

The New Oakland Behavioral Health Continuum: A Case Management Perspective

Meeting an Unmet Need for Integration of Services

Case management has never been a more important part of the effective delivery of behavioral healthcare.

As hospitals and health organizations struggle to make the most of a rapidly changing (and often diminishing) resource pool for mental health care, case managers find themselves on the front lines — along with medical and therapy professionals, social service organizations and others — balancing clinical needs, available resources and the imperative of insuring the best outcomes.

As with other forms of medical care, an increasing number of behavioral health cases are presenting themselves to hospital emergency rooms in times of crisis or near-crisis, where attending physicians are faced with a difficult decision to choose between inpatient psychiatric admission or sending patients home, sometimes with a prescription and direction for outpatient evaluation and therapy that may take weeks to schedule.

Within these rapidly evolving dynamics of mental health care delivery in have created both an urgent need and an opportunity for a new kind of mental health provider. With the changing clinical and economic pressures affecting the mental health system come changing opportunities to respond with greater customization and agility to the needs of the youth who represent the future of our region.

At the heart of this need is the concept of person-centered planning (PCP) for individuals with developmental disabilities, serious mental illness, serious emotional disturbance and co-occurring disorders, especially including substance abuse.

Within this environment, the New Oakland model is a model built to help clients overcome mental health challenges and achieve community inclusion and participation, independence, and productivity.

As a proud and long-standing behavioral health provider in southeast Michigan, we at New Oakland believe strongly in pioneering new approaches to individuals and families as they seek (and sometimes struggle) to overcome mental health conditions.

The obstacles they may face are many, but one of them should not be the limited capacity or flexibility of the mental health systems in their communities they rely on to realize their goals and hopes, build their strengths, express their preferences and develop their plans for a life with meaning.

They are organized around a single idea: integration. The New Oakland model is built to offer alternatives to the “binary” decision between inpatient hospitalization or low-intervention, long-lead-time therapies. Our goal is the same as the case management profession itself — to integrate clients with a broad continuum of care options, delivering the right care at the right time in the right way. The New Oakland model helps integrate the many and sometimes conflicting

demands and priorities that are placed on the mental health delivery system every day.

And, most importantly, we believe, by integrating with hospital-based case management at the time of initial evaluation, we can work with hospitals to provide an appropriate role for inpatient hospitalization as one among many person-centered tools to support clients with serious behavioral health conditions.

By working with clinical professionals and case managers to broaden options for patients, New Oakland is uniquely built to help re-integrate people with their families, their communities and with their individual potentials. In the final analysis, it is this commitment to integration that is New Oakland’s defining idea — and the core of our approach to helping address the growing unmet need for a new kind of mental health service delivery.

The Role of Case Management in Behavioral Health

Whether the issue is an eating disorder, bipolar illness, clinical depression, substance abuse or a serious mental illness like schizophrenia, the case management profession and function is uniquely positioned to help assure patients enter the mental healthcare system in ways that provide the best possible opportunities for success and recovery. Indeed, no other function within the behavioral health delivery continuum touches so many important decision-makers. Case managers play a role in:

- **Evaluating needs at time admission**, evaluating the patients immediate needs for care coordination and eventual discharge. The level of involvement of the case manager depends on the complexity of the care coordination required, but case managers are consistently available to individuals and families to help them navigate the healthcare system.
- **Serving as a liaison with the clinical team** to ensure they are fully aware of care options beyond inpatient hospitalization — like, for example, intensive outpatient (IOP) programs, partial hospitalization programs (PHPs) and other care alternatives that might better match the patient’s needs.
- **Developing a care pathway and discharge plan** in cases where inpatient hospitalization may be clinically necessary. Case management is absolutely essential for creating, communicating, coordinating and documenting a safe, effective and appropriate path for reintegration with the community and the mental health system — a plan that maps a patient’s post-acute care needs and service options.
- **Connecting with families**, a critically important element of reintegration and recovery that is often left unaccomplished by the clinical team who are focused on the urgency of the episode that led to hospitalization in the first place. Just as the case management function attends to this important need, the New Oakland model is built around the important premise that

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reconnection with families is one of the most important determinants of future patient recovery or, alternatively, one of the most likely causes of relapse if left undone.

- **Integrating with health insurers and other payers** to report the patient's progress and plan of care. Only case managers have the breadth of perspective and expertise required to advocate for insurance reimbursement and to align future services in ways most well suited the patient's coverage.

