



Sunburst's Proposal for Restructuring Case Management for Adults

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Rationale:

The current provision of services to individuals with SDMI is a three level system of care. PACT is the highest level of care followed by Targeted Case Management (TCM), and the final level is no Case Management services at all. Current categories, PACT or TCM need to be utilized for individuals if service needs exist. While PACT is useful, literature suggests, "While the model appears to be effective in reducing psychiatric hospitalization, there is little evidence that the approach results in improved quality of life or level of functioning for the client (Bond et al., 1995; McGrew and Bond, 1995; Olfson, 1990; Soloman, 1992; Test, 1992)"(SAMHSA/CSAT Treatment Improvement Protocols). There is not a mid-level service option to meet individuals who exhibit a high acuity and require additional services as a step down or alternative to PACT. Furthermore, Individuals who may need limited brokering of services are not able to access case management without entering the TCM level of service provision or meeting SDMI criteria.

Individuals needs for behavioral health services range along a continuum. AMDD likely pays a premium price to serve PACT level individuals, some whom may need a higher level of care than adult case management provides and are not necessarily all at the PACT level. Additionally, there are individuals who would benefit from a limited brokering of services, who enter TCM services to meet their needs, or are not meeting service criteria for TCM and as a result of lack of services, result in needing an even higher level of care than they once needed.

As mental health providers we know the importance of case management in terms of supporting individuals with mental health needs in their recovery. "Case management focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination to address multiple aspects of a client's life" Furthermore, "retention in treatment is associated with better outcomes, and a principal goal of case management is to keep clients engaged in treatment and moving toward recovery and independence (Institute of Medicine, 1990)"(SAMHSA/CSAT Treatment Improvement Protocols).

Proposal:

Sunburst proposes that AMDD consider a 4 level tiered service provision model as outlined below.

Level 4: (Highest level of care): This level is PACT, which is already established as a best practice model.

Level 3: Level three would be a new level of service provision with a daily rate for services. A dedicated team of a Service Coordinator/Case Manager, Community Based Psychiatric Rehabilitation Specialist, Medical Assistant or CNA, part time Psychiatric Mental Health Nurse Practitioner and part time Therapist/Licensed Addiction Counselor. Each Team would have up to 20 individuals they serve and be available for medication coaching and crisis intervention. Payment would be a daily rate, \$10.00 lower than the current PACT rate, saving AMDD \$73,000.00 per year for these individuals at level 3 versus Level 4 PACT.

Level 2: Level 2 would be more traditional, best practice case management. Level 2 Service Coordination/Case Management services would provide comprehensive assessment, monitoring, linkage, referral and advocacy, treatment planning and coordination of services. Research documents the effectiveness of case management in producing the following outcomes. In “A meta-analysis of the effectiveness of mental health case management over 20 years” by Ziguras S J, Stuart G W, the following outcomes of case management were documented:

- A greater improvement in symptoms
- A reduction in the hospital stay
- A smaller proportion of patients hospitalized
- More contacts with mental health services
- More contacts with other services
- Lower drop-out rates from mental health services
- A greater improvement in social functioning
- Greater patient satisfaction with care
- Greater family satisfaction with care
- Less family burden of care

Increased cost effectiveness of case management as compared to Assertive Community Treatment was also documented in this study.

Level 1: Level 1 services would be care coordination or ‘brokering of services’. Individuals who meet this level of service need could access Service Coordination/Case Management on an as needed basis. This would result in a savings to AMDD, as Service Coordinators/Case Managers would not be billing for treatment planning, monthly contact and monthly staffing. When clients request assistance at Level 1, a community needs assessment would occur and appropriate referrals and linkages would be provided and documented as such. Access to this service would be included on treatment plans as a “prn” or ‘as needed service’. Additional savings would occur, as individuals would receive needed services and further decompensation would be prevented. At Level 1, 50 individuals would be assigned to a Service Coordinator. This level of care would also be monitored for future community need evaluation regarding efficacy of brief intervention and service brokerage re: decreasing acuity and increase in mental health symptoms at a lower service levels.

Identification of level of service needs could occur through use of the current Level of Intensity Instrument utilized by AMDD or another evidence based tool.

Citations:

<https://pdfs.semanticscholar.org/e783/142f88ad75712834f42774be1d2a80d62fc1.pdf>

Chapter 4- Evaluation and Quality Assurance of Case Management Services. (1998, January 01). Retrieved November 1, 2018 from

<https://www.ncbi.nlm.gov/books/NBK64864/SAMHSA/CSAT> Treatment Improvement Protocols: Comprehensive Case Management for Substance Abuse Treatment.