

## Case Management



### What is Case Management?

*Case Management* is a collaborative process that provides services to clients by assessing the needs of the client and the client's family, when appropriate, and arranging, coordinating, monitoring, evaluating, and advocating for a package of multiple **services** to meet the specific client's complex needs.

The Case Management Process consists of nine phases:

- Screening clients (usually through an intake form)
- Assessing clients' needs
- Stratifying any risk factor
- Planning what the client needs to succeed
- Implementing any type of case plan
- Following-up
- Transitioning any care to another organization
- Communication post transition

This means that the core functions of case management consists of assessment, treatment planning, linking, advocacy, and monitoring.

### What is a Case Manager?

A *case manager* acts as a bridge between an organization and its clients. Case managers often coordinate services for clients in need of counseling, housing, health needs, addiction, trauma or other life events.

### **Case Management Follow-up**

Doing follow up to ensure that the client remains connected with the organization. It also ensures that clients receive any referrals that they need. Some ways to follow up with clients include:

- Making frequent check-in calls and not just when there is an issue
- Taking notes so that you can document your progression/regression with the family and their changing needs
- Creating opportunities where clients can connect with you beyond the phone calls
- Making sure that the families are connecting to the outside agencies offering the additional resources they need





# FAMILY CARE CALL TIPS

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# BEFORE THE CALL

- *Clear your mind*
- *Have a clear mind and goals*
- *Review the intake form*
- *Have a pen and paper to take notes*

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# DURING THE CALL

- *A Begin with an introduction*
- *Clearly indicate why you are calling*
- *Express your sincere desire to connect/reconnect with the family*
- *Demonstrate empathy and compassion at all times*



- *Follow your script*
  - Remind parents of rules/expectations (if applicable)
  - Listen to parents' concerns
  - Thank them for their time and assistance
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## **BEMAIL/TEXT REMINDER**

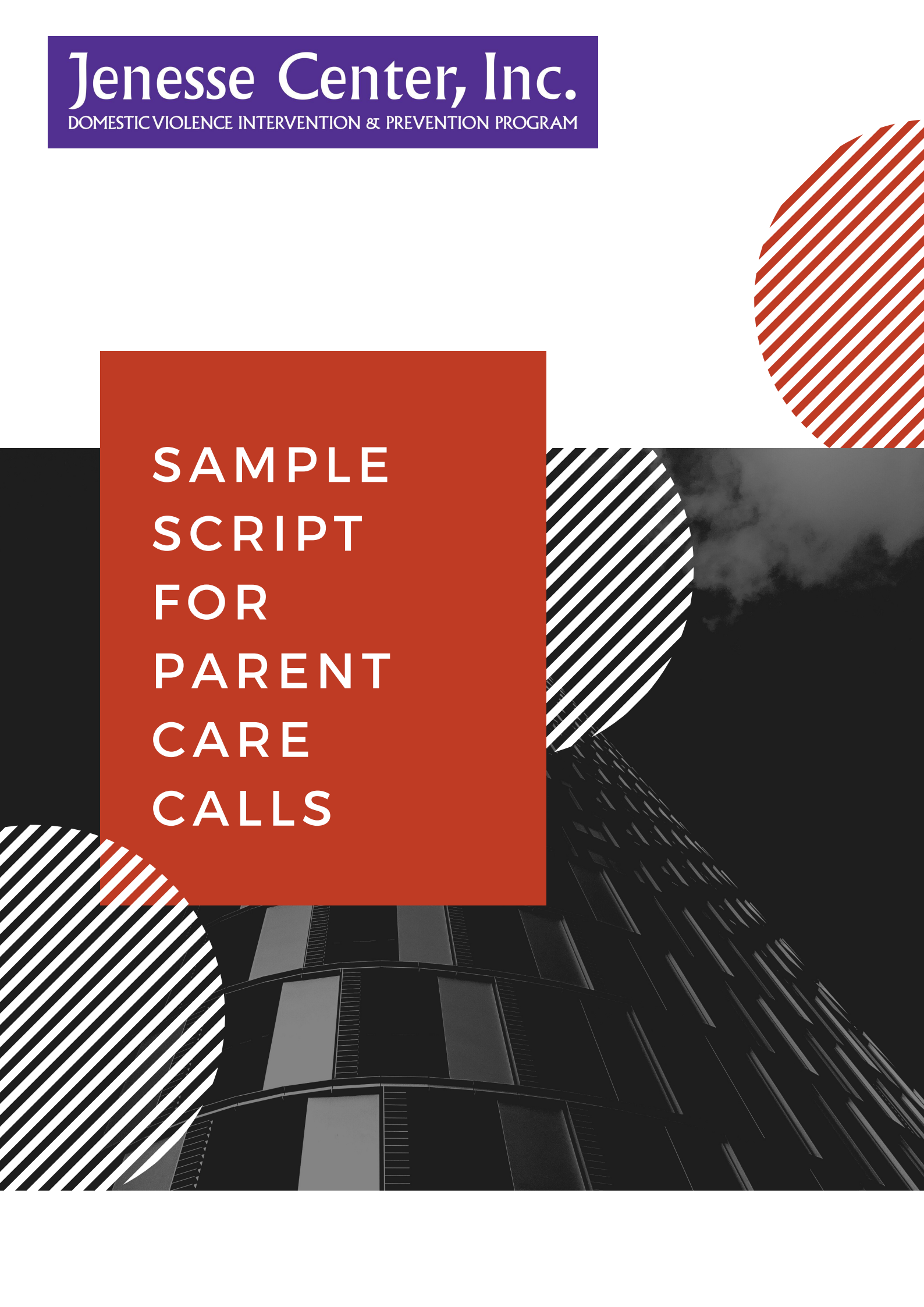
*-We recommend that you don't use email or text for anything other than reminders or very brief updates. This is because:*

