

## Monitoring/Managing Care

(<http://smhp.psych.ucla.edu/pdfdocs/practicenotes/monitoring.pdf>)

### Monitoring of Care

- a. Some situations require only a limited form of monitoring (e.g., to ensure follow through). A system must be developed for assigning care monitors as needed. Aides and paraprofessionals might be trained for this function.
- b. Other situations require intensive management by specially trained professionals to (1) ensure interventions are coordinated, integrated, and appropriate, (2) continue problem analysis and determine progress, (3) determine whether additional assistance is needed, and so forth. There are many models for intensive management of care. A common approach is to assign the responsibility to the professional who has the greatest involvement (or best relationship) with the student or family.
- c. One key and often neglected function of the care manager is to provide appropriate status updates to all parties who should be kept informed.

From the time a student is first identified as having a problem, someone must monitor/manage efforts to ensure the student gets appropriate help.

Common professional terminology designates student with problems as “cases.” Thus, processes for making certain that students connect with special assistance often are designated “case monitoring,” and efforts to coordinate and integrate interventions are designated “case management.”

Given that words profoundly shape the way people think, feel, and act, some professionals want to replace “case” with “care.” Such a move is in keeping with the view that care is a core value of helping professionals. The change also is consistent with moves to ensure schools are “caring communities.”

In our work, we use the term management of care. Involved are (1) initial monitoring, (2) ongoing management of the individual’s care, and (3) management within and across systems of care. As with any intervention, the intent is to implement the work in ways that are developmentally and motivationally appropriate, as well as culturally sensitive.

(1) Initial Monitoring of Care. Stated simply, initial monitoring of care is the process for determining whether a student is appropriately connected with special programs and services. Initial monitoring by school staff determines whether a student/family is enrolled. Monitoring of care gathers information about follow-through and appropriateness.

An immediate check on referral follow-through (e.g., within 1-2 weeks) should be done to see if the student did connect effectively with help. Besides checking with the student and family, a follow-through report from those providing interventions is helpful. If there has been follow-through, initial contacts are used to evaluate whether the resource is meeting the need. The opportunity also can be used to establish communication and coordination with others involved with the student’s welfare. Where follow-through has not occurred, the process can determine why and offer additional consultation.

(2) Ongoing Management of Care. When a student is working with more than one intervener, management of care becomes a consideration. Monitoring can lead to ways to coordinate interventions, improve quality (including revising interventions as appropriate), and enhance

cost-efficacy. Continuing evaluation of intervention appropriateness and effectiveness is the essence of care management.

Monitoring can use a variety of formats (e.g., written communications, phone conversations, electronic communications). All intervention monitoring and management require a system of record keeping designed to maintain an up-to-date record on the status of the student as of the last contact and remind staff when the next contact is scheduled.

If the student has not successfully connected with help or if the help isn't satisfactory, another consultation can be scheduled to determine next steps. Exhibit 39 provides a resources tool for management of care.

(3) Systems of Care. The concept of a "system of care" is an evolving idea that is applied in a variety of ways. While management of care is focused on a given client, the concept of systems of care emphasizes the value of coordinating, integrating, and enhancing systems and resources. One goal is to ensure that appropriate programs are available, accessible, and adaptable to the needs of those who need help. Another is to ensure resources are used effectively and efficiently.

Enhancing system resources requires attending to various arenas and levels of potential support. A school owns and operates many programs and services. A school district has additional resources. The surrounding community has public and private sector programs and a variety of other resources that may be of assistance. City, county, and state agencies also play a role in addressing certain needs.

From its initial application, the concept of systems of care emphasized services for clients with severe and well-established problems (e.g., youngsters with serious emotional disturbance). The intent for such populations is to

- develop and provide a full array of community-based programs, including residential and non-residential alternatives to traditional inpatient and outpatient programs (i.e., to enhance what is available and reduce overreliance on out-of-home placements and overly restrictive treatment environments)
- increase interagency collaboration in planning, developing, and carrying out programs to enhance efficacy and reduce costly redundancy
- establish ways to adapt interventions effectively for the individuals served.

To expand these goals to encompass prevention, primary and secondary prevention programs are incorporated. As our Center stresses, we conceive three overlapping systems that encompass a continuum of caring: systems to promote health and prevent problem, intervene as early after onset of a problem as is feasible, and treatment of severe, pervasive, and chronic problems. The comprehensive nature of such a continuum requires concerted intervention coordination at any given time as well as over the span of time (sometimes for many years) that students and their families are assisted.

*Exhibit*

### **Ongoing Management of Care**

At the core of the on-going process of care management are the following considerations:

- Enhanced monitoring of care with a specific focus on the appropriateness of the chosen interventions
- Adequacy of client involvement
- Appropriateness of intervention planning and implementation, and progress.

Such ongoing monitoring requires systems for:

- Tracking client involvement in interventions
- Amassing and analyzing data on intervention planning and implementation
- Amassing and analyzing progress data
- Recommending changes

Effective Care Management is based upon the ability to:

- Monitor processes and outcomes using information systems that enable those involved with clients to regularly gather, store, and retrieve data
- Produce changes to improve quality
- Assemble a management team<sup>@</sup> of interveners and clients, and assign primary responsibility for management of care to one staff member or to several who share the work
- Assume a role that always conveys a sense of caring and a shared problem-solving orientation with families as empowered partners
- Facilitate self-determination in clients by encouraging participation in decision-making and team reviews (particularly when clients are mandated or forced to enroll in treatment)
- Meet as a management teams at designated review periods and whenever analysis of monitored information suggests a need for intervention changes.

A few basic guidelines for primary managers of care are:

- Write up analyses of monitoring findings and recommendations to share with management team
- Immediately after a team meeting, write up and circulate changes proposed by management team and emphasize who has agreed to do which tasks by when
- Set-up a "tickler" system (e.g., a notation on a calendar) to remind you when to check on whether tasks have been accomplished
- Follow-up with team members who have not accomplished agreed upon tasks to determine what assistance is needed.

#### **ABOUT THE CENTER FOR MENTAL HEALTH IN SCHOOLS at UCLA**

The center at UCLA is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA.

Permission to reproduce this document is granted. Please cite source as the Center for Mental Health in Schools at UCLA.

***Can't find what you need?*** Contact us by email at [smhp@ucla.edu](mailto:smhp@ucla.edu) or call 310/825-3634 (toll free – 866/846-4843) or write Center for Mental Health in Schools, Dept. of Psychology, UCLA, Box 951563, Los Angeles, CA 90095-1563. <http://smhp.psych.ucla.edu/>