

SERVICE CATEGORY: REHABILITATION SERVICES

SERVICE DEFINITION

Service Name	Intermediate Psychiatric Residential - MH
Funding Source	Region 6 Behavioral Health Reinvestment Dollars
Setting	Facility based
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	<p>Intermediate Extended Psychiatric Residential is a residential program designed for consumers with mental health or co-occurring disorders seeking reintegration into the community. It is staffed 24 hours a day to provide a safe, supported, structured environment in the which consumers can develop and practice recovery skills. It is intended for consumers with a Serious Mental Illness for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of a mental health disorder on the consumer’s life or because of a significant history of repeated short-term or less restrictive treatment that did not result in significant recovery.</p> <p>Due to the likelihood of the consumer having a history of living for lengthy periods in institutional settings coupled often with extensive histories of trauma, reintegration into the community can be expected to have unique challenges for consumers in this program. It is the expectation that Intermediate Extended Psychiatric Residential program commits to serving consumers throughout periods of high instability with behaviors that may cause dangerousness to self and others. It is the goal of the program to work towards an individualized plan for successful reintegration to the least restrictive living environment possible in the community.</p>
Service Expectations	<ul style="list-style-type: none"> • A mental health assessment conducted by a licensed, qualified clinician at admission or completed within 12 months prior to the date of admission that includes a current diagnosis, level of care recommendation and a discharge plan. If the prior assessment is not relevant or does not contain the necessary information, then a mental health assessment addendum would be necessary. The assessment will serve as the treatment plan until the treatment plan can be developed. • If the mental health assessment was completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client’s current status, functioning, and level of care recommendation. The review and update should be completed within 30 days of admission. • An initial treatment/recovery plan to guide the first seven days of treatment developed within 24 hours of admission. The comprehensive individualized treatment/recovery plan, including discharge and relapse prevention, is developed under clinical supervision with the consumer within seven days of admission. • Review and update the treatment/recovery plan under clinical supervision with the consumer and other approved family/supports every 30 days or more often as needed. • Therapies/interventions should include individual, family, and group therapy, psychoeducational groups, skill development, motivational enhancement, and engagement strategies provided at a minimum of 30 hours a week.

	<ul style="list-style-type: none"> • Program is characterized by slower paced interventions, purposefully repetitive to meet special individualized needs. • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school, or family living. • The on-site capacity to provide medication administration and/or self-administration and education. • Arrange for medical, pharmacology, psychological, pastoral, dietary, emergency medical, laboratory, and other diagnostic-treatment or ancillary services as needed. • Availability of 24 hours a day crisis management. • All services must be culturally sensitive.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay. The anticipated duration of the service will be documented in the treatment plan.
Staffing	<ul style="list-style-type: none"> • Clinical Supervisor (APRN, RN, LMHP, LIMHP, or licensed psychologist) working with the program and responsible for all clinical decisions (i.e., admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve. • Appropriately licensed and credentialed professionals working within their scope of practice to provide recovery oriented behavioral health and mental health services. • Direct Care staff shall have demonstrated skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following: two years lived experience; two years' direct care experience in a human service field; two years of training in a human service field; or a bachelor's degree or higher in psychology, sociology, or related human service field, which is preferred. • All staff should be educated/trained in rehabilitation, recovery principles and trauma informed care and motivational interviewing principles.
Staffing Ratio	<ul style="list-style-type: none"> • Clinical Supervisor to direct care staff ratio as needed to meet all responsibilities. • Staffing ratio will be dependent on the needs of the consumers in the program at any given time. Anticipate a 1:5 ratio during awake hours to include clinical, administrative, and direct care staff with a minimum 1:10 Direct Care staff sufficient to cover safety and activities during all waking hours. • 1 awake staff for each 10 individuals during sleep (overnight) with on-call availability for emergencies. • On call clinical oversight 24/7.
Hours of Operation	24/7
Individual Desired Outcome	<ul style="list-style-type: none"> • The individual has substantially met the treatment/rehabilitation/recovery plan goals and objectives • The precipitating condition and relapse potential is stabilized such that the individual's condition can be managed without this level of professional interventions. • Individual has formal and informal support systems secured to maintain stability in a lower level of care.

UTILIZATION GUIDELINES
Intermediate Extended Psychiatric Residential

I. Admission Guidelines: *

Individual must meet all of the following admission guidelines to be admitted to this service.

1. Adults with Serious Mental Illness (SMI) whose active symptomology is consistent with the most current version of the DSM, including individuals with co-occurring disorders.
2. Moderate to high risk of harm to self and/or others (risk is inclusive of but not limited to suicidal ideation/plan, homicidal ideation/plan, physical aggression towards others/animals, and property destruction)
3. The individual has a high reliance on an external locus of control to maintain safety.
4. Current and/or prior treatment has not achieved significant remission or control of psychiatric symptoms so that the individual has reached a level of autonomy and self-regulation such that shorter term treatment is not anticipated to resolve the pervasiveness of the impact of the mental illness on the individual's life.
5. Symptoms and functional deficits are related to the primary diagnosis.
6. Presence of functional deficits in two of three functional areas: Vocational/Education, Social Skills, and Activities of Daily Living.
 - a. Vocational/Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks.
 - b. Social Skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others.
 - c. Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning.
7. Functional deficits of such intensity requiring extended professional interventions in a 24-hour safe, structured, stable, supervised, residential setting.
8. The individual is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional manner if this setting not available.
9. Individual can reasonably be expected to benefit from the level of structure and supervision provided at this level of care to address the consumer's mental health/co-occurring disorder.

* Admissions to the program must be reviewed with and approved by Region 6 Manager of Transition Services or designated representative prior to admission.

II. Continued Stay Guidelines:

1. Continues to require 24-hour awake staff in a safe, secure, setting.
2. The individual does not require a more intense level of service and no less intensive level of care is appropriate.
3. The individual has not yet reached a level of autonomy, self-regulation, and engagement in treatment towards goal directed behavior that demonstrates the ability to successfully transition to a lower level of care.
4. The individual remains at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional manner if this setting not available.
5. It is appropriate to retain the individual at the present level of care if:
 - i. The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals. OR
 - ii. The individual is not yet making progress but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan. Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals. AND/OR
 - iii. New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.