APPENDIX I
CHILDREN'S CERTIFICATION
CHILDREN'S MENTAL HEALTH TARGETED CASE MANAGEMENT

Child's Name _____

Is hereby certified to meet all the following children's mental health targeted case management criteria:

1. Is enrolled in a Department of Children and Families children's mental health target population;
2. Has a mental health disability (i.e., serious emotional disturbance or emotional disturbance) which requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Requires services to assist him or her in attaining self-sufficiency and satisfaction in the living, learning, work and social environments of his or her choice;
4. Lacks a natural support system with the ability to access needed medical and social environments of his or her choice;
5. Requires ongoing assistance to access or maintain needed care consistently within the service delivery system;
6. Has a mental health disability (i.e., serious emotional disturbance or emotional disturbance) duration that, based upon professional judgment, will last for a minimum of one year;
7. Is in out-of-home mental health placement or at documented risk of out-of-home mental health placement; and
8. Is not receiving duplicate case management services from another provider; or
9. Has relocated from a Department of Children and Families district or region where he or she was receiving mental health targeted case management services.

_____ _____

Case Manager Date

_____ _____

Case Manager's Supervisor Date

APPENDIX J
ADULT CERTIFICATION
ADULT MENTAL HEALTH TARGETED CASE MANAGEMENT

Recipient's Name _____ Medicaid ID # _____

Is hereby certified as meeting all of the following adult mental health targeted case management criteria.

1. Is enrolled in a Department of Children and Families adult mental health target population
2. Has a mental health disability (i.e., severe and persistent mental illness) which requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Requires services to assist in attaining self-sufficiency and satisfaction in the living, learning, work and social environments of choice;
4. Lacks a natural support system with the ability to access needed medical, social, educational and other services;
5. Requires ongoing assistance to access or maintain needed care consistently within the service delivery system;
6. Has a mental health disability (i.e., severe and persistent mental illness) duration that, based upon professional judgment, will last for a minimum of one year;
7. Is not receiving duplicate case management services from another provider;
8. Meets at least one of the following requirements (check all that apply):
    a. Is awaiting admission to or has been discharged from a state mental health treatment facility;
    b. Has been discharged from a mental health residential treatment facility;
    c. Has had more than one admission to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities in the past 12 months;
    d. Is at risk of institutionalization for mental health reasons (provide explanation);
    e. Is experiencing long-term or acute episodes of mental impairment that may put him or her at risk of requiring more intensive services (provide explanation); or
9. Has relocated from a Department of Children and Families district or region where he or she was receiving mental health targeted case management services.

_____ _____
Case Manager Date

_____ _____
Case Manager's Supervisor Date

Relevant Topic Areas in Case Management

1. *Community resources/ emphasis on the development of natural support system*

There are various community resources that families may seek for services that are available for families in need. Some of these resources do have specific eligibility requirements. Below are a few community resources that children and families may be eligible:

a) The Department of Children and Families have several programs that can help Florida families, this include:
   - ACCESS Florida, Adult Services, Developmental Disabilities and Child Care.
   - Abuse Hotline- Services for victims of abuse and neglect.
   - ACCESS Florida- Food Assistance, Medicaid, and financial assistance to eligible people
   - Adoption
   - Adult services- services for frail, elder and disable adults who are at risk or are victims of abuse, neglect, or exploitation and disable adults who need assistance to remain in their own homes in the community.
   - Child Care- Visit the Child care information site to obtain the latest information relating to the Child Care Programs in the State of Florida.
   - Child Welfare- Florida center for Advancement of Child Welfare Practice- your portal for information, consultation and collaboration on practice, standards and services for child welfare professionals.
   - Community based care
   - Domestic Violence- Helping to create a seamless system that addresses the diverse need of domestic violence victims and families in crisis.
   - Foster Care
   - Homelessness- Provides coordination on interagency issues related to the homeless, and offers assistance to support the operation of emergency shelters, build transitional and supportive permanent housing and to promote a continuum of care approach to local homeless service providers.
   - Refugee services- Offers a variety of services to refugees, Cuban/Haitian entrants and victims of human trafficking to provide the effective resettlement of the new arrivals and assist them in achieving economic self-sufficiency.

b) Florida Department of Juvenile Justice provides information and resources on:
   - Health and Safety
   - Hotlines and Other health
   - ID Cards and Birth certificate
   - Job assistance and training
   - Record Information
   - Scholarships, financial, education resources and programs.
   - Transition Assistance
   - Greif support and Advocacy
   - Legal Guidance
   - Communities in Schools connect youth to

c) Substance Abuse and Mental Health- Services for people with drug and alcohol related dependencies, emotional problem and mental illness

d) Florida Department of Health – assist with medical and dental care

e) Food Pantries- Assist in providing emergency food

f) Local churches – help with various services, including food and other assistance

g) Extended family support – do not forget to reach out to extended friends and family who may help with housing, monetary and child care needs etc.

2. Benefits and entitlement program

These programs are specific governmental programs that provide individuals with personal financial benefits (or sometimes special government-provided goods or services) to which an indefinite number of potential beneficiaries have a legal right whenever they meet eligibility conditions that are specified by the standing law that authorizes the program. The most important examples of entitlement programs at the federal level in the United States would include:

• Social Security	• Medicare
• Medicaid	• Most Veterans' Administration programs
• Federal employee and military retirement plans	• Unemployment compensation
• Food stamps	• Agricultural price support programs

Access/ enrollment process

Medicaid

The Department of Children and Families determines eligibility for Medicaid. Medicaid applications must be approved or denied within 30 days from the date the application is received and all factors of eligibility are verified. Medicaid may be authorized for up to three months prior to the date of application provided an applicant has unpaid medical bill(s), for one or more of the three months preceding the date of application. This is known as retroactive Medicaid.

Applicants for Medicaid must be US citizens or Qualified Noncitizens, must be Florida residents, and must provide Social Security Numbers to facilitate data matching. Most factors of eligibility may be verified electronically via the Federal Data Services (HUB). Self-attestations are accepted for the majority of eligibility factors, however reasonable explanations and/ or documentation may be requested in order to clarify questionable factors or resolve inconsistencies.

Applicants for Medicaid must file for all benefits to which they may be entitled including pensions, Social Security and Medicare. Cooperation with Child Support Enforcement must be agreed to during the application process and completed after the eligibility process. Income from wages and self-employment are considered earned income in Medicaid programs. Some examples of unearned income are income from alimony, Unemployment Compensation, and Social Security benefits. Earned income as well as specific unearned income types is included in the benefit determination. Assets such as bank accounts, mutual funds, vehicles and homestead property will not be counted for Family-Related Medicaid coverage groups.

