

# *Preparing the Adult Mental Health Workforce to Succeed in a Transformed System of Care*

## Service Array and Coordination

**NASMHPD**

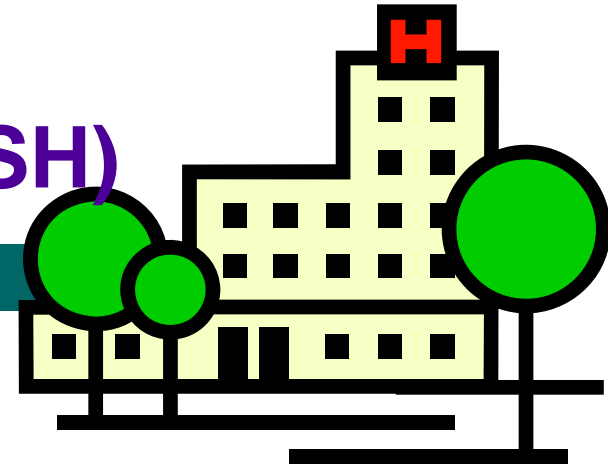
Module VIII  
NASMHPD/OTA Workforce Curriculum  
Module Developed by WICHE – Mental Health  
August 2008

## **Objectives**

At the conclusion of the module, participants will be able to:

- Understand the array of services in state mental health systems of care
- Identify the decision points that help consumers and staff determine the appropriate services and supports needed/desired
- Understand the importance of coordinating treatment and service provision both in one agency and across agencies

## History of State Hospitals (SH)



- **In 1954 there were:**
  - 352 state hospitals
  - 553,979 Residents in SH at the end of the year
  - 178,003 Admissions during the year
- **In 2006:**
  - 228 state hospitals
  - 49,443 beds
  - 177,677 Admissions during the year



**Psychiatry**

*(CMHS Uniform Reporting System, 2006)*

## **Group Discussion**

- What types of services and supports do you think were provided for previously hospitalized consumers in the community 20 years ago?
- Name some services and supports you know about that are available in the community today?

# Community Mental Health

- **The Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963**
- (Public Law 88-164)



(<http://www.columbia.edu/cu/ssw/courses/19993/t6910/deinstitutionalizationmj/Identifying%20Information.htm>)

## **The Legislation Intended to:**

- Give the full benefits of our society to those who have mental disabilities and to prevent MI and MR whenever possible
- Provide early diagnosis and continuous and comprehensive care in the community
- Stimulate improvements in the level of care given for people in institutions and reorient the programs to a community-centered approach

(<http://www.columbia.edu/cu/ssw/courses/19993/t6910/deinstitutionalizationmj/Identifying%20Information.htm>)

## **The Legislation Intended to (con't.):**

- Reduce over a number of years and by hundreds of thousands the persons confined to institutions
- Retain in and return to the community persons with mental disorders - restore and revitalize lives through:
  - better health programs
  - strengthened educational programs
  - rehabilitation services
- Reinforce the will and capacity of our communities to meet these problems

(<http://www.columbia.edu/cu/ssw/courses/19993/t6910/deinstitutionalizationmj/Identifying%20Information.htm>)

## The Act Required – Geographic Decentralization:

- A shift from organizing patients in hospitals by their illness to organizing patients by geographic locations
- More specifically, it was envisioned that state hospitals could be converted into community based mental health centers or into vocational training schools *(Bloom, 1977)*

(<http://www.columbia.edu/cu/ssw/courses/1999-3/t6910/deinstitutionalizationmj/Geographic%20Decentralization.htm>)



## **The Act Required – Essential Services:**

- Inpatient care
- Outpatient care
- Emergency services
- Partial hospitalization
- Consultation and education

(<http://www.columbia.edu/cu/ssw/courses/19993/t6910/deinstitutionalization/mj/Services.htm>)

## The Act Required – Essential Services - Later:

- Five additional services were added: diagnostic services, rehabilitation services, pre-care and aftercare services, training, and research and evaluation
- Ensured access to mental health services and the continuity of care to all persons residing in the various catchment areas, regardless of whether they were able to pay for such services *(Bloom, 1977)*

(<http://www.columbia.edu/cu/ssw/courses/19993/t6910/deinstitutionalizationmj/Services.htm>)

## **Community Mental Health Centers Act of 1975: Public Law 94-63**

This act required the centers to provide the following additional services:

1. Screening of patients prior to admission to state hospitals
2. Follow-up care for those released from mental hospitals
3. Developing transitional living facilities for the mentally ill
4. Providing services for children
5. Providing services for the elderly
6. Providing services for drug abusers

