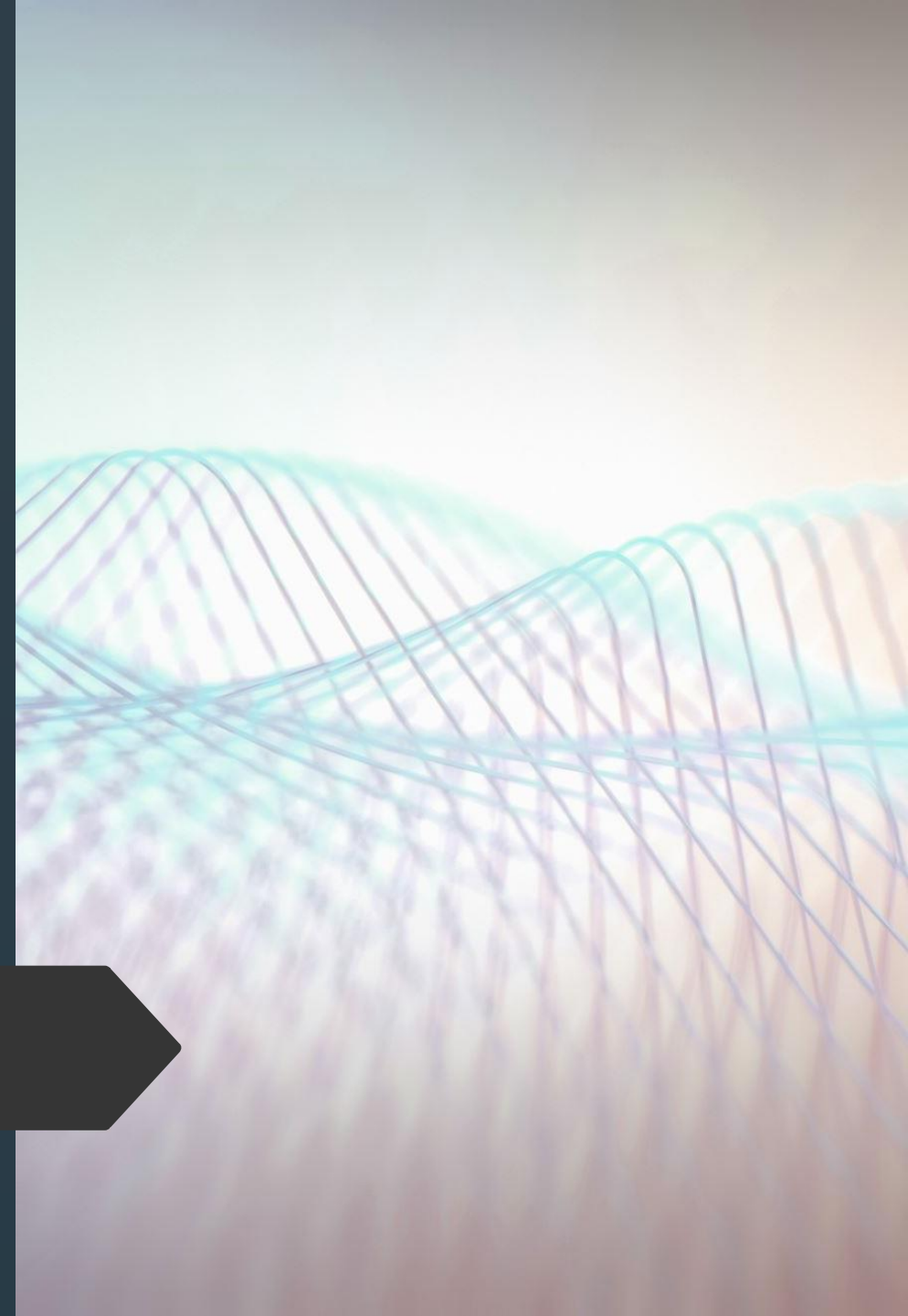


EFFECTIVE & EFFICIENT CLINICAL CASEMANAGEMENT

WHAT YOU NEED TO KNOW in 2024!



Dr. Davine S. Ricks, LCSW, MAC, E-CADC

SENSE OF EQUITY, LLC:

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BRAIN TEASERS :

Each of the 12 items below is a separate puzzle.
How many can you figure out?

Pennies - <u>Heaven</u>	Justgrossice	Paint 12345	4TWinks
Horobod	U 0 2 b in Pict res	<u>Looking</u> Bargain bargain Bargain bargain	Mind -Work
Jet	no no no no No no no no no	ygetarts	Soil



Objectives:

Participants will have the opportunity to...

- ▶ Define case management and the roles and responsibilities of case managers.
- ▶ Identify three evidenced-based case management models.
- ▶ Identify four key components to successful case management.
- ▶ Learn strategies to ensure efficiency and effectiveness in providing case management.

TEMPERAMENT INDICATOR

Circle the letter corresponding to the word in each box that best describes your actual, not perceived or desired, temperament trait. FLEET & FAMILY

