

INTENSIVE MENTAL HEALTH RESIDENTIAL TREATMENT

A. The Contractor shall provide intensive residential mental health treatment to individuals age eighteen (18) or older who have serious and persistent psychiatric disorders, or co-occurring serious and persistent psychiatric disorders and substance use disorders and are medically indigent; some individuals admitted may also have co-occurring medical conditions such as diabetes, obesity, that are impacted and complicated by the adjunct psychiatric disorder. Such service is highly structured and rehabilitative, with twenty-four (24) hour staff supervision, and a length of stay of six (6) to twelve (12) months. Admission to the Intensive Mental Health Residential Treatment program shall come directly from a state-operated inpatient facility and be approved through the Department’s Medical Director or his designee. Medically indigent is defined as having no private or public health care coverage that will pay for the services to be provided by the Contractor and no access to, or eligibility for, such coverage.

B. Specifically, the Contractor shall:

1. Collaborate closely with referring sources, and the Department’s Local Mental Health Authorities (LMHAs), to ensure expedient and seamless transitions from inpatient care;
2. Develop individualized rehabilitation plans that address identified needs, goals identified by the individual, and include areas of employment, education and social skills training;
3. Provide instruction and activities that increase each individual’s skills and independence that include the following areas:
 - a. Coping strategies and behavior management alternatives;
 - b. Solving daily problems related to community living, medical conditions and interpersonal relationships;
 - c. Alleviation and management of psychiatric disorders;
 - d. Daily living and self-care skills including at minimum, medication compliance, self management of the symptoms of mental illness, the use of transportation, planning and preparation of nutritious meals, personal grooming, management of financial resources, shopping, use of leisure time, interpersonal communication and problem-solving;
 - e. Skills necessary to support a full and independent life in the community
 - f. Skills necessary to manage physical health needs and co-occurring medical conditions such as diabetes, obesity, etc. that are impacted and complicated by adjunct psychiatric disorder including self management of medications for physical disorders;
 - g. Connecting individuals to natural community supports and mentors;
 - h. Development of self-advocacy skills and assistance with accessing self help and advocacy resources;
 - i. Health education including education about self management of medical conditions;
 - j. Recovery skills used to prevent relapse and manage symptom cycles;
 - k. Development or maintenance of positive social relationships, to ensure independent participation in social, interpersonal or community activities, and to achieve full community reintegration.
4. Prescribe, manage and monitor medication;
5. Provide appropriate substance use disorder evaluation, education, treatment and referrals;
6. Facilitate appropriate linkages with community services and recovery supports; and
7. Develop a discharge plan to sustain his or her recovery and maintaining involvement with needed services.

C. The services shall be provided at the following locations, with the capacities and staffing ratios as described below:

Location	Capacity	Individual / Staff Ratio
RESINTENSLOC	***RESINTENSCAP ***	***RESINTENSRATIO* **

D. The Contractor shall provide services which meet the required utilization rate for intensive residential mental health treatment. The Contractor's service utilization rate shall be measured by the number of days utilized as reported to the Department's information system and in the required monthly service reports. Such information shall be verified by the Department. The minimum acceptable utilization rate for intensive residential programs is 90% of the maximum attainable number of days as determined by multiplying the capacity for each funded program as stated above in section (B) by three hundred sixty-five (365). The minimum acceptable utilization rate of counseling sessions in an intensive residential program funded by the Department is 90% of the number of counseling sessions proposed, per the approved funding application. Utilization for all funded treatment services shall be computed based on total program capacity.

E. The Contractor shall implement the programs and services described herein to result in the following outcomes. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the Department through data reported by the Contractor to the Department's information systems, in observations through site visits and/or in the required monthly service reports. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

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OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 th day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Individuals will report satisfaction with their services.	At least 80% of respondents to the Department's consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, recovery and general satisfaction with services.
4. Individuals will improve or maintain their overall functioning.	At least 75% of individuals served annually will maintain or increase their level of functioning as measured by the Global Assessment of Functioning Scale (GAF), Modified Global Assessment of Functioning Scale (MGAF).
5. Individuals will successfully complete treatment.	At least 75% of individuals discharged will have substantially completed the objectives identified on their recovery plans.
6. Individuals will receive follow-up care promptly.	At least 90% of individuals who have successfully completed treatment will have at least one (1) residential admission or two (2) outpatient services within thirty (30) days of discharge.
7. Individuals will avoid readmission to the same or higher level of care.	No more than 15% of individuals who have been discharged will be readmitted to the same or higher level of care within thirty (30) days.

