SCOPE: County Mental Health/Mental Retardation Programs

PURPOSE

1. To implement new community mental health services cost centers for Community Treatment Teams, Psychiatric Rehabilitation and Children's Psychosocial Rehabilitation Services.

2. To issue a consolidated listing of cost center definitions for county MH/MR programs.

BACKGROUND

Since the last revision of the Account Structure Manual for County Mental Health and Mental Retardation Programs (July 1, 1990), cost center definitions have been revised twice to allow for appropriate reporting and monitoring of expenditure and service information for a number of new community mental health services, including Family-Based Mental Health Services, Resource Coordination, Administrative Management, Housing Support Services, Emergency Services, and Mental Health Crisis Intervention Services. In addition, it is now necessary to implement cost centers for three new community mental health services, Community Treatment Teams, Psychiatric Rehabilitation and Children's Psychosocial Rehabilitation Services.

Individual county programs and service providers may not use the new Community Treatment Teams and Psychiatric Rehabilitation cost centers prior to the effective date of their DPW licenses for these services. Community Treatment Team services, Psychiatric Rehabilitation services, and Children's Psychosocial Rehabilitation will require no county matching, funds.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

OMH Area Offices
APPLICATION:

This Bulletin replaces Section 3.0 of the Account Structure Manual for County Mental Health and Mental Retardation Programs, Mental Health Bulletin 4300-90-01. It also replaces Mental Health Bulletins OMH-92-03 and OMH-93-06. The effective date is July 1, 1994. Reporting of County MH/MR Program costs must conform with the cost centers as presented in this Bulletin on the Income and Expenditure Report for fiscal year 1994-95.

COST CENTER DEFINITIONS:

3.1 Administrator's Office (Both MH and MR)

This cost center is defined for purposes of the account structure as referring to activities and services provided by the Administrator's Office of the County MH/MR Program. The activities include:

a. The general administrative, programmatic, and fiscal responsibility for the county MH/MR program;

b. Development of planning documents addressing the county program needs, local planning efforts, and other information pertinent to planning for and providing a more adequate service delivery system;

c. Research projects, the evaluation of program effectiveness, the analysis of programmatic needs of specific target groups, and the determination of the availability of services to the general public of the catchment area;

d. Continuing relationships with the county MH/MR board, regional and central offices, contracted service providers, and family and consumer groups;

e. The initiation of guardianship proceedings;

f. The activities of the County MH/MR Board.

Note: Emergency commitments handled by the staff of the Administrator's Office are activities reported within the cost center entitled "Emergency Services."

3.2 Community Services (Both MH and MR)

The cost of Programs and activities made available by any staff member to community or human service agencies, professional personnel, and the general public concerning mental illness or mental retardation, in order to increase general awareness or knowledge about these disabilities or to prevent them, are included in this cost center. Prevention and consultation and education services are also included in this cost center:

a. Advice and expertise given to professionals or other human service agencies concerning mental health or mental retardation by a staff member of the county program in order to extend knowledge concerning these disabilities to other parties;

b. Educational information given to the general public or other community agencies concerning the services available from the county program;
c. Activities and programs developed to reduce the incidence of mental illness or mental retardation, such as community awareness or programs to prevent mental disability or to reduce the incidence or severity of it;

d. Activities designed to help the general public accept individuals with mental disabilities as they reenter the community and to increase the public's responsiveness to the needs of these people;

e. Activities designed to develop community resources to meet the needs of the mentally disabled;

3.4 Intensive Case Management (MH Only)

Intensive Case Management services provide assistance to persons with serious and persistent mental illness and children at risk of serious mental illness in a variety of ways to gain access to needed resources such as medical, social, educational, and other services through natural supports, generic community resources and specialized mental health treatment, rehabilitation and support services. Staff are located in separate and identifiable intensive case management units where case managers are limited to assisting a maximum of 30 persons and they or a designee are available to these persons 24 hours per day, seven days per week. Only those services that are part of an approved rebudget/county plan may be reported under this cost center. This service is expected to achieve specific outcomes of independence of living, vocational/educational participation, adequate social supports and reduced hospitalization. The activities include:

a. Assessment and understanding of the consumer's history and present life situation;

b. Service planning, based on the consumer's strengths and desires, to include any activities necessary to enable the consumer to live as an integral part of the community;

c. Aggressive and creative attempts to help the consumer gain access to resources and required services identified in the treatment or service plan;

d. Monitoring of service delivery;

e. Problem resolution, to include direct, active efforts in advocacy to assist the consumer in gaining access to needed services and entitlements;

f. Use of community resources, to include assistance to persons in identifying, accessing and learning to use community resources. This will be done by providing information or for the purpose of assessing the person's need for referral to an appropriate agency;

g. Informal support network building.