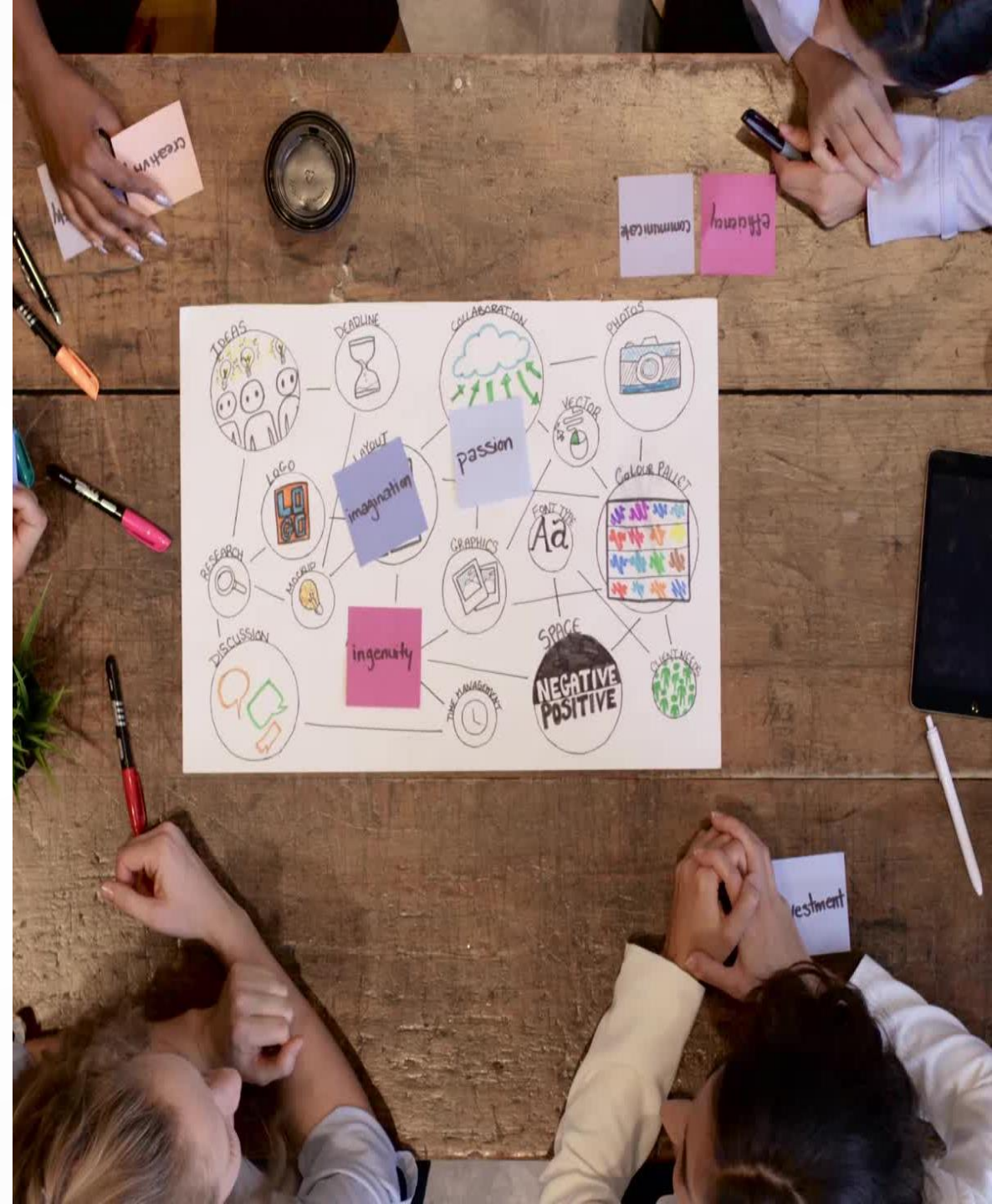
R. Cooperative H. Purposeful V. Positive C. Planned	H. Motivated V. Interesting R. Supportive C. Controlled	V. Friendly R. Laid back H. Direct C. Practical	R. Consistent C. Factual H. Takes Charge V. Talkative
H. Demanding R. Adaptable V. Fun Loving C. Analytical	V. Expressive H. Determined C. Accurate R. Tolerant	H. Competitive R. Easy Going C. Planned V. Spontaneous	R. Generous H. Decisive V. Energetic C. Persistent
V. Entertaining R. Sympathetic H. Assertive C. Objective	R. Agreeable H. Insistent V. Enthusiastic C. Detailed	R. Loyal C. Thorough H. Firm V. Flexible	H. Straight forward V. Sociable C. Attentive R. individual/family member
C. Logical R. Faithful H. Independent V. Charming	R. Considerate C. Predictable H. Strong-willed V. Creative	H. Rigid V. Playful C. Scheduled R. Thoughtful	Add up the number of times you circled each letter: R ____ C ____ H ____ V ____

	RADIO	CALCULATOR	HARD DRIVE	VIDEO GAME
STRENGTHS	Supportive Agreeable <u>Loyal</u> <u>Self Controlled</u> Consistent Good Listener Compassionate	Organized Analytical Concise Thorough Diplomatic Disciplined	Results driven Decisiveness Persistence Problem-solver Takes Charge Self-Reliant Likes Challenges	Optimistic Enthusiastic Personable Fun Loving Helpful Entertaining Outgoing
WEAKNESSES	Resistant to Change Question their decisions/abilities Overly possessive Lack of initiative Follower Conserves energy Delay	Indecisive Perfectionist Swamped with details Inflexible Avoids conflict Sensitive to criticism Pessimistic	Insensitivity towards others Impatient Overlooks risks Resists following Over commitment Resents restrictions Demanding of others or self	Lack of follow through Misjudging capabilities Talking too much Jumping to conclusions Over commitment Too enthusiastic
IDEAL WORK ENVIRONMENT	Minimal conflict Positive atmosphere Few responsibilities Routine Close Relationships Team Work Affirmation	Time to do things right Exact job description Reassurance Minimal change Organized Structured Sticks to plan of action	Challenging Difficult assignments Freedom to act Control over situations Direct answers Task oriented Competence	Friendly Few details Chance to inspire others Opportunity to talk Praise Enthusiastic response from others
AREAS OF GROWTH	Manage conflict Tune in faster Set goals Secure with their decisions/abilities Move faster	Relax Think positively Accept yourself and others Share feelings	Practice patience Learn to be sensitive Be flexible Really listen Be approachable	Time management Pausing before acting/speaking Complete tasks Limit tasks

WHAT IS CASE MANAGEMENT?

“A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates options and services required to meet a client’s health and human services needs.”

Reference: Four Key Components for Successful Case Management-Social Solutions



HISTORY OF CASE MANAGEMENT

- Emerged in the late 19th/early 20th century;
- Fueled by poverty & other social ills; (industrialization, urbanization, immigration, population growth and charity organization societies).
- Historical events lead to 21st century Social Work Case Management;
- Settings/specialties in which social workers practice case management.

