

FIFTH EDITION



# Generalist Case Management

*A Method of Human Service Delivery*

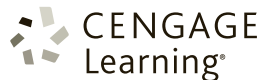
Marianne Woodside & Tricia McClam

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*A Method of Human Service Delivery*

**Marianne Woodside  
Tricia McClam**  
*University of Tennessee*



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Australia • Brazil • Mexico • Singapore • United Kingdom • United States

**Generalist Case Management: A Method of  
Human Service Delivery, 5th Edition**  
Marianne Woodside and Tricia McClam

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Together, Marianne Woodside and Tricia McClam have more than 60 years of experience in human service education, as well as many years working as practitioners in education, counseling, and vocational rehabilitation. Currently, they both hold the rank of Professor Emerita in the Department of Educational Psychology and Counseling in the College of Education, Health, and Human Sciences at the University of Tennessee. They are committed to research in teaching and learning in the human services and are the authors of several other texts, including *Introduction to Human Services; An Introduction to Human Services: Cases and Applications; The Helping Process: Assessment to Termination;* and *Interviewing: What Students Want to Know.*

## Dedication

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We dedicate this text to the colleagues, students, and practitioners who are committed to helping clients improve their lives.

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## Preface

For us, the purpose of writing textbooks is to share with students and colleagues what we have learned about the profession of human services delivery during our years of teaching and working in the field. This philosophy guided the preparation of this fifth edition of *Generalist Case Management: A Method of Human Service Delivery*. Primary informants for this edition were educators and human service professionals, especially those working as case managers or care coordinators. Through our associations with colleagues in professional organizations and educators who used the fourth edition, we learned about current trends, challenges, and new knowledge and skills necessary for effective case management. Interviews we conducted with case managers across the United States for the past 35 years, especially those over the past 5 years, enabled us to capture their voices as they described the realities of service delivery. We believe this adds a real-world perspective to the text.

Change occurs rapidly these days, and change related to case management as a service delivery strategy is no exception. Factors affecting case management today include the economic downturn and continuing financial struggles for individuals, families, communities, and states, federal legislation, emerging client groups, technology, shifting demographics, funding challenges, new service delivery models, increasing multicultural and ethnic perspectives, and ethical and legal dilemmas. The fifth edition of *Generalist Case Management* is a major revision that reflects these changes. There are two new chapters that provide in-depth coverage of the multicultural dimensions of case management when working with diverse populations and at-risk populations and that explore the case manager's professional growth and development. Throughout the text, a client, Sharon Bello, and three of her four case managers provide first-person perspectives on their experiences of the case management process. New or expanded sections provide the reader with insights into case management as it relates to the following: the Affordable Care Act; confidentiality (minors, interpreters, technology); influences of technology (including social media) throughout the case management process; assessment and the DSM-5; networking; confronting team issues and challenges; ending or disengaging with clients; the online face of an agency; improving services through evidence-based practice, program evaluation, and quality improvement; and interorganizational collaboration.

The *Generalist Case Management* (fifth edition) text aligns with the NASW Standards for Social Work Case Management and helps students meet the standards for the Certified Social Work Case Manager (C-SWMC). The text also aligns with Human Services Board-Certified Practitioner credentials (HS-BCP) and meets most of the certification standards.

There are also updated references and examples. To help students better understand concepts, there are also new case illustrations, tables, and figures. In each chapter, we added class discussion activities that instructors and students may use in and out of class to reinforce and extend learning. We continue to integrate into our discussion of the delivery of case management services the demands related to current economic and political conditions and context. We included discussions of new trends and challenges in case management. A new emphasis on diversity in its broadest sense—ethnic, religious, gender, and lifestyle—pervades the text and reflects a central focus in one chapter. Finally, we strengthen the voice of the case manager in each chapter, providing the reader with a realistic picture of the day-to-day work.

The concept of case management is dynamic. Just as the process has changed during the past decade, so will it continue to evolve during the twenty-first century. Many factors will influence human services delivery in the future: economic instability, the managed care environment, technology, the scarcity of resources, demands for accountability, the changing political climate, and the influence of diversity. In this text, we defined and described case management as it is practiced today, but with an eye to the future.

### Goals

We explored professional issues and skills related to case management and described the most up-to-date aspects of case management. In short, our goals for this text were four-fold: to define case management, to describe many



of the responsibilities that case managers assume, to discuss and illustrate the many skills that case managers need, and to describe the context in which case management occurs. Underlying these goals are the human services values and principles that guide them.