New Oakland's Continuum of Care

New Oakland is a leading provider of mental health and substance abuse services in southeast Michigan, offering a range of behavioral health services in five uniquely positioned, modern facilities. All New Oakland programming is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). With a team of 16 of leading psychiatrists and physicians and more than 90 social workers and other clinical professionals, the New Oakland continuum of mental health/substance abuse services helps fill the gaps or "round out" the roster of options available to hospital case managers when patients present with behavioral health challenges.

As shown in the diagram at right, New Oakland's suite of services include:

1. **Outpatient services:** traditional one-on-one therapy
2. **The FACE to FACE Partial Hospitalization Program:** a State of Michigan-licensed intensive program that can be an effective alternative to inpatient hospitalization
3. **Intensive crisis stabilization services (ICSS):** for circumstances where New Oakland therapists may serve as on-site intermediaries to help connect patients with the appropriate care at times where rapid intervention is essential
4. **Integrated case management:** New Oakland understands the critical role of case management and maintain our own team of case management professionals
5. **Tele-psych online counseling:** using technology to provide rapid, thorough care effectively and at lower cost to the system
6. **Child/adolescent residential services:** providing a safe, stable group environment for children and teens who need it
7. **Inpatient referrals:** working closely with regional hospitals to assure patients who need psychiatric hospitalization receive it
8. **In-home services:** home visits to provide care continuity and monitor patient progress
9. **Non-emergency transportation:** bringing patients to and from therapeutic appointments, a critical need for patients who do not have easy access to transportation
10. **Pre-admission reviews and consults:** collaborating closely with hospital clinical and case management staff to offer alternatives and perspective
11. **Medication clinic:** integrating medication with the therapeutic continuum when clinically necessary
12. **Criminal justice system collaboration:** close relationships with courts and police help assure the right role for behavioral health evaluation in the judicial and criminal justice process

The focus at New Oakland is on person-centered, active, preventive, and early intervention approaches for child, adolescent and adult populations. At New Oakland, an emphasis is placed on working with the whole family while striving to maintain the integrity of each family member.



New Oakland's FACE to FACE Alternative

Because of the case manager's central role in the patient's care path, New Oakland has made it a priority to communicate to and work closely with case management professionals to introduce our **FACE to FACE care model**. From crisis intervention to rapid evaluation and assessment to development of care plan, FACE to FACE is the core service that separates New Oakland from other behavioral health providers in southeast Michigan.

FACE to FACE is also a State of Michigan-licensed partial hospitalization program (PHP) that provides either (a) a clinically rigorous alternative to psychiatric inpatient admission or (b) a cost-effective "step down" intermediate level of care following a period of hospitalization. FACE to FACE utilizes a multi-disciplinary approach to assess, intervene and empower both the individual and the family to work towards resolution of the presenting problem.

A candidate for FACE to FACE begins a rigorous seven-step process whose goal is to understand the root causes of the presenting behavioral health diagnosis. Clients work in exhaustive one-on-one therapy sessions, in groups and as part of their family unit to develop new coping skills and strengthen a basis for a path to wellness.

FACE to FACE PHP services are provided in New Oakland settings that feel more like schools than hospitals. This warmer and more nurturing environment provides patients (adults, children and teens in age-specific groups) an intensive six-hour-per-day program with an average length of stay of between three and seven days. The program includes group, individual and family therapies to provide structured, yet individualized treatment that helps children, adolescents, adults and parents effectively deal with crisis, each individual diagnosis and intra-family conflict. The patient, along with the rest of the family acquires many new skills: social, interpersonal, communication, negotiation and conflict resolution.

Importantly, FACE to FACE PHP clients **return home or to a safe residential setting** every evening, allowing time to build and strengthen the all-important reintegration with family and community.

Livonia Center
31500 Schoolcraft Road
Livonia, MI 48150
734-422-9340

Clarkston Center
6549 Town Center Drive
Clarkston, MI 48346
248-620-6400

Clinton Township Center
42669 Garfield Road
Clinton Township, MI 48038
586-412-5321

Farmington Hills Center
32961 Middlebelt Road
Farmington Hills, MI 48334
248-855-1540

Warren Center
26522 Van Dyke Avenue
Center Line, MI 48015
586-759-4400

FACE to FACE Crisis Stabilization Services
877-800-1650
(24 hours/day)

Exclusive toll-free line for providers/professionals
855-855-8250
(24 hours/day)