FY27 PROGRAM DESCRIPTION
HAMHDS PROGRAM: IN S.T.R.I.D.E.
CARF PROGRAM: CASE MANAGEMENT/SERVICES COORDINATION

PHILOSOPHY OF PROGRAM

In S.T.R.I.D.E. (Step Toward, Recovery, Insight, Development, & Empowerment) provides service delivery on the fundamental belief that early intervention and outreach are essential when working with young adults who are experiencing their first episodes of psychoses. The program strives to foster a treatment environment that promotes the attitude that desired outcomes and recovery are possible. The model is based on a System of Care perspective which outlines the following principles: interagency collaboration, individual strengths-based care, cultural competence, family and youth (young adult) involvement, community-based services and accountability.

DESCRIPTION OF SERVICES

In S.T.R.I.D.E. is a program designed to build therapeutic relationships and provide early intervention to individuals between the ages of 15 and 25, who are experiencing early symptoms of psychosis. The team will provide intensive intervention, education and support to prevent these symptoms from becoming disabling over time. Needs of this population include monitoring of symptoms, medication monitoring and coordination of psychiatric and medical care. In S.T.R.I.D.E. will strive to enhance the individual's quality of life by assisting them with improving their ability to work, go to school, live independently and have enjoyable relationships. Frequency of contact is based on individual need. Most services are provided face-to-face in the community or in individuals' homes. Additional contact is maintained with individuals via telephone and, in rare circumstances, may occur via tele video via a HIPPA compliant telehealth platform.

Location of Services:
3908 Nine Mile Road
Henrico, VA 23223

Hours and Days of Operation:
Monday – Friday: 8:00am – 8:00pm
Saturday: 8:00am – 4:00pm
No on call coverage

Services Provided:
Assessment and evaluation
Individual and family therapy
Group therapy, including education and WRAP groups
Psychiatric services
Case management
Vocational services
Crisis Intervention
Skills Building
Substance use services

Every effort is made to accommodate individuals with special needs. Interpreters are hired for the hearing impaired when necessary. Volunteer or paid interpreters are sought for individuals whose primary language is not English and who have difficulty communicating in English.

Initial Requests or Requests to Change Case Manager:
Initial requests and/or requests to change an individual's Case Manager will be given serious consideration. Every attempt will be made to honor reasonable requests that ensure effective service delivery within available resources.

The organization does not use Artificial Intelligence (AI) in service delivery or for health data analysis and processing.

CONTRACT SERVICES
Henrico Recreation and Parks
Capital Region Work Force

STAFFING
The In S.T.R.I.D.E. team serves Eastern and Western Henrico, as well as Charles City and New Kent County. The team includes the following staff:

Clinical Supervisor, the clinical and administrative supervisor of the team. The clinical supervisor is a licensed mental health professional who has experience working with individuals with serious mental illness. The Clinical Supervisor leads the effort to engage individuals in treatment. The Clinical Supervisor provides support, education, consultation, and basic services to individuals and their families.

Clinician, a licensed mental health professional with experience working with individuals with serious mental illness. The clinician assists the individuals in developing strategies to manage symptoms related to their illness and cope with stressors typically faced by young adults – peer and family conflicts, independent living skills, and identifying positive support systems. The clinician on the team must either be a LMHP-E or an LMHP.

Substance Use Clinician, a licensed mental health professional with experience working with individuals with co-occurring illnesses in mental health and substance abuse. The clinician assesses and coordinates treatment planning surrounding substance use. The clinician also assists the individuals with developing strategies to manage their substance use as well as symptoms related to their mental illness. The clinician on the team must be either a LMHP-E or a LMHP.

Vocational case manager, a bachelor's level professional with experience providing supported employment services. The vocational case manager supports individuals in their efforts to continue or resume their education and/or seek employment. They provide work force developmental training, job placement, and follow along services. The vocational case manager links individuals with resources in the community to assist in assessment and job development. The vocational case manager is a QMHP.

Case managers, a bachelor's level professional with experience working with and assessing individuals with serious mental illness. The case manager develops and maintains relationships, provides education and links individuals with appropriate services in the community. The case manager is a QMHP.

Peer Recovery Specialist who has lived experience, training, and shares their recovery with persons served. Provides support in a mutual manner providing effective and positive strategies for developing coping skills. Peer Recovery Specialists also provide essential expertise and consultation to the entire team to promote a culture in which each individual's point of view and preferences are recognized, understood, respected and integrated into treatment. They also provide training, advocacy, linkage to resources, and educational/wellness tools such as WRAP. The peer recovery specialist should be certified peer recovery specialist.