Renewal periods for Medicaid are conducted annually. Applicants and recipients have a duty to report adverse or beneficial changes which may affect their eligibility for benefits within 10 days. Some examples of the changes affecting eligibility include the birth of a child, the receipt of new earnings or the termination of employment, the arrival or departure of members of the household, changes in living arrangement, changes of address, or a move out of state.

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women (PEPW) - PEPW provides temporary Medicaid to pregnant women and provides immediate access to prenatal care. County Health Departments, Regional Perinatal Intensive Care Centers (RPICC), Federally Qualified Health Centers, Maternal and Infant Care Projects, Children's Medical Services as well as some hospitals and hospital affiliated clinics determine eligibility for PEPW. All pregnant women with family income less than or equal to 185% of the Federal Poverty Level may be eligible for coverage. Citizenship and noncitizen status are not factors for eligibility. The presumptive period begins with the date the eligibility determination is completed by the Hospitals and extends up to one additional month or until an application for "full" Medicaid coverage is approved or denied. PEPW covers outpatient prenatal care only.

Uninsured families may be eligible for Medicaid. Parents and Step-Parents must have at least one child or be pregnant to receive Medicaid. Relatives and their spouse within the specified degree of relationship, including siblings, first cousins, nephews, nieces, aunts, uncles, grandparents, and individuals of preceding generations as denoted by prefixes of great, great-great, who care for minor children, may choose to receive Medicaid along with the child(ren) if they meet the program's eligibility requirements.

Assets are not a factor of eligibility in the Family Related Medicaid program. This program is based on the expected tax filing status for each individual. Coverage under this group may include the following:

- Extended Medicaid is available to recipients who lose eligibility for Medicaid due to increased child support collections or increased earnings for four or twelve months, respectively.
- Relative caretakers and their spouses with children under 18
- Pregnant women with or without other children
- Step-parents can derive their eligibly from step children

In general, families whose income exceeds the limits for the Family Related Medicaid will be enrolled in Medically Needy unless a more beneficial coverage group exists.

Coverage for Children

Children 18 to 21 Years Old - Once the last child in the family turns 18 years of age, the parent(s) or caretaker relative loses his or her eligibility for coverage in Family Related Medicaid. Family income for the 18 to 21 year old must be below the payment standard and coverage is for the child only. There is no requirement for the child to reside in the home of parent or specified relative.

Children Under 19 Living with Non-relatives - A non-relative may be a representative of an orphanage, a private adoption agency, or group home that is not state funded or may be a relative that is not within the specified degree of relationship to the child. Coverage is for the child only and only the child's income is considered. This is a payment standard coverage group.

Children 19 to 20 Years Old – Medicaid maybe is provided to individuals who are 19 and 20 years old. There is no requirement to reside in the home of parent or specified relative.

Individuals who aged out of Foster Care in Florida may continue to receive Medicaid up to age 26, if the individual was in foster care and receiving Medicaid at age 18 or when they aged out in Florida.

The following are other coverage groups for children. These coverage groups are under ACA Medicaid.

- Children under age 1 with household income less than 200% of FPL.
- Children ages 1 to 19 with household income less than 133% FPL.

There is no asset limit for Family Related Medicaid. Eligibility for children under these coverage groups may be established with a parent or caretaker relative through the ACCESS web application. Family Related Medicaid applicant's intent to comply with Child Support Enforcement is required during the application process and participation is required after eligibility is determined.

Continuous Medicaid Eligibility - Children under age 5, who become ineligible for Medicaid for any reason, may remain on Medicaid for up to twelve months from the last application. Children age 5 to 19 receive a minimum of 6 months of continuous coverage.

Children who do not qualify for Medicaid under any of these coverage groups may be eligible for the Children's Health Insurance Program (CHIP) or referred to the Federal Facilitated Marketplace. The Federally Facilitated Marketplace determines eligibility for the Insurance Premium Assistance Programs for children and adults whose family income is too high to qualify for the CHIP or Family Related Medicaid.

Emergency Medical Assistance for Noncitizens

Noncitizens who meet all Medicaid eligibility requirements except for citizenship status may be eligible for Medicaid to cover medical emergencies, including the birth of a child.

The noncitizen must file a complete application and provide verifications when asked. A social security number or cooperation with Child Support Enforcement is not required.

Before Medicaid is authorized, applicants must provide proof from a medical professional stating the treatment was due to an emergency condition and the dates of the emergency. In the case of labor and delivery there is no post-partum coverage. Medicaid can be approved only for the dates of the emergency. Generally, hospitals forward a Medical Assistance Referral to the Department to initiate an Emergency Medical Assistance for Noncitizens determination.

Noncitizens in the United States for a temporary reason, such as tourists or those traveling for business or pleasure are not eligible for Emergency Medical Assistance (EMA), or any other Medicaid benefits.

Food Stamps

The Food Assistance Program helps people with low-income, buy healthy food. A food assistance household is normally a group of people who live together and buy food and cook meals together. If your household passes the Food Assistance Program's eligibility rules, the amount of food assistance benefits you get depends on the number of people in your household and how much money is left after certain expenses are subtracted.

Eligibility Requirements

Individuals must pass all eligibility rules to get food assistance benefits. Some of the eligibility rules are:

- Identity - Individuals must show proof they are the person they claim to be. Applicants must provide proof of their identity.
- Work Rules - Healthy adults, 18 to 50 years of age, who do not have dependent children or are not pregnant, can only get food assistance benefits for 3 months in a 3-year period, if they are not working or participating in a work or workfare program.

- Income and Deductions – The Food Assistance Program counts most types of income to see if a household is eligible. Households must have their monthly gross income compared to a percentage of the federal poverty level. Gross income means a household's total income before deductions, not counting money we can exclude. Allowable deductions such as child care, medical expenses, and housing costs are subtracted from the gross income to see if the household is eligible for a benefit amount.
- Residency - Individuals must live in the state of Florida.
- Citizenship - Individuals must be a U.S. citizen or have a qualified noncitizen status.
- SSN - Individuals must provide a Social Security Number or proof they have applied for one.
- Child Support cooperation - Certain individuals must cooperate with the state's child support enforcement agency to prove a child's legal relationship to their parent and to get the court to order child support payments.
- Assets - Most food assistance households may have assets such as vehicles, bank accounts, or property and still get help. Households with a disqualified member must meet an asset limit of $2,000 or $3,250 (if the household contains an elderly or disabled member).

Ineligibility Reasons:
People who are convicted of drug trafficking, who are running away from a felony warrant, who break Food Assistance Program rules on purpose who are noncitizens without a qualified status, and some students in colleges or universities are not eligible for food assistance benefits.

