

Targeted Case Management
Core Curriculum



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Welcome!

Core Competencies

- ▶ Engaging Consumers and Family Members
- ▶ Strength-Based Case Management
- ▶ Advocacy Skills and Empowering Consumers
- ▶ Cultural Awareness
- ▶ Developmental Perspectives Across the Lifespan
- ▶ Behavioral Health Diagnoses & Understanding Treatment
- ▶ Integrated Care
- ▶ Behavioral Health Crisis Management
- ▶ Ethics
- ▶ Documentation - Regulations


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Set Ground Rules for Training

- ▶ When you attend trainings, what kinds of behavior do you want to see?
- ▶ What behaviors drive you crazy at a training?
- ▶ What ground rules do we need to set in order for you to learn what you need to learn?




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Icebreaker



ORANGE - What is one of your strengths? What are you good at?

RED - What do you hope people remember about you?

YELLOW - What family tradition do you value?

GREEN - Who do you call on when your world falls apart?

BLUE - What is your favorite story about someone overcoming adversity?

BROWN - Describe a time that working as a team was important in your life.

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Day 1 Overview....

- Engaging Consumers and Family Members
 - OARS & Motivational Interviewing
 - Stages of Change
 - Family Driven, Youth Guided, Consumer Driven, System of Care
 - Trauma Informed Care & ACE Study
- Strength Based Targeted Case Management
 - Strength Bases Assessments, Need vs. Service
- Advocacy Skills and Empowering Consumers
 - Navigating Health and Social Service Systems
 - Natural Supports
 - Empowering Consumers
- Cultural Awareness
 - Quality of Care while being culturally aware within different populations

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Participants will learn....

- ▶ How to administer OARS and conduct Motivational Interviewing
- ▶ To demonstrate the concepts of Family Driven, Youth Guided, Consumer Driven, and System of Care as it pertains to Case Management.
- ▶ About the prevalence of Trauma Informed Care and the ACE Study
- ▶ The difference between Need vs. Service and how to develop a strength based assessment and goals.
- ▶ How to navigate service systems and eliminate barriers.
- ▶ How to identify, develop and link natural supports
- ▶ How to empower consumers
- ▶ How to be culturally aware within different populations.

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What is Targeted Case Management?

- Advocating for the client and the family
- Helping the family to access services
- Helping the parents to advocate for the child
- Helping the families to become their own case manager (being resourceful themselves)
- Educating the families on services, ways to help their children
- Helping families to identify their strengths/resources

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Engaging Consumers and Family Members



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Engagement and Effective Communication

- ▶ What is OARS?
 - ▶ The basic approach to interactions in motivational interviewing
- ▶ What is Motivational Interviewing?
 - ▶ A form of collaborative conversation for strengthening a person's own **motivation** and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying particular attention to the language of change.


Miller, W. R., & Rollnick, S.; Motivational Interviewing: Preparing People for Change, 2nd Edition; New York: Guilford Press, 2002.

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OARS

O = Open Ended
A = Affirmations
R = Reflections
S = Summarizing



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OARS

- ▶ **Open-ended** - Questions that cannot be answered with "yes", "no" or "I don't know."
- ▶ **Example:** "What has worked in the past?" "What would increase your confidence?" "Where do you think you should begin?" "Tell me about your strengths." "Tell me more about that."

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OARS

- ▶ **Affirmations** - Statement to a client about what he or she has already done, or a personal strength or ability.
- ▶ **Example:** "You have a great way of explaining of that." "You are really taking care of yourself, when you protect yourself by wearing your seatbelt."

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OARS

- ▶ **Reflections** - Reflectively listen to client while observing client's body language and behavior and reflect using our own words and perceptions
- ▶ **Example:** Repeat the client's words, Reflect what the client might be feeling: "You're feeling _____ because _____." "I noticed you just _____, What are you thinking? Or What are you feeling right now?"
- ▶ "So it sounds like..."
- ▶ "What I hear you saying is..."

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OARS

- ▶ **Summarizing** - Paraphrasing the discussion
- ▶ **Example:** "So let's go over what we have talked about so far."
- ▶ "So let me make sure I understand everything we talked about today..."

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OARS and Motivational Interviewing

- ▶ **PRACTICE!!!!**
- ▶ Pick a partner and facilitate a conversation using the example OARS Practice Sheet in your folder.
- ▶ You will have 10 minutes each to facilitate a conversation using OARS and Motivational Interviewing.
- ▶ Once your 10 minutes is up, switch and have your partner facilitate the conversation.

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Stages of Change by Prochaska and DiClemente

- ▶ Pre-Contemplation
- ▶ Contemplation
- ▶ Preparation
- ▶ Action
- ▶ Maintenance
- ▶ Relapse

http://rehabprogen.org/tech/resources/CEERP/Stage_of_Change.pdf
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Stages of Change

- ▶ Pre-Contemplation
 - ▶ Not currently considering change:
 - ▶ "Ignorance is bliss"
- ▶ Validate lack of readiness
- ▶ Clarify: decision is theirs
- ▶ Encourage re-evaluation of current behavior
- ▶ Encourage self-exploration, not action
- ▶ Explain and personalize the risk

I see no reason to change

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Stages of Change

- ▶ Contemplation
 - ▶ Ambivalent about change:
 - ▶ "Sitting on the fence"
- ▶ Validate lack of readiness
- ▶ Clarify: decision is theirs
- ▶ Encourage evaluation of pros and cons of behavior change
- ▶ Identify and promote new, positive outcome expectations

Maybe I do need to change

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Stages of Change

- ▶ Preparation
 - ▶ Some experience with change and are trying to change:
 - ▶ "Testing the waters"
- ▶ Identify and assist in problem solving re: obstacles
- ▶ Help patient identify social support
- ▶ Verify that patient has underlying skills for behavior change
- ▶ Encourage small initial steps

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Stages of Change

- ▶ Action
 - ▶ Practicing new behavior
- ▶ Focus on restructuring cues and social support
- ▶ Bolster self-efficacy for dealing with obstacles
- ▶ Combat feelings of loss and reiterate long-term benefits




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Stages of Change

- ▶ Maintenance
 - ▶ Continued commitment to sustaining new behavior
- ▶ Plan for follow-up support
- ▶ Reinforce internal rewards
- ▶ Discuss coping with relapse



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Stages of Change

- ▶ Relapse
 - ▶ Resumption of old behaviors:
 - ▶ "Fall from grace"
- ▶ Evaluate trigger for relapse
- ▶ Reassess motivation and barriers
- ▶ Plan stronger coping strategies

I feel so angry with myself

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OARS and Motivational Interviewing

- ▶ When talking with a client about change, listen for change talk to determine if client is considering change. If there is change talk, use OARS during MI to decrease ambivalence to change.
- ▶ MI can guide a client through the stages of change.

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Change Talk

- ▶ Sustain Talk - "I know I should stop smoking but I don't want to experience the withdrawal."
- ▶ Change Talk - "My father was just diagnosed with lung cancer and I know I need to stop smoking."
- ▶ Discord - "I know you are going to tell me I have to quit smoking, but I don't want to."

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Change Talk Activity

- ▶ Write down the numbers for the sustain talk statements
- ▶ Write down the numbers of the change talk statements
- ▶ Write down the number for the discord statements

www.kentuckybehavioralhealthcare.com Carly Cole, Supervisor of Services
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Consumer and Family Centered Services


- ▶ Family Driven
- ▶ Youth Guided
- ▶ Consumer Driven
- ▶ System of Care

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Family Driven

- ▶ Families have a primary decision making role in the care of their children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.



National Federation of Families for Children's Mental Health, Working Definition of Family Driven Care, January 2008; www.nffcmh.org
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Youth Guided

- ▶ Youth have the right to be empowered, educated and given a decision making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state and nation.

Definition developed by Youth M.O.V.E. National, in conjunction with the Substance Abuse and Mental Health Services Administration, 2011


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Consumer Driven

- ▶ Clients have the right to be knowledgeable and educated on the services available in their community in order to meet their needs and have the right to choose the provider or service they feel best meets their need.




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System of Care



- ▶ An organizational philosophy and framework that involves collaboration across agencies, families, and youths for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports clients and their families

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This definition was developed by Youth M.O.V.E. National, in conjunction with the Substance Abuse and Mental Health Services Administration, <http://www.samhsa.gov/2k11>

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How are these concepts applicable to the scope of work as a TCM?

- ▶ **Family Driven**
 - ▶ Developing a Family Mission and Vision during a Team Meeting will allow your family to drive the plan.
 - ▶ When the family feels empowered to make and change the plan, as they see fit, the family will buy in to the process.
 - ▶ Example - Our family will work together toward improving communication, becoming financially responsible and increasing school involvement (parent/teacher conferences, improved grades and attendance).

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How are these concepts applicable to the scope of work as a TCM?

- ▶ **Youth Guided**
 - ▶ Youth should be involved in the development of their care plan.
 - ▶ Youth should have a voice as to what needs are priority.
 - ▶ The youth's strengths should be used to develop the care plan.
 - ▶ Example - Susie wants a job and loves animals. Susie expressed interest in working at the Humane Society. TCM will assist Susie in inquiring about employment at the Human Society.

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How are these concepts applicable to the scope of work as a TCM?

- ▶ **Consumer Driven**
 - ▶ The empowerment to change and choose providers and services.
 - ▶ Example: Mother is not happy with client's pediatrician, as client's appointments keep getting rescheduled by the doctor. TCM will assist mother in researching other providers. Mother will then choose a different provider or choose to remain with the pediatrician client currently attends.
 - ▶ The Consumer gets to choose.

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How are these concepts applicable to the scope of work as a TCM?

- ▶ System of Care
 - ▶ A group of people (professionals, organizations, etc) who engage families in planning for supports and participate as partners in community collaborative groups to achieve common goals.
 - ▶ Example: TEAM MEETING
 - ▶ Mother
 - ▶ Client
 - ▶ Therapist
 - ▶ Targeted Case Manager
 - ▶ Grandmother
 - ▶ School Counselor
 - ▶ DCBS worker

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Trauma Informed Care




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What is Trauma Informed Care?


- ▶ Service delivery that is directed by
 - ▶ An appreciation for the high prevalence of traumatic experiences in persons who receive mental health services
 - ▶ A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual



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Adrian, J. et al. Trauma Informed care. Division of Behavioral Health.

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Impact of Trauma




- ▶ Trauma is not just about the event but about whether the exposure to the traumatic event makes it impossible to cope with what they have experienced.
- ▶ Trauma exposure can re-organize a person around the traumatic event.
- ▶ Trauma exposure becomes both the defining and organizing experience that forms the core of a person's identity.
- ▶ A whole new meaning system developed which informs and guides attempted coping strategies
- ▶ Trauma changes the person not just the particulars.

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Trauma through the eyes of a child.



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Trauma through the eyes of a child



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The Adverse Childhood Experiences (ACE) Study

ABOUT THE STUDY: What everyone should know!

Over 17,000 Kaiser Permanente members voluntarily participated in a study to find out about how stressful or traumatic experiences during childhood affect adult health. After all the identifying information about the patients was removed, the Centers for Disease Control and Prevention process the information the patients provided in their questionnaires.

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Dr. Nadine Burke Harris - Video

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ACE Study

HERE'S WHAT WE LEARNED:

Many people experience harsh events in their childhood.

- ▶ 63% of the people who participated in the study had experienced at least one category of childhood trauma.
- ▶ Over 20% experience 3 or more categories of trauma which we call Adverse Childhood Experiences (ACE).

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ACE Study

- ▶ 11% experienced emotional abuse
- ▶ 28% experienced physical abuse
- ▶ 21% experienced sexual abuse
- ▶ 15% experienced emotional neglect
- ▶ 10% experienced physical neglect
- ▶ 13% witnessed their mothers being treated violently
- ▶ 27% grew up with someone in the household using alcohol and/or drugs
- ▶ 19% grew up with a mentally ill person in the household
- ▶ 23% lost a parent due to separation or divorce
- ▶ 5% grew up with a household member in jail or prison

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The more categories of trauma experienced in childhood, the greater the likelihood of experiencing:

▶ Alcoholism and alcohol abuse	▶ Liver disease
▶ Chronic obstructive pulmonary disease (COPD)	▶ Risk for intimate partner violence
▶ Depression	▶ Multiple sexual partners
▶ Fetal death	▶ Sexually transmitted diseases (STDs)
▶ Poor health-related quality of life	▶ Smoking
▶ Illicit drug use	▶ Obesity
	▶ Suicide attempts
	▶ Unintended pregnancies

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Impact of Trauma Over the Lifespan

- ▶ Effects are neurological, biological, psychological and social in nature, including:
 - ▶ Change in brain neurobiology
 - ▶ Social, emotional & cognitive impairment
 - ▶ Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse self harm sexual promiscuity violence)
 - ▶ Severe and persistent behavioral health, health and social problems and early death

(Brid)

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ACE Study

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Understanding the Prevalence

- ▶ The majority of adults and children in psychiatric treatment settings have trauma histories.
- ▶ A sizeable percentage of people with substance use disorders have traumatic stress symptoms that interfere with achieving or maintaining sobriety.
- ▶ A sizeable percentage of adults and children in the prison or juvenile justice system have trauma histories.
- ▶ Victims of trauma are found across all systems of care.
- ▶ Trauma history often goes undetected.

