Single Point of Accountability – Transformation of Case Management

Mayview Steering Committee
July 18, 2008

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
- Nine Affirmative Responsibilities
- Planning Objectives/Committee Structure
- 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 by 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)
  and
- **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
- 7 Community Treatment Teams (ACT)
- Drug & Alcohol Case Mgt resides in County Based
- Forensic Related Services – County Based

History – SPA Initiative

- July 2005 – FSWP Case Mgt Staff surveyed
- July 2006 – FSWP Consultation/Research
  - Martha Hodge mentored 18 staff over 5 months
  - University of Pittsburgh surveyed staff/consumers
- Nov 2006 – SCM loaned to County, ½ time
- Jan 2007 – Stakeholders group formed
  - Crisis Re-Design Committee
  - SPA Committee
- May 2007 – Draft Recommendations report
- Sept 2007 – Final Report released
- Jan 2008 – SPA Committees 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

Nine Affirmative Responsibilities

- 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

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
- Train all Service Coordinators in Convening/Facilitating
- Implement cross program/agency service planning
- Increase Contingency Fund to minimum of $1,000/SC
- Implement Admin Mgt Service Coordination

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 - case rate
- Develop Incentives based on functioning of the population
- Evaluate outcomes of the impact of SPA

Salary Survey

- Starting Salaries – $14,000 difference
  Range: $23,400 – $37,000
- 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 developed/brochure
- Training Survey – 70% surveyed

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/therapist	Jan 09
First Rate Increase/Raise Salary Floor	Jan 09
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
2nd Rate Increase, Salary Floor	2010
3rd Rate Increase, Salary Floor	2011
4th Rate Increase, Salary Floor	2012

The End

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