Program Committee Scope of Work

Target Population
Who will be served?
- Diagnosis
- Service utilization history

Program Design
What services will be provided?
- Staffing structure and composition
- Program elements
- Organizational structure
- Program oversight and management

System-Level Accountability
How will the system ensure the program meets its goals?
- Target population is served
- Services are rendered per program design
- Client outcomes are assessed
Target Population

**Suggested Target Population**

**Diagnoses**
- Schizophrenia; Schizoaffective Disorder; Major Depression, Recurrent, Severe; Bipolar Disorder; Delusional Disorder; Schizotypal Personality Disorder; Borderline Personality Disorder

**Past Service Utilization/Functional Impairment**
- Data-driven
- Certain number of hospitalizations within a specified time frame
- Certain number of ER visits within a specified time frame
- Diagnosis causes significant functional impairment as evidenced by...

**Questions about Target Population**
- Is the project only focused on high-cost users?
- Do we want to include criminal justice history?
- Is priority given to homeless individuals?
- Should exclusion criteria be established (i.e., must have tried a lower level of care first)?
## Public Mental Health System Examples of Eligibility Criteria for Adults

<table>
<thead>
<tr>
<th></th>
<th>PMHS Priority Population for Adults (Appendix A)</th>
<th>Capitation Project (Appendix B)</th>
<th>ACT/Mobile Treatment (Appendix C)</th>
<th>High Inpatient Users Project (Appendix D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnoses</strong></td>
<td>• Schizophrenia</td>
<td>Same as PMHS Priority Population except for exclusion of Psychotic Disorder NOS</td>
<td>Same as PMHS Priority Population</td>
<td>Same as PMHS Priority Population</td>
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<tr>
<td></td>
<td>• Schizophreniform Disorder</td>
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<td></td>
<td>• Schizoaffective Disorder</td>
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<td></td>
<td>• Major Depressive Disorder, Recurrent, Severe</td>
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<td>• Bipolar Disorder</td>
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<td>• Delusional Disorder</td>
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<td>• Psychotic Disorder, NOS</td>
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<td>• Schizotypal Personality Disorder</td>
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<td>• Borderline Personality Disorder</td>
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<tr>
<td><strong>Past Service Utilization/Functional Impairment</strong></td>
<td>Functional impairment in at least three areas:</td>
<td>Past service utilization of at least one of the following:</td>
<td>Functional impairment in at least one area:</td>
<td>Past service utilization of one of the following:</td>
</tr>
<tr>
<td></td>
<td>• Employment</td>
<td>• Currently in inpatient at a state psychiatric hospital for at least 6 months</td>
<td>• At risk for higher level of care</td>
<td>• 5+ inpatient admissions within the past 6 months</td>
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<tr>
<td></td>
<td>• Social behavior</td>
<td>• 4 psychiatric inpatient admissions within past 2 years</td>
<td>• Risk to self, others, property</td>
<td>• Currently inpatient for at least 30 days</td>
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<tr>
<td></td>
<td>• Independent living</td>
<td>• 7 psychiatric ED visits within past 2 years</td>
<td>• Inability to engage in traditional outpatient treatment</td>
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<td></td>
<td>• Personal support system</td>
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<td>• Inability to form an ongoing therapeutic relationship</td>
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<td></td>
<td>• Basic living skills</td>
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</tbody>
</table>
## Program Design

### Suggested Program Design

#### Staffing Structure and Composition
- Team approach
- Peer support
- Intensive nursing and psychiatrist support
- Vocational specialist
- Fully integrated substance abuse specialist
- Structured supervision of direct service clinicians

#### Nature of Services
- Treatment, case management and rehabilitation in one program
- Use of Wellness & Recovery Action Planning (WRAP) and client-centered planning
- Frequency of contact and attempted contact is high
- Use of assertive engagement mechanisms
- Intensive family engagement and support
- Intensively coordinate and monitor and/or provide somatic care for individuals
- Co-occurring principles of stage-wise interventions, motivational interventions, and interventions to reduce negative consequences
- Trauma-informed approach to all aspects of service delivery
- Strong case management that adequately addresses income and housing acquisition

#### Organizational Structure
- Full responsibility for hospital admission and discharge
- Full responsibility for treatment services including crisis care
- Formal guidelines that are linked to risk categories to determine frequency of contact
- Has the ability to conduct intensive outreach to find clients
- Can act as representative payee and provide intensive money management services
- On-site, drop-in capability
- Daily program meeting to review client progress
- Quality improvement and outcome monitoring with staff participation
- CSA approval required for admission to the program
- Client support funds that can be used flexibly to meet housing and other client needs

#### Program Oversight & Management
- Monitoring to ensure continuity in the admission process
- Monitoring of the frequency of contact and outreach attempts
- Monitoring of discharges and slot utilization
- Utilization review process using “continued stay” criteria
- Review process for critical incidents
- Monitoring of high-risk clients based on established criteria
- Implementation of a continuous quality improvement process

### Questions about Program Design
- Are there other core components?
System-Level Accountability

**Suggested Components of System-Level Accountability**

**Target population is served**
- Referrals approved by CSA

**Services are rendered per program design**
- Program audits
- Review of utilization data
- Monitoring of high-risk clients

**Client outcomes are assessed**
- Weekly tracking of data on hospitalizations, etc.
- Annual evaluation

**Questions about System-Level Accountability**
- What client and program outcomes should be monitored?
- How will outcomes be assessed/evaluated?