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Complexity to Healing and Recovery

- ▶ Victim Variables: **Developmentally vulnerable time**
- ▶ Event stressors variables: **Repetitive and Prolonged**
- ▶ Response of those around the victim: **Happens by Caregiver**
- ▶ Children who have experienced traumatic events may have behavioral and/or academic issues or their distress may not be apparent at all.



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5 Core Values within Trauma Informed Care


- ▶ Safety
- ▶ Trustworthiness
- ▶ Choice
- ▶ Collaboration
- ▶ Empowerment

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5 Core Values

- ▶ **Safety**
 - ▶ "Do no harm."
 - ▶ Trauma sensitive and compassionate care is given from initial contact




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5 Core Values

- ▶ **Trustworthiness**
 - ▶ The system provides care with the least amount of risk for re-traumatization.




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5 Core Values

- ▶ **Choice**
 - ▶ Individuals have input into decisions made in treatment, and that input is taken seriously.



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5 Core Values




- ▶ **Collaboration**
 - ▶ Create relationships and participation to increase consideration of the individual element of choice

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5 Core Values

- ▶ **Empowerment**
 - ▶ Promoting resilience; providing opportunities and understanding that individuals are competent and capable to grow and heal.



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Guiding Principles of Trauma Informed Care

- ▶ Understand trauma and its impact
- ▶ Promote safety
- ▶ Earn trust
- ▶ Embrace diversity
- ▶ Provide holistic care - care of the whole child
- ▶ Respect human rights/share power.
- ▶ Build on the child's strengths and provide choices/autonomy
- ▶ Communicate with compassion.

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Group Activity

- ▶ Your group will be given 2 principles
- ▶ In your group, develop examples of how the Trauma Informed Care principle is utilized in the practice of Case Management.
- ▶ We will discuss these as a large group in about 15 minutes.

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▶ Example:
A TCM that assists with food, housing or utilities is promoting **safety**.

If a client does not have their daily needs met, the client is unlikely to benefit from therapeutic treatment.

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▶ Example:
A TCM can promote **autonomy** through the creation of the care plan by allowing the client to set goals and timeframe expectations for reaching the goals.

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► Example:
A TCM **shares power** through aligning with the client as a partner rather than a leader to reach and achieve goals on the care plan.

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Trauma changes your world view


Panel 1: A duck in a bathtub says, "WHENEVER I TAKE MY BATH..."
Panel 2: A duck holding a rubber duck says, "...I ALWAYS PUT MY DUCKY IN FIRST."
Panel 3: A duck asks, "FOR COMPANIONSHIP?"
Panel 4: A duck says, "TO TEST FOR SHARKS."

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Strength Based
Targeted Case
Management

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Find the Strengths...

Kentucky Dept. of Social Services, Family Services Training Branch and activity adapted from the Trainer's Manual for Employment Skills for Family Workers, Baby Care and Childcare Sites, New York State Family Support/Training and Credentialing Program.

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Why a Strength Based Needs Assessment?

- ▶ Required by Medicaid
- ▶ Lay the groundwork and foundation for a successful plan.
- ▶ Learn the good news and identify existing strengths
- ▶ Get a truly balanced picture
- ▶ Youth and family strengths pull them through life's crisis moments, not their pathology and diagnoses
- ▶ Build on existing strengths and increases success.

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Strength Based Assessment

- ▶ A strength based assessment is a tool to obtain and represent the ongoing strengths and needs of the client.

According to the Regs...

- ▶ An assessment or reassessment shall include:
 - ▶ Taking the recipient's history;
 - ▶ Identifying the recipient's strengths and needs and completing related documentation; and
 - ▶ Gathering information from other sources to form a complete assessment of the recipient including:
 - ▶ Family members;
 - ▶ Medical providers;
 - ▶ Social workers; or
 - ▶ Educators.

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According to the Regs....

- ▶ A face-to-face assessment or reassessment shall be completed:
 - ▶ At least annually; or
 - ▶ More often if needed based on changes in the recipient's condition.
- ▶ The development and periodic revision of the recipient's care plan shall:
 - ▶ Specify the goals and actions to address the medical, social, educational, or other services needed by the recipient;
 - ▶ Include ensuring the active participation of the recipient and working with the recipient, the recipient's authorized health care decision maker, or others to develop the goals; or
 - ▶ Identifying a course of action to respond to the assessed needs of the recipient.
- ▶ A referral or related activities shall include activities that help link the recipient with medical providers, social providers, educational providers, or other programs and services that are capable of providing needed services to:
 - ▶ Address the identified needs; and
 - ▶ Achieve goals specified in the care plan.

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Need vs. Service

- ▶ A need is why a service is required
- ▶ A service is how we meet the need
 - ▶ Example: Client needs to have healthy teeth and gums
 - ▶ Service - Client will attend a dental appointment within the next 4 weeks and follow dentist recommendations.
 - ▶ Example: Client needs to feel good about self
 - ▶ Service - Client will participate in individual therapy once per week for 2 hours for the next 8 weeks to learn coping skills to eliminate substance use.
 - ▶ Example: Client needs to feel safe and secure at school
 - ▶ Service - Client will check in with favorite teacher 2 times per day for the next 8 weeks.

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Group Activity

- ▶ JACK
 - ▶ As a group make a list of strengths for Jack's scenario.
 - ▶ Need vs. Service

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Strengths and Case Planning

- ▶ Identify strengths and build upon those
 - ▶ Example: Susie wants to gain employment and she loves animals. A pet store, humane society, animal shelter or groomer may be a place of employment client would enjoy.
- ▶ Develop goals around strengths
- ▶ Its not fixing the deficits, its enhancing the strengths.
- ▶ Agency case plans will differ.

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Take a Break!



(you've earned it!)

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Advocacy Skills and Empowering Consumers

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The Importance of Advocacy

- ▶ Advocacy is the act of pleading for, supporting or recommending.
- ▶ As an advocate we plead or speak for or on behalf of another
 - ▶ As Case Managers advocating for our clients is all part of helping clients to move forward, and assisting them to make the changes that they want for their lives.
 - ▶ Advocacy is a very important part of what Case Managers do as it supports people who have been disadvantaged, marginalized, troubled, or in need.
 - ▶ Advocacy is not just something professionals do - we all have people or situations around us where we can step up to help others, and to advocate on their behalf.

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<http://www.kybehavioral.org/content/importance-advocacy>

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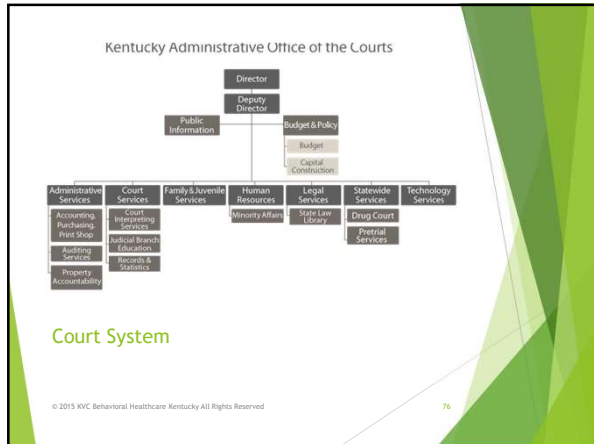
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Navigating health and social service systems

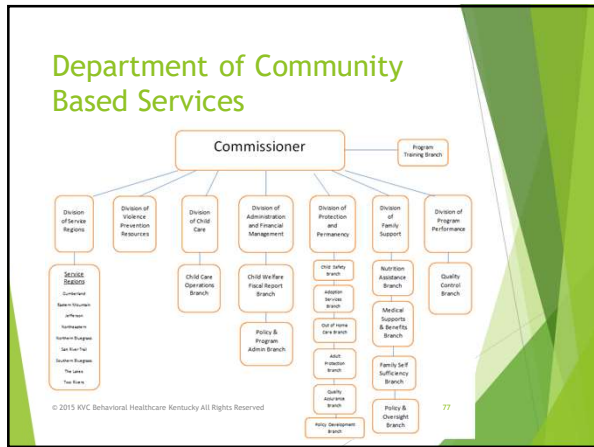
- ▶ What systems are our client's involved in?
- ▶ What is your experience with navigating these systems?
 - ▶ Easy?
 - ▶ Difficulty?
 - ▶ It depends?

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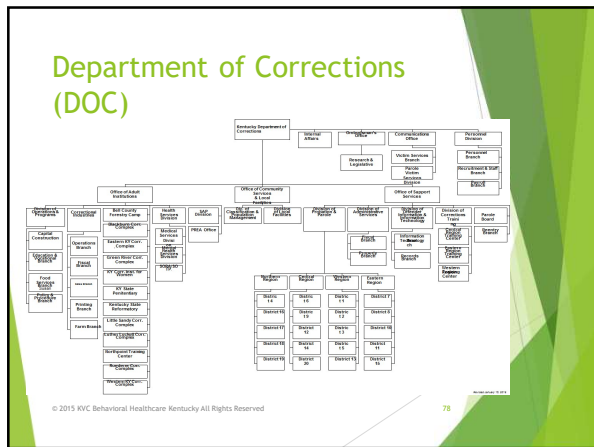
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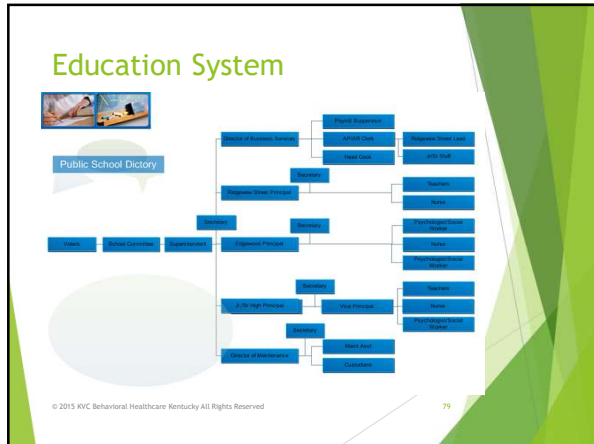
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Vocational Rehabilitation (Voc Rehab)

- ▶ Vocational Rehabilitation provides services needed to reach a vocational goal for individuals with disabilities. Some examples are:
 - ▶ Assessment for determining eligibility and vocational rehabilitation needs
 - ▶ Counseling and guidance
 - ▶ Vocational and other training services
 - ▶ Supported employment
 - ▶ Personal assistance services
 - ▶ Interpreter and note-taking services
 - ▶ Telecommunications, sensory, and other technological aids and devices
 - ▶ Rehabilitation technology
 - ▶ Job placement and job retention services
 - ▶ Employment follow-up and post-employment services

Vocational Rehabilitation is only a phone call away. Vocational Rehabilitation is available in all Kentucky counties.

Call (800) 372-7172 to find a Vocational Rehabilitation near you!

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Physical and Behavioral Health Providers

- ▶ Finding a Physical or Behavioral Health Provider can be confusing. Listed are ways to find a provider in your area.
 - ▶ Go to <https://kynect.ky.gov/> or call 1-855-4kynect (459-6328) to enroll in insurance.

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Anthem Blue Cross Blue Shield

Anthem Website	https://www.anthem.com
Provider Services	1-855-661-2028
Provider Relations	1-855-661-2027
Member Services	1-855-690-7784
Fax	1-866-877-5229




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Coventry/Aetna

MHNet www.mhnet.com	1-888-604-6106
Customer Service	1-855-300-5528
Authorizations	1-888-725-4969
Fax	1-855-454-5584
Case Management	1-888-470-0550




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Humana

Humana Website	https://www.humana.com
Provider Services	1-855-852-7005
Prior Authorizations	1-855-834-5651
Member Services	1-855-852-7005
Provider Relations	1-786-837-2670
Fax	1-781-994-7633




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Carewise (Regular Medicaid)

Carewise	www.carewisehealth.com
Prior Authorizations	1-800-292-2392
EDI Helpdesk	1-800-205-4696
Provider Relations	1-502-209-3100



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PASSPORT

Provider Relations	1-502-213-8935
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How have you been meeting your family's needs?

