

***UTAH PUBLIC MENTAL HEALTH SYSTEM
PREFERRED PRACTICE GUIDELINES***



***CASE MANAGEMENT FOR ADULTS WITH
MENTAL ILLNESS***

Approved and Adopted April 18, 2011

**Utah Public Mental Health System
Preferred Practice Guidelines**

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Acknowledgements

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Utah Public Mental Health System

Preferred Practice Guidelines

Case Management for Adults with Mental Illness

GOAL

To define and provide uniform and consistent preferred practice guidelines (PPG) for Case Management Programs serving consumers with mental illness in Community Mental Health Centers (CMHCs) in Utah.

VALUE

Consumers have basic needs and should have access to eligible services to meet their needs.

SCOPE OF CARE

Case Management is a form of support that assists consumers in their recovery to optimize their experience in the community. Case management includes services that are provided by one person, or a team of providers that coordinate, advocate, link and monitor to help consumers. Case Management is a service that assists consumer's to gain access to needed medical (including mental Health), social, educational, and other services. The overall goal of the services is not only to help consumers to access needed services, but to ensure that services are coordinated among all agencies and providers.

Case Management is usually provided in the community as opposed to an office type setting and may be provided in the consumer's home, place of employment, shelter, on the streets, in residential settings, and other settings. Services are provided to support the core belief that recovery is possible. The frequency of contact may vary based on the individuals needs. Case managers provide continuity of care for the consumer in the mental health system and address not only the manifest symptoms of the illness but also may address psychosocial problems such as housing, transportation, application and attainment of entitlements, attainment of food, activities of daily living (ADLs), medical appointments, education, employment, and other activities.

STATEMENT OF INTENT

This PPG should not be misconstrued as an attempt to limit the individualization of services, clinical creativity, or the ability of the mental health staff to provide services in the best interest of the consumer. This PPG is developed on the basis of all the data available and is subject to change as scientific knowledge and technology advance and patterns evolve. With this in mind, the following information should be considered only as guidelines, not as standards. Adherence to them will not ensure a successful outcome in every case, nor should they be misread as including all the proper methods of care or excluding other acceptable methods of care aimed at the same results. It is recognized that optimal outcomes will not always be obtained.

OPTIMAL OUTCOME

This PPG summarized below will guide the work of the CMHCs, providing Case Management assistance to consumers with mental illness. This PPG is based on the central belief that recovery is possible and is the core goal of services and supports. Combining an expectation and hope for recovery with best practices should characterize all efforts to effectively reintegrate consumers into the community.

PREFERRED PRACTICE GUIDELINES

1. **Person Centered:** Services are responsive to the needs of the consumer rather than the needs of the system or the providers. The majority of services should be delivered in the consumer's natural setting.
2. **Consumer Empowering:** Services incorporate consumer self-help approaches and are provided in a manner allowing consumers to retain the greatest possible control over their own lives. As much as possible, consumers and families (with consumers consent) set their own goals, decide what services they will receive and are active participants in the case management needs assessment and services provided. This allows the consumer to guide in the recovery process.
3. **Racially and Culturally Sensitive:** Services should be available, accessible, and acceptable, when possible; to all the consumers regardless of race, religion, sex, and sexual preference.
4. **Focused on Strengths:** Services build upon the assets, strengths, and capacities of consumers in order to help them maintain a sense of identity, dignity and self-esteem. Services goals should be solution oriented and achievable.
5. **Incorporate Natural Supports:** Services are offered in the least restrictive, most natural setting possible. Consumers are encouraged to be connected with community supports and to experience employment, education, and other activities.
6. **Special Needs:** Services should be adapted, or resources accessed, to meet the needs of subgroups of consumers with mental illness, for example elderly individuals in the community or in institutions; consumers with substance abuse problems, developmental disabilities, or hearing impairments; consumers who are homeless; and consumers who are placed within the criminal justice system,.
7. **Case Management Services:** Services should be identified in the Recovery/Treatment plan and described in the Case Management Service plan and/or Case Management Needs Assessment
8. **Outcome Measures:** CMHCs should provide Case Management services and develop and measure outcomes to capture the results and assure quality of care.

