

# **CASE MANAGEMENT: *WHAT WE CAN DO NOW***

**Roxy Walnum, MA, LAADC**

**Shola Oloshebiyan, Ed.D**

# INTRODUCTIONS



Icebreaker activity



Group introductions



# OBJECTIVES

1. Ability to develop case management strategies to engage the client in treatment
2. Increase retentions of participants by using case managers
3. Identify barriers to services and how case management linkage can help increase access.
4. Assessing client needs for case managements services
5. Ability to recognize the importance of family, social networks, community systems, and self-help groups in the treatment and recovery process
6. Understanding the variety of insurance and health maintenance options available and the importance of helping clients access those benefits
7. Understanding diverse cultures and incorporating the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice
8. Understanding the value of an interdisciplinary approach to addiction treatment in addition to the above competencies

# **CASE MANAGEMENT DEFINITION**

A Collaborative service that assists beneficiaries to access needed, medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

Focus is on coordination of care, integration around primary care especially for beneficiaries with a chronic substance use disorder, and interaction with the criminal justice system, if needed.



# **WHO CAN PROVIDE CASE MANAGEMENT**

- A Licensed Practitioner of the Healing Arts (LPHA) or an AOD counselor (registered or certified) may provide case management services.
- Peer specialist

# ***CASE MANAGEMENT SERVICES***

---

**Connection**

---

**Coordination**

---

**Communication**



# CASE MANAGEMENT ASSESSES CLIENTS FOR:

The Ability to  
obtain and follow  
through on  
medical services

The Ability to  
apply for  
benefits

Ability to obtain  
and maintain  
safe housing

Skill in using  
social services  
agencies

Skill in accessing  
mental health  
and substance  
use treatment

Employment or  
career training  
services

Social and  
creative activities

Providing  
childcare  
resources

# COMMUNICATION

- Time spent communicating with service providers, county workers, judges, etc., either face-to-face or by phone (I.E., meeting with patient and doctor during a primary care visit) or discussing treatment progress with county partners (I.E. HHS workers, BHS Workers, CWS, Housing Providers, Probation Department, etc.)
- Advocate for clients with health/social service providers, county community partners, and others in the best interest of clients.
- Following up with other agencies regarding scheduled services and/or services received by clients(Coordination of care)
- Discharge planning



# CONNECTION

- Linking clients to housing resources.
- Assisting clients with applying for Medi-Cal
- Transferring Medi-Cal benefits from another county to SD County
- Linking clients to community resources such as food or clothing assistance, transportation services (whether bus or insurance), legal assistance, educational services, etc. *For Perinatal Clients this can be linking them to WIC or organizations that provide car seats and other resources.*
- Providing warm hand-offs to a new LOC when medically necessary

# COORDINATION

- Identifying a referral agency and scheduling an appointment for a level of care transition (I.E. from Residential 3.5 to Intensive Outpatient 2.1, initiating referrals to the next level of care, coordinating with and forwarding necessary documentation to the accepting agency, etc.)
- Coordinating care to physical and mental health providers to ensure clients are provided appropriate services.
- Coordinating activities with State, County, and Community Entities. (I.E. HHS, BHS, Probation, Superior Courts, Housing Providers)



# HOW TO CONDUCT EFFECTIVE CASE MANAGEMENT

*Empathy- the most important indicator of success of clients in treatment.*

- Motivational interviewing
- Stages of Change
- Engage the client, they are the expert

## 4 Processes

- Engaging
- Focusing
- Evoking
- Planning

## 5 Principles of MI

- Express empathy
- Support and develop discrepancy
- Deal with resistance
- Support self-efficacy
- Developing autonomy