- ▶ Ask your family what they did to meet their needs prior to services beginning.
- ▶ What resources or community partners were utilized in the past?
- ▶ A CM should be familiar with the resources in the area in which you serve.
- ▶ What do you do if you are unfamiliar with the resources?
 - ▶ Google
 - ▶ Visit local partners to inquire about what they offer
 - ▶ Develop a resource list
 - ▶ Ask your colleagues

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Small Group

- ▶ In your folder is a Community Resource Example
- ▶ Read your example and brainstorm community resources for this scenario with your table.
- ▶ We will discuss as a large group in 15 minutes.

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Community Resource Example - Employment

- ▶ Phil is a 37 year old male. Phil struggles with vocational skills as he is a disabled veteran. Phil does have transportation, but has difficulty standing for long periods of time. Phil is not confident in his ability to maintain employment.
 - ▶ Case manager would determine the long-term employment goal and the objectives (intermediate steps for achieving the long-term goal) with the client. The employment goal is based on the client's skills, job history and abilities. Selected activities will include job components and community resources such as Voc Rehab. CM will establish time frames for beginning and completing the objectives and goal. CM will establish dates for reviewing progress and the method of contact between the case manager, client and team.

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Community Resource Example

- ▶ Melvin is a 19 year old out on his own. Melvin has been struggling to keep up with the bills lately and has been given a disconnect notice on his electric bill.
 - ▶ Case Manager assisted client to contact "Community Action" to obtain assistance with utility bill. Case Manager will enlist other natural supports (Grandmother and Uncle) to help client follow through with community resource assistance. Case Manager will follow through and plan ahead with client by working on a budget to prepare for next months bills.

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Community Resource Example

- ▶ Barry is a 16 year old male who has been in contact with law enforcement several times in the last year. Barry has been arrested for possession of marijuana and being a passenger of a stolen car. Both Barry and his mother are very concerned that client will be sent to detention.
 - ▶ Case Manager will navigate Barry and his mother through the court system as Barry's initial hearing is next week. Case Manager will help mother with communication between the Court Designated Worker and communication between Barry and his attorney before the court proceeding. Case Manager will make sure the CDW will coach Barry appropriately. Case Manager will ensure the attorney prepares Barry for all the possibilities within the Juvenile Justice System.

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Effective Engagement of Natural Supports

- ▶ Types of Natural Support
 - ▶ Personal Support
 - ▶ Community Support

Diener, Greg E. Rural Health Matters 2019, Vol. 30, No. 3, pages 26-31. "Engagement and Natural Supports: Complex Practice, Challenges and Promising Emerging Solutions." <https://doi.org/10.1022/201903001>. DOI: 10.1022/201903001. © 2019 American Psychiatric Association. All rights reserved.

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What is a Natural Support?

- ▶ "Natural Supports" means personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships; friendships reflecting the diversity of the neighborhood and the community; association with fellow students or employees in regular classrooms and work places; and associations developed through participation in clubs, organizations, and other civic activities


Lanternman Developmental Disabilities Services Act, Section 415.010 of the Welfare and Institutions Code, Part 010.

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What is a Personal Support?

- ▶ Support provided by individuals who know or are related to the individual or family, but do not provide a paid service.



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What is a Community Support?

- ▶ Supports that are part of the individual and/or family's community, such as faith community, neighborhood, or community organizations.



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Personal vs. Community Support

Personal	Community
<ul style="list-style-type: none">▶ Family▶ Friends▶ Relatives▶ Neighbors▶ Children's Friends▶ School Classmates▶ Work Colleagues	<ul style="list-style-type: none">▶ School▶ Parks and Recreation▶ Library▶ Local Merchants▶ Faith Based Organizations/Church▶ Social Clubs▶ Interest Groups

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Why Do Families Need Natural Supports?

- ▶ Families trust those whom they know care about them.
- ▶ Natural supports will be with the family for the long haul.
- ▶ Builds family resiliency.
- ▶ Shared commitment to success.
- ▶ Strengthening the community. Builds community resiliency and connection.
- ▶ Builds new reputation.
- ▶ Increases cultural understanding
- ▶ Natural supports can provide history, give reality checks, unlimited support, and know the family best.
- ▶ Add new ideas, abilities, and strengths to create new interventions.
- ▶ Improve access to community resources.
- ▶ Families can see more effective results and quicker outcomes.

(Ibid)

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Engagement Strategies to Identify Natural Supports

Start identifying natural supports from the first meeting with the family:

- ▶ Ask the family: "Who do you want as part of your team?" rather than starting with describing the professional roles.
- ▶ Create a safe space: Allow the family to tell their full story.
- ▶ Listen and ask who was involved in their story?
- ▶ Get to know the family. Who does the family talk about?
- ▶ Who is in the home? What are the family traditions? Who is involved in family events?
- ▶ Establish trust. A foundation of trust begins with listening without judgment and blame and can take time to build.
- ▶ Designate individual sessions with caregiver and child to explore natural supports.

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Engagement Strategies to Develop Natural Supports

- ▶ In approaching natural supports, be specific in the need that the natural support will help the family with. Be prepared. Make a plan that fits for the family. Don't just ask support to attend meetings.
- ▶ Find creative ways to get buy-in.
- ▶ Be prepared to answer the questions: "What's in it for me? Why would I help?"
- ▶ Acknowledge busy schedules. Emphasize that natural support can be involved by participating outside of meetings or occasional meetings, etc.
- ▶ Be flexible in meeting location and time. Go to place of natural support, after work hours, etc. (church, school, business, therapist's office, etc.)
- ▶ Who do you call when your world falls apart?

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Engagement Strategies to Link Natural Supports

- ▶ Utilize speaker phone, Skype, Face-Time for long distance, traffic considerations, lack of transportation, etc. (if the family initiates and provides the technology)
- ▶ Plan meetings in advance so that natural supports are available.
- ▶ "Meet in the Middle" Meet halfway between the family and Natural Support if applicable.
- ▶ Transport family to Natural Support if family does not have transportation and Natural Support is within reasonable distance.

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Empowering Consumers

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What is Empowerment?

- ▶ The process of enhancing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes.

CAUTION
EMPOWERMENT
ZONE
AHEAD!

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What is Enabling?

- ▶ To give (someone or something) the authority or means to do something.
- ▶ To make (something) possible, practical, or easy
- ▶ To cause to be active or available for use

http://www.americanwriter.com/dictionary/enable
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Examples of Empowering

- ▶ A client is in need of increased academic success.
CM will sit with mother while she calls the school. Mother will put the phone on speaker so CM can coach mother through the conversation by writing down questions and passing them to mother to ask. This allows mother to set up the assessment with coaching and encouragement from the CM.
After Assessment process is initiated, CM will offer praise and encouragement to mother as she, herself, made the call to advocate the need for the IEP assessment.

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Examples of Empowering

- ▶ Father needs to feel he is supporting his family financially.
CM and father can develop timeframes to have tasks completed (researching job openings, filling out applications, following up with employers once application has been submitted.)
CM then follows up father regarding his progress. As father completes these tasks, CM will provide praise and encouragement and help trouble shoot any barriers that may arise.
By allowing father to do the "leg work" himself, father is empowered to obtain a job on his own without the assistance of CM.

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Examples of Empowering

- ▶ 8 year old client is having difficulty completing daily hygiene tasks

CM will help mother and client establish a hygiene chart.

Client is able to put a sticker on each task for the day as it is completed. Mother will provide praise and encouragement to client every day for tasks completed. CM will also offer praise and encouragement to client to reinforce positive accomplishment.

Consistent praise will empower client to continue completing tasks on his hygiene chart.

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Cultural Awareness

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What is Cultural Competency?

- ▶ The integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.

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http://www.kyc-behavioralhealthcare.com/cultural-competency.htm 108

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Race/Ethnicity

You are at a work party and your colleague, Jacob, introduces you to his friend, Lisa. You're about to have a conversation with her, and the goal is to find out as much as you can regarding her background and culture.

Role Play!!



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Cultural Diversity: Beta Learning, Retrieved from <http://www.betalearning.com>

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Not Culturally Competent	Culturally Competent
<ul style="list-style-type: none">▶ You are Chinese, right?▶ Where are you really from?▶ Did you grow up in the US?▶ He's the Asian guy, right?▶ Don't your parents want you to marry someone from your own descent?▶ Are you Jewish?	<ul style="list-style-type: none">▶ So where are you from?▶ Were you born there?▶ Did you grow up in Taiwan?▶ Which one is your boyfriend?▶ I haven't met him yet, how did you meet?▶ What religion do you practice?

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How do you provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices?

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Lesbian, Gay, Bisexual and Transgender

- ▶ Refrain from making assumptions about a person's sexual orientation or gender identity based on appearance.
- ▶ Be aware of misconceptions, bias, stereotypes, and other communication barriers.
- ▶ Recognize that self-identification and behaviors do not always align.
- ▶ Honor and respect the individual's decision and pacing in providing information.
- ▶ Use neutral and inclusive language in interviews and when talking with clients.
- ▶ Listen to and reflect clients' choice of language when they describe their own sexual orientation and how they refer to their relationship or partner.

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Deaf/Hard of Hearing

- ▶ Most deaf persons communicate with hearing persons/professionals through a combination of methods such as signing, writing, speech, and lip reading.
- ▶ Do not assume that when a deaf person nods their head in agreement that they have heard or understood you. They may be relying on family present to explain later.
- ▶ Use open ended questions to make sure the person understands you.
- ▶ Understanding language differences, body language and expressions of emotions
- ▶ American Sign Language (ASL) is different and not used in Puerto Rico and Latin American countries.
- ▶ To express heightened emotions, the person may sign in larger, quicker, and more forceful emotions. The deaf person's language conveys emotions such as urgency, fear, and frustration in this way. For example the word positive is closely linked to good.
- ▶ Body Language is important and a way to enhance your communication
- ▶ Facial expressions are used to assess the gravity of the situation.
- ▶ Demonstrate respect and understanding by attempting to learn a few key phrases in ASL.

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Poverty SES (Socioeconomic Status)

- ▶ Collaborate with other health care professionals to help women become educated about the importance of proper nutrition and health care.
- ▶ Help families of low SES by providing information about free, local medical and dental services, as well as information about nearby locations where food and shelter are available at minimal-to-no cost.
- ▶ Provide additional language stimulation activities for children from low-income backgrounds. For families where the caregivers are non-literate, wordless books can be sent home so that adults and children may discuss the books together.
- ▶ Encourage caregivers to observe in the classroom and in treatment sessions, and encourage their participation. This will help caregivers acquire ideas about how to work effectively with children at home to promote learning.

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Poverty Continued

- ▶ Encourage caregivers to use local public libraries and be aware of their hours of operation. Remind caregivers that many public libraries offer free services.
- ▶ Provide caregivers with information about the necessity of language stimulation beginning in infancy so they can begin appropriate stimulation.
- ▶ Remember that children from low-income homes might not have as much exposure to technology as children from higher-income homes. Ensure that these children from low-income households are not at a disadvantage in situations where technology is used in the school. Help them to take advantage of the many opportunities that technology opens during the learning process.
- ▶ If children are from culturally and linguistically diverse backgrounds, never tell the parents to speak only English at home if their primary language is much stronger than their English is.

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Military/Veterans

- ▶ Although Veterans will differ in the extent to which they continue to identify with military cultures after separation from military service, rarely do they consider their service to be a minor event in their lives.
- ▶ Often, the values and identities they acquired on active duty will continue to be important as they move forward.
- ▶ Knowledge and understanding of military culture can lead to:
 - ▶ Increased ability to relate to and support your Veteran client resulting in a stronger alliance.
 - ▶ Improved treatment planning that is informed by increased military cultural knowledge.
 - ▶ Increased appreciation for military service.

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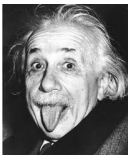
Rural Populations

- ▶ For many rural Case Managers, poverty combined with lack of health services, fewer resources and living in an underserved area can negatively impact Case Management.
- ▶ Although Case Management of varying ages and backgrounds may need to perform similar activities, living in an underserved area may influence the way rural Case Managers perceive and respond to their responsibilities.
- ▶ Case Manager reactions, coping strategies, distress levels, acceptance of symptoms and attitudes toward the consumer should remain professional across different cultures and potentially within rural areas as well.
- ▶ It is extremely important to being culturally aware and sensitive of the needs in the rural community.
- ▶ Meet people where they are.
- ▶ Connect families to local community supports.

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Conclusion of Day 1



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DAY 2!