Reference: Poppo, P. R. (2008). Social services. In T. Mizrahi & L. E. Davis (Eds.-in-Chief), Encyclopedia of social work (20th ed. Vol. 4, pp. 98–101). Washington, DC, and New York: NASW Press and Oxford University Press; Stuart, P. H. (2008). Social work profession: History. In T. Mizrahi & L. E. Davis (Eds.-in-Chief), Encyclopedia of social work (20th ed. Vol. 4, pp. 156–164). Washington, DC, and New York

Aging Behavioral Health Care
(includes mental health and substance use).

Child Welfare and other youth- and family-oriented services.

Disabilities (cognitive, developmental, physical, and psychiatric);
Employee assistance

Education (early childhood through university; lifelong learning programs);
Corrections

Health care; Disease-specific services; maternal health; palliative and hospice care; and public and private; health insurance programs; long-term services and supports services for veterans.

Housing; immigrant and refugee support services; income support programs and active duty military personnel tribal services.

DEFINITION OF CASE MANAGEMENT

- ▶ **PROCESS**: Plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client.
- ▶ **COORDINATE**: Enables case managers in an organization(s), to coordinate efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered.”
- ▶ **SUPPORTS CONTINUITY OF CARE** via addressing problems that arise from fragmentation of services, staff turnover, and inadequate coordination among providers.”

Barker, R. L. (2003). The Social Work Dictionary (5th ed.). Washington, DC: NASW Press.

CASE MANAGEMENT IN DIVERSE SETTINGS

- ✓ Public Health
- ✓ Hospice
- ✓ Private Insurance Companies
- ✓ Mental Health/Addiction & Substance Abuse
- ✓ Developmental Disabilities
- ✓ Criminal Justice
- ✓ Adult Protective Services
- ✓ Geriatrics (Nursing Homes, Assisted Living, Adult Day Care, etc.)
- ✓ Health Care Veterans Services Vocational Rehabilitation Services
- ✓ Domestic Violence
- ✓ Homelessness
- ✓ Child Welfare
- Education





*Case management isn't merely
about data or a specific set of tasks.
It's about developing client relationships,
and building a plan to make a difference.*

PRIMARY GOAL OF CASEMANAGEMENT

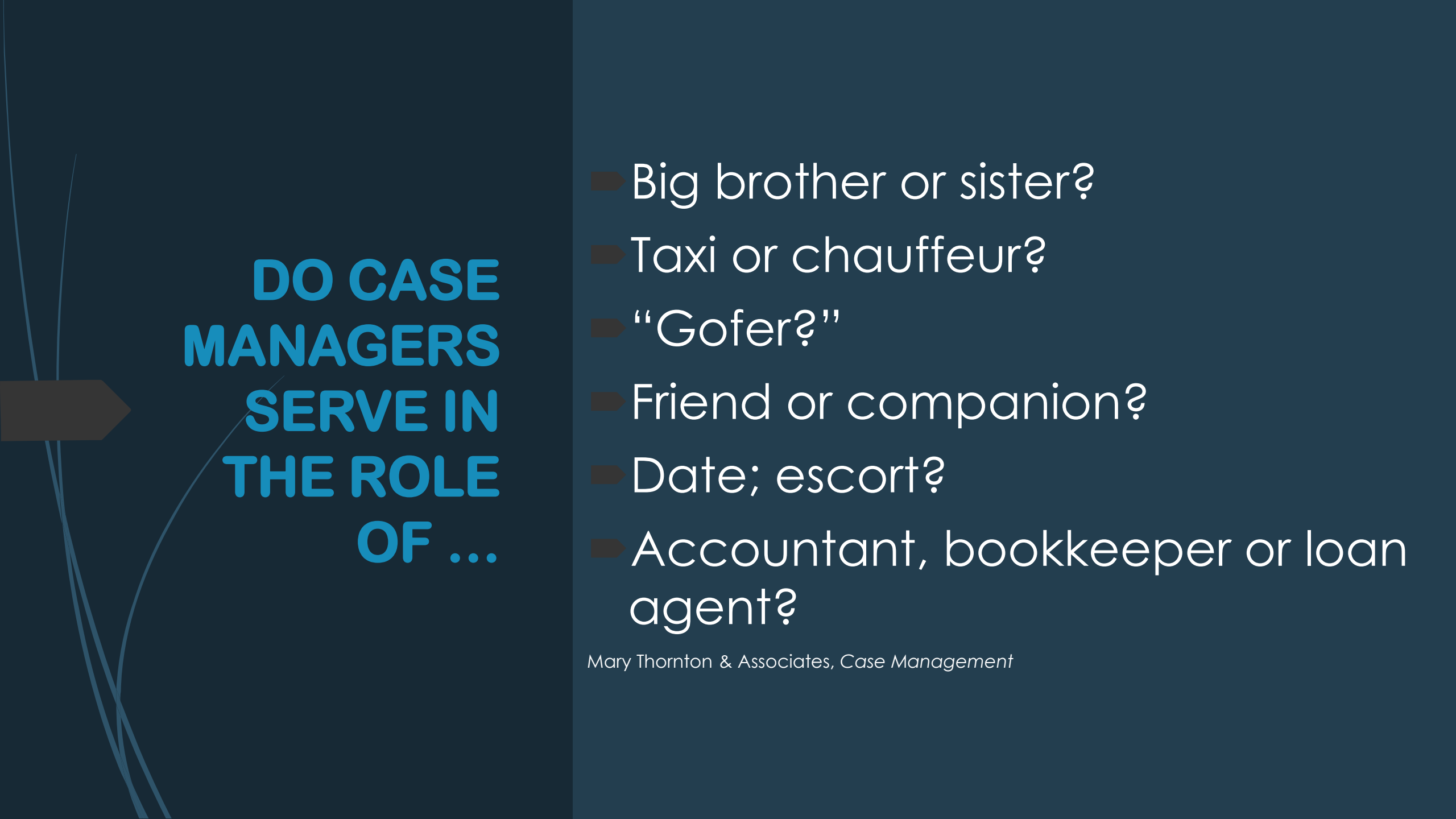
- **Optimize client functioning and well-being** by providing and coordinating high-quality services, in the most effective and efficient manner possible.
- **Strategies to achieve this goal:**
 - ✓ **Strengthen** the developmental, problem-solving, and coping capacities of clients.
 - ✓ **Enhance** client's ability to interact with & participate in their communities, with respect for each client's values and goals.
 - ✓ **Link** people with systems that provide them with resources, services, and opportunities.
 - ✓ **Increase** the scope and capacity of service delivery systems.
 - ✓ **Promote** effective and humane operation of service systems contributing to the development and improvement of social policy.