Utah Public Mental Health System *Adult Case Management Plan*

Qualified Providers of Case Management services are defined as:

1. a licensed physician and surgeon or osteopathic physician, a licensed psychologist, a licensed clinical social worker, a licensed certified social worker, a licensed advanced practice registered nurse (APRN), a licensed registered nurse, a licensed professional counselor or a licensed marriage and family therapist;
2. an individual working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated, 1953, as amended:
 - a. licensed APRN intern
 - b. licensed social service worker;
 - c. licensed practical nurse;
 - d. associate professional counselor
 - e. associate marriage and family therapist;
 - f. certified psychology resident
3. a student enrolled in an education/degree program leading to licensure, not currently licensed but exempted from licensure under Title 58, Utah code annotated, 1953m as amended, because of enrollment in qualified course, internship or practicum, and under the supervision of qualified faculty. [See Title 58-1-307(1)(b).]; or
4. a non-licensed individual who does not meet qualifications above and has met the Utah Department of Human Services, Division of Substance Abuse and Mental Health's training and recertification standards for case managers, and who is supervised by one of the individuals identified in 1 above.

Supervision of individuals in 2 and 3 above must be provided in accordance with requirements set forth in Title 58 of the Utah Code Annotated, 1953, as amended, and the applicable profession's practice act rule as set forth by the Utah Department of Commerce and found at the Department of Administrative Services, Division of Administrative rules, www.rules.utah.gov/publicat/code.htm

ASSESSMENT CRITERIA: Any consumer of the mental health system may be referred for assessment for Case Management services. All consumers (both civil and forensic patients) discharged from the Utah State Hospital to the CMHC, should be referred to the CMHC liaison for assessment of case management services.

The following factors will be assessed:

1. Consumer voluntary choice.
2. There is a diagnosable Axis I Diagnostic and Statistical Manual (DSM) psychiatric disorder. Axis II psychiatric disorders also qualify if there are sufficient functional difficulties, an extended duration of problems/illness, and continued reliance upon public services and supports.
3. The service must be medically necessary and there is a reasonable indication that the individual will access needed treatment/services only if assisted by a qualified case manager who (in accordance with an individualized case management service plan) locates, coordinates and regularly monitors the services.

DETERMINING CASE MANAGEMENT SERVICES

The need for Case Management will be determined by a formal needs assessment that may include the following factors:

1. Consumer requests, preferences or right of refusal must be a primary factor in the assignment decision with sensitivity to the consumer's voluntary choice about the intensity of services.
2. Case Management services should respect consumer self direction. Consumers may be temporarily satisfied with their lives and circumstances, not desiring to begin work on more progressive goals and objectives. However case managers can positively influence willingness by fostering hope and belief in the consumer.
3. Social resources and natural supports may be available to consumer. Care must always be taken to respect interest of the family and consumer. Case management should address the gaps between natural supports and consumer needs by accessing additional resources.
4. Safety should play a role in providing case management services. Consumers who are vulnerable to violence or abuse, or who are themselves prone to violent or abusive behaviors, require input from the treatment team and should be assessed for more intensive services.
5. Culture is also a critical determinate for CM. Case managers must be aware of the culture of the people they serve.
6. Co-occurring conditions or situations will also affect case management services. Case managers who are working with people who have a dual diagnosis should seek additional training, and/or when possible refer to an individual who specializes in areas such as: substance abuse, other dual diagnosis, mentally ill people who are elderly, physically or developmentally disabled or involved with the forensic system.
7. Legal issues may be a factor in the selection of case management services. Consumers with guardians, who are involuntarily committed, on parole, or who have continuing involvement with the forensic system may require special consideration and/or coordination with those systems.

DISCHARGE CRITERIA: Continuation of case management will be related to needs, choices, and behavioral health status. Discharge criteria from case management may be based upon any of the following:

1. Consumer voluntary choice.
2. Achievement of a significant degree of independence
3. Having found alternate community support
4. Significant goal attainment
5. CMHCs may refuse or discontinue case management services based on risk of harm to service provider. In such cases a higher level of care may be required.