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YESTERDAY'S REVIEW

1. Engaging Consumers and Family Members
 - ▶ OARS & Motivational Interviewing
 - ▶ Stages of Change
 - ▶ Family Driven, Youth Guided, Consumer Driven, System of Care
 - ▶ Trauma Informed Care & ACE Study
2. Strength Based Targeted Case Management
 - ▶ Strength Bases Assessments, Need vs. Service
3. Advocacy Skills and Empowering Consumers
 - ▶ Navigating Health and Social Service Systems
 - ▶ Natural Supports
 - ▶ Empowering Consumers
4. Cultural Awareness
 - ▶ Quality of Care while being culturally aware within different populations

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Day 2 Overview

5. Developmental Prospective Across the Lifespan
 - ▶ Piaget's Stages of Human Development
6. Behavioral Health Diagnoses & Understanding Treatment
 - ▶ Diagnoses/Symptoms
 - ▶ Medication
7. Integrated Care
 - ▶ Co-morbidity
8. Behavioral Health Crisis Management
 - ▶ Intervention strategies and resources
 - ▶ Zero Suicide Model
 - ▶ Suicide Risks, signs and behavior, and Response
 - ▶ C-SSRS
9. Ethics
 - ▶ Boundary Issue, Confidentiality, Client Rights, Abuse/Neglect Issues
10. Regulations
 - ▶ Assessing and Reassessing
 - ▶ Monitoring
 - ▶ Discharge and Transition Requirements

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Participants will learn....

- ▶ Piaget's stages of development
- ▶ Symptoms and treatment for common Behavioral Health Diagnoses
- ▶ How integrated care is applicable to Co-morbidity
- ▶ Intervention strategies for Behavior Health Crisis Management
- ▶ About the Zero Suicide Model
- ▶ To identify Suicide Risks, signs and behavior, and Responses
- ▶ To conduct a C-SSRS
- ▶ How to Handle Boundary Issues, Confidentiality, Client Rights, and Abuse/Neglect Issues
- ▶ What the regulations say about Case Management


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Developmental Perspectives Across the Lifespan

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Piaget



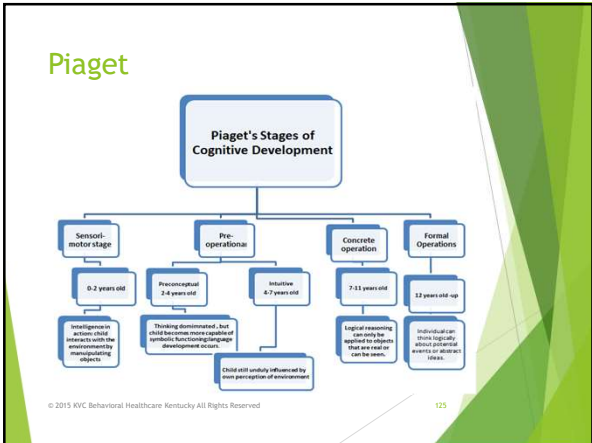
- ▶ The Piaget stages of development is a blueprint that describes the stages of normal intellectual development, from infancy through adulthood. This includes thought, judgment, and knowledge.
- ▶ Piaget acknowledged that some children may pass through the stages at different ages and some children may show characteristics of more than one stage at a given time.
- ▶ But he insisted that cognitive development always follows this sequence, that stages cannot be skipped, and that each stage is marked by new intellectual abilities and a more complex understanding of the world.

Journal of Cross-Disciplinary Perspectives in Education, Vol. 1, No. 1 (May 2008) 91-97

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Piaget's Theory

Stage	Age Range	Description
Sensorimotor	0-2 years	Coordination of senses with motor response, sensory curiosity about the world. Language used for demands and cataloguing. Object permanence developed
Preoperational	2-7 years	Symbolic thinking, use of proper syntax and grammar to express full concepts. Imagination and intuition are strong, but complex abstract thought still difficult. Conservation developed.
Concrete Operational	7-11 years	Concepts attached to concrete situations. Time, space, and quantity are understood and can be applied, but not as independent concepts
Formal Operations	11+	Theoretical, hypothetical, and counterfactual thinking. Abstract logic and reasoning. Strategy and planning become possible. Concepts learned in one context can be applied to another.

The Psychology Notes Headquarter - <http://www.PsychologyNotesHQ.com>

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Large Group Activity

- ▶ Preoperational (2-7 years old)
 - ▶ Lily is a 5 year old female that has been diagnosed with ADHD. She presents with anger outburst when she is told "no." Lily does not yet understand the difference between emotions. She believes she is either happy or sad. Lily becomes easily frustrated at school and home with communication. Lily has a lisp and often finds communicating effectively difficult. Mother admits to yelling too much. She is receiving speech therapy at school. Lily's mother reports she has low self-esteem and does not have many friends.
 - ▶ What case management strategies can you use to assist Lily during the Preoperational Stage?

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- ▶ Mother can use hand gestures instead of yelling to obtain compliance (Time out symbol.)
- ▶ Develop "code words" to indicate emotions (red hot)
- ▶ Emotion identification with pictures
- ▶ Enroll in a community sport (soccer, dance, swimming) to build self esteem.

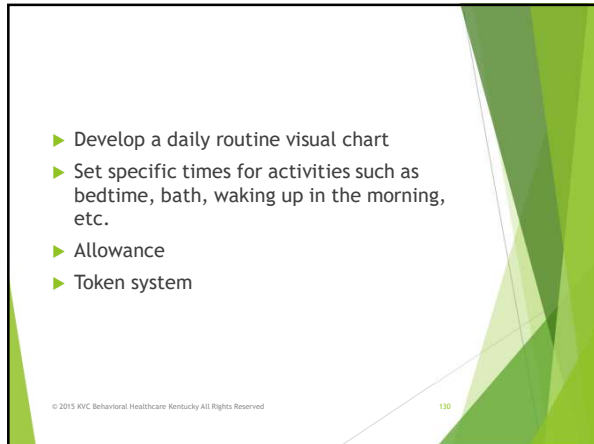
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- ▶ Concrete/Operational (7-11 years old)
 - ▶ Johnny is 8 years old and does not adapt well to change within his environment. Johnny often becomes upset if he is asked to complete any routine (morning/night/school) 'out of order.'
 - ▶ What case management strategies can you use to assist Johnny during the Concrete/Operational Stage?

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► Develop a daily routine visual chart

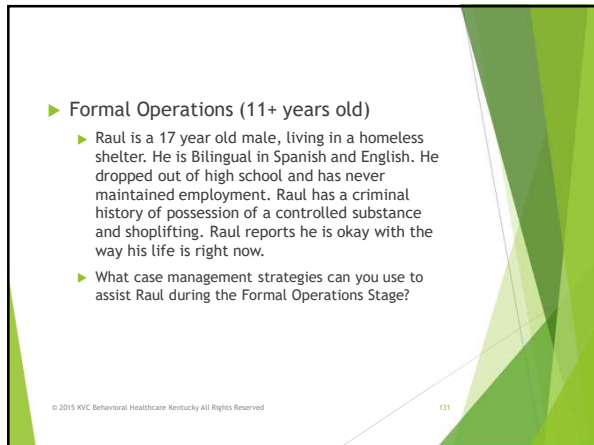
► Set specific times for activities such as bedtime, bath, waking up in the morning, etc.

► Allowance

► Token system

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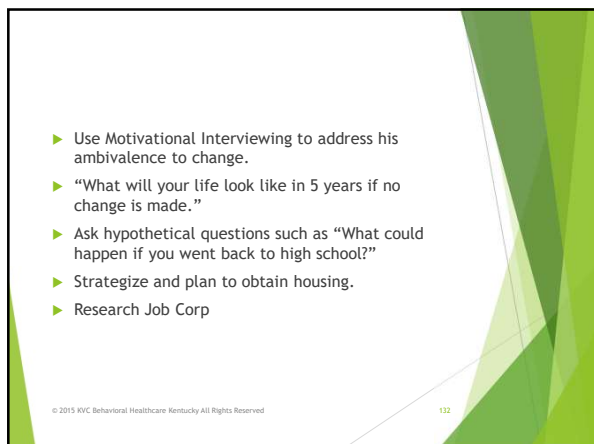
► Formal Operations (11+ years old)

► Raul is a 17 year old male, living in a homeless shelter. He is Bilingual in Spanish and English. He dropped out of high school and has never maintained employment. Raul has a criminal history of possession of a controlled substance and shoplifting. Raul reports he is okay with the way his life is right now.

► What case management strategies can you use to assist Raul during the Formal Operations Stage?

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► Use Motivational Interviewing to address his ambivalence to change.

► “What will your life look like in 5 years if no change is made.”

► Ask hypothetical questions such as “What could happen if you went back to high school?”

► Strategize and plan to obtain housing.

► Research Job Corp

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► Formal Operations (11+ years old)

► Martha is a 62 year old single female. Martha was diagnosed with depression and a substance use disorder (specifically alcohol) about a year ago. Martha lost her husband in a tragic car wreck about 2 years ago. Martha is struggling with social interaction and does not venture from her home often. Martha's Therapist has asked the Case Manager to assist Martha with finding community resources to strategically engage the client in a social group or two.

► What case management strategies can you use to assist Martha during the Formal Operations Stage?

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► Use Motivational Interviewing to determine whether or not she is ready to stop drinking

► Connect Martha with a support group for her drinking.

► Connect Martha with a women's support group.

► Inquire about possible faith organizations to link to.

► Assist Martha in beginning an exercise routine to improve depressive symptoms.

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Behavioral Health Diagnoses & Understanding Treatment

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Common Mental Health Diagnoses for Adults and Children

- ▶ Depression
- ▶ Anxiety
- ▶ Post-Traumatic Stress Disorder
- ▶ Schizophrenia
- ▶ Bi-polar

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Depression

- ▶ **Major Depressive Disorder** - Depressed mood or loss of interest or pleasure for at least a two-week period including a combination of some of the following:
 - ▶ significant weight loss or weight gain;
 - ▶ insomnia or hypersomnia;
 - ▶ Psychomotor agitation or slowness;
 - ▶ fatigue or loss of energy;
 - ▶ feelings of worthlessness, unable to concentrate or indecisiveness;
 - ▶ Recurrent thoughts of death.
 - ▶ Causes significant distress or social, occupational, or other dysfunction.

Mental Health Services, an Overview of Common Disorders, Michelle Alperin & Holly Rappaport, 2015
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Depression

<u>Symptoms</u>	<u>Treatment</u>
<ul style="list-style-type: none"> ▶ Feelings of sadness, emptiness or unhappiness ▶ Angry outbursts, irritability or frustration ▶ Loss of interest or pleasure in normal activities ▶ Sleep disturbances ▶ Tiredness and lack of energy ▶ Changes in appetite ▶ Anxiety, agitation or restlessness ▶ Feelings of worthlessness or guilt ▶ Trouble thinking, concentrating, making decisions and remembering things ▶ Frequent thoughts of death, suicidal thoughts, suicide attempts or suicide ▶ Unexplained physical problems 	<ul style="list-style-type: none"> ▶ Psychotherapy <ul style="list-style-type: none"> ▶ CBT ▶ Medication Management ▶ Hospitalization (if suicidal) ▶ Residential Treatment Facilities ▶ Exercise

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Anxiety

- ▶ Have features of fear and anxiety and related behavioral disturbances. Fear is the emotional response to real or perceived immediate threat. Anxiety is anticipation of future threat.
- ▶ Specific Phobia - Fear or anxiety about a specific object or situation. (flying, heights, etc.)
- ▶ Social Phobia - Fear or anxiety about social situations where the person is exposed to possible scrutiny by others.
- ▶ Panic Disorder - recurrent unexpected panic attacks.
- ▶ Panic attack - an abrupt surge of intense fear or intense discomfort with several of the following symptoms: increased heart rate; sweating; trembling; sensation of shortness of breath or smothering; feelings of choking; chest pain; nausea; dizziness; chills or heat sensations; numbness or tingling; de-realization or depersonalization; fear of losing control; fear of dying.

Behavioral Health Services, an Overview of Common Disorders, Middle Range & High Range, 2015
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Anxiety

<h3>Symptoms</h3> <ul style="list-style-type: none"> ▶ Feeling nervous ▶ Feeling powerless ▶ Having a sense of impending danger, panic or doom ▶ Having an increased heart rate ▶ Breathing rapidly (hyperventilation) ▶ Sweating ▶ Trembling ▶ Feeling weak or tired ▶ Trouble concentrating or thinking about anything other than the present worry 	<h3>Treatment</h3> <ul style="list-style-type: none"> ▶ Psychotherapy <ul style="list-style-type: none"> ▶ CBT, Exposure Therapy, Nurturing Parenting ▶ Medication Management ▶ Exercise ▶ Avoid alcohol and other sedatives ▶ Use relaxation techniques ▶ Make sleep a priority ▶ Eat healthy.
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Post-Traumatic Stress Disorder

- ▶ Disorders where exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion.
 - ▶ **Post Traumatic Stress Disorder -**
 - ▶ exposure to actual or threatened death, serious injury, or sexual violence and the presence of intrusion symptoms associated with the traumatic event, such as distressing memories, distressing dreams, flashbacks, etc.