Characteristics That Distinguish Case Management

- ▶ **Person-centered services**: Engaging the client (and, when appropriate, other members of the family system) in all aspects of case management and tailor services to the client's needs, preferences, and goals.
- ▶ **Primacy of client–provider worker relationship**: Working alliance between the case manager and the client is integral to helping the client achieve her or his goals.
- ▶ **Person-in-environment framework**: Emphasis is placed on the case manager understands that each individual experiences a mutually influential relationship with her or his physical and social environment and cannot be understood outside of that context.
- ▶ **Strengths-perspective**: Elicits, supports, and builds on the resilience and potential for growth and development inherent in each individual.
- ▶ **Collaborative teamwork**: The case manager does not work in isolation. Collaboration with other social workers, other disciplines, and other organizations is integral to the case management process.
- ▶ **Intervention at the micro, mezzo, and macro levels**: Utilization of a variety of approaches to effect change in individuals, families, groups, communities, organizations, systems, and policies. Advocacy for systemic change plays a key role.

NASW Standards for Social Work Case Management (2013)





**DO CASE
MANAGERS
SERVE IN
THE ROLE
OF ...**

- ▶ Big brother or sister?
- ▶ Taxi or chauffeur?
- ▶ “Gofer?”
- ▶ Friend or companion?
- ▶ Date; escort?
- ▶ Accountant, bookkeeper or loan agent?

Mary Thornton & Associates, Case Management

Activities Not Related to Case Management: What do you think?

- ▶ Attending a meeting or going to court with a client in matters not related to testifying or negotiation, regarding treatment matters
- ▶ Working on a budget with a client.
- ▶ Delivering meds to the client's home.
- ▶ Sitting in on the doctor's appointment.
- ▶ Leaving messages, writing no-show letters.
- ▶ Refilling prescriptions.
- ▶ Activities to do with jury duty notices.



Important Qualities of a Case Manager

- ▶ Comprehensive clinical training and background.
- ▶ Communication, negotiation and problem-solving skills.
- ▶ Ability to educate individuals and other care providers.
- ▶ Dexterity, in-depth knowledge of ethics and strength of character required to voice dissidence when necessary.



Role of the Case Manager

Coordinate	Coordinate care for individuals with identified needs;
Facilitate	Facilitate communications between care providers and hierarchies;
Oversee	Oversee follow-up of consultations and ensure linkage to other services;
Eliminate	Eliminate task and intervention duplication;
Plan	Plan for continuity in delivery of care;
Implement	Implement plans of care

Smith, Turenza PhD, LMSW Wellness Coalition's Case Management Conference, Montgomery, AL November 15, 2016

CASE MANAGEMENT APPROACHES

Assertive Community Treatment (Team Based Approach)	Brokerage Case Management (Resource Referral)	Intensive Care Management (Individualized Support)	Strength-Based Model (Client-Led)
Evidenced-Based Practice Model (Research-Based Interventions)	Clinical Case Management (Direct Service Provision)	Critical Time Intervention (Transition-Focused)	Rehabilitation Model (Goal-oriented)
Standard Community Care Model (Traditional Coordination)	Intensive Comprehensive Care (Hands-on Assistance)	Rehabilitation-Oriented Community Care (Skill Building Model)	

CASE MANAGEMENT MODELS

- Clinical Case Management
- Brokerage Case Management
- Strength-Based Case Management

<https://www.socialsolutions.com/blog/unique-case-management-models>



CLINICAL CASE MANAGEMENT MODEL

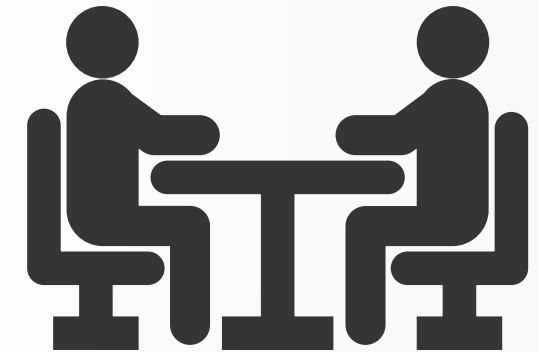
- Case manager (clinician) provides direct counseling for a client's individual concerns. (i.e. mental health services, addiction recovery support, treatment for serious or chronic health conditions) **and** connects the client with formal resources in the form of community service providers.

- Clinical care providers have a greater ability to encourage the client to connect with informal resources such as family, friends, and peers. That collaboration can increase the client's willingness and ability to follow through with services.

- The clinical case manager is also well-positioned to help the client address social, emotional, and mental barriers to services.

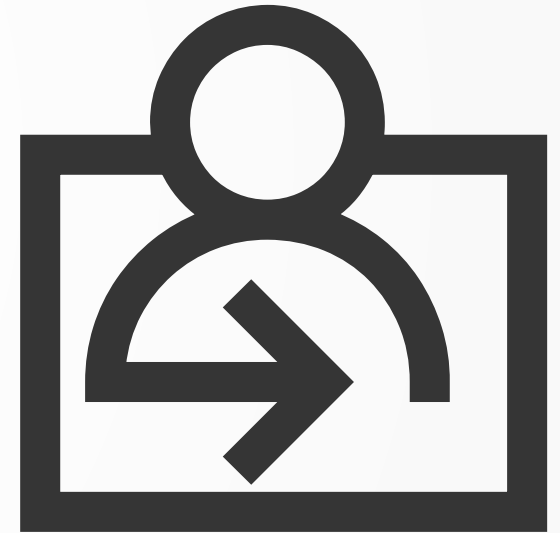
- Can lead to more successful outcomes for clients who are less likely to engage voluntarily with services.

