

**ELWYN
OUTPATIENT SERVICES
SERVICE DESCRIPTION
PROPOSAL**

Type of Service: Mental Health
Program Location: Chester Upland School of the Arts

Program Director: Jennifer Torrey
Phone Number: 610-891-7056

Satellite Office: 501 W 9th Street
Chester, PA 19013

1. Description

Mental Health Treatment is an array of services for individuals who have experienced symptoms of mental illness. The purpose of the outpatient clinic is to provide therapeutic treatment to reduce the need for more intensive levels of service, including crisis intervention or inpatient hospitalization. Outpatient Services encompasses evaluation and treatment, which includes individual, group and family therapy as well as medication visits and adheres to the philosophy of recovery in that it, affords the opportunity for treatment in the least-restrictive setting.

2. Information about population to be served:

Outpatient services are indicated for children and adults who demonstrate emotional disturbances, mental illness or autism. The program will specialize in diagnostic assessment of children enrolled at the Chester Upland School of the Arts who are suspected to have emotional disturbance, mental illness, or autism.

Program philosophy:

The objective of the psychiatric clinic treatment services is to increase the level of functioning and well-being so that children will require less intensive services. The service may be provided to persons in recovery from a metal illness who require active treatment. Services may be initiated from a variety of sources including children, parents, school district personnel, managed care/insurance providers, physicians and mental health professionals. Only those individuals whose needs can be appropriately addressed are accepted for clinic services.

Elwyn has inculcated CSP and CAASP principles and all services are planned collaboratively with the child's or adolescent's family, the mental health system, the school and other agencies. These principles are summarized in six core statements.

- Person-centered: Services meet the individual needs of the individual, consider the individual's family and community contexts, and are developmentally appropriate, strengths-based and person-specific.

- Family-focused: Services recognize that the family is the primary support system for the child and participates as a full partner in all stages of the decision-making and treatment planning process.
- Community-based: Whenever possible, services are delivered in the individual's home community, drawing on formal and informal resources to promote the successful participation in the community.
- Multi-system: Services are planned in collaboration with all the systems involved in the individual's life.
- Culturally competent: Services recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of the individual's and family's ethnic group.
- Least restrictive/least intrusive: Services take place in settings that are the most appropriate and natural for the individual and are the least restrictive and intrusive available to meet the needs of the person served and family.

Treatment emphasizes early case finding and interventions, which can minimize the effects of mental and emotional difficulties. Individual, group and family psychotherapy is available for all age groups and challenges. Treatment programs coordinate with community agencies and schools to assure easy referral relationships. The outpatient service adheres to, and believes in the following guiding principles

- The uniqueness and dignity of the member should govern service decisions. Individualized service plans should reflect the individual's needs, which include; family, emotional, intellectual, physical, social and cultural factors. Parents should participate in all service planning decisions for their children.
- Culturally competent services will be guided by the concept of equal, responsive and non-discriminatory services matched to the client population. Cultural competence involves working with natural, informal support and helping networks within minority communities. This extends to the concept of self-determination to the community.
- Individuals who have mental illness should be treated with dignity and respect, as they have the same needs, rights and responsibilities as other citizens. These individuals should have the same access to opportunities, supports and services to help them live successfully in the community.
- Services should help individuals to empower themselves, focus on strengths, maintain a sense of their identity and enhance self-esteem. Services should help people develop their potential for growth and movement toward independence.
- Services should meet the special needs of people with mental illnesses and mental retardation problems who are also affected by one or more of such factors as; old age, physical disability, homelessness, the AIDS virus and/or involvement in the criminal justice system.
- Services should be coordinated through mandated linkages with members/families both at the local and state levels. Continuity of care for people discharged from hospitals to community-based services must be also insured.
- Treatment providers should be accountable to members who should help plan, implement, monitor and evaluate the services they receive.
- Family integrity is of paramount importance. Needs for security, permanency and cultural ties in family relationships should pervade all planning. Families should participate fully in all decisions concerning planning, placement, program and discharge of their children and adolescents.

3. Summary of the Quality Management Program

The purpose of Behavioral Health Service's Quality Improvement Program is to provide a comprehensive framework for a systematic, departmental approach to quality improvement activities designed to be consistent with the goals of the Corporate Quality Improvement Program. Additionally, the Quality Improvement Program communicates a purposeful design in which the support and services provided will be continuously and systematically monitored and evaluated for quality, appropriateness, availability, accessibility, continuity, effectiveness and efficiency.

