FY27 PROGRAM DESCRIPTION

HAMHDS PROGRAM: OUTPATIENT MENTAL HEALTH CASE MANAGEMENT
CARF PROGRAM: CASE MANAGEMENT/SERVICES COORDINATION

PHILOSOPHY OF PROGRAM

This program provides supportive, person-centered, recovery-oriented case management for adults with mental health needs enrolled in brief mental health adult outpatient services. Services are provided for individuals who can benefit from short-term case management interventions and do not meet criteria for more intensive intervention. The Intention of services is to assist in addressing case management needs to support the individual in more effectively engaging in outpatient therapy.

Services are guided by principles of recovery, self-determination, and empowerment. Staff supports participants through psychoeducation, skill-building, monitoring and coordination of services with other providers. The program integrates trauma informed, evidence-based practices and coordinates with outpatient therapy, psychiatry, primary care, and community resources.

DESCRIPTION OF SERVICES

Adults enrolled in Mental Health Outpatient services often have case management needs that interfere with their ability to effectively engage in behavioral health therapy sessions. Mental Health Outpatient Case Management is intended to assist in resolving the barriers created by unmet case management needs. The population served includes Adults over 18 years of age with a serious mental illness and who are enrolled in mental health outpatient services. Individuals with a co-occurring substance use diagnosis may be served by MH Case management if their SMI is primary. Individuals will be seen as frequently as weekly but at a minimum monthly. Length of stay is dependent upon need, but it is never longer than 30 days post discharge from outpatient services.
Services Provided:
Comprehensive assessment and Individual Service Plan (ISP)
Quarterly reviews/DLA-20 to monitor progress
Care coordination with therapists, prescribers, and community service providers
Linkage to benefits, housing, vocational, and social services
Crisis planning and coordination with Emergency Services
Skill-building in self-advocacy and system navigation
Discharge planning

Specific admission criteria:
18 years or older
Enrolled in outpatient services
Have a primary SMI diagnosis
Have case management needs

Should an individual present with a need for medication delivery or in-house support for Activities of Daily Living or assistance with other intensive case management activities, a referral to agency or community programs will be completed.
Mental Health Case management services can be provided at multiple locations including The East Center - 3908 Nine Mile Road Henrico, VA 23223, Richmond Medical Park - 2010 Bremo Road Suite122 Henrico Va 23226 or Woodman Road 10299 Woodman Road, Glen Allen VA 23059. Telehealth services are used in rare instances and only when agency protocols can be followed and met, and the individual requests and is agreeable to receive services in this manner. Hours of service

are generally 8:30am-5:00pm. In addition, all offices are open several evenings a week to allow for individuals who need later appointments.
The organization does not use Artificial Intelligence (AI) in service delivery or for health data analysis and processing.

CONTRACT SERVICES
The Case Management team does not utilize contract services in the provision of the case management service.

STAFFING
The program is an adjunct to mental health outpatient and is staffed by one Qualified Mental Health Professionals (QMHP) with a licensed supervisor providing clinical oversight. Staff are trained in trauma-informed care, therapeutic engagement, and linkage practices. In addition, individuals can be linked with peer recovery specialists throughout the agency depending on their particular need. Caseload averages 10-15. Case manager attends all clinical meetings related to mental health individuals and participates in case staffing as appropriate.

PROGRAM GOALS
Support stability in the community identifying case management needs to impact engagement and retention in mental health outpatient therapy.
Promote and support increased effectiveness in addressing problems of daily living
Provide resources to assist in a smooth transition to care in the community as needed.

PROGRAM OBJECTIVES
Annually, objectives are developed to measure effectiveness, efficiency, service access, individual and stakeholder satisfaction within the program. These measures consider three important factors: quality, customer value and financial performance. See program specific performance improvement goals and objective.

FEES
Billed through Medicaid, third-party payers, and/or state and local funding depending on eligibility. Insurance is billed. If the individual is uninsured or their insurance does not pay for case management, the services are delivered on a sliding scale.

PROCEDURES FOR REFERRAL, SCREENING, ADMISSION AND RE-ADMISSION
Referrals are received via Credible AG Referral Form from outpatient mental health and substance use clinicians.

ORIENTATION OF INDIVIDUALS TO THE PROGRAM/SERVICE
Individuals receive an orientation to case management at the time of the initial appointment. An overview to the program is completed and any questions regarding services are answered. The individual signs the orientation form which becomes part of the electronic health record.

EMERGENCY CLINICAL CONSULTATION
The Emergency Services Program serves as primary back up for emergency clinical consultation when the primary clinician or unit supervisor is unavailable. Emergency services are available 24/7.

TELEHEALTH
Additional contact is maintained with individuals via telephone and, in rare circumstances, may occur via tele video via a HIPPA compliant telehealth platform and with a completed telehealth consent form signed by the individual.

MEDICATION MANAGEMENT
Medication management is not provided. However, education on the importance of medication adherence is provided.

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
Individuals can remain in case management services as long as they have documented needs that can be supported in the outpatient CM program. Case closure will occur when an individual has achieved identified goals and/or is 30 days past discharge from primary program. Should an individual meet criterion for a higher level of care within or outside of the agency, a referral will be made to ensure continuity of care. Individuals will be involved in all aspects of their care to include after-care planning and appropriate referrals. A copy of the discharge summary is sent to the individual within 30 days of discharge unless there is a documented reason not to do so.