Behavioral Health Services: An Overview of Common Diagnoses, Michelle Kilgus & Misty Karpus, 2015
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Post-Traumatic Stress Disorder

Symptoms	Treatment
<ul style="list-style-type: none"> ▶ Flashbacks—reliving the trauma over and over ▶ Bad dreams ▶ Frightening thoughts ▶ Staying away from places, events, or objects that are reminders of the experience ▶ Feeling emotionally numb ▶ Feeling strong guilt, depression, or worry ▶ Losing interest in activities that were enjoyable in the past ▶ Having trouble remembering the dangerous event ▶ Being easily startled ▶ Feeling tense or "on edge" ▶ Having difficulty sleeping, and/or having angry outbursts. 	<ul style="list-style-type: none"> ▶ Psychotherapy <ul style="list-style-type: none"> ▶ TFCBT ▶ Cognitive therapy ▶ Exposure therapy ▶ Medication Management

Behavioral Health Services: An Overview of Common Diagnoses, Michelle Kilgus & Misty Karpus, 2015
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Schizophrenia

- ▶ A brain disorder typically characterized by some combination of either delusions, hallucinations, disorganized thinking or speech, abnormal motor behavior, and negative symptoms.
- ▶ Negative symptoms = poor emotional expression, low self motivation, diminished speech, reduced ability to experience pleasure, lack of interest in social interactions.

Behavioral Health Services: An Overview of Common Diagnoses, Michelle Kilgus & Misty Karpus, 2015
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Other Psychotic Disorders

- ▶ **Delusional Disorder** - presence of one or more delusions that persist for at least one month. Doesn't meet criteria for Schizophrenia
- ▶ **Brief Psychotic Disorder** - Sudden onset and eventually returns to previous functioning level.
- ▶ **Schizo-Affective Disorder** - Major mood disorder (depression or mania) symptoms at the same time major psychotic symptoms

Behavioral Health Services, an Division of Common Diseases, Mental Health & Aging Bureau, 2015
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Schizophrenia

Symptoms	Treatment
▶ Hallucinations	▶ Antipsychotic medications
▶ Delusions	▶ Psychosocial treatments
▶ Disorganized thinking (speech)	▶ Cognitive behavioral therapy
▶ Extremely disorganized or abnormal motor behavior	▶ Individual therapy
	▶ Social skills training
	▶ Family therapy
	▶ Vocational rehabilitation and supported employment. This focuses on helping people with schizophrenia prepare for, find and keep jobs.

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<http://www.kycbh.org/>

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Bi-polar Disorder

- ▶ Meets the criteria for Manic Episode -distinct period of euphoric or irritable mood, not following use of a substance, along with some combination of either grandiosity, poor sleep, pressured speech, flight of ideas or racing thoughts, distractibility, increased goal directed or purposeless activity, high risk activities.
 - ▶ Includes some cyclic experiences with depression or hypomania
- ▶ **Bipolar II Disorder** - Has never experienced an episode of Mania, but has experienced both hypomania and a major depressive episode

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Bi-polar Disorder

<p>Symptoms</p> <ul style="list-style-type: none"> ▶ Feelings of euphoria or extreme irritability ▶ Unrealistic, grandiose beliefs ▶ Decreased need for sleep ▶ Increased energy ▶ Rapid speech and racing thoughts ▶ Impaired judgment and impulsivity ▶ Hyperactivity ▶ Anger or rage 	<p>Treatment</p> <ul style="list-style-type: none"> ▶ Psychotherapy <ul style="list-style-type: none"> ▶ DBT ▶ Medication Management ▶ Electroconvulsive Therapy (ECT)
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Who has a Substance Use Disorder? (Per the Regs)

▶ A problematic pattern of _____ use, leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12 month period:

1. Often taken in larger amounts or over a longer period of time than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control use.
3. A great deal of time is spent in activities necessary to obtain _____, use the _____ or recover from it's effects.
4. Craving, or a strong desire to urge to use _____.
5. Recurrent _____ use resulting in a failure to fulfill major role obligations at work, school or home.

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6. Continues _____ use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of _____.
7. Important social, occupational, or recreational activities are given up or reduced because of use of _____.
8. Recurrent _____ use in the situations in which it is physically hazardous.
8. Use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by _____.
9. Tolerance, as defined by either of the following:
 - a) A need for markedly increased amounts of _____ to achieve intoxication or desired effect.
 - b) Markedly diminished effect with continued use of the same amount of _____.
10. Withdrawal, as manifested by either one of the following:
 - a) The characteristic withdrawal syndrome for _____.
 - b) _____ is taken to relieve or avoid withdrawal symptoms.

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Break time



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Symptoms and Treatment for Substance Use Disorders for Adults and Youth

<p>Symptoms</p> <ul style="list-style-type: none"> ▶ Physical health issues – lack of energy and motivation ▶ Neglected appearance ▶ Changes in behavior ▶ Spending money ▶ Feeling that you have to use the drug regularly, over time, needing more of the drug to get the same effect ▶ Not meeting obligations and work responsibilities ▶ Failing in attempts to stop using ▶ Experiencing withdrawal symptoms when you attempt to stop 	<p>Treatment</p> <ul style="list-style-type: none"> ▶ Individual and group counseling ▶ Family Based Therapy <ul style="list-style-type: none"> ▶ Family Behavioral Therapy ▶ Seven Challenges ▶ Inpatient and residential treatment ▶ Intensive outpatient treatment ▶ Partial hospital programs ▶ Case management ▶ Medication ▶ Recovery support services ▶ 12-Step fellowship ▶ Peer supports
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Co-occurring Mental Health and Substance Abuse Disorders


- ▶ What is a co-occurring disorder?
 - ▶ Individuals who have at least one mental disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of the other.

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Common Co-occurring Disorders

- ▶ Depression and Substance Abuse
- ▶ Anxiety and Substance Abuse
- ▶ Post-Traumatic Stress Disorder and Substance Abuse
- ▶ Schizophrenia with Substance Abuse
- ▶ Bi-polar with Substance Abuse



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Co-occurring Disorders

- ▶ Approximately 8.9 million adults have co-occurring disorders; that is they have both a mental and substance use disorder
- ▶ Only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all.

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Treatment for Co-occurring Disorders

The mental health disorder and substance use disorder **MUST** be treated simultaneously through Integrated Treatment!

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Integrated Treatment

- ▶ Integrated treatment or treatment that addresses mental and substance use conditions at the same time is associated with lower costs and better outcomes such as:
 - ▶ Reduced substance use
 - ▶ Improved psychiatric symptoms and functioning
 - ▶ Decreased hospitalization
 - ▶ Increased housing stability
 - ▶ Fewer arrests
 - ▶ Improved quality of life


http://nada.kentucky.gov/secure/ourstory/

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Medication Side Effects

- ▶ Common Side Effects of Medication
 - ▶ Dry Mouth
 - ▶ Sedation, Drowsiness, Lethargy
 - ▶ Sexual Dysfunction
 - ▶ Constipation or Diarrhea
 - ▶ Insomnia
 - ▶ Weight Gain/Loss
 - ▶ Increased Risk of Sunburn
 - ▶ Abnormal Movements



TKM.DIG

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Professional Limitations Regarding Medications

Non-medical professionals may neither prescribe, dispense, or administer drugs, but they may discuss any medication-related issue with their clients, including how their clients can attain their goals with the use or non-use of medications

http://ciba.kentucky.gov/pdf/1616/inclusion-computer-able-presentations.pdf

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Medication Non-Adherence

- ▶ **LARGE GROUP!!**
- ▶ WHAT ARE REASONS CLIENTS WOULD NOT TAKE THEIR MEDICATION AS PRESCRIBED?

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Integrated Care

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What is Co-Morbidity?

- ▶ Two or more disorders or illnesses occurring in the same person.
- ▶ They can occur at the same time or one after the other.
- ▶ Comorbidity also implies interactions between the illnesses that can worsen the course of both.

<http://www.dhs.gov/pubs/topics/mental/2013/01/01/comorbidity-what-are-other-mental-disorders>
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Co-morbidity: Physical Health and Mental Health

- ▶ People with serious mental illness (SMI) die, on average, 25 years earlier than the general population. State studies document recent increases in death rates over those previously reported.
- ▶ While suicide and injury account for about 30-40% of excess mortality, 60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases.
- ▶ Increased Mortality and Morbidity are Largely Due to Preventable Conditions
- ▶ Among persons with SMI, the "natural causes" of death include:
 - ▶ Cardiovascular disease
 - ▶ Diabetes (including related conditions such as kidney failure)
 - ▶ Respiratory disease (including pneumonia, influenza)
 - ▶ Infectious disease (including HIV/AIDS)
- ▶ The rates of mortality from these diseases for the SMI population are several times those of the general population.

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- ▶ There are a number of other factors that place people with SMI at higher risk of morbidity and mortality, including:
 - ▶ Higher rates of modifiable risk factors
 - ▶ Smoking
 - ▶ Alcohol consumption
 - ▶ Poor nutrition / obesity
 - ▶ Lack of exercise
 - ▶ "Unsafe" sexual behavior
 - ▶ IV drug use
 - ▶ Residence in group care facilities and homeless shelters (exposure to tuberculosis and other infectious diseases as well as less opportunity to modify individual nutritional practices)

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Co-morbidity: Physical Health and Substance Abuse

- ▶ Studies report that alcohol and other substance use disorders co-occur in 40-70% of the population with SMI.
- ▶ Accidents, suicide and aggressive actions are known to be increased among persons with co-occurring disorders.
- ▶ Substance use disorders are a known health risk for many health conditions and also associated with early death.

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Substance Use Patterns and Associated Mental and Physical Health Conditions by Life Stage

Substance Use	Physical/Medical Conditions	Mental Health/Psychiatric Disorders
Adolescence		
Alcohol	Accidental Injury	Suicidal Ideation/Behaviors
Marijuana	Automobile Accidents	Internalizing Disorders
Tobacco	Physical/Sexual Violence	Depression
Inhalants	Poisoning /Overdose	Anxiety
Psychotherapeutic Drugs	Sexually Transmitted Diseases	Externalizing Disorders
Amphetamines	Respiratory Problems	Oppositional/Defiant Disorder
Opioids/Pain Relievers	Asthma	Attention Deficit/Hyperactivity Disorder
	Pain-Related Diagnosis	Conduct Disorder
Adulthood		
Alcohol	Poisoning/Overdose	Suicidal Ideation/Behaviors
Marijuana	Sexually Transmitted Diseases	Mood Disorders
Tobacco	Cancers	Depression
Psychotherapeutic Drugs	Heart Disease/Hypertension/Stroke	Bipolar I & II
Opioids/Pain Relievers	Reproductive Morbidity/Fetal Damage	Anxiety Disorders
Tranquilizers/Benzodiazepines	Diabetes	Panic Disorder
Cocaine/Crack	Respiratory Problems	Post-Traumatic Stress Disorder
Heroin	Asthma	Social & Specific Phobias
Methamphetamine	Infection	Generalized Anxiety Disorder
	Liver Damage/Disease	Antisocial Personality Disorder

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Co-morbidity: Physical Health and Developmental or Intellectual Disorders

- ▶ Clients with intellectual disability are at a significantly higher risk of having co-morbid medical, genetic, and psychiatric conditions that place them at greater risk for medical conditions involving every organ system.
- ▶ Individuals with intellectual disability often present to psychiatrists with behavior problems which may be related to under-diagnosed or under-treated medical conditions.
- ▶ Clients with intellectual disability require preventive medical care just as those in the general population; medical conditions and sensory deficits must be considered when patients present with behavioral changes.
- ▶ The barriers to treatment and logistical obstacles must be overcome at all costs.

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Statistics

- ▶ People with learning disabilities have an increased risk of early death compared to the general population (Source: Hollins et al., 1998; McGuigan et al., 1995)
- ▶ People with learning disabilities are 2.5 times more likely to have health problems than other people. (Source: Report - Equal Treatment: Closing the Gap)
- ▶ Less than 50% of eligible adults with a learning disability received a health check in 2010/11. (Source: People with Learning Disabilities in England 2011)

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Potential Causes of Mental Health Problems in Children and Adolescents with Intellectual Disabilities

- ▶ **Physical problems**
 - ▶ Pain, discomfort or frustration
 - ▶ Sensory impairments
 - ▶ Epilepsy and anti-epileptic drugs
 - ▶ Poor sleep pattern, resulting in tiredness by day
- ▶ **Life events, particularly where good support is lacking**
 - ▶ Bereavement and loss
 - ▶ Abuse - physical, emotional or sexual
 - ▶ Rejection, bullying and scapegoating
 - ▶ Major changes such as changes of school, family, accommodation
 - ▶ Transitions - into school, puberty, adolescence, adulthood

http://www.intellectualdisability.org/PDF/Parents-overview-of-behaving-disability-in-children

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Case Management Interventions

- ▶ **Appropriate interventions used by the TCM**
 - ▶ A thorough needs assessment that includes and comprehensive look at physical, mental health, and substance use history.
 - ▶ A Client centered Care Plan that includes community partners to assist client with both Goals and objectives centered on Physical Health as well as mental, substance abuse, and intellectual disorders.
 - ▶ Monitoring and re-assessing the Goals in the Care Plan with the client as there is clear communication with the team.