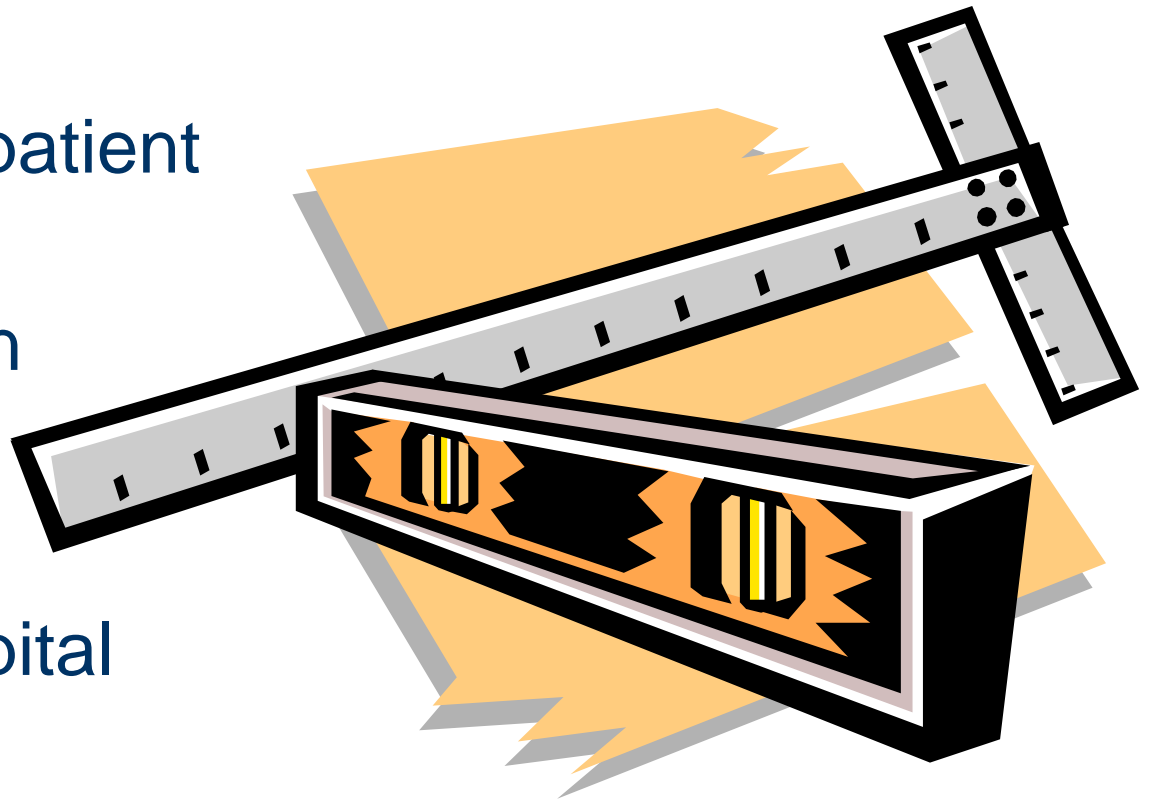
## Currently.....

- Continued emphasis on community-based services
- Increased focus on self-directed care
- Increased focus on quality and outcomes
- Focus on levels of care – the right services at the right time, based on each person's needs

**Understanding that people can and do recover from mental illness**

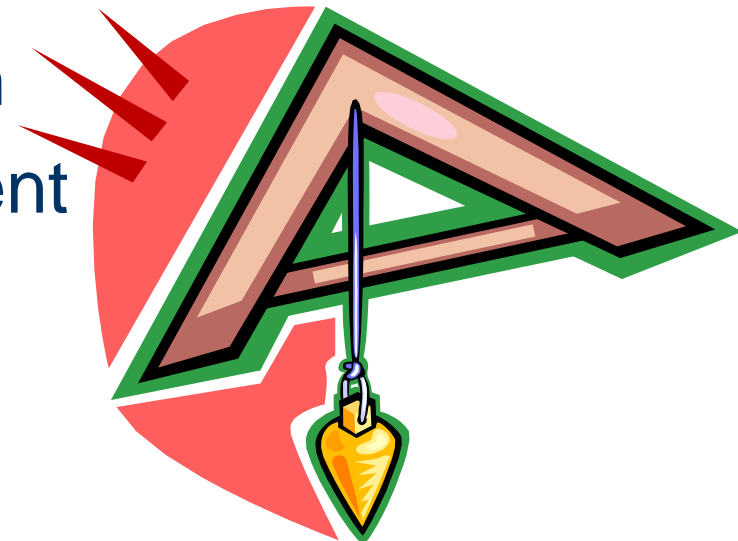
## Traditional Mental Health Services

- Outpatient
- Intensive Outpatient
- Partial Hospitalization
- Residential Treatment
- Inpatient Hospital