Most of these services should be provided at the site of their natural occurrence (i.e. the consumer's home, the workplace, community service agency, school, or any other natural community setting) as opposed to the Case Manager's office.
3.5 **Case management (MR Only)**

This cost center refers to a set of separate, interconnected staff functions intended to assure appropriate and timely use of available generic and specialized services to best address the needs of individual clients. The case management service is also to be available for crisis situations 24 hours a day, 7 days a week at the location where the client resides or needs services.

Case management activities may include:

a. outreach;
b. referral of services;
c. assessment of clients, with the client's input, for the purpose of developing an individualized service plan;
d. certification of disability;
e. development of periodic review with the client of an individualized service plan;
f. coordination of service planning with State Mental Hospitals and Mental Retardation Centers;
g. coordination and management of the service plan;
h. provision of supportive services to clients and their families and other caretakers to include problem resolution and accessing specialized services, generic services and benefits;
i. a process to assure that clients receive the appropriate quality, type, and level of services needed;
j. contact with family, friends and other community members to develop or enhance the client's natural support network;
k. monitoring/safeguarding the use of client funds;
l. monitoring of the service plan implementation;
m. client advocacy.

3.6 **Outpatient (MH Only)**

This cost center applies to treatment oriented services provided to a client who is not admitted to a hospital, institution, or community mental health facility for twenty-four hour a day service. These services may be provided to an individual or his/her family and may include services prior to or after inpatient or institutional care has been provided. As part of a client's designated treatment plan, these services may be provided by the county program or purchased through a contract with an agency. The activities include:

a. Psychiatric, psychological, or psycho-social therapy.
b. Supportive counseling for the client's family, friends and other interested community persons.
c. Individual or group therapy.
d. Treatment plan development, review and reevaluation of a client's progress.
e. Psychiatric services, including evaluation, medication clinic visit, and medical treatment required as part of the treatment of the psychiatric service.
f. Psychological testing and assessment.
3.7 **Psychiatric Inpatient Hospitalization (MH Only)**

This cost center applies to treatment or services provided an individual in need of twenty-four hour continuous psychiatric hospitalization. The activities include care in a licensed psychiatric inpatient facility for the purpose of:

- a. Diagnostic study or evaluation.
- b. Intensive psychiatric inpatient treatment at the onset of an illness, or under periods of stress.
- c. Close supervision necessitated by the inability of a person to function independently.
- d. Treating medical needs associated with the psychiatric inpatient treatment, medication stabilization, and intensive services required as part of the psychiatric inpatient treatment program.

3.8 **Partial Hospitalization (MH Only)**

This cost center is to be used for non-residential treatment services licensed by the Office of Mental Health for persons with moderate to severe mental illness and children and adolescents with serious emotional disturbance who require less than 24 hour continuous care but require more intensive and comprehensive services than are offered in outpatient treatment. Partial hospitalization services may be: 1) a day service designed for persons able to return to their home in the evening, 2) an evening service designed for persons working and/or in residential care, 3) a weekend program and/or 4) a day or evening program in conjunction with school. The activities include:

- a. Medical, psychiatric, psychological and psycho-social treatment services, including individual, family, and group psychotherapy.
- b. Health education, to include basic physical and mental health information; nutrition information and assistance in purchasing and preparing food, personal hygiene instruction; basic health care information, child care information and family planning information and referral; information on prescribed medications.
- c. Instruction in the basic care of the home or residence for daily living, and in age appropriate developmental skills.
- d. Instruction in basic personal financial management for daily living.
- e. Medication administration and evaluation.
- f. Social interaction and pre-vocational service instruction.
- g. Crisis counseling.

3.9 **Early Intervention (MR Only)**

The delivery of authorized educational/developmental/therapeutic service to preschool handicapped or at risk children and their families either in the home of the child, a classroom, a center, a day care or head start classroom, or a group day care home. Early intervention programs include activities and services designed to: 1) facilitate the intellectual, emotional, physical, mental, social, language development of the child, and 2) encourage the participation of the parents of the clients in the development and operation of any such program.
3.10 Mental Health Crisis Intervention Services (MH Only)

Mental Health Crisis Intervention Services are immediate, crisis-oriented services designed to ameliorate or resolve precipitating stress, which are provided to adults or children and their families who exhibit an acute problem of disturbed thought, behavior, mood or social relationships. The services provide rapid response to crisis situations, which threaten the well-being of the individual or others. Mental Health Crisis Intervention Services include intervention, assessment, counseling, screening and disposition services in the following categories:

a. telephone crisis services,
b. walk-in crisis services,
c. individual mobile crisis services,
d. team mobile crisis services,
e. medical-mobile crisis services, and
f. crisis residential services,

The telephone service must be available 24 hours a day, seven days a week. A crisis service may extend to petitioning for commitment but may not include the delegate functions of review, approval or disapproval, bed searches, and other functions which may occur after the petition is completed and submitted. These delegate functions are always to be considered emergency services, and reported in the Emergency Services cost center.

