

**Children's Service Center  
Blended Case Management  
Luzerne/Wyoming Counties**

**Introduction:**

In FY 2015-2016, Children's Service Center provided **Blended Case Management Services** to 475 clients. Our projection for January 1, 2017 to June 30, 2017 and July 1, 2017 to June 30, 2018, is to serve 500 youth within the Blended Case Management model.

CSC's Plan for development of a resiliency oriented system:

System Indicators:

1. **Affirmative Action hiring policy that supports accommodations:**  
Children's Service Center's hiring policy is one of affirmative action; in addition, our HR department has an established track record of providing accommodations for staff that request them, both for physical as well as mental health needs.
2. **Recovery oriented mission statement:**  
Children's Service Center continues to review our mission statement to ensure a resiliency oriented statement drives our services.
3. **Board Representation:**  
Children's Service Center is proud that consumers have representation on our board. A significant officer on our Board of Directors is a consumer of services here at CSC. We are planning to increase consumer participation on our Board.

**1. Soundness of Approach:**

**A. Project Description:**

In July 2003, a pilot project was initiated by the Office of Mental Health & Substance Abuse (OMHSAS) to test a case management model in which individuals are not required to change case managers (from ICM to RC or vice-versa) when the intensity of their service needs changes. This is referred to as the Blended Case Management (BCM) Model; this model allows the consumer to keep the same Blended case manager even when there is a change in the level of service needs. This model does not change the case management services being delivered, but it does change the manner in which these services are delivered. It was theorized that by permitting the blended case manager to adjust service intensity based on consumer needs, there would be improved continuity of care and enhanced support

for resiliency and recovery concepts. In essence, the blended case model would eliminate the distinction between ICM and RC in terms of service delivery. This program started in March of the year 2010.

**B. Description of Target Population:**

The target population of Children's Service Center Blended Case Management program are the children/adolescents of Luzerne/Wyoming Counties who may be at risk for out of home placement; with the focus to prevent and avoid hospitalization, to minimize the need for foster placement or placement in a group home or residential facility. Whenever possible the child/adolescent is to maintain residency in their home and to this end additional supports are built into the case management process to focus on the child/adolescents strengths and the strengths of the family and the communities around the family.

Child and adolescent mental health problems require mental health services and families require help to access them. The system may pose a number of barriers, which serve as obstacles to accessing services and it is the case manager's role to ensure that the necessary services are received. The child/adolescent may need assistance to challenge and remove barriers so as to enhance the informal building of supports. Sometimes, other family members may have needs that impact on the care or proper functioning of the child /adolescent. Blended case management broadens the possibility of good care and treatment from services in the community. It has been found that many times families may not feel confident in obtaining services or can be intimidated by the complexity of resources. Blended case management can be helpful in this area.

**C. Statement of Need:**

Child or adolescent who are in need of Blended Case Management services if the following occur:

Two or more psychiatric inpatient treatment stays in the past twelve months.

Without case management services the child would result in placement in a community Inpatient unit, state mental hospital or other out of home placement, including foster homes or juvenile court placements.

Currently receiving or in need of mental health services and receiving or in need of services from two or more human service agencies or public systems such as Education, Child Welfare, Juvenile Justice, etc.

Recommendation is made by the County Administrator and or written approval by the Department's Area Office of Mental Health.

Recommendation is made by CCBH as needing services.

#### **D. Project Outcomes:**

Children's Service Center's Blended Case Management Services will assess satisfaction with this service as indicated by the families through an annual survey. This survey under the guidance of CSC's Performance Improvement Department will monitor the consumer's satisfaction. In like manner, quarterly outcomes will be done. It is projected that 90% of our active clients would remain out of the hospital. Based on our experience in case management services our outcomes will be well beyond 90%. We project 90% doing well in school and 90% remaining out of placement within the fiscal year.

- A. Since the C-GAF (Children's Global Assessment of Functioning) Scale is a tool to assess severity of psychiatric disturbance, its determination usually offers a snapshot of an individual's functioning at a point in time. Children's Service Center uses the C-GAF in studies to determine movement and improvement in functioning as part of the quarterly outcomes helping to measure progress toward reaching the needed service. Despite changes in GAF related to the current DSM/ICD, the score is still used as required by State Regulations.
- B. Goals and assessing the need for a proper level of service is determined by the use of the Child/Adolescent Environmental Matrix. This tool also allows us to measure over progress and strength assessment.

#### **E. Potential for Success:**

Since the C-GAF (Children's Global Assessment of Functioning) Scale is a tool to assess severity of psychiatric disturbance, its determination usually offers a snapshot of an individual's functioning at a point in time. Children's Service Center uses the C-GAF in studies to determine movement and improvement in functioning as part of the quarterly outcomes helping to measure progress toward reaching the needed service. Goals and assessing the need for a proper level of service is determined by the use of the Child/Adolescent Environmental Matrix. This tool also allows us to measure over progress and strength assessment.

## **2. Overall Qualifications of the Agency:**

Children's Service Center is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and is Sanctuary Certified.

#### **A. Experience with this service:**

Children's Service Center has been providing Case Management Services since 1989 shortly after the implementation of Chapter 5221 of the Mental Health Procedures Act, with the established mandate of working with children/adolescents

who are at risk of placement outside the home. The service has been able to become identified as a client/family advocate, a coordinating force that helps consumers navigate the difficult maze of available services. We are considered a valuable service by community resources, families and the managed care community.

**B. Experience working with the proposed population:**

Our staff has extensive experience in assessing the appropriate level of care, by our use of the Child/Adolescent Environmental Matrix. This extensive tool will enable us to provide an objective measurement of care and service in this Blended Model.

**C. Experience coordinating community resources:**

Every staff becomes knowledgeable of as many community resources possible. They utilize help line whenever necessary. They become knowledgeable of all other agencies, how to link to services, how to coordinate services and monitor service. As the families need linkage the case manager goes out and finds what is needed for that family no matter what the resources may be.

**D. Current, valid license or certifications:**

Every year the Blended Case Management program must be approved for licensing by the State. Each Case Manager must be trained and certified in Children's Case Management as well as Basic Case Management and then be recertified every two (2) years.

**3. Qualifications of the Individuals Performing the Service:**

Present Staff compliment of Children's Service Center BCM Department:

There are twenty-two (22) Staff in the BCM program. The staff is directed and supervised by a Bachelors level with 27 years experience in the Mental Health Field, two other supervisors (2), nineteen (19) case managers; One (1) master's level, sixteen (16) bachelor level staff, and one (2) with Associate Degree. Staff experience ranges from 1-year to 27-years. The medium experience is 03-15 years experience. All staff members are required to obtain ongoing education utilized by Essential Learning (Training in the mental health field). Basic case management training and Children's Case Management Refresher courses will now be taken every two years. A Senior Director oversees the Program; she has 30 years experience and is a Licensed Clinical Social Worker.

**4. Budget:**

**A. Overall analysis of budget:**

Please see attached