

TRAINING MANUAL FOR ADULT MENTAL HEALTH CASE MANAGEMENT SERVICES

**UTAH DEPARTMENT OF HUMAN SERVICES
DIVISION OF SUBSTANCE ABUSE &
MENTAL HEALTH**

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I. INTRODUCTION

Why a Case Management Training Manual?

This guidebook was written to help prepare you for one of the most important jobs in community mental health today. This training manual will be a study guide as you prepare to take the formal examination required by the Division of Substance Abuse and Mental Health to become certified as a provider of case management services. It will also be a resource manual for you during your training and throughout your career.

This training manual is a companion in your work. Like any new textbook or course of study, this field guide should be considered one of your resources. Providers of case management must also be familiar with the Utah Medicaid's targeted case management provider manual(s) and understand how targeted case management services differ from other mental health services such as psychosocial rehabilitative services and personal services.

A Brief Historical Perspective

At one time, people with serious and persistent mental illness received all of their treatment and the basic requirements of living within hospitals or asylums. Between 1965 and 1980, 358,000 residents of public mental health hospitals in the United States were discharged to live in the community. In addition, many younger people with mental illness were not admitted for long-term hospitalization. The focus of care and treatment shifted from the *institution* to the *community*; this was known as the “deinstitutionalization” movement of the 1960's. Many individuals with mental illness had neither the skills nor the resources to live independently in the community. Case management was most often provided by families, other consumers or not at all.

What is Case Management?

In Utah the local mental health authorities are responsible to provide or contract for case management in their local areas as defined by the State of Utah Administrative Code. Providers of case management services should be familiar with the State of Utah's Division of Substance Abuse and Mental Health Program Standards, R523-1-12. Program Standards and the State of Utah's scope of Medicaid-covered mental health services outlined in the Utah Medicaid Provider Manual for Mental Health Centers/Prepaid Mental Health Plans, and the Utah Medicaid Provider Manual for Targeted Case Management for the Chronically Mentally Ill).

Case management services help consumers develop goals to access needed medical (including mental health), educational, social and other services. Targeted case managers assess consumer needs and develop a service plan designed to help the consumer obtain access to a coordinated array of services and to facilitate the achievement of goals. Providers of case management services provide the energy and organization to see that the case management service plan results in real benefits to consumers. Targeted case management services can be provided by one person, or a team of providers. The overall goal of targeted case management 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 done in the community as opposed to an office setting and may be done in the consumer's home, place of employment, shelter, on the streets, and in residential and other settings. The frequency of contact may be more intensive or less intensive based on the consumer's needs. Use one term consistently. Either is fine.

Like other citizens, consumers of mental health services have the ability to live as productively as possible and to receive the treatment they need with a minimum of interference and a maximum of support. A well-conceived recovery/treatment plan and targeted case management needs assessment and service plan will match the consumer's strengths and needs to specific community resources. For many consumers in Utah who access to mental health services targeted case management services can make the difference between isolation and productive community connections.

Qualified Providers of Targeted Case Management Services

Qualified Providers of targeted case management services are:

1. Licensed mental health therapist practicing within the scope of his or her license in accordance with Title 58 of the Utah Code:
 - a. licensed physician and surgeon or osteopathic physician engaged in the practice of mental health therapy; b. licensed psychologist qualified to engage in the practice of mental health therapy; c. licensed clinical social worker; d. licensed certified social worker;
 - b. licensed advanced practice registered nurse (APRN), either as a nurse specialist or a nurse practitioner, with psychiatric mental health nursing specialty certification; f. licensed marriage and family therapist; g. licensed professional counselor; or
2. An individual who is working within the scope of his or her certificate or license in accordance with Title 58 of the Utah Code:
 - a. certified psychology resident;
 - b. licensed APRN formally working toward psychiatric mental health nursing specialty certification through enrollment in a specialized mental health education program or through completion of post-education clinical hours;

- c. licensed APRN intern formally working toward psychiatric mental health nursing specialty certification through enrollment in a specialized mental health education program or through completion of post-education clinical hours;
 - d. associate marriage and family therapist; or
 - e. associate professional counselor.
3. An individual exempted from licensure:
- a. Student enrolled in an education/degree program leading to licensure in one of the professions above, not currently licensed but exempted from licensure under Title 58 of the Utah Code, because of enrollment in qualified courses, internship or practicum, and under the supervision of qualified faculty, staff, or designee. [See Title 58-1-307(1)(b).]; or
 - b. Individual who was employed as a psychologist by a state, county, or municipal agency or other political subdivision of the state prior to July 1, 1981, and who subsequently has maintained employment as a psychologist in the same state, county, or municipal agency or other political subdivision while engaged in the performance of his official duties for that agency or political subdivision. [See Title 58-61-307(2)(h)].
4. One of the following individuals working within the scope of his or her certificate or license in accordance with Title 58 of the Utah Code:
- a. Licensed social service worker, or individual working toward licensure as a social service worker under supervision of a licensed mental health therapist identified in #1 above;
 - b. Licensed registered nurse;
 - c. Licensed practical nurse;
 - d. Licensed physician and surgeon or osteopathic physician regardless of specialty, or other medical practitioner licensed under state law (e.g., licensed physician assistants when practicing within their scope of practice); or
 - e. Licensed APRN and licensed APRN intern regardless of specialty.
5. A student enrolled in an education/degree program leading to licensure not currently licensed but exempted from licensure under Title 58 of the Utah Code, because of enrollment in qualified courses, internship or practicum, and under the supervision of qualified faculty, staff, or designee. [See Title 58-1-307(1)(b).]
6. A non-licensed individual who does not meet qualifications above under the supervision of a licensed mental health therapist identified in #1

Supervision of individuals in 2 through 5 above must be provided in accordance with requirements set forth in Title 58 of the Utah Code, 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. In addition, all individuals providing targeted case management services must know Medicaid regulations pertaining to targeted case management as described in this provider manual.

Case Management Training Curriculum

To meet the State Division of Substance Abuse and Mental Health's (DSAMH's) training standards, all non-licensed individuals will be required to: A. successfully pass a written examination which tests basic knowledge, attitudes, ethics, and case management skills; B. successfully complete a Division of Substance Abuse and Mental Health case management practicum; and C. successfully complete recertification requirements. In addition, all individuals providing case management services must know Medicaid regulations pertaining to targeted case management as described in this provider manual.

II. WHO ARE THE CONSUMERS OF CASE MANAGEMENT SERVICES?

Any individual with a chronic mental illness or a substance use disorder may be eligible for targeted case management services, when there is a diagnosable Axis I 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.

Targeted case management services must be medically necessary. Targeted case management services are considered medically necessary when a targeted case management needs assessment documents that the consumer requires treatment and /or services from a variety of agencies and providers to meet documented medical, social educational and other needs, and there is a reasonable indication that the individual will access needed treatment and/or services only if assisted by a qualified provider of case management services who (in accordance with an individualized case management service plan) locates, coordinates and regularly monitors the services.

Impact of Mental illness

Consumers are generally referred for case management services because their mental illness has caused significant disruptive episodes in their life. Their symptoms may have led to one or more hospitalizations or may have affected their ability to manage aspects of their life independently. They often require ongoing treatment with psychotropic medications and may need some level of assistance in other areas of their life. One important function of case management services is providing sufficient monitoring of a person's recovery. Through careful monitoring the provider of case management services can help the consumer access appropriate treatment and services as early as possible and hopefully prevent the episode from becoming so severe that hospitalization is needed. It is important that the provider of case management services be able to recognize symptoms and report the symptoms to their supervisor and/or the consumer's clinician/service provider. However, targeted case management is not considered treatment and providers of targeted case management services do not diagnose.

It is also important to remember that consumers with a mental illness are not symptomatic all the time. If not entirely symptom free, they may have fewer symptoms or be able to manage them in such a way that it does not cause personal distress or a significant disruption in their daily life. Consequently, they may be able to access needed services more independently. The intensity and frequency of targeted case management services may vary as a result.

Case management services do not include direct treatment for mental illness. However, providers of case management services are often in a unique position to monitor the consumer and observe early signs that the consumer may "decompensate," or that the consumer is showing an increase in symptoms of their mental illness. Therefore, it is important to have some awareness of and knowledge about the various types of mental

illnesses consumers may have. A good resource for more specific information on the criteria for the various disorders can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM), used by treatment providers. For specific questions, it is important to always consult with your supervisor and/or the consumer's clinician/service providers.

III. THE CASE MANAGEMENT PROCESS

Case management can be thought of as filling seven critical functions in which five functions are targeted case management (TCM) activities. These functions are summarized below.

