

BERKELEY COMMUNITY MENTAL HEALTH CENTER (BCMHC) OUTPATIENT PROGRAM PLAN 2019

REVIEWED AND UPDATED APRIL 2019

OUR MISSION PHILOSOPHY

The staff of the Berkeley Community Mental Health Center, in partnership with clients, families and their diverse communities, will support the recovery of citizens with mental illness.

OUR PRIORITIES

BCMHC will give priority to adults and children and their families affected by serious mental illnesses and significant emotional disorders. We are committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent and evidence based services possible.

OUR VALUES

Center values have been adopted as follows:

RESPECT FOR THE INDIVIDUAL

Each person is treated with respect and dignity, and is a partner in achieving recovery. We commit ourselves to services that:

- Honor the rights, wishes and needs of each individual
- Promote each individual's quality of life
- Focus on each individual's strengths in the context of his/her own culture
- Foster independence and recovery
- Demonstrate the value of family inclusion and the benefits of strong family support

SUPPORT FOR LOCAL CARE

We believe that people are best served in or near their own homes or the community of their choice. We commit to the availability of a full and flexible array of coordinated services in Berkeley County, and to services that are provided in a healthy environment. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other community services that offer employment, learning, leisure pursuits, and other human or clinical supports.

COMMITMENT TO QUALITY

BCMHC will be an agency worthy of the highest level of public trust. We will provide treatment environments that are safe and therapeutic, and work environments which inspire and promote innovation and creativity. We will hire, train, support, and retain staff who are culturally and linguistically competent, who are committed to the recovery philosophy, and who value continuous learning and research. We will provide services efficiently and effectively, and will strive always to provide interventions that are scientifically proven to support recovery.

DEDICATION TO IMPROVED PUBLIC AWARENESS AND KNOWLEDGE

We believe that people with mental illnesses, victims of trauma, and others who experience severe emotional distress, are often the object of misunderstanding and stigmatizing attitudes. We will work with employers, community agencies, and public media to combat prejudice born of ignorance about mental illness. We will expect our own staff to be leaders in the anti-stigma campaign.

PROGRAM DEFINITION

Outpatient Treatment Program services consist of structured, face-to-face Evidence Based Therapy sessions such that the children and adults served will achieve the goals identified in their Plan of Care (POC). Therapeutic, supportive, and palliative counseling/psychotherapies, based on the client's verbalized strengths, needs, abilities and preferences, offer a process for change, growth, and/or support to maintain stability. The nature, frequency and intensity of services are developed as part of the individualized treatment plan. Among the services provided are: individual therapy, family therapy, group therapy and peer support services. Psychiatric medical/nursing needs and crisis intervention are also provided within this framework. Adjunct services for case management needs in the Center and in the community may include: client and family support groups, substance use disorder groups, financial management, education/vocational/volunteer opportunities, and other social service agencies in the community.

PROGRAM GOALS AND PERFORMANCE TARGETS

The goals of the outpatient treatment program focus on developing, maximizing and supporting the client's abilities to function and improve the quality of his/her life. To this end, recovery issues such as independent living, enhanced coping skills, enhanced interpersonal relationships, educational and vocational opportunities, integration and inclusion in the community, family and support network, and improved satisfaction with life reflect the program's goals in offering a continuous array of community recovery based services. Tracking the effectiveness, efficiency, satisfaction, and access to services provided is essential to continuous program evaluation and development. The following objectives help staff, clients and families to identify and measure the client's progress during the treatment process. The following objectives, embedded into the Center's Strategic Goals and Objectives and corresponding performance targets, will serve to improve Outpatient Treatment Program services.

- Services to children under six years of age will result in positive outcomes/goal achievement. Pediatric Symptom Checklist scores will decrease 10% from admission. (Effectiveness)
- Services for Children and Adolescents, ages 6-18, and Adult clients will result in positive outcomes/goal achievement. Clients' ratings of symptoms, functioning and recovery will be determined by a 10% improvement in DLA-20 score for clients currently enrolled and for those who have discontinued treatment.
- Center will offer rapid access to care for the community served. One-hundred percent of callers in need of an appointment, excluding psychiatric hospital discharge referrals, will be offered an appointment the same day of the request. For those clients being referred by a psychiatric hospital for an initial clinical assessment, they will receive a scheduled appointment within 3 days of hospital discharge. (Accessibility, Effectiveness, Efficiency, Satisfaction)
- 50% of clients treated in crisis services will remain in community settings (versus inpatient care). (Effectiveness)
- 50% of clients receiving IPS services will be competitively employed. (Effectiveness)
- Each clinical employee's annual service hour generation will at minimum meet the benchmark associated with SCDMH goals. (Efficiency)

