



Adult Mental Health Residential Program

Scope of Services

This level of care offers psychiatric treatment, substance use treatment, and psychiatric rehabilitation services with the goal of reintegrating members into the larger community. The treatment services include a range of assessments and individual and group therapies using evidence-based practices, medication management, peer support, and other core services provided by a multidisciplinary team. On-site staffing is provided daily from 8:00 a.m. until 9:00 p.m., augmented by a 24/7 on-call support coaching and crisis response system staffed by counselors and backed up by clinicians and psychiatric staff.

The program includes levels of support defined by the respective individualized treatment plan and skill development needed. As goals are met, the individual receives more independence in utilizing skills learned, and the level of support needed decreases in response to a person's readiness for independence. This includes reduction in individual therapy sessions, group sessions, and case management activities.

Expected Outcomes:

1. Reduction of the effects of trauma on the person's ability to function in the community
2. Improved ability to interact appropriately with peers, family, and community supports
3. Increased adaptive skills that lead to more independent living
4. Improved ability to handle frustration and increased distress tolerance threshold
5. Increased pro-social behaviors
6. Decreased reliance on higher levels of behavioral health care
7. Increased ability to access and utilize community resources
8. Increased engagement with family and natural supports aimed at self-sufficiency
9. Educational and vocational development
10. Demonstrated readiness to integrate into the broader community
11. Improved scores on the DLA20

Admission Criteria: (must meet all criteria):

- A. The person is at least 18 years old and has a current psychiatric diagnosis or co-occurring substance use disorder that causes significant functional and psychosocial impairment.
- B. The functional impairments are due to their psychiatric or co-occurring substance use disorder and require a structured and supportive setting.
- C. The Comprehensive Biopsychosocial Evaluation/Re-evaluation (CBE/CBR) completed by the referring licensed Psychiatrist or licensed Psychologist has made the recommendation for the person to be

admitted to this level of care with a reasonable expectation that they can be safely managed in this setting.

- D. The person has been assessed to need skill development in at least two of following three domains:
 - 1. Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, the ability to follow rules/obey laws and to avoid being victimized.
 - 2. Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone
 - 3. Conceptual Skills—self-directed care, expressive language, processing and understanding concepts, direction, etc.
- E. The impairments requiring skill development are not primarily due to intellectual disability, cognitive disorder, or traumatic brain injury.
- F. The person can be expected to reasonably participate in program guidelines, has adaptive skills that do not require 24/7 support from staff, can accept the level of supervision that is provided, and has the cognitive and behavioral capacity to actively participate in the treatment provided.
- G. The person does not have an active substance use disorder that meets criteria for residential rehabilitation services.
- H. The person does not have a history of aggression that would be reasonably likely to put others at physical or sexual risk while they are in an intermittently unsupervised setting.
- I. The services are not primarily domiciliary or custodial and include active treatment even when the individual is awaiting referral to a different level of service.

Continued Stay Criteria (must meet criteria A, B, or C)

- A. There is a persistence of symptoms which meet admission criteria.
- B. There is a reasonable expectation that withdrawal of this level of care will result in rapid decompensation or the re-occurrence of behaviors which cannot be managed in a less intensive treatment setting.
- C. There is evidence that current available community resources and social supports do not effectively meet the needs of the person relative to safety, active participation in treatment, supervision, stabilization, recovery, and rehabilitation.

Discharge Criteria (must meet criteria A, B, or C)

- A. The symptoms, functional impairments, and coexisting conditions that necessitated admission or continued stay have diminished in severity, and the person can continue to recover in a less intensive level of care.
- B. A viable discharge plan, including a crisis plan, that is based on recovery principles has been developed and shared with the person and their appropriate supports and community resources.
- C. The person exhibits behaviors or symptoms that cannot be safely managed in this level of care warranting a referral to a more intensive level of care.