2 part time Psychiatrist who has experience working with older youth and young adults who have experienced serious and persistent mental illness. The psychiatrist is responsible for the diagnosis and medication management of individuals. The psychiatrist will assist in monitoring clinical status and response to treatment. The psychiatrist will also participate in one of the two weekly treatment team meetings and is available by phone for ongoing consultation.

The team members carry a caseload of no more than 1:20 (staff/individual ratio). Each team member is responsible for all the individuals on the team, although staff will have primary relationships with some individuals more than others, based on their specific role.

A team approach to treatment is utilized with weekly staff meetings occurring at least 2 times a week. During these meetings, the status of all individuals receiving services is reviewed. Treatment plans are also reviewed, and changes are made on an as needed basis.

The staffing pattern varies as individuals are added to and deleted from the program. Adequate staffing is maintained is ensure individuals are safe while receiving services and to assist as needed during evacuations.

PROGRAM GOALS

To increase community integration
To ensure quality services to meet recovery goals
Increase outreach with Henrico County Schools and enhance knowledge on substance use treatment

PROGRAM OBJECTIVES

On an annual basis objectives are developed to measure service access, effectiveness, efficiency, individual and stakeholder satisfaction within the program. These measures may consider three important factors: program quality, customer value and/or financial performance. See program specific performance improvement goals and objectives:

There will be a decrease in the number of hospitalizations from recipients as compared to the previous year. (per individual report)

Individuals referred to the program will be seen, on average, within 7 days of acceptance of the referral.

Individuals will participate at least quarterly in activities within their community such as vocational, educational, or recreational.

Individual's families/identified primary support system will complete a service satisfaction survey to rate the services being provided to their family members.

FEES

The identified payers/funding sources are as follows: Medicaid MCO's, Medicare, Commercial Insurance, Self-pay, State funds, Federal MH Block Grant funds, County funds.

Primary services for this program are funded through grant monies from the Department of Behavioral Health and Development Services. For individuals who have insurance coverage, such as Medicaid or private insurance, fees are collected for the specific mental health service provided. No one is denied services due to an inability to pay.

PROCEDURES FOR REFERRAL, SCREENING, ADMISSION AND RE-ADMISSION

Individuals come from various referral sources to include, self, family, schools, Jails, Detention, Social Services, local hospitals and other community providers. In addition, referrals come from interagency programs; specifically Adult Recovery Services (ARS) and Youth and Family Services (Y&FS). Once the referral is received, the Clinical Supervisor or Clinician will assess the individual to determine if he/she is appropriate for the program. The program does not utilize a waitlist.

Admission/Re-admission/Continued Stay/Exclusion Criteria:
Young adults between the ages of 15-25
Must be a resident of Henrico, Charles City and New Kent County
Has a mental health diagnosis of: Schizophrenia, Schizoaffective, Delusional disorder, Psychosis NOS and Major Depressive disorder or bipolar disorder with psychotic features
Symptoms occurring for more than 1 week and less than 2 years
The psychosis cannot be substance induced

ORIENTATION OF INDIVIDUALS TO THE PROGRAM/SERVICE

During the initial contacts with the individual, staff educates the individual about the In S.T.R.I.D.E. program including the multidisciplinary approach, types of services provided, hours of operation, important telephone numbers (crisis and office numbers), etc. The assessment and treatment planning is discussed. Functioning level and acceptance of mental health diagnosis may impact how much information an individual is able to process; therefore, orienting a individual to the program involves an on-going discussion educating individuals and their families about the program.

EMERGENCY CLINICAL CONSULTATION

The Clinical Supervisor and the In S.T.R.I.D.E. team are available by telephone for clinical consultation. Emergency Services are used as backup for emergency clinical consultation during non-office hours.804-727-8484

TELEHEALTH

In rare circumstances services may occur via tele video via a HIPPA compliant telehealth platform.

MEDICATION MANAGEMENT

All IN-STRIDE staff are educated on medication assistance and medication side effects. Staff observes the self-administration of medications and provides education on the safe storage and disposal of medications. Staff observes individuals filling their own pill boxes. Medications can be picked up and delivered to the individuals when needed.

SECLUSION/RESTRAINTS/EMERGENCY HOLDS

Seclusion and restraint are prohibited and are not used in any agency programs. Brief physical holds are used only by staff trained in Therapeutic Options in an emergency.

TRANSFER/DISCHARGE PROCEDURES

Transfer to another service within the agency may occur if there is a clinical need that warrants such a decision. During the weekly treatment team meetings, the team along with the individual will make decisions regarding the status of the services, which may include a step down of services. An individual is discharged from services if they have moved out of the catchment area, withdraw from services or has successfully completed their treatment goals.