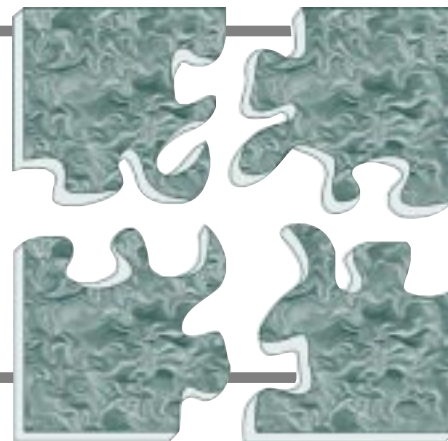


BEST PRACTICE BRIEFS



PUTTING THE PIECES TOGETHER

SERVICE COORDINATION

- improves service for recipient
- reduces costs for system
- is a process in transition

THREE MODELS

- brokering
- support
- compliance

TWO APPROACHES

- person-centered
- system-centered

GOOD COORDINATION is promoted by

- recipient in control
- adequate resources
- clear expectations for outcomes
- continuity in staff
- support for Coordinators



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FROM CASE MANAGEMENT TO SERVICE COORDINATION

“Case Management” is a commonly used term in human services that has a variety of meanings and permutations in practice. Over time, various models of “Case Management” have emerged. Given managed care and systems reform, “Case Management” is a role in transition.

WHAT IS CASE MANAGEMENT?

A stressed woman with young children in Head Start, trying to move from welfare to work... the distraught mother of an infant with disabilities... a homeless young man with schizophrenia discharged from a psychiatric unit... an older woman with diabetes admitted to the medical center... a delinquent adolescent... a homeless family. Despite their disparate situations, they have a common need to access services—many services.



“Case Management” has been defined as a somewhat limited but nonetheless important way of trying to make human services work better, i.e., **the activities undertaken by a service provider on behalf of an individual or family that needs multiple services, facilitating their movement through the service delivery process.**

The term “Case Management,” however, can be interpreted as a demeaning “take-over” by professionals. Consequently, with increased emphasis on services that are driven by the expressed concerns and needs of the service recipient or family (i.e., services that are person-centered/family-centered), “Case Management” is being superseded in some sectors by the more neutral terms of *Service Coordination* and *Care Management*.

In this **BEST PRACTICE BRIEF**, we will use the term **Service Coordination**, recognizing that *Care Management* is the term increasingly used in health care and that *Case Management* is the term most frequently encountered.

WHY SERVICE COORDINATION?

The shift from institutional to community care, greater numbers of persons surviving with disabilities, and concerns about poverty and other



social problems have fueled the development of Service Coordination. Two main rationales underlie its use:

- **Services have become more specialized** and the organization of service systems more complex and fragmented. Inherent in this rationale is the premise that service recipients with multiple and complex needs need a guide knowledgeable about the array of services in the community, the requirements and processes for accessing services, and the available funding mechanisms.
- **Resources allocated are insufficient** to meet demand. Consequently, agencies benefit from a process that can contain costs by assuring that the service recipient can access only needed services and utilize them appropriately, thus avoiding unnecessary and preventable costs. Inherent in this rationale is the conservative premise that we do not need more services—merely better organization to provide access to and utilization of those services and resources that are currently available.

OBJECTIVES

From the standpoint of the service recipient, Service Coordination can accomplish three objectives:

- to **connect** service recipients **to needed resources**
- to **buffer the service recipient** from the stress of navigating the bureaucracy
- to **enable service recipients to manage their own lives** within the scope of their resources and abilities

From the standpoint of the agency or service system, there are additional objectives:

- to **manage resources** within defined limits to achieve cost efficiencies, effectiveness, and avoidance of preventable and unnecessary costs
- to **facilitate the delivery of service** by coordinating the contributions of multiple service providers and scheduling services so that they are provided without any delay that might adversely affect the recipient's condition
- to **avoid deterioration** resulting in the need for more costly services by keeping a chronically or mentally ill service recipient **connected to the agency** so that medication and services will continue to be received
- to **monitor progress**, or lack of progress, so that changes in treatment can be made in a timely fashion
- to **monitor outcomes** to determine whether existing service protocols or practices need to be revised

These objectives—and their priority—will vary according to the population served, the agency, and the service system. In accommodating both the complex needs of recipients and the cost constraints impacting agencies, Service Coordination may be attempting to accomplish incompatible objectives. The Service Coordinator has the task of managing this dissonance. This issue is seen most clearly in the health field under managed care where Service Coordination as the prudent management of resources has evolved farthest, resulting in cost containment but also in serious ethical challenges.

RECOGNIZE THAT Service Coordination cannot effect efficient and effective use for services that do not exist.