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What Case Management Interventions Do We Use?

- ▶ Linking client to medical care
- ▶ Researching a specialist provider
- ▶ Developing support services for substance abuse
- ▶ Educating and introducing healthy food
- ▶ Recovery services
- ▶ Community groups
- ▶ Linking with substance abuse sponsors
- ▶ Linking to peer supports
- ▶ Vocational skills
- ▶ SCL - Supports for Community Living
- ▶ Peer mentor

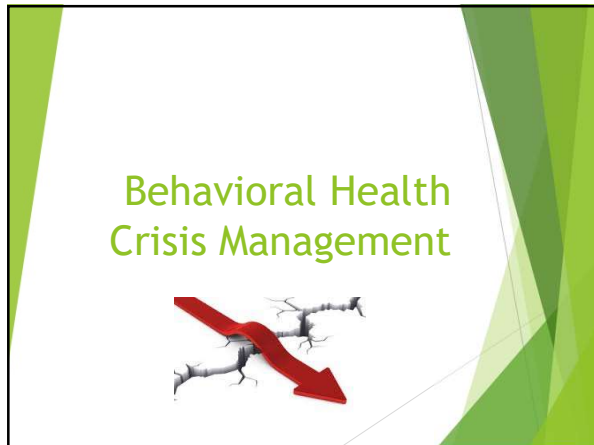
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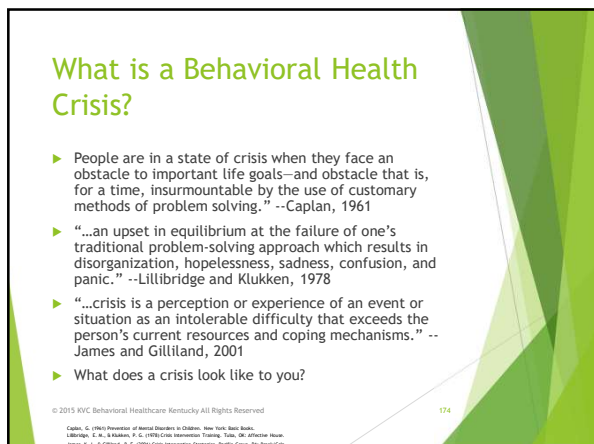
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Behavioral Health Strategies and Resources

- ▶ What do you do when a Client is in crisis?
 - ▶ Attempt to De-escalate the crisis
 - ▶ A person in the midst of a mental health crisis cannot always communicate their thoughts, feelings or emotions clearly.
 - ▶ They may find it difficult to understand what others are saying. It is important to empathize with the person's feelings, stay calm and try to de-escalate the crisis.
 - ▶ If these strategies do not work, seek outside resources or help.

http://www.kentucky.gov/Crisis-Response-Advis.pdf


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De-Escalation Techniques

- ▶ Keep your voice calm
- ▶ Avoid overreacting
- ▶ Listen to the person
- ▶ Don't argue or try to reason with the person
- ▶ Express support and concern
- ▶ Avoid continuous eye contact
- ▶ Ask how you can help
- ▶ Keep stimulation level low
- ▶ Move slowly
- ▶ Offer options instead of trying to take control
- ▶ Avoid touching the person unless you ask permission
- ▶ Encourage utilization of coping skills
- ▶ Be patient
- ▶ Gently announce actions before initiating them
- ▶ Give the person space



(B&D)

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Crisis Phone Lines

<p>Not in Immediate Danger</p> <ul style="list-style-type: none"> ▶ Current Therapist Phone Number ▶ Current Case Manager Phone Number ▶ Client's Mental Health Agency Phone Number ▶ Psychiatrist's Phone Number ▶ Natural Support Phone Numbers ▶ Community Support Phone Numbers 	<p>In Immediate Danger</p> <ul style="list-style-type: none"> ▶ Call 911 ▶ Suicide Prevention Line ▶ Mobile Assessment Number ▶ Psychiatric Hospital phone numbers/address ▶ Law Enforcement Assist ▶ Emergency Hold ▶ Call Therapist
---	--

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Stabilization Services

- ▶ When a crisis cannot be resolved without specialized intervention, crisis stabilization services many need to be accessed.
 - ▶ Mental Health Mobile Assessments
 - ▶ Substance Abuse Mobile Assessments
 - ▶ Mental Health Assessments
 - ▶ Mental Health Hospitalizations (short term)
 - ▶ Mental Health Residential (long term)

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Writing a Behavioral Health Crisis Prevention Plan

- ▶ Define what a crisis would look like for the client
- ▶ List effective coping skills that have worked in the past
- ▶ Identify Natural/Community Supports
 - ▶ Who do you call when your world falls apart?
- ▶ List name/phone numbers for natural supports
- ▶ List name/phone numbers for current mental health providers with After Hours Crisis Line
- ▶ List name/phone numbers for community supports (DCBS, DJJ, CDW)
- ▶ List 911 if immediate danger

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Suicide Prevention and Awareness

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Zero Suicide Model

- ▶ Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and also a specific set of tools and strategies.
- ▶ It is both a concept and a practice.
- ▶ Its core proposition is that suicide deaths for people under care are preventable and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept.



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Zero Suicide Model

1. Creating a leadership-driven, safety-oriented culture that commits to dramatically reducing suicide among people under care and includes suicide attempt and loss survivors in leadership and planning roles
2. Systematically identifying and assessing suicide risk levels among people at risk
3. Ensuring every person has a pathway to care that is both timely and adequate to meet their needs
4. Developing a competent, confident, and caring workforce
5. Using effective, evidence-based care, including collaborative safety planning, restriction of lethal means, and effective treatment of suicidality
6. Continuing contact and support, especially after acute care
7. Applying a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk

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Suicidal Signs and Behavior

- ▶ Talking about wanting to die or kill oneself
- ▶ Looking for a way to kill oneself
- ▶ Talking about feeling hopeless or having no reason to live
- ▶ Talking about feeling trapped or being in unbearable pain
- ▶ Talking about being a burden to others
- ▶ Increasing the use of alcohol or drugs
- ▶ Acting anxious or agitated; behaving recklessly
- ▶ Sleeping too little or too much
- ▶ Withdrawing or feeling isolated
- ▶ Showing rage or talking about seeking revenge
- ▶ Displaying extreme mood swings

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Screening for Suicide Risk

- ▶ Screening for suicide risk should be a universal part of primary care, hospital and emergency department care, behavioral health care, and crisis response intervention. Any person who screens positive for possible suicide risk should be formally assessed for suicidal ideation, plans, means availability, presence of acute risk factors, history of suicide attempts, and level of risk.
 - ▶ **Up to 76 percent of Americans who die by suicide had contact with their primary care provider in the month prior to their death.**

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C-SSRS - Columbia Suicide Severity Rating Scale

- 1) Have you wished you were dead or wished you could go to sleep and not wake up?
- 2) Have you actually had any thoughts of killing yourself?
 - ▶ If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6
- 3) Have you been thinking about how you might kill yourself?
- 4) Have you had these thoughts and had some intention of acting on them?
- 5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
- 6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?
 - ▶ If YES, ask: How long ago did you do any of these?

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C-SSRS Training is available online...

www.cssrs.columbia.edu/training

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C-SSRS



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Response to Suicide Risk

- ▶ Christy is a 14 year old female diagnosed with Depression. She has a history of cutting herself and has one interrupted attempt at suicide. At school today, Christy reported to her friend that she wanted to kill herself. Christy's friend informed the school counselor and the counselor called Christy's therapist. The therapist went to the school to assess Christy for suicide risk and administered the C-SSRS.
- ▶ At your table, develop a response to the scenario using the C-SSRS.

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Christy is a 14 year old female diagnosed with Depression. She has a history of cutting herself and has one interrupted attempt at suicide. At school today, Christy reported to her friend that she wanted to kill herself. Christy's friend informed the school counselor and the counselor called Christy's therapist. The therapist went to the school to assess Christy for suicide risk and administered the C-SSRS.

- 1) Have you wished you were dead or wished you could go to sleep and not wake up? **NO**
- 2) Have you actually had any thoughts of killing yourself? **NO**
- 6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? **NO**
 - ▶ If YES, ask: How long ago did you do any of these?

What is the case manager response?

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► Christy is a 14 year old female diagnosed with Depression. She has a history of cutting herself and has one interrupted attempt at suicide. At school today, Christy reported to her friend that she wanted to kill herself. Christy's friend informed the school counselor and the counselor called Christy's therapist. The therapist went to the school to assess Christy for suicide risk and administered the C-SSRS.

- 1) Have you wished you were dead or wished you could go to sleep and not wake up? **YES**
- 2) Have you actually had any thoughts of killing yourself? **NO**
- 6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? **NO**

What is the case manager's response?

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Christy is a 14 year old female diagnosed with Depression. She has a history of cutting herself and has one interrupted attempt at suicide. At school today, Christy reported to her friend that she wanted to kill herself. Christy's friend informed the school counselor and the counselor called Christy's therapist. The therapist went to the school to assess Christy for suicide risk and administered the C-SSRS.

- 1) Have you wished you were dead or wished you could go to sleep and not wake up? **YES**
- 2) Have you actually had any thoughts of killing yourself? **YES**
- 3) Have you been thinking about how you might kill yourself? **YES**
- 4) Have you had these thoughts and had some intention of acting on them? **YES**
- 5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? **YES**
- 6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? **NO**

What is the response?

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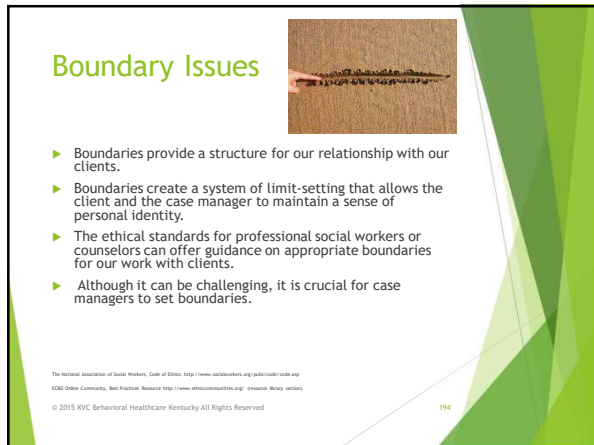


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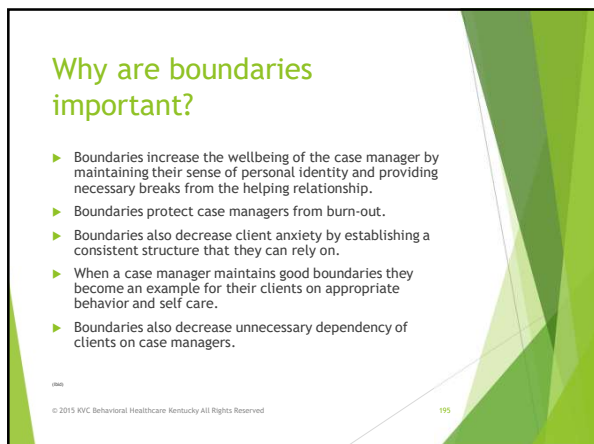
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Examples of Boundaries

- ▶ Not engaging in social activities with clients
- ▶ Not engaging in sexual or romantic relationships with clients
- ▶ Not enrolling family members and friends as clients
- ▶ Not accepting gifts or special favors from clients
- ▶ Not answering client calls after work hours or on weekends

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Consequences of Having Loose/Poor Boundaries

- ▶ Compassion fatigue - the case manager's role may not feel sustainable
- ▶ Potential for "splitting" on teams
- ▶ Client may not be given appropriate or helpful services, which could affect his/her willingness to accept future services
- ▶ Client may feel betrayed, abandoned, and/or poorly served
- ▶ Case manager may act unethically
- ▶ The reputation of the case manager's agency and/or profession may be compromised
- ▶ Case manager and/or client may be emotionally traumatized and/or put in physical danger

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<http://www.kybc.org/sites/default/files/PDF/Boundary%20TrainingCurriculum.pdf>

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What to do if you, a client or a coworker breach a boundary...

