

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING

**NACM
Presentation
October 1,
2013**

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING HISTORY OF OUR CHANGE PROCESS

- **How We Started – Year 2008**
 - Our work was informed by previous service reorganization and new initiatives
 - Elimination of Partial Hospital Programs; Development of Peer Support services; Creation of a Training Institute....
- **We built a Vision**
 - Focus Groups of service providers and participants
 - Meetings with Supervisors and Directors
 - Visits to team based models
 - Bringing on additional supports; consultants with expertise in supporting change

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING HISTORY OF OUR CHANGE PROCESS

- **Key Elements of Transformed Service**
 - Team Approach
 - Flexibility in Service Delivery
 - Blended Levels of Service
 - Intensity of Focus on People with Highest Need – “High Opportunity”
 - Relationally Focused
 - Clinically Supported
 - Guided by Goals and Community Access
 - Instills Hope by Hiring Peer Providers
 - Service Ends When Goals Accomplished

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING HISTORY OF OUR CHANGE PROCESS

- **Supporting the Change Process with a Learning Community Approach**
 - Identification of Change Teams
 - Training – Rapid Cycle Process Improvement - NIATx
 - Monthly On-Site Consultation
 - Monthly Meetings for Directors and Supervisors
 - Quarterly Learning Sessions
 - Bi-weekly meetings for County Staff, Consultants and Managed Care

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING HISTORY OF OUR CHANGE PROCESS

- **Learning Process Modeled Relationship with Recovery Coaching Participants**
 - **Provide Intensive Support, Especially Early in the Relationship**
 - **Identify Strengths and Needs**
 - **Foster Peer Support**
 - **Build Skills**
 - **Plan for Increased Autonomy**

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING GROUP SYNERGY LEADS TO – RC REGISTRY

- **Out of this Collaborative Work, Questions and Needs Emerged**
 - **How Do We Track Progress**
 - **How Do We Prioritize Needs**
 - **How Can We Increase the Focus on Wellness**
- **Out of this Collaborative Work, Answers Developed**
 - **Create a Database with Mobile Access Capability**
 - **The Recovery Coaching Registry**

Search By Last
Name

Search CIS

Add New Record

Refresh

Save

Clear New/ESC

ADMIN

Abington
Creative Health
Central
Lower Merion CounselingCIS Number: 2 0000000008
DOB: (MM/DD/YYYY): 1/1/1950
Date Enrolled: 1/3/2013Client Last Name: Zanders
Date Referred: 1/1/2013
RC Discharged:First Name: Vera
First Contact: 1/2/2013Gender: -
FEMALE
MALE

Add New/Save Update Tier Level

CIS_Number: 0000000008

Registry Record#:

Recovery_Coach_Name:

Event Date:

Recovery Coaching Frequency

1 - None
2 - Daily
3 - Weekly
4 - 2 x's a Month
5 - 1 x's a Month

Last Admit Date:

Last Discharge Date:

Days

Member Readmit 90 Day

Yes
No

Mutual Aid Groups:

1 - No Involvement
2 - Exposure
3 - Some Involvement
4 - Actively Involve

Trauma Hx:

Yes
No

Substance Use:

Yes
No

Forensic Involvement:

Yes
BHC
No

Clinical Supports:

1 - Has Needs, Not In Service
2 - Connected but w/Minimal Use
3 - Keeps Appts w/Support
4 - Independently Uses Approp Services
5 - No Clinical Needs

Tier_Level:

Income:

1 - No Income
2 - Income Inadequate
3 - Income Meets Basic Needs
4 - Satisfied w/Income

Housing:

1 - Homeless
2 - Substandard
3 - Safe & Affordable
4 - Housing of Choice

Physical Management:

1 - Has needs, not In Medical Care
2 - Connected but w/Minimal Use
3 - Keeps Appts w/Support
4 - Manages medical Conditions
5 - No Medical Needs

Medication Challenges:

1 - Meds recommended (Does not take)
2 - Connected but w/Minimal Use
3 - Manages w/Supports
4 - Manages Independently
5 - No Meds Recommended

Employment Education:

1 - Not currently involved in empl/edu pursuits
2 - Has identified emp/edu goal and/or need for support
3 - Pursuing goal and/or receiveing suppoort (RC or Career Specialist)
4 - Has job/enrolled in school

Community Connections:

1 - No Non-MH Involvement
2 - Has Identified Some Interests
3 - Engaged in Exposure Activities
4 - Involved in at least One Regular Activity

Support System:

1 - No Apparent Supports
2 - Supports Mainly Professional
3 - Has Limited Natural Supports
4 - Routinely Reaches out to Multiple Supports

