responsibilities

- Providing the primary “safety net” function for identified consumers/family
  - Working with consumer to assess, plan for and link to resources to meet basic needs, medical, dental, housing, etc.
  - Working with consumer to assess, plan for and link to resources to obtain benefits they are entitled to receive
  - Working with consumer and family to develop/update crisis plan, and to assess and assure linkage to appropriate resources during crisis situations

- Being the “Go-To” person for the consumer/family
  - Knowing the current status and immediate goals for each consumer served
  - Backup Staff to Case Mgr/CTT learns at least weekly current status & plans
  - Assuring that consumers and families have access to information about their individual rights
  - Linking consumers to resources to assist consumers in exercising their rights including utilizing complaint & grievance processes

- Clearly communicating to the consumer/family what they can and should expect from the full array of services
Detailed Affirmative Responsibilities (continued)

Assure there is cross system planning that is recovery focused with the consumer/family as an equal partner:

- Assuring that service plans are developed
- Assure that the consumers have assistance as needed and desired in the development of WRAP Plans and Advance Directives
- Assuring that crisis plans are developed by consumer
- Assuring that there is transition planning to adult services for individuals aged 14 - 24
- Assuring transition planning for consumers from one level of care to another
- Communicating plans within the agency and across the provider continuum
Detailed Affirmative Responsibilities (continued)

- **Assuring there is cross system service coordination**
  - Assuring that goals are being addressed within the agency & across network
  - Coordinating delivery of services across provider continuum & other resources
  - Coordinating care before, during & immediately after inpatient care with the consumer, family members, inpatient staff and community services/ supports.
  - Facilitating the BH system assuring active involvement w/judicial, CYF & educational systems
  - Assisting consumers to have ready access to effective medical services
  - Assure there is effective provision of crisis intervention
Detailed Affirmative Responsibilities (continued)

- Developing relationships that endure
  - Developing and maintaining a relationship that is caring, assertive and persistent even when the consumer may be reluctant or hard to engage.
  - Develop an effective working relationship with the family of the consumer

- Assisting consumers/families in developing/accessing natural supports

- Giving feedback on system barriers that impede recovery goals
Detailed Affirmative Responsibilities (continued)

- Helping the consumer/family in the developing/sustaining of a positive outlook toward their future by celebrating successes and progress toward each individual’s goals for their recovery
Change in Model/Philosophy

**Case Management – Current**
- Assess all needs, strengths
- Write Crisis Plan/Tx Plan
- Transport
- Provide direct support
- Take out for meals
- Make appointments
- Find Housing
- Act as Intermediary w/Landlord
- Lead Shopping trips

**Service Coordination**
- Assess all needs, strengths
- Assure plan is consumer driven
- Link - Natural Supports
- Link - Mobility Training
- Link - Peer Support
- Link - Supportive Housing
- Link - Psych Rehab, Work
- Be central contact
- Assure resources necessary for development of: Crisis, APD, WRAP Plans
- Advocate for civil rights
- Celebrate successes
Agency Implementation

- Service Coordinators get orientation training
- Focus groups with Staff and Consumers
- SCU Director presents SPA to all Mgt Staff
- Program Managers present SPA to all staff
- Improve stature of Service Coordination in other Dept.
- Improve ways Service Coordination works w/other programs
Single Point of Accountability (SPA) Committees

- Steering Committee
  - SPA Administrative Service Coordination
  - Contingency Funds
  - Documentation

- Finance/Outcomes Committee

- Workforce Committee
  - Competencies

- Allegheny Coalition on Recovery – Quality Committee
SPA Steering Committee

- Assure agencies implement across agencies
- Standards re: access to contingency funds
- Admin Service Coordination as a step down
- Develop Documentation Guidelines
- Formalize SPA into the county contract
- Outcomes evaluation of the impact of SPA
- Application of SPA to Children’s and D&A
- Case Mgt monitoring of Adult Residential Tx
Finance/Outcomes Work Group

- Establish billable code for service planning: psychiatrists, nurses, therapists
- Incremental increases in payment to increase salaries
- Investigate and implement alternative financing (Sub-Capitation)
- Develop Incentives based on function of population
- Evaluate outcomes of the impact of SPA
Salary Survey

- Starting Salaries – $14,000 difference
- Average time in position – 4 years
- 30% of staff stay less than 18 months
Contingency Funds Survey

- Range of Funds Available: $0 – $35,000
- Some agencies expect repayment, others not
- Approval sometimes by fiscal staff
- Contingency funds don’t pay for recovery oriented goals (wellness, fitness, inclusion)
Workforce Work Group

- Training/orientation of new expectations
- Teach convening and leadership skills
- County Wide Training
- Implement Competency Based Hiring
- Proposing career ladders in all agencies
- Teach more involvement of Families
- Create Service Coordination Certificate at Schools
- Influence graduate education (MD, SW, Psychology)
Allegheny County Coalition for Recovery – Quality Committee

- Develop Service Planning Principles
- Develop Service Planning Common Terms
- Develop a high level Recovery Plan across agencies
- Pull goals for consumer plan into Recovery Plan
- First on paper via case managers
- Ultimately in a web based system
- Consumer will be the only one authorized to give access to Recovery Plan
Recovery Oriented Service Planning Principles

- The person in recovery drives the recovery planning process.

- Service planning and the service system must be constructed in a way that encourages independence, develops natural community supports and provides for choice of services.

- Individuality should be recognized, respected and used in constructing unique plans.

- A wide variety of methods should be explored for developing an effective plan for change and growth.

- Successful working relationships are based on trust which is gained by communicating honestly and respectfully.
Recovery Oriented Service Planning Principles (continued)

- A person’s strengths must be identified before setting goals.
- Plans should be in easy to understand language that helps everyone involved work together.
- The individual’s chosen support network should be involved whenever the individual decides it may be helpful.
- Ideas for progress toward goals must be tested within reasonable timeframes and reviewed at regularly defined times.
- Service plans should belong to the person(s) in recovery and be in a form that can be built upon and carried from one service provider to another.
- The service plans should promote wellness for the whole individual. Plans should reflect ways to make healthy and personally meaningful choices for body, mind and spirit.
Accomplishments – 1st 6 months

- Broad representation on planning committees
- Name change – Service Coordination
- Oriented 245 staff
- Service Planning Code – borrowed from BHRS
- Salary Survey conducted
- Service Planning Principles
- Training Survey – in-progress
Future Steps

- Train trainers on Convening                Summer
- Trainers train 300 Staff                   Sept-Dec
- Survey Admin Mgt caseloads/functions      July 08
- Documentation Resources                   Fall 08
- Service Planning Code for MD’s/therapists 1/09
- First Rate Increase/Raise Salary Floor    2009
- Mentor Certificate Course                 Spring 09
- Service Coordinators Cert. Course         Spring 10
Next Steps, cont.

- Contingency Funds standardized       July 09
- Administrative SPA Serv. Coord.      July 09
- 2\textsuperscript{nd} Rate Increase, Salary Floor  2010
- 3\textsuperscript{rd} Rate Increase, Salary Floor  2011
- 4\textsuperscript{th} Rate Increase, Salary Floor  2012
The End

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