



UPMC

University of Pittsburgh
Medical Center

Basic Case Management/Resource Coordination Overview Module 1



Basic Case Management Overview

1. Outline
2. Objectives
3. Targeted Case Management/Blended Case Management
4. Health Choices
5. Recovery in Pennsylvania
6. CSP
7. CASSP

Basic Case Management: Outline

- Provides an outline of OMHSAS' "A Call for Change" for a recovery-oriented system, Community Support Program (CSP) and the Child Adolescent Service System Program (CASSP).
- Focuses on the case manager's role in facilitating recovery
- Emphasis is not on giving you solutions, but rather on giving you the tools to develop individualized solutions.

Basic Case Management Overview

What Is/Are:

Targeted Case Management?

Intensive Case Management?

Blended Case Management?

Health Choices?

Targeted Case Management

- Intensive Case Management (ICM) 1989 Regulations Developed DPW Title 55, Chapter 5221 search at:
<http://www.pacode.com/secure/data/055/chapter5221/chap5221toc.html>
- TCM Documentation Bulletin/Resource Coordination
<https://oig.hhs.gov/oas/reports/region3/30600202.pdf>
- Blended Case Management Bulletin - <https://pa.performcare.org/assets/pdf/providers/resourcesinformation/policies/dhs-2010/061410-omhsas/blendedattachment-d.pdf>

Blended Case Management

- The same (7) case management services (see regulations) are still being provided – this is not a change in what is delivered but *how* it's delivered.
- An individual no longer has to change case managers just because he/she requires more or less case management services.
- A blended case manager can provide either ICM level or RClevel (at a minimum).
- Blended case management eliminates the distinction between the two.

Blended Case Management: Overall Positive Experiences

This model has proven to accomplish the following:

- Increases the continuity of care at both the individual as well as the systems level, and decreases disruption in service, thereby allowing consumers and families to focus more on goals;
- Provides flexibility, particularly for those coming out of facilities or placements;
- Gives the consumer and the case manager a greater sense of accomplishment because they are able to maintain a working relationship throughout transitions;
- Allows services to be consumer driven.

Blended Case Management: Activities

- Linking with services
- Monitoring of Service Delivery
- Gaining Access to Service
- Assessment and Service Planning
- Problem Resolution
- Informal Support Network Building
- Use of Community Resources

Health Choices

Health Choices is mandatory managed care for Pennsylvanians enrolled in the state's Medicaid program. Please access this link for further details on this program:

(<http://www.healthchoices.pa.gov/info/about/>)

Pennsylvania's Definition of Recovery

RECOVERY is a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members.[1]

(1) A Call for Change: Toward A Recovery-Oriented Mental Health Service System for Adults, PA. DPW, OMHSAS (2005), p. 23

