Reconfiguring Case Management to Support Recovery

Community Support Programs

And Brand New:
Recovery Pathways

Reasons for Change

- The desire to provide efficient and effective services that develop and support recovery
- To use a consistent model to deliver skill building services
- To develop a system capacity for a peer/paraprofessional step-down program
- To recognize cost-efficiency by changing from caseloads to a more productivity based system
- To evaluate and use data to provide an understanding of what is happening now and what is needed to change.

DMHAS Data

- **What does the current data show?**
  - **78% of clients in CM got less than 35 hours of services per year in all programs statewide:**

    ⇨ ***48% of clients got less that 12 hours per year (RP Level 12-35 per year), (what we don't know is why…)***

  - **4% - 317 people statewide received ACT level services - more than 110 hours of service per year (ACT Team Level)**

  - **13% - 1133 people statewide received between 35 & 70 hours of services per year (CSP Level)**

  - ***5% of people 'enrolled' in CM services received no services at all***

Proposed Service Design

- Two New Programs on a Statewide Basis based on Service Hours and Client numbers
  - Community Support: an intensive hands-on program designed to develop skills and foster independence. ***Could be 1/3 of the people we currently serve in CM***.
  - Recovery Pathways: a less intensive monitoring program to support wellness for people who need intermittent aid. ***Could be 2/3's of the people we currently serve in CM.***

Proposed Service Design

- **Community Support Program**
  - Intensive skill building beginning with a *functional* assessment
  - Developing a new rehabilitative model of care
  - Independence is the goal; based on where the client is;
  - Working from a strength's based perspective not deficit based;
  - 55% productive time *in the community* with clients in their natural environments
  - Measurements through number of services/and the location where the service is delivered
  - Uses the Team-approach, all team members support all clients sharing their individual expertise
  - Building and maintaining a therapeutic relationship with the client
  - *A true Culture shift, from on-site monitoring or "watchful minding" to skills development in the person's environment or home*.

Who are the CSP staff?

- They are a mixed team of both professionals and paraprofessionals including self-identified persons in recovery.
- The team is led by a Master's level clinician who can understand the illness's clinical symptoms, blend this with rehab goals, determine how they effect the client's ability to learn, and can interpret this to a paraprofessional worker.
- They are comfortable to work in the community, or in homes or alternate locations more than 55% of their time.

Tools

- Clinical Assessment
- Functional Assessment
- Integrated Recovery Plan
- LOCUS
- CSP Encounter Note
- Treatment Plan review every 90 days

Roles and Rules

- Development of an integrated Recovery Plan: both clinical and rehabilitative
- Functional or rehabilitative assessment is conducted on admission to the program; every 6 months or as needed;
- Ending with a formulation of goals that address the individual's needs, desires and preferences.
- A LOCUS assessment is conducted every 6 months to evaluate the need for this intensive LOC.
- The CSP worker has a new documentation language: teaching, coaching, cueing, supporting and methods for documenting.
- The recovery plan documents the need for these rehab services, along with the clinical needs, and encounter notes demonstrate what occurred during the visit, and the client's response to these activities.

Recovery Pathways

- Referred from a CSP Team or a Clinical Team with an existing Recovery Plan
- Ongoing monitoring and assessment of each individual and their recovery plan
- Provide supports to enable continued personal growth & self management
- Supports to enable connection to recovery supports such as vocational and educational
- Supports to help with entitlements
- Well versed in recovery work and language including the development of a WRAP Plan, crisis plan etc., if needed
- Support to the family as appropriate or desired by the client.
- Supervision from a Master's Level individual who can help with the monitoring