Part One, the first five chapters of *Generalist Case Management: A Method of Human Service Delivery*, focuses on defining case management. Chapter One begins by describing case management, outlining the process and components of the case management process, and articulating the principles and goals that guide the work. Sharon Bello's case illustrates the three phases of case management: assessment, planning, and implementation. Chapter Two expands the definition of case management by reviewing its history. The case of Sam, who was institutionalized early in childhood, illustrates how the changing definition of case management has been reflected in the care of clients. First-person accounts of clients during the early days as well as excerpts from relevant legislation enliven the history. Managed care, which has a strong influence on human services delivery today, is defined and discussed in terms of its effects on the case management process. In Chapter Three, we focus on methods of case management by answering two questions: How are case management services delivered? and Who delivers these services? Then, we describe the specific roles and responsibilities that case managers assume as they work in agencies with clients. Vignettes and cases illustrate methods, roles, and responsibilities. We discuss how case managers talk about their jobs by describing eight themes: (a) the performance of multiple roles; (b) organizational abilities; (c) communication skills; (d) setting-specific knowledge; (e) ethical decision making; (f) boundaries; (g) critical thinking; and (h) personal qualities. A discussion of ethical and legal perspectives follows in Chapter Four, which addresses specific issues and challenges relevant to this specific method of helping. Issues include confidentiality, family disagreements, working with violent clients, working in the managed care environment, the duty to warn, autonomy, legal responsibilities, and the question of when to break the rules. In Chapter Five, we introduce the multicultural dimensions of case management. We describe the concept of multicultural case management as we discuss working with diverse populations, including African Americans, Arab Americans, Asian Americans, European Americans, Latina/Latinos, Native Americans, women and men, sexual minorities, and individuals with disabilities. We also suggest ways to work with each during the case management process.

Part Two focuses on the case manager's work during the case management process. Chapters Six through Ten describe in detail the phases of the case management process. In Chapter Six, we begin to trace the case management process from the intake interview to termination. This chapter explores the assessment process in case management, including the interview process, types of interviews, issues related to confidentiality, and application and evaluation for services. Guidelines for documentation conclude the chapter. In Chapter Seven, we provide an in-depth view of the intake interview, the necessary skills, how to adapt the interviewing process to special populations, and how to interview those different from you. We also include information related to attitudes, characteristics, and skills of interviewers and pitfalls to avoid while interviewing.

Planning, the second major phase of the case management process, is introduced in Chapter Eight. Students learn useful information about how to formulate goals and objectives, how to revise a service plan, how to find resources, and how to gather additional information beyond the intake interview process. Tests and their appropriate uses are discussed, including how to prepare a client for testing. Building on the planning process, Chapter Nine describes the case file and explains its multiple components, such as physical examinations, psychological evaluations, social histories, and testing. All of this information is useful to build a comprehensive view of the client. Chapter Ten describes the third phase of case management, that of service coordination. The chapter focuses on the case manager's interaction with other colleagues, including how to establish a professional network. A discussion of service coordination explores the process, including referrals and effective communication with other professionals, especially as it relates to our expanded use of technology. This chapter also examines how to work effectively as a team member and as a team leader, and it describes challenges and issues that may occur when working in teams and how to address these. Finally this chapter introduces the realities of disengaging in services with clients and suggests ways to do so effectively.

Part Three includes two chapters that focus on the context of case management work and self-directed and others-directed professional growth and development. In Chapter Eleven, we introduce concepts such as organizational structure and climate, budgeting, and the commitment to evidence-based practice, program evaluation, and quality care. A section on interorganizational teamwork helps you better understand the ways in which

organizations work together and the struggles they face. Chapter Twelve concludes the text with a discussion of how the case manager begins and sustains professional growth and development. Focusing on both self-directed and others-directed professional development, you will learn about the need for survival skills to counter burn-out, traumatic victimization, and compassion fatigue. These include time management and assertiveness. The focus on professional growth includes a discussion on supervision, wellness and self-care, and continuing education. The chapter introduces the concept of advocacy and describes how case managers may become involved in individual, community, and policy advocacy. The chapter ends with a discussion of leadership and introduces a new model of case management called adaptive social service leadership, which will help case managers respond to the dynamic nature of social services in today's world.

## Features

This edition of *Generalist Case Management: A Method of Human Service Delivery* incorporates many aspects present in the fourth edition and introduces new features designed to provide a realistic and current view of case management and to maintain student interest. The following features are present in the fourth edition.

### CASE MANAGEMENT AS A PROCESS

Each chapter of the text builds on the next. Understanding case management and the roles and responsibilities of the case manager becomes a dynamic process as students learn to define the concepts, understand the process from assessment to termination, and study the context in which the work takes place. To illustrate the process, we introduce Sharon Bello, a client receiving case management services. She and three of her four case managers add their voices as they describe their experiences of the case management process.