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING DEVELOPING THE RECOVERY COACHING REGISTRY

- **Using the Expertise of the Group to Create an Online Registry**
 - **Identify Criteria for Highest Need - Frequency of Hospitalization**
 - **Identify High Risk Areas - Co-Occurring Trauma, Substance use and Forensics**
 - **Identify High Wellness Areas - Clinical Supports, Income and Housing**
 - **Identify General Wellness Areas - Physical Health, Medication Adherence, Employment/Education, Community Connections and Supports**

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING DEVELOPING THE RECOVERY COACHING REGISTRY

- **Using the Expertise of the Group to Create an Online Registry**
 - **Develop a scale of 1-4 with corresponding activities for each wellness area**
 - **Use Stages of Change to guide the identification of activities**
 - **Develop a score (Tier) to help the coach identify areas of strength and weakness, and suggest service intensity**

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING USING THE RECOVERY COACHING REGISTRY

■ Assessing Needs

Susan is a 42 year old woman who has been taking antipsychotic medicines since age 18. The physical from her last doctor visit over 3 years ago states that she is overweight, has an elevated blood sugar and has an elevated blood pressure. Recently she is complaining of fatigue and excessive thirst. Susan hates going to the doctor.

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING USING THE RECOVERY COACHING REGISTRY

- Example of a Wellness Area and Tier Related Responses:

Physical Management
1-has needs, not in Medical Care
2-connected but with minimal use
3-keeps appointments with support
4-manages medical conditions
5-no medical needs

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING RECOVERY COACHING REGISTRY AND NEXT STEPS

- The Creation of the Registry Led to a Question That Had Been Raised Before but Now Had Increased Emphasis.

“So Now We Can Identify the Intensity of Service and the Areas of Need, How Can We Help Staff Learn How to Do the Work in Ways that Reflect the Values of Recovery Coaching?”

- Answer: [Practice Guidelines](#)

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING GOALS OF PRACTICE GUIDELINES

- **Incorporate new learning about supporting recovery for people with serious mental illness and co-occurring disorders.**
- **Focus on staff skills that foster key aspects to enable a full and meaningful life, including:**
 - **Income, Housing, Employment and Education**
 - **Families, Relationships**
 - **Natural Supports, Peer Supports, Mutual Aid**
 - **Hospitalization, Medication, Physical Health Management**

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING GOALS OF PRACTICE GUIDELINES

- **Emphasize essential service principles of Recovery Coaching, including:**
 - Relationship is primary
 - Services are Strengths Based and Person Centered
 - Services are team based
 - Clinical consultation and collaboration enrich service
 - Valuing the expertise that comes from lived experience
 - Assertive outreach and engagement
 - Building and maintaining community connection

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING GOALS OF PRACTICE GUIDELINES

- **Meet request of agency Recovery Coaching teams**
 - Repository for successful and newly developed practices developed by teams
 - Director/Team Leader Guidelines to help supervisors mentor, coach, advance practice, manage the program, and evaluate outcomes
 - Living document to stimulate interest in further learning, with easy access to resources to enrich practice

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING HOW PRACTICE GUIDELINES WERE DEVELOPED

■ Input from:

- Recovery Coach focus groups**
- Agency change teams – executive sponsors; Recovery Coaching Directors, Team Leaders, Coaches; clinicians; peers**
- Montgomery County Department of BH/DD leaders and staff**
- Magellan Care Managers and Supervisors**
- Consultants**

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING USING PRACTICE GUIDELINES

- **Organization of Each Guideline**
 - Introductory paragraph with core concepts
 - Specific strategies; links to resources to support goal achievement
 - Essential service principles infuse every guideline
 - Using formal/informal peer support
 - Person directed care; “people first” approach
 - Empowerment through education and self advocacy
 - Expanding natural supports, community connection, mutual aid

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING USING PRACTICE GUIDELINES

- Use registry tier level - based on severity of challenges, vulnerabilities, risk and wellness areas - to help determine contact frequency and intensity.
 - Lower tiers = higher needs.
- Prioritize - respond with urgency to basics – income, housing, food, utilities, crisis, acute distress, etc.
- Use motivational interviewing and stage of change as tool.
- Consult Guidelines for help with specific topics - <http://www.montcopa.org/DocumentCenter/View/5433>

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING USING PRACTICE GUIDELINES

Let's go back to Susan.

- Her health management is at level 1: she has needs – overweight, elevated blood sugar/blood pressure and is not in medical care.....and she hates going to the doctor.
- *Now let's look at the Practice Guideline for Physical Health Management*
- What would you try?

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING REGISTRY/GUIDELINES – MULTIPLE LEVELS OF USE

Service

- Prioritize Areas of Need
- Identify Areas of Strength
- Focus on Change

Supervision

- Manage balanced assignments
- Identify trends in population
- Identify training needs

Monitoring

- Create profile of population
- Generate reports on engagement, service intensity, wait list

PROMOTING RECOVERY THROUGH CASE MANAGEMENT COACHING CONTACT INFORMATION

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