# MOTIVATIONAL INTERVIEWING



# OARS



OPEN ENDED  
QUESTIONS



AFFIRMATION



REFLECTIVE  
LISTENING



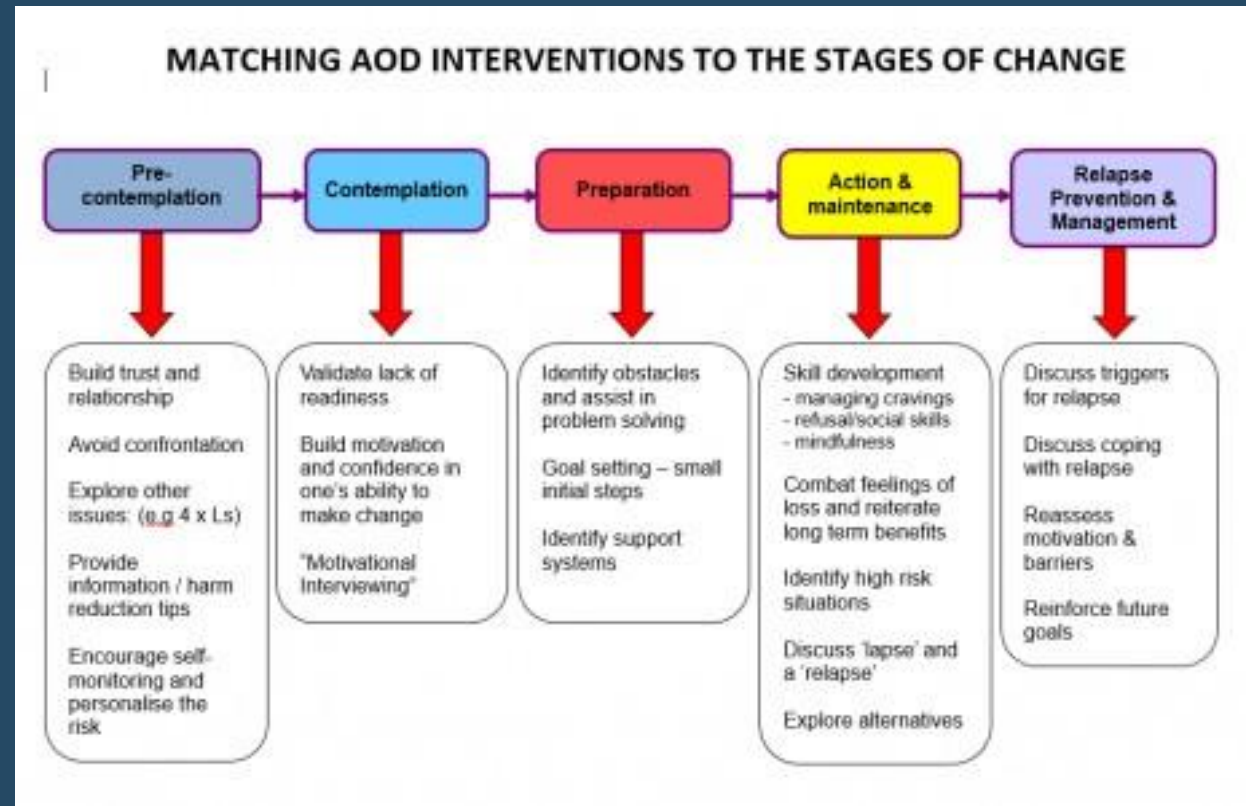
SUMMARY  
REFLECTIONS

# STAGES OF CHANGE

- Pre-contemplation
- Contemplation
- Preparation
- Action and Maintenance
- Relapse prevention and management

## Insight

- An initiative of Queensland Health. Proudly delivered by Metro North Mental Health – Alcohol and Drug Service.





# ENGAGEMENT

- Welcoming Statement
- Warm and understanding
- Feed them they will come
- Warm handoffs, recovery residence, food, clothing, basic needs met.

# THE SHARE APPROACH

- One aspect of patient-centered care is using shared decision making rather than a directive approach with patients.
- The federal Agency for Healthcare Research and Quality (AHRQ) has developed a five-step process for shared decision making and resources for implementing it.

