

LESSON PLAN COVER SHEET

COURSE NAME: Georgia Crisis Intervention Team (CIT) Training		UNIT CODE:
LESSON TITLE: Matching the Consumer with the Best Level of Care		HOURS: 01
PREPARED BY: David Covington, LPC, MBA, Director of Operations, Behavioral Health Link	DATE: 12-01-04	APPROVED BY:
REVISED BY: David Covington, LPC, MBA, Director of Operations		DATE(S): 12-01-05
INSTRUCTIONAL METHODS: Lecture		CLASSROOM SETTING: Academic
TERMINAL PERFORMANCE OBJECTIVE (TPO): The CIT officer will be able to identify the major mental health and addictive disease services funded by the state in his/her area.		
ENABLING OBJECTIVES (EO): The CIT officer will be able to: <ol style="list-style-type: none"> 1. Identify the mental health services that are available throughout Georgia. 2. Describe the services provided by the Georgia Regional Hospital System. 3. Define the process by which service providers determine the level of care needed by an individual. 		
TRAINING MEDIA (see Appendix A): <i>[check each that apply to your lesson plan]</i> <input type="checkbox"/> Transparencies <input type="checkbox"/> Videotape <input type="checkbox"/> Chalkboard <input type="checkbox"/> Flip chart <input type="checkbox"/> Audiotape <input type="checkbox"/> Other: <i>[list additional training media needed here]</i> <input checked="" type="checkbox"/> Slides <input type="checkbox"/> Poster		
EQUIPMENT/MATERIALS (Description and amount):		
HANDOUTS (see Appendix B): PowerPoint slide presentation and United Way 211 Directory for Helping Homeless Mentally Ill		
REFERENCES: United Way 211 Directory for Helping Homeless Mentally Ill		
STUDY ASSIGNMENTS:		

MENTAL HEALTH SYSTEM-COMMUNITY RESOURCES

Overview

The Georgia Department of Human Resources-Division of Mental Health, Developmental Disabilities, and Addictive Disease provides treatment and support services to individuals with mental illnesses and addictive diseases. The Department also provides support to individuals with mental retardation and related developmental disabilities. Additionally, services are provided across the state through community service boards, boards of health and various private providers, and state operated regional hospitals.

The Department of Human Resources has divided the state into seven regions to coordinate and fund services on a local level. Each area has a designated Regional Office that is responsible for the allocation of funds for the community to provide MH/MR/AD services in their area. The Regional Office is responsible for identifying the needs of the region and each Regional Office is responsible for the oversight of these programs, the administration of the funds, and consultation to the providers. They additionally provide the opportunity for the community of consumers, providers and the general public to provide input into the planning and development process.

I. Community Health Resources

Community health resources are provided throughout the state via a variety of services:

- A.** Community Service Boards, which provide mental health services and referrals and is located regionally throughout the state and are available in all 159 counties.
- B.** Single Point of Entry
- C.** Mobile Crisis Teams, which are comprised of licensed social workers and psychiatric nurses, accompanied by law enforcement, who respond to crisis situations onsite.
- D.** Crisis Stabilization Programs, which is an alternative to hospitalization and provides brief psychiatric intervention primarily to low-income persons with acute psychiatric conditions.
- E.** Emergency Receiving Facility, which provides onsite assessments that are conducted by clinical staff who can assist in referral services.
- F.** Georgia Regional Hospitals, which receive referrals from an emergency receiving facility and provide stabilization for acute psychiatric crises.

Regional hospitals are located at various sites throughout Georgia. Hospital care is assessed through community intake and assessment. Individuals are referred to the hospital only when they need that level of care. The following

The metro Regional Office has funded a Single Point of Entry (SPOE) program to facilitate the coordination and access to these services. SPOE allows consumers and providers to access the network with a single phone call. That call offers the individual or provider a telephonic assessment of needs with attendant referrals and appointments based on an individual's current circumstances. SPOE is only available to those living in the metro area.

The good news is that there are many state-funded service providers in the metro area and the necessary levels of care to meet consumers' needs. However, without the ability to find the right service at the right time and in an accessible location, community needs can go unmet despite adequate funding and committed providers.

II. Assessment

Before discussing specific services, it is important to have an understanding of how service providers determine the level of care needed by an individual. The SPOE assesses the following dimensions in making this determination.

A. Routine Services

An individual needs **routine services** when the symptoms he or she is experiencing are causing some impairment in his or her life and lead to a decrease in his or her ability to participate in daily activities. He or she may feel some distress, but his or her symptoms do not impair his or her judgment, his or her impulse control, or his or her ability to care for him/herself or those in his or her charge.

