

INFORMATION ... foundation for good policy

The Department of Mental Health and Addiction Services A Healthcare Service Agency

M. Jodi Rell Governor

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Thomas A. Kirk, Jr., Ph.D. Commissioner

MANAGING CARE SUPPORTS RECOVERY

The DMHAS **General Assistance Intensive Case Management Program (GAICM)** is a unique and innovative program that uses an Administrative Services Organization (ASO) to combine managed care tools and technology with community based 'in vivo' case management services. By having the *care management* (clinical utilization management) closely and directly integrated with the *case management* (outreach based services), DMHAS is able to achieve the following:

- Immediate access to community based case management services offered by a Recovery Specialist. There are no waiting lists or lengthy intake procedures.
- Rapid implementation of client-specific individualized recovery plans that follow people through different levels of care.
- Increased collaboration with community providers to meet individuals' clinical and support service needs.



The DMHAS GAICM program combines centralized management and data collection with local community expertise. Program staff, including Recovery Specialists and Mental Health Case Managers, are organized in regional teams and located in offices throughout each region. In some regions, staff is employed by local provider agencies. GAICM staff (Quality System Specialist) work with utilization management clinical staff to determine persons receiving general assistance most in need of recovery support services.

Once identified, regional staff is assigned to work with the person to access treatment, stabilize their lives, return to work, and eventually take steps to move off public assistance. The statewide program combination of regional outreach teams with centralized data collection and management ensures that no one 'falls through the cracks' regardless of behavioral health diagnosis or the person's location.

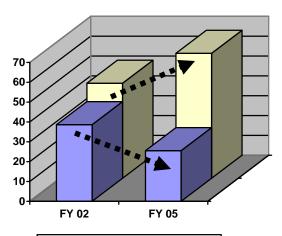
The benefits of the GAICM program are evident:

- More individuals in need of case management services identified and assigned.
- Fewer individuals have multiple readmissions into acute or crisis levels of care.
- Increased numbers of individuals are connecting to lower levels of care.

1100+ individuals received over 61 thousand support sessions totaling over 25 thousand hours in 2005.

There has been a 48% decrease in the number of individuals with multiple (4+) acute care admissions since the beginning of the program.

Connect to Care and Readmission Rates GAICM Target Population



■ Readmission ■ Connect to Care

89% of the people in the GAICM program either maintained or improved their level of functioning while in services.

86% of individuals identified as needing case management receive interventions which compares favorably to 50% beginning of the program