

## School-Based Case Management

In the last issue, we highlighted the importance of developing systems at a school for *problem identification, triage, referral, and management of care*. Below we provide more detail on school-based teams for *case management*, or as we prefer, *management of care*. A strong emphasis is given to the value of teachers as key team members.

When a student/family is involved with more than one intervener, management of care is a concern (e.g., to ensure coordination, improve quality, and enhance cost-efficacy). As additional services are implemented, the role of teachers as primary interveners often is not capitalized upon. This is especially likely when teachers are not collaborative members of teams to manage care. Teachers are part of many committees and teams at a school. And, there is a role for teachers on school-based teams for management of care. This is not to say that all teachers can or should be included. Some teachers, however, want to participate, and their collaborative efforts are invaluable.

Management of care involves a variety of activity all of which is designed to ensure that student/family interests are well-served (Ballew & Mink, 1986; Rothman, 1992; Weil, Karls, & Associates, 1985). At the core is enhanced monitoring focused on the appropriateness of interventions (e.g., adequacy of client involvement, intervention planning and implementation, and progress). Such ongoing monitoring requires systems for

- C tracking student/family involvement
- C amassing and analyzing data on intervention planning and implementation
- C amassing and analyzing progress data
- C recommending changes.

Effective monitoring depends on systems that enable those involved with students/families to regularly gather, store, and retrieve data. In coming years, more and more of this information will be entered into computers to facilitate retrieval and assist in other ways with client care.

Besides monitoring processes and outcomes, management of care also involves changing interventions as necessary. Steps must be taken to improve the quality of processes, including coordination among interveners. Intervention plans must be revised to increase efficacy and minimize "costs" -- including addressing negative "side effects." Along the way, those managing care may have to advocate for and broker more help and provide the linkage among services to ensure communication and coordination -- including contact with care givers at home.

Who does all this monitoring and management? Ideally, all involved parties are part of a *management team*. Given that teachers are critical partners at almost every step, their collaborative participation as team

members seems essential and can yield substantial "added value" to the process

One member of the team takes *primary* responsibility in each case (a *primary manager*). Sites with sufficient resources often opt to employ one staff member to fill this role for all clients. However, with limited resources, a more practical model is to train many staff, including willing and able teachers, to share such a role. Ultimately, with proper instruction, one or more family members also may assume this role.

All who become primary managers of care must approach the role in a way that respects the client and conveys a sense of caring. The process is oriented to problem-solving but should not be limited to treating problems (e.g., while working on problems, young people must not be cut off from developmental and enrichment opportunities). In most instances, a youngster's family is integrally involved and empowered as partners, as well as recipients of care. Well-implemented management of care can help ensure that clients are helped in a comprehensive, integrated manner designed to address the whole person. A positive side effect of all this can be enhancement of systems of care.

Management teams should meet whenever analysis of monitoring information suggests a need for program changes and at designated review periods. Between meetings, the primary manager ensures care is appropriately monitored, team meetings are called as changes are needed, and that changes are implemented. It is the team as a whole, however, that has responsibility for designating necessary changes and working to ensure changes are made.

A few basic tasks for primary managers of care are:

- C Before a team meeting, write up analyses of monitoring data and any recommendations to share with management team.
- C Immediately after a team meeting, write up and circulate changes proposed by management team and emphasize who has agreed to do which tasks and when.
- C Set-up a "tickler" system to remind you when to check on whether tasks have been accomplished.
- C Follow-up with team members who have not accomplished agreed upon tasks to see what assistance they need.

Clearly, a case management team is essential in ensuring care is provided in a coordinated and effective manner.

### References

- Ballew, J., & Mink, G. (1986). *Case management in the human services*. Springfield, IL: Charles C. Thomas.
- Rothman, J.R. (1992). *Guidelines for case management: Putting research to professional use*. Itasca, IL: Peacock.
- Weil, M., Karls, J.M. & Associates (1985). *Case management in human service practice*. San Francisco: Jossey-Bass.