1. Connecting with the Consumer

- An integral part of all targeted case management activities is connecting with the consumer:
 - Develop a supportive relationship with the consumers.
 - Maintain regular contact with consumers, depending upon consumer needs and wherever they reside, i.e., hospital, jail, group home, independent apartment, etc.
 - Provide case management services to consumers on a continuous basis for as long as medically necessary

2. Assessing and Development of a Formal TCM Needs Assessment(TCM Activity)

- Assessing to determine the need for any medical (including mental health), educational, social, or other services.
- Assessment activities include:
 - taking consumer history,
 - identifying the needs with the consumer (Needs Assessment)
 - identifying consumer strengths and preferences and
 - gathering information from other sources such as family members, medical providers, mental health professionals, other providers, and educators, as available.

3. Planning (TCM Activity) and Development of a Formal TCM Service Plan

- Developing a written, individualized, case management service plan with the consumer based on the information collected through the needs assessment.

- Setting specific goals related to filling those needs through available resources.

4. Coordination (TCM Activity)

- Coordination is essential to positive outcomes and is one of the elements of case management. In most settings the provider of case management services is responsible to coordinate multiple services and help streamline access to services.
- The provider of case management services should be knowledgeable about the consumers' medical providers and medical needs, and other community supports and resources available to consumers such as public and private treatment providers, advocacy and self-help groups, low-income housing, employment and training programs, financial benefits and other services and should maintain regular contact with these groups to aid consumer access.

5. Linking/Assisting Consumers to Access Needed Services (TCM Activity)

- Linking the consumers to:
 - needed health care services as well as regularly scheduled physical examinations
 - appropriate treatment programs within community
 - educational programs, and employment training and/or work opportunities
 - doesn't fit with lead in- needs to be own bullet point Assisting consumer with: so put this one last and keep all linking clauses together first developing a range of social and natural supports in the community, i.e., consumer self-help groups, family, connecting with peers and other supports
 - link family members to the National Alliance on Mental Illness (NAMI), Utah Chapter, local affiliates and/or family support groups and how to access mental health and social services programs to meet the consumer's needs. Not a Medicaid billable activity unless the family members are also on XIX
 - all benefits for which they are eligible
 - obtain a satisfactory living situation, including basic living needs
 - referral and related activities including scheduling appointments

6. Monitoring: (TCM Activity)

- Monitoring and follow-up activities, including activities and contacts that are necessary to ensure the case management service plan is effectively implemented and adequately addressing the needs of the consumer.
- Monitoring the consumer progress and continued need for TCM and other services

7. Documenting

It is extremely important the provider accurately and carefully document the services provided to a consumer. Targeted case managers must follow the documentation requirements outlined in the Utah Medicaid Provider Manual.

The targeted case manager must also follow the rules in Utah Medicaid Provider Manual for determining the amount of time spent in a day providing targeted case management to a consumer. The TCM provider is responsible to ensure amounts of time billed to Medicaid are accurate and fully documented in accordance with Medicaid requirements.

Connecting With Consumers

The Relationship: A primary factor in providing case management services is the working relationship. A good case management relationship is based upon trust, mutual respect and a willingness to work together to attain agreed-upon objectives. The provider of case management services does not attempt to change or judge the consumer's beliefs, values or emotions, but works with the consumer to access needed services. The provider of case management services can help the consumer increase skills, gain improved attitudes and expand the consumer's horizons. Providers of case management services attempt to bring about solutions to barriers that consumers experience including discrimination or actions that impose on their civil rights. The provider of case management services develops a network of community supports for advocacy. Community supports or natural supports are resourceful, caring, and responsible individuals who are committed to the growth and development of the consumer. Often these natural supports are family members, friends, neighbors, and community agency personnel. A strong partnership, when it is conscientiously pursued, can assist consumers to succeed in their recovery. The case management relationship, like any other, thrives on consistency, openness, honesty and the careful building of trust.

Obstacles: A variety of factors can make development of this relationship especially difficult. Sometimes consumers find it difficult to develop this kind of relationship due to the nature of their mental illness and history of difficulty accessing agencies and institutions. Other obstacles may include housing issues and/or homelessness, lack of transportation and communication problems that prevent anything other than occasional or irregular contacts. In many instances, the mental illness has interfered with many aspects of the consumer's life including medical, mental health, educational, social, and other services.

Clear Communication: Consumers with active symptoms of a thought disorder may have trouble separating what is real from what is not real (delusions, hallucinations). These factors can mean that the consumer may not accurately interpret the environment and may not know the socially appropriate behaviors that go along with the situation. The provider of case management services, parents and friends can confirm what is real. Consumers may need assistance to understand accurate information about their world. This is especially true for consumers who, for instance, may hear "voices" competing for attention with real voices and perceptions from the outside world. The provider should consistently provide clear and accurate communications to the consumer about what is going on in the environment.

Another important aspect of consistency and reality testing in the case management relationship is that of setting limits and boundaries. It is important that these limits and boundaries be established between the consumer and the provider of case management services. Some limits originate with the agency's policy and Code of Conduct, Ethical guidelines, and the Department of Human Services Provider Code of Conduct and Division of Occupational and Professional Licensing. These should be studied and understood by each provider. Supervisors and other staff members should be sought out by the provider for appropriate supervision and consultation in establishing and setting appropriate boundaries. See the Utah Department of Human Services Provider Code of Conduct: <http://www.hspolicy.utah.gov/pdf/5-3.pdf>.

Also, if providers of case management should have any reason to believe that any vulnerable adult has been the subject of abuse, neglect, or exploitation shall immediately notify the nearest peace officer, law enforcement agency, or Adult Protective Services intake within the Department of Human Services, Division of Aging and Adult Services and be familiar with the Utah Code 76-5-111.1.
http://le.utah.gov/~code/TITLE76/htm/76_05_011101.htm

Basic Values and Ethical Guidelines

The case management approach to helping people with serious and persistent mental illness is anchored in the following values:

- The relationship between the consumer and the provider of case management services is essential
- The work of case management focuses on individual strengths and needs
- The work of case management is based upon the principle of client self-determination
- Outreach to the consumer is the preferred method of case management
- The community is the primary resource for attaining the goals of the consumer

The following are the National Association of Case Management's Ethical Guidelines:

As a Provider of Case Management Services, I:

- Am committed to respect the dignity and autonomy of all persons and to behave in a manner that communicates this respect.
- Am committed to each individual's right to self-determination, and the rights of people to make their own life choices, and I am committed to embarking hopefully on a recovery journey with every person I serve, letting them direct their own healing process.
- Am committed to fight stigma wherever I find it, to educate the community, and to promote community integration for the people I serve.
- Do not allow my words or actions to reflect prejudice or discrimination regarding a person's race, culture, creed, gender or sexual orientation.
- Strive to both seek and provide culturally sensitive services for each person and to continually increase my cultural competence.
- Am committed to helping persons find or acknowledge their strengths and to use these strengths in their journey of recovery.
- Am committed to helping persons achieve maximum self-responsibility and to find and use services that promote increased knowledge, skills and competencies.
- Acknowledge the power of self-help and peer support and encourage participation in these activities with those I serve.
- Am honest with myself, my colleagues, the people I serve, and others involved in their care.
- Keep confidential all information entrusted to me by those I serve, except when to do so puts the person or others at grave risk. I am obligated to explain the limits of confidentiality to the persons I serve at the beginning of our working together.
- Am committed to a holistic perspective, seeing each person I serve in the context of their family, friends, other significant people in their lives, their community, and their culture, and working within the context of this natural support system.
- Must strive to maintain healthy relationships with the people I serve, avoiding confusing or multiple relationships and keeping the relationship focused on the individual's needs, not my own.
- Maintain a commitment to prevent crisis situations with the people I serve, to present and support crisis alternatives, to develop an advanced instruction crisis plan with the individual whenever possible, and to avoid

forced treatment unless there is a clear and present danger to the person served or another.

- Have an obligation to consult with my supervisor, obtain training, or refer to a more qualified case management provider any individual with a need I do not feel capable of addressing.
- Have an obligation to remain curious; learning, growing, developing, and using opportunities for continuing education in my field or profession.
- Am committed to a regular assessment of my service recipients' expectations of me and to consistently improving my practice to meet their expectations.
- Have an obligation to advocate for the people I serve, for their rights, for equal treatment and for resources to meet their needs.
- Am obligated to learn the laws and regulations governing my practice and to abide by them, including the duty to warn anyone in danger of physical harm, and the duty to report physical, sexual, emotional and/or verbal abuse to the proper person or agency.
- Am obligated to work supportively with my colleagues and to keep their confidences.
- Am obligated to urge any colleague who appears impaired to seek help and, failing this, to discuss my concerns with the appropriate agency authority.

Consumers, Not Cases: One of the strengths of a provider of case management services is the ability to see consumers as people, not "cases" or collections of mental health symptoms. They have skills, abilities, hopes and dreams and, like everyone, they may have barriers that prevent them from reaching some of their goals. The provider of case management services job is to help them overcome and adjust to those barriers so that they can meet their goals and live as independently as possible.