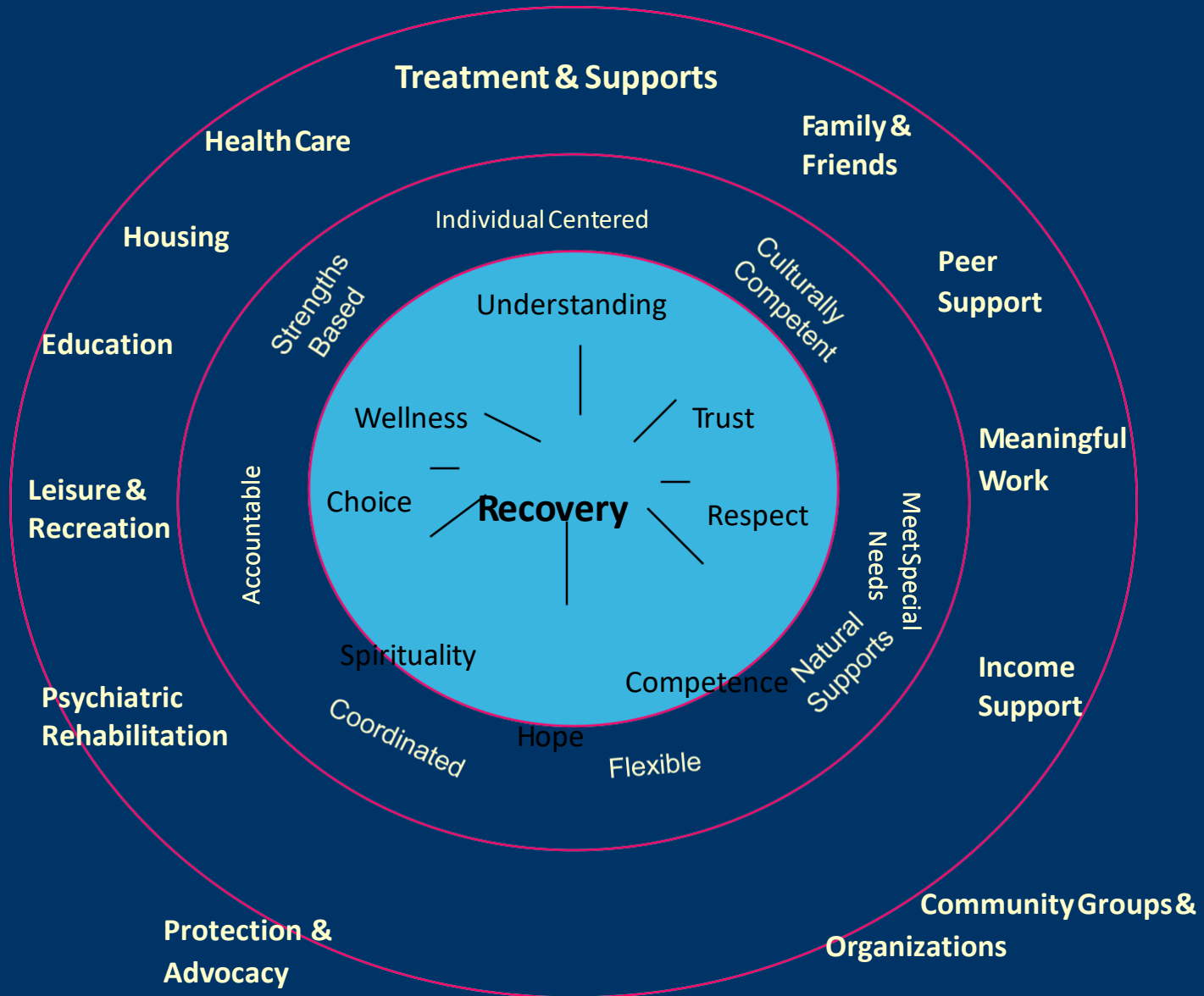
Recovery in Pennsylvania

A new definition of recovery is outlined in the publication: “A Call for Change: Toward a Recovery-Oriented Mental Health Service System for Adults” . Please click on the links below for more information:

<https://www.dhs.pa.gov/docs/For-Providers/Documents/Behavioral%20Health%20Services/A%20Call%20for%20Change%20Towards%20a%20Recovery-Oriented%20Mental%20Health%20Service%20System.pdf>

COMMUNITY SUPPORT PROGRAM (CSP)

A Recovery Model for People with Mental Illness & Co-Occurring Disorders



What is CSP?

The Community Support Program (CSP) of Pennsylvania is a coalition of behavioral health consumers, family members and professionals working to help adults with serious mental illnesses and co-occurring disorders live successfully in the community.

<https://www.dhs.pa.gov/Services/Assistance/Pages/Community%20Support%20Program.aspx>

CSP (continued)

This statewide coalition links CSP nationally with regional and local Community Support Programs throughout the state.

CSP is based on creating opportunities for people rather than fostering a life of dependency and disability.

CSP (continued)

CSP embraces the concept that people who have mental illnesses should be treated with dignity and respect; that these individuals have the same needs, aspirations, rights and responsibilities as other citizens; and that they should have access to the opportunities and supports everyone needs, as well as to behavioral health services.

CSP PRINCIPLES

These CSP principles provide the foundation for the way service is delivered.

- Treatment and support
- Family and friends
- Peer support
- Meaningful work
- Income support
- Community mobility
- Community groups and organizations
- Protection and advocacy
- Psychiatric rehabilitation
- Leisure and recreation
- Education
- Housing
- Health care

Guiding Principles of CSP

CSP recognizes that traditional behavioral health services are not enough. Additional services such as housing, vocational training and employment, income maintenance, medical care, and rehabilitation are also essential to help people live successfully in the community. CSP also understands the importance of peer-run services.

