

ATTACHMENT D 1

5. Transition to Independence Program Interim Study- Flow Chart- Definitions for the Public Mental Health System

DEFINITIONS FOR THE PUBLIC MENTAL HEALTH SYSTEM

Acute Treatment: Acute treatment, provided by a range of mental health professionals including social workers, psychologists, and case managers, refers to individual, group, and family therapy that is generally short-term in nature. Therapists use varied approaches to therapy including cognitive-behavioral, Gestalt, and psychodynamic techniques. When appropriate and with permission of the consumer, family members and/or significant others are involved in therapy to enhance the process.

Alcohol and Drug Addiction Services: These services, provided to adults and adolescents, include addiction evaluation; intensive outpatient programs; day treatment; individual, group, & family therapy; pre-treatment programs; and the treatment recidivist program which includes social detoxification, short-term residential, and a case manager aide program.

— **Care Coordination:** Care coordination assists children with serious emotional disturbances and their parents with accessing the various services they need and helps them make informed choices about opportunities and services in the community. The care coordinator helps ensure the child and parents receive timely access to needed assistance, provides encouragement and opportunities for self-help activities, and provides overall coordination of services enabling the child and parents to meet their own goals.

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— **Case Aide:** This service is designed to provide behavioral management assistance and role modeling. Case aides help individuals stabilize, reduce, and eliminate undesirable behaviors that put them at risk of being served in restrictive settings. Case aides also help individuals observe and learn appropriate behavioral responses to situations that trigger their symptoms.

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Case Management: Case management assists consumers with accessing the various services they need and want, and helping them make informed choices about opportunities and services in the community. The case manager helps ensure the consumer receives timely access to needed assistance, provides encouragement and opportunities for self-help activities, and provides overall coordination of services enabling the consumer to meet their goals. Case management is provided in the environment of the consumer's choice.

Child and Family Team: The Child and Family team consists of the child, family and those persons most pertinent in the life of the child and family, as determined by the family in most instances. The Child and Family team meets to identify family strengths, needs, risks and resources to reduce and/or eliminate the risk of removal from the home, reunification, emotional and educational needs, child

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abuse and neglect and ensure the safety, permanency and well-being of children and families.

—**Crisis Residential Services:** This service provides a short-term, safe place to stabilize behaviors in a 24-hour supervised setting. The goal is to promote rapid stabilization and return to the home or community.

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—**Flexible Funding:** This service is available when no other resources are available to meet specific needs and threaten the child's ability to remain in the least restrictive setting.

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Life Domains:

- Basic Needs:** food, shelter, transportation, habitability of housing, personal hygiene
SSRA Factors: Severity and/or frequency of neglect (5). Condition of Home (7), Income (16)
- Social/Recreational:** activities within the family and the community such as sports, clubs, friends, interests, hobbies, relaxation, fun times
SSRA Factors: Caregiver ability to problem solve and access service (13), Strength of support systems (15)
- Family:** family constellation, relationships among family members, values, parenting skills, discipline, supervision, extended family resources, and strengths. Discuss foster family if relevant. Discuss abuse/neglect issues if relevant
SSRA Factors: Child's ability to protect or care for self (1), Severity and/or frequency of abuse (4), Severity of frequency of neglect (5), Location of injury (6), Caregiver's alcohol and drug use (8), Caregivers parenting skills (9), Caregiver's supervision of children under 10 (11), Caregiver's methods for discipline and punishment of child (10), Caregiver's level of cooperation (12), Strength of family system (14), Strength of support systems (15), Previous history of abuse/neglect (17), Caregiver's anti-social, violent, or criminal activity (19), Subject's access to child (20), Presence of parent substitute (21)
- Education/Vocational:** academic and vocational functioning, education placement (LD, ED), volunteerism, educational activities, occupational status, access, skills, attendance, special needs
SSRA Factors: Child's Behavior (3), Severity and/or frequency of neglect (5), Caregiver's parenting skills (9)
- Financial/Economic:** financial resources and money management issues
SSRA Factors: Severity and/or frequency of neglect (5), Income (16)

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6. **Community:** community resources for family, current uses, needs, or wants. Behavior in the community, acceptance by community, including any community safety issues

SSRA Factors: Caregiver's ability to problem solve and access services (13), Strength of family system (14)

7. **Physical Health:** physical health, dental health, significant past medical information, medication regimen, health needs and/or equipment

SSRA Factors: Child's ability to protect or care for self (1), Severity and/or frequency of abuse (4), Severity and/or frequency of neglect (5), Location of injury (6), Condition of home (7), Caregiver's physical, intellectual, emotional abilities (18)