When the focus is on abilities rather than disabilities, then the consumer is strengthened. The provider of case management services must be aware of the danger of confusing their goals with those of the consumer. If this happens, the provider of case management services and the consumer are bound to be frustrated and disappointed. Providers of case management services do not impose their values and do not restrict the consumer's right to self-determination.

Recovery: One of the important concepts in the field of mental health is the idea that people can recover from a mental illness, even the most severe illnesses such as schizophrenia and bipolar disorder. Guiding principles of recovery include hope, empowerment, meaningful roles in life, and personal responsibility. The consumer is able to maintain or regain social roles and activities within their community. It is essential that providers of case management services have an understanding and support

these principles of recovery. Recovery often depends on the consumer finding someone who believes in him or her. When a provider of case management services is able to take that type of supportive and encouraging role with a consumer, it is empowering and can be instrumental in that consumer's success.

Basic Recovery Values

The case management approach to helping people with mental illness is anchored in the following Recovery values.

- Trust in the relationship between provider of case management services and consumer is essential.
- The work of case management focuses on individual strengths and needs rather than illness.
- The work of case management is based upon the principle of consumer self-determination.
- Services provided in the community are the preferred method of case management.
- Consumers of mental health services can continue to learn, grow, and change in their recovery.
- Effective case management allows and creates opportunities for consumers to successfully live and participate in the community.

Key Concepts in Recovery

- Hope – Consumers need to feel they can recover.
- Personal Responsibility – Consumers need to feel they can control their own lives and take responsibility for their own care.
- Education – Consumers need information about their illness and treatment options.
- Self-Advocacy – Consumers need support from others, including: family, peers, professionals, and the community.

Recovery is defined by the Substance Abuse and Mental Health Services

Administration (SAMHSA): A process of change through which individuals work to improve their own health and wellbeing, live a self-directed life, and strive to achieve their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that are essential to a life in recovery:

- Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- Home: a stable and safe place to live;
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: relationships and social networks that provide support, friendship, love, and hope

Planning for Services: The Needs Assessment

The need for case management services may be identified as an intervention on the consumer's Recovery/Treatment plan which is created by a licensed mental health professional. In order to determine whether case management is necessary and what services the consumer needs, a case management needs assessment is necessary.

The provider of case management services should assess the consumer to determine service need, such as medical, educational, social, or other services. Assessment activities include: taking consumer history, identifying the needs of the consumer and completing related documentation, gathering information from other sources such as family members, medical providers, social workers, other providers and educators, to form a complete assessment of the consumer.

The needs assessment documents whether a consumer needs assistance in obtaining services from a variety of agencies and providers to meet their documented medical, mental health, social, educational, and other needs. Once this needs assessment is made, the provider of case management services develops a service plan that outlines short and long-term goals and the objectives that must be taken to achieve those goals.

Conducting a Needs Assessment

There are several areas the provider of case management services should assess and document in the Case Management Needs Assessment. Consumers are active participants in the Needs Assessment. The Needs Assessment and services should take into account the mental health services being provided through the consumer's Recovery/Treatment plan completed by the licensed mental health professional. The Needs Assessment identifies assets, strengths, and capacities of consumers to help them maintain a sense of identity, dignity and self-esteem. The assessment procedure should be natural and flexible. Some important principles that apply to all assessment areas are:

- Start with active listening and allow consumers to express their needs and desires.
- A relationship is built on mutual respect and having an adult to adult conversation
- Focus on strengths.

- Select a comfortable environment to conduct the needs assessment.
- All of the needs areas should be addressed and prioritized, as per the consumer's ability to participate.
- Ask open-ended questions.
- Involve family members and other significant social resources and natural supports in the assessment and case management process, with the consumer's signed authorization.

Introduction, Exploration and Engagement: In this initial phase, the provider of case management services will introduce himself/herself to the consumer. They will explain the case management process and the goals of this service. The provider of case management services will begin to assess the consumer's current ability to independently access needed services and whether they want case management services. It should be kept in mind that willingness to participate in case management services is closely associated with consumer choice. Consumers may be temporarily satisfied with their lives and circumstances, not desiring to begin work on more progressive goals and objectives. Engagement must be cautiously evaluated by the provider of case management services and must not be used as an "excuse" for under-serving.

The consumer is the "expert" about their own unique strengths, interests, and aspirations. Providers of case management services can positively influence engagement by fostering hope and belief in the consumer receiving services. The Needs Assessment should recognize consumers' natural supports. This principle allows the consumer to share in the recovery process to the greatest extent possible.

Active listening, reflection and verbal support are critical to the acceptance and empowerment of the consumer. In this process the provider of case management services may respond to the information presented by the consumer by restating what they have heard the consumer say. The provider of case management services should encourage consumers to explore their situation to identify their own personal strengths. For example, "You said you'd like to live in an apartment; tell me what kinds of things you can do to live on your own."

The Assessment Discussion: The provider of case management services responds to the consumer by moving in whatever sequence is natural throughout the discussion. It could begin with living arrangements and then move to finances. There is no prescribed sequence in gathering the information. The responses of the consumer are used to determine their level of need in the Needs Assessment. It is important to collect and record details regarding consumer responses.

Areas of need to be assessed:

An assessment of the consumer's situation and circumstances may include:

- medical/psychiatric wellness
- mental health/substance abuse services
- vocational/educational
- social, family/social support
- benefits/financial resources
- housing
- leisure/recreational activities
- legal
- activities of daily living skills

An assessment of each need area is based upon:

- social history
- the consumer's current circumstances
- stated personal goals
- internal and external resources
- priority of needs
- information from others including family, friends, service providers with consumer release of information

The following may help guide the needs assessment process when meeting with the consumer:

- asking what kinds of experiences the consumer has had in receiving community and other services up to this time
- asking what services are most important now for the consumer
- reviewing the mental health provider's Recovery/Treatment plan with the consumer
- asking what resources could help the consumer make the desired changes

- asking what talents or experiences the consumer can use to meet the desired goals
- asking what steps the consumer needs to take to make the changes

The needs assessment is an ongoing working document and is to be updated when the consumer's status is altered, goals change, or new services and resources are needed. Since a needs assessment is ongoing, the provider of case management services may stop the assessment process at any point to:

- respond to a consumer's restlessness or unwillingness to continue
- start the prioritization of needs to move into the development of a service plan
- set a continuation date/time to gather further information prior to developing service plan

Prioritizing Needs

After completing the needs assessment, the consumer and provider of case management services must identify which areas should be chosen as priorities for goal setting. These are first based on critical survival needs (food, shelter, clothing, medical, and mental health care) and then less critical needs. Once the needs have been prioritized, the consumer and provider of case management services are ready to develop a service plan to accomplish one or more of the goals.

The Service Plan: Development and Implementation

Once a needs assessment is completed, the consumer's identified goals are recorded in a service plan.

What is a Service Plan?

A service plan is a set of action steps designed to achieve one or more of the consumer's goals as stated during the needs assessment. It is a plan that contains:

- short term goals or action steps
- long term goals
- parameters of service delivery
- review date
- Signatures or other indications that show participation of consumer, provider of case management services, and supervisor, if needed.

The Role of the Provider of Case Management Services in Designing a Service Plan

The role of the provider of case management services is to assist the consumer to prioritize their needs, establish a goal statement(s) from their needs assessment, identify the necessary action steps to accomplish the goal(s), and to design a plan that will support the consumer's progress. Throughout this process the provider of case management services educates and reinforces the consumer's right and responsibility to identify and make choices.

Each goal must be broken down into a set of action steps. These steps are listed along with whom, how, and when the step will be accomplished. The art of designing a service plan is to develop the sequential steps to help the consumer obtain their goals. The following is a checklist for writing quality action steps:

- Are the action steps stated in positive terms?
- Are the action steps realistic, measurable and achievable?
- Are the action steps observable and behavioral?
- Are the action steps stated in specific terms-not global terms?
- Are the action steps consumer-oriented?
- Is the initial action step immediate with a high probability of success?
- Are the action steps set in sequential order and serve to accomplish the goal?
- Are the number of action steps small enough to not overwhelm the consumer, but large enough to set a direction and set a challenge?

Once the service plan has been developed the plan needs to be reviewed, approved and signed by a supervisor. The provider of case management services and the consumer begin the process of implementing the plan. The provider of case management services should expect that the service plan will need to be changed and revised from time to time. The provider of case management services must formally review the service plan (and update as needed) at least every one hundred and eighty days.

Implementing the Service Plan

The next step is implementation. The provider of case management services will offer both practical support and encouragement throughout this process. The ultimate attainment of consumer-based goals rests with the consumer, but the provider of case management services is critical in helping to overcome barriers to the consumer's progress.

