

The experience of Chrysalis Drug Project in providing case management

Chrysalis is a community drug and alcohol service which has been operating for almost 25 years in Dublin's north inner city.^{1,2} The service has grown significantly since then, especially in more recent years; having started as a counselling service it has moved on to provide a range of other services. Its vision is that 'everyone living with problem substance use should be empowered to fulfil their full potential and have access to the same opportunities and rights as others'.³

Chrysalis has been incorporating case management (CM) into its work since 2007. Based as it is in Dublin city, many of the Chrysalis service users present with complex needs, addiction, mental health problems, homelessness, legal or family issues, for whom CM can be most effective. In 2019, Chrysalis extended this service to the service users of the newly set up Inclusion Health Hubs. Since then, it has extended the service to other agencies. It now also provides training on CM and the comprehensive needs assessment tool to other addiction services.

The experience of Chrysalis working with CM may be useful for other services, as it has embraced and successfully embedded the model into its work and expanded the service in recent years.

For more information on CM, see the article 'Overview of case management related to work with people who use drugs' on page 18.

The Chrysalis experience

Suitability of service users

Chrysalis strives to ensure the service user is always at the centre of the process; however, its ethos is that participation must always be the choice of the service user. While CM can be most effective for service users with complex needs (addiction/legal/dual diagnosis/housing, etc.), not all service users will benefit from it, as they require a level of motivation

to make some changes in their life, to engage, and commit to the process. For example, they have to be active in all the associated processes, such as care planning and attending their appointments. For some service users, CM will not be appropriate at that point in time, but they are reassessed periodically for suitability, as their situation or motivation changes. However, when implemented properly, CM can often provide a service user with clarity and define a pathway for them to navigate the services they need in order to meet the objectives of their care plan.

Role of case manager

In the experience of Chrysalis, the case manager requires a high level of skill to ensure that the CM process is successful for both the service user and all the agencies involved. As CM is used to coordinate the service user's care plan across many services, the case manager needs to be able to coordinate, organise, advocate, build networks, and negotiate on behalf of their service users in order to progress their care plans. In this regard, the case manager must have the authority to build strong working relationships across all agencies, not just in health but also social services and justice. The term 'broker' is sometimes used in this context and does convey the need to 'put the pieces together'. The Chrysalis team acknowledges that to be an effective case manager involves much administration, IT skills, and time management. This combined workload can be considerable and, according to Chrysalis, the job functions better as a standalone post. This also ensures that the role of case manager is clearly delineated for other staff and service users.

CM in other settings

When providing CM in other settings, the Chrysalis team tries to get an understanding of the unique culture of the service, while the service user also needs to adapt to this new approach. Therefore, it can take a considerable amount of time to build up a relationship of trust with service users so they come to understand the role of the Chrysalis team, CM, and how the process could help them to progress. For Chrysalis, its work over time can help to improve the relationships between the service users and the staff in the clinic.

Even though CM has been operationalised in addiction services for a number of years, the team still finds that some services are not always clear on what CM entails, and/or the extent of the process, and/or is implemented slightly differently in different services. There can be uncertainty about the scope of the role of the case manager and how CM differs from key working, for example.

During the public health crisis of the Covid-19 pandemic, CM was impacted because of the public health restrictions on addiction services, which limited referral options for service users.

The experience of Chrysalis Drug Project in providing case management continued

Challenges and streamlining

If all services could share the same assessment tool, which would be securely available to all relevant staff, it would help to streamline the CM process for everyone. It would also be useful if the salary and scale of the case manager could be reviewed, given the high level of skill required. In addition, a formal certified and accredited training for CM for addiction services would allow project workers to upskill and also to ensure a standard level of competency of case managers across all addiction services.

Final thoughts from Chrysalis team

The Chrysalis team feels that CM has been successful for them as an organisation. It is an easy framework to follow: from assessment where the needs are identified to care planning where the responses required are identified, along with regular care planning review.⁴

One of the key values for Chrysalis as an organisation is to be person-centred; therefore, CM fits in with its ethos as person-centred, client-led, and always driven by the client's

needs. The voice of the service user is central to the care plan and CM is about empowerment and self-efficacy. CM is also about coordinating resources; when successful it is an example of interagency practice at its best. It involves linkage and brokerage and tapping into local and nationwide resources in response to the identified needs of the service user. A multidisciplinary team all working together in unison on an integrated care plan will have positive outcomes for the service user.

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- 1 Chrysalis Community Drug and Alcohol Team (2018) *Strategic plan 2019-21: treatment in partnership*. Dublin: Chrysalis Community Drug and Alcohol Team. Available online at: <https://chrysalisproject.ie/wp-content/uploads/2019/09/Strategic-Plan-Brochure-2018.pdf>
- 2 This article was based on discussions with Chrysalis CEO Passerose Mantoy and team leader Sarah McGillivray, with a contribution from Yvonne Byrne. For further information on Chrysalis, contact passerose@chrysalisdrugproject.org
- 3 For further information on the Chrysalis vision, visit: <https://chrysalisproject.ie>
- 4 For an example of an initial and comprehensive assessment protocol, see Cork and Kerry Drug and Alcohol Services (2017) *Case management manual 2015*. Cork: Cork and Kerry Drug and Alcohol Services. <https://www.drugsandalcohol.ie/26727/>