TARGET POPULATIONS AND AVAILABILITY

The Outpatient Treatment Program is available to persons of any age. It is designed to enhance independence, self-sufficiency and productivity of clients. The program is available to persons with diverse needs, strengths, abilities and preferences. Priority for service is given to children and families with serious emotional disorders and to adults with serious mental illness. Outpatient clients and families are encouraged to participate in treatment plan development and the evaluation of needs during the course of services. Length of participation in program services is dependent on the scope of the client's needs and preferences. Services are adapted to the particular needs of individuals and groups and are provided, but not limited to, clinics, homes, communities, schools, and designated locations. Outpatient programs typically operate Monday through Friday between 8:00 a.m. and 6:00 p.m. at 403 Stoney Landing Road in Moncks Corner. Based on needs of clients and families, the program's hours of operations may vary. The Center's on-call system is available to assist outpatient program clients with emergent needs after office hours, on weekends, and holidays. Supervisors monitor and ensure that adequate resources are available to provide program services at all times.

SERVICE PROVISION

The Program's services are rendered to the client without limitation or discrimination based on race, color, age, religion, gender, disability, sexual orientation, national origin, prior treatment, or criminal record.

Every effort is made to make accommodations for those clients with special needs. Internal accommodations or a referral to an external agency or organization are mechanisms to address persons with special needs. The organizational policy and procedures define mechanisms to ensure access to services for persons with special needs.

In addition to the above, services will be sensitive and relevant to the diversity of the client. Cultural Diversity training for all staff of the center is a priority.

ADMISSION CRITERIA

Outpatient services are available to adults with serious mental illnesses and children/adolescents with serious emotional and behavioral disorders. The levels of intensity and duration of services are based on client needs and treatment goals and are designed to meet individual and family needs. The program has the ability to offer services to address the client's short term needs and needs requiring services over an extended period of time. Additionally, clients may be self-referred or referred by one of our community partners, including: Schools, Primary Care Physicians, Local Emergency Departments and Hospitals, Psychiatric Hospitals, the Departments of Juvenile Justice and Social Services, Other Mental Health and Substance Use disorder Treatment providers, Local Courts and Law Enforcement Agencies, Families, Neighbors, and Concerned Citizens of Berkeley County.

The Center's Access/Mobile Crisis Program performs the majority of assessments for clients entering the organization. For children needing services in BCMHC's School Based Program, the services are initiated by the School Based clinician. Based on the client's needs at the time of admission, outpatient services may be offered. Access/Mobile Crisis and School Based clinicians use defined admission criteria to determine referral to the outpatient program. These include, but are not limited to:

- A psychiatric diagnosis must be in place and client meets the definition of severe, persistent mental illness (SPMI) or serious mental illness (SMI) for adults; or serious emotional behavioral disorder (SED) for children and adolescents.
- The client has a potential for symptom recurrence if not in a supportive environment.
- The client requires significant interventions and support to function or live more independently in his/her own community.

CRITERIA FOR NON-ELIGIBILITY

- Persons living outside Berkeley County are referred to the appropriate mental health center for their county of residence.
- Persons experiencing primary needs of substance abuse, or have urgent medical needs, will be referred for these primary needs prior to admission to outpatient services.
- Persons who are experiencing distress but not endorsing serious mental illness or serious emotional/behavioral disorder may be accepted for assessment to determine appropriateness of center services/referral to community providers.
- Persons having out of network private health insurance with mental health benefits are given the option of referral to providers in their insurance network.
- Persons requesting services solely for an evaluation for the purpose of generating a report for an attorney or court are referred to other providers.
- Persons requesting pastoral counseling or counseling based on a specific spiritual/belief system are referred to other resources. The Center provides services in a manner that respects individual belief systems, but does not offer services founded in schools of thought based in specific belief/spiritual systems.

SCOPE OF SERVICES AVAILABLE

Therapeutic Outpatient Services include individual, family, group and peer support counseling. Recovery concepts are encouraged with each client. The client and family/support system is encouraged to be involved in all aspects of their care. The focus of care is on the whole person, not just an illness. Ancillary services, based on the client's and Family/Support System's needs, may be provided such as: psychiatric medical/nursing services, crisis management and/or access to appropriate medical, social, educational, vocational and other treatment services outside the mental health center.

The Center's therapeutic staff employs models and strategies that are based on current, accepted, evidence-based practices and relevant clinical practice guidelines. All clinicians are trained and supervised for model fidelity in at least one evidence-based practice. These include, but are not limited to, Cognitive-Behavior Therapy, Trauma-Focused Cognitive-Behavior Therapy, Motivation Enhancement Therapies, Dialectical Behavior Therapy, Alternatives for Families-CBT, and Eye Movement Desensitization and Reprocessing.