Growth and movement are supported by helping a consumer attain goals by reviewing goals and being sensitive in offering assistance. The provider of case management services' job is to help in a way that strengthens the consumer and helps him/her to

become independent. Active outreach to the consumer is a cornerstone of case management. The provider of case management services should maintain contact with the consumer whether the consumer is in crisis, acute care or hospitalization.

Coordinating Services

While it may seem basic, effective coordination is critical to positive case management outcomes. The provider of case management services is responsible to coordinate all needed services as required on the service plan. The provider of case management services coordinates multiple services in such a way that they are not duplicative, nor do they conflict with one another. Coordination with mental health providers, primary care providers and other service providers can make the critical difference between positive and negative outcomes. Providers of case management services must establish a strong collaborative partnership between the consumer and other service providers.

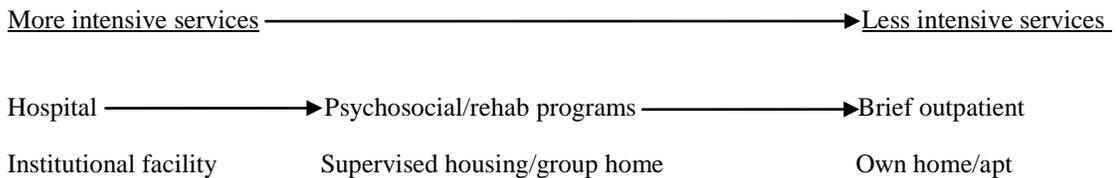
Linking the Consumer to Services

Because a crucial task of the provider of case management services is linking consumers with services and resources, the provider of case management services must be familiar with the services and resources and key contact persons within service providers/agencies.

Mental Health Providers

It will be helpful for the provider of case management services to view mental health services on a continuum. (See illustration below.) The continuum allows a consumer to receive services according to their need. If the consumer's behavior is fairly stable and functional, they may only need outpatient services. But if their behavior is more volatile or out of control, they may need to use services such as residential support.

Continuum of Services



The provider of case management services must be familiar with the mental health service continuum. The following are the key categories of services:

- Emergency Services
- In patient Hospitalization:
- Residential Services

- Outpatient services
- Supported Housing and In Home Skills Housing Services

Public Entitlement Programs

Consumers may need case management to obtain entitlements. The most important kinds of assistance required are income support (SSI, SSA- GA or TANF) and special services for people without money, such as donated medical or legal assistance. In most communities, the public and private social welfare system is fragmented, restrictive and characterized by complex intake and reporting procedures. A provider of case management services can assist the consumer to gain access to public entitlements. It is also the provider of case management services' responsibility to develop the expertise and understand the eligibility process.

Often, applicants for social security benefits are turned down the first time they apply but are eligible to appeal. It is the provider of case management services' responsibility to inform the consumer of the appeal process in the event of unfavorable decisions. To obtain state entitlements such as General Assistance (GA) or Temporary Aid to Needy Families (TANF), applicants will need to provide the following:

- Birth certificate or a church or tribal record of birth
- Picture identification (Driver's License or Utah State ID Card)
- Social Security Card

Additional information may be required including rent payments, bank balances, or insurance policies depending upon the situation. Consumers must have the above documents to successfully complete an application for state assistance.

Federally Administered Entitlement Programs:

Medicare - Medicare is a federal health insurance program.

Social Security Disability Insurance (SSDI) -This is a federally funded insurance program for the blind and disabled, funded by deductions from the applicant's payroll wages. Eligibility is based upon medical documentation of a disabling physical or mental illness. As with other insurance programs, a person must have contributed to it to receive payments later.

Supplementary Security Income (SSI) - This is a federal benefits program for the needy, aged, blind, and disabled. Eligibility is based upon medical documentation of a disabling physical or mental illness together with financial need. A thorough medical assessment and diagnosis with laboratory findings and other supporting evidence is required to support a successful application. It is the responsibility of the provider of case management services to inform the consumer of the appeal process with any findings of ineligibility, particularly at the first step. Entitlements are retroactive to the original date of application.

State Administered Entitlement Programs:

Medicaid - This is a federal program administered by the state to help low-income citizens with disabilities obtain medical care. Consumers who qualify for SSI also qualify for Medicaid, but they must apply for each program separately. Not all providers of medical service accept Medicaid, so you will need to become familiar with the providers in your area who accept this insurance. If a consumer earns money or receives SS-DI, they may qualify for Medicaid however, they may have to pay for this benefit depending on their income which is called a spend-down. Provider of case management services must become familiar with the regulations regarding spend-down as the amount of the spend-down varies depending on the consumer's income.

General Assistance (GA) - This is financial help provided by the state for individuals who have not qualified for federal assistance programs such as Social Security and/or who have a short-term disability. Applicants must provide a completed medical form from a physician that describes the extent, duration and medical diagnosis of the applicant's claimed disability. Applicants found ineligible for General Assistance may be assisted to enroll in a state sponsored emergency employment program.

Primary Care Network (PCN) - Limited medical coverage PCN is available as a state alternative to Medicaid coverage for consumers. The state medical coverage, Utah Medical Assistance Program (UMAP) is less comprehensive than Medicaid, particularly concerning long-term psychiatric disabilities.

Temporary Assistance to Needy Families (TANF) - This program is designed to meet the subsistence needs of children through payments to parents. Application for this program is by completing the same state application form used for all state programs listed above including the food stamp program. Consumers have the right to special assistance, foreign language translators, and sign language assistance to complete the application process.

Food Stamps - Consumers may apply for food stamps and others forms of state assistance at the nearest Utah Department of Workforce Services. Food stamps are used to supplement income to help purchase food. Most households must spend some of their own cash along with their food stamp benefits to buy the food they need.

Day Care: The State of Utah licenses day care providers to provide childcare to eligible parents. Many times consumers will be eligible to use these services while they receive treatment, participate in vocational training, and/or participating in other services.

Community Resources: Besides the mental health services a consumer may need, each community has a variety of other services that will be crucial in assisting the consumer in fulfilling their goals. Providers of case management services are responsible to know about the services and service providers and resources in their community that may be beneficial to consumers.

Monitoring the Service Plan

Monitoring involves active observation of the service plan to make sure it is being properly implemented and continues to fit the needs of the consumer. Monitoring also involves consistent help to the consumer in identifying problems, modifying plans, ensuring the consumer has resources to complete goals, and in some cases monitoring treatment participation of the consumer. For example, in monitoring, the provider of case management services may identify the need for additional medication management services, housing issues, or a change in service needs.

According to federal Medicaid, case management includes monitoring and follow-up activities, including activities and contacts that are necessary to ensure the targeted case management service plan is effectively implemented and adequately addressing the needs of the client, which activities may be with the client, family members, providers or other entities, and conducted as frequently as necessary to help determine such matters as whether services are being furnished in accordance with the client's case management service plan, whether the services in the case management service plan are adequate, whether there are changes in the needs or status of the client, and if so, making necessary adjustments in the case management service plan and service arrangements with providers; and monitoring the client's progress and continued need for targeted case management and other services.

When the provider of case management services is monitoring a consumer's progress towards meeting the service plan goals, he or she will be attempting to answer these questions:

1. Is the consumer getting the services established by the service plan?
2. Are the services provided in such a way that the consumer can benefit from them?
3. Are the services provided to the consumer meeting the objectives of the service plan?
4. Are the services provided in a manner that is beneficial or usable to the consumer?

5. Are the plans objectives appropriate to the consumer's current needs, skills, and abilities?
6. Will meeting the plan's interventions give the consumer the ability to live in the community?
7. Does the consumer need additional services or intervention to be able to continue making progress?

The questions point to the effectiveness of the service delivery, the appropriateness of the service and the appropriateness of the service plan. The answer to the questions will lead to the next action. And if the current service plan is not helping the consumer, a revised assessment and service plan may be in order.

Case management is a fluid activity; provider of case management services are community bound – not office based. To monitor service delivery, the provider of case management services must actively watch, listen and interact with both the consumer and all the treatment/service providers.

Managing Day by Day

It is difficult to anticipate all the service needs that might be encountered in case management work but certain issues seem to arise frequently. These include monitoring medications, mental health, transportation, money management, hygiene, wellness, medical and dental care, housing, education, and employment. The consumer's Case Management Needs Assessment should assess their interest, skills and abilities. Services should be identified as goals/objectives in the Case Management Service Plan and/or Case Management Needs Assessment. Below are some examples of the most common service needs.

Medication Management: For many consumers, medication management may be essential to help alleviate and/or prevent the recurrence of symptoms of mental illness. These medications work to stabilize brain functioning. These medicines do not cure mental illness, but they can help control symptoms.

Many consumers view medications as a benefit and as a necessary part of treatment and actively engage with their prescriber. Other consumers may not see the benefits of medication. Medications used to treat mental illness may help consumers in their recovery by stabilizing symptoms which empowers them to live independently in the community and attain their goals.

