

HUMS 290

Case Management

Course description: This course is intended to challenge and to broaden students' understanding, thinking and conceptualizing of case management. Students will investigate the case management model emphasizing its useful application to various client groups with an emphasis on Alaska and rural communities. The different roles and aspects of effective case management will be explored and students will practice case management skills both at the individual level and as part of an interdisciplinary team. The role of the community in supporting such efforts as well in providing resources such as natural supports will be emphasized. Use of and knowledge of local, regional and statewide and national resources will be highlighted. Several specific functions of case management will be specifically emphasized, that of advocate, broker,

Course Objectives:

1. Know the historical perspectives on case management and the emergence of contemporary case management models
2. Explore models of case management and various case manager roles and their appropriate use
3. Demonstrate assessment aspect of case management
4. Learn intake interviewing skills and strategies for building a case file
5. Understand service delivery planning and service coordination
6. Design a treatment plan and conceptually understand what constitutes a well done plan including concepts such as individual self determination, dignity and respect
7. Learn how these various case managements aspects differ and are applied given different client groups such as: domestic violence, behavioral health, development disabilities, Elders, at risk
8. Review ethics and confidentiality
9. Reflect on self care for case managers
10. Learn how to locate resources for clients, make referrals to other agencies

11. Understand the case manager roles as an advocate as well as the case manager's role in monitoring and evaluating the effectiveness of treatment plans
12. Become familiar with the idea of safety nets in communities, social protection and client and legal rights

Course format: This course can be offered in a traditional university classroom and schedule, or by the distance education network of audio conference sessions and/or totally on the Web. Depending on the student population, region, and resources it can also be in the format of "blended delivery." For rural students with a dedicated cohort such as with advanced RHS or HUMS students through CRCD, a blended delivery approach is recommended. The following schedule is formatted for a regular semester-based distance delivery.

Textbook:

Generalist Case Management: A Method of Human Service Delivery. 2006.
Herbert J. Rubin and Irene S. Rubin. Third edition. Belmont: Thomson--Cole

Competencies to be Demonstrated by Learner by Course Completion
Case Management

Competency	Demonstrated/date
Learner must apply the fundamental knowledge and skills of the following to their work with individuals :	
Community culture, language, history, and demographics and stages of acculturation in case management activities;	
The role of gender, including its role in the culture being served;	
Life span development (e.g. developmental milestones and expectations at various stages) with emphasis on differences that may occur among cultures;	
General characteristics and dynamics of families and significant others, including: (A) familiarity with role of extended family and kinship within the culture (e.g. cultural placement and adoption, clan systems); (B) ability to develop with client genograms and sociograms (including multi-generational biological and formal and informal familial relationships and other significant relationships);	
How to screen for medical, mental health, substance use disorders, and their symptoms;	
Risk factors for substance use and mental health disorders, including impact of risk behaviors (e.g. infectious diseases);	
Behavioral, psychological, physical health and social effects, including symptoms associated with use, of most prevalent psychoactive substances (licit and illicit), provided;	
Effects of substance use and mental health disorders on <ul style="list-style-type: none"> • physical health (e.g. diabetes, cardiac disease, cancer, etc); • families and significant others 	
(A) demonstrate understanding of BHA Code of Ethics and ethical considerations of helping professions;	
(B) demonstrate understanding of professional standards from the perspective of laws to agency policies;	
(C) demonstrate understanding of personal and professional boundaries and application of them	

appropriately in a village setting, including identification of personal relationships and potential conflicts that may make certain client interactions inappropriate;	
(D) demonstrate understanding of and communicate with the client about the client's rights and responsibilities;	
(E) protect and advocate client's rights;	
(F) incorporate advances in clinical practice to improve services and seeks continuing education;	
(G) seek out and accept supervision, as required or needed;	
(H) model appropriate personal and professional behavior within the community;	
(2) Consent:	
(A) demonstrate understanding of client consent;	
(B) apply special rules that are applicable to	
(i) minors,	
(ii) individuals subject to guardianships or other court orders that authorize others to grant consent on their behalf, and	
(iii) individuals who may have limited capacity to understand and therefore to consent;	
(C) provide information and obtains appropriate level of consent prior to providing services; and	
(D) be aware of and respond appropriately in situations in which exceptions to the requirement for consent apply (e.g. involuntary commitments and reporting obligations);	
(3) Confidentiality and Privacy:	
(A) comply with applicable laws requiring confidentiality, including the Health Insurance Portability and Accountability Act ("HIPAA"), Federal Privacy Act (including 42 C.F.R. Part 2 regulations applicable to alcohol and substance abuse programs), and laws and regulations that may be applicable based on the way in which service is delivered or the payer for the services, if any;	
(B) demonstrate understanding of laws and doctrines limiting application of confidentiality laws, including exceptions provided for in confidentiality laws, mandatory reporting laws, and situations in which there is risk of harm to an individual or others;	
(C) comply with formal requirements that must be satisfied prior to disclosure of otherwise confidential information;	
(D) accurately inform clients and others about	

