Community Treatment Teams

Program Description

The Community Treatment Teams are a comprehensive community-based service delivery model for providing supports and treatment to persons with co-occurring behavioral health diagnoses. The teams have an accountable, mobile multi-disciplinary staff that functions interchangeably to provide treatment, rehabilitation, support, and crisis intervention 24 hours per day, 7 days per week. Services are tailored to each person's needs and are primarily provided in the person's home or other places in the community. The Community Treatment program targets individuals with the greatest need, including people who have major symptoms that improve only partially, or not at all, with medication and other traditional treatments. The intent is to help persons with severe and persistent mental illness and/co-occurring behavioral health diagnoses live as autonomously as possible. Environmental Matrix (EM) score needs to be 3.5 or above.

Specifically, this program is designed to provide behavioral and mental health treatment services to individuals with a history of psychiatric and behavioral challenges. The program provides a community-based, highly supported environment to enhance the stabilization of mental illness and to encourage appropriate social behaviors. The amount of staff support is tailored to each person's needs. Clinical services are integrated within the community-based team, to allow a rapid response to manage behavioral crises that may have historically led to hospitalization and institutionalization. This includes an assessment of each client's strengths and difficulties and then the development of individualized plans to provide active treatment using positive, strengths-based, and development enhancing approaches. The multi-disciplinary treatment team has clearly defined roles for specialists, and all team members share responsibility to perform the variety of activities necessary to support the individual(s).

Targeted outcomes for each individual include the ability to understand, accept, anticipate, and manage their psychiatric and behavioral challenges as well as the ability to utilize community-based services and supports. This is seen through the decrease in frequency and length of hospitalizations and or crisis events in the life of the individual. As management skills increase, the individual can focus on the rehabilitation activities that allow increased independence and reintegration into the broader community. The ability to know one's strengths and vulnerabilities, coupled with acquiring the skills to cope and grow in the community are key components to a successful life.

Admissions Criteria

Individuals are eligible for Community Treatment Services if the following criteria (diagnosis, treatment/social history and functioning level are met:

A. Primary diagnosis of Schizophrenia Spectrum and Other Psychotic Disorders or Mood Disorder. Individuals diagnosed with a secondary personality disorder may also be considered for CTT.

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- **B.** Treatment/social history—three of the following:
 - 1. At least 3 or more acute episodes of psychiatric inpatient, or
 - **2.** 30 days or more admission to an acute psychiatric unit or state mental hospital, during the last 12 months; or
 - **3.** Currently does not receive mental health services despite documented efforts to engage the member by a licensed mental health or approved case management provider for at least thirty days, and supporting documentation that without mental health treatment and support, the member's personal well-being and stability will be jeopardized; or
 - **4.** Three or more face-to-face contacts with crisis intervention/emergency services personnel within the past 12 months; or
 - **5.** Homelessness, as defined by sleeping in shelters or in places not meant for human habitation (such as cars, parks, sidewalks, or abandoned buildings); or
 - 6. Placed on probation, parole or in a jail diversion program within the past 6 months
 - 7. Individuals either discharged or preparing for discharge from a state hospital
 - **8.** Coexisting diagnosis of substance use disorder, intellectual disability, immunocompromised, or developmental, medical, and/or physical disability.
- C. Functioning Level
 - 1. Environmental Matrix level 3.5 or above
- **D.** The individual is designated appropriate for community treatment team services by a physician or other licensed practitioner of the healing arts, within the scope of practice under state law.

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Exceptions

An individual who needs to receive community treatment team services but who does not meet the requirements of this section is eligible for community treatment team services upon review and recommendation by the county administrator and written approval by the Department's area office of mental health.

Continued Stay Criteria

- **A.** Individual's condition continues to meet admission criteria and there is reasonable expectation, based on the individual's current condition and past history, that withdrawal of CTT will impede improvement or result in rapid exacerbation or recurrence of symptoms or behaviors that cannot be managed in a less intensive level of support.
- **B.** Validated DSM-5 which remains the principal diagnosis, and continued symptomatology affecting the individual's ability to function in the community and to access and utilize traditional treatment services.
- **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

Community treatment team services may be terminated under the following conditions:

- **A.** The member is not under involuntary commitment to Community Treatment Team services.
- **B.** The member and the team determine that Community Treatment Team services are no longer wanted or needed based on the attainment of goals identified in the member's treatment plan, so long as termination is not in violation of the provisions set forth in § 5215.21 on Member Rights.
- **C.** The member moves from the county. With the member's consent, the team shall make referral to the mental health authority in the new place of residence.
- **D.** The member it sentenced to state incarceration.
- **E.** The member is deceased.