The role of the provider of case management services may include monitoring and supporting a consumer in their medication treatment. The provider of case management services may collaborate with the consumer and the prescriber to communicate any consumer concerns and/or observations with medications. This responsibility may include requesting a routine appointment or an urgent appointment with the prescriber and helping the consumer to get prescriptions filled. The decision to use medications is carefully considered between the consumer and the prescriber. The provider of case management

services can be supportive in that decision. The prescriber is responsible for the assessment, prescription and monitoring of psychiatric medicine when prescribed for consumers. Part of that responsibility involves discussing the need for medication, (informed consent), its effects and possible side effects with each consumer.

A basic knowledge of psychiatric medicines and their proposed benefits and possible side effects will help the provider of case management services monitor the consumer's mental health. Provider of case management services have a responsibility to have a basic understanding of medication issues and should consult with the prescriber and other treatment team members in these matters.

Transportation: As a provider of case management services, one of your duties may be to transport consumers. Some points to keep in mind are:

- Know and follow your agency policies about transporting consumers. Discuss these policies with your supervisor.
- If you are able to drive personal vehicles for case management, check with your agency and your own personal insurance company to ensure proper coverage.
- *DO NOT* transport consumers alone when their behaviors appear unstable or unpredictable.

Hygiene and Grooming: Adequate hygiene and grooming may be problems for consumers. Provider of case management services must carefully assess hygiene needs being careful to not push their own values on consumers. Provider of case management services should make a nonjudgmental and thoughtful assessment of the possible reasons for poor hygiene and grooming. Hygiene and grooming issues may be the result of financial barriers, medical or mental health symptoms.

Medical and Dental Care: Adequate, timely medical and dental care may be a problem for consumers. Providers of case management services need to stay educated on public entitlements, community resources and to know or find out what medical and dental care can be obtained for the consumer. For consumers with Medicaid benefits the provider of case management services must understand the plan the consumer is in (whether they have Traditional or non-traditional Medicaid) and whether they are enrolled in a physical health plan for their medical care. For consumers who do not have Medicaid sometimes low-cost or no-cost services can be obtained for consumers from local professional or service organizations.

Natural supports: Incorporate families and friends as invaluable resources with the consumers' release of information. They may know the consumers history of mental and physical health problems, the treatments and responses and may be able to propose approaches that have worked in the past. They can be a resource in managing these needs and are encouraged to work with them to support the consumers' needs. The provider of case management services must ensure that an authorization to release information is

signed by the consumer before including family members or other natural supports to the consumer.

Education: Education may be suitable for consumers. Providers of case management should assess consumers desire to reach educational goals and if so link consumers to services and resources to pursue educational opportunities. Case management services should assist and empower the consumer to achieve educational goals.

Training and Employment: Employment may be suitable for consumers. Some key questions for consumers and provider of case management services are:

- Does the consumer have the skills and abilities to work successfully?
- How can they acquire skills, abilities, and learn to apply them?
- How can the consumer minimize barriers?
- Where can the consumer get a job in a sheltered or regular work environment?

Each of these major questions deserves attention. Like other inseparable aspects of effective case management, the answers to these questions depend on many things including the consumer's skills and readiness for employment, the availability of work, and the creativity and commitment of the provider of case management services.

Consumers who desire to be employed may benefit from transitional employment (TE) and supported employment (SE). TE and SE models offer social, educational, pre-vocational, and vocational opportunities to consumers. Full-time, part-time and volunteer work may also provide significant benefits to consumers. The provider of case management services can help the consumer by linking them to employment agencies including the Utah State Office of Vocational Rehabilitation to develop necessary work skills in order to return to productive employment in the community.

IV. Description of the Levels of Case Management and Caseload size

These guidelines present three levels of case management which accommodate the experiences of consumers and providers and which acknowledge the great variability of mental illnesses and associated periods of need. Level I CM provides extensive supports for those whose present need and disability are the greatest. Level II CM provides an intensity of case management which focuses on recovery and rehabilitation which if successful, may well decrease the intensity of support needed. Level III case management provides a basic linking and crisis prevention service for people who are largely able to self manage their lives, or who do not choose to be presently involved in a more intensive service. While formal assessment findings and consumer choice are key indicators for case management assignment, there are many factors to be considered in the selection of the level of case management for each individual. Among these considerations are:

- Consumer choice must be a primary factor in the assignment decision. Choices may be related to determining the level of case management as well as selecting the case management site (if services are available at more than one site). Once there is agreement about the assignment to case management, there is a continuing need for sensitivity to consumer choice about the intensity of service and privacy.
- Willingness is closely associated with consumer choice. Consumers may be temporarily satisfied with their lives and circumstances, not desiring to begin work on more progressive goals. Willingness must be cautiously evaluated by providers of case management and must not be used as an “excuse” for undeserving. It is important to note that case managers can positively influence willingness through demonstration of hope and belief in the consumer while working to enable the consumer to have the ability to manage themselves and live successfully in the community.
- Social resources and natural supports available to consumers are also a very important factor in decision about the intensity of case management. Consumers who are living in supervised housing/group homes or residences associated with psychosocial rehabilitation and/or clubhouses may well require a less intensive case management service. Consumers who live with family or significant others may not need or choose an intensive case management service. However, care must always be taken not to make the family or significant others the “de facto” case manager. The availability of consumer self-help opportunities and other natural support and social services will also affect the level of case management required.
- Safety may play a role in the case management assignment decision. People who are vulnerable to violence or abuse, or who are themselves prone to abusive behavior, may require a more intensive level of case management.
- Culture is also a critical determinate for case management. While all providers of case management services must be aware of the ethnicity and heritage of the consumers they serve, providers must also employ case managers who are representative of the various culture so the service area to assure cultural sensitivity in the level of case management services. Specific training in cultural competence should be required from all providers.
- Co-occurring conditions or situation will also affect assignment. Consumers with a mental illness and a co-occurring substance abuse problem should work with providers who are trained in the provision of substance abuse services. Serving consumers who live with mental illness who are elderly, physically or development disabled or involved with the criminal justice system requires specialized skills.
- Legal issues are a factor in the selection of case management intensity. Consumers with guardians or who are involuntarily committed may be assigned a particular level of case management intensity. Consumers with involvement in the criminal justice system require coordination with those systems.

DESCRIPTION OF THE THREE LEVELS OF CASE MANAGEMENT

(Case Management Services allows for Blended Caseloads of Level I, II, and III)

	Level I CM	Level II CM	Level III CM
Description	<p>Level I CM is the most intensive level of CM.</p> <p>Through frequent, comprehensive CM, support is given to most severely disabled adults. Crisis coverage is accessible 24 hours per day, seven days per week. (Crisis services may be provided by other mental health providers.)</p>	<p>Level II CM provides a moderate level of CM support to the adult population in which symptoms are at least partially controlled. CM is goal-directed, recovery and outcome-oriented for people who wish to make regular progress in growth and rehabilitation. Crisis coverage is accessible 24 hours per day, seven days per week. (Crisis services may be provided by other MH providers.)</p>	<p>Level III CM is the least intensive CM mode provided to people who are somewhat satisfied with their life situation, or are largely able to self-manage much of their progress. Services are provided pending the client's needs with on-call crisis intervention, or other crisis intervention arrangements.</p>
Admission	<p><u>Diagnosis:</u> Meets State criteria.</p> <p><u>Severity:</u> Past hospitalizations, but no recent major crisis activity or hospitalization</p> <p><u>Assessment:</u> Will show severe deficits in skills and resources needed for community living.</p>	<p><u>Diagnosis:</u> Meets State criteria. Symptoms are partially controlled, thereby enabling rehabilitation efforts.</p> <p><u>Severity:</u> Past hospitalizations, but no recent major crisis activity or hospitalization.</p> <p><u>Assessment:</u> Will show skill and resource deficits which impair the person's ability to achieve personal goals independently.</p>	<p><u>Diagnosis:</u> Meets State criteria.</p> <p><u>Severity:</u> Extended period with no hospitalizations or major crisis episodes. Largely able to independently manage symptoms and medication. Some satisfaction with current life and able to make significant progress towards goals with occasional assistance.</p> <p><u>Assessment:</u> Will show moderate dysfunction.</p>

