



UPMC

University of Pittsburgh
Medical Center

Resource Acquisition/ Service Collaboration Module 6



Resource Acquisition/Service Collaboration

This session is devoted to outlining the issues which confront case managers as they attempt to assist individuals with mental illness in accessing resources in the community. In this section we will also examine the process of resource acquisition and service collaboration.

Objectives

Upon completion of this section, you will be able to:

- Describe principles of resource acquisition
- Identify bridges to service collaboration

Principles Of Resource Acquisition

- Community integration needs to occur in addition to behavioral health services.
- The community is an oasis of resources, not an obstacle to the individual.
- Resources must be tailored to the individual.

Principles Of Resource Acquisition

(continued)

- All individuals have the right to use community resources
- Don't settle for the obvious - be creative

Accessing Community Resources

- Accessing community resources is the use of informal (friends, family, landlords) and formal support systems (behavioral health, drug and alcohol, children/youth) in order to help the individual enjoy a high quality of life and to avoid unnecessary hospitalization.
- This of all community resources, and outside of the behavioral health system.

How Does One Acquire Resources?

- Get out of the behavioral health clinic mode and into the community mode
- Ask yourself what you would do if you or a friend or family member needed services
- Network

How Does One Acquire Resources?

(continued)

- When you get a “no,” ask if there’s anywhere else you can turn
- Keep your ear to the ground
- Learn names and faces

How Does One Acquire Resources?

(continued)

- Let people learn your name and face as well.
- Do unto others as you would have them do unto you.
- Manage conflict carefully.

Some Things to Add to Your Resource File:

- Free eyeglasses
- A place for someone to “drop-in”
- An all-night diner
- Banquet halls/buffet restaurants
- The nearest church/synagogue to the individual’s home
- Homeless? Shelters, warming centers, thrift stores with voucher programs, libraries, 24 hour businesses, drop-in centers
- Transportation? MATP, bus passes, reduced fare programs, etc.
- Food shortage? Churches, emergency food box providers, grocery stores with end of night program
- Lack of support/leisure – see community events

Accessing Services

Ideal Situation

(see next slide)

INDIVIDUAL

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graph TD; I((INDIVIDUAL)) --- MHT[Mental Health Treatment]; I --- CRS[Crisis Response Services]; I --- HDC[Health & Dental Care]; I --- PS[Peer Support]; I --- ISE[Income Support & Entitlements]; I --- CIO[Client Identification & Outreach]; I --- FCS[Family & Community Support]; I --- RS[Rehab Services]; I --- PA[Protection & Advocacy]; I --- H[Housing];
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**Mental
Health
Treatment**

