Targeted Case Management - A Model in Progress

Presentation to PAC

October 16, 2009

Rationale Behind the Service Nationwide

- The system of addictions care, including treatment and funding mechanisms, must adapt to provide comprehensive care using evidence-based methods and practices to effectively manage acute addiction and foster sustained symptom remission *(IRETA. Addictions Recovery; When Knowing the Facts Can Help. 2007 Edition.)*
- The acute care model often works best for individuals with high "recovery capital" (internal and external resources)
- The acute care model does not voluntarily attract the majority of individuals with low recovery capital, i.e., people who experience co-occurring issues of poverty, homelessness, unemployment, mental illness and poor physical health. These are the very individuals the public sector dollars are targeted to serve.
- Only 10% of those needing treatment in our nation received it in 2002; only 25% will receive such services in their lifetime
- Historically the current treatment system has experienced low engagement rates and high attrition rates
- Dropout rates between the call for an appointment at an addiction treatment agency and the first treatment session range from 50-64%
- Nationally, more than half of clients admitted to addiction treatment do not successfully complete treatment (48% "complete"; 29% leave against staff advice; 12% are administratively discharged for various infractions; 11% are transferred)

Rationale Behind the Service New Jersey

- We spend 70% of our resources on 20% of the clients in our system
- Approximately 54,000 individuals are served in our system each year
  - 5,690 had three or more detox episodes from 2003 to 2008 (10.5%)
  - in 2008 1,762 had three or more residential episodes from 2003 to 2008 (4%)

Rationale (cont)

- The goal of targeted case management (TCM) is to facilitate a client's entrance and stabilization in the "Recovery Zone"
- The "Recovery Zone" is a term used to describe a state of sustained recovery characterized by long periods of abstinence, gainful employment, stable housing and supportive and rewarding social and spiritual connectedness
- A client's entry and stabilization in the Recovery Zone is accomplished by reducing service fragmentation, promoting service continuity, and increasing clients' capacity to manage their chronic disease more effectively

Objectives of TCM

- Reduce the need for intensive care
- Experience less acute and frequent symptoms
- Receive less costly and less restrictive levels of care
- Free up capacity in the treatment system to meet demand in New Jersey
- Improve outcomes

TCM Activities

- Assess and document eligibility
- Comprehensive assessment and re-assessment
- Development of service plans
- Revision of service plans
- Convening team meetings with treatment and other service providers to support linkages, coordination of care and continuum of care planning
- Referral to related needed services
- Monitoring
- Collateral contacts with family and services providers
- Transportation ??

Target Population

- Repeat and frequent users
- Heavy service users in the “Red Zone” (FFS guidelines)
- Adults and adolescents with substance use disorders
- Those not eligible for case management through DCBH or DMHS

Delivery of the Service

- DAS proposes to deliver the service in three phases:
  - Engagement – Client specific activities required to implement the client service plan for a minimum of four hours per week (No less than one of these hours in face to face)
  - Stabilization – Client specific activities to implement the client service plan for a minimum of fiver hours per month (No less than one of these hours in face to face)
  - Maintenance – Client specific activities required to implement the client service plan are provided for a minimum of 6 hours per ninety day period (No less than once per month of face to face [can be less than one hour])

Service Outcomes

- Reduction in frequency of admissions to LTR, Detox, STR
- Increase in frequency to OP levels of care
- Decrease in duration of Detox, STR, LTR, episodes
- Reduced cost per client

Who Would Provide the Service?

- DAS license not required
- Won through RFP
- Must coordinate with treatment provider community, especially residential and detox providers

Staffing

- Case Managers
  - LCADC with a Master's degree or Licensed Behavioral Health professional with a CADC, or CCS
- Associate Case Managers
  - High School Diploma
  - CDA
- Other ??

Feedback?