Only those services licensed as Mental Health Crisis Intervention Services by the Office of Mental Health, Department of Public Welfare may be reported under this cost center.

3.11 Adult Developmental Training (ADT) (Both MH and MR)

Community-based programs designed to facilitate the acquisition of prevocational, behavioral activities of daily living, and independent living skills. As a prerequisite for work-oriented programming, ADT programs concentrate on cognitive development, affective development, communication development, physical development, and working skills development. Adult development training programs are provided in facilities licensed under the Chapter 2380 regulations (Adult Day Care Centers).

3.12 Community Employment and Employment Related Services (Both MH and MR)

Employment in a community setting or employment-related programs which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry or other work sites within the community. Included are competitive employment, supported/supportive employment, and industry-integrated vocational programs such as work stations in industry, transitional training, mobile work forces, enclaves, affirmative industries/business, and placement and follow-up services.
3.13 **Facility Based Vocational Rehabilitation Services (Both MH and MR)**

Programs designed to provide remunerative development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality. Sheltered workshop programs include vocational evaluation, personal work adjustment training, work activity training, and regular work training and are provided in facilities licensed under the Chapter 2390 regulations (Vocational Facilities).

3.14 **Social Rehabilitation Services (MH Only)**

Programs designed to provide remunerative development and vocational training within a community-based, specialized facility (sheltered workshop) using work as the primary modality. Sheltered workshop programs include vocational evaluation, personal work adjustment training, work activity training, and regular work training and are provided in facilities licensed under the Chapter 2390 regulations (Vocational Facilities).

This cost center refers to programs or activities designed to teach or improve self-care personal behavior and social adjustment for persons with a mental disability. These social rehabilitative activities are intended to make community or independent living possible by increasing the person's level of social competency and by decreasing the need for structured supervision. The activities include:

a. Social skills development to enhance habits, attitudes, and social skills.

b. Cognitive development, affective development, communication development, physical skills development services.

c. Activities of daily living skills development.

d. Educational services and general skill levels to enhance employability.

e. Consumer drop-in centers.

Note: Services for children and adolescents may no longer be reported in this cost center. See 3.25, Children's Psychosocial Rehabilitation Services.

3.15 **Family Support Services (Both MH and MR)**

This cost center refers to supportive services designed to enable persons with mental illness or mental retardation, children and adolescents with or at risk of serious emotional disturbance, and their families, to be maintained at home with minimal stress or disruption to the family unit, and supports which enable the person to live independently in the community. For mental retardation services, these community supports are defined in the Chapter 6350 Regulations and subsequent policy statements. This cost center does not include Family-Based Mental Health Services.

3.16 **Community Residential Services (Both MH and MR)**

The Community Residential Services cost center applies to care, treatment, rehabilitation, habilitation, and social and personal development services provided to persons in a community based residential program which is a licensed or specifically Department approved community residential agency or Home. Community residential services are intended for persons capable of benefiting from social and personal development services away from their own homes or family, or for children and adolescents with serious emotional disturbance who cannot be maintained in their own home. The services include, but are not limited to:
a. Community residential rehabilitation services;
b. Community residential facilities;
c. Family living homes and host homes;
d. Long-term structured residences
e. Residential Treatment Facilities,

This cost center does not include mental health Housing Support Services or Crisis Residential Services.

3.17 Family-Based Mental Health Services (MH Only)

Comprehensive services designed to assist families in caring for their children or adolescents with emotional disturbances at home. This is a discrete Department of Public Welfare/Office of Mental Health licensed program which offers mental health treatment, casework services, and family support. Services are available 24 hours a day, seven days a week, for up to 32 weeks, and longer if medically necessary. Family-Based Mental Health Services are team delivered by mental health professionals and mental health workers primarily in the family home. The costs of all services provided with Family-Based Mental Health Services funds to families enrolled in the Family-Based program should be reported in this cost center.

3.19 Resource Coordination (MH Only)

Resource Coordination services are targeted to adults with serious and persistent mental illness and children and adolescents with serious mental illness or emotional disturbance who do not need the intensity and frequency of contacts provided through Intensive Case Management Services, but who do need assistance in accessing, coordinating, and monitoring of resources and services. Services are provided to assess individuals' strengths and needs, and to assist them in accessing resources and services that build upon strengths and meet needs in order to achieve stability in the community. Caseloads may not exceed 75 for adults or 40 for children and adolescents. Services are separate and identifiable within a provider agency designated by the county Program Administrator. Only those services that are identified separately from Intensive Case Management and Administrative Management and are approved by the Office of Mental Health, Department of Public Welfare, may be reported under this cost center. Activities include:

a. Assessment and understanding of the consumer's history and present life situation;
b. Service planning, based on the consumer's strengths, needs and interests;
c. Identifying, linking, coordinating and monitoring resources and services wanted and needed by consumers;
d. Providing assistance in accessing needed entitlements;
e. Coordination of service planning with state mental hospitals and other out-of-home placement facilities with other systems;
f. Provision of supportive listening and guidance in problem-solving to consumers, their families and significant others;
g. Contact with family, friends, school personnel and significant others to develop or enhance the consumer's natural support network;
h. Identifying and helping to create services and resources which do not exist for individual consumers;

i. Discharge planning when resource coordination services are no longer wanted or needed.