- Useful for clients who need support over an extended period of time.



BROKERAGE CASE MANAGEMENT MODEL

- Broker supportive services designed for clients who will voluntarily use needed services once they know they are available, and learn how to access them.
- Model works best when a client's biggest challenge is access to services, rather than availability of services.
- Case manager/social worker serve as a link between a client and community resources.
- Focus is on assessing needs, planning a service strategy, and connecting clients.
- A case management system encourages an integrated system that assesses needs, tracks services, and measures outcome.



STRENGTH-BASED CASE MANAGEMENT

- Focus on empowering and creating client opportunities for growth, education, and skill development.

- Encourages clients to take the lead in identifying their own needs, take control over the search for resources and services to address those needs, and view the community as a resource instead of a barrier to success instead.

- Requires robust case management that tracks highly individualized services and capture complex data and metrics.





CASE MANAGEMENT

KEY COMPONENTS


1. Intake

- Initial meeting between a case manager and a new client.
- Begin to establish trust/build a relationship.
- Gather demographic information
- Identify any immediate needs;
- Determine if a client would benefit from the services your organization offers.
 - If they would, they then move on to assessing the client's individual needs.
 - If their needs fall outside of the organization, identify and refer the client to an outside community resource.


2. Needs Assessment

Asks:

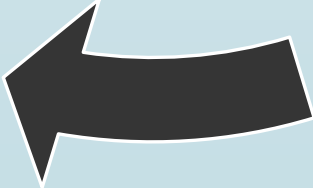
- What kind of impact is the issue having?
- How have they been dealing with this?
- Anyone else helping them?
- Anyone else available?
- Do they need help?
- What kind?



Primary objective-
identify a client's
problems, interests,
and risks to success.



Re-assess over time
as needs and
circumstances often
change.



Determines
priorities.

3. Service Planning:

Key considerations:

Who do you need to link to – in what order – with what effort?

What types and kinds of coordination will be needed?

When and how will you assess the effectiveness of the plan?

Individual should be an active participant (person-centered).

Establish specific goals and the actions that will be taken to meet those goals.

Inclusive of outputs/outcomes that measure a client's success.

A service plan should be: S.M.A.R.T. Specific, Measurable, Achievable & Time Specific

REFERRAL AND LINKAGE ACTIVITIES



Establish a linkage strategy: Identify referral activities including timelines, appointments and priorities.



Establish an implementation strategy: Identify and verify access to resources and support services.



Follow Up: Ensure that the actual referral/linkage occur



4. Monitoring and Evaluation

“Critical to understanding the impact specific programs and services have on a client....Ensures quantifiable outcomes as opposed to only anecdotal.”

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Monitoring and Evaluation (continued)

Activities and Contacts

- Necessary to ensure that the care plan is effectively implemented and adequately addressing the person's needs.
- Conduct as often as necessary to help ensure:
 - Services are furnished in accordance to the individual's plan;
 - Services in the care plan are adequate; and
 - Changes in the individual's needs or status are addressed.
- Follow-up
 - Individual
 - Individual's family members
 - Service providers, or other entities or individuals.



***“You are not monitoring the client.
You are monitoring the implementation
and effectiveness of the plan.”***

Mary Thornton & Associates, Case Management

**KEY
QUESTIONS
TO ASKS:**

Is it the appropriate treatment?



Does the client agree that the overall plan is effective for them?

Is the client getting the services in the plan?

If not, why not?
If yes, are they satisfied with the provider(s)/services?

Are providers doing as expected?

Are they coordinating their respective roles?

HOW DO I KNOW I AM PROVIDING EFFICIENT & EFFECTIVE CASEMANAGEMENT?

ASK YOURSELF:

- ✓ Does the assessment specifically identify the individual's needs?
- ✓ Does the treatment plan include interventions & goals?
- ✓ Are the needs, interventions and goals clearly reflected throughout the progress notes, i.e. (client efforts, services provided, progress made).

If yes, it is the *Golden* thread! !

Documentation should:

- (1) Accurately reflect decisions made;
- (2) Interventions; and
- (3) Client progress.

The *Golden* Thread

- ▶ Each piece of documentation must flow logically from one to another so that someone reviewing the record can see the logic.
- ▶ Assessment must lead to the treatment plan and be coherent and cohesive and establish medical necessity.
- ▶ Progress notes must flow from the treatment plan and document the services provided & the individual's response to treatment.
- ▶ The progress notes lead to the treatment plan review and update, which leads to the progress notes.

Challenges in Case Management

Ineffective collaboration among case managers & other health care providers.

Lack of visibility

Time management issues due to the urgency and complexity of cases.

Vulnerability to errors and inconsistencies in manual case management.

Scattered information and data across different sources and systems.

Security and privacy risks of handling sensitive information.

Lack of customization and flexibility to meet the specific needs of each case.

The need for automation and integration of case management tools and workflows.

What Would You Do?

Margaret's is referred to the drug court following an arrest for possession of a controlled substance. She is screened and found eligible based on her non-violent offense and history of substance abuse.

1. What should Margaret's case plan include?
2. Describe the monitoring that may be required.
3. How should the case manager manage the client's compliance?
4. What are the factors to consider regarding completion/planned discharge from the program?



SCENARIO

Sarah is periodically experiencing auditory hallucinations to which she responds to frequently. This has resulted in eviction from her apartment, two hospitalizations and several arrests.

Sarah's situation began 3 months ago when she stopped taking medications, began isolating, increased her use of marijuana and has been missing her psychiatric appointments. Sarah moved in with her brother. The family is concerned about Sarah's lack of compliance. Her brother wants Sarah to move out as soon as possible but will provide some supports.

