

Riverside County CA
Dept. of Public Social Services
Adult Services Division

Lisa Shiner, MSW
Jennifer Claar, MSW, PhD

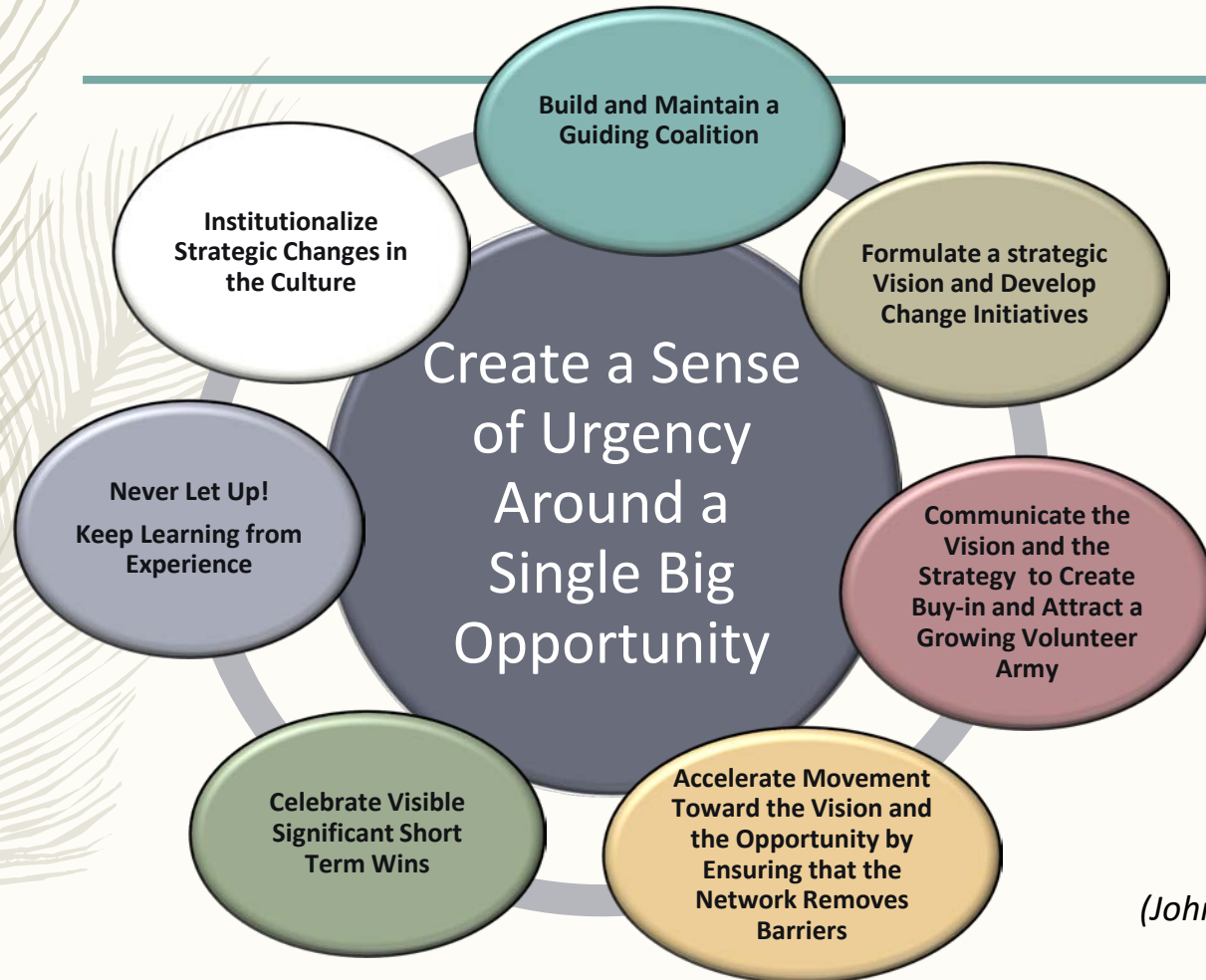
**How the Coordinated Care
Initiative Inspired Opportunities
to Improve Practice in
Adult Protective Services...**

