PURPOSE

1.1 To establish a policy that identifies the general services delivered through the Los Angeles County Department of Mental Health (DMH).

POLICY

2.1 The Director of DMH shall be responsible for establishing a policy pertaining to the identification and description of services delivered through the Los Angeles County Department of Mental Health by its directly operated and contracted programs.

DEFINITIONS

3.1 Service definitions are presented based on Mode of Service. Medi-Cal services are defined in accordance with Title 9, Chapter 11 and denoted below by the use of (MC).

3.2 24 HOUR SERVICES (Mode 05) (Client Day)

3.2.1 ACUTE PSYCHIATRIC INPATIENT HOSPITAL SERVICES (MC)
Acute Psychiatric Inpatient Hospital services are provided by a hospital to a client (beneficiary) for whom the facilities, services and equipment described in Title 9, Chapter 11, Section 1810.350 are medically necessary for diagnosis or treatment of a mental disorder in accordance with section 1820.205.

3.2.2 ADULT RESIDENTIAL SERVICES
Adult Residential services provide rehabilitation in a non-institutional residential setting where clients are supported in their efforts to restore, maintain and apply interpersonal and independent living skills and community support systems.
Programs shall provide a therapeutic community, including a range of activities and services for clients who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The services are offered in a structured setting and are available 24 hours a day, seven days a week.

3.2.2.1 TRANSITIONAL RESIDENTIAL TREATMENT PROGRAMS (MC) (16 beds or less)
Transitional Residential Treatment programs are designed to provide a therapeutic residential community in which clients are supported in their efforts to develop, maintain and restore interpersonal and independent living skills and community support systems. Services are all-inclusive. The intent of this level of care is to provide an improved level of functioning and community adjustment, as well as to prevent rehospitalization. The planned length of stay should be in accordance with the client’s assessed needs, but not to exceed one year. However, in special circumstances a greater length of stay may be approved, not to exceed 18 months, to ensure completion of treatment goals.

3.2.2.2 LONG TERM RESIDENTIAL TREATMENT PROGRAMS (MC) (16 beds or less)
Long Term Residential Treatment Programs are designed to serve chronically mentally ill individuals who have the potential for improving their emotional, social and vocational functioning. Individuals must be able to benefit from the treatment program with the goal of moving to a less intensive level of care (e.g., community care facilities, semi-independent living and independent living). Without this level of care, these individuals are likely to require long-term psychiatric hospitalization or skilled nursing care or may become frequent users of acute hospital services. A full range of social rehabilitation services, including day programming for individuals who require intensive support, is provided in this 24-hour therapeutic residential setting. The
planned length of stay should be in accordance with the client’s assessed needs, but not to exceed 18 months.

3.2.3 **CRISIS RESIDENTIAL PROGRAMS (MC) (16 beds or less)**
Crisis Residential programs provide therapeutic and/or rehabilitation services in a 24-hour residential treatment program as an alternative to hospitalization for clients experiencing an acute psychiatric episode or crisis who do not present medical complication requiring nursing care. Clients are supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Interventions that focus on symptom reduction shall also be available. This is a structured, all-inclusive program with services available day and night, seven days a week.

3.2.4 **INSTITUTIONS OF MENTAL DISEASE (IMD)**
An IMD is a hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental illnesses, including medical attention, nursing care and related services.

3.2.5 **PSYCHIATRIC HEALTH FACILITY (PHF) (MC) (16 beds or less)**
A Psychiatric Health Facility (PHF) is a facility licensed under the provisions of Title 22, Chapter 9, Division 5 that provides therapeutic and/or rehabilitative services to clients who need acute care, but whose physical health needs can be met in an affiliated hospital.

3.2.6 **SATELLITE HOUSING**
3.2.6.1 Satellite housing programs include two different types: Assisted Independent Living and Cooperative Housing.

3.2.6.2 Assisted Independent Living includes those programs that provide services to clients who are living in apartments or homes owned, leased or rented by the client.

3.2.6.3 Cooperative Housing programs include those programs where the units are owned, leased or rented by the agency providing the mental health service.
3.2.6.4 Satellite housing programs are designed to provide staff presence on a less than 24-hour basis. Most standards for satellite housing apply to Assisted Independent Living and Cooperative Housing programs.

3.3 **DAY SERVICES (Mode 10) (4 Hour Blocks)**

3.3.1 **CRISIS STABILIZATION (MC)**
Crisis Stabilization involves an immediate face-to-face response to or on behalf of a person exhibiting acute psychiatric symptoms. It is provided at a 24-hour health care facility or hospital-based outpatient program or a provider site certified by DMH or a Mental Health Plan to provide this service. The goal is to avoid the need for Inpatient Services by alleviating problems that, if not treated, might result in the need for a higher level of care. This service is to be provided for less than 24 hours.

3.3.2 **DAY REHABILITATION (MC)**
Day Rehabilitation means a structured program of therapeutic services and activities, in the context of a therapeutic milieu, designed to improve, maintain and restore personal independence and functioning consistent with age-appropriate learning and development. It provides services to a distinct group of clients. Day Rehabilitation is a packaged program with services available at least three (3) hours and less than twenty-four (24) hours each day the program is open.