Foods You Can Buy With Food Assistance Benefits
Households can use food assistance benefits to buy breads, cereals, fruits, vegetables, meats, fish, poultry, dairy, and plants and seeds to grow food for your household to eat. Households cannot use food assistance benefits to buy nonfood items such as pet foods, soaps, paper products, household supplies, grooming items, alcoholic beverages, tobacco, vitamins, medicines, food to eat in the store, or hot foods.

SUNCAP
The SUNCAP Program is a special Food Assistance Program for individuals who receive Supplemental Security Income (SSI). You may be eligible to receive food assistance benefits through the SUNCAP Program without any additional application, paperwork, or interviews. If you already receive food assistance benefits in the regular Food Assistance Program, you may be automatically put in the SUNCAP Program when you become SSI eligible. If your food assistance benefits will go down, because of SUNCAP, you may choose to continue receiving your food assistance under the regular Food Assistance Program.

Medicare
Medicare Hospital Insurance (Part A), as well as Medicare Supplementary Medical Insurance (Part B) is available to three basic groups of "insured" individuals-the aged (although certain aged individuals can qualify for Part A without being "insured"), the disabled, and those with End-Stage Renal Disease (ESRD).

To be eligible for premium-free Part A, an individual must first be "insured" based on their own earnings or those of a spouse, parent, or child. To be insured, the worker must have a specified number of quarters of coverage (QC's) the exact number required is dependent on whether the person is filing for Part A on the basis of age, disability, or ESRD. QC's are earned through payment of payroll taxes under the Federal Insurance Contributions Act (FICA) during the person's working years. Most individuals pay the full FICA tax so the QC's they earn are usable to insure them for both monthly social security benefits and Part A. However, certain Federal, State, and local government employees pay only the Part A portion of the FICA tax. The QC's they earn can be used only to insure them for Part A; they may not be used to insure them for monthly social security benefits.

To be eligible for premium-free Part A on the basis of age, a person must be age 65 or older and either eligible for monthly social security or railroad retirement cash benefits, or would be eligible for such benefits if the worker's QC's from government employment were regular social security QC's. An individual who is insured for monthly benefits need not actually file an application to receive the benefits. If such a person continues to work beyond age 65, he or she may instead elect to file an application for Part A only. Part A for the aged begins with the month in which the individual becomes age 65*, provided he or she files an application for Part A or for cash benefits and Part A within 6 months of the month in which he or she becomes age 65. If the application is filed later than that, Part A entitlement can be retroactive for only 6 months.

Aged Uninsured Individual
A second group of aged individuals who are eligible for Part A are those persons age 65 or over who are not insured but elect to purchase Part A coverage by filing an application at a social security office. Because a monthly premium is required, this is called "Premium-Part A". (For a detailed explanation of the Monthly Premium, click on the link beneath the heading entitled Medicare Monthly Premium that's located in the Related Links Outside CMS section). In addition to the application and monthly premium requirements, an individual must be a U.S. resident and either a citizen, or an alien lawfully admitted for permanent residency who has resided in the U.S. continuously for at least 5 years as of the time the application is filed. persons desiring Premium-Part A can only file for coverage during a prescribed enrollment period (see the discussion under Medicare Part B) and must also enroll or already be enrolled in Part B. Premium-Part A ends if one of the following occurs:

- A voluntary request;
- Nonpayment of Part A premiums;
- End of entitlement to Medicare part B; or
- Death.

Disabled Individual
A disabled person who is entitled to social security or railroad retirement benefits on the basis of disability is automatically entitled to Part A after 24 months of entitlement to such benefits. In addition, disabled persons who are not insured for monthly social security disability benefits but would be insured for such benefits if their QC's from government employment were social security QC's, are deemed to be entitled to disability benefits and automatically entitled to Part A after being disabled for 29 months.

Part A entitlement on the basis of disability is available, not only to the worker, but also to the widow, widower or child of a deceased, disabled or retired worker if any of them become disabled within the meaning of the Social Security or Railroad Retirement Acts. Beginning July 1, 2001, individuals whose disability is Amyotrophic Lateral Sclerosis (ALS) are entitled to Part A the first month they are entitled to Social Security disability cash benefits.

Medicare Part B
Individuals residing in the United States (except residents of Puerto Rico) who become entitled to premium-free Part A are automatically enrolled in Part B. Since Part B is voluntary program which requires the payment of a monthly premium, those individuals who do not want coverage may refuse enrollment.

A person age 65 or over who is not entitled to premium-free Part A must meet the following requirements to be entitled to Part B: he or she must be a U.S. resident and either a citizen, or an alien who has been lawfully admitted for permanent residence with 5 years continuous residence in this country at the time of filing. Individuals who are not eligible for automatic enrollment, or who previously refused Part B, or who terminated their Part B enrollment, may enroll (or re-enroll) in Part B only during prescribed enrollment periods.

Enrollment Periods
Individuals who want Premium-Part A and/or Part B may only enroll during prescribed enrollment periods. There are four enrollment periods that apply to both Premium-Part A and Part B: the initial enrollment period, the general enrollment period, the special enrollment period for the working aged and the working disabled, and the special enrollment period for international volunteers. There is an additional enrollment period for Premium-Part A, the transfer enrollment period, that applies only to individuals age 65 or older who are or were enrolled in a Medicare Advantage or Medicare 1876 cost plan.

There are special enrollment periods (SEP): For example: For most individuals, the IEP begins with the first day of the third month before the month in which a person first meets the Part B or Premium-Part A eligibility requirement and ends 7 month later; Individuals who do not enroll in Part B or Premium-Part A when first eligible because they were covered under a group health plan based on their own or a spouse's current employment (or the current employment of a family member, if disabled) may enroll during the SEP.

Once an individual is enrolled in Part B or Premium Part A coverage, this coverage continues until it is terminated: (1) by the individual's voluntary request; (2) because of failure to pay premiums; (3) for individuals under age 65 (disabled and ESRD), because their Part A entitlement ended (Part B terminates ad the same time as Part A; or (4) the death of the beneficiary.

