



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

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|----------------------------------|--|
| Case Management – Current | Service Coordination |
| ■ Assess all needs, strengths | ■ Assess all needs, strengths |
| ■ Write Crisis Plan/Tx Plan | ■ Assure plan is consumer driven |
| ■ Transport | ■ Link - Natural Supports |
| ■ Provide direct support | ■ Link - Mobility Training |
| ■ Take out for meals | ■ Link - Peer Support |
| ■ Make appointments | ■ Link - Supportive Housing |
| ■ Find Housing | ■ Link - Psych Rehab, Work |
| ■ Act as Intermediary w/Landlord | ■ Be central contact |
| ■ Lead Shopping trips | ■ 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

For more information:

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