



Minnesota Association of County  
Social Service Administrators

*Counties Unique Role in Case Management: A MACSSA Policy Statement*

# Adult Mental Health Case Management

## What is Adult Mental Health Case Management?

Adult Mental Health Case Management is a service designed to support the needs of an adult with serious and persistent mental illness (SPMI) who has a significant impairment in functioning and may otherwise be at risk for extended and frequent hospitalizations, jail, homelessness, or involuntary treatment. Case management is provided by social workers who have experience and education in the mental health field and who are experienced with a recovery-oriented, person-centered approach to service delivery.

### Four Primary Functions of County Case Managers



## Unique Characteristics of Adult Mental Health Case Management

As the Local Mental Health Authority, the county plays a critical role in the delivery of case management services including:

- Assessing the need and advocating for new or expanded mental health services;
- Offering consultation and training to county and private agency case managers;
- Providing oversight of the data practices and appeals processes;
- Communicating with the health plans and the Department of Human Services (DHS);
- Facilitating community planning with the adult, their family and support system, community agencies, DHS, health plans, law enforcement, corrections, housing, vocational, financial assistance, medical, legal, and advocacy agencies;
- Developing contracts with and providing oversight to private agencies;
- Providing 24/7 mental health crisis services.

## What Does Success Look Like?

The goal of case management is to help the adult access needed vocational, educational, social, medical, and mental health services. Outreach and advocacy are recognized as a part of case management. Case managers also teach adults how to access community services themselves, in an effort to promote self-sufficiency, community integration, and recovery.

Successful case management starts with a recovery, person centered approach that promotes hope, honors choice, and partners with the person to improve their health and wellness. County case managers have strong collaborative relationships with other county partners such as financial workers, home and community based services, child and family services, county attorneys, law enforcement and corrections. These relationships are the key to helping people along in their recovery. County agencies also have access to funding to fill in gaps that insurance and other services don't cover.

Outcomes that measure recovery indicators in areas such as housing, employment, physical health/wellness, and community connectedness are important to assess whether case management contributes to improving the lives of individuals with SPMI. Decreased utilization of resources such as hospitalizations, emergency room visits and jail are also indicators that are reflective of the effectiveness of case management.

## *Example from the Field...*

Mako had been living in recovery from mental illness for several years quite successfully: living independently, working full time, and maintaining significant social connections. Her mental health began to decline and got to a point in which she quit her job. She reached out to the county and requested case management services. After further decline of her mental health, she became quite isolated and suffered from self-neglect to the degree of putting her physical health in danger. Because of the collaborative relationships already established, her county case manager was able to engage with law enforcement to do a welfare check and subsequent transport hold to get her to the emergency room for psychiatric care.

Through close communication/collaboration with the local hospital, Community Behavioral Health Hospital, county attorney, and other community providers, her case manager facilitated discharge planning and coordinated ongoing care through community services. She was eventually successfully discharged from the hospital, moved back to independent living, and obtained employment again. She continues to receive case management services. ▲

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