### PRACTITIONER QUOTES

Throughout the text, quotes from interviews with case managers illustrate the aspects of the case management process and the ways the concepts occur within the context of service delivery. The practitioners represented in this text reaffirm the use of case management in a variety of settings (e.g., education, vocational rehabilitation, child and family services, mental health, corrections, substance abuse) and various populations (e.g., aging, veterans, homeless, children and youth, mentally ill).

### VIGNETTES AND CASE EXAMPLES

Each chapter includes multiple vignettes and case examples to expand student understanding of the concepts introduced. For example, in Chapter Six, we read about “Pops” Bellini’s report of his mental status exam; in Chapter Seven, Tom Rozanski interviewed Jonathan Douglass, a youth involved in the criminal justice system. We met Rube Manning, an adult parolee attempting to integrate into society after release from prison, in Chapter Nine. In Chapter Eleven, Carlotta Sanchez, who works for the Sexual Assault Crisis Center in a city of 400,000, has just begun her responsibilities as a case manager for the agency.

### DEEPENING YOUR KNOWLEDGE: CASE STUDY

At the end of most chapters, a case study helps students apply concepts to practice. At the end of each case study, there are questions to guide student learning. We believe the case and questions will also provide the basis for a classroom activity.

### VOICES FROM THE FIELD: RESEARCH AND PRACTICE

This section links the student with current case management practices of the government, agencies, and private practice. The purpose of Voices From the Field is to expose students to how text material translates into practice in the real world. For example, in Chapter Three, we introduce The Reach to Recovery International Network’s mission, which is “addressing potential violence in the workplace.” We also include the Occupational Safety and Health Administration (OSHA) *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*

(2004). Federal government guidelines for promoting quality health care, stemming from the Affordable Health Care Act, illustrate the commitment to quality discussed in Chapter Eleven.

### WANT MORE INFORMATION?

Students are familiar with the Internet as a source of information. This section targets one concept in each chapter and provides ways that students may further investigate the most current practices in case management. For example, Chapter Three's "Want to Know More" feature asks students to search the terms "case management roles," "case management responsibilities," and "case management jobs." Chapter Nine's Want to Know More section focuses on social history formats used in the state of North Carolina.

### STUDENT INSTRUCTIONAL SUPPORT

In each chapter, organizational and study materials frame the content. At the beginning of each chapter, we list objectives. At the conclusion of each chapter, students may review summaries of the chapter, review key terms, and answer questions to review their learning.

### New Features

#### ALIGNMENT WITH NASW AND HUMAN SERVICES STANDARDS

This text aligns with the NASW Standards for Social Work Case Management and helps students meet the standards for the Certified Social Work Case Manager (C-SWMC). The text also aligns with Human Services Board-Certified Practitioner (HS-BCP) credentials and meets most of the certification standards. There is a table in the text that describes the alignment by chapter and standard.

#### FIRST-PERSON ACCOUNTS

As described, Sharon Bello and her four case managers provide us with an inside look at case management from the perspectives of the client and the professional. We follow these individuals from Chapters One through Twelve as they share about their lives and their work during this process.

#### MULTICULTURAL PERSPECTIVES

The fifth edition of the *Generalist Case Management* text reinforces today's need to consider each case management encounter as multicultural. We added a chapter to help students gain a multicultural perspective. Chapter Five discusses working with diverse populations, including the populations of African Americans, Arab Americans, Asian Americans, European Americans, Latina/Latinos, Native Americans, women and men, sexual minorities, and individuals with disabilities, and suggests ways to work with each during the case management process.

In addition, each chapter provides guidelines for performing case management within an increasingly diverse society. For example, in Chapter Six, we include ways for clients to evaluate the cultural competence of the case manager. Topics ranging from a culturally sensitive medical examination to considerations of culture when taking a social history provide specific ways that the case manager may assume a multicultural stance.

#### CASE MANAGEMENT AND WORKING WITH AT-RISK POPULATIONS

In MindTap, we present populations at risk. Those populations include children, individuals with HIV, individuals with serious mental illness (SMI), individuals with substance use disorders (SUD), individuals within the correctional system, refugees, and seniors. These sections were written by individuals who are experts working with each population. Topics for each population include an explanation of at-risk status, goals and treatment, barriers and challenges, ethical and cultural challenges, and stories of successes.

#### ENDING THE CASE MANAGEMENT PROCESS (DISENGAGEMENT)

In Chapter Ten, there is a new section focused on the end of the case management process. We describe the place of ending services in the case management process, list the steps used to end client services, identify why

clients may need to be transferred from one professional to another, describe the transfer process, and discuss the purpose of a discharge plan. The information in this section also links to sections on client referral in the same chapter and also program improvement in Chapter Eleven.