Key Considerations

1. What should Sarah's case plan include?
2. Describe the case management monitoring that may be required for Sarah?
3. Describe the compliance that Sarah will be required to complete.
4. Describe Sarah's aftercare plan?



CASEMANAGEMENT INTERVENTION

- ❑ Client is not stabilized on meds so currently still symptomatic.
 - ✓ Consider linkage to psychiatry; client teaching; consider linkage to higher level of care; provide family supports.
- ❑ Client is not consistently medication compliant.
 - ✓ Research other resources; client teaching.
- ❑ Client is socially isolated – not good as it adds to her paranoia and bizarre behavior.
 - ✓ Research local supports; family resources; other activities
- ❑ Client has an unstable living situation jeopardizing community placement.
 - ✓ Housing plan needed

SCEANRIO TREATMENT PLAN

Treatment Interventions for Medical Services:

- ▶ Case Manager (CM) will assist client in connecting with medical services to ensure medication stabilization that will reduce symptoms so that she can attend accountability court to reduce isolation and work on recovery goal.
- ▶ CM will wrap medication management services around client to recognize/help minimize side effects from the medication that make compliance more difficult.
- ▶ CM will assist client in working with Rx Team to be able to connect the use of medications with reduction in symptoms that risk his community placement.
- ▶ Family members and client will be able to identify meds, their purpose and major side effects.



SCEANRIO TREATMENT PLAN (continued)

CM to meet with client bi-weekly for ½ hour prior to MD meeting to identify questions.

- ▶ CM will engage family to accompany client to medication appointments.
- ▶ CM will identify any med changes and ensure scripts filled and family notified
- ▶ Client & family will meet with nurse weekly for one hour for med education.
- ▶ CM will coordinate appointments and arrange transportation if necessary

CM will ensure client will see current primary care doctor to ensure client is aware of psych meds and to screen for any contraindicating co-morbidities.

- ▶ CM will assist family/client to set up appointment.
- ▶ CM will accompany client to appt in order to advocate for appropriate follow-up appointments and to assist client in explaining current medications.
- ▶ CM will coordinate correspondence and communication between psychiatrist and primary care MD,

SCEANRIO TREATMENT PLAN (continued)



Goal:

I want to stay in my own house.

Objectives:

Client will determine housing choice. Consumer will develop a plan for obtaining permanent housing.

Reason for visit:

Develop housing plan post transfer from shelter
Consumer in crisis bed and is homeless with no entitlements.
Educate consumer about options for housing if SSI is denied.
Complete SSI application and discuss level of help needed to locate housing.
Explore consumer's preferences.

CASEMANAGEMENT PROGRESS NOTE

Each progress note should...

- Identify which goal/objective is being addressed from the treatment service plan
- Indicate accurate start & end date, time/duration & signatures in a manner that is legible
- Must describe what you did with the client
- Type of CM activity and specific functions :
 - Assessment
 - Treatment Service plan development
 - Referral
 - Monitoring and follow-up



EFFECTIVE CASEMANAGEMENT: ENGAGE, EDUCATE, & EMPWOWER...IT WORKS!!!

- ▶ Develop a trusting relationship
- ▶ Respect the individual's autonomy
- ▶ Prioritize the individual's self determined needs
- ▶ Assist in obtaining resources (not just services)
- ▶ Individualized resource development
- ▶ Appropriate caseload capacity



WHAT WORKS: Efficiency + Effectiveness = Satisfaction

- ▶ Team
- ▶ Multi-disciplinary
- ▶ Access to specialists
- ▶ Long term if necessary – appeal of denials may be necessary
- ▶ Focus on specific and realistic targets



REMEMBER...

- Engage and motivate;
- Understand community resources: barriers and opportunities;
- Identify and engage natural supports, not just organizational supports;
- Be able to use out of the box activities to ensure coordination of the treatment and support team involved with the client;
- Support and encourage independence;
- Celebrate discharge;
- Encourage aftercare.





NASW Case Management Standards

1. Ethics and Core Values

“The social work case manager shall adhere to and promote the ethics and values of the social work profession, using the NASW Code of Ethics as a guide to ethical decision making in case management practice.”

NASW Standards for Social Work Case Management (2013) Social Work Case Management Standards Expert Panel Linda Aufderhaar, MSW, LCSW, CCM Brian Giddens, LICSW, ACSW Lea Ann Holder, MSW, LCSW Sharon Mass, PhD, LCSW, C-ASWCM Jun Matsuyoshi, LCSW-R, ACSW David Moxley, PhD, ACSW, DPA Richard Rapp, PhD, MSW, ACSW Nelly Rojas Schwan, PhD, LCSW, ACSW Phyllis Solomon, PhD, LSW Michelle Stefanelli, DCSW, LCSW, C-ASWCM



CORE VALUES

- ▶ **Application** of her or his knowledge and skills to support the biopsychosocial well-being of clients and to address challenges faced by clients.
- ▶ **Prioritizing** service to clients above professional or personal self-interest.
- ▶ **Social justice**-Pursing change to reduce poverty, discrimination, oppression, and other forms of social injustice experienced by clients.
- ▶ **Providing services** in a culturally and linguistically appropriate manner to ensure clients' access to needed information, services, and resources and to facilitate clients' maximal participation in decision making.

NASW Standards for Social Work Case Management (2013)



CORE VALUES (continued)

- ▶ **Human dignity and worth-** Treating clients in a caring manner, respecting their self-determination and valuing their strengths. She or he strives to enhance clients' capacity to improve their circumstances and achieve their goals.
- ▶ **Importance of human relationships-** Promotion of the role of human relationships in the change process and strives to strengthen relationships between the client and other members of the client system.
- ▶ **Integrity-** Doing the right thing when no one else is looking.
- ▶ **Undertaking all actions with respect** for clients' goals, exercising judicious use of self, avoiding conflicts of interest, and applying professional judgment in presenting resource options and providing services to clients.
- ▶ **Promoting client self-determination** while helping clients navigate complex service delivery systems.