Behavioral Health Services believes that quality is the cornerstone of its programs and services. The purpose for the Behavioral Health Services Quality Improvement Program is:

- To ensure that each program provides appropriate, high quality services through the use of best practices, promising practices or other recognized standards through systematic monitoring and evaluating of a defined set of indicators;
- To improve the quality of life, as defined by each consumer, by identifying opportunities for education, employment, skill attainment, maintain current mental and health status, and reduce hospitalizations;
- To assure quality and improve performance in existing programs and services through the evaluation of quality of care, services and consumer satisfaction; Demonstrate process in treatment from admissions to 6months of treatment.
- To identify opportunities that would improve the quality of programs and the effectiveness of services by promoting a model of recovery and resiliency;
- To identify opportunities that would improve staff skills by offering opportunities for education and staff development; and
- To ensure that all services are provided in a cost effective manner

4. Expected outcomes:

Research clearly demonstrates that early assessment and diagnosis is associated with the best chance for significant improvement. Best results for people in recovery from a mental illness are those services that are directly responsive to the needs and desires of the individual receiving services. Individuals that are receiving can be expected to experience:

- Increase in appropriate community based services through comprehensive assessment and planning.
- Access standards commensurate to need.
- Increased collaboration with other service providers.
- Development of informal network of natural supports to alleviate dependency on MH system.
- Increase of meaningful social relationships and improved family relationships
- Increased ability to use community resources appropriate to meet daily needs, including transportation and recreation
- Greater individual and family member satisfaction with treatment received
- Appropriate discharge planning with the inclusion of individual's and family's expectations.

Data will be collected by various means including, chart audits, tracking sheets, admission records, surveys, etc. Oversight into these activities will be the responsibility of the Program

Director and the Director of Quality Improvement. All Elwyn programs will actively participate in the program evaluation process.

5. Staffing qualifications, credentialing process, and levels of supervision (administrative and clinical) required:

The outpatient facility shall have a director/clinic supervisor who also supports the satellite offices. This person shall be a qualified mental health professional with at least 2 years of supervisory experience or a professional administrator with a graduate degree in administration and 2 years of experience. If the director/clinic supervisor is not a qualified mental health professional, a physician shall be appointed as clinical director in addition to the director

Staff shall be qualified mental health professional trained in a generally recognized clinical discipline including, but not limited to, psychiatry, social work, psychology or nursing or rehabilitation or activity therapies who has a graduate degree and mental health clinical experience. Current staff available for delivery of services include the following credentials: MS, MA, LPC, LCSW, LBS, and TF-CBT clinicians.

6. Services:

Assessment: The focus of assessment in a clinical setting is to identify the strengths, needs, and resources desired outcomes so that the most effective plan for treatment can be devised

Psychiatric Evaluation: This assessment is conducted by a psychiatrist and includes a comprehensive mental status examination to establish a diagnosis, prognosis, and make treatment recommendations.

Psychological Testing: This assessment process and is conducted by a psychologist or master's prepared clinician. Psychometric tests are administered to a child to establish a more formal diagnosis and prognosis.

Treatment Planning: The process by which a person served, family member, therapist and other members of a treatment team formulate a course of action to reach agreed upon goals. The treatment plan is the blueprint for all therapeutic activity and it is critical that the individual participant in this process from beginning to end.

Individual Psychotherapy: Provision of treatment with an individual with the goal of removing, modifying or decreasing existing symptoms, attenuation behavior patterns and promoting positive personal growth and development.

Group Psychotherapy: Provision of treatment with a size-limited group for the purpose of using their interaction as a means of removing, modifying or decreasing existing symptoms, offering peer support and promoting positive personal growth and development in the participants.

Family Therapy: Treatment of a family as a unit, rather than the individual treatment of one or more members. The therapist meets with the whole family to explore its relationships and style of functioning. The focus is on resolution of current reactions to one another, rather than on individual symptoms.

7. Admission:

Appointments

Following the initial referral and the determination that the MHOP clinic can provide appropriate services, appointments are arranged for a date and time convenient for individual. Individuals are offered an appointment within seven (7) business days of their inquiry. This appointment is considered an intake appointment and will help the therapists gather the necessary clinical information, historical information, and obtain consents and releases. This initial appointment will be conducted by a Master's level clinician and/or licensed professional. Appointments with either the psychiatrist or CRNP will be scheduled as appropriate and based on availability.

Authorizations

If necessary, the MCO or insurance company is contacted to determine the eligibility for services. Individuals not covered through these agencies are referred to agencies that provide sliding-fee-scale services.

Confidential Information

At the time of referral, a case record is opened with basic identifying information. In accordance with regulation 5200.41 the MHOP clinic shall maintain a record for each patient admitted for services to the clinic. Intake and demographic information shall be collected, dated and signed by the licensed mental health professional assigned to the referral. All information shall be regulated by the provisions of confidentiality and be made available only to those individuals who have direct involvement in the care.

Orientation

During the first visit the client/consumer shall be given an orientation to the program including a tour of the facility and safety procedures.

8. Length of service:

Services are delivered in a continuous, non-time specific framework until the person demonstrates significant progress as evidenced by meeting the goals of the treatment plan, including progress towards recovery. Services may be terminated by the child or the parent when they determine the service is no longer needed or wanted. Termination from the outpatient program can occur in consultation with program director.

9. Hours of Operation:

Services would be available for students from 9am-6pm