

<b>COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN</b>		<i><b>Policy and Procedure</b></i>	
<b>Department: Clinical Services</b>		<b># of Pages: 7</b>	
<b>Policy Name CLIENT SERVICES MANAGEMENT</b>		<b>Type of Policy:</b>  [ ] WCHO [ <input checked="" type="checkbox"/> ] Regional [ ] Network	
<b>Policy Number</b>  12.003	<b>Effective Date</b>	<b>Revision Date</b>	<b>Approval Date</b> 7/02
<b>Administrative/Board of Directors Sign Off</b>			
<b>Administrative Signature:</b>			<b>Date:</b>
<b>Board of Directors Signature:</b>			<b>Date:</b>

**CLIENT SERVICES MANAGEMENT/SUPPORTS COORDINATION  
REGIONAL POLICY**

**I. PURPOSE**

To insure the provision of Client Services Management/Supports Coordination across the region to all consumers who meet eligibility criteria and to establish standards for service provision.

**II. APPLICATION**

To all services or program components within the region providing services to children with serious emotional disturbance, adults with mental illness or persons with developmental disability.

**IV. DEFINITIONS**

**Client Services Management (CSM)** refers to services provided to persons with mental illness or children with serious emotional disorders.

**Supports Coordination (SC)** refers to services provided to persons with developmental disabilities. CSM and SC services are designed to assist consumers in developing a person-centered plan, identifying and implementing support strategies incorporating the principles of empowerment, community inclusion, health and safety assurances and the use of natural supports.

Core elements include assessment, development of a Person Centered Plan, linking and coordination of services, reassessment, follow-up and monitoring of services and assessment of consumer satisfaction with services. Activities include providing information to consumers regarding the array of services available and assisting

individuals in gaining access to needed mental health, medical, social, educational, vocational, housing and other services. Additionally, CSM/SC's assist consumers in assuring that income and benefits are maximized.

While a staff person assigned as the CSM/SC is primarily responsible for the provision of CSM/SC services, other members of the Person Centered Planning team, or natural supports may perform individual functions or assignments based on either the Person Centered Plan or urgent or emergent needs. For consumers who primarily receive outpatient therapy services, the therapist will meet any intermittent needs for CSM/SC services.

**Eligibility Criteria:** CSM/SC services shall be provided to consumers who have a primary diagnosis of mental illness or developmental disability and are functionally limited, who have multiple services needs, have a high level of vulnerability, who require access to a continuum of mental health services and/or who have demonstrated an inability to independently access and sustain involvement with needed services.

#### **IV. POLICY**

Client Services Management and Supports Coordination services shall be offered to all eligible consumers as an integral component of the service array. CSM/SC services shall be offered in a range of intensity and service modalities to meet the needs of the consumer population.

All core elements of Client Services Management and Supports Coordination will be available through all CSM programs or teams, but shall be tailored in focus, frequency, location of service and hours of operation to meet the needs of consumers.

The Person Centered Planning process shall determine the scope, frequency and desired outcomes for CSM/SC services for each individual consumer.

Consumer choice guidelines shall be followed in assignment/selection of a CSM/SC for each eligible consumer.

#### **V. EXHIBITS**

- A. Addendum: Consumer Choice Of Case Manager/Supports Coordinator Staff Guidelines

#### **VI. REFERENCES**

None

#### **VII. PROCEDURES**

<b><u>WHO</u></b>	<b><u>DOES WHAT</u></b>
Local Access unit initially Assigned CSM/SC ongoing	<ol style="list-style-type: none"> <li>1. Completes an initial determination of need for services at the time of intake, at the initiation of the Person Centered Planning process or at any other time due to changing circumstances.</li> <li>2. Documents the need for services in the clinical record.</li> </ol>
Supervisor or designee	<ol style="list-style-type: none"> <li>1. Reviews initial intake information and makes an initial assignment of CSM/SC following the values, principles and practices outlined in the Consumer Choice of CSM/SC Guidelines.</li> <li>2. Assures documentation of assignment in the clinical record. Facilitates alternative choices of CSM/SC as needed.</li> </ol>
CSM/SC	<ol style="list-style-type: none"> <li>1. Develops initial rapport with consumer, providing the consumer with the option to meet and select another CSM/SC if desired.</li> <li>2. Coordinates needed assessments and the development of a Person Centered Plan in accord with the policy on Person Centered Planning and best practice guidelines.</li> <li>3. Provides face to face and collateral contacts with consumer and natural supports at frequency agreed upon in the Person Centered Plan.</li> <li>4. Regularly works with consumer toward achievement of desired outcomes and identified goals, documenting progress and consumer satisfaction in the Clinical Record.</li> <li>5. Provides education and information on the array of services available. Links consumer with community resources as needed. Advocates for services within and outside of the community mental health system which are appropriate to the consumers needs and for which the consumer is eligible. Completes periodic reviews at a frequency identified in the plan to assures that the consumer is receiving needed and appropriate services. Documents and develops plans to address unmet needs.</li> <li>6. Adheres with all professional and ethical guidelines, including assuring that the consumer is aware of his or her option to request a change in service providers, including the CSM/SC.</li> </ol>

Community Mental Health Partnership Of Southeast Michigan

**CONSUMER CHOICE OF CASE MANAGER/SUPPORTS COORDINATOR  
STAFF GUIDELINES**

**Purpose**

To ensure that consumers are given opportunities to exercise their right to select an individual case manager/supports coordinator.