8. **Legal:** significant involvement with legal system and current status

SSRA Factors: Caregiver's anti-social, violent, or criminal activity (19), Subject's access to child (20)

9. **Emotional/Behavioral:** significant psychiatric/psychological history of family, functioning level and needs. Discuss any alcohol/other drug issues if relevant

SSRA Factors: Child's mental health (2), Child's behavior (3), Severity and/or frequency of neglect (5), Caregiver's alcohol and drug use (8), Caregiver's physical intellectual, emotional abilities (18)

10. **Spiritual/Cultural:** describe religious or spiritual beliefs, values, practices, and support including ethnic or national traditions important to the family.

SSRA Factors: Strength of family system (14), Strength of support systems (15)

Outreach: The service areas for eight regional human service centers range from three to ten counties. Each center has staff traveling to outlying rural communities and Native American reservations to provide mental health services.

Psychological Services: These services, under the direction of a full-time licensed psychologist, include psychological evaluations, psychotherapy, and case and program consultation. Psychologists assist in developing treatment plans and diagnosing persons with mental illnesses.

Psychosocial Rehabilitation Centers: Psychosocial rehabilitation centers were developed to assist adults who have mental illness with learning appropriate socialization and leisure/recreational skills. Services provided include: social/recreational milieu, information and referral and community awareness activities. Psychosocial rehabilitation centers are open during the day, evenings,

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5. Transition to Independence Program Interim Study- Flow Chart- Definitions for the Public Mental Health System and on weekends, and reach many individuals who do not normally seek services available at the regional human service centers.

Regional Human Service Centers: provide core services to assist and assess the needs of children, parents and foster parents. Children, parents and foster parents are served in the community through a variety of rehabilitation services including:

- crisis stabilization and resolution;
- inpatient services;
- psychiatric/medical management including medication management and other health services;
- social services;
- residential services and supports;
- vocational and educational services and supported employment;
- social and leisure activities;
- evidence-based practice of Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- evidence-based practice of Integrated Dual Disorder Treatment (ITTD)
- Mental Health Recovery

Single Plan of Care (SPOC): The single plan of care is the computerized treatment/service plan that supports the Wraparound Process. The single plan of care is needs driven rather than services driven. The single plan of care is based on team expectations and needs identified by the family. It is strengths-based, comprehensive, flexible, culturally competent, measured by outcomes and written in the family's language. A single plan of care is developed to work toward change through the use of identified community based supports, strengths, needs, risks, goals, and tasks specific for the family with use of formal and natural supports or resources.

State Review Team: The State Review Team is a consumer specific review process incorporating the involved systems and agencies to address challenges, barriers, and gaps preventing appropriate care, services and/or education.

Strengths Discovery: The strengths discovery uses life domains as its framework. Using life domains is a method of organizing the parts of a person's /family's life. They focus on functions and provide direction to interventions and practice. If the case is a referral from a child protection assessment, the life domain used must be related to the safety/risk factor identified in the safety, strength, risk assessment (SSRA). It is important to continue to assess the family's situation throughout the life of the case. Incorporate changes made, goals met, and newly identified needs into each review of the plan.

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—**Substance Abuse/Dual Diagnosis Services:** When a child diagnosed with a severe emotional disturbance requires substance abuse treatment, a substance abuse provider becomes involved in the team process. With enhanced services made available through the SAPT Block Grant funding for adolescent services, service choices for the teams to consider are increased.

Supported Employment (Extended Service): This is a service designed to provide ongoing employment-related support for individuals in supported employment upon completion of training, which may include job development, replacement in the event job loss occurs, job-training contacts, and other support services as needed to maintain employment.

Vocational Rehabilitation: Vocational Rehabilitation provides and/or purchases services that result in competitive employment of eligible individuals with physical or mental impairments. Vocational Rehabilitation services include, but are not limited to, diagnosis and evaluation, vocational counseling and planning, information and referral, adaptive equipment, vocational training, job placement and follow-up.

Wraparound: Wraparound is a process, it is not a program; it is sensitive to the individual strengths and needs of the child and family. It includes people who know the family the best who can lend support and guidance to the family. It includes a plan that will lead to change with identified supports, strengths, needs, risks, goals and tasks specific for that family. It maintains that the family is the expert to their own family; it maintains that the family is the most important resource for their own growth and development; it maintains that the family has their own unique culture, values, morals, beliefs and traditions. Professionals must respect the family.

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