the protections and limits of confidentiality, including those that apply in family and group counseling, when applicable;	
(E) assist clients to understand options regarding disclosure of information held by the BHA or practitioner's agency;	
(F) assist clients to appropriately authorize disclosure of confidential information held by other agencies;	
(G) obtain appropriate authority for disclosure of otherwise confidential information prior to disclosure, including information obtained from other agencies;	
(H) protect written and electronic information regarding clients from breaches of confidentiality by maintaining appropriate security, including locking cabinets and using electronic security measures;	
(I) maintain confidences and privacy of clients and others, even when not required to do so by confidentiality laws or policies;	
(J) when sharing information does so in a respectful manner;	
(K) communicate with clients and others in a way most designed to minimize disclosures of confidential information;	
(L) protect client anonymity in provision of information for statistical reporting and research; and	
(M) assist in assuring that all individuals with working in or using the offices in which behavioral health services are provided are familiar with and abide by the requirements of this paragraph;	
(b) (4) Documentation.	
(A) demonstrate understanding of professional documentation practices and appropriate use of different documentation formats, including those specific to screening, intake, treatment plans, monitoring treatment (including family and group counseling) and discharge (including dating and signing all documentation);	
(B) maintain orderly and understandable records of all client and client-related contacts;	
(C) maintain understandable record of non-client related activities;	
(D) complete documentation on a timely basis;	
(E) respond appropriately to client requests to review records;	
(F) when reviewing records with client, do so with sensitivity and assists client to understand the	

information.	
Sec. 2.40.530. Routine Contact, Screening, Assessment, and Evaluation. Routine contact, screening, assessment, and evaluation require a BHA or practitioner, in <u>non-emergency</u> situations, to:	
(1) gather basic demographic information;	
(2) demonstrate sensitivity to the client's personal level of assimilation or acculturation;	
(3) assess client's literacy in English (oral and written), as is relevant to the client's situation or treatment, and arranges for appropriate assistance and/or services;	
(4) assess the extent to which there are language barriers and arrange for appropriate assistance and services;	
(5) assist clients to complete appropriate screening tools intended to initially identify substance use disorders, mental health conditions, or other behavioral health issues;	
(6) score the screening tool;	
(7) identify additional evaluation that may be needed;	
(8) gather additional bio-psycho-social information through a standardized interview process, including medical history;	
(10) evaluate information obtained during intake, including likelihood or presence of co-occurring conditions, and determines whether additional evaluation is necessary;	
(11) communicate with client regarding need for referral for additional evaluation;	
(12) organize referral material, including written materials when required;	
(13) communicate directly with the person or agency to whom the client is being referred for additional evaluation;	
15) evaluate substance use and mental health conditions using criteria contained within the current <i>Diagnostic and Statistical Manual</i> .	
Sec. 2.40.535 Treatment Planning. Treatment planning, which is to be carried out with the active participation of the client to the maximum extent possible, requires the BHA/P to:	
(1) (A) be aware of a variety of treatment interventions and modalities;	
(B) evaluate their appropriateness based on experience and research; and	
(C) select those most appropriate to meet the client's needs;	

(2) encourage client willingness to participate in planning;	
(3) develop a list of client strengths, needs, and other issues;	
(4) evaluate the identified client's:	
(A) substance use and mental health disorder;	
(B) other behavioral health issues, if any;	
(C) strengths and how to use them to improve the likelihood of positive outcomes for the client;	
(5) communicate the outcomes of the assessment;	
(6) assist client to understand his or her condition and the effects on the client and others;	
(7) assess readiness for treatment;	
(8) assist client to identify desired outcomes and the objectives necessary to achieve those outcomes;	
(9) discuss treatment options;	
(10) solicit response to options;	
(11) identify other resources for the client, including family, and services available in the community and outside the community;	
(12) identify the issues that will be addressed initially and longer term;	
(13) establish treatment goals with maximum client participation;	
(14) Assist client to communicate needs to family or other significant people and, as appropriate, communicate directly with the client's family and other significant people;	
(15) plan course of initial and continued interaction; and	
(16) evaluate progress and modify the plan appropriately.	
Sec. 2.40.540. Community Resources and Referral.	
(1) obtain client information from service providers who have knowledge of the client;	
(2) know about professional, agency, volunteer, organized, or pre-existing resources that exist in the community;	
(3) know about resources to assist client to access services, including eligibility for tribal health program and Medicaid, Medicare, and other insurance	
(4) identify traditional support and intervention resources, e.g. elders, traditional healers, shaman;	
(5) access various services - including how to determine eligibility for services and to complete the intake process;	
(6) use traditional support and intervention resources appropriately;	