To ensure that there is the best possible match between the consumer and his or her case manager/supports coordinator when preferences are expressed based on gender, age, cultural considerations, special skills, areas of experience as well as other factors that may arise.

When preferences are not expressed by consumers, to ensure that there is the best possible match between consumer and case manager/supports coordinator based on the initial and ongoing assessment of need.

To identify procedures for staff to follow in eliciting these preferences at particular points in time, from the initial designation of a case manager/supports coordinator to opportunities later in the course of service provision.

**Values**

A commitment on the part of staff and administrators to make every effort to honor consumers' service provider preferences. Resource availability, which changes from time to time, may limit the degree to which specific requests can be fulfilled.

A strong commitment on the part of case manager/supports coordinators and their supervisors to:

- Provide opportunities for consumers to indicate their choice of providers.
- Provide opportunities for consumers to express, with as much specificity as possible, their satisfaction or dissatisfaction with current providers, which expectations are or are not being met.
- Provide a clear explanation if a consumer's choice cannot be fully honored.
- Engage in ongoing self-assessment to determine what can be changed personally to improve the match between case manager/supports coordinator and a particular consumer.

Is important for the local CMH boards to develop and implement their own specific procedures for transferring a consumer from one case manager/supports coordinator provider to another. In all instances, the process should be fair, timely, respectful of all parties, explained thoroughly and well documented.

## Procedures

### Initial Assessment & Person-Centered Plan of Service-Assess Issues of Rapport:

- ❑ With what type of person would this individual/family work best?
- ❑ What are the consumer's preferences?
- ❑ Are there aspects of the consumer's cultural identity that should be taken into account in selecting a case manager/supports coordinator?
- ❑ To which aspects of my approach or style does the consumer seem to be responding most positively?
- ❑ What does the person's family history indicate regarding his or her potential comfort level with particular type of workers?
- ❑ What does the person's experience with, past mental health workers indicate regarding the best selection of a case manager/supports coordinator?

### Periodic Review, Annual Assessment, and Annual Person-Centered Plan of Service - Assess Strength of Relationship with Case Manager/Supports Coordinator:

- ❑ With what aspects of our work together is the consumer most and least satisfied?
- ❑ Which aspects of the consumer's service expectations am I meeting or not meeting?
- ❑ Are there aspects of my role in the person-centered plan that I have been lax in implementing?
- ❑ Does the consumer wish to change case management provider and, if so, what type is preferred? Is the consumer willing to try to resolve our problems before pursuing a change?
- ❑ Have I learned something about the consumer's background during this review period that explains our lack of progress in developing a good working relationship?
- ❑ Are there issues in my own background that interfere with my ability to work productively with this consumer?

### Ongoing

To ensure that sensitivity to issues of consumer choice of case manager/supports coordinator and satisfaction with their performance is maintained, many, if not all, of the above questions should be addressed on an ongoing basis.

## HONORING CHOICES OF - CASE MANAGER/SUPPORTS COORDINATOR

### EXAMPLES

- ❑ The mother of a consumer with a developmental disability requested a supports coordinator who "had some maturity."
- ❑ Because of the consumer's special needs, a supports coordinator with experience in purchasing adaptive equipment was designated
- ❑ At the time of the quarterly review of the person-centered plan of service the guardian voiced concerns about the lack of communication from the current case manager. A new, case manager was provided.
- ❑ An initial assessment of a consumer with developmental disabilities revealed some symptoms of mental illness. A case-manager with experience working with consumers with these dual conditions was provided.
- ❑ A consumer requested that he be switched from a female to a male supports coordinator.
- ❑ A consumer with mental illness, in returning to services after a year, is asked if she would prefer her former case manager or a new one.
- ❑ A case manager reported to her supervisor that a client "just pushes all my buttons." After some supervision, it was determined that a change in case manager would be in the best interest of the consumer.
- ❑ An MI client contacted his case manager's supervisor requesting a change in worker. The supervisor held a meeting with the client and the case manager during which a misunderstanding between the two was uncovered and resolved. The client no longer felt a desire to change workers.
- ❑ In response to an SMI consumer's request for a new worker, The case manager discussed the situation with his supervisor who coordinated the transfer.