Guiding Principles of CSP

(continued)

CSP Principles focus on an individual's dignity and respect, and support services and concepts that help people develop their potential for growth and movement toward independence.

CSP Values and Principles

Services should be:

- consumer-centered
- empower clients
- racially and culturally appropriate
- flexible
- normalized and incorporate natural supports
- meet special needs

Values and Principles (continued)

Systems should be:

- accountable
- coordinated

What is CASSP?

- CASSP is an acronym for the Child and Adolescent Service System Program
<https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/CASSP.aspx>
- CASSP helps children and adolescents with emotional disturbances to gain access to needed services. These services are planned collaboratively with the child or adolescent's family, the behavioral health system, the school and other agencies.

CASSP Core Principles

Child-centered: Services meet the individual needs of the child, consider the child's family and community contexts, and are developmentally appropriate, strengths-based and child-specific.

CASSP Core Principles (continued)

Family-focused: Services recognize that the family is the primary support system for the child and participates as a full partner in all stages of the decision-making and treatment planning process.

CASSP Core Principles (continued)

Community-based: Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community.

CASSP Core Principles (continued)

Multi-system: Services are planned in collaboration with all the child-serving systems involved in the child's life.

CASSP Core Principles (continued)

Culturally competent: Services recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of the child and family's ethnic group.

CASSP Core Principles (continued)

- **Least restrictive/least intrusive:** Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive.

Role of the Case Manager

Your role as a case manager is to help the individuals you work with achieve recovery. When you make recovery the ultimate goal, you give them the one thing they need more than anything else – HOPE

Role of the Case Manager:

REMEMBER!

- Separation of illness from self
- Personal Control
- Purpose
- Achievement and Responsibility
- Connection to another person

+ Hope

= RECOVERY

Role of the Case Manager (continued)

When you keep this equation in mind, you are able to focus on success rather than failure, opportunities rather than obstacles, and independence rather than dependency.

Role of the Case Manager (continued)

When persons with mental illness can move from being taken care of to taking care of themselves, they can become happy, productive members of a supportive community.

Your role, then, as a case manager, is to work in partnership with the individual to assist them in obtaining needed services and supports that facilitate recovery.

Role of the Case Manager (continued)

Your role is to:

- help individuals IDENTIFY the natural supports and services from which they can benefit,
- help them ACCESS those natural supports and services,
- help them EVALUATE, over time, their changing need for supports and services.

Resources

The following are several websites which can provide you with valuable information in performing your duties as a case manager. Please feel free to review them at your convenience.

- <http://www.pacode.com/>
- [Mental Health Procedures Act \(pdf\)](#)
- [MH/Intellectual Disability Act of 1966 \(pdf\)](#)
- <http://www.cms.hhs.gov/default.asp>
- <http://www.dhs.pa.gov/>
- <http://www.nami.org>
- <http://www.namikeystonepa.org/>
- <http://www.pmhca.org>
- <https://www.samhsa.gov/find-help/disorders>
- <http://www.grants.gov/>

References

The following is a list of references that can assist you in your role as a case manager. Further references are provided throughout the additional modules.

References

Summary

- You have completed Module 1 – Basic Case Management Overview.
- Please take the test: <https://www.oerp.pitt.edu/wp-content/uploads/2019/04/TEST-Module-1.pdf>
- Return all module tests to your supervisor. You or your supervisor will need to complete a Registration Form to send in to OERP when all your tests are completed and scored (<https://www.oerp.pitt.edu/wp-content/uploads/2019/04/Basic-Case-Management-Registration-Form.pdf>)
- Please complete an evaluation when you have completed the training at: www.surveymonkey.com/r/CM-eval

Comments

Please refer any comments or questions regarding this training to:

Doreen Barkowitz, LSW

UPMC Western Psychiatric Hospital / OERP

3811 O'Hara Street, Champion Commons, 3rd floor

Pittsburgh, PA 15213

or via email to: barkowitzdh@upmc.edu

You have completed Module 1.

[Please click here to return to the Main Menu.](#)