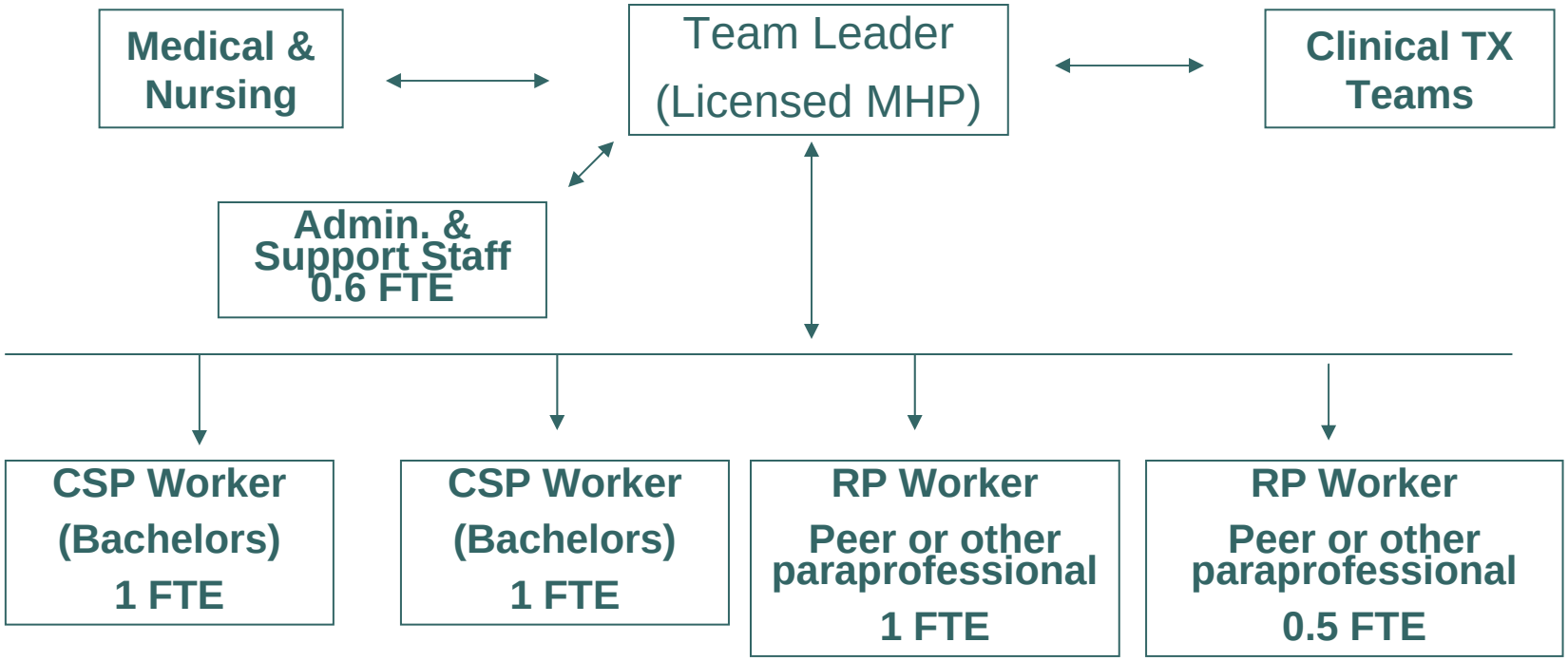
Who are the staff?

- They are: Recovery Support Specialists who have self identified as being in recovery and are certified using the DMHAS requirements &
- Paraprofessionals who can perform the same level of work.
- Both need a High school diploma or GED and a valid CT. driver’s license

Roles and Rules

- The teams are integrated or exist near a CSP team for referrals exchange
- Work with client and a Master's level individual to build a Recovery plan based on clients needs and wishes;
- Documentation of each encounter on established agency note.
- Establish avenues for wellness and recovery and work with agency to provide these: could be through groups or drop-in services, or community work.

Sample Team Structure



CSP TEAM

Serves 100 People with 5 CSP workers 1:20 Ratio

Integration

RP TEAM

ves 120 People with 4 RP staff 1:30 Ratio

Discussion

& Questions