DESCRIPTION OF THE THREE LEVELS OF CASE MANAGEMENT

	Level I CM	Level II CM	Level III CM
Focus/Activities	Focuses on obtaining basic human needs and supports; decreasing symptoms and side effects of medication; increasing periods of independence; building support networks; minimizing or eliminating periods of crisis or severe dysfunction. Teaches and models positive behaviors and helps people re-establish sense of self and personal aspirations.	Focuses on obtaining recovery outcomes and maximizing strengths; developing, implementing, and coordinating a client centered Comprehensive service plan. Obtains and coordinates services and resources to meet objectives of the service plan; teach skills. Provides consistent direct service support.	Focuses on maintaining stability and independence by providing a link to services and interface with psychiatric and medication services, crisis prevention and intervention. Client is able to have a direct point of contact to mental health system, with emphasis on coordination and linking.
Caseload	Recommended average of 13 persons per case manager. Depending on the needs of persons served and team availability, the range could be from 5 to 15 persons per caseload except in rural areas, due to transportation limitations. Active teams (24-hour coverage) and mutual support caseloads may be assigned to individual case managers or teams as a whole. Best Practice includes one full or part-time nurse and part-time psychiatrist, or a physician with special mental health training in rural areas, job specialist and housing specialist on the team. Face-to-face assessment of needs two to four times per week with at least one contact at place of residence	Recommended average of 24 persons per caseload. Depending on the needs of persons served and team availability, the range could be from 15 to 30 persons per case manager, except in rural areas. Caseloads are individual/team. Best Practices: psychiatrist and nurse, job specialist and housing specialist on the team. Face-to-face assessment of needs at least four times per month with one contact at place of residence, based on individual need.	Recommended average of 50 persons per caseload. Depending on the needs of persons served and team availability, the range could be from 30 to 80 persons per case manager. Usually, individual practice in office with some team features. Collaborates with medication service. Available crisis prevention/ intervention Monday through Friday, 8:00 a.m. to 5:00 p.m., with back up arrangements at other times. Face- to-face assessment of needs at least one time every 90 days at place of residence. Two face-to-face and eight telephone contacts per year.

DESCRIPTION OF THE THREE LEVELS OF CASE MANAGEMENT

	Level I CM	Level II CM	Level III CM
Internal Review of Services	<p><u>Initial authorization:</u></p> <p>One year, reauthorization in 180-day intervals. Continued stay based on degree of symptoms and crisis reduction and/or positive</p>	<p><u>Initial authorization:</u></p> <p>One year, reauthorization in 180-day intervals. Continued stay based on progress with rehabilitation goals and desire for further</p>	<p><u>Initial authorization:</u></p> <p>180 days, and thereafter as person chooses to have continued CM linkage to mental health systems.</p>
Expected Outcomes	<p>Increased community tenure and reductions in the frequency or length of crisis or hospital services. Also, increased housing stability; decrease in symptoms and medication side effects; increased social integration; reduced impairment from substance abuse; and decrease in level of care needed or desired. Client satisfaction; achievement of independence or semi-independent living arrangement.</p>	<p>Increased community tenure; decreased crisis episodes, increase in time spent working or in school; increase in social contacts; increase in personal satisfaction and independence. Achievement of independence or semi-independent living arrangement. Reduced impairment from substance abuse. Client satisfaction.</p>	<p>Increased client satisfaction with personal life domains and continued stability as measured by rare, brief, hospitalizations and a continued decrease in frequency and duration of crisis episodes. Increased personal independence in any life domain. Sustained recovery from substance abuse.</p>

OTHER CHALLENGES

Crisis Intervention

A crisis intervention is a planned response to a crisis situation, which can range from a suicide threat to non-lethal problems such as eviction, divorce, or death of a loved one. A crisis is not necessarily always negative and the provider of case management services can help the consumer understand and even benefit from many apparent crises of daily living. An individual crisis, such as the loss of entitlements or the loss of a job, may ultimately have a positive outcome in that it helps the consumer to learn and grow. The provider of case management services should consult with their supervisor and other team members in a situation and to plan appropriate interventions when encountering a crisis situation.

Problem Behaviors That May Precipitate a Crisis

Popular culture and the media have helped to portray consumers with mental illness as violent and unpredictable. These false images perpetuate stigma. The fact is that people with mental illness are no more dangerous than the general population. Consumers may be more likely to be the victims of violence than to be the perpetrator. Consumers are citizens who share the predominant values of their home communities. Some factors that may increase the likelihood of violence include substance abuse, difficulty maintaining consistent medication management, and low insight into their illness. However, consumers are responsible for no more than 5% of violent episodes in the United States.

Illegal Behaviors

Most consumers are law abiding citizens although some consumers may act against property, other people, or more commonly, themselves. This may involve law breaking or impulsive reactions to stressful situations or to their own thoughts and feelings. It is impossible for anyone, including mental health professionals, to reliably predict how someone else is going to behave. It is not the provider of case management services' job to protect consumers from the consequences of their illegal behavior. The motives behind illegal behaviors, whether deliberate or not, are a matter for legal authorities to determine. The provider of case management services should consult their supervisor.

Alcohol and Street Drug Use

Consumers will sometimes choose to use alcohol and/or street drugs for a variety of reasons. Consumers are free to use alcohol in accordance with applicable laws in their communities. However, they should be informed of the dangers associated with both drug and alcohol use along with the possibility of dangerous interactions that these substances may have with psychiatric medications. Consumers will sometimes stop taking their medication and prefer to "self-medicate" with alcohol or street drugs to relieve their symptoms, preferring these substances to their prescribed medication and the accompanying side effects. The provider of case management services should notify the

prescriber and work with the treatment team around a consumer's alcohol and/or street drug use.

The provider of case management services can monitor and assess consumers for substance use and can assist the consumer with these issues by linking them to public and private treatment programs and facilities when appropriate. A list of treatment programs for Substance Abuse is maintained by the Utah Division of Substance Abuse and Mental Health and can be accessed online at <http://www.dsamh.utah.gov>.

Threatening, Violent or Homicidal Behavior

When someone's life or well-being is threatened, endangered, or violated, the provider of case management services should initiate several actions. First, imminent or immediate threats must be respected for what they are—a potentially dangerous situation. Immediately reduce the threat if possible by withdrawing, leaving, or removing whatever may be causing the anxiety, agitation, or fear. Speak in a normal tone and a calming voice to the consumer. Ask for and provide verbal clarification of the situation. Avoid trapping or backing someone into a corner, or getting too close to someone. Leave all exits open. If the danger does not diminish, then physically remove yourself and others from the situation and contact the police. The law requires that you inform anyone who has been threatened by another that his or her safety is jeopardized and by whom. Utah state law also specifically requires all mental health personnel to report known or suspected situations of child abuse to Child Protective Services or to the police. You should never hesitate to call the police for assistance when you perceive an immediate threat to the physical safety of an individual. It is the job of the police, not yours, to physically restrain people who are out of control.

Situations involving potential harm to individuals or property should always be discussed with your supervisor at the earliest possible time so that plans can be implemented to protect the safety of the consumer, the provider of case management services, and others in the community. These types of situations should also be carefully documented.

Suicidal Thoughts and Behaviors

Suicidal thoughts and behaviors can occur with consumers who are struggling with the symptoms of their mental illness and may also lack the connections of work, family, and friends to provide support during the difficult time. Thoughts of suicide may arise from desperation and discouragement or more rarely may result from “command hallucinations.” Command hallucinations are “voices” instructing the consumer to harm him/her (or others) or take their own life during a psychotic episode.

All suicide threats must be taken seriously. It is essential that you consult with and remain in close contact with your supervisor throughout the period when there is a danger. Safety is the number one priority during these times. Provider of case management services should ensure that consumers are aware of the availability of 24-hour Crisis Services in their area and how to access these services when needed and that this information is reviewed with them on a regular basis.

In general, suicidal risk is higher when there is a specific and detailed plan for committing suicide, when the chosen method is lethal, and when the method of suicide is available. For example, the consumer who is discussing suicide, has access to a loaded gun, and intends to use it tonight is generally in more immediate danger than another person who has declared plans to starve her/himself or swallow pills soon. All suicidal thoughts and behaviors should be carefully documented. Never hesitate to involve your supervisor, crisis services, or the police when there is an immediate threat to the physical well being of somebody.

TAKING CARE OF YOURSELF

Working with people can be stressful. It is important to take care of yourself – physically, emotionally, and socially. Utilize opportunities to attend time management and stress management workshops. They will go into more detail about coping with the challenges of your job. But here is a list of suggestions that may be useful.

Time Management

- Make a daily plan of tasks.
- Prioritize the list. Identify those tasks that have to be done today (A's) from those which should be done, but could be done tomorrow (B's) and those which are not that important (C's).
- Be sure to do your "A" tasks first.
- Keep lists simple and realistic.
- Carry your list with you – consult it often.
- Let your list be your guide. . You will find that you often have to adapt and revise.
- Let consumers know when you will have time to provide case management services for them. Set appointments with them and stick with it. If they are not there for the appointment, make another appointment for another time. They will soon know they can rely on you if they will make their appointment times with you.
- Be on time. Treat consumers the way you want to be treated.
- Always ask "what is the best use of my time right now?"
- Do not always do other people "A" tasks at the expense of your own.