Case Study: Mel

Case study
Mel, a lone parent lived with three children, Tara 12, Jade, 10 and Jack 8. Mel had had a difficult childhood largely due to influence of her mom's partner who had both physically and sexually abused her. Mel described him as 'evil' and had spent much of her childhood trying to escape him. She said she had wanted to protect her mom from the domestic violence she endured but had been 'too afraid'. Mel had 'gone off the rails' in her early teens and started using alcohol and drugs. She had her first baby when she was 15 which was premature and died shortly after birth. She then had her second child at 16 and another when she was 18. The relationships with the fathers of her children did not last as they were abusive to her. When family intervention became involved with the family, there were regular complaints about anti-social behavior at the property Mel lived with her children. Mel was now a chronic amphetamine user, who refused to leave her house, but regularly allowed other drug users in. Mel explained that the reason she rarely left the house was because she was embarrassed about her appearance. Her years of amphetamine use had led to her losing most of her teeth and she now could not bear to smile or look at herself in the mirror. There were regular reports of noisy and rowdy behavior at the property. All three children were regularly failing to attend school. Tara, the older daughter had serious behavioral issues and was about to be expelled. She was also believed by agencies to be at risk of sexual exploitation as she was regularly out late unsupervised often with some of the people frequenting the property. The children's bedrooms were all is a state of serious disrepair. The children were desperate for the house and especially their bedroom to be cleaned up and decorated. Tara the 14-year-old reported that she was desperate to learn to sing. Jack the 9-year-old boy revealed how upset he had been by the loss of contact with his grandfather some years earlier. His grandfather had been an important and positive person in his life but had cut off contact with the family as he couldn't cope' with Jack's mom's drug use. This family had been known to a host of agencies for many years and despite their best attempts via endless meetings and interventions, very little had changed for the family. The family were facing eviction and all three children were on child protection plans and at risk of being removed into care. Mel is now resistant to agencies' involvement and threats.

3. Human growth and development

Some theorists believe that human development proceeds in stages. Others place emphasis on genetic, environmental, and social influences on development. It is important to familiarize yourself with the theories that can be used to interpret and explain human development, at each life stage. We will look at Erik Erikson psychodynamic theory.

The Psychodynamic Perspective: Erikson
Erikson (1963) argued that there is a fixed and predetermined sequence of stages in human development. The genes dictate a timetable for development. It is human nature to pass through the genetically determined sequence of the 8 psychosocial stages.
Erikson's first 5 stages of development are similar to Freud's theory. Freud argued that only early experiences influence adult life. However, Erikson believed that personality development does NOT stop in childhood. He argued that people continue to develop and change throughout life.
The stages are universal regardless of whether you are a male or female or where you are from. However, Erikson argued that sociocultural environment as having a significant influence on our behavior and thinking.
Based on observations of patients in his psychoanalytical practice, Erikson proposed 8 stages of the psychosocial stages of development (described below). Each stage centers on a crisis involving a struggle between two conflicting personality outcomes.
One of these outcomes is positive (adaptive), while the other is negative (maladaptive). According to Erikson every personality has a mixture of both, but a healthy development involves adaptive outweighing the maladaptive.
Previous childhood experiences have an impact on our later life and how we deal with certain situations/ people. Unsatisfactory experiences can be compensated for in later life. Positive early experiences can be reversed by later bad experiences.
According to Erikson, adolescence to be the key time to form self-identity. At this age, the inability to integrate the self into coherent whole means individual suffers a role confusion and low self-esteem. As we grow older, our self-concept develops. From the ages 0-11, there is a significant person who acts as the main role model.

Stage	Influential Figure	Outcome
Infancy Trust Vs. Mistrust	Parents	Children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of this will lead to mistrust.
Early Childhood Autonomy Vs. Shame & Doubt	Parents	Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.
Preschool Initiative Vs. Guild	Parents/ Teacher	Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.
School Age Industry Vs. Inferiority	Parents/ Teachers	Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.
Adolescence Identity Vs. Diffusion	Teachers/ Significant Others	Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and weak sense of self.
Young Adulthood Intimacy Vs. Isolation	Friends	Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.
Middle Adulthood Generativity Vs. Stagnation	Community	Adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.
Maturity Ego Integrity Vs. Despair	Community	Older adults need to look back on life and feel a sense of fulfillment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness, and despair.

Criticism

Erikson's theory was criticized for being too rigid.

Erikson's research was based on a small sample, mainly white, middle class males. Therefore, cannot be generalized to the rest of the population, especially women (Gilligan 1982).

Also, it is hard to disprove/ falsify.

4. Psychotropic medications, side effects and access to medications

For facilities providing direct care to medically underserved populations, one of the primary obstacles to comprehensive services is accessing effective and affordable medications. Hence access to medication can be a barrier to treatment. When discussing best practices, it is also important to have an idea what medication is for what purpose and the various potential side effects.

Below is list of psychiatric medications by condition and side effects common.

Alcoholism and Opioid

Alcoholism and Opioid

- Acamprosate
- Baclofen (Baclosan, Kemstro, Lioresal)
- Buprenorphine
- Buprenophine/ Naloxone
- Disulfiram
- Methadone (Dolophine)
- Naltrexone (Depade, ReVia, Vivitrol)

Opioid Side Effects

One of the reasons why your doctor needs to manage a person's pain medications so closely is that they can potentially cause side effects, such as:

- constipation
- drowsiness
- nausea and vomiting
- vomiting
- muscle pain

Opioids can be dangerous if you take them with alcohol, or with certain drugs such as:

- some antidepressants
- antihistamines
- sleeping pills

A person should make sure his doctor knows all of the other medicines he/she is taking. That includes:

- prescriptions
- over-the-counter drugs
- herbal supplements

ADD/ ADHD

Stimulants

- Amphetamine mixed salts (Adderall)
- Dexmethylphenidate (Attenade, Focalin)
- Dextroamphetamine (Dexedrine, Dextrostat)
- Lisdexamfetamine (Vyvanse)
- Methamphetamine (Desoxyn)
- Methylphenidate (Concerta, Daytrana, Methylin, Ritalin)

Common side effects of stimulants for ADD & ADHD:

- Feeling restless and jittery
- Difficulty sleeping
- Loss of appetite
- Headaches
- Upset stomach
- Irritability, mood swings
- Depression
- Dizziness
- Racing heartbeat
- Tics

ADD / ADHD stimulants are not recommended for those with:

- Any type of heart defect or diseases
- High blood pressure

Non-stimulant medications

- Atomoxetine (Strattera)
- Bupropion (Wellbutrin)
- Clonidine (Kapvay)
- Guanfacine (Intuniv)
- Venlafaxine (Effexor)

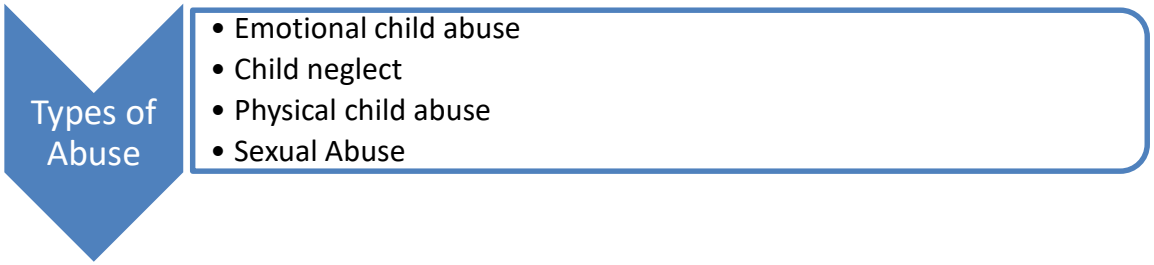
Common side effects of Strattera and non-stimulant include:

- Sleepiness
- Headache
- Abdominal pain or upset stomach
- Nausea and vomiting
- Dizziness
- Mood swings
- Sleepiness
- Headache
- Abdominal pain or upset stomach
- Nausea and vomiting
- Dizziness
- Mood swings

- Hyperthyroidism
- Glaucoma
- High levels of anxiety
- A history of drug abuse

Anxiety Disorders	
Benzodiazepines • Alprazolam (Xanax) • Bromazepam (Lexotanil) • Chlordiazepoxide (Librium) • Clobazam (Frisium) • Clonazepam (Klonopin) • Clorazepate (Tranxene) • Diazepam (Valium) • Lorazepam (Ativan, Temesta) • Oxazepam (Serax) • Tofisopam (Emandaxin, Grandaxin)	**High doses of benzodiazepines can produce more serious side effects. Signs and symptoms of acute toxicity or overdose may include the following:** • Drowsiness • Confusion • Dizziness • Blurred vision • Weakness • Slurred speech • Lack of coordination • Difficulty breathing • Coma
Depressive/ Bipolar Disorders	
Antidepressants • Citalopram (Celexa, Cipramil) • Clomipramine (Anafranil) • Doxepin (Sinequan) • Escitalopram (Cipralex, Lexapro) • Fluoxetine (Prozac, Sarafem) • Fluvoxamine (Fevarin, Luvox) • Imipramine (Tofranil) • Mirtazapine (Avanza, Remeron, Zispin) • Paroxetine (Seroxat, Paxil) • Sertraline (Lustral, Zoloft) **Mood stabilizers** • Carbamazepine (Biston, Calepsin, Carbatrol, Epitol, Equetro, Finlepsin, Sirtal, Stazepine, Tegretol, Telesmin, Timonil) • Gabapentin (Neurontin) • Lamotrigine (Lamictal) • Levetiracetam (Keppra) • Lithium salts (Camcolit, Eskalith, Lithobid, Sedalit) • Valproate semi-sodium or divalproex sodium (Depakote, Epival, Ergenyl Chrono) **Sedating antidepressants** • Amitriptyline (Elavil, Endep, Laroxyl, Lentizol, Saroten, Sarotex, Tryptizol, Tryptomer) • Doxepin (Silenor) • Trazodone (Deprax, Desyrel, Oleptro, Trittico) • Mirtazapine (Avanza, Remeron, Zispin)	Antidepressants can cause unpleasant side effects. Symptoms such as nervousness, headache and upset stomach are common initially. For many people, these improve within a few weeks of starting an antidepressant. In some cases, however, antidepressants cause side effects that don't go away. **Common side effects include:** • Nausea • Increased appetite, weight gain • Sexual side effect i.e. Decreased sex drives • Fatigue, drowsiness • Insomnia • Dry mouth • Blurred vision • Constipation • Dizziness • Agitation, restlessness, anxiety **How it works:** Mood stabilizers can help to treat mania and to prevent the return of both manic and depressive episodes in bipolar disorder. They may also help for treat the mood problems associated with schizophrenia, such as depression. Some of these medicines are also used to treat some types of seizures. They are also known as anticonvulsants. **Common side effects of these medicines include:** • Nausea, vomiting, and diarrhea. • Trembling. • Increased thirst and increased need to urinate. • Weight gain in the first few months of use. • Drowsiness.
Insomnia	
Benzodiazepines • Brotizolam (Lendormin) • Estazolam (Eurodin, ProSom) • Flunitrazepam (Hipnosedon, Hypnodorm) • Flurazepam (Dalmadorm, Dalmane) • Loprazolam (Dormonoct) • Lormetazepam (Noctamid)	**Common use**: This type of medication is used to relieve nervousness and tension or improve sleep disturbances. It is also used to relieve symptoms of alcohol withdrawal such as tremors, or used as an anticonvulsant or skeletal muscle relaxant. **Side effects include**: This medication causes drowsiness and dizziness. Avoid tasks requiring alertness. Other side effects may include: stomach upset, blurred vision, headache, confusion, depression, impaired coordination, change in heart rate, trembling, weakness, memory loss, hangover effect (grogginess), dreaming or nightmares.

Antipsychotics	
• Aripiprazole (Abilify, Abilify Maintena) • Chlorpromazine (Largactil, Thorazine) • Olanzapine (Zyprexa) • Quetiapine (Seroquel) • Risperidone (Risperdal, Rispolept) • Ziprasidone (Geodon, Zeldox)	What are the possible side effects of aripiprazole (Abilify, Abilify Discmelt)? Get emergency medical help if you have any of these signs of an allergic reaction: hives; difficulty breathing; swelling of your face, lips, tongue, or throat. **Serious side effect such include**: fever, stiff muscles, confusion, sweating, fast or uneven heartbeats; jerky muscle movements you cannot control; sudden numbness or weakness, headache, confusion, or problems with vision, speech, or balance; fever, chills, body aches, flu symptoms, sores in your mouth



Myths and facts about child abuse and neglect	
MYTH #1: It's only abuse if it's violent.	Fact: Physical abuse is just one type of child abuse. Neglect and emotional abuse can be just as damaging, and since they are more subtle, others are less likely to intervene.
MYTH #2: Only bad people abuse their children.	Fact: While it's easy to say that only "bad people" abuse their children, it's not always so black and white. Not all abusers are intentionally harming their children. Many have been victims of abuse themselves, and don't know any other way to parent. Others may be struggling with mental health issues or a substance abuse problem.
MYTH #3: Child abuse doesn't happen in "good" families.	Fact: Child abuse doesn't only happen in poor families or bad neighborhoods. It crosses all racial, economic, and cultural lines. Sometimes, families who seem to have it all from the outside are hiding a different story behind closed doors.
MYTH #4: Most child abusers are strangers.	Fact: While abuse by strangers does happen, most abusers are family members or others close to the family.
MYTH #5: Abused children always grow up to be abusers.	Fact: It is true that abused children are more likely to repeat the cycle as adults, unconsciously repeating what they experienced as children. On the other hand, many adult survivors of child abuse have a strong motivation to protect their children against what they went through and become excellent parents.

Special Abuse Population: Elder Abuse

What is Elder Abuse?