THE DIVERSITY OF SERVICE COORDINATION

Service Coordination takes on different aspects depending on the population served and the basic rationale or model. Service Coordination may be concerned with services provided within a single agency (as in Care Management within a hospital), or more characteristically, with the coordination of services across agencies within the community. Service Coordination is generally undertaken by individuals ranging from highly trained, highly skilled professionals to paraprofessionals. More rarely, a team of individuals with similar or varied credentials serves a shared caseload. Other variations are described in the **Continuum boxes** on the following pages.

SOME USERS OF SERVICE COORDINATION

AGENCY	POPULATION OF CONCERN
aging	<ul style="list-style-type: none"> ■ elderly in poverty ■ grandparents taking care of grandchildren
education	<ul style="list-style-type: none"> ■ infants, toddlers and preschool children receiving a variety of special education and other services
HMO	<ul style="list-style-type: none"> ■ subscribers under managed health care ■ persons on Medicaid
home health	<ul style="list-style-type: none"> ■ persons with disabilities
hospitals	<ul style="list-style-type: none"> ■ persons with chronic illness
job training	<ul style="list-style-type: none"> ■ unemployed
mental health	<ul style="list-style-type: none"> ■ persons discharged from state mental hospitals ■ homeless persons with mental illness ■ children and adults with developmental disabilities ■ severely emotionally disturbed children
public health	<ul style="list-style-type: none"> ■ mothers and children; aging; disabled
rehabilitation	<ul style="list-style-type: none"> ■ persons with injuries affecting function
social services	<ul style="list-style-type: none"> ■ women moving from welfare to work ■ juvenile delinquents ■ children in foster care ■ families where abuse and neglect is unsubstantiated ■ refugees/immigrants

SERVICE MODELS

Based on differences in objectives and functions, three different Service Coordination models can be identified: brokering, support, and compliance.¹



Initial Functions of All Models

All models have an initial phase of connection with the service recipient that involves:

- **Identification:** *making the connection with the child/family/adult needing services, sometimes involving an active **outreach** search in the community*
- **Assessment:** *gathering information; identifying needs, capabilities, and limitations of the service recipient; and determining eligibility for available services*
- **Service planning:** *developing a plan of care*

¹ A fourth model not discussed here is the **clinical model** in which service coordination functions are delivered by the therapist as an integral part of building trust and assuring that basic needs are met. Examples are: infant mental health services, Assertive Community Treatment.

Functions of the Brokering Model

- **Identifying services:** *providing service recipient with information about accessing existing services*
- **Facilitating or linking:** *accessing or making the arrangements to assure that the service recipient receives service; acting as intermediary, arranging financing, providing transportation, etc.*
- **Coordinating multiple service providers:** *arranging for prompt, sequenced delivery of services of multiple providers; organizing assistance so that the service recipient can live in the least restrictive environment*
- **Crisis intervention:** *managing emergencies*

Functions of the Support Model

- **Educating:** *enabling the service recipient and family to understand the characteristics of an illness/condition and to manage its anticipated course; training in independent living skills and stress management*
- **Empowering:** *enabling the service recipient (or family) to negotiate and access formal services on his/her own behalf, to link to informal social networks and community activities, and to manage his/her own care*
- **Advocating:** *championing the rights of service recipients; impacting the service systems to assure that the service plan can be accomplished; modifying existing practice to accomplish access; creating new service arrangements²*
- **Providing support** *to persons who are isolated, stigmatized, or rejected because of health or behavior problems or violation of social norms*

Functions of the Compliance Model

- **Monitoring the service recipient:** *checking to be sure that service recipient is complying with medication or appointments, and that there are no problems that will result in need for additional services and expenditures*
- **Managing a “best practice” protocol:** *assuring that all needed activities are undertaken and that the timing is appropriate*
- **Managing the allocation of capitated dollars** *within an agency or across providers to use available resources most efficiently and to avoid over-spending*
 - **Rationing services** *by requiring prior approval and limiting access through a gate keeper who assesses need and eligibility*
 - **Managing limited service slots** *within an agency*
- **Monitoring service delivery and assessing quality, process, and outcomes** *to provide feedback for improvement and cost containment*
- **Assuring documentation** *and other agency requirements are accomplished*

In practice, all Service Coordination incorporates brokering functions and most Service Coordination includes some elements of support and compliance. The form that Service Coordination takes depends on who the agency views as the primary customer (the service recipient or the service delivery system), its expectations for outcomes, the resources of the community, and the needs and capabilities of the population served.

THE CONTINUUM FOR SERVICE COORDINATION

LOCUS OF DECISION MAKING

1. **Service Coordinator**, or team, **decides** what the service **recipient needs and what services are available**.
2. **Service recipient** (and family) **participates** with the Service Coordinator in developing a service plan.
3. **Service recipient** (and family) **determines** the service plan.
4. **Service recipient** (or family member) **takes over some** service coordination **functions**; e.g., recipient can arrange for housing but needs an assertive advocate to access health care.
5. **Service recipient** (or family member) **takes over all service coordination**, arranging for and accessing services.