### THE CASE MANAGER'S GROWTH AND DEVELOPMENT

Chapter Twelve concludes the text with a discussion of how the case manager begins and sustains professional growth and development. Focusing on both self-directed and others-directed professional development, you will learn about the need for survival skills to counter burnout, traumatic victimization, and compassion fatigue. These include time management and assertiveness. The focus on professional growth includes a discussion on supervision, wellness and self-care, and continuing education. The chapter introduces the concept of advocacy and describes how case managers may become involved in individual, community, and policy advocacy. The chapter ends with a discussion of leadership and introduces a new model of case management, adaptive social service leadership, that will help case managers respond to the dynamic nature of social services in today's world.

### NEW OR EXPANDED SECTIONS

New or expanded sections provide the reader with insights into case management as it relates to the following: the Affordable Care Act; confidentiality (minors, interpreters, technology); influences of technology (including social media) throughout the case management process; assessment and the DSM-5; networking; confronting team issues and challenges; ending or disengaging with clients; the online face of an agency; improving services through evidence-based practice, program evaluation, and quality improvement; and interorganizational collaboration.

### CLASS DISCUSSIONS

Throughout each chapter, we include opportunities for skills development and reflection. These can be used for individual work, small group work, or class discussion. For example, a class discussion activity related to ethics in Chapter Four asks students to choose three ethical standards from the Code of Ethics of the National Association of Social Workers and three standards from the Ethical Standards for Human Service Professionals and then to describe three ways that they might apply these standards when working as a case manager. Students are also asked to provide an illustration for each. Finally, they are asked about the challenges of following the six standards chosen.

### NEW FIGURES AND TABLES

We have added new figures and tables to each chapter. Adding these provides students with a visual illustration or a way to organize the concepts presented. For example, in Chapter Three we added a table that organizes methods of service delivery by how the services are delivered and who delivers the services. In Chapter Ten, we added a table to help students structure a professional development plan.

### INSTRUCTOR AND STUDENT SUPPORT: MINDTAP

Instructors and students will have the class discussions suggested in each chapter. Students will also have available the following review materials at the end of each chapter: chapter summary, key terms, chapter review, and questions for discussion. Instructors will have access to PowerPoint presentations, a test bank, web quizzes, and additional materials through MindTap. One more chapter has been added in MindTap only that is Chapter Thirteen.

### Conclusion

We hope that you and your students benefit from *Generalist Case Management*, fifth edition. It was a pleasure to update. We learned so much about case management as it is practiced today, and we pass this new understanding on to you.

## Acknowledgments

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Many people contributed to the undertaking of this text, and we would be remiss if we failed to acknowledge them. Our colleagues in the National Organization for Human Service and the Council for Standards in Human Service Education have encouraged and supported our efforts to investigate case management by offering suggestions, reviewing materials, and sending information. Chris Morgan prepared many of the Deepening Your Knowledge: Case Study sections. We thank Katie, Ellen, Sara, Jessica, Brittany, and Jennifer, who provided their expertise related to case management. We also thank Brittany, Dareen, Denis, Ellen, Nina, and Whitney, who provided their experience and knowledge working with at-risk populations. This information is available in MindTap.

The case managers who we interviewed over the past 35 years made many contributions to this book. They shared their time, experiences, successes, and failures to enlighten us about the complexities of case management. It is their words that give this text a firm grounding in reality. Among their contributions are definitions of case management, perspectives on the components of the process, and evidence of the trends and challenges that the future holds. Most of all, we thank them for helping us understand the dynamics of the rich and varied process of case management.

Throughout our careers we have valued the review process. The comments and suggestions of the copyeditor, Heather Turner were critical to the development of this text. As they read the printed version, we hope they will be able to see how their unique contributions have improved the text.

Of course, our friends at Cengage Learning deserve our thanks. The expertise and assistance of Ellie Raissi were central to the project.

Last, but not least, we thank our families for their support during this effort. We have spouses who encourage our writing and support us in our academic endeavors.

As the field of human services continues to grow and develop, we look forward to hearing from you. We hope you will share with us your observations and experiences with case management in the field, as well as your reactions to this text. Please send us your comments.