- *Emails/texts can be printed/forwarded/misconstrued*
- Family issues are sensitive/private
- Some parents/guardians have difficulty responding texts/emails

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## SAMPLE SCRIPT FOR PARENT CARE CALLS



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# SAMPLE SCRIPT FOR PARENT/GUARDIAN CALLS



The parent/guardian phone call can be scary and intimidating. Below is a sample script designed to help you navigate how to effectively communicate on the phone with a parent/guardian.

## **Introduction**

Generic greetings are most favorable when contacting a parent/guardian .

Ex: "Hi, this is Angela Parker, I work at (name of organization) where Bevlon attends classes. Am I speaking to Bevlon's guardian? How may I address you?"

Try to call your youth's parent/guardian using either Google Voice or a phone provided by your organization. You should typically call during after-work hours. In many cases, the parent/guardian may not answer on the first try and you may have to leave a voice message. For confidentiality purposes, use only the youth's name, your title and the name of your organization. Ask them to call you back at the phone number you prefer to share.

## ASK PERMISSION

Understand that the parent/guardian may be extremely busy, so when you do reach the parent/guardian on the phone, take the time to request permission to speak to them. It is important that they know that you respect their choice to speak to you.

Ex: "Is this a good time to speak?"

## POSITIVE COMMENTS

Say something positive about the youth.

Ex: "Bevlon is such a great young man and we love having him in the program."

## Areas of Concern

Be sure sure that you are very specific about why you are calling.

Ex: "Bevlon has missed the past couple of sessions and we really miss him."



## BUILDING A RELATIONSHIP

Be sure to make the Parent/Guardian feels that you care about the youth and that you would like their input on how you can address the problem..

Ex: "Is there some way we can work together to ensure that he can participate more frequently in the program?"

## OFFER RESOURCES

Let the Parent/Guardian know that you have resources to offer.

Ex: "I am so glad that you felt comfortable enough to share that you need mental health services. We work with an organization that we can connect you with."