NASW Standards for Social Work Case Management (2013)



CORE VALUES (continued)

- ▶ **Competence:** Practicing within her or his area of competence and continually striving to enhance knowledge and skills related to case management and the population served. Recognizing that self-care is essential to being present for clients
- ▶ **Client involvement** in goal identification and decision-making throughout the case management process.
- ▶ **Time management:** Documentation should be completed within a timely manner (usually within 24-72 hours of providing a service.) “ If its not documented, it's not done.”
- ▶ **Knowing and complying with regulatory bodies**, i.e. federal, state and local regulations, accreditation bodies, funders, etc.

NASW Standards for Social Work Case Management (2013)



Client's With Limited Decision- making Capacity

Case Manager should...

- ▶ Collaborate with the individual who is legally authorized to represent the client—such as a power-of-attorney, health care agent, guardian or conservator.
- ▶ Promote the client's participation within federal, state, local, and tribal laws, regulations, and policies addressing topics such as guardianship, parental rights, advance directives, and reporting requirements for abuse, neglect, suicide, threat of harm to others, confidentiality and privacy of client information, and use of health information technology.

Ethical Responsibilities

- ▶ Ensure the client has the requisite information to provide informed consent in all aspects of the case management process;
- ▶ Terminate a service when it is no longer helpful to the client or is detrimental to the client's well-being and growth;
- ▶ Promptly notify the client if the case manager anticipates that a service will be interrupted or terminated by a service provider and make the necessary transfer or referral if the client still needs such a service to ensure continuity of care.

NASW Standards for Social Work Case Management (2013) Social Work Case Management Standards Expert Panel Linda Aufderhaar, MSW, LCSW, CCM Brian Giddens, LICSW, ACSW Lea Ann Holder, MSW, LCSW Sharon Mass, PhD, LCSW, C-ASWCM Jun Matsuyoshi, LCSW-R, ACSW David Moxley, PhD, ACSW, DPA Richard Rapp, PhD, MSW, ACSW Nelly Rojas Schwan, PhD, LCSW, ACSW Phyllis Solomon, PhD, LSW Michelle Stefanelli, DCSW, LCSW, C-ASWCM

Standard 2:

Qualifications

"The social work case manager shall possess a baccalaureate or advanced degree in social work from a school or program accredited by the Council on Social Work Education; shall comply with the licensing and certification requirements of the state(s) or jurisdiction(s) in which she or he practices; and shall possess the skills and professional experience necessary to practice social work case management. "

NASW Standards for Social Work Case Management (2013) Social Work Case Management Standards Expert Panel Linda Aufderhaar, MSW, LCSW, CCM Brian Giddens, LICSW, ACSW Lea Ann Holder, MSW, LCSW Sharon Mass, PhD, LCSW, C-ASWCM Jun Matsuyoshi, LCSW-R, ACSW David Moxley, PhD, ACSW, DPA Richard Rapp, PhD, MSW, ACSW Nelly Rojas Schwan, PhD, LCSW, ACSW Phyllis Solomon, PhD, LSW Michelle Stefanelli, DCSW, LCSW, C-ASWCM

Standard 3: Knowledge

**“There is no dichotomy
between
knowing and doing.”**

“The social work case manager shall acquire and maintain knowledge of current theory, evidence informed practice, sociohistorical context, policy, research, and evaluation methods relevant to case management and the population served, and shall use such information to ensure the quality of case management practice. ”

NASW Standards for Social Work Case Management (2013); Social Work Case Management Standards Expert Panel Linda Aufderhaar, MSW, LCSW, CCM Brian Giddens, LICSW, ACSW Lea Ann Holder, MSW, LCSW Sharon Mass, PhD, LCSW, C-ASWCM Jun Matsuyoshi, LCSW-R, ACSW David Moxley, PhD, ACSW, DPA Richard Rapp, PhD, MSW, ACSW Nelly Rojas Schwan, PhD, LCSW, ACSW Phyllis Solomon, PhD, LSW Michelle Stefanelli, DCSW, LCSW, C-ASWCM

Standard 4. Cultural and Linguistic Competence

“The social work case manager shall provide and facilitate access to culturally and linguistically appropriate services, consistent with the NASW Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice.”

Recognition and affirmation of cultural and linguistic diversity are critical to both therapeutic alliances with clients and cooperative working relationships with colleagues.”

“Case Managers should approach every interaction with clients and colleagues as a cross-cultural exchange, recognizing the potential for value conflicts and being proactive to resolve such conflicts.”

Standard 5. Assessment

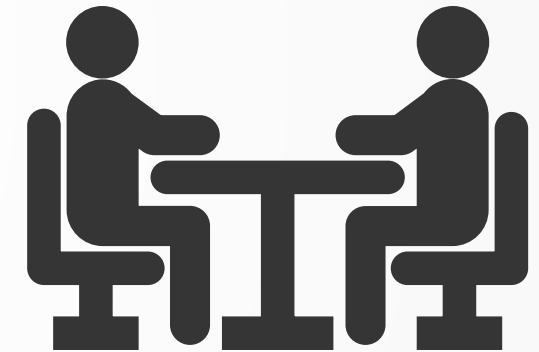
“The social work case manager shall engage clients—and, when appropriate, other members of client systems—in an ongoing information-gathering and decision-making process to help clients identify their goals, strengths, and challenges. ”

NASW Standards for Social Work Case Management (2013)); Social Work Case Management Standards Expert Panel Linda Aufderhaar, MSW, LCSW, CCM Brian Giddens, LICSW, ACSW Lea Ann Holder, MSW, LCSW Sharon Mass, PhD, LCSW, C-ASWCM Jun Matsuyoshi, LCSW-R, ACSW David Moxley, PhD, ACSW, DPA Richard Rapp

Standard 6.: Service Planning, Implementation, & Monitoring

“The social work case manager shall collaborate with clients to plan, implement, monitor, and amend individualized services that promote clients’ strengths, advance clients’ well-being and help clients achieve their goals. Case management service plans shall be based on meaningful assessments and shall have specific, attainable, measurable objectives. ”

NASW Standards for Social Work Case Management (2013)); Social Work Case Management Standards Expert Panel Linda Aufderhaar, MSW, LCSW, CCM Brian Giddens, LICSW, ACSW Lea Ann Holder, MSW, LCSW Sharon Mass, PhD, LCSW, C-ASWCM Jun Matsuyoshi, LCSW-R, ACSW David Moxley, PhD, ACSW, DPA Richard Rapp



Case Management Services Should be Planned and Delivered To Meet Needs in a manner that is...