*Marianne Woodside  
Tricia McClam*

# PART ONE

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## Introduction to Case Management

Part One, the first five chapters of *Generalist Case Management: A Method of Human Service Delivery*, fifth edition, focuses on defining case management. Chapter One begins by describing case management, outlining the components of the case management process, and articulating the principles and goals that guide the work. Sharon Bello's case illustrates the three phases of case management: assessment, planning, and implementation. Chapter Two expands the definition of case management by reviewing its history. The case of Sam, who was institutionalized early in childhood, illustrates how the changing definition of case management has been reflected in the care of clients. First-person accounts of clients in the early days as well as excerpts from relevant legislation enliven the history. Managed care, which has a strong influence on human service delivery today, is defined and discussed in terms of its effects on the case management process. In Chapter Three, we focus on methods of case management by answering two questions: How are case management services delivered? and Who delivers these services? Then, we describe the specific roles and responsibilities that case managers assume as they work in agencies with clients. Vignettes and cases illustrate methods, roles, and responsibilities. We discuss how case managers talk about their jobs by describing eight themes: (a) the performance of multiple roles; (b) organizational abilities; (c) communication skills; (d) setting-specific knowledge; (e) ethical decision-making; (f) boundaries; (g) critical thinking; and (h) personal qualities. A discussion of ethical and legal perspectives follows in Chapter Four, which addresses specific issues and challenges relevant to this specific method of helping. Issues include confidentiality, family disagreements, working with violent clients, working in the managed care environment, the duty to warn, autonomy, legal responsibilities, and the question of when to break the rules. In Chapter Five, we discuss working with diverse populations and introduce the populations of African Americans, Arab Americans, Asian Americans, European Americans, Latina/Latinos, Native Americans, women and men, sexual minorities, and individuals with disabilities. We also suggest ways to work with each during the case management process.

# Chapter 1

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## Introduction to Case Management

- ◆ Chapter One addresses Standards for Social Work Case Management. Standard 1, Knowledge, Ethics, and Values, focuses on values that undergird case management. Standard 2 focuses on qualifications outlining the C-SWCM credentialing standards.
- ◆ Chapter One addresses Human Service–Certified Board Practitioner Competency 4, Case Management, and focuses on values that undergird case management.

*The case manager's job is to make sure clients are thriving in their environment, and everyone is safe and healthy.*

*—From Ellen Carruth, 2015, text from unpublished interview.*

This chapter introduces you to the subject of case management and presents three components of the case management process that guide many helping professionals who work in human service delivery. Focus your reading and study on the following objectives.

### **CASE MANAGEMENT DEFINED**

- ◆ Describe the context in which human service delivery occurs today.
- ◆ Differentiate between traditional case management and case management today.

### **THE PROCESS OF CASE MANAGEMENT**

- ◆ List the three phases of case management.
- ◆ Identify the two activities of the assessment phase.
- ◆ Illustrate the role of data gathering in assessment and planning.
- ◆ Describe the helper's role in service coordination.

### **THREE COMPONENTS OF CASE MANAGEMENT**

- ◆ Define case review and list its benefits.
- ◆ Describe why there is the need for documentation and report writing in case management.
- ◆ Trace the client's participation in the three phases of case management.

### **PRINCIPLES AND GOALS OF CASE MANAGEMENT**

- ◆ List the principles and goals that guide the case management process.
- ◆ Describe how each principle influences the delivery of services.

## **Case Management Defined**

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In this chapter, we present to you the concept of case management related to the delivery of services to those in need. Before we begin defining case management, we introduce you to a client who needs and is now receiving case management services. This client, Sharon Bello, is in her mid-30s. She is biracial, her mother is African American, and her Hispanic father is deceased. In this chapter, we meet her for the first time and we outline the use of case management services throughout the text. Before we describe her involvement in the human service system, we want you to hear from her.

## **Introduction**

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Now that you have met Sharon, let us focus on gaining an introductory understanding of case management. The world in which case managers function is changing rapidly. The dynamic nature of case management work relates to the continued developments in technology, client needs, and financial support for providing services. For example, related to technology, client tracking systems, the electronic transfer of records, and the expanded use of the Internet and rapid communication such





## Sharon Bello, Entry 1.1

*When Marianne first asked if I would be willing to tell my story throughout her case management textbook, I was not sure what to say. I live in a neighborhood in the city where outsiders usually don't want to hear from us. The neighborhood is close knit and a few of us have lived here for a long time. I also was not sure I wanted to tell my story. There are parts of it that are so sad, things happened that I will never get over. But Marianne says that the students who read this text will learn from my experiences and get a better understanding of the help I am receiving. Of course my getting help took a really long time to happen.*

*I am not quite sure where to begin. I can tell you a little about my early life, but I suspect you want to hear more about my adult life. And we have the entire book to walk through my story, so I know all I have to do is to begin it right now. I also worried about my writing, but Marianne said that she would help my writing make sense to you.*