Stress Management

- Talk with staff and your supervisor about your experiences and feelings. Sharing with others helps to reduce the tension and find humor in difficult situations.
- Learn how to use relaxation exercises.
- Use humor appropriately.
- Recognize the stages of burnout.

Stage I – Early Warning Signs

- Vague anxiety
- Constant fatigue
- Feelings of depression
- Boredom with one's job
- Apathy

Stage II – Initial Burnout

- Lowered emotional control
- Increasing anxiety
- Sleep disturbances
- Headaches
- Diffuse back and muscle aches
- Loss of energy
- Hyperactivity
- Excessive fatigue
- Moderate withdrawal from social contact

Stage III – Burnout

- Skin rashes
- Generalized physical weakness

- Strong feelings of depression
- Increased alcohol intake
- Increased smoking
- High blood pressure
- Ulcers
- Migraines
- Severe withdrawal
- Loss of appetite for food
- Loss of sexual appetite
- Excessive irritability
- Emotional outbursts
- Irrational fears (phobias)
- Rigid Thinking

Stage IV – Burnout

- Asthma
- Coronary artery disease
- Diabetes
- Cancer
- Heart attacks
- Severe depression
- Lowered self-esteem
- Inability to function on job and personally
- Severe withdrawal
- Uncontrolled crying spells
- Suicidal thoughts
- Muscle tremors

- Severe fatigue
- Over-reaction to emotional stimuli
- Agitation
- Constant tension
- Accident proneness and carelessness
- Feelings of hostility

- Take action to deal with your burnout if you recognize it.
- Talk to your supervisor for assistance.
- Take time-outs. These can be mini time-outs, such as taking the afternoon off, or longer vacations.
- It is okay to say you are having a difficult time. We all do at times. It is not okay to ignore the stress symptoms and do nothing about them.
- Cultivate pleasurable activities and hobbies that will offer you balance and peace.
- Develop a positive, nurturing support system.
- Set limits with yourself and others. Know your own boundaries
- Exercise regularly

“Often the person who identifies himself as the curer or fixer-type healer is vulnerable to burnout.” (*Rachel Naomi Remen, M.D.*)

“Perhaps the most important thing I have learned from my work is that I can be a friend and supporter of healing; I can be a guide to people; but it is not I who does the healing. I try to heal by creating situations that seem to allow or foster healing – calmness, faith, hope, enthusiasm – and sometimes just the idea that healing is a possibility.” (*Martin Rossman, M.D.*)

VI. GLOSSARY

Acute phase of illness: A period of time during which the person suffers increased intensity of symptoms. It may last from a few days to several weeks.

ACT Team: A multidisciplinary team acting as the primary provider individualized treatment, rehabilitation, and support services to an identified population of high risk SMPI individuals to assist those persons live successfully in the community.

Adjustment disorder: A poorly suited response to life stress that usually disappears when the stress stops.

Adult Protective Services (APS): An entity responsible for the investigation of possible abuse, neglect, or exploitation of disabled adults and elderly.

Affect (flat): Absence of the common signs of normal emotions, such as smiling, laughing, etc.

Affect (inappropriate): Display of emotion that is out of place and does not relate to events.

Affect (labile): Abrupt, unpredictable shifts of emotion.

Akathisia: Common, unpleasant side effects of major tranquilizers that make a person feel jittery and agitated.

Alogia: Poverty of thinking evidenced either by poverty of speech or by poverty of content of speech. (See also mutism)

Alzheimer's Disease: A common and irreversible form of dementia in which the brain atrophies. Death usually follows in six to ten years.

Ambivalence: The presence of strong opposing feelings that make it difficult for a person to reach a decision.

AMI: Alliance for the Mentally Ill (National)

Anorexia nervosa: A common and serious eating disorder generally found among young women in which they gradually decrease the amount of food they eat until their weight becomes dangerously low.

Anti-anxiety drugs: Medications used to help relieve tension and feelings of nervousness.

Anti-depressant drugs: Medications used to treat serious depressions.

Anti-psychotic drugs: Medications used to treat schizophrenia and other psychotic disorders.

Anti-social personality disorder: A diagnosis generally applied to individuals with long histories of continuous and chronic anti-social behavior, such as disregard for and violation of the rights of others.

Atypical psychosis: A diagnosis sometimes used when psychosis is observed but its causes are not understood.

Avoidant Personality Disorder: Characterized by hypersensitivity to rejection, and feelings of inadequacy and low self-esteem.

Avolition: Absence of initiative or motivation to begin and maintain behavior in pursuit of a goal.

Bipolar Disorder: A mood disorder in which a person experiences episodes of intense feelings of euphoria, and excitement, or irritability, followed by episodes of depression

Borderline Personality: A personality disorder characterized by instability of personal relationships, self-image, moods, and impulsivity.

Bulimia: Binge eating often accompanied by vomiting caused by concern over appearance and weight. This problem is related to anorexia nervosa and, in its severe form, can be life threatening.

Provider of case management services: A mental health worker who assists consumers access various resources and assistance to meet their needs and live as independently as possible.

Catatonic schizophrenia: A type of schizophrenia characterized by pronounced motor symptoms ranging from rigid immobility to extreme excitement and excessive motor activity.

Chronic phase of illness: Refers to the persistence of illness or symptoms over a long period of time.

Civil Commitment (also called involuntary commitment): A judicial process whereby someone may be committed to a hospital against their will if the person is judged to be mentally ill and one or more of the following conditions also applies: 1) danger to self, 2) danger to others, 3) there is no less restrictive treatment available. *Please refer to S.B. 27, Susan Gall Involuntary Commitment Amendments:* <http://www.le.state.ut.us/~2003/bills/sbillenr/sb0027.pdf>

Club: May refer to consumer self-help clubs developed and organized by consumers themselves, or psychosocial clubs such as Alliance House in Salt Lake City,

which are program components of community mental health centers. As the term implies, a club emphasizes belonging, social connections and common purposes.

CMHC: Community mental health center.

CMI: Chronically mentally ill.

Community Mental Health Centers: Organizations located in communities throughout the state that by providing individualized treatment for mental illness and or substance abuse illnesses assist consumers to live as productively and satisfactorily as possible.

Community Support Projects Programs: The range of programs, agencies and services in any given geographic area which may be utilized by consumers to live as comfortably and productively as possible in the community. This includes traditional mental health agencies and other services.

Confidentiality: A principle of medical practice that requires mental health treatment providers to keep confidential (not discuss) private treatment matters with other people without authorization from the consumer involved.

MRDD: Mental Retardation/ Developmentally Disabled (Intellectual Disability)

Delusion: A false belief, which dominates a persons thinking despite evidence to the contrary.

Delusional Disorder: A disorder characterized by a system of non-bizarre delusions (i.e., involving situations that occur in real life, such as being followed, poisoned, infected, loved at a distance, or deceived by spouse or lover, or having a disease).

Dependant Personality Disorder: Characterized by an excessive need to be taken care of and submissive and clinging behavior as well as feelings of panic or discomfort at having to be alone.

Depression: An emotional state characterized by extreme sadness, feelings of low self worth and thoughts of death and suicide.

Diagnosis: The assignment of a specific illness based on standardized symptoms assessed by a doctor, licensed mental health provider, or other qualified personnel.

Disability Law Center (DLC): A private non-profit organization to protect the rights of people with disabilities in Utah.

Disorganized Type Schizophrenia: A type of Schizophrenia characterized by a prominence of disorganized speech, disorganized behavior, and inappropriate affect.

DSM: Diagnostic and Statistical Manual for Mental Disorders. Provides a definition of all recognized mental disorders.

Due process: A legal term meaning the right to an official court hearing before an individual's freedoms is restricted in any way, such as before involuntary hospitalization or treatment of any kind.

Food stamps: Public welfare program administered by the State Department of Human Services offices in Utah.

GA: General Assistance

General Assistance: Public welfare, available to those who meet requirements.

Guardianship: A legal term describing the assignment of legal authority and responsibility from one person to another. This is done in a court of law and only in situations where the judge is convinced that the individual, whose guardianship is proposed, needs a guardian to protect their interest and rights.

Hallucinations: A perception in which things are seen or heard that are not real or present.

Health Plan: Health Plan: A federally defined plan under contract with the Utah Department of Health to provide specified physical health care services to a specific group of Medicaid enrollees.

H.E.A.T.: Federally funded program that helps qualified, low-income individuals pay the high cost of winter heating bills.

HHS: Department of Health and Human Services (federal government).

Histrionic Personality Disorder: Characterized by excessive attention seeking behavior and emotional instability.

HUD: Department of Housing and Urban Development (federal government).

Informed consent: The informed, conscious and willful agreement of an individual. A mental health professional cannot assume that a consumer has given informed consent unless the individual has been provided a full and complete explanation of the situation and their legal rights.

Inpatient: Refers to a treatment status of a person within a hospital or other medical facility.

Manic depressive illness: See bipolar disorder.