Based on:

- Client Strengths/Preferences
- Includes Allocation of Resources
- Identified Frequency & Duration
- Coordination of service implementation to promote the continuity of services from admission to discharge/transition
- Ongoing Re-Assessment

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Standard 7. Advocacy and Leadership

NASW Standards for Social Work Case Management (2013)

“The social work case manager shall advocate for the rights, decisions, strengths, and needs of clients and shall promote clients’ access to resources, supports, and services.”

NASW Standards for Social
Work Case Management
(2013)

Advocacy Helps to Ensure:

- ▶ Organizations and service delivery systems recognize the strengths and needs of clients;
- ▶ Services are accessible; appropriate to each client's circumstances
- ▶ Provision and delivery services in an effective and timely manner;
- ▶ Continued services for an appropriate length of time; and
- ▶ Prepares clients, other members of the family system, and service providers for transitions when services are discontinued or transferred.

NASW Standards for Social Work Case Management (2013)); Social Work Case Management Standards Expert Panel Linda Aufderhaar, MSW, LCSW, CCM Brian Giddens, LICSW, ACSW Lea Ann Holder, MSW, LCSW Sharon Mass, PhD, LCSW, C-ASWCM Jun Matsuyoshi, LCSW-R, ACSW David Moxley, PhD, ACSW, DPA Richard Rapp

Standard 8.

Interdisciplinary and Interorganizational Collaboration

“The social work case manager shall promote collaboration among colleagues and organizations to enhance service delivery and facilitate client goal attainment.”

Collaboration:

- constitutes the foundation of social work case management;
- is essential to continuity of services.
- enhances organizational and systemic capacity to support clients and reduce inappropriateness, duplication, or fragmentation of services.

NASW Standards for Social Work Case Management (2013), NASW Standards for Social Work Case Management (2013); Social Work Case Management Standards Expert Panel Linda Aufderhaar, MSW, LCSW, CCM Brian Giddens, LICSW, ACSW Lea Ann Holder, MSW, LCSW Sharon Mass, PhD, LCSW, C-ASWCM Jun Matsuyoshi, LCSW-R, ACSW David Moxley, PhD, ACSW, DPA Richard Rapp

Standard 9.

Practice Evaluation and Improvement

“The social work case manager shall participate in ongoing, formal evaluation of her or his practice to advance client well-being, assess the appropriateness and effectiveness of services and ensure competence, and improve practice.”

NASW Standards for Social Work Case Management (2013)

EVALUATION ACTIVITIES

- **“Solicitation and incorporation of feedback:** To what extent services helped individuals identify and achieve their goals;”
- **“Strategic planning** to reach measurable objectives in program, organizational, or community development for case management clientele.”
- **“Application of appropriate tools** such as clinical indicators, practice guidelines, satisfaction surveys, and standardized performance assessments, to evaluate client progress and satisfaction measurement of both process and outcome objectives.”
- **“Use of Peer Review,** supervision, and consultation with other social workers and across disciplines.”
- **“Incorporation of evaluation practices** in the service transfer or termination process;”
- **“Analysis and use of professional literature** to inform and improve case management;”
- **“Dissemination of evaluative data to clients,** payers, and other service providers on request, and with consideration for clients’ rights to privacy and confidentiality.”

Standard 10. Record Keeping

“The case manager shall document all case management activities in the appropriate client record in a timely manner. Documentation shall be recorded on paper or electronically and shall be prepared, completed, secured, maintained, and disclosed in accordance with regulatory, legislative, statutory, and organizational requirements.”

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Standard 11.

Workload Sustainability

“The case manager shall responsibly advocate for a caseload and scope of work that permit high-quality planning, provision, and evaluation of case management services.”

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Standard 12.

Professional Development and Competence

“The case manager shall assume personal responsibility for her or his professional development and competence...”

NASW Standards for Social Work Case Management (2013) NASW Standards for Social Work Case Management (2013)); Social Work Case Management Standards Expert Panel Linda Aufderhaar, MSW, LCSW, CCM Brian Giddens, LICSW, ACSW Lea Ann Holder, MSW, LCSW Sharon Mass, PhD, LCSW, C-ASWCM Jun Matsuyoshi, LCSW-R, ACSW David Moxley, PhD, ACSW, DPA Richard Rapp



REMEMBER

DO'S

- Practice ethical obligations.
- Remember the primary responsibility is to promote the well-being of clients.
- Always maintain appropriate boundaries with clients.

DON'T'S

- Do not involve the client in any illegal activities.
- Do not accept anything of value for making a referral.
- Do not engage in physical contact.
- Do not sexually harass individuals.

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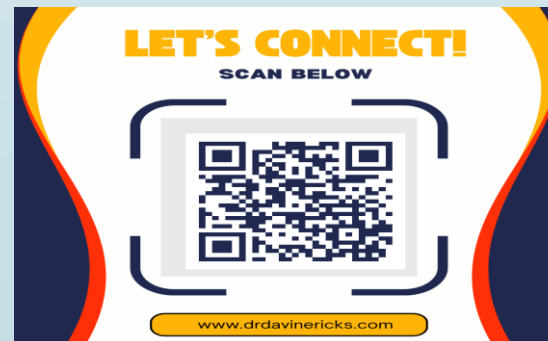
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