## The **SHARE** Approach

### 5 Essential Steps of Shared Decision Making





## **BENEFITS TO PATIENTS**

- Improved patient experience of care.
- Improved patient adherence to treatment recommendations Using the SHARE Approach builds a trusting and lasting relationship between health care professionals and patients.
- The patient has a “voice” in their plans.

# PRINCIPLES OF CASE MANAGEMENT

1. Individual point of contact

2. Case Management is driven by client needs

3. Case Management involves advocacy

4. Case Management is Community based



# THE IMPORTANCE OF HAVING AN INDIVIDUAL CONTACT

If the program has  
a case manager on  
site it provides  
consistency for the  
patient.

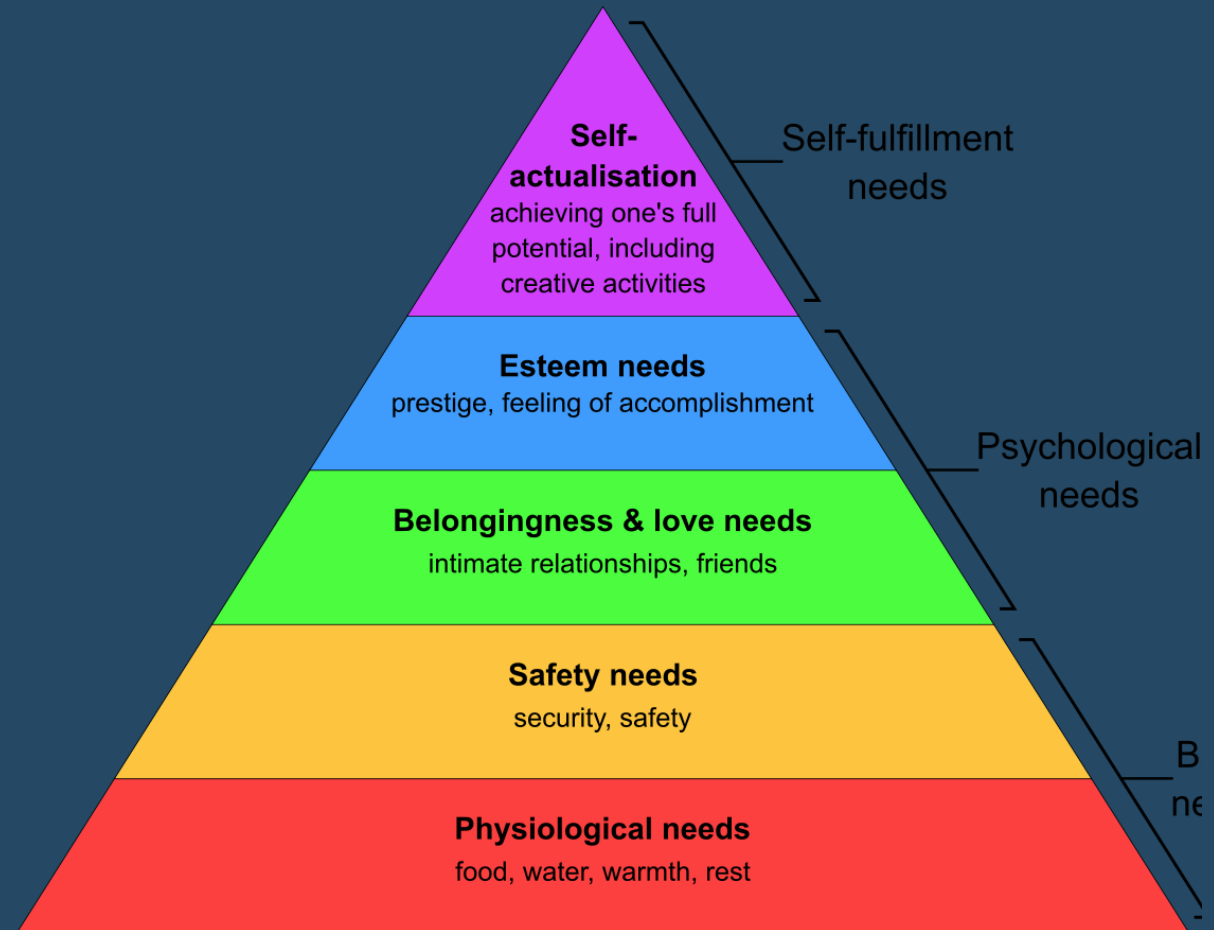
The patient can  
focus on their  
goals with the CM

