

## **Cork/Kerry - Keyworking , Care Planning and Case Management Local Protocols.**

### **Introduction**

These protocols are based on the National Rehabilitation Framework and a facilitated session with local services organised by Joe Kirby, Rehabilitation Co-ordinator. The basic content has also been developed in reference to QUADs documents.

### **Contents**

1. Glossary
2. Principles
3. Case Management
  - Identifying the lead agency/case manager
  - Involving Other Services in the Interagency Care Plan
  - Transfer of Case / Onward Referral
  - Case Closure
4. Key Working
  - Working with a case manager in another service
  - Attending case meetings
  - Exiting Key Working / Case Closure

### **1. Glossary**

**Key worker:** a named person who is assigned to work closely with the service user to:

- Ensure consent for all service delivery and information sharing.
- Develop a care plan in relation to what their particular service can provide (this may involve communicating with a case manager and other key workers as required).
- Advocate on behalf of the service user where required.
- Keep relevant case notes/records.

**Case manager:** the case manager has same roles as a key worker with the additional duties of:

- Ensuring that the service users needs are matched by appropriate service delivery through engaging other services in the interagency care plan as required and appropriate.
- Monitoring the agreed interagency care plan and ensuring objectives are SMART<sup>1</sup>
- Undertaking formal care plan reviews every 3 months.
- Communicating with other agencies and responding to interagency issues relating to the interagency care plan as they arise.

**Lead Agency:** the agency which houses the case manager.

The lead agency should commit to providing case management services for a minimum period of six months and ensure continuity of service provision should the individual case

---

<sup>1</sup> Specific, Measurable, Attainable ,Realistic, Time lined

manager leave their post. Management in the lead agency should provide support to the case manager should there be any impediments to progression of the service users care plan.

## **2. Principles**

- Service users can be self referred into services or referred by another agency
- A service user should only ever have one case manager.
- Any drug service whose staff have completed the N.D.R.I.C training can undertake assessments and work in the case management role.
- Interagency work is essential to good case management; in all instances the service will strive to ensure that other agencies are involved appropriately and effectively in an interagency care plan.
- Continuity of care should be prioritised. Where a service user is no longer appropriate to be case managed by one particular organisation, this organisation will endeavour to find another service to provide case management or key working. If an appropriate service can not be found then the service of first contact will provide what supports are possible and will attempt to resolve the issues through Gaps and Blocks systems.

## **3. Case Management**

### **Identifying Lead Agency/Case manager.**

- Prior to the comprehensive assessment being undertaken the service user will be informed of the individual service's confidentiality policy and asked to sign a consent to share information form. The worker will then contact services currently working with individual, to see if a case manager/care plan is already in place.
- If there is a case manager already assigned then two workers and the service user will meet or it will agreed over the phone how the agencies work to support the care plan.
- If no case manager exists then the service undertaking the comprehensive assessment will take the role of case manager

In the instance that two services view themselves as best placed to take the role of lead agency/ case manager the following should be done:

- Services should attempt to resolve the issue firstly between staff and secondly between service managers. Note that the service user's views should be taken into consideration in this decision.
- If this still cannot be resolved, a case meeting should be held with the service user. It may also be appropriate to involve representatives from other agencies. The lead agency should be agreed co-operatively through a chaired discussion, taking the service users views into consideration.

In general the lead agency should meet the following criteria:

- The lead agency will have the most contact with the service user.
- They will provide a dedicated case manager with sufficient time to manage the interagency care plan.
- They will commit to managing the case for a period of no less than six months.

The only circumstance where there are likely to be two case managers is when there is social work involvement: where the social worker is case manager for the child or for the case and where one or both of the adults have case managers. In this instance roles should be clearly agreed and all workers should strive to work together.

If it is determined that the service users is not appropriate for the service, an assessment should be undertaken by the agency to determine who is best able to meet the service users needs and is able to provide case management . The organisation will play an active part in supporting the referral of the service user to the appropriate service.

### **Involving Other Services in the Interagency Care Plan**

Following the signing of the consent to share information form, the engagement of other services in the care plan can be done through mail and phone contact or through an interagency case meeting (as described in the Interagency Case Meeting Protocol). Note that when emailing the HSE, service user information can only be sent in encrypted systems within the HSE email system, or should include initials only and not relate to any personal information. The appropriate course of action will be decided by the case manager, in consultation with the line manager if necessary.

When involving other services (non drug & alcohol specific) such as probation, social work, doctors, mental health professionals etc, the role of the case manager should be explained and sufficient information and actions should be obtained to complete all areas of the shared care plan. Services should be provided with a copy of the information in relation to their involvement in the shared care plan (with service users consent) HSE methadone provision services, if any are involved should receive a full copy of the shared care plan (with service users consent if not already specified on release of information form)

If there are problems in engaging other services then these should be brought to the case manager. If they cannot be resolved at the service level then they will be brought to the rehabilitation co-ordinator through the Gaps and Blocks form.

### **Care Plan Reviews**

These will be undertaken quarterly and will involve a review of: all care plan action - what has worked well, what challenges have presented, any gaps and blocks, new issues arising, as well as next steps care plan actions.

### **Transfer of Case / Onward Referral**

The role of case manager will be needed to be transferred to another agency when:

- The service user progresses along the continuum of care.
- The service is no longer best placed to meet the service user's needs.

- The service user relapses and so is no longer appropriate for the programme / the service user leaves the service.
- The service user requests to be case managed by another service.

A meeting should be held to transfer the case. The handover meeting should involve a copy of care plan and assessment being transferred to a new case management agency. A care plan review should be undertaken in order to establish the most important supports to be put in place at the current time.

### **Case Closure**

Case closure can be divided into two categories, each with their own procedures:

#### **Positive Case Closure:**

This occurs when the service user has achieved all their goals and both the worker and service user are in agreement that intensive case management is no longer required. If a service user completes a programme although still has unmet care plan goals and needs, the case should be transferred to another provider. In the case of a positive case closure: A case closure / exit meeting will be arranged. The purpose of this is to identify progress made, an aftercare plan and the appropriate support services in the event of a relapse. The case closure meeting will involve the case manager and service user.

#### **Other Case Closure:**

This describes the following: the service user stops attending the service for a significant period of time. The service user decides they do not wish to be case managed or key worked.

In this case attempts should be made to contact the service user (mail, phone, through messages in other services), to ask whether they would like to be case managed/ key worked by another service, or key worked within our service (if they have decided not to be case managed). It is important that the option of having a case manager is kept open to individuals at all times. If they are interested in another service the worker should arrange a case transfer if possible.

## **4. Key Working**

### **Working with a case manager in another service**

If the case manager is located within another service, the key worker should, provided there is service user consent, contact this person and seek to ensure that there is an agreed care plan and there is no replication in service delivery.

At any point in the key working process any changes to service delivery from what was agreed in care plan from the perspective of the organisation should be communicated to the case manager.

### **Attending Case Meetings**

- Key workers should seek permission to attend case meeting from their supervisor / manager as soon as possible. The service will make all attempts to ensure workers can attend meetings.
- If a worker cannot attend the case meeting, they should ensure a written report outlining their contribution to the care plan and any other issues is sent to the case manager. This report should be followed up with a phone call to ensure that any questions and issues can be discussed by phone prior to the case meeting.
- The service may decide to substitute in the instance that the individual's key worker is not available, all efforts should be made to handover case information to the worker attending.

### **Service User Exiting Key Working / Case Closure**

If an individual is leaving the key working relationship a meeting should be held which identifies goals achieved and how supports will be provided in the future. The service user should be informed that if circumstances require, they may re-engage with the service at any time.