MDI: Manic Depressive Illness.

Medicaid: A health insurance program for low income people. It pays medical costs for eligible individuals who cannot afford the cost of health care. People who qualify for Supplemental Security Income (SSI) may be eligible for Medicaid.

Medicare: Insurance program of medical services for the elderly or those who have received SSD for a period of time.

Medication, Psychiatric: Medicines prescribed by psychiatrists for the control of symptoms of various kinds.

Mental illness: A condition in which an individual's mental processes, including thoughts, feelings, and perceptions, are disrupted or dysfunctional in helping the person to adapt to his surroundings.

MHA: Mental Health Association

MHAU: Mental Health Association of Utah

Mood Disorders: Disorders in which the primary feature is an intense disturbance in mood.

Mutism: Refusal or failure to speak when speech is expected or demanded.

NAMI: National Alliance for Mental Illness

Narcissistic Personality Disorder: Characterized by grandiosity, need for admiration, and lack of empathy.

Needs assessment: A tool to obtain and represent the ongoing growth and changing needs of the consumer.

Negative symptoms: These symptoms involve the absence of normal behaviors. They include affective flattening, alogia, apathy, avolition and social withdrawal.

NIMH: National Institute of Mental Health

Obsessive Compulsive Personality Disorder (OCD): Characterized by excessive concern with maintaining order, control, perfectionism and adherence to rules.

Outpatient: Refers to a treatment status or a person receiving treatment in the community and outside of a mental hospital or other medical facility.

PAMI: Protection and Advocacy for the Mentally Ill (see Disability Law Center). Federal legislation which requires that will: 1) Ensure that the rights of individuals with mental illness are protected, 2) Pursue legal, administrative, and other remedies to ensure the protection of people with mental illness, and 3) Be independent of any agency in the state which provides treatment or services to mentally ill individuals.

Paranoid Type Schizophrenia: A type of Schizophrenia characterized by a preoccupation with one or more delusions or frequent auditory hallucinations, which are often experienced as threatening to the person. Does not include prominent symptoms of disorganized speech, behavior or inappropriate affect.

Paranoid Personality Disorder: A pervasive distrust and suspiciousness of others.

PCN: See Primary Care Network

Personality disorder: Refers to patterns of maladaptation, inflexibility, or impairment in an individual's basic pattern of perceiving and relation to others.

Positive symptoms: These prominent or added symptoms include delusions,

hallucinations, thought disorder, and aberrant behaviors.

Prepaid Mental Health plan: (PMHP) means the Department of Health's mental health freedom-of-choice waiver approved by CMS that allows the Department to require Medicaid Eligible Individuals in certain counties of the state to obtain Covered Services from specified contractors. PMHP contractors are responsible to provide covered inpatient and outpatient mental health services to Medicaid eligible individuals.

Prevocational services: Activities intended to help a consumer prepare for employment by teaching work related skills.

Preferred Practice Guidelines: Uniform and consistent guidelines for people with mental illness

Primary Care Network (PCN): A State health program to assist those individuals without health insurance, who do not qualify for Medicaid but do meet income guidelines.

Primary therapist: The person in a mental health center who has primary responsibility for providing treatment and managing the consumers file.

Psychological Screening: The use of psychological procedures or tests to detect psychological problems.

Psychopharmacological drugs: Drugs used in treatment of mental disorders.

Psychosis: A term that is used to describe major distortions or interpretations of reality. For example, the notion that one can control others or be controlled through brain waves transmitted via radio receivers.

Psychosocial Rehabilitation Services (also called PRS or SDS): Psychosocial rehabilitative services are medical or remedial services designed to reduce the

client's mental disability and restore the client's maximum functional level through the use of face-to-face interventions such as cueing, modeling and role modeling of appropriate life skills. These services are aimed at maximizing the client's social and behavioral skills in order to prevent the need for more restrictive levels of care and include services to: (1) eliminate or reduce symptomatology related to the client's diagnosis; (2) increase compliance with the medication regimen, as applicable; (3) avoid psychiatric hospitalization; (4) eliminate or reduce maladaptive or hazardous behaviors and develop effective behaviors; (5) improve personal motivation and enhance self-esteem; (6) develop appropriate communication, and social and personal interactions; and (7) regain or enhance the basic living skills necessary for living in the least restrictive environment possible. Services are provided in either an individual or group setting.

Psychotherapy: Treatment of mental disorders using psychological methods.

Rapport: Interpersonal relationship developed and characterized by a spirit of cooperation, confidence, and harmony.

Rationalization: Ego-defense mechanism created by an individual to justify his or her actions.

Remission of symptoms: The reduction or disappearance of symptoms of an illness.

Residual Type Schizophrenia: A type of schizophrenia that often follows the acute phase. Residual symptoms may include social isolation or withdrawal, major impairment in daily work roles, an apparent lack of feelings or expressiveness, or peculiar and strange ideas.

Resistive to treatment: From the point of view of a treatment provider, the characteristic of someone who directly or indirectly refuses treatment. In spite of this viewpoint, consumers have the right to willfully choose or not choose treatments, except and unless that right is altered by a court of law.

Schizoaffective disorder: Mental disorder characterized by a person's experiencing

severe but highly episodic disturbances of psychological functioning, such as mood-incongruent delusions and hallucinations.

Schizoid personality disorder: Personality disorder characterized by shyness, seclusiveness, over sensitivity, and eccentricity.

Schizophrenia: A serious and sometimes disabling mental illness. Symptoms include so-called *positive symptoms*, such as hearing voices and developing false, unconfirmed ideas as well as *negative symptoms*, like withdrawing from friends and family.

Schizotypal Personality Disorder: A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for close relationships and well as by cognitive or perceptual distortions and eccentricities of behavior.

Self-esteem: Overall feeling of self-worth.

Self-identity: An individual's delineation and awareness of his or her continuing identity as a person.

Self-monitoring: The observation and recording of one's own behavior.

Service Plan: A formal agreed upon plan for support and assistance provided to consumers.

Sexual deviate: Characterized by an individual who manifests nonconforming sexual behavior, often of a pathological nature.

Side effects of medications: The common term for unintended effects of medication. These effects may include blurred vision, shakiness or twitching of muscles, or sleepiness.

Social Security Administration: The federal organization that administers SSA-DI, SSI and Medicare. These are all referred to as entitlement programs.

Somatic: Pertaining to one's body.

SSA-DI: Social Security Administration Disability Insurance

SSI: Supplemental Security Income

State Vocational Rehabilitation: A state government organization mandated to serve those who are unemployed by reason of some handicapping condition. Traditionally, "voc rehab" has served mainly physical disabilities, but some individual voc rehab counselors (VRCs) may have a special interest in assisting individuals recovering from mental illness.

Stress: Internal responses caused by the application of a stressor.

Substance-abuse disorders: Pathological use of a substance resulting in self-injurious behavior.

Substance-use disorder: Patterns of maladaptive behaviors centered around the regular and consistent use of the substance(s) involved.

Symptom: Particular evidence of illness, such as hallucinations, sleeplessness or other changes in personality.

TANF: See Temporary Assistance for Needy Families

Temporary Assistance for Needy Families: A federal block grant administered by

states in ways to assist needy families.

Transference: The process whereby a consumer projects attitudes and emotions applicable to another significant person onto the therapist; emphasized in psychoanalytic therapy.

Transient: Without a home or established place of residence.

UAMI: Utah Alliance for the Mentally Ill. This is the state organizational element of the National Alliance for the Mentally Ill (NAMI).

Undifferentiated Type Schizophrenia: A type of Schizophrenia in which the major symptoms are present but criteria for paranoid, disorganized, or catatonic types are not present.

VRC: Vocational Rehabilitation Counselor

VII. SUGGESTED READINGS

Coping With Schizophrenia: A Guide for Families, by Kim Tornval Mueser and Susan Gingerich

Dealing with Drugs, Psychoactive Medications and Street Drugs and Their Good and Bad Effects on the Mentally Ill, by Jean K. Bouricius

Grieving Mental Illness: A Guide for Patients and their Caregivers, by Virginia Laford

Helping Someone With Mental Illness, by Rosalynn Carter

How to Get Control of Your Time and Your Life, by Allan Lakein

Is There No Place On Earth For Me? by Susan Sheehan

Overcoming Depression, by Dmitri F. Papolos and Janice Papolos

People Skills, by Robert Bolton

Schizophrenia Simplified: A Field Guide to Schizophrenia for Frontline Workers, Families, and Professionals, by J.F. Thornton, M.V. Seeman (Editor)

Surviving Schizophrenia: A Family Manual, by E. Fuller Torrey

Wellness Recovery Action Plan & Peer Support, by Mary Ellen Copeland & Shery Mead

Whole Health, Wellness, and Resiliency Domains Promote Prevention, by Larry Fricks, Deputy Director, CIHS