*I was born in a large city in the United States. I am 35 now. When I was born, my mom and my dad lived in a housing project with many of our family and friends. My mom was African American. She met my dad when her family took her to Miami to visit family. My grandparents were not happy when my mom and my dad got married. My dad was from El Salvador. In those days a daughter did not marry out of her race. Both families thought the marriage was a mistake because there were too many differences between the two teens. My parents decided to choose a large city to live in. They thought their interracial marriage would be better received in a large city. My parents had children early. My first brother was born a year after they were married. My twin brother and I were born a year later. One of the saddest days of my life was when my father died in a power plant explosion. I say one of saddest days in my life because there is even more to tell.*

*I still live in the house where I was born. I have seen a lot of changes in the neighborhood over the years. The neighborhood has changed, suffering ups and downs. The types of people who live here are different than when I was growing up. The neighborhood has been a nice place to live but now is not very safe. Everyone I know is having difficulty making ends meet. I live with my mother and my two daughters. Over the last 5 years I have lost both of my sons to violence. Those losses plus my inability to find and hold a job—I guess that is why I am going to be telling my story. And the fact that one of my friends discovered that the city vocational rehabilitation services might help me. At the heart of this service is my case manager, or the many case managers that I have had. Since the topic of this book is case management, now you know why Marianne thinks my story is important for you to hear.*

as social media influence how professionals perform their case management responsibilities. Client populations expand and change with an increasing number of dual-diagnosis clients, growing needs of foreign-born populations, and shifting in the country's demographics. In addition, social services continue to function with even fewer resources, adjustments to services related to the change in health care policy and provisions, and the question of how much help should be available to those who need it. Hence, the current service delivery is vastly different from that of a few years ago. One result is that the time between policy development and implementation is much shorter. Another is that many human service agencies and organizations have chosen to limit the services they provide. More and more, case managers need skills in teamwork, networking, referral, and coordination to obtain the services clients need. Case managers also need to understand how to function in a bureaucratic and organizational context. And they need to understand how to advocate for their clients at various levels. All this takes place in a constellation of service providers that continues to grow and change.

Service delivery is affected by the past economic downturn of 2009 and the negative economic climate resulting in an expanding number of individuals, families, and communities needing help and

support to meet basic needs. Issues such as unemployment and underemployment, loss of homes to foreclosures, increasing health care costs, and increasing costs of postsecondary education, to name a few, were consequences of this financial crisis in the United States in the late 2000s (Dranove, Garthwaite, & Ody, 2015). Many of these issues still remain, especially related to unemployment or underemployment (Efron, 2014). In fact, Medicare spending and its growth in spending slowed after the downturn. Another influence related to case management and its current delivery is the Affordable Care Act (ACA; Medicare.gov, 2015). In addition, many individuals and communities continue to deal with the aftermath of increasing weather-related crises.

Changing demographics and multicultural perspectives present additional challenges to delivering case management services to clients in need. Current projections indicate that in this country, the population will be more diverse (Morales, 2015). By 2045, it is projected that the minority population will increase from 30% to more than 50% of the population. The growth of the US minorities reflects an increase in mixed-race individuals, Latinos, Asians, and immigrants from diverse countries and backgrounds. Immigration remains a significant aspect of the changing demographics globally. By 2060, the foreign-born population will account for more than 18% of the population. In addition, the number of children born to at least one immigrant parent will increase and the number of second-generation Americans will increase, and there is also an anticipated shift in the age of the population. It is projected that by 2030, one in five individuals will be older than 65 years (Colby & Ortman, 2015). This occurs with a decrease in the number of individuals younger than 18 years and the number of individuals in the population who are employed (Brown, 2015).

In addition, as indicated, the current political climate brings the role of government under close scrutiny, especially with regard to human services. How involved should government be in meeting human needs? What is its role? What is the proper relationship between state and federal governments? As these questions are examined and debated, case managers sometimes find themselves working under a cloud of uncertainty that influences the work they do, their professional identity, and their professional development.

The following quotations are from individuals who are currently performing the roles of case manager. Reading these quotes will help you hear a first-person front-line perspective of case management work.

*In this agency we focus on meeting the needs of individuals and their families. The individuals, our clients, have difficult medical diagnoses and our goal is to allow them to live in their homes. In addition, all of our clients have other needs, reflecting social, educational, financial, and other family concerns. Meeting these multiple needs requires service coordination. We provide services that meet the specific needs of each client. And we involve the client and the families in service delivery. Coordination and integration support the management process. Sometimes professionals working in mental health and developmental disabilities do not understand how to work together to serve a single client. We provide the bridge. These other professionals may not understand the influence of ACA (Affordable Care Act). We help them understand how the rules and requirements of this act influence service delivery.*

