

	<b>County of Sacramento</b> <b>Mental Health Division</b> <b>Adult Mental Health Services</b>	Policy No.	06-01
		Issued Date	09/04/09
		Revision Date	
AREA: <b>Intensive Services</b>	TITLE: <b>Level IV Expectations</b>		
Approved by:	Approved By:		
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## I. POLICY

Adult Mental Health Services has conceptualized programs within levels of service. For outpatient services, the highest level of intensity is a Level IV. While some programs have a specialty focus, all programs should have similar core features.

## II. PROCEDURES

### A. General Requirements:

Clients must meet the following criteria:

1. Sacramento County resident
2. Age 18 years or older
3. Target Population Criteria including co-occurring substance use disorders
4. Beneficiary – Medi-Cal or Medically Indigent
5. LOCUS score of IV or higher (must specifically note rationale if score is a V or VI)

### B. Service Characteristics:

All programs must provide:

1. Comprehensive and integrated mental health specialty services
2. Culturally and linguistic appropriate services
3. Services within a strengths based recovery framework
4. Person-centered services with a focus on the adult's needs and preferences

### C. Unique Features of Level IV:

1. Intensive, integrated comprehensive services
2. "Whatever it takes," service philosophy
3. Extensive and ongoing outreach and engagement including outreach and engagement to institutional settings

4. Field-based mental health assessment, rehabilitation and case management services designed to meet the client's needs
5. 24/7 crisis availability
6. Assistance in obtaining housing, employment, education or meaningful activity
7. Assistance in developing a personal support system including use of naturalistic settings, peer supports, and community activities

**D. Staffing:**

1. Multi-disciplinary treatment teams are necessary in order to provide comprehensive, integrated services.
2. The team meets consistently to problem-solve, share resources, assist in crisis management.
3. Staffing ratios (i.e., smaller caseloads) are low to manage the higher level of intensity for clients. The average ratio is 1 staff to 15 clients. *Specific staffing ratios are defined within the agency's contract scope of service.*

**E. Access to Services:**

1. A LOCUS assessment is required for referral to a program providing Level IV services. *See Adult MH P&P 03-04 Level of Care Determination.*
2. Providers are expected to rapidly engage with adults when services have been authorized. Timeframes are defined by contract scope of service.
3. If a client is psychiatrically hospitalized or residing in a subacute setting, the service provider is expected to meet the client face-to-face to begin the process of establishing a relationship, learning about the program, and determining the most appropriate residence. The goal is to transition the client to a least restrictive setting as soon as possible.

**F. Service Plan:**

1. Service planning must address the entire person's needs. Examples:
  - a. integrated services for adults with co-occurring substance use disorders
  - b. medical conditions are identified with appropriate service coordination to health or specialty health providers
  - c. obtaining and supporting housing
2. Service Plans must be highly individualized to meet individual client needs and preferences.

*See Adult MH P&P 03-06 Psychiatric Rehabilitation for information on assessment and service planning.*

**G. Core Mental Health Services**

1. The program services must:
  - a. Meet the specific Level IV program's needs based on the population.

- b. Provide integrated services for individuals with co-occurring substance use disorders.
  - c. Provide skill acquisition services.
  - d. Provide focused, brief therapy when clinically indicated.
2. Education must be provided to clients and families.
- a. Education needs to cover many areas including the mental health diagnosis(s), co-morbid conditions, medications, treatment strategies, relapse prevention, preventative health, etc.
  - b. Information often needs to be repeated. Providing written and verbal information is helpful individually and/or in groups.

*See Adult MH P&P 03-06 Psychiatric Rehabilitation for information on psychiatric rehabilitation services.*

**H. Service Coordination:**

- 1. Coordination and follow-up is essential. Some areas include:
  - a. Benefits acquisition and processing
  - b. Housing
  - c. Employment, education, volunteer or other meaningful activity
  - d. Health or specialty health appointments including preventative care
- 2. Knowledge of the array of community services in order to assist clients explore their interests.

**I. Crisis Response:**

- 1. Level IV programs must provide 24 / 7 crisis availability including face-to-face assessment and crisis intervention when clinically indicated.
- 2. Work with clients in the development of a crisis plan including identification of triggers, stressors, supports, and coping strategies.
- 3. If an enrolled client is admitted to an acute psychiatric hospital, staff will respond as soon as possible in person to ensure active participation in ameliorating the crisis and assist in treatment and discharge planning. The goal will be to return to the community as soon as possible. If admitted to a medical facility or incarcerated, staff will respond in person as soon as possible to provide support and assistance as indicated.

**J. High Risk Behaviors:**

- 1. Often clients need Level IV programs due to high risk behaviors.
- 2. High risk behaviors should be identified and thoroughly assessed immediately. A comprehensive risk assessment including the behaviors, past history and outcomes, precipitants, context, coping strategies and ways to successfully mitigate those behaviors is crucial.

3. Service Plans must clearly identify the high risk behaviors and target interventions including crisis plans appropriately.
4. Designated staff and the treatment team need to engage in routine monitoring of identified high risk behaviors. *Interventions should occur at the earliest sign of escalation in order to prevent further decompensation and negative outcomes.*
5. Ideally staff and the treatment team consult when indicated and are knowledgeable of each client's high risk behaviors.
6. Times of stress or multiple stressors will exacerbate impulsive tendencies.

**Form References:**

N/A

<b>IV. REFERENCES</b>	Related Policies & Procedures	State/Federal Codes/Other References
	<ul style="list-style-type: none"> <li>▪ Adult MH P&amp;P 03-02 Co-Occurring Disorders (COD) Practices</li> <li>▪ Adult MH P&amp;P 03-04 Level of Care Determination</li> <li>▪ Adult MH P&amp;P 03-06 Psychiatric Rehabilitation</li> <li>▪ Adult MH P&amp;P 04-03 Primary Care Physician Collaboration</li> </ul>	N/A
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<b>VI. SCOPE</b>	<input checked="" type="checkbox"/> Mental Health Staff <input checked="" type="checkbox"/> Mental Health Treatment Center <input type="checkbox"/> Specific grant/specialty resource	<input checked="" type="checkbox"/> Adult Contract Providers <input type="checkbox"/> Children's Contract Providers