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Case Management for Women with Substance Use Disorders

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What Case Management is NOT



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What Case Management Is

- * The Case Management Society of America:
“a collaborative process of assessment,
planning, facilitation and advocacy for options
and services to meet an individual's health
needs through communication and available
resources to promote quality cost-effective
outcomes.”
- * Provide support to clients so that they can
make changes in their lives including
assistance in skill building and resource
acquisition.

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Case Management Principles

- * Case management offers the client a single point of contact with the health and social services systems.
- * Case management is client-driven & driven by client need.
- * Case management involves advocacy.
- * Case management is community-based.
- * Case management is pragmatic.
- * Case management is anticipatory.
- * Case management must be flexible.
- * Case management is culturally sensitive.

Source: CSAT (1998) Comprehensive Case Management for Substance Abuse Treatment.

Types of Case Management

- * **Broker/Generalist**
- * **Strengths Perspective**
- * **Assertive Community Treatment**
- * **Clinical/Rehabilitative**

Source: CSAT (1998) Comprehensive Case Management for Substance Abuse Treatment.

Areas of Concern

- | | |
|---|--|
| * Substance Abuse | * Children's Needs & Treatment Plans |
| * Mental Health | * Survival Issues – food, clothing, transportation |
| * Health | * Sense of Belonging and Spiritual Fulfillment |
| * Legal, Court and Residency Requirements | * Strategies for Addressing Triggers |
| * Housing | * Family Support & Needs |
| * Income, Education & Employment | * Grief Counseling |
| * Child Welfare & Parenting | * Other ... |
| * Life Skill Development | |
| * Intimate Partner Violence | |

It Is Easy to Feel Overwhelmed

- * 12 Case Plans ...
- * Problems don't arise in a day, can't be solved in a day
- * Lack of resources



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Primary Functions of Case Management

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Primary Functions of Case Management

- ✓ Assessment
- ✓ Planning
- ✓ Linking
- ✓ Monitoring
- ✓ Advocacy

Sources include: JCAHQ, NASW

Add ons:

- ✓ Coordinating
- ✓ On-Going Engagement

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Assessment

- * Client Centered
- * Strengths
- * Needs
- * Stages of Change
- * Resources
- * On-Going Screening and Assessment for Emerging Issues



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Domains of ASI Assessment

- * Medical
- * Employment/Support Status
- * Alcohol
- * Drug
- * Legal
- * Family/Social
- * Psychiatric

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Planning

- * Breaking problems into doable pieces
- * Whose treatment plan – client involvement in decision making: Outcome success is significantly increased if the client participates and takes ownership in plan development.
- * Plans need to be continuously updated
- * Prioritization and decision making
- * Individualize the treatment plan to match the client's needs and strengths. Be aware of an array of services and select those services client needs or wants



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A Good Treatment Plan

- * **Interdisciplinary**
- * **Outcome based**
- * **Clinically specific**
- * **Documented**
- * **Flexible enough to meet client needs**

(source: Toni Cesta, Hussein Tahan and Lois Fink, *The Case Manger's Survival Guide*)

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Linking



- * **Finding Resources to Address Client Needs**
- * **Increasing Opportunities for Clients**
- * **Making Life Do-able**
- * **Appropriate Referrals**
- * **Sometimes a Case Manager needs the skills of a Sales Person**

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Monitoring (and Evaluation)

- * **Short-term memory problems**
- * **Clients accustomed to failure and a victimizer: victim relationships**
- * **Unforeseen barriers to progress**
- * **Inappropriate referrals or challenges to accessing services**
- * **Progress in treatment plan**
- * **Celebrating successes**



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Advocating



- * Priority for services
- * Encouraging other agencies to offer best possible services
- * Educating community and other providers about substance use disorders, client needs
- * Serving as an ally
- * Ensuring fair and equitable treatment

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Coordinating



- * Developing Collaborative Relationships
- * Inter-agency Relationships
- * Coordinated Case Plans
- * Helping clients meet conflicting requirements
- * Time management and stress management

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Ongoing Engagement

- * Two steps forward, one step back
- * Therapeutic alliance
- * Don't let clients fall through cracks
- * Allow learning from failures
- * Keep client coming back
- * Motivational approaches



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Stages of Change

- * **Pre-Contemplation**
- * **Contemplation**
- * **Preparation**
- * **Action**
- * **Maintenance**

Source: Prochaska and DiClemente, 1984

- * **Regardless of approach or philosophy there are service and intervention opportunities appropriate for each stage.**