Enhanced Care Management

Workshop Overview

- ❖ Framework for Leading Organizational Change
- ❖ Background and Development of Enhanced Care Management (ECM) Model
- ❖ Application of the ECM Model: *Case Example*
- ❖ Riverside County's Implementation Lessons Learned
- ❖ Discussion: *Creating a Sense of Urgency Around a Single Big Opportunity*

Using “Change Accelerators” as a Framework



(John P. Cotter, 2012)

Brief Context

Riverside County's caseload growth is higher compared to other similar-sized counties in California:

- ❖ **County Population is over 2.3 Million**
- ❖ **44,776 IHSS clients (15,800 Intake 28,975 Continuing)** disabled and seniors, suffering from multiple debilitating health conditions and requiring daily living assistance to safely remain at home and prevent institutional placement
- ❖ **15,000 APS clients**, victims of neglect, physical abuse, sexual abuse, financial abuse, or emotional abuse
- ❖ **25,000 non/relative caregivers** providing IHSS assistance
- ❖ **58 APS and 132 IHSS social workers**



Big Opportunity Coordinated Care Initiative

California's Coordinated Care Initiative (CCI), implemented in April 2014 promotes integrated delivery of medical, behavioral, and long-term care Medicaid services, and also provides a road map to integrate Medicare and Medicaid for people on both programs, called "dual eligible beneficiaries."

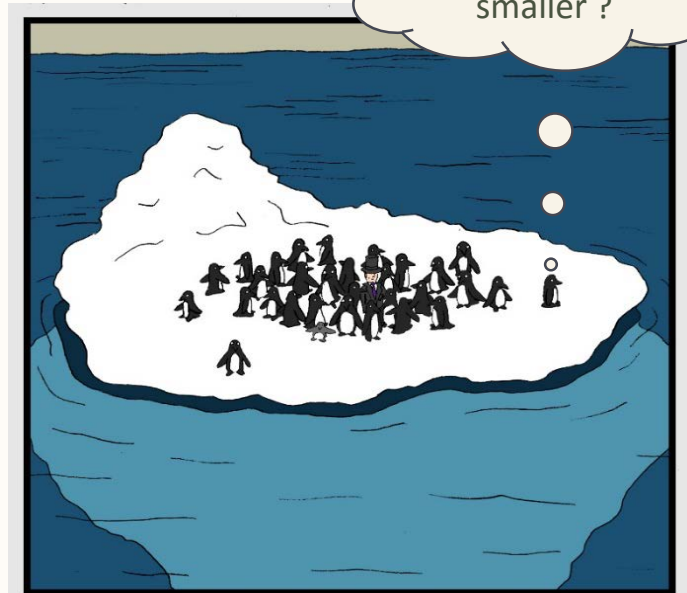
- ❖ **Managed Care Health Plans: Enrollment**
- ❖ **Health Risk Assessment Tool**
- ❖ **Coordinated Care Team Approach**
- ❖ **Data Sharing**
- ❖ **"Maintenance of Efforts" Funding Structure**

Urgent Demands for Change

Different constituent groups will have different urgencies. What is urgent for executive staff, caseworkers, community partners, and clients?

- ❖ Need to address high caseloads
- ❖ Need to prepare social workers for working in an inter-professional environment
- ❖ Need to improve quality APS and IHSS casework practices
- ❖ Need to improve client outcomes

Is it me or is our iceberg getting smaller?



What is the worst thing that could happen?

Strategic Vision

A coordinated system of care that enhances the quality of life for vulnerable adults

We will strengthen the Adult Services System of Care by focusing on IHSS as...

- ❖ a core **prevention** strategy for promoting safety, well-being, and independence; and
- ❖ an **intervention** strategy to avoid or reduce reoccurrence of elder abuse and neglect.