- ▶ When boundary issues or warning signs appear, address these issues with the client quickly. Be sensitive to their feelings when doing this; emphasize the importance of and your commitment to maintaining healthy boundaries.
- ▶ Use your supervisor as a sounding board when you have questions or concerns regarding boundaries, and especially when boundary issues are impacting your ability to provide objective, compassionate care.
- ▶ Also consult with your supervisor if you are feeling uncomfortable about talking with your clients about boundaries.
- ▶ Loss of employment

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Reporting Requirements

YOU ARE ETHICALLY BOUND TO REPORT BOUNDARY VIOLATIONS TO YOUR SUPERVISOR.



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Confidentiality

► What is HIPAA?

- HIPAA is the federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs.

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Client Rights

- Confidentiality and privacy
- Informed consent
- Access to services
- Service plans
- Options for alternative services and referrals
- The right to refuse services
- Termination of services
- Access to records
- Grievance procedures
- Evaluation and research

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Abuse/Neglect Issues

DEFINITIONS OF CHILD ABUSE, NEGLECT AND DEPENDENCY

► **KRS 600.020 states:**

- (1) Abused or neglected child" means a child whose health or welfare is harmed or threatened with harm when his parent, guardian, or other person exercising custodial control or supervision of the child:
 - (a) Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
 - (b) Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
 - (c) Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005(12);
 - (d) Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
 - (e) Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
 - (f) Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon a child;

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- (g) Abandons or exploits the child;
- (h) Does not provide the child with adequate care, supervision, food, clothing, shelter, education or medical care necessary for the child's well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child; or
- Fails to make sufficient progress toward identified goals as set forth in the court approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the Cabinet and remaining in foster care for fifteen (15) of the most recent twenty-two (22) months;

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Abuse/Neglect Issues

► **KRS 260.030** - Duty to report dependency, neglect, abuse, or human trafficking

- Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Department of Kentucky State Police; the cabinet or its designated representative; the Commonwealth's attorney or the county attorney; by telephone or otherwise.

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Abuse/Neglect Issues

- ▶ **KRS 209.030** - Administrative regulations -- Reports of adult abuse, neglect, or exploitation
 - ▶ (2) Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death.

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YOU ARE A MANDATED REPORTER!



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Reporting Requirements - Who To and When?

- ▶ All suspected neglect and/or abuse regarding children and adults should be staffed with your supervisor upon learning of the suspected neglect/abuse.
- ▶ All suspected neglect and/or abuse should be reported to DCBS
 - ▶ Each agency should have guidelines/policy around reporting timelines and procedures.

It is not your job to investigate the allegations.

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How to report abuse/neglect...

Child Protection Hot Line:
1-877-KYSAFE1
or
1-877-597-2331 (Toll Free)
or
<https://prd.chfs.ky.gov/ReportAbuse/home.aspx>

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Essential information needed when making a report....

1. The victim's Identity (including DOB and SSN)
2. Any person believed to be responsible for the abuse or neglect to the victim if the person is known
3. The nature and extent of the abuse or neglect
4. The name and address of the reporter, if he or she so chooses and
5. Where the victim can be found.

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Documentation/ Regulations

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Why are Regulations Important to You as a Case Manager?

- ▶ Regulations are an outline the parameters you are required work within.
 - ▶ They tell us what we are required to do to bill for the service.
 - ▶ They tell us what we are not allowed to bill for.

http://dbhdid.ky.gov

Being familiar with the Regulation is of the utmost importance.

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Types of Case Management

- ▶ Substance Use Disorder (907 KAR 15:040)
- ▶ Mental Health or Substance Use Disorder and Chronic or Complex Physical Health Issues (907 KAR 15:050)
- ▶ Severe Mental Illness and Children with a Severe Emotional Disability (907 KAR 15:060)
- ▶ Targeted Case Manager: Eligibility and Training (908 KAR 2:260)

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907 KAR 15:040 Medical Necessity

Client must have a primary substance use disorder

Kentucky Checklist for the Identification of Moderate to Severe Substance Use

Individual's Name: _____ Identification Number: _____ Diagnostic Code: _____

The following table illustrates the criteria that shall be met for an individual to receive targeted case management for Substance Use Disorder (Moderate, Severe).

YES	NO	1. Diagnostic (primary diagnosis)
<input type="checkbox"/>	<input type="checkbox"/>	Individual meets criteria for one or more of the specific Substance Use Disorder diagnoses listed below based on criteria in the Diagnostic and Statistical Manual of Mental Disorders, 7th Edition
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use Disorder, Moderate
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use Disorder, Severe
<input type="checkbox"/>	<input type="checkbox"/>	Cocaine Abuse/Dependence
<input type="checkbox"/>	<input type="checkbox"/>	Cocaine Use Disorder, Moderate
<input type="checkbox"/>	<input type="checkbox"/>	Cocaine Use Disorder, Severe
<input type="checkbox"/>	<input type="checkbox"/>	Heroin Abuse/Dependence
<input type="checkbox"/>	<input type="checkbox"/>	Heroin Use Disorder, Moderate
<input type="checkbox"/>	<input type="checkbox"/>	Heroin Use Disorder, Severe
<input type="checkbox"/>	<input type="checkbox"/>	Other Prescription Use Disorder, Moderate
<input type="checkbox"/>	<input type="checkbox"/>	Other Prescription Use Disorder, Severe
<input type="checkbox"/>	<input type="checkbox"/>	Other Substance Abuse/Dependence
<input type="checkbox"/>	<input type="checkbox"/>	Other Substance Use Disorder, Moderate
<input type="checkbox"/>	<input type="checkbox"/>	Other Substance Use Disorder, Severe
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse/Dependence
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use Disorder, Moderate
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use Disorder, Severe
<input type="checkbox"/>	<input type="checkbox"/>	Other Prescription Abuse/Dependence
<input type="checkbox"/>	<input type="checkbox"/>	Other Prescription Use Disorder, Moderate
<input type="checkbox"/>	<input type="checkbox"/>	Other Prescription Use Disorder, Severe
<input type="checkbox"/>	<input type="checkbox"/>	Other Substance Abuse/Dependence
<input type="checkbox"/>	<input type="checkbox"/>	Other Substance Use Disorder, Moderate
<input type="checkbox"/>	<input type="checkbox"/>	Other Substance Use Disorder, Severe

This individual meets the criteria for the status of Substance Use Disorder (Moderate, Severe). Documentation of the existence of these criteria is present in the individual's medical record and assessment has been conducted by a qualified, licensed behavioral health professional.

First Name/Initials: _____ Signature: _____ Date: _____

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Who can provide TCM in the State of Kentucky according to the Regulations?

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▶ SED/SMI

▶ 1. A case manager shall:

▶ (a) Have at least a bachelor of arts or science degree in a behavioral science including:

▶ a. Psychology;	▶ l. Recreational therapy;
▶ b. Sociology;	▶ m. Education;
▶ c. Social work;	▶ n. Occupational therapy;
▶ d. Family studies;	▶ o. Physical therapy;
▶ e. Human services;	▶ p. Speech-language pathology;
▶ f. Counseling;	▶ q. Rehabilitation counseling; or
▶ g. Nursing;	▶ r. Faith-based education;
▶ h. Behavioral analysis;	
▶ i. Public health;	
▶ j. Special education;	
▶ k. Gerontology;	

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SED/SMI continued...

▶ 2. Be a certified alcohol and drug counselor who has a bachelor of arts or science degree; or

▶ 3. As authorized pursuant to subsection (5) of this section, have:

- ▶ a. Provided targeted case management services to a recipient any time from April 1, 2014 to the effective date of this administrative regulation; or
- ▶ b. Supervised the provision of targeted case management services to a recipient any time from April 1, 2014 to the effective date of this administrative
- ▶ (b) Have successfully completed case management training pursuant to 908 KAR , and
- ▶ (c) Successfully complete continuing education requirements pursuant to 908 KAR
- ▶ One year full time employment experience working directly with adults/children in a human services setting after completing the other requirements.
 - ▶ A Master's Degree may be substituted for the 1 year experience

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► **Mental health or Substance Use + Chronic or Complex Physical Health Issues**

- 1. A case manager shall:
 - (a) Have at least a bachelor of arts or science degree in a behavioral science including:
 - a. Psychology;
 - b. Sociology;
 - c. Social work;
 - d. Family studies;
 - e. Human services;
 - f. Counseling;
 - g. Nursing;
 - h. Behavioral analysis;
 - i. Public health;
 - j. Special education;
 - k. Gerontology;
 - l. Recreational therapy;
 - m. Education;
 - n. Occupational therapy;
 - o. Physical therapy;
 - p. Speech-language pathology;
 - q. Rehabilitation counseling; or
 - r. Faith-based education;

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► **Mental health or Substance Use + Chronic or Complex Physical Health Issues**

- 2. Be a certified alcohol and drug counselor who has a bachelor of arts or science degree; or
- 3. As authorized pursuant to subsection (5) of this section, have:
 - a. Provided targeted case management services to a recipient any time from April 1, 2014 to the effective date of this administrative regulation; or
 - b. Supervised the provision of targeted case management services to a recipient any time from April 1, 2014 to the effective date of this administrative
 - (b) Have successfully completed case management training pursuant to 908 KAR , and
 - (c) Successfully complete continuing education requirements pursuant to 908 KAR
 - One year full time employment experience working directly with adults/children in a human services setting after completing the other requirements.
 - A Master's Degree may be substituted for the 1 year experience

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► **SUD**

- 1. A case manager shall:
 - (a) Have at least a bachelor of arts or science degree in a behavioral science including:
 - a. Psychology;
 - b. Sociology;
 - c. Social work;
 - d. Family studies;
 - e. Human services;
 - f. Counseling;
 - g. Nursing;
 - h. Behavioral analysis;
 - i. Public health;
 - j. Special education;
 - k. Gerontology;
 - l. Recreational therapy;
 - m. Education;
 - n. Occupational therapy;
 - o. Physical therapy;
 - p. Speech-language pathology;
 - q. Rehabilitation counseling; or
 - r. Faith-based education

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SUD continued...

- ▶ 2. Be a certified alcohol and drug counselor who has a bachelor of arts or science degree; or
- ▶ 3. As authorized pursuant to subsection (5) of this section, have:
 - ▶ a. Provided targeted case management services to a recipient any time from April 1, 2014 to the effective date of this administrative regulation; or
 - ▶ b. Supervised the provision of targeted case management services to a recipient any time from April 1, 2014 to the effective date of this administrative regulation; or
 - ▶ (b) Have successfully completed case management training pursuant to 908 KAR , and
 - ▶ (c) Successfully complete continuing education requirements pursuant to 908 KAR
 - ▶ One year full time employment experience working directly with adults/children in a human services setting after completing the other requirements.
 - ▶ A Master's Degree may be substituted for the 1 year experience

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Supervision Requirements

- ▶ **SED/SMI and SUD**
 - ▶ Supervision shall occur at least 2X per month
 - ▶ At least one of these supervisory contacts shall be on an individual basis and face to face.
 - ▶ At least one of these is group supervision
- ▶ **Mental Health or Substance Use Disorder and Chronic or Complex Physical Health Issues**
 - ▶ Supervision shall occur at least 3X per month
 - ▶ At least 2 of these supervisory contacts shall be on an individual basis and face to face.
 - ▶ At least one of these is group supervision

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Information overload.



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Contact Requirements

Severe Mental Illness (SMI)
Severe Emotional Disability (SED)

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SMI Contact Requirements

- ▶ **SMI (over 21)**
 - ▶ At least 2 face to face with the client
 - ▶ At least 2 additional contacts which shall be:
 - ▶ By telephone; or
 - ▶ Face to face (with the client or with another individual or agency on the behalf of the client)

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SMI Contact Requirements

- ▶ **If the client is at least 18 but under 21**
 - ▶ At least 2 face to face with the client
 - ▶ At least 2 additional contacts which shall be:
 - ▶ By telephone; or
 - ▶ Face to face (with the client or with another individual or agency on the behalf of the client)

OR

 - ▶ 1 face to face with client's parent/guardian; or
 - ▶ 1 face to face with the client
 - ▶ 2 additional contacts shall be:
 - ▶ By telephone; or
 - ▶ With the client or another individual on behalf of the client

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SED Contact Requirements

- ▶ **If the client is under 18**
 - ▶ One face to face with the client
 - ▶ One face to face with the client's guardian/parent
 - ▶ Two other additional contacts shall be:
 - ▶ By telephone; or
 - ▶ Face to face (with the client or with another individual or agency on the behalf of the client)

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Contact Requirements

Mental Health or Substance Use Disorder
AND
 Chronic or Complex Physical Health Issues

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Complex Physical Health Contact Requirements

- ▶ At least 3 face to face with the client or;
- ▶ If the client is at **least 18 but under 21** with (3 total contacts between client and/or parent):
 - ▶ The client or;
 - ▶ A parent or legal guardian of the client; and
 - ▶ At least 2 additional contacts which shall be:
 - ▶ By telephone; or
 - ▶ Face to face; and
 - ▶ With the client or with another individual on behalf of the client

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Continued...