*—Case manager, children's services, New York, NY*

*The agency I work for helps adolescent females. It would be difficult to describe the average client. Our clients come from various economic circumstances and they present very different issues. For some, they have resided in state custody for a number of years and they need short-term housing. For others, they are in crisis and parents or guardians either asked for help or the court referred them. Some are homeless. The girls can stay at this facility for as long as 14 to 30 days, depending upon who provides the payment. In this agency we offer an array of services including individual and family therapy, psycho-educational groups, and a mental health assessment. Of course, we give the girls food, shelter, and clothing.*

*—Case manager, youth shelter, St. Louis, MO*

*Intensive Case Management Program is the name and focus of our program. Our commitment is to meet the long-term needs of the persistently mentally ill. These clients will always need focused help, so when we enroll clients we take the long view. We do everything we can to help these folks. One of our goals is to normalize their experiences; we try to give them a life in the community. We also hope to reduce the stigma in the community. Some of the services we provide include daily living skills training, transportation, health services, and medications. One of the biggest changes in service delivery has been the implementation of the Affordable Care Act and interfacing with managed care insurance providers.*

*—Case manager, mental health comprehensive care services, Knoxville, TN*

The preceding quotations represent the words of case managers involved in the delivery of human services. They share a common theme: all three situations require providing and coordinating services for the individuals and families served. Our first case manager directs an agency that provides intensive case management to children and families with complex medical problems. In this agency, the case management process begins as early as the diagnosis of a medical problem and can be terminated once clients are back home and able to manage their own care. An assessment, planning, and coordination process supports clients. There is a continuous evaluation of both client needs and the effectiveness of the care provided within the guidelines of the Affordable Care Act. Because the ultimate goal is for the family to manage their own case, all plans and services focus on and build on family strengths.

The services provided by the youth shelter are different. Its primary responsibility is to provide housing, assessment, and counseling for 2 weeks; the staff then makes appropriate referrals. Although contact is short-term, the girls receive intensive physical and psychological care, participate in

determining their own treatment plan, and receive shelter and nutritious food. The treatment plan is based on their needs, strengths, and interests. Accountability means developing plans based on the girls' priorities as established on the day they arrive.

The third case manager works in an agency that provides long-term managed care for people with mental illness. Rarely do they close a case. People with severe mental illness who reside in the community require service coordination that is long-term, closely monitored, and supportive. The agency's commitment to these clients is to assess their needs periodically and adjust plans and provide services accordingly. Often, this agency is the only lifeline for these adults. Because the agency maintains a long-term relationship with clients, its staff develops ways to update assessments and service plans. Accountability and work with insurance managed care are intense and ongoing as they interface for their clients.

These diverse examples illustrate service delivery today. As you can see, the care varies from agency to agency, from helper to helper, and from client to client. One element of each example has in common is the use of case management to coordinate and deliver services, moving an individual through the service delivery process from intake to closure.

### **CLASS DISCUSSION—A Focus on the Definition of Case Management**

After reading the introduction to the chapter as a class, in small groups, or as an individual, develop a definition of case management. You can use the text material and the quotes from the three case managers to construct a definition.

Share this information with your classmates.

### **Traditional Case Management**

To define case management, it is helpful to look at it from an historical perspective. First, let us look at the ways in which case management was traditionally regarded. In mental health service delivery in the 1970s, case management was a necessary component of service delivery because clients with complex needs required multiple services. Case management was a process linking clients to services that began with assessment and continued through intervention. In the 1980s, there was a shift in the focus of case management. Many professionals and clients objected to the use of the word “manage” because it connotes control. This language did not seem to reflect a commitment to client involvement or empowerment. Terms such as service coordination and care coordination were considered to indicate more completely these new goals of case management. Many believed that the term “service coordination” more accurately represented the primary work of the case management process—linking the client to services and monitoring progress. Jackson, Finkler, and Robinson (1992) describe the development of the term “care coordination” during their work with Project Continuity, which facilitated care for infants and toddlers who required repeated hospitalization and who qualified for intervention under the Education for All Handicapped Children Act (1975) and its 1986 amendment, the Preschool Infant/Toddler Program (PL 99-47; parts B and H).

Over the course of this project, the term care coordination evolved from what is popularly described as case management. Staff expressed dissatisfaction with the case management term because they did not feel families should be viewed as cases needing to be managed. Therefore, the project changed the description to care coordinator, which reflects the role as coordinator of care services for the child and family (p. 224).

## Case Management Today

Since the late 1990s and early 2000s, many effective case managers have assumed the dual role of linking and monitoring services and providing direct services. In many instances, this dual role is called intensive case management and reflects the time and financial resources committed to the client. As we move further into the twenty-first century, the trend of the dual role continues. The principles of integration of services, continuity of care, equal access to services and advocacy, quality care, and client empowerment, described later in this chapter, guide the case management service delivery.

