PROVIDING CASE MANAGEMENT FOR PEOPLE WITH MENTAL ILLNESS

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CASE MANAGEMENT-

A comprehensive service that assists eligible individuals in gaining access to needed medical, social, educational and other services.

Targeted Case Management (TCM) assists SPECIFIC individuals to access other services.
<table>
<thead>
<tr>
<th>Target Group</th>
<th>Recipients</th>
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<tbody>
<tr>
<td>Target Group</td>
<td>Mentally Ill adults</td>
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<tr>
<td>Target Group</td>
<td>Intellectually Disabled Adults</td>
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<tr>
<td>Target Group</td>
<td>Disabled Children</td>
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<td>Target Group</td>
<td>Foster Children</td>
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<td>Target Group</td>
<td>Pregnant Women</td>
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<td>Target Group</td>
<td>AIDS/HIV-positive individuals</td>
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<td>Target Group</td>
<td>Adult protective service individuals</td>
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<td>Target Group</td>
<td>Technology Assisted (TA) Waiver for Adults</td>
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TARGET GROUP 1: MENTALLY ILL ADULTS (SMI)

- Defined as an individual who is 18 and over with multiple needs who requires mental health case management.
- Must have approved diagnosis based on the ICD-10
- Impaired role functioning
- Documented inability to independently access and sustain involvement in needed services
<table>
<thead>
<tr>
<th>Mental health History: One or more</th>
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<tbody>
<tr>
<td>• Residential Tx &gt; 2 months</td>
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<td>• Psychotropic meds</td>
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<td>• Outpatient Tx – 6 months/20 sessions</td>
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<td>• 2 or more inpatient admissions</td>
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<tr>
<th>Mental Health Tx Needs: One or more</th>
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<tr>
<td>• Abuse - sexual, physical, neglect</td>
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<tr>
<td>• Family History of treatment</td>
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<tr>
<td>• Failure to thrive</td>
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<tr>
<td>• Aggression, towards self/others</td>
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<td>• Runaway &gt; 24 hours</td>
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<th>Current Functioning Problem Areas: Two or more</th>
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<tr>
<td>• Failure to graduate/poor grades</td>
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<tr>
<td>• Special Education</td>
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<tr>
<td>• Dysfunctional Relationships</td>
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<tr>
<td>• Basic Living Skills</td>
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<tr>
<td>• Serious Discomfort from anxiety, depression, etc.</td>
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INTENSIVE CARE COORDINATION

There are some major changes happening this year with children’s case management and children’s in home.

Case management will be broken into two tiers- more traditional case management and ‘intensive care coordination.’
CORE ELEMENTS OF CASE MANAGEMENT WITH THE MENTALLY ILL

- Needs Assessment
- Case Planning
- Service Arrangement
- Social Support
- Reassessment and follow-up
- Monitoring
NEEDS ASSESSMENT

We use an instrument called the “SUN” (service and unmet needs assessment). Completed within 30 days, then periodically thereafter.

Gathers:
- Identifying information
- Socialization and recreational needs
- Training needs for community living
- Vocational needs

Physical needs
- Medical care concerns
- Social and emotional status
- Housing and physical environment
- Resource analysis and planning
CASE PLANNING

Case managers develop an ISP—individualized service plan.
Systematic, client-coordinated plan of care
Lists the actions required to meet the identified needs.
Developed through a collaborative process involving the client, family or other support system, and the case manager.
Must be completed in conjunction with the needs assessment within the first 30 days of contact.
SERVICE ARRANGEMENT

Through linkage and advocacy, case manager coordinates contacts with the recipient and appropriate person or agency.

May be face to face, phone call, or electronic communication
SOCIAL SUPPORT

Through interviews with the recipient and significant other, the case manager determines whether the individual has an adequate personal support system.

If inadequate or nonexistent, case manager assists in expanding or establishing a network through advocacy and linking with persons, support groups, or agencies.
REASSESSMENT & FOLLOW UP

Case Manager will evaluate progress towards goals every six months.

This is done through interviews with recipient, as well as contacts with persons or agencies providing services to the person, reviews the results of these contacts, together with changes in needs shown in reassessments, revises the case plan as necessary.
MONITORING

Determines what services have been delivered and whether they adequately meet the needs of the recipient

The plan of care may need adjustment based on this monitoring
BENEFITS OF CASE MANAGEMENT

Of the 6-7,000 consumers at MAMHA, close to 30% receive case management services.

Helps ensure consumers remain linked to treatment. They are much more likely to maintain their medication, therapy, and other treatment recommendations.

Ensures COORDINATION between providers. Each consumer may have five-10 doctors/providers, both internal and external to the agency.

The shift in care from inpatient to in the community and through outreach
DIFFERENT TYPES OF CASE MANAGEMENT

- Custody to Community (PICM)
- PATH - homeless consumers
- Supported Housing
- Adult
- Children
- Forensic
- In Home Teams
POINTS TO CONSIDER

Meet the consumer where they are at
Challenges with billing & productivity
Family involvement & external supports
The unique challenges of working with the mentally ill
QUESTIONS?