## END THE CONVERSATION ON A POSITIVE NOTE

Thank the parent/guardian for their time and ask them when you can call them again.

Ex: "Thank you so much for your time today. I enjoy having Bevlon in the program and I am glad that we had the opportunity to talk about him and how we can support him, and you. I know if we continue to work together, we can help Bevlon have a successful year. Is this the best number to reach you? I hope you know, if there is anything you need you can contact me. Thank you for talking with me. Take care."

# YOUTH AND FAMILY SUPPORT SERVICES INTAKE AND REFERRAL FORM

Completed By _____	Date Completed _____
Priority:    ___1 (Schedule ASAP)    ___2 (Schedule in one week)    ___3 (Schedule in one month)	
Participant's Availability _____	Parent/Guardian's Availability _____
Service(s) Requested By Family    ___Individual Counseling    ___Group Counseling    ___Parenting Class    ___Legal Assistance    ___Other	
Is the participant requesting anything else? ___Yes ___No If yes, what? _____	
Participant's Preferred Location(s) for Counseling    ___Site    ___Jenesse    ___Home    ___Other	

## PARTICIPANT INFORMATION

Student   
  Parent/Guardian   
  Other \_\_\_\_\_

Salutation	First Name	Last Name
Home Address	City	State      Zip
Home Phone	Cell Phone	Email
___Male ___Female	Birthdate	Age      Language(s)      Ethnicity
School Grade	School Name	District
Parent(s)/Guardian(s) Student Lives With (check all that apply)    ___Birth Mom    ___Birth Dad    ___Grandma    ___Grandpa    ___Aunt    ___Uncle		
___Foster Mom    ___Foster Dad    ___Adoptive Mom    ___Adoptive Dad    ___Group Home    ___Shelter    ___Motel/Hotel    ___Other		
Number in Household	Annual Household Income \$	Income Level: ___Very Low    ___Low    ___Med    ___High (see HUD guidelines)
Health Insurance    ___Yes    ___No	Health Insurance Provider Name _____	
Public Assistance    ___Yes    ___No	___CalWORKS    ___CalFresh    ___Medi-Cal    ___Section 8    ___Other	
Why are you reaching out to participant? Describe the behavior(s) and/or need(s). Describe relationship with child/ are there any incidents happening?		
(If there is an issue) What was our first response?		Who was the first responder?
Has the participant exhibited or experienced this before at the organization or elsewhere? ___Yes ___No Describe, if yes.		
Is the participant receiving services from another provider for his/her behavior/incident? ___Yes ___No From whom, if yes.		
Does the participant have chronic health issues? ___Yes ___No		
Does the participant have preferences for the type of service or provider? ___Yes ___No What kind, if yes.		
Summarize your conversation in completing this form with the participant.		

Participant First and Last Name	Date Form Completed	Completed By
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**PARENT/GUARDIAN INFORMATION**

(complete this section if the participant is a student under 18 years old or if the student is in high school living with their parent or guardian)

Salutation	First Name	Last Name
Relationship to Student	How long have they known the student?	Does the student live with them?
Home Phone	Cell Phone	Work Phone
Email	Best Way/Time to Contact Them	
Language(s)	Ethnicity	
Parent/Guardian Comments		
Disclaimer: Any information or referrals provided through the youth and family services at the (your organization) r are designed for information and referral purposes only and are not meant to diagnose or treat medical, mental or other conditions. (Your organization) does not provide diagnosis or treatment in any form. It is up to participants to verify the credentials of individuals providing services and discuss the options with their personal physician or other medical professional. (Your organization) assumes no responsibility for results from information and referrals provided by the center or other services received by participants. By signing below, you are accepting all terms of this disclaimer notice.		
Parent/Guardian Signature		Date Signed

**COMMENTS**


**OFFICE**

Approved (ED or AD Name)	Date Approved
ED or AD Comments	