Abuse may be physical, mental, emotional, or sexual. Neglect can be self-neglect or neglect by a caregiver. A caregiver may be a family member, an in-home paid worker, a staff person of a program such as an adult day care center or of a facility such as a nursing home, or another person. Exploitation means that a person in a position of trust knowingly, by deception and intimidation, obtains and uses or tries to obtain and use a vulnerable person's funds, assets, or property. This includes failure to use the vulnerable person's income and assets to provide for the necessities required for that person's care.

Groups most at risk for elder abuse include:

- Older women are most commonly reported. Older men may be just as much or even more at risk but are less frequently reported.
- The higher the age, the greater the risk.
- Those who live with a caregiver or depend on someone for care and assistance.
- Physically frail or disabled.
- Confused, disoriented, or mentally impaired.

Individual characteristics include:

- Very loyal to the caregiver. Willing to accept blame.
- Socially isolated and history of poor relationship with caregiver.
- Alcohol, medication, or drug abuse.
- Has illness that causes behavior that is stressful for caregiver (verbal outbursts, incontinence, wandering, and agitation).
- Displays behavior that provokes caregiver (ungrateful, overly demanding, and unpleasant).

The more of the following observable indicators are present, the greater the risk:

- Physical indicators such as bruises, burns, unexplained fractures, bedsores, being dirty and unkempt, inadequate clothing, showing evidence of malnutrition.
- Behavioral indicators such as being nervous or agitated, avoiding eye contract, hesitant to talk openly, depressed or despairing, feeling hopeless, withdrawn, denying problems, covering up for caregiver, confused or disoriented, suspicious.
- Environmental indicators such as dirty, cramped, unsanitary living space with inadequate light, heat, or cooling; health and safety hazards such as doors with no locks, rodents or insects, open space heaters, broken plumbing, no water or electricity, fire hazards, repairs needed to roof, stairs, railing; and questionable care as evidenced by lack of food, medicine not managed, soiled bedding, or patient is restrained.

Florida Law requires that any person who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the Florida Abuse Hotline on the toll-free telephone number, 1800-96-ABUSE (1800-962-2873). The TDD (Telephone Device for the Deaf) number for reporting adult abuse is 1800-955-8770. Vulnerable adults are persons eighteen and over (including senior adults sixty and over) who, because of their age or disability, may be unable to adequately provide for their own care or protection. The Florida Abuse Hotline accepts calls 24 hours per day, seven days a week. The Abuse Hotline counselor is required to let the person calling know whether the information provided has been accepted as a report for investigation.

5. Available community resources for adults

Supported Employment- Supported employment is for persons with disabilities that are placed in paid work with ongoing support for as long as necessary as long as it is necessary in setting with nondisabled peers for individuals traditionally denied access to such opportunities. Florida's Division of Vocational Rehabilitation provides supported employment, and they are located sites al throughout Florida. Supports may include arranging transportation, placement, training or retraining the supported worker, developing natural supports and assistive technology, if needed, to perform job duties.

Drop-in/ self-help centers - Drop-In Centers provide peer support through a variety of support groups for adults with a mental illness diagnosis. The centers promote independence through education, advocacy, self-help, and peer support. Each member of the Drop-In Center is part of a community where they can socialize, have fun, learn, and grow. Services generally assist individuals with referrals for housing, medical or dental treatment, legal services, employment, and other services.

Supported housing/housing resources in the community – There are various housing programs and assistance that recipients may be eligible to receive. Some of these include: (1) the housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments. A family that is issued a housing voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. This unit may include the family's present residence. Rental units must meet minimum standards of health and safety, as determined by the PHA. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects. (2) Center for affordable housing, HUD and Homeless Service Network are great resources to assist adults with buying a home, avoiding foreclosure, rental assistance, and housing discrimination issues.

Florida Assertive Community Treatment - Florida Assertive Community Treatment Team (FACT) services are available on a statewide basis and are modeled after the original Programs of Assertive Community Treatment (PACT) in Madison, Wisconsin. There are 31 FACT teams across the state. Each team is staffed with a program psychiatrist, peer specialist and a team leader with a total staffing of 12.3 Full Time Equivalents (FTEs). Each team has an independent advisory committee to assist the team develop resources in its community. FACT is unique in Florida - at present, it is the only service available that offers a housing, medication, and flexible funding subsidy to enrolled individuals. Each team is mandated to serve no more than 100 individuals. FACT guidelines have recently been revised so that enhancement funds can be used for an expanded variety of services and supports. FACT is not a self-directed program and participants do not receive fixed budget amounts for discretionary use. Clinical services are provided entirely within the FACT Team - that's what makes it unique.

Local Adult services for: food, mental health and substance abuse, and clothing

- Addiction Receiving Facility
- Center for drug free living
- Lakeside Alternatives
- Planned Parenthood

- Goodwill
- Mustard Seed

6. Supplemental Security Income (SSI) program, application, and renewal process
    - When a child or an adult plan to apply for Supplemental Security Income (SSI) benefits, it is important to know what documents the SI program will need to process the claim. In order to be eligible for SSI, the applicant must establish disability and demonstrate financial need.
    - To begin the application process, the person must contact the local Social Security Office for a telephone interview. The application process for SSI becomes much easier when SSI is given as much proof as possible with the application for benefits.
    - Application- a complete SSI application must be submitted with all questions answered. It is very important to provide as many disability- related details as possible.
    - Medical Proof- It is best to submit with the application any medical proof that is currently available. The applicant should provide SSI the full name and correct address of all doctors, clinics, Therapist, or counselors the person is seeing concerning his or her disability. Letters from doctors and other medical professionals, giving a history of the applicant's condition, symptoms, and treatment can also be very helpful. If the applicant is a child, statements from teachers concerning the impact the disability has on the classroom performance can also be extremely helpful.
    - Proof of need- Al Applicant will need to submit proof of current income, all bank statements, cash surrender values of life insurance policies, and documentation concerning any other income or resources. If the applicant is under the age of 18, the SSI program will need to see proof of parental income and resources will not be considered available to the applicant. The SSI program will also need proof of the living arrangements, since the SSI bases the amount of cash benefits on the individuals living arrangements.

    Important things to remember throughout the application process
    - The applicant should always respond to requests for additional information. If the SSI program does not have enough information, the application is most likely to be denied. The applicant should provide complete and accurate information, to the best of his or her ability.
    - If the SSI program Schedules a consultative examination with a doctor, it is very important that the applicant goes to that appointment. An SSI application can be denied solely due to a failure to attend a consultative exam.