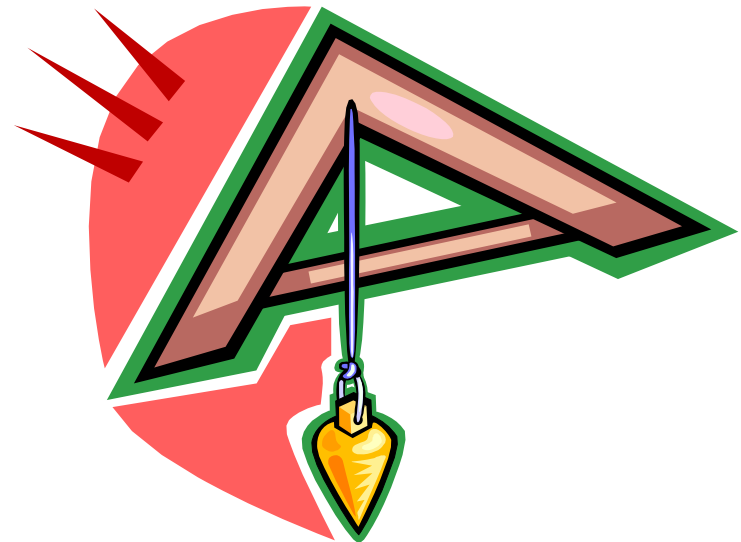
## Services in Service Array

- Informal Community Support – Self-help, Respite, Education
- Formal Community Support - Residential
- Psychosocial Rehabilitation
- Community Based Treatment
  - Outpatient Services
- Crisis and Assessment



## More Services in Service Array

- Community Rehabilitation Services
  - Partial Hospitalization
  - Assertive Community Treatment
- Inpatient
  - Psychiatric Hospitalization
  - 24 Hour Crisis Stabilization
  - Emergency Rooms



## One Consumer's Vision for Broadening the Array of Services and Supports

*I'd provide a range of alternatives for people in distress. I'd offer everything from health food and nutrition to meditation to exercise to art to respite care and more. I'd provide care that is trauma informed and designed to help people tell their story and find healing from trauma. Psych drugs might be available but their use would be time-limited and generally only for crisis times until folks can learn alternatives that have less risk. People would learn to be mentally healthy and not mentally ill...*

*(Pat Risser, User of Services, 2007)*



# **Consumer Operated Service Programs (COSP)**

- Peer Support
- Drop-in Centers
- Self-help Groups
- Mentoring
- Self-help Crisis Alternatives
- Wellness Programs
- Arts Programs
- And Others.....

# Alternative and Emerging Services and Supports

- Nutrition
- Massage
- Exercise – walking, running, bicycling, swimming, etc.
- Arts and Creativity
- Tai Chi / Meditation
- Peer-run Crisis Alternatives
- Peer-run Wellness Centers
- Acupuncture
- Homeopathy

# Decision Making

## ● Recommendation 2.1

- The plan of care will be at the core of the consumer-centered, recovery oriented mental health system
- Providers should develop customized plans in full partnership with consumers

*(New Freedom Commission, 2003)*

- Screening and assessment information informs decisions about how to provide the most appropriate services and supports to the person going forward

# Critical Decision Points



***Consumer Preferences***

**Evaluation**

**Assessment**

***Diagnosis***

**History**

**Resources**

**Medical Co-morbidity**

## Coordination of Mental Health and Support Services

*Stakeholders often note that coordination represents a major issue within mental health treatment as well as between mental health and support services, e.g. the physician prescribing psychotropic medication did not coordinate with the outpatient counselor*

[http://www.mentalhealthcommission.gov/reports/comments\\_011003.doc](http://www.mentalhealthcommission.gov/reports/comments_011003.doc)

## Service Coordination

# Brainstorm

- Internal
  - Key staff...
  - Other programs...
  - Other services...

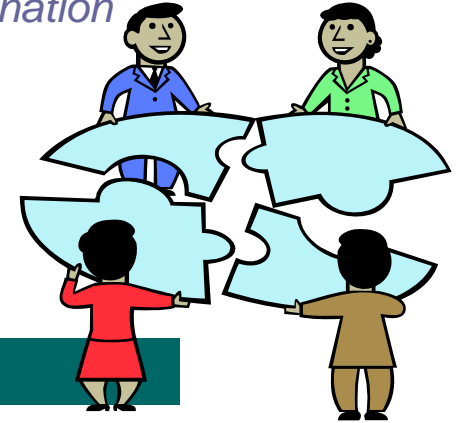


## Service Coordination

# Brainstorm

- External
  - Community agencies...
  - Support systems...
  - Others -- Be specific