**CASE MANAGEMENT  
IS DRIVEN BY  
CLIENT NEEDS**



# MASLOW'S HIERARCHY OF NEEDS

- Maslow's hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid.



# MASLOW'S HIERARCHY OF NEEDS

- 1. Physiological needs - these are biological requirements for human survival.
- 2. Safety needs - once an individual's physiological needs are satisfied, the needs for security and safety become important
- 3. Love and belongingness needs - after physiological and safety needs have been fulfilled, the third level of human needs is social and involves feelings of belongingness.
- 4. Esteem needs are the fourth level in Maslow's hierarchy and include self-worth, accomplishment and respect.
- 5. self-actualization needs are the highest level in Maslow's hierarchy, and refer to the realization of a person's potential, self-fulfillment, seeking personal growth and peak experiences



## ***ASSESSMENTS/GROUPS***

- Case management assessment form
- What I want for treatment / What I got from Treatment
- Engagement Groups
- Case Management groups

# **CASE MANAGEMENT ASSESSMENT FORM**

---

This form was created for the Case manager to collaboratively work with the patient to access needs.

---

The patient should meet with the case manger weekly or as needed.

---

The case manger will assist the client with setting up appointments or taking them to appointments if needed.



# WHAT I WANT FROM TREATMENT

- Assessment to do with client
- Identifies clients goals and needs
- Provides a checklist to make a priority list to complete while in treatment.
- Gives guidance and direction
- Remember do not overwhelm, provide a slow pace on accomplishing items
- Completing treatment provide the What I got from Treatment assessment. This measures accomplished goals filling the client's needs. Use at discharge planning.

# ENGAGEMENT GROUPS

- Facilitated by case manager
  - 4 to 6 weeks
- Invite an upper phase or alumni to speak
- Start with contract review include Public defender
- Program rules invite probation to present
- Drug court phases, court attire, advocacy
- Provide education on Stages of change, stages of group, how to get the most out of treatment
- Speaker / listening skills



**BUILDING  
COMMUNITY  
RESOURCES**

---

Workforce

---

Homeless outreach

---

Health care

---

churches

---

Businesses

---

Chamber of Commerce

---

media outlets

# **BUILDING COMMUNITY RESOURCES**

1. Know the community programs
  - a. RTP
  - b. MAT
2. Collect business cards at trainings (create a resource binder)
3. Invite to staff meetings
4. Get involved in community volunteer projects
5. Alumni and clients are great resources
6. Invest in your connections



# BUILDING RAPPORT

Appearance, Communication, Common Ground, shared experiences, empathic, mirror and match mannerisms, takes time.



Working collaboratively together as a team/being consistent

# *DECREASE BARRIERS FOR THE PATIENT*



Phone calls (client made with support)



Transportation (CM taking clients to appointments for emotional support and or provide bus passes to assist the client)



ROI / MOU- Coordination of Care



# **CASE MANAGEMENT WORKS!**

- We have seen the importance of utilizing Case managers in our SUD programs.
- Clients are connected to services immediately!
- Clients' basic needs are met in a timely fashion.
- Effective coordination in the system of care
- Moral support
- Improved engagement in services
- Client retention and stabilization

# REFERENCES

- McLeod, S. A. (2020, March 20). *Maslow's hierarchy of needs*. Simply Psychology. <https://www.simplypsychology.org/maslow.html>
- The SHARE Approach. Content last reviewed October 2020. Agency for Healthcare Research and Quality, Rockville, MD.  
<https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html>