²In practice, Service Coordinators seldom initiate systems reform.

THE CONTINUUM FOR SERVICE COORDINATION

ORGANIZATION ACROSS SERVICE DELIVERY SYSTEMS

1. **Separated:** Multiple agencies each have Service Coordinators for the same recipient or for different members of the same family.
2. **Collaborative:** Agencies agree that a family or service recipient will have a **single Service Coordinator** from one of the agencies. Service Coordination may be embedded in a community system of care model involving multiple agencies. Service recipient/family **select** the Service Coordinator.
3. **Assigned:** Service Coordination is undertaken by a **separate, specialized agency**.

Service Coordination can be

- **Neighborhood Outreach** provided by an indigenous paraprofessional who identifies pregnant women, and assists them to enroll in Medicaid and to keep their prenatal appointments

Or at the other end of the continuum

- **Hospital Care Management** provided by a highly trained nurse, specializing in one disease category, who manages a treatment protocol for the care of the patient, coordinates various service providers within the hospital, plans for services needed after discharge, educates and empowers the patient, analyzes data related to the patient's progress and the expenditure of funds, and recommends actions that will reduce the length of hospitalization

ISSUES IN SERVICE COORDINATION

Service Coordination involves the development of a comfortable working relationship between the service recipient and the Service Coordinator—a relationship that is played out in the context of the community service systems.

The Service Recipient. The individual or family whose multiple needs suggests the desirability of Service Coordination can nonetheless actively refuse the offer of service coordination or, once involved, can passively ignore the service plan.

This disengagement can be expected to occur when

- the Service Coordinator uses an approach that communicates service provider expertise and recipient passivity
- limited options and lack of service capacity make it difficult to be responsive to the needs and wishes of the service recipient

- service systems use Service Coordination primarily to meet agency objectives of cost control

The Service Coordinator. In many situations, the Service Coordinator struggles with multiple challenges resulting from limitations in the agency and the service systems:

- limited resources and options
- agency expectations that costs will be contained
- a fragmented service system; unwillingness of other agencies to take joint responsibility for service recipients
- confusion about the role of Service Coordination

As the street level bureaucrat, the Service Coordinator has the difficult position of mediating between the service recipient and the system. The Service Coordinator represents “the system” to service recipients, serving as the interpreter of decisions reconciling needs and resources. As human service agencies become more structured and mechanized, the Service Coordinator, as the visible human face, has a major impact on how service recipients view the quality and acceptability of the services offered.

The Service Coordinator requires multiple skills to work effectively with service recipients, such as:

- ability to be accepted by and comfortable with the service recipient
- flexibility, skilled problem-solving ability and creative thinking
- use of judgment in assessing needs and risks
- ability to mediate difficult situations with service recipients
- ability to negotiate with providers
- ability to handle crises

The Service Coordinator often requires a high level of skill, even though in many agencies the role is undertaken by an entry-level professional employee or paraprofessional.

Continuity. The continuity of the provider-customer relationship between the service recipient and the Service Coordinator is often broken by high staff turnover. This reflects the dissonance between the assignment and the resources available and the lack of agency support for staff undertaking a very difficult assignment.

WAYS AGENCIES CAN PROMOTE EFFECTIVENESS

Actively Promote Systems Reform. Through its clarity of objectives for Service Coordination, its job descriptions, recruitment, training, supervision, and performance review, an agency can make it more likely that a Service Coordinator will incorporate characteristics of good practice sought in systems reform (See **BEST PRACTICE BRIEF No. 1**), e.g.,

- strength-based, emphasizing the positive
- individualized, person-centered or family-centered
- empowering of the service recipient through education and such techniques as modeling and role playing
- decision making by the service recipient

Provide for Inservice Training and Supervision.

In addition to the agency's criteria for service, procedures, and expectations, training should include such areas of practice as:

- effective outreach
- implementing the person/family-centered approach: operating in such a way that serv-

ice recipients can understand their options, make decisions, and manage their own lives

- creative problem solving
- working collaboratively
- maintaining personal safety in high risk areas

To avoid burnout and maintain responsiveness toward service recipients, the Service Coordinator should also have the personal support of periodic opportunities with a supervisor or peers for reflection, problem solving, and reinforcement of the agency's commitment to good practice.