## Service Integration

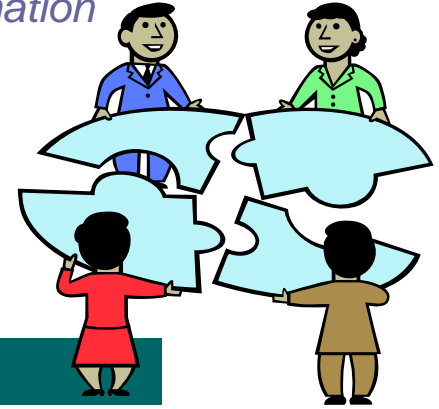
A consumer describes a hodgepodge of services that the consumer is left to navigate alone, when what the consumer really needs is something else entirely:

*There is very little integration between programs. Rather, we as consumers are shifted from one program to another with little continuity. Start at the emergency room to calm down from an acute episode; shifted to an inpatient wing or state hospital; released to a day treatment program; learn skills like pottery and painting and then be released to one's family or the streets or the prison system*

([http://www.mentalhealthcommission.gov/reports/comments\\_011003.doc](http://www.mentalhealthcommission.gov/reports/comments_011003.doc))



## Service Integration



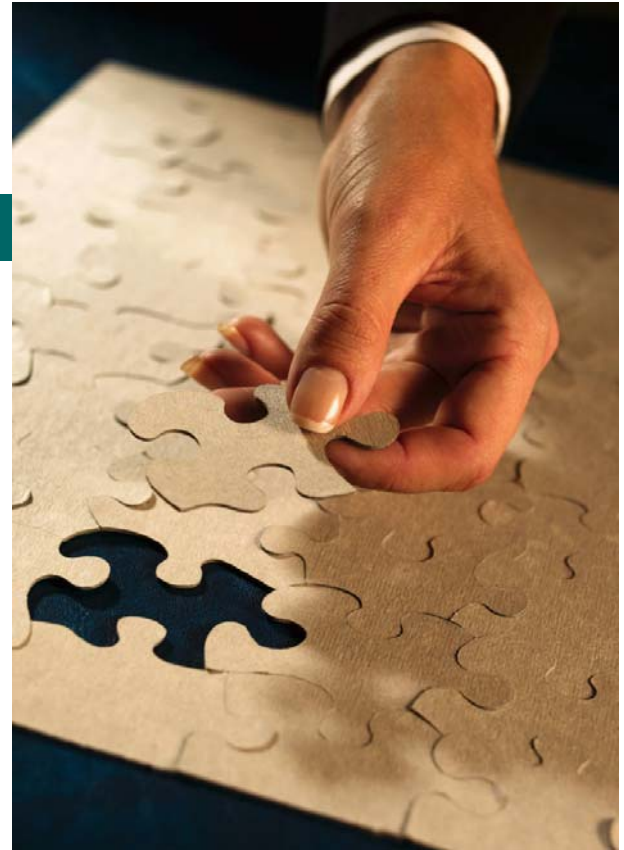
*Then the consumer is expected to find his way into job training or educational programs without a single case manager supervising his progress. What each consumer needs is a single social worker/case manager monitoring one's progress through the system, making sure that a consumer is treated with dignity, offered the best practices available, guided through rehabilitative/recovery services, helped into community based mental healthcare and/or housing, guaranteed supportive psychotherapy and medication management, and employment placement so one can thrive over the long-term*

([http://www.mentalhealthcommission.gov/reports/comments\\_011003.doc](http://www.mentalhealthcommission.gov/reports/comments_011003.doc))

## **True Service Integration**

Bringing all the necessary pieces together...

Without missing any!



## When coordinating and integrating services...remember

- Be careful what **verbal** information you share with others
- Know what types of information are confidential
- Know what and how information can be shared



## When coordinating and integrating services...remember

- Be careful what **written** information you share with others
- Know what types of information are confidential
- Know what and how information can be shared



## **Discussion Vignette # 1**

- A 25-year old female has been referred to you at the local community mental health center. She has just been released from prison and she has a history of trauma and anxiety
  - How would you approach determining her needs and coordinating her care?
  - Who might you call or what systems might you involved to help you determine appropriate treatment?

## **Discussion Vignette # 2**

- You work in a mental health crisis/triage position at a local hospital. A 66 year old man is complaining of headaches and dizziness and reports, “I’m just so tired of all of this”
  - What would you assess first?
  - Who might you contact for more information on prior treatment and other history on this man after he is stabilized?

*“I have learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel”*



*-Maya Angelou  
Novelist, Poet*