Services are provided with the intent of supporting the recovery, health and resilience of the clients and family/support systems served through implementation of strategies that reduce symptom severity and restore or improve functioning across multiple domains of living. Improvement in health and functioning is measured using the severity indicators of DSM-5 diagnoses and through scores on the Daily Living Activities-20 measure. As a client's symptoms/functioning change, services are augmented, via a level of care system, to ensure the individual receives the most effective and efficient treatment.

Crisis management is available to the client at all times. The Center maintains an after-hours call system in partnership with a contracted answering service with behavioral health experience. A client or their family may reach the Center's on-call person after hours by dialing the Center phone line. The answering service will answer, identify the needs of the client, and notify the Center on-call staff if needed. The on-call staff person will provide and/or coordinate care to address emergent needs of the client. During regular hours, the person may access crisis services through their assigned therapist. Access/Mobile Crisis Program staff is available to help with these needs as well.

Each person admitted to services is seen by a psychiatrist for initial and ongoing medical assessments. The psychiatrist guides and prescribes the treatment, including any needed pharmacotherapy, according to the medical necessity and with the informed consent of each client/family served. Nursing services may be utilized to help monitor/administer medications in conjunction with the physician's orders.

Activities are provided as needed to assist the client/family in gaining access to appropriate medical treatment, social/community supports, educational, vocational, and other needed services outside the scope of Berkeley Community Mental Health Center through locating, coordinating, and monitoring these necessary and appropriate services. This includes, but is not limited to: primary care physicians, human service agencies, alcohol and drug treatment, educational and vocational needs, and advocacy.

TREATMENT PLANNING AND GOALS

A core component of outpatient programs is a treatment plan which results from the partnership of the client, family, counselor/clinician and psychiatrist, and promotes the recovery concept. Other participants are included as desired by the client and as appropriate to provide comprehensive and coordinated planning. Treatment planning reflects

strengths, needs, abilities and preferences of the client. This multi-disciplinary treatment planning process results in an individualized plan for the client that guides the nature, frequency, duration and content of services. Goals are targeted to address needs on the plan. Throughout the course of treatment, the treatment team - client, family/support system, counselor/therapist, psychiatrist and/or advance practice nurse, other individuals or providers as desired, discuss changes in needs to update this plan and monitor progress toward discharge from the program.

STAFFING PATTERNS AND CREDENTIALS

Staffing patterns of Outpatient Treatment multi-disciplinary teams are generally comprised of master's level counselors, social workers, nurses, nurse practitioners, and psychiatrists. Also bachelor level care coordinators, and certified peer support specialists supplement the treatment team. Staff are credentialed and privileged in the provision of outpatient services through the Center's and Department of Mental Health's Quality Assurance/Improvement Staff Credentialing and Privileging procedure. Where required, staff members are licensed or certified in their discipline (MD, APRN, LPC, LMSW, RN, CPSS, etc.); additionally, many staff members maintain certifications and credentials beyond those licenses. Most staff members are full-time employees of the Department, but some are contracted for their services.

DISCHARGE/TRANSITION PLANNING AND CRITERIA

Discharge planning begins at the time of initial assessment in the Access/Mobile Crisis and School Based Services programs. Within the outpatient program, the client's needs and goals are identified on his/her treatment plan and focus services and treatment in the direction of discharge/transition from the program. The evolving needs of the client reflect his/her readiness for discharge or transition to other service(s) within the Center or community. Center policy and procedure guide the discharge/transition process in a manner that provides and promotes client involvement and continuity of care. Discharge/transition criteria from the Outpatient Treatment Program include:

- Client attainment of goals/objectives
- Needs may be better met by treatment from another program
- Client's choice to leave
- Client abandoned services
- Client incarceration
- Geographic relocation outside Berkeley County
- Client's death

POST DISCHARGE FOLLOW-UP

Clients that are transitioned to another program within the Center will be followed by their clinician to assure continuity of care. Clients discharged from the Center will receive a telephone survey from staff/volunteers after discharge to determine if: their services were effective, they were satisfied with their services, and if further services are desired. Information from these phone calls is given to staff and leadership for purposes of planning and evaluation.

FEES FOR SERVICES

At the time of admission, each client is given a copy of the fees for services. The persons for whom the Center has the capacity to serve are not denied services because of an inability to pay fees. As a DMH facility, the Center's mission is to address the mental health needs of indigent citizens. The Center accepts self-pay and a variety of insurances including Medicaid, Medicare and Tricare. Individuals requesting services covered by an insurance plan that does not reimburse the Center because of provider network limitations are educated about their option to be seen by an in-network provider or be assessed self-pay fees at the Center.

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