



Session Overview

Understanding and implementing best practices in case management is vitally important to ensure high quality care for people receiving services.

This session will provide an overview of the origins, purpose, and principles of case management, the "mindset and heart-set" of this approach, and key best practices that embody what it means to be:

- person-centered
- housing-focused
- racially-just
- trauma-informed
- recovery-oriented
- peer-integrated
- self-compassionate

Training Series Learning Objectives:

Participants will be able to:

Describe the four elements of the mindset and heart-set of best practices $% \left\{ 1,2,\ldots ,n\right\}$

Give an example each of how white dominant culture perpetuates racism at interpersonal, institutional, and structural levels

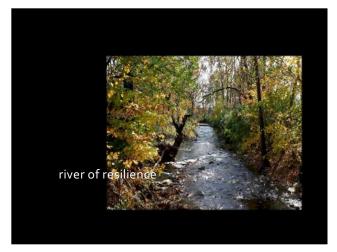
Describe three principles of trauma-informed practice

Identify three benefits of integrating peer providers in service delivery

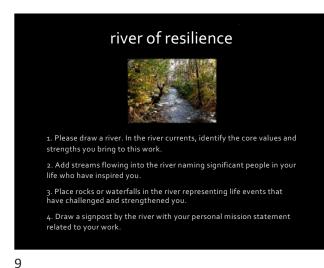
Name three ways to foster personal resilience and renewal

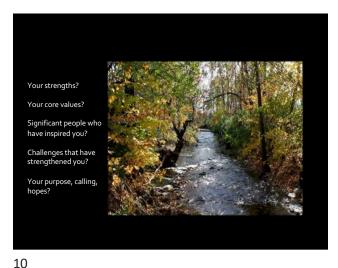
















Principles of Effective Case Management

Rapp & Goscha (2004)

Case managers deliver as much of the "help" or service as possible, rather than making referrals to multiple formal services

Natural community resources are the primary partners (e.g., landlords, employers, teachers, art clubs, etc).

Work is in the community.



Principles of Effective Case Management

Rapp & Goscha (2004)

Both individual and team case management works

Case managers have primary responsibility for a person's services.

Case managers can be paraprofessionals. Supervisors should be experienced and fully credentialed.



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Principles of Effective Case Management

Rapp & Goscha (2004)

Caseload size should be small enough to allow for a relative high frequency of contact (no more than 20:1).

Case management service should be timeunlimited, if necessary.

People need access to familiar persons 24 hours a day, 7 days a week.

Case managers should foster choice.



Case Management Models

Standard Community Care Models

- Broker model
- Clinical case management

Intensive Case Management Models

- Assertive Community Treatment
- Intensive Case Management
- Critical Time Intervention

Rehabilitation-Oriented Community Care Models

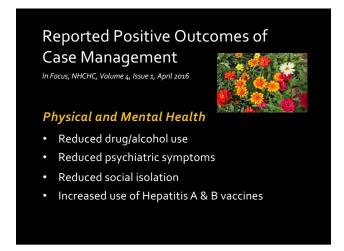
- Strengths model
- · Rehabilitation model

Mueser, Bond, Drake, & Resnick, 1998



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What are case manager roles? Companion Planner Facilitator Communicator Navigator Resource Coordinator Supporter Advocate Encourager Guide Other?



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Reported Positive Outcomes of Case Management

In Focus, NHCHC, Volume 4, Issue 1, April 2016

Service Utilization

- Reduced ED visits
- Reduced length of hospital stay
- Increased access to SUD treatment
- Increased insurance coverage

Reported Positive Outcomes of

Case Management
In Focus, NHCHC, Volume 4, Issue 1, April 2016



Housing

- Increased housing stability
- Reduced time spent homeless
- Success of homeless prevention and rapid rehousing programs

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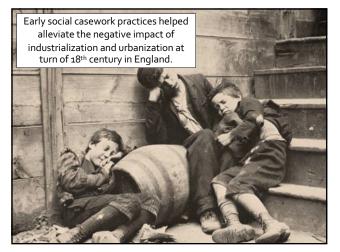
Reported Positive Outcomes of Case Management In Focus, NHCHC, Volume 4, Issue 1, April 2016

Cost

- Reduced hospital cost
- Reduced cost associated with shelter services
- Suggested to alleviate or offset economic impact of homelessness

The Evolution of Case Management

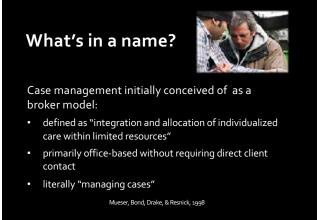
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What is whole-person care?

Includes the bio-psycho-social-spiritual-communal aspects of a person's life

Takes a "person-in-context" approach

Recognizes that a person's health and well-being is impacted and exacerbated by cultural attitudes and beliefs – e.g., stigma/bias/bigotry/prejudice/ discrimination evidenced in racism, sexism, heterosexism, homophobia, transphobia...



What is whole-person care?

Recognizes that a person's health and well-being is impacted and exacerbated by social causes and conditions – e.g., factors related to poverty including poor nutrition, lack of safe and stable housing, incarceration, unemployment, chronic anxiety of income insecurity...

Is tailored, unique, individualized, and community-specific

Focuses particularly on marginalized populations

Whole-person care requires a team approach; no one person can provide it



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What is whole-person care?

While services may be available to help alleviate some of these stresses and inequities, they are often delivered in a siloed fashion. Whole-person care requires regular communication and coordination of care.

Whole-person care provides tailored support and services that help people ultimately enjoy healthier lives. Greater care coordination also enables safety net providers to more efficiently and effectively use their resources, maximizing their ability to improve health outcomes.



7 Core Attributes of Best Practices in our Work

- Person-centered
- Housing-focused
- Racially-just
- Trauma-informed
- Recovery-oriented
- Peer-integrated
- Self-compassionate



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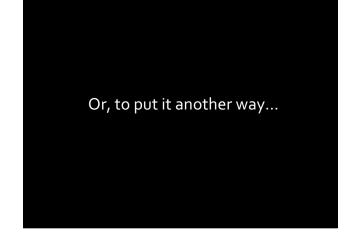


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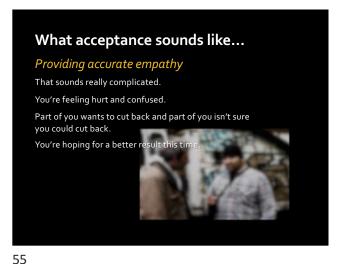
What partnership sounds like... Would it be all right if we took a look at...? How do you feel about...? What is your understanding of...? I look forward to working together... How can I support you in this process?

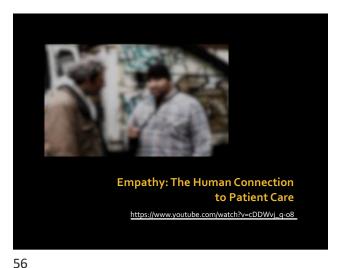
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