7. Available community resources for children
    - ***Childcare options***
      Day care center
      Family day care/home center
      Nanny
      Relatives
    - ***Community mental health***
      Organization that provides comprehensive community behavioral healthcare services such as: Children Crisis stabilization, children's Medication clinic, Children's Outpatient services
      Park Place
      Lakeside
    - ***Howard Phillips center*** (Children- dev. screening)

offer support programs that provide dignity and healing for children, families and individuals who face overwhelming challenges like child abuse, sexual trauma, developmental disabilities, and lack of access to medical care. •Teen Xpress •the Healing Tree • Healthy Families Orange • Spiritual Care • Palliative Care

- ***Boys and Girls Town***- (Children special needs)
  The largest campus area outside the Village of Boys Town, Nebraska, Boys Town Central Florida opened in 1986 in Oviedo. The site also works with the state of Florida to combat child abuse and neglect through one short-term Intervention and Assessment center. Community Support Services include Children in Need of Services/Family in Need of Services, Common Sense Parenting® classes, and Project Safe Place, a national program that assists at-risk girls and boys in crisis.
- ***Family Resource Program***- (Financial/Food/Cloth)
  Family Resource Program Promotes self-sufficiency for Orange County citizens who are at risk due to health, disability, age or other circumstances beyond their control by identifying needs and providing appropriate resources. Financial assistance/budget counseling is also available. Providing clients with information about community resources and linking them with other programs. Home visits are conducted with individuals and/or families at their residence to make situational assessments and determine family needs.
- ***University Behavior Center***- (Children-Special needs)
  University Behavioral Center is committed to providing intensive mental health services to children, adolescents, and adults. We provide safe and effective inpatient psychiatric treatment to assist individuals in leading more productive and fulfilling lives. Our facility is located on a beautiful 14-acre campus in Orlando, Florida, and includes 88 licensed child and adolescent psychiatric beds and 24 licensed adult beds.
- ***Community coordinated care*** (4C), (Parenting)
  Working in partnership with the Early Learning Coalitions of Orange and Osceola Counties, 4C provides childcare referrals to local early learning providers, access to school readiness and Voluntary Pre-K childcare financial assistance, as well as other early intervention services promoting the healthy development of children. The Agency also operates Head Start and Early Head Start programs in Central Florida, childcare trainings, and administers the Child Care Food Program.
- ***Specialized therapeutic foster care (STFC)***
  Children in the foster care system with behavioral health issues who need a stable family environment to assist them in realizing their full potential. Many Therapeutic foster parents undergo specialized training, as well as state regulated foster home licensing. They become a key component of the child's care plan. Case management and in-home clinical services are provided, and the family receives assistance, ongoing training on behavior modification, medication management and development of coping skills, as well as access to appropriate, and professional mental health services for the children in their care.
- ***Statewide Inpatient Psychiatric Program (SIPP)***
  Services are provided in an intensive residential setting and include crisis intervention; bio-social and or psychiatric evaluation; close monitoring by staff; medication management; individual, family, and group therapy; and connection to community-based services. These services are expected to be relatively short termed (less than six-months). Youth must have a Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) diagnosis other than substance abuse, developmental disability, or autism. The youth must be expected to benefit from residential treatment and a less restrictive setting is not

available. All referrals must be approved by the Circuit Substance Abuse and Mental Health (SAMH) Program Office. SIPP is a Medicaid Waiver program.

- ***Behavioral Health Overlay Services (BHOS)***
  Behavioral Health Overlay Services (BHOS) in child welfare settings include mental health, substance abuse and supportive services designed to meet the behavioral health treatment needs of recipients placed in the care of a Medicaid-enrolled, certified residential group-care organization. These organizations are under contract with the Department of Children and Families (DCF), child welfare and community-based care organizations. Since 1998, the service has been approved for a rate of $32.75 per day. BHOS provider organizations must meet stringent requirements established by the Agency for Health Care Administration (AHCA) for staff levels, policies and procedures, and training in order to be approved and certified as a BHOS provider.
- ***Children Medical Services (CMS)***
  Children Medical Services is a collection of programs for eligible children with special needs. Each one of our programs and services are family-centered and designed to help children with a variety of conditions and needs.
- ***Community-Based Care agencies (CBC)***
  Community-Based Care is a comprehensive redesign of Florida's Child Welfare System. It combines the outsourcing of foster care and related services to competent service agencies with an increased local community ownership of service delivery and design-A statewide network of comprehensive, community-based care agencies have been equipped to manage and deliver services to Florida's foster youth.

  The department's community-based care actively negotiating and contracting with respected local, non-profit agencies to provide child welfare services in their local communities for children who have been abused, neglected and/or abandoned. Communities coming together on behalf of their most vulnerable children demonstrate what community-based care was designed to do: transition child protective services to local providers under the direction of lead agencies and community alliances of stakeholders working within their community to ensure safety, well-being, and permanency for the children in their care.

Common Protective Factors for Childhood and Adolescent Problems by Level of Influence
Environmental Factors
Opportunities for education, employment, and other pro-social activities
Caring relationships with adults or extended family members
Social support from non-family members
Interpersonal and Social Factors
Attachment to parents
Caring relationships with siblings
Low parental conflict
High levels of commitment to school
Involvement in conventional activities
Belief in pro-social norms and values
Individual Factors
Social and problem-solving skills

Positive attitude Temperament High intelligence Low childhood stress

8. Evidenced-based practices

Introduction to Evidence-Based Practice

What it is (and what it isn't)

There is an abundance of definitions of evidence-based practice (EBP). Fortunately, most of them say essentially the same thing. The most well-known definition is that put forth by David Sackett and colleagues:

"Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values." (Sackett D et al. Evidence-Based Medicine: How to Practice and Teach EBM, 2nd edition. Churchill Livingstone, Edinburgh, 2000, p.1)

In 2004, ASHA's Executive Board convened a coordinating committee on evidence-based practice. This committee, charged with assessing the issue of evidence-based practice relative to planning needs and development opportunities for ASHA, used a variation of this definition:

The goal of EBP is the integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve. Conceptually, the trilateral principles forming the bases for EBP can be represented through a simple figure:

What is Evidence-Based Practice (EBP)?