**Crisis
Response
Services**

**Health &
Dental Care**

Peer Support

**Income Support
& Entitlements**

**Client
Identification
& Outreach**

**Family
& Community
Support**

**Rehab
Services**

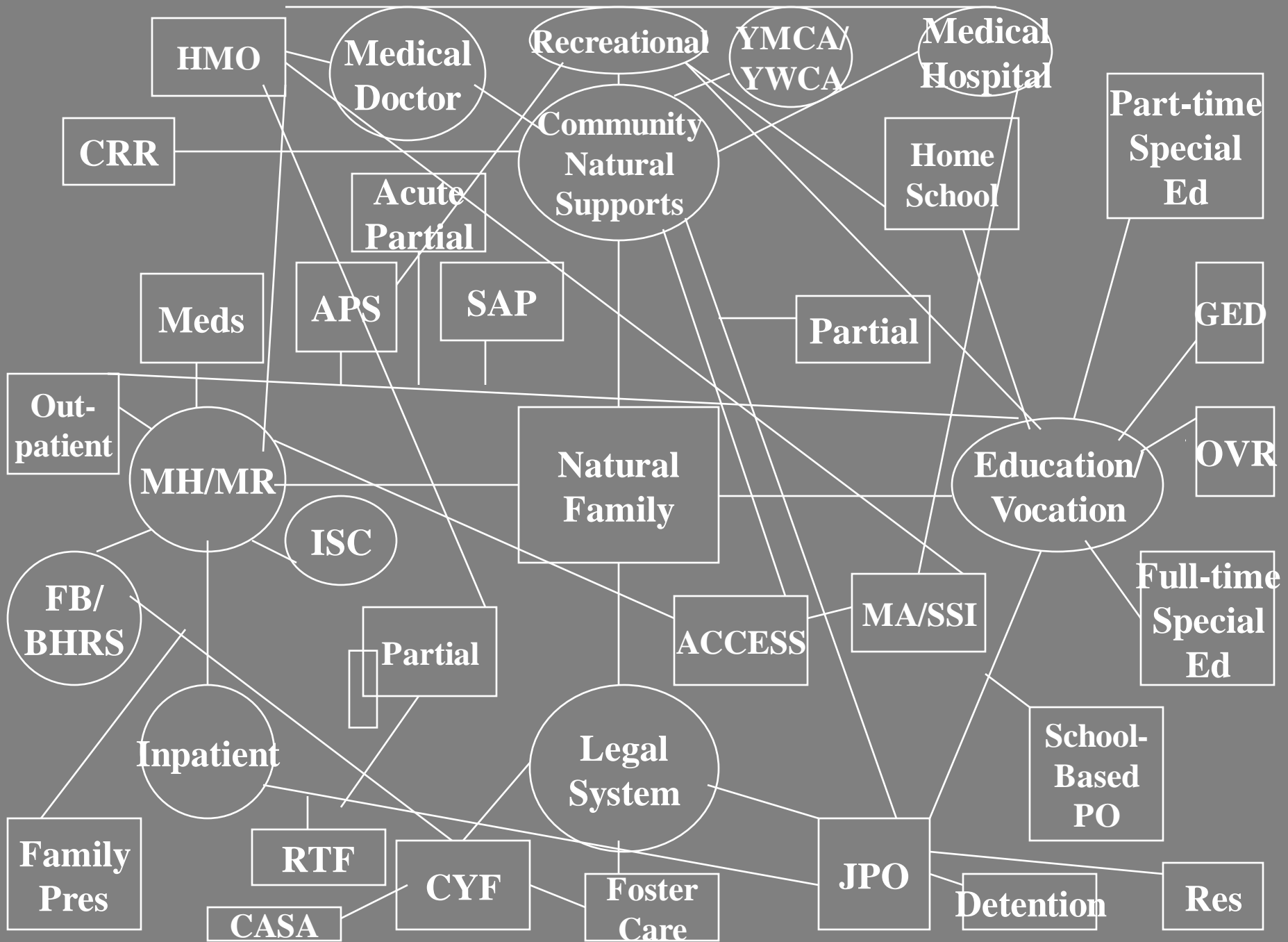
**Protection
& Advocacy**

Housing

Accessing Services

Actual Situation

(see next slide)



Resource Acquisition Summary

- As the individual's situation changes, problems can arise reflecting "lack of fit" between the individual's needs and the corresponding readiness states of targeted community systems.
- Skillful negotiation and problem solving may be required in order to reduce conflict, to avoid loss of potential resources, and to enhance the fit between services required or desired by the individual and those which are provided.

Service Collaboration

- Service collaboration with treatment teams, families, and other providers improves the delivery of services to individuals and better positions the agency to function in the best interest of the individual.
- Developing and improving these collaborations is critical to the success of case management services.

Principles For Successful Collaboration

Adapted from Mary Margaret Kerr, Ph.D.

INTERAGENCY DEPENDENCY – What collaboration requires - mutual need

CONFLICT - What collaboration sometimes creates – anticipate difficulty

Principles For Successful Collaboration

(continued)

- FAMILIARITY breeds accountability and credibility – develop positive relationships
- Remain in FOCUS – initially keep your plan directed at only one or two issues

Principles For Successful Collaboration

(continued)

- Interagency collaboration goes from the **TOP DOWN AND THE BOTTOM UP** – all agencies work within a standard of operation and hierarchy
- Clarify **EXPECTATIONS** – ask what you can do for the other agency and inform them what you can do for them

Principles For Successful Collaboration

(continued)

- Give up INFORMATION and pride – the more we behave as partners in the treatment team the more others will follow
- Ask for DIRECTION and ADVICE – no one likes a “know it all”

Principles For Successful Collaboration

(continued)

- Do not tamper with the MANDATES of other agencies – they have rules and regulations to follow as well
- Remember always: BLAME inflames the problem – remain strength-based and positively focused.

Principles For Successful Collaboration

(continued)

- Everyone looks to you to know what to do.
- Other agencies, especially the Education System, do not easily yield to **AMBIGUITY**.
- Be knowledgeable about resources and what your client needs.
- Understand the roles of all providers on the team.
- Be assertive and yet open to suggestions.
- **DO NOT MAKE PROMISES YOU CANNOT KEEP**

Bridges To Collaboration

- Withhold “professional competence” at times to empower other parts of the system
- Accept conflict and work through it to synergize
- Seek first to understand what the other is saying
- Learn the language of other systems
- Practice communication skills
- Consciously use nonverbal communication
- Understand the role and function of other parts of the system
- Avoid “splitting”- keep open lines of communication with all involved parties

Bridges To Collaboration (continued)

- Negotiate -- and be able to compromise
- Be able to demonstrate what **you will** do for everyone involved
- Know your biases and how to work through them and how to avoid them
- Know what you want =(what the consumer wants) – what you want should be what the client wants!
- Know what the others want
- Be prepared to negotiate a resolution that everyone can agree upon
- Empower other team members to contribute with their area of expertise

Collaboration

- Systems – D&A; medical community, education, housing, children, youth and families, place of worship members, etc.
- Think outside the box when collaborating when benefiting your client is the intent.
- Be creative when thinking about natural supports. Natural supports should be reciprocal relationships, and can be any thing/person that your client feels supported by (parents, relatives, friends, neighbors, pets, postal workers, store clerks, etc.). Think in terms of them being a part of the team.

Mental Illness and Intellectual Disabilities

- The following webcast training provides an overview of Intellectual Disabilities and Co-occurring Mental Illness and Best Practices and supports.
- It provides a helpful overview for clinicians, case managers, and providers, not otherwise familiar with intellectual disabilities and co-occurring mental illness.
- To view several training modules, please go to:
<https://training.mhw-idd.uthscsa.edu/free-training-course.html>
- To view a 50 min. video:
<https://www.youtube.com/watch?v=3GLuWw2KdIlg>

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/>

You have completed Module 6 – Resource Acquisition/Service Collaboration

- Please continue by completing the following quiz:
<https://www.oerp.pitt.edu/wp-content/uploads/2019/04/TEST-Module-6.pdf>
- Return the completed quiz to your supervisor. 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:

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or via email to: barkowitzdh@upmc.edu

You have completed Module 6.

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