Limit Recipient-Coordinator Ratio. Establishing a working relationship with a service recipient and reconciling needs and resources requires time. The number of service recipients assigned to a Service Coordinator will determine how much time is available. Some Coordinators serve a small number of persons; others may have as many as 150 persons assigned. A Service Coordinator can handle a large number of recipients who require only an occasional contact. However, the number assigned should be small enough to allow for the necessary personal contact time with each service recipient when

- the functions demanded of the Service Coordinator are complex
- most recipients are newly enrolled and require considerable service

Provide Material Support. A Service Coordinator can function more effectively with

- flexibility in hours, allowing for evenings and Saturdays when necessary
- a cell telephone and portable computer to maximize effective use of time
- transportation provided by the agency

THE CONTINUUM FOR SERVICE COORDINATION

CONTROL OVER FUNDS

1. **Service Coordinator makes arrangements** without regard to the overall level of funds available; **each agency manages its own funds.**
2. **Service Coordinator**, or service coordination team, **manages the agency's budget/service slots.**
3. **Service Coordinator**, or service coordination team, **manages a service allotment**, i.e., a maximum amount of budgeted or capitated funds across agencies.
4. **Service recipient manages a capitated amount**; agencies compete to provide service for funds controlled by the service recipient.

SERVICE COORDINATION IS MOST EFFECTIVE WHEN

- expectations and resources are in balance: when resources are low, not much can be accomplished; when expectations for service are high, resources must be high
- the Service Coordinator can develop an ongoing relationship with the service recipient
- the agency clearly articulates its expectations and commitment

WHAT OF THE FUTURE?

THE ROLE OF INFORMATION SYSTEMS

Feedback to Improve Effectiveness. As information systems and ongoing data analysis become more sophisticated, agencies will be able to link and analyze process and outcome information. Detailed protocols for Service Coordination in human service areas, as now in hospitals, will increasingly guide practice.

Computerized Directories. Service Coordinators—and service recipients—will have information more readily available as community directories become computerized and available to staff through computers at the worksite, and to service recipients at libraries and kiosks in shopping malls. To be useful, however, information must be kept current and must be more detailed than names, addresses, and telephone numbers.

THE MULTI-PURPOSE COLLABORATIVE BODY

Service Coordination can be a tool that enables the multi-purpose collaborative body to accomplish its objectives. The multi-purpose collaborative body can, for example,

- **sponsor training** in Service Coordination across agencies and systems.
- promote the assignment of a **single Service Coordinator** across agencies.

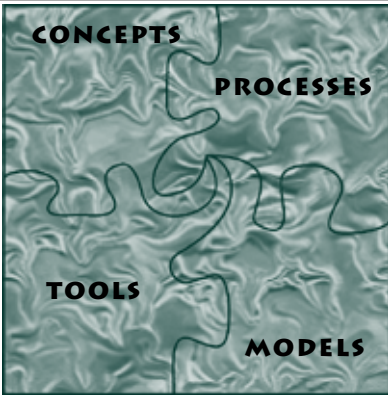
- develop a **community system of care** for specific populations incorporating Service Coordination (*see example in next issue*).
- consider the advantages of a **specialized Service Coordination agency**.
- develop **feedback mechanisms** (e.g., identification of barriers, focus groups) that enable agency directors and multi-purpose collaborative bodies to use the experience of Service Coordinators and service recipients to structure systems reform.

THE TASK AHEAD

With the advent of capitated managed care, there is a danger that best practices in Service Coordination will be overwhelmed by a cost-controlling, system-centered approach. Viewed optimistically, however, that the cost advantages of operating more effectively across systems and better engagement of the service recipient will result in an appropriate reconciliation of the person-centered/family-centered and the system-centered aspects of Service Coordination. Increasingly Service Coordinators can be expected to function as information brokers and facilitators for persons and families who, regardless of their disabilities or needs, have the capacity to make their own decisions and appropriately manage their own affairs and the resources available to them.

RECOGNIZE THAT

- Service Coordination is more effective if the service recipient is an active participant.
- Service Coordination becomes crisis management if the Service Coordinator is responsible for a large number of recipients.
- Limited resources, as well as good practice, push the Service Coordinator to emphasize empowerment.
- Doing what's right for the service recipient will sometimes be in conflict with what the agency's or funder's rules say must be done.



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THE NEXT ISSUE will present two examples of Service Coordination.: The Wraparound Model and Organizing Service Coordination in a Head Start Program.

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ADVISORY GROUP: MARGUERITE BARRATT, Institute for Children, Youth and Families, Michigan State University; ROB COLLIER, Council of Michigan Foundations; DEANNA DEPREE, Life Services System of Ottawa County; MARCIA KREUCHER, Region II Community Action Agency; JOHN MELCHER, Urban Affairs Center, Michigan State University; DEBORAH STRONG, Children's Trust Fund. **STAFF:** BETTY TABLEMAN, Editor and Writer; Research Assistants ELIZABETH BETHARD, Public Policy and Administration, ANDREW HAHN, Human Ecology, CHRISTA ROBINSON, Telecommunications; KASMIN ERQUHART, Clerical Support; KATHY BLACK, Designer.



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