(7) identify other community resources that can be brought to bear and know how to engage them;	
(8) if a BHA III or a BHA practitioner, identify resources outside the community that may be needed (either to be brought in or to which the client may be referred);	
(9) motivate and assist client to accept referral services;	
(10) ensure that each referral was accepted and the client received the services, and, if not, make an alternative plan;	
(11) if the client is accepted for referral services:	
(A) monitor the course of treatment as it proceeds;	
(B) support the client and referral provider;	
(C) continue to motivate the client to use services, as appropriate;	
(D) participate in developing and monitoring the discharge plan;	
(E) obtain the discharge plan;	
(F) use the referral agency's discharge plan in follow-up with the treatment plan;	
(12) initiate collaboration with other providers, including those from other disciplines;	
(13) work with treatment teams within the BHA's or practitioner's agency and across agencies to ensure coordination of services for the client;	
(14) establish routine working relationships and collaboration among agencies, programs, and others involved in treatment and monitoring services; and	
(15) assist in negotiating formal relationships with other agencies, including development of written agreements regarding service delivery, prevention activities, and other issues of multi-agency concern.	
Sec. 2.40.545 Case Management, Coordination, and Monitoring Treatment Plans.	
(1) implement plan (e.g. referral, begin treatment services);	
(2) assesses client progress on a continuous basis, including beneficial and detrimental behaviors of the client that affect treatment progress;	
(3) review treatment plan, with the client when feasible, at regular intervals, as needed and adjust treatment plans, as needed;	
(4) encourage client participation in the plan and address issues that impede progress with the plan;	
(5) recognize when progress slowed and, as appropriate, address barriers and assist to motivate the client;	
(6) reach out to clients who are not following	

through with the plan of service;	
(7) recognize crisis events as they occur during the course of a treatment plan and intervene; and	
(8) engage in discharge planning, including identification of other services from which the client may benefit (e.g. support groups, other community activities).	
Sec. 2.40.550 Medication Management.	
(1) recognize biological, psychological, and social effects of medications;	
(2) monitor the client, including	
(A) assisting the client to use medications appropriately;	
B) assisting the client to self-monitor response to medication and to report information about the response accurately to the medical provider who prescribed the medication or who is providing on-going medical or psychiatric care to the client;	
(C) assisting client to cooperate with medical monitoring of use of medications, when necessary, including making and keeping appointments for follow-up testing, such as urinalysis and blood tests;	
(D) supporting the education of the client regarding predictable course of response to medication and possible side effects;	
(E) coaching the client with regard to strategies for following medication regimen (e.g. keeping logs, using pill boxes, soliciting family help to remember to take medication);	
(3) assist the client to identify when there is a less than desirable or negative outcome and refer the client for appropriate follow-up; and	
(4) assist family and other support systems to participate in medication monitoring, as appropriate.	

Note: Clinical Mentor decides which level the learner is demonstrating, given the following guide:

- Demonstrating the skill and applying it as directed, routinely seeking assistance (BHA I)
- Using the knowledge or skill consistently and recognizing where to seek assistance (BHA II)

Course requirements:

1. With clinical mentor create a plan for learner to be exposed, learn and demonstrate / use above standards. **(10% for the plan)**
2. Learner under guidance of mentor carries out plans, being exposed to, learning and practicing and developing competencies in above standard. This involves three things: the actual experience, the clinical signing off on standard and the learner turning in a weekly reflection journal. **(60% of grade)**
3. Attendance at weekly UAF classes. **(10%)**
4. Being prepared for class by having completed readings or other designated assignments **(5%)**
5. Presenting a case from intake to termination. This is an oral presentation and learners will be given more specifics on what to address in this presentation, but course terminology as well as terminology and concepts learned in the work place will factor into this presentation. **15%**