



CFP TECHNICAL ASSISTANCE BULLETIN

CLINICAL CASE MANAGER/SUPERVISOR

18B-08 JULY 2008



Background

The position of Clinical Case Manager/Supervisor (CCM/S) was created to help bridge the gap between Case Management, Substance Abuse, and Mental Health services. Community Follow-up Programs often experience significant difficulty identifying accessible mental health programs for their clients. Many providers have waiting lists and suitable MICA programs are scarce. In addition, case management teams are faced with clients who are reluctant or refuse to accept referrals to mental health and substance abuse treatment programs. Team members may feel ill equipped to deal with the complex clinical issues presented by their clients.

Clinical case management is warranted in three situations:

1. There is lack of clinical services that the case management staff and the client deem appropriate.
2. It is clear that the client is in need of clinical services, but the client presents a resistance to accepting them, though she or he is clearly contemplative of acceptance.
3. The client needs ongoing harm reduction support in order to access mental health services and to maintain their ability to adhere to medications and/or care.

Position Definition

The goal of the CCM/S position is to assist case management teams to effectively deal with client issues and barriers related to mental health and substance abuse care, and other clinical issues. This goal is met through the provision of technical assistance, training and case specific supervision to Community Follow-up Program staff.

Comprehensive Medicaid Case Management (CMCM) regulations prohibit therapeutic counseling and therefore the CCM/S position is considered a case management position. Clinical case management focuses on treatment readiness and problem-solving to identify and address consumer barriers to care for the purpose of increased treatment adherence. Clinical case management is essential for consumers who present with co-occurring issues of mental illness and/or substance use. Clinical case management should not be considered counseling, but a case management activity to ensure that persons with HIV/AIDS have access to a range of services that will facilitate access and retention in mental health and substance abuse treatment, primary care and increase medical and psychiatric treatment adherence.

Clinical case manager's interventions with clients who need mental health or substance abuse services should focus on stabilizing the client's situation until services are available and the referral is accepted. This is likely to involve crisis intervention, but also some acute problem solving, harm reduction, and solution-focused techniques. This may involve concrete, client-specific activities such as role playing designed to address the identified barriers to treatment and care. It is not the long-term history of drug addiction or chronic mental illness that is being addressed, but the unstable situation exacerbated by the absence of available services or a pronounced reluctance to access these services. The intervention cannot be analytical or therapeutic in nature and must directly relate to a service plan goal.

Clinical Case Manager/Supervisor Role

The clinical case manager/supervisor works with case management teams to provide clinical supervision, and provides case management

services to clients and their families who present with mental health and/or substance use issues. The CCM/S does not carry a case load, but is able to provide crisis intervention to help clients and/or family access ongoing mental health services, therapy, or rehabilitation services. Clinical case managers work directly with the case management team to guide and support their work. The position may be either full or part-time.

Clinical case managers assist the team to work with clients in need of substance abuse and/or mental illness treatment, particularly those who are not accessing, accepting or reluctant to use services. In addition, teams working with clients who are experiencing the following circumstances may need CCM/S guidance.

- aggressive behavior
- expressions of suicidal threats or ideation
- domestic violence (or a household where there is a history of domestic violence)
- known or suspected risk behaviors
- crisis situations
- child abuse and neglect allegations

Essential Roles and Responsibilities

- Assist with the team's interventions for clients in crisis.
- Identify issues related to mental health, substance abuse and other clinical treatment.
- Assess treatment readiness.
- Provide client with treatment options and service choices.
- Identify and provide referrals to mental health and substance abuse services.
- Identify barriers that impede a client's engagement in treatment and assist team to develop service plans to reduce/eliminate barriers.
- Advocate to ensure access to service.
- Increase client's health literacy around:
 - the purpose of mental health and substance abuse treatment
 - use of psychotropic medications.
- Assess treatment adherence and risk behavior, and provide information and

assistance to improve adherence and reduce risk behaviors.

- Case conference to insure successful transition and acceptance of service. Participate in case conferences with mental health providers to determine goals/objectives, activities and who will perform needed tasks related to mental health issues for client and family.
- Provide assistance to the team to ensure coordination of services with HIV, medical, mental health, housing, and social service providers.
- Monitor adherence to and retention in care.
- Provide case specific supervision.

Other Possible Job Duties: (these are fundable activities)

- provide clinical supervision to the case management teams
- perform QA activities
- staff training that addresses mental health, substance use and behavioral issues

Minimum qualifications

- Masters degree in social work, human services or psychology.
- At least one year of supervisory experience and one year post-graduate experience working with families who have a history of substance use, mental illness, chronic homelessness, and/or HIV/AIDS.

Minimum qualifications must be met, but each agency may want to enhance the qualifications based on agency need, culture and available resources.

Prior to filling this position, the agency must submit a full agency job description and receive approval from the AIDS Institute Program Manager.