B. Urgent Services

Those consumers who are experiencing symptoms that seriously impact their lives and compromise their functioning if not addressed have an **urgent** need for services in order to maintain in the community and continue their daily lives. These persons may suffer from symptoms of depression, feelings of hopelessness or helplessness, or may have difficulty functioning in their daily lives, not wanting to get out of bed or experiencing a loss of appetite. They may have signs or symptoms of withdrawal from non-life threatening substances or alcohol use that could lead to dependence and eventual withdrawal if not dealt with.

C. Emergent Services

Those consumers who are experiencing a life threatening condition because they are suicidal, homicidal, actively withdrawing from drugs or alcohol or unable to care for themselves because of a psychiatric condition have an **emergent** need for services.

D. Service needs are also affected by the following factors:

1. Functional Status that refers to the individual's ability to care for him/herself. Is the person able to provide for their Activities of Daily Living, obtain the food, shelter and medical care they need?
2. Co-morbidity – Does the individual face multiple challenges? Do they have substance abuse issues in addition to psychiatric symptoms? Do they experience medical problems that exacerbate their substance abuse problem?

3. Recovery Environment – Is the individual in a safe environment that allows them to care for themselves, that supports them in maintaining their sobriety or taking their psychiatric medication? Is there a supportive person in their environment?
4. Treatment and Recovery History – Has the individual been in treatment and responded well to treatment in the past? Do they perceive the need for continuing to take their medication or maintaining their sobriety?
5. Attitude and Engagement – Is the individual agreeable to receiving help for their problem? Are they willing to be assessed, do they understand the nature of their illness and are they able to consent to treatment?

Services are structured to meet these various needs. After obtaining the above information, the SPOE's licensed clinicians determine which level of care the individual needs. Each increasing level of care reflects the need for additional structured resources.

III. Level of Services

1. The least secure **Level 1** services refer to an individual's need for **recovery and maintenance** of their current functioning level. This may mean the use of community resources such as AA or NA, a support system such as a self-help group or education resource.
2. **Level 2** services are **Outpatient** services. This may mean that the individual goes to a weekly or monthly therapy appointment or sees a psychiatrist on a monthly basis to continue on medications that help stabilize the symptoms of his or her psychiatric or substance abuse illness.

(Note: In Fulton County, these services for the indigent are provided by the community mental health centers at Northside Mental Health Center, Grady's Florida Hall or Fulton Mental Health. These services are located around the Fulton area and each Mental Health Center has designated catchment areas in order to provide easy access to services.)

3. **Level 3** services are **Intensive Outpatient** programs. These services may be provided at the mental health centers and additionally through private providers, such as Anchor or Peachford. These programs might be for persons experiencing substance abuse problems or mental health issues. Generally these programs meet multiple times during the week for 3 or more hours each day. They might involve intensive therapy sessions or community/activity living skills. These services are designed to provide the additional support and structure for individuals who are recovering or maintaining their recovery from serious/life-threatening psychiatric or substance abuse illnesses.
4. **Level 4** services are **Intensive Non-residential** services. They are designed to provide intervention on a community level to those who might, without support or intervention, be in danger of harm to themselves or others. Services such as the Fulton Crisis Collaborative

Services provide a Mobile Crisis Team that will go onsite to assess a consumer, detain an individual who is a danger to him/herself or others and transport the individual to a secure setting for an evaluation and assessment. The ACCESS Act Team, Georgia Rehabilitation Outreach, works with consumers who have been identified as being at high-risk for hospitalization. These consumers sometimes experience a decrease in functioning as a result of the severity of their mental illness and require a high level of support and intervention.

5. Level 5 services are **Non-secure Residential** services, such as St. Jude's Recovery and Newport De-tox. These facilities provide de-tox services to consumers who need medical supervision due to the life-threatening nature of the substances and the amount that they have been using.
6. **Level 6** services are **Secure Residential** facilities provide a locked environment for persons who are a risk to themselves or others as a result of their mental illness. These facilities accept persons who are involuntarily committed for treatment.

(Note: The Metro area has a number of providers who offer involuntary mental health residential facilities, including Grady Hospital, Georgia Regional Hospital in Atlanta and the Dekalb Metro Crisis Center. These facilities are funded through contracts with the Regional Office; however, persons with insurance have access to additional private facilities, such as Peachford, Anchor, Ridgeview, Atlanta Medical Center, and others)

Wrap Up and Review

The Single Point of Entry program hosts a Quality Improvement Advisory Council that meets bi-monthly to discuss and problem solve issues related to the provider network and access to services. The Council is composed of key provider agencies that participate in the Fulton network and offers opportunities for providers to educate others in the community about the services that they offer as well as better understand and identify barriers to services. After participation in this class, the CIT officer should be able to identify the major mental health and addictive disease services funded by the state in his/her area.