The most common definition of Evidence-Based Practice (EBP) is from Dr. David Sackett. EBP is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.” (Sackett D, 1996)

EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician’s cumulated

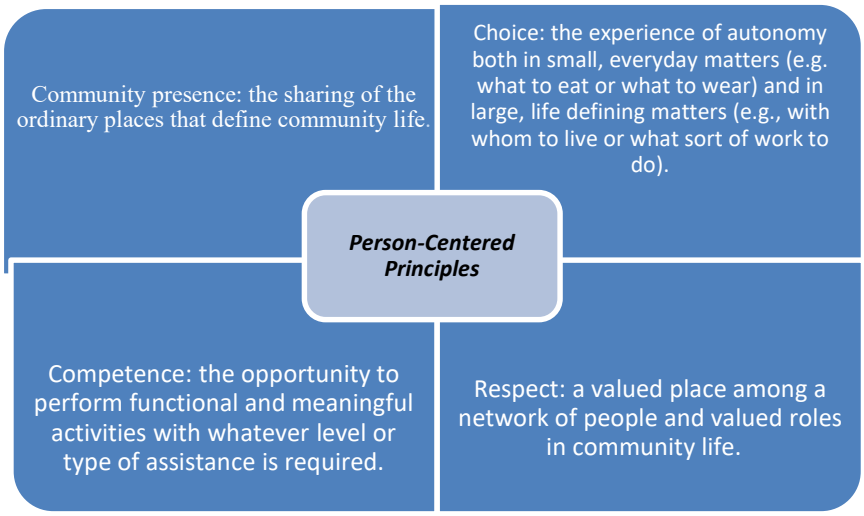
experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. The best research evidence is usually found in clinically relevant research that has been conducted using sound methodology. (Sackett D, 2002)

The Role of the Case Manager in Designing a Service Plan

The role of the case manager is to:

- assist the recipient to prioritize his/her needs
- establish a goal statement(s) from his/her needs assessment
- identify the necessary action steps to accomplish the goal(s)
- design a plan that will support the recipient progress

Person-Centered Principles



Linking and coordination of services

- Work with recipients to:
  - access appropriate treatment programs within local resources
  - obtain all benefits for which they are eligible
  - obtain a satisfactory living situation
  - secure employment training and/or work opportunities and assist them in meeting employment goals
  - obtain needed health care services as well as regularly scheduled physical examinations

- Assist recipients in developing a range of social supports (i.e., recipient self-help groups, families, peers, etc.)
  Encourage family members to get involved with organizations such as the National Alliance for the Mentally Ill (NAMI), local affiliates and/or family support groups.

- Assist family members in accessing mental health and social services programs to meet their own needs.

Reassessment and follow-up

Case Managers must reassess, evaluate and follow-up with recipients, to ensure that services are meeting their needs. The most frequently expressed concern of new case managers is the perceived lack of progress of recipients.

Reassessment involves making changes which address lack of progress

When progress through the goals stops, it is a signal that something is wrong with the goal that is not being achieved. A few questions may help the case manager and recipient diagnose the specific barrier(s):

- Are the tasks not made discrete (small, specific) enough? Is the recipient expected to do too much?
- Is the recipient too anxious to perform the task? Is more support needed? Should the tasks be restated?
- Is the goal or task what the recipient wants? Does the goal or task need to be redefined or deleted?
- Are significant others either being supportive or being non-supportive in regards to the recipient performing the task?
- Is the recipient seeing progress or is s/he facing a series of disappointments?
- Is there so much change in the recipient's life that goal attainment is becoming overwhelming or stressful?

The 10 principles of Wraparound:

- Family Voice and Choice
- Natural Supports
- Team Based
- Collaboration
- Community Based
- Persistence
- Outcomes Based
- Culturally Competent
- Individualized
- Strengths-Based

Monitoring of Services

Mental health targeted case managers should monitor service delivery to evaluate the recipient's progress.

Monitoring of services involves the evaluation of the client's status, goals and the associated outcomes. TCM monitor clients to keep watch over the individual's condition or circumstances, the services provided to the individual and progress towards the goal of the individual plan and to direct or influence conditions, circumstances or services that impact the individual.

Tracking and Evaluation

It is important that the case manager continuously track the status of all goals and evaluate if the desired goals were achieved and that no new problems have arisen because of the goal attainment process. Often, when recipients move to a different status because of the

accomplishment of one goal, problems with adjustment to this status can occur. For example, if a recipient has secured employment, the stress, and circumstances (new expectations) need to be monitored as to potential difficulties which may be created in the recipient's life. Review and evaluate the status (needs, community linkage, living situation, medication use, etc.) of each ongoing case at least monthly.

Monitoring serves four global purposes

1. *Ensure service coordination* - At its best, it reviews programs and services not only for accountability, but also to see if everyone is addressing the same purposes stated in the Service Plan. Otherwise, the recipient may be exposed to discontinuous and/or conflicting interventions.

2. *Determine achievement of the goals/objectives in the recipient's Service Plan* - Through monitoring, the case manager can determine whether goals are being achieved, whether they are being met according to the plan's projected timeline(s), whether goals continue to fit the needs of the recipient, or whether there is a failure to achieve stated goals.

3. *Determines service and support outcomes* - Ongoing observations can trigger reconsideration of the plan and its recommended interventions when the Service Plan is not accomplishing its desired effects.

4. *Identify the emergence of new needs* - Monitoring enables the CM to stay in touch with the recipient. Monitoring provides consistent help to the recipient in identifying problems, modifying plans, ensuring the recipient has resources to complete goals, and tracking emerging needs.

Closure

Termination of case management can occur when the recipient no longer wants to receive case management services or when the case has been successfully completed.

Service Plan Goal Exercise

Problem:	
(SMART) Goal:	
Objective 1 (key marker)	
Objective 2 (key marker)	
Objective 3 (key marker)	

Specific Tasks	
What task will be performed to reach the key markers?	Who will do this or these tasks? (recipient, TCM, DCF, family member, school official, DJJ, Therapist, etc.)

Progress Note Sample

TCM met with Ruth, recipient, to conduct the Needs Assessment. Ruth is diabetic and has not seen her primary doctor in over 6 months. “I have daily headaches". Ruth reports that her mental health is the worst it has ever been. Ruth is currently receiving therapeutic service with Dr. Robo, from ABC Health and says therapy is not helping her. Ruth has not slept in several days. Ruth describes her children as loving and, “they give me strength”. Ruth's sister is her main family support. Ruth reports medication compliance and reports that she takes her medication daily as prescribed by her psychiatrist. Ruth says she needs assistance obtaining a 4C voucher for her 3-year-old daughter, Allison, so she can resume college. TCM and Ruth discussed her needs. Collaboratively, Ruth needs mental health therapy, educational support, family support and psychotropic medication management services.

The next home visit has been scheduled for 6/17/16 to complete the service plan.

Avoiding Pitfalls

Remember . . .

The First 30 days	*Work within the Service Plan*	*Excessive Billing*
1. Appendix 2. Home Visit 3. Consent Form 4. Risk Assessment 5. Initial Need Assessment 6. Service Plan	If it is not written on Service Plan, you should not bill for services	Do not round up the hours/over billing for services: **Written Exercise:** **Instructions** • **You will need a pen, writing pad** • **You will be asked to write each note as I say them aloud** • **You should document the time you started writing and the time you stopped writing** • **Feel free to made changes**