- ▶ **If the client is under 18**
 - ▶ At least one face to face with client's parent/guardian;
 - ▶ 2 face to face with the client
 - ▶ 2 additional contacts shall be:
 - ▶ By telephone; or
 - ▶ With the client or another individual on behalf of the client

OR

- ▶ 2 face to face with client's parent/guardian
- ▶ 1 face to face with client; and
- ▶ 2 additional contacts shall be:
 - ▶ By telephone; or
 - ▶ With the client or another individual on behalf of the client

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Contact Requirements

Substance Use Disorder

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SUD Contact Requirements

- ▶ **Over 18 years old**
 - ▶ At least 2 face to face with the client
 - ▶ At least 2 additional contacts which shall be:
 - ▶ By telephone; or
 - ▶ Face to face (with the client or with another individual or agency on the behalf of the client)

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SUD Continued...

▶ **If the client is under 18**

- ▶ 1 face to face with client's parent/guardian; or
- ▶ 1 face to face with the client
- ▶ 2 additional contacts shall be:
 - ▶ By telephone; or
 - ▶ With the client or another individual on behalf of the client

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SUD Continued...

▶ **If the client is at least 18 but under 21**

- ▶ At least 2 face to face with the client
- ▶ At least 2 additional contacts which shall be:
 - ▶ By telephone; or
 - ▶ Face to face (with the client or with another individual or agency on the behalf of the client)

OR

- ▶ 1 face to face with client's parent/guardian; or
- ▶ 1 face to face with the client
- ▶ 2 additional contacts shall be:
 - ▶ By telephone; or
 - ▶ With the client or another individual on behalf of the client

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Maximum Caseload

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Training Requirements

- ▶ To receive certification to provide behavioral health targeted case management services, a targeted case manager shall successfully complete the following department approved training and recertification requirements:
 - ▶ The core components of the targeted case management curriculum shall be at least twelve (12) hours and shall include:
 - ▶ At least six (6) hours of specialized training for the target population he or she is serving, which shall include the skills required to address the specific needs of each respective target population.

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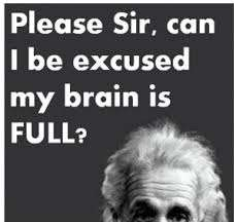
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Recertification

- ▶ A targeted case manager shall complete recertification requirements every three (3) years.
 - ▶ Recertification shall consist of acquiring at least six (6) hours of approved continuing education each year in training topics directly related to:
 - ▶ Case management
 - ▶ Behavioral health; or
 - ▶ Each respective target population.
 - ▶ To be recertified, a targeted case manager shall submit a list of all trainings in which the targeted case manager participated, the provider or presenter of the training, and the number of hours of each training to the Department every three (3) years. The submission due date shall be the last day of the month of which the targeted case manager's initial certification was completed.
 - ▶ Targeted case managers certified prior to September 2014 shall be required to submit continuing education documentation for recertification prior to September 2017.

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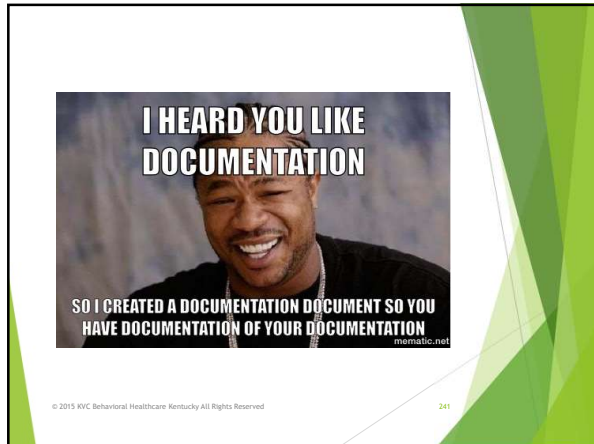
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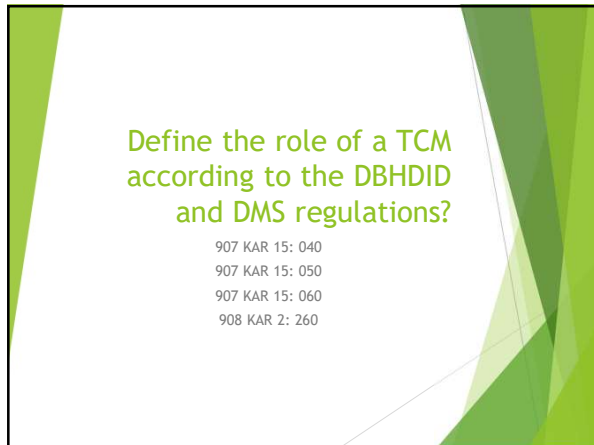
Please Sir, can I be excused my brain is FULL?

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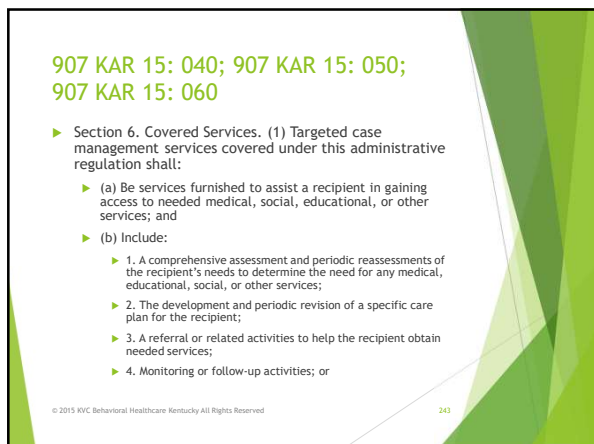
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Continued...

- ▶ 5. Contacts with non-recipients who are directly related to help with identifying the recipient's needs and care for the purpose of:
 - ▶ a. Helping the recipient access services;
 - ▶ b. Identifying supports necessary to enable the recipient to obtain services;
 - ▶ c. Providing a case manager with useful input regarding the recipient's past or current functioning, symptoms, adherence to treatment, or other information relevant to the recipient's behavioral health condition; or
 - ▶ d. Alerting a case manager to a change in the recipient's needs.

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908 KAR 2: 260

▶ "Targeted case management services" means:

- ▶ Services furnished to assist clients in gaining access to needed medical, social, educational, or other needed services and supports included:
 - ▶ Assessment of the client's medical, social, and functional status and identification of client's strengths and needs;
 - ▶ Arranging for services delivery from the client's chosen provider to insure access to required services
 - ▶ Facilitating access to needed services by explaining the need and importance of services in relation to the client's condition;
 - ▶ Facilitating access, quality, and delivery of necessary documentation to include care plan, forms, reports and narratives as appropriate.

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A TCM means...

- ▶ "Targeted case manager" means an individual who is:
 - ▶ (a) Trained and supervised to perform targeted case management services;
 - ▶ Responsible for conducting a comprehensive assessment and a periodic reassessment of an individual's strengths and needs; and
 - ▶ Responsible for assisting an individual to gain access to identified medical, social, educational, and other service needs.
- ▶ "Targeted population" means an individual who meets the criteria through diagnosis, duration, and disability for:
 - ▶ SMI; SED; SUD; or SMI, SED, or SUD and a chronic or complex physical health condition.

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Requirements for Documentation

- ▶ Maintain a current case record for each recipient
- ▶ A comprehensive assessment and periodic reassessments of the recipient's needs to determine the need for any medical, educational, social, or other services;
- ▶ The development and periodic revision of a specific care plan for the recipient;
- ▶ A referral or related activities to help the recipient obtain needed services;
- ▶ Monitoring or follow-up activities; or
- ▶ Contacts with non-recipients who are directly related to help with identifying the recipient's needs and care for the purpose of:
 - ▶ Helping the recipient access services;
 - ▶ Identifying supports necessary to enable the recipient to obtain services;
 - ▶ Providing a case manager with useful input regarding the recipient's past or current functioning, symptoms, adherence to treatment, or other information relevant to the recipient's behavioral health condition;
 - ▶ Alerting a case manager to a change in the recipient's needs.

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Documentation continued...

- ▶ All CM contacts must include the date and the name of the CM who provided the service.
- ▶ All notes are required to be signed within 48 hours of the date of services (this timeframe may be shorter depending on individual agency policy)
- ▶ A case record shall include:
 1. The recipient's name;
 2. The time and date of service
 3. Type of service provided
 4. Provider agency, if an agency; and
 5. Name of Case Manager providing the service

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Documentation continued...

- ▶ Each note should include what you did as a CM during the service provided
- ▶ Assessment of achievement of goals in client's care plan.
- ▶ Assessment for whether the recipient has declined to receive services outlined in the recipient's care plan.
- ▶ A timeline for obtaining needed services and for reevaluating the recipient's care plan; and
- ▶ Be:
 - ▶ 1. Maintained in an organized and secure central file;
 - ▶ 2. Furnished upon request
 - ▶ 3. Adequate for the purpose of establishing the current treatment modality and progress of the recipient.

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Assessment

- ▶ An assessment or reassessment shall include:
 - ▶ Taking the recipient's history
 - ▶ Identifying the recipient's strengths and needs and completing related documentation
 - ▶ Gathering information from other sources including family members, medical providers, social workers, or educators to form a complete assessment of the recipient
- ▶ A face-to-face assessment or reassessment shall be completed:
 - ▶ At least annually;
 - ▶ More often if needed based on changes in the recipient's condition.

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Reassessment

The development and periodic revision of the recipient's care plan shall:

- ▶ Specify the goals and actions to address the medical, social, educational, or other services needed by the recipient;
- ▶ Include ensuring the active participation of the recipient and working with the recipient, the recipient's authorized health care decision maker, or others to develop the goals; and[or]
- ▶ Identify a course of action to respond to the assessed needs of the recipient.


A referral or related activities shall include activities that help link the recipient with medical providers, social providers, educational providers, or other programs and services that are capable of providing needed services to:

- ▶ Address the identified needs; and
- ▶ Achieve goals specified in the care plan.

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Monitoring



- ▶ Monitoring shall:
 - ▶ Occur at least once every three (3) months;
 - ▶ Be face-to-face; and
 - ▶ Determine if:
 - ▶ The services are being furnished in accordance with the recipient's care plan;
 - ▶ The services in the recipient's care plan are adequate to meet the recipient's needs; and
 - ▶ Changes in the needs or status of the recipient are reflected in the care plan.

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Monitoring

Monitoring and follow-up activities shall be activities and contacts that:

- ▶ Are necessary to ensure that the recipient's care plan is implemented;
- ▶ Adequately address the recipient's strengths and needs; and
- ▶ May be with
 - ▶ The recipient,
 - ▶ The recipient's family members
 - ▶ The recipient's service providers,
 - ▶ OR other entities or individuals

Be conducted as frequently as necessary; and
 Include making necessary adjustments in the recipient's care plan and service arrangements with providers.

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Discharge

- ▶ A discharge summary shall:
 - ▶ Be required, at the time a decision is made that services are terminated, for each recipient who received at least three (3) service visits; and
 - ▶ Contain a summary of the significant findings and events during the course of treatment including the:
 - ▶ Final assessment regarding the progress of the recipient toward reaching goals and objectives established in the recipient's care plan; and
 - ▶ Recipient's condition upon termination and disposition.

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Transfer, Transition and Re-Entry

- ▶ A case record relating to a recipient who was terminated from receiving services shall be fully completed within ten (10) business days following termination.
- ▶ If a recipient's case is reopened within ninety (90) calendar days of terminating services for the same or related issue, a reference to the prior case history with a note regarding the interval period shall be acceptable.
- ▶ If a recipient is transferred or referred to a health care facility or other provider for care or treatment, the transferring targeted case management services provider shall, within ten (10) business days of awareness of the transfer or referral, transfer the recipient's records in a manner that complies with the records' use and disclosure requirements as established in or required by: HIPPA.

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Wrap Up

- Developmental Prospective Across the Lifespan
 - ▶ Piaget's Stages of Human Development
- Behavioral Health Diagnoses & Understanding Treatment
 - ▶ Diagnoses/Symptoms
 - ▶ Medication
- Integrated Care
 - ▶ Co-morbidity
- Behavioral Health Crisis Management
 - ▶ Intervention strategies and resources
 - ▶ Zero Suicide Model
 - ▶ Suicide Risks, signs and behavior, and Response
 - ▶ C-SSRS
- Ethics
 - ▶ Boundary Issue, Confidentiality, Client Rights, Abuse/Neglect Issues
- Regulations
 - ▶ Assessing and Reassessing
 - ▶ Monitoring
 - ▶ Discharge and Transition Requirements


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QUESTIONS?

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