Change Initiative

Enhanced Care Management “ECM”

- ✓ *A response to varying case complexities and urgencies, acknowledging that different cases have different needs, and will involve more time, resources and support*
- ✓ *A holistic view of the client, requiring a comprehensive client assessment to accurately classify clients based on need*
- ✓ *A system that works with the managed care environment*
- ✓ *A coordinated approach between APS, IHSS and multiple disciplines*
- ✓ *Based on the promising practices in past coordinated care efforts for aging and older adults*

ECM Guiding Principles

- ❖ No Wrong Door
- ❖ All Clients Assessed for Strengths and Needs
- ❖ Individualized Supportive Services
- ❖ Enhanced Outcomes
- ❖ Community Based Care and Services
- ❖ Better Care through Healthy Caregivers



Client Outcomes

- ❖ Decreased client risk
- ❖ Decreased re-occurrence in adult abuse and neglect
- ❖ Increased linkages to services
- ❖ Increased supportive services to caregivers



Shift in Culture and Practice in IHSS

Standard IHSS Practices	ECM Practices
Eligibility Work	Comprehensive social work
Determine IHSS Eligibility	Determine Eligibility for IHSS <u>and</u> other Community Resources
Time-per-Task Assessment	Global Assessment
Incident Focused	Focused on Prevention
Focused on the IHSS Client	Focused on the IHSS Client, Provider, Family System and Social Network
Annual Home Visit	Contact as Needed (in person or by phone)
Focused on Medical Condition	Focused on Holistic Situation
IHSS Social Worker is main Interventionist (siload approach)	Joint or MDT Approach to Case Management
Authorize IHSS Hours	Creation of Service Plan and Follow-up on Implementation of Services
Focused on Maintaining the Client in the Home	Focus on Overall Wellness – “Enhancing” all aspects of client’s life

Shift in Culture and Practice in APS Consultation

APS Consultation Practices

ECM Consultation Practices

Supervisor

Supervisor

Public Health Nurse

Public Health Nurse (non-geriatric)

CARE Multidisciplinary Team

Geriatric Home Visiting Nurse

Geriatrician, M.D.

Home Visiting Neuropsychologist

CARE Multidisciplinary Team

Health Plans

Public Authority



Challenges & Barriers

- ❖ Caseloads Very High
- ❖ Not Enough Time to Provided Needed Case Management
- ❖ Staff Recruitment Process Long
- ❖ Not Enough Quality of Candidates
- ❖ Limited Training Available
- ❖ Social Work Staff not Accustomed to Collaborating with Health Plans

Creating Strategies



Strategies

- ❖ Take advantage of Maintenance of Effort funding opportunity to higher more IHSS staff to reduce case loads by 50%
- ❖ Explore alternative funding sources (SPMP) to expand workforce
- ❖ Specialize Caseloads with High Risk Clients (clients who can benefit from short-term case management)
- ❖ Streamline recruitment and hiring processes
- ❖ Change Recruitment guidelines to emphasize Master's level (MSW, MSG)
- ❖ Engage Schools of Social Work and Gerontology for Recruitment and Training
- ❖ Decentralize/ Expand Liaison Role from Admin to Program District Offices



Short Term Wins

- ❖ Staff have embraced the vision; ECM” is a part of the organization’s vocabulary
- ❖ Expanded partnerships with medical and behavioral health professionals
- ❖ Direct access to medical records through the health plans
- ❖ Immediate linkage to medical services
- ❖ Increased case consultation between APS and IHSS
- ❖ Improved the quality of training for APS and IHSS
- ❖ Increased social work staffing/ reduced IHSS caseloads
- ❖ Improved customer service feedback

NEVER LET UP... WE ARE NOT DONE YET!

ECM In Action: A Case Example



Before



ECM in Action: A Case Example



After

The social workers (PA, IHSS, APS) conducted coordinated care team meeting with Ms. S and health care providers and effectively advocated for the following:

- Home health nutritionist, physical therapist and primary doctor to provide medical care to Ms. S at home*
- Hospital bed and wheel chair*
- Multiple IHSS providers monitored by the Public Authority to provide 70 hours of caregiving per week.*

Never Let Up

We have more work to do...

- ❖ Continue to hire and train additional social workers to result in a lower case load
- ❖ Implement centralized high risk medical and behavioral health case management model
- ❖ Determine performance measures and collect data
- ❖ Continue to monitor and address barriers/ make changes needed
- ❖ **Institutionalize!**

Lessons Learned



(John P. Cotter, 2012)

Questions and Discussion

*What Single Big Opportunity
can your Organization Create a
Sense of Urgency Around?*