3.3.3 **DAY TREATMENT INTENSIVE (MC)**
Day Treatment Intensive is a highly structured, short-term program of treatment services provided in an organized and structured multi-disciplinary treatment milieu and an alternative to hospitalization or placement in a more restrictive setting. Its goal is to maintain the client in the community. These services are provided to a distinct group of clients. Day Treatment Intensive is a packaged program with service available at least three (3) hours and less than 24-hours each day the program is in operation.
3.3.4 SOCIALIZATION SERVICES
Socialization Services involve generalized group activities not providing systematic individualized feedback to the specific targeted behaviors of the clients involved. Socialization services are designed for clients who require structured support and the opportunity to develop the skills necessary to move toward more independent functioning. Services focus on daily living skills, social skill development, recreational and/or socialization objectives and life enrichment activities.

3.3.5 VOCATIONAL SERVICES
Vocational Services are designed to encourage and facilitate individual motivation and focus on realistic and attainable vocational goals. Vocational services are to provide a continuum of vocational and employment opportunities to assist clients of the mental health system in developing the skills and preparedness necessary to pursue, acquire and maintain employment. Vocational Services may include pre-vocational activities, work preparation, work experience, transitional employment or supported employment.

3.4 TARGETED CASE MANAGEMENT (Mode 15) (Minutes) (MC)
Targeted Case Management services are activities provided by program staff to access needed medical, educational, social, prevocational, vocational, rehabilitative or other needed community services for eligible clients.

3.5 CRISIS INTERVENTION (Mode 15) (Minutes) (MC)
Crisis Intervention is a quick emergency response service, lasting less than 24 hours to, or on behalf of, the client for a condition that requires more timely response than a regularly scheduled visit. The services enable the client to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible. Crisis Intervention services are limited to stabilization of the presenting emergency. This service does not include Crisis Stabilization.

3.6 MENTAL HEALTH SERVICES (MHS) (Mode 15) (Minutes) (MC)
Mental Health Services are those individual and group therapies and interventions designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhances self-sufficiency and **are not provided** as a
component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral. Service activities include:

3.6.1 THERAPY
Therapy is a service activity that is a psychotherapeutic intervention focusing primarily on symptom reduction as a means to improve functioning. This service activity may be delivered to a client or group of clients and may include family therapy.

3.6.2 REHABILITATION SERVICES
Rehabilitative Services are activities that include assistance in improving, maintaining or restoring a client’s functioning skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills and support resources and/or medication education.

3.6.3 INDIVIDUAL THERAPY
Individual therapy is a MHS activity (other than psychological testing) that is delivered to or on behalf of one client. Family members and other collaterals may be present; however, for billing purposes, only one service claim can be submitted. Services “on behalf” of the client may include such activities as paperwork, case conferences, etc.

3.6.4 GROUP THERAPY
Group therapy is a face-to-face MHS activity delivered to more than one client at the same time. This service is always face-to-face.

3.6.5 COLLATERAL
A collateral service is a face-to-face or telephone contact with a significant support person to the client. The client may or may not be present. It may involve any number of members of the family/families or significant support persons. Services may include, but are not limited to: consultation and training (such as intra or inter-agency conferences/consultations) to assist in the better utilization of services; involvement in the planning and implementation of service plans; increasing understanding of mental illness in general;
## SERVICE DELIVERY DEFINITION

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<tr>
<th>POLICY NO.</th>
<th>EFFECTIVE DATE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>100.01</td>
<td>10/15/2002</td>
<td>7 of 8</td>
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increasing understanding and acceptance of a client’s specific condition; and counseling for the benefit of the client even if the client is not present.

### 3.6.6 PSYCHOLOGICAL TESTING

Psychological Testing is a MHS activity delivered to clients using established tools and tests for the psychodiagnostic assessment of personality, developmental assessment and the assessment of cognitive functioning.

### 3.7 MEDICATION SUPPORT SERVICES (Mode 15) (Minutes) (MC)

Medication Support Services are those services that include prescribing, administrating, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of service and/or assessment of the client. Services are provided by a staff person within the scope of practice of his/her profession.

### 3.8 COMMUNITY OUTREACH SERVICES (Mode 45) (Staff Hour)

#### 3.8.1 MENTAL HEALTH PROMOTION

Mental Health Promotion is an activity directed toward: 1) enhancing or expanding an agency or organization’s knowledge and skills in the mental health field for the benefit of the community-at-large or special population groups; and 2) providing education and/or consultation to individuals and communities regarding mental health service programs in order to prevent the onset of mental health problems.

#### 3.8.2 COMMUNITY CLIENT SERVICES

Community Client Services include activities and projects directed toward: 1) assisting individuals and families for whom there is no open case record, to achieve adaptive level of functioning through a single or occasional contact; and 2) enhancing or expanding an agency or organization’s mental health knowledge and skills in relation to the community-at-large or special population groups.
3.9 CASE MANAGEMENT SUPPORT (Mode 60)

3.9.1 CASE MANAGEMENT SUPPORT (Staff Hour)
Case Management Support services are designed to be system-oriented and not directed to specific clients. Examples of activities under this service include: coordinating services provided by local agencies; establishing specific linkages with local agencies; providing consultation and education; establishing systems of planning and monitoring; providing case management services to clients and their families when there is no open case; facilitating development and utilization of appropriate resources.

3.9.2 LIFE SUPPORT (Client Day)
Life Support programs provide the board and care portion of 24-hour licensed residential care. Services include: a safe and clean living environment with adequate lighting, toilet and bath facilities, hot and cold water and a change of bedding once a week; three balanced meals a day; 24-hour supervision; regularly scheduled social and recreational activities; and referral for appropriate mental health services.

AUTHORITY

Title 9, Chapter 11, Section 1810-350
Title 9, Chapter 11, Section 1820-205

REVIEW DATE
This policy shall be reviewed on or before October 1, 2007.