3.20 Administrative Management (MH Only)

The Administrative Management cost center applies to those activities and administrative functions undertaken by staff in order to ensure intake into the county mental health system and the appropriate and timely use of available resources and specialized services to best address the needs of individuals seeking assistance. Services are available for all persons who have a mental health diagnosis (DSM 111-R or subsequent revisions, or ICD-9) for the purposes of facilitating and monitoring a person’s access to mental health services and community resources. The activities include, but are not limited to:

a. Processing of intake into the Base Service Unit;

b. Verification of disability;

c. Liability determination;

d. Authorization for services;

e. Monitoring of service delivery through review of evaluations, progress notes, treatment/service plans, and other written documentation of services;

f. Maintenance of records and case files;

g. On an occasional and situational basis, administrative case managers may provide some direct service to individuals as described below:
   1. Coordination of service planning with state mental hospitals and other out-of-home placement facilities with other systems;
   2. Provision of supportive listening and guidance in problem-solving to consumers, their families and significant others;
   3. Contact with family, friends, school personnel and significant others to develop or enhance the consumer's natural support network;
   4. Advocacy efforts to improve consumers' life situations, promote consumer choice, improve services, eliminate stigma, etc.

3.21 Emergency Services (MH Only)

This cost center applies to those emergency related activities and administrative functions undertaken to proceed after a petition for voluntary or involuntary commitment has been completed, including any involvement by staff of the County Administrator's Office in this process. Activities include, but are not limited to:
a. Delegate services;
b. Emergency psychiatric evaluations provided to a consumer to determine the need for psychiatric inpatient care;
c. Bed searches;
d. Emergency transportation;
e. Legal fees associated with the commitment process.

3.22 Housing Support Services (MH Only)

Housing Support Services are services provided to mental health consumers which enable the recipient to access and retain permanent, decent, affordable housing, acceptable to them. They are provided by county MH program housing specialists or other staff designated by the county program. Services are generally time-limited and intended to address a specific issue.

Housing Support Services include the following:

a. Housing location assistance;
b. Roommate assistance;
c. Renter skills training;
d. Emergency rent or utility payments;
e. Landlord/tenant negotiations;
f. Rent guarantees;
g. Security deposits for rent or utilities;
h. Furniture and household goods;
i. Moving assistance;
j. Repair guarantees;
k. Interim rent assistance;
l. Assistance in obtaining housing benefits.

3.23 Community Treatment Teams (MH Only)

Community Treatment Teams are a direct care service which merges clinical, rehabilitation and support staff expertise within one service delivery team. Community Treatment Team services are targeted for those persons who have not achieved and maintained health and stability in the community, and who would continue to experience hospitalization, incarceration, psychiatric emergencies and/or homelessness without these services. This cost center refers to those services specifically licensed by the Office of Mental Health as Community Treatment Team services.

3.24 Psychiatric Rehabilitation (MH Only)

Psychiatric rehabilitation assists persons with long-term psychiatric disabilities to develop, enhance, and/or retain: psychiatric stability, social competencies, personal and emotional adjustment and/or independent living competencies so that they experience more success and satisfaction in the environment of their choice and can function as independently as possible. Interventions may occur within a program facility or in community settings. This cost center applies to site-based and mobile services specifically licensed by the Office of Mental Health as Psychiatric Rehabilitation. This service is intended primarily for adults.
3.25 Children’s Psychosocial Rehabilitation Services (MH Only)

Children’s Psychosocial Rehabilitation Services are designed to assist a child or adolescent (birth to age 21) to develop stability and improved capacity to function in family, school and community settings. This may occur through training, support or intervention in the areas of problem solving and coping skills; social and interpersonal relationship skills; effective and appropriate communication of emotions, concerns and personal issues; behavior management; and community living. Services may be delivered to the child or adolescent in the home, school, community or a residential care setting.

3.98 Other Services (Both MH and MR)

This cost center refers to those activities or miscellaneous programs which could not be appropriately included in any of the previously cited cost centers. The specific activity or activities reported in this cost center must be described on all reporting forms submitted to the Department of Public Welfare. Use of this cost center requires prior approval from the Department.