

The Array of Community Mental Health Services

OUTREACH SERVICES

A service designed to locate, engage, assess, intervene, and link individuals to resources. Outreach services are fundamentally mobile and may focus on persons in specific settings or with complex needs such as personal care boarding homes, shelters, or dual issues such as mental illness and drug & alcohol or mental illness and a history of incarceration. Community Outreach services come in different forms but most are focused on engaging a person and helping them to connect more meaningfully into their community.

CRISIS INTERVENTION SERVICES

Available 24 hours a day by phone, walk-in, or mobile to intervene when individuals are in crisis or in a psychiatric emergency. Crisis intervention provides emergency counseling services and facilitates referrals to other services and placement into inpatient treatment. Crisis Intervention Services are available in every county in PA. The methods of service delivery may vary from county to county, but would include abilities to provide phone-based intervention, in-office or walk-in appointments, and mobile outreach to meet people in the community; at the client's home, at a local police station, or hospital emergency room as these are deemed safe locations for all parties involved.

CRISIS RESIDENTIAL

A short-term, subacute, inpatient MH level of care. Intended for non-hospital stabilization and as an alternative to a stay in an acute inpatient psychiatric hospital. Crisis Residential has the attributes and characteristics of inpatient treatment in that it is facility based and individuals admitted stay for short periods of time to receive treatment. However, it is less intensive and less restrictive than a typical psychiatric unit in an inpatient facility. Individuals are admitted into Crisis residential only on a voluntarily basis; as an alternative to admission into an acute inpatient psychiatric hospital, or as a step-down short-term placement from psychiatric inpatient before a person returns to the community.

CASE MANAGEMENT

Mental Health case management is available across all counties in PA. However, there are varying levels of intensity of case management services, some of which may not be available everywhere. Some of the types of case management include Intensive Case Management (ICM), Blended Case Management (BCM), Resource Coordination (RC), and Administrative Case Management (ACM). ICM and BCM levels of case management may require a person to have a SMI diagnosis as these levels are more intensive and able to engage with a client more frequently, weekly or more. Resource Coordination is less intensive and client engagement is less frequent, monthly. Administrative Case Management is usually office-based and clients are seen in the office instead of the community. RC and ACM typically do NOT require a person to have an SMI. Regardless of the type, case management services are designed to partner with the individual to help them find, secure, and engage in treatment services, meaningful activities in the community, and develop healthy coping skills and community connections. Case managers continue to work with a person as they progress through the mental health system and serve as advocates for the individual to ensure treatment needs are met promptly and matched with appropriate services.

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OUTPATIENT

Provides clinical assessment and treatment to persons living in the community. Individual, group, and family psychotherapy as well as psychiatric services (evaluation and medication monitoring). Outpatient mental health treatment typically means seeing a psychiatrist (monthly or every 60 to 90 days) for an evaluation and medication management, as well as a therapist (weekly, bi-weekly, or monthly) for counseling. Available in all counties and does not require a person to have a particular diagnosis in order to receive services.

PARTIAL HOSPITALIZATION PROGRAMS

Provide comprehensive therapeutic and rehabilitation services to persons living in the community. Programs include medication monitoring, individual and group psychotherapy, and activity-focused therapy. Meet 2 - 5 days/week. Partial Hospitalization programs are day programs where individuals go to receive services similar to what they'd receive in an inpatient mental health hospital. Multiple Individual and group therapy sessions throughout the day, medication monitoring with a psychiatrist, as well as groups geared towards learning skills, education, and vocational training. Some models of partial programs are ongoing and some are time limited lasting 2 to 4 weeks.

PSYCHIATRIC REHABILITATION/CLUBHOUSE SERVICES

Programs geared toward enhancing skills, training and prevocational services, and socialization to help people live more productive lives in the community. Facility-based or mobile. Self-directed & goal-oriented. Psychiatric Rehabilitation (psych rehab) and clubhouse programs are similar to partial programs in that they are day programs where individuals engage in various skill building groups. However, psych rehab and clubhouse are less intensive than partial hospitalization programs, they do not include psychiatric appointments, they are not time limited, and they're more flexible allowing individuals to set their own schedules and engage in the groups they choose to attend.

COMMUNITY TREATMENT TEAM (CTT) or ASSERTIVE COMMUNITY TREATMENT (ACT)

Community Treatment Teams or CTT and Assertive Community Treatment (ACT) are intensive team delivered models of treatment. Team members can include a psychiatrist, case manager, nurse, peer specialist, therapist, vocational support, and other specialized support staff. These two models of treatment are the most comprehensive levels of care a person can receive in the community. An all-inclusive, primarily mobile, multidisciplinary team, on-call 24/7.

- Forensic Assertive Community Treatment (FACT) is an adaptation of ACT for persons involved with the criminal justice system and may include specialty forensic services

PEER SUPPORT SERVICES

Peer Support Services provide unique support in that the peers themselves has their own common ground or lived experience of going through their own mental health treatment, or their own forensic experiences, and they have reached a point in their recovery where they are able to serve as an example to others who may be struggling in their recovery. They provide hope and help others with their recovery by relating their own experiences with mental illness.

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EMPLOYMENT RELATED SERVICES

Employment related services, such as a job coach, are similar to a case manager with the sole focus being employment related. These services help individuals receive training, learn skills, and counsel and assist individuals both before and after the individual has obtained employment. Focus on a supported employment model to get persons into competitive employment rather than lengthy job training and pre-vocational skill training. Pre-employment skills and training. Employment specialist, benefits counseling services, and job coaching while on the job.

PSYCHIATRIC INPATIENT CARE

Psychiatric inpatient treatment, also known as hospitalization, can be voluntary (201) or involuntary (302). This type of treatment is meant to help stabilize and treat individuals who are experiencing severe and acute psychiatric symptoms. For acute stabilization and short-term hospital-based treatment. Offers psychiatric and clinical services in a secure locked setting.

JUSTICE RELATED SERVICES (JRS)

Justice Related Services offers an array of supports designed to work with jails, district courts, behavioral health and other community service providers, to assist persons with mental illness and/or co-occurring mental illness and substance use disorders who encounter the criminal justice system.

SPECIALTY COURTS

MH courts

Employ a problem-solving approach to court processing in lieu of more traditional court procedures for certain defendants with mental illnesses. Judicially supervised, community-based treatment plans for each defendant participating in the court, which a team of court staff and mental health professionals design and implement. Regular status hearings at which treatment plans and other conditions are periodically reviewed for appropriateness, incentives are offered to reward adherence to court conditions, and sanctions are imposed on participants who do not adhere to the conditions of participation. Individualized criteria to determine a person's completion of the program.

Drug Courts

Combine intensive judicial supervision, mandatory drug testing, treatment, and incentives to help offenders with substance abuse problems break the cycle of addiction and crime. Drug court teams are typically led by a judge and include a prosecutor, defense counsel, treatment provider, probation officers, law enforcement and court coordinator who work together to support and monitor a participant's recovery. They maintain a critical balance of authority, supervision, support and encouragement.

Project Dawn Courts

Designed for women with repeat prostitution offenses. The goal of Dawn's Court is three-fold: connect nonviolent repeat offenders with therapeutic and re-entry services; make the community safer by reducing recidivism of a particular crime; and lessen the financial burden of taxpayers paying to keep minor offenders in jail.