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The FRAMES Approach

- * **Feedback:** regarding risk is given to individual.
- * **Responsibility:** for change is placed with individual.
- * **Advice:** about changing is clearly given in a non-judgmental manner.
- * **Menu:** of self-directed change options and treatment alternatives.
- * **Empathetic Counseling:** showing warmth, respect, and understanding. (uses reflective listening).
- * **Self-Efficacy:** optimistic empowerment is engendered to encourage change.

source: SAMHSA TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment 20

Comprehensive Development

- * **Knowledge**
- * **Skills**
- * **Attitude**
- * **Efficacy and Sense of Worth**
- * **New Habits Emerge with Time**

do for ... do with ... cheer on

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Meaningful Case Management



- * Support and encourage participants in their endeavors
- * Keep tasks simple
- * Define the case manager's role; be aware of your limitations
- * Listen Assess Don't judge
- * Be available, conduct home visits, return calls
- * Keep commitments; Don't make promises
- * Provide structure and guidance
- * Offer to demonstrate
- * Remove barriers

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RIP Interview Method

- * **R**apport – build rapport with client
- * **I**nformation – convey and gather necessary information
- * **P**lan – at end of meeting client should know next steps

Source: Foundation for Rehabilitation Certification, Education and Research

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Helping Clients with Limited Abilities

- * Help Patients avoid feeling ashamed
- * Use simple language
- * Use the teach-back method
- * Suggest bringing a supportive friend or relative
- * Talk with others serving the individual

Source: Case Management Society of America, 2006

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5 Focuses

- * Know the participant
- * Know what the participant wants
- * Help participant establish realistic goals
- * Focus her efforts on achieving her goals
- * Help reframe thinking from negative to positive

Source: County of Los Angeles, Dept of Social Services

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Comprehensive Treatment

- * Engagement
- * Screening
- * Assessment
- * Safety
- * Prioritizing Target Symptoms
- * Pharmacological Interventions
- * Psychosocial Interventions
- * The Value of A Friend
- * Case Management & Crisis Intervention
- * On-Going Community/Recovery Support

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Collaborative Resources for Recovery Support

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Housing & Community

- * Determines services, work, schools.
- * Availability of alcohol and drugs during vulnerable times
- * Availability of supportive friends, family and neighbors
- * Affordability
- * Comfort level – culturally and personally safe.

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Accessing Housing

- * Developing Relationships with Property Owners, Housing Authorities, Homeless Services
- * Building Affordable Housing
- * Supportive Housing
- * Housing Advocacy – hiring a housing specialist
- * Sober Living (loan fund, CAARR)
- * MHSA, Governor's Initiative, AB 2034 and other state sources

Perseverance!

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Mental Health & Health Access

- * Healthy Families and Medi-Cal
- * Establishing Medical Homes at Community Clinics
- * CalWORKs
- * Community Mental Health Services
- * School Based Health Clinics
- * HIV Programs, Domestic Violence Agencies
- * Employee Benefits
- * Colleges and Universities

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Children's Services

- * Family Resource Centers
- * Early Start, Universal Pre-school, School Districts
- * Regional Centers, EPSDT, health agencies, special education programs
- * CalWORKs Child Care
- * School Based Programs
- * First 5 Programs
- * Community Parks and Recreation
- * Youth Development, Tutoring, Prevention Programs
- * Scholarships
- * Parenting Programs

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Life Skills

- * Literacy, GED Programs
- * Recovery Mentors
- * Faith-based Efforts
- * Foster care – Independent Living Programs
- * Anger Management
- * Goal Setting and Follow Through
- * Household Management
- * Boundaries and Relationship Support
- * Family Resource Centers
- * Women's Centers
- * Special Interest Clubs/Groups
- * 12 step programs

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Employment

- * CalWORKs
- * Micro-businesses (Portals, Village)
- * Strength-based approaches need to value all work, livable wages
- * Specialized programs for felons
- * PRINCE CHARMING IS NOT COMING
- * Long-term solutions
- * PICs, one-stop shops and other employment programs
- * Earned Income Tax Credit

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Community-Based Strategies

- * Service Enriched Housing
- * Family Resource Centers
- * Neighbor-to-Neighbor Approaches
- * Faith Community Involvement
- * Community Recovery Model
- * Community Development Initiatives

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Resources

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- * Los Angeles County Department of Social Services, "Case Management Handbook" available at: <http://dcss.co.la.ca.us/cmsh/casemanagement.htm>

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