Today, case management characterizes an accepted way of providing human services to clients and their families; in fact, the types of clients receiving case management are expanding. This includes voluntary and mandated clients from many human service sectors. This expansion is also recognized by professional organizations and certification and licensure boards. For example, the certification of the Human Services Board–Certified Practitioner includes demonstrated competence in case management, professional practice, and ethics as one of the four knowledge and skills assessment components (Center for Credentialing and Education, 2015). In addition, the National Association of Social Workers offers BSW social worker case managers the Certified Social Work Case Manager credential (National Association of Social Workers, 2013). This certification requires a baccalaureate degree in Social Work or an advanced degree, 3 years and 4,500 hours of supervised work experience in an agency or organization that helps clients by using a case management process, licensure at the BSW level, and documentation of professional behavior that follows the professional code of ethics (NASW Credentialing Center, 2016). In the area of substance abuse, the Substance Abuse and Mental Health Services Administration (SAMHSA), specifically the Center for Substance Abuse Treatment (CSAT), provides a comprehensive guide for the case manager and case management function (Siegal, 1998). Many states developed their own case management certification for the roles, responsibilities, and competencies and skills outlined in the SAMHSA Treatment Improvement Protocols for addiction-related and other human services professionals (Kansas Association of Addiction Professionals, 2015; Oklahoma Behavioral Health Case Management Certification, 2015). With the introduction of Brief Strengths Case Management for substance abuse, more case management roles and responsibilities emerged (Rapp, 2009).

In addition, other types of case management certification exist in various states. These vary by focus of population and certification or licensure requirement. For instance, in Utah, the state offers the case management certification states, “Mental Health Case Manager means an individual under the supervision of a ‘qualified provider’ employed or contracted by the local mental health authority who is responsible for coordinating, advocating, linking, and monitoring activities that assist individual adults with mental illness and serious emotional disorders in children to access services to gain access to needed medical (including mental health), social, educational, and other services. The overall goal of the services is not only to help consumers to access needed services but also to ensure that services are coordinated among all agencies and providers” (Utah Department of Substance Abuse and Mental Health, n.d.). Another example is the state of Florida’s certification for the Certified Child Welfare Manager. These case managers provide services to children who are dealing with child abuse or other issues such as neglect (The Florida Certification Board, 2015). To apply for certification, applicants must have a Bachelor’s degree, experience in human service work, and appropriate supervision.

Case management is also recognized globally as a promising way to support clients and deliver services. For example, the Case Management Society of Australia and New Zealand (CMSA, 2015) supports a national registry and certification of case managers to work in various areas such as welfare and social service settings. They have a certification, a definition of knowledge and skills, resources for case managers, and sources that help individuals and organizations identify other case management

services. Another similar organization, Case Management Society UK (2015), is an organization that promotes quality case management services and networks with other organizations to promote the use of case management services in helping others.

Multicultural concerns are embedded in many of these efforts to professionalize case management. There is an emphasis on understanding multicultural competencies required of case managers and addressing issues of advocacy and social justice. It is interesting to note that the certifications include attention to ethnic and cultural aspects of providing services (Center for Credentialing and Education, 2015; National Association of Social Workers, 2013).

We conducted numerous interviews with service providers who are performing the role of case manager, and some indicated a preference for terms other than case management and case manager in describing their jobs and job titles. Three primary objections to these terms surfaced. One is that the practitioners find it objectionable to think of clients as “cases.” A second relates to the resentment clients may feel at being managed. Third, these helpers believe that they do more than case management. Many of the helpers interviewed did refer to themselves as case managers, but not necessarily in the traditional sense of the term.

### CLASS DISCUSSION—A Focus on the Definition of Case Management (A Reassessment)

After reading the sections about traditional case management and case management today as a class, in small groups, or as an individual, review your definition of case management. Then, note what parts of your initial definition you will keep and what you will add.

Share this information with your classmates.

### Want More Information? Learning More About the Definition of Case Management

The Internet provides in-depth resources related to the study of case management. Search the terms listed to read more about how professional organizations and the federal and state governments describe case management.

- ◆ Human Services Board–Certified Practitioner
- ◆ Social Work Case Manager
- ◆ Commission for Case Management Certification
- ◆ SAMHSA Treatment Improvement Protocols

What has emerged today is a broader perspective of service delivery that encompasses traditional case management as well as case management with a broader focus. In some situations, it includes case management with a new focus. **Case management** is a creative and collaborative process involving skills in assessment, communication, coordination, consulting, teaching, modeling, and advocacy that aim to enhance the optimum social functioning of the client served and positive outcomes for the agency (Commission for Case Manager Certification, 2015). Note that it includes the dual role of coordinating and providing direct service. The goal of **case managers** is to help those who need