



TRIWEST GROUP

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# **Appendix A. Colorado Mental Health Institutes (CMHI) Alternatives Survey**

## **Definitions and Directions**

December 29, 2000



## Definitions of Survey Categories and General Survey Directions

The CMHI Alternatives Survey investigates fifteen (15) categories of facilities and services that are likely to reduce the utilization of the Colorado Mental Health Institutes (CMHI). For the purposes of this study, an Institute alternative has been defined as a community-based mental health facility and/or service that:

- a) Prevents CMHI admission by supporting the on-going needs of consumers with persistent, high level of impairment;
- b) Diverts CMHI admission by providing an alternative setting to meet consumers' needs during a period when the consumer's needs are intensified;
- c) Shortens an Institute stay by acting as a step-down or transitional level of care after a CMHI episode.

We have provided a separate survey sheet for each of the fifteen (15) categories, but it is possible that examples of some of the categories do not exist in your area or are not accessible by the typical consumer served by your CMHC. If your geographic area does not have a given facility or service, or if your CMHC does not **regularly** use a facility or service in another location, please simply write on that sheet: "Not Available."

If one or more of the defined facilities/services does exist in your area or if consumers from your CMHC regularly access them in another location, then please answer the questions about the facility or service that are printed on the survey sheet. For a category such as Residential Treatment Centers (RTCs), several facilities may be regularly accessible, but for other categories such as Mobile Crisis Team, there is likely no more than one such service per community. In short, please fill out what applies for the continuum-of-care for consumers residing in your area and write "Not Available" on the other sheets.

A "mental health service" is defined for this survey as any organized activity that is intended to maintain or improve the mental health functioning of an individual or to support his or her family. Legitimate examples are psychiatric consults, individual or group therapy, vocational activities, recreational outings designed for rehabilitation, self-help groups, club houses, educational interventions about mental disorders and well-being, respite care and case management.

The survey poses questions about the age groups and insurance groups that the facility or service covers, staffing levels, the number of mental health consumers that the facility or service can potentially accommodate, changes in capacity that may be needed now or in the near future, the number of consumers who accessed the facility or service during the past fiscal year, the length of stay or amount of service hours received, the estimated unit cost of the facility or service, and your clinical judgment of the effectiveness of the facility or service as an alternative to Institute care.



Since the goal of this survey is to create an inventory of community possibilities for mental health consumers, please do not list local facilities or programs that are restricted exclusively to individuals in other public systems such as ADAD, DOC, DYS, and county child welfare or seniors departments. The listed programs must be accessible to public mental health consumers.

It may be that your CMHC does not have all the requested information for all of the categories. However, we need to rely on your local knowledge and expertise to make this inventory as complete as possible. Because the time frame for this survey is shortened by the upcoming legislative session, other means of collecting these data are not possible. Please provide as much information as possible and feel free to contact other agencies in your area who might be able to supplement the information that you do have more readily available. TriWest Group will be available by phone to offer as much guidance and assistance as needed to complete the survey by the required deadline.

For assistance, please contact Mary Elizabeth Callaway, Ph.D., at 720-406-9181 or [mecallaway@compuserve.com](mailto:mecallaway@compuserve.com).



<p><b>Facility or Service Categories</b></p>	<p><b>Definition of Facility or Service</b></p>
<p>1. Inpatient Care at a Psychiatric Hospital or a General Hospital with a Psychiatric Unit</p>	<p>A public or private, licensed hospital that provides 24-hour inpatient care to persons with a mental illness in a hospital setting. The unit may be locked or unlocked. The facility is 27-10 Designated.</p> <p>The facility may or may not also provide <i>less than 24-hour hospital observation</i>, which is defined as observation by mental health professionals in a hospital setting for less than 24 hours for emergency assessment and planning. The individual is not admitted to the hospital nor is mental health treatment provided beyond standard crisis intervention procedures.</p>
<p>2. Emergency Room with on-site psychiatric services</p>	<p>An emergency department of a medical facility that has mental health professionals on staff or on-call to respond to psychiatric emergencies, 24-hours a day.</p>
<p>3. Urgent Psychiatric Care</p>	<p>Psychiatric care outside of a hospital emergency room by a qualified medical doctor within the same day as the request for care is made.</p>
<p>4. Community Hospital Alternative/Acute Treatment Unit</p>	<p>A community-based, overnight facility outside of a hospital setting that offers 24-hour supervision and 24-hour medical staffing for consumers who need short-term supervised care and/or medical stabilization. Specially-trained staff is able to administer prn medications. The facility may or may not be 27-10 designated.</p>
<p>5. Acute Partial Care or Day Treatment</p>	<p>A mental health program in a hospital or other facility that provides 4-12 hours of daily care in a structured therapeutic environment, several times a week. Overnight care is not provided.</p>
<p>6. Residential Treatment Centers (RTC) for Children or Youth</p>	<p>A 24-hour, residential service for children and youth primarily under the age of 18, at least 50% of whom are admitted with a diagnosable mental illness. The primary purpose of the RTC is to provide individually planned programs of mental health treatment services in conjunction with residential care for its residents. The clinical program is directed by a psychiatrist, psychologist, social worker or psychiatric nurse.</p>
<p>7. Mobile Crisis Team</p>	<p>A crisis team staffed by mental health professionals that is able to respond to a consumer in crisis at the consumer's location within one hour in urban areas and within two hours in rural areas.</p>
<p>8. Enhanced Crisis Intervention Team</p>	<p>An intensive intervention that is triggered by an escalation of problem behaviors that puts the consumer at imminent risk of a more restrictive level of care. Emergency personnel are available to respond at a consumer's home, a mental health facility, a hospital emergency room, or other location where a consumer in crisis might present. Depending on the situation of the individual, the team may provide 2-10 hours of service, often over several days. In some cases, the contact may extend to several weeks.</p>



<p><b>Facility or Service Categories</b></p>	<p><b>Definition of Facility or Service</b></p>
<p>9. High Intensity Community Treatment Teams</p>	<p>A community-based, team approach to care for adult consumers with high levels of need, such as Assertive Community Treatment (ACT or PACT) teams. The multi-disciplinary team is staffed by clinicians and a psychiatrist, and the ratio of staff to consumers is no more than 1:15. The majority of services must be provided outside of a mental health office. The team must either provide 24-hour coverage or 24-hour coverage is actively coordinated by the team with another mobile response unit.</p>
<p>10. Intensive, Community-Based, Family-Oriented, Clinical Services</p>	<p>An intensive, home-based approach to working with families in which a child is at risk of an out of home placement. The clinical approach may involve the family's community network, including schools, clergy, and social service agencies. The treatment team has the capacity to provide 6 or more hours of service per week when the family requires it. Examples of this category would be Multisystemic Therapy Teams or highly intensive family preservation services.</p>
<p>11. Intensive Case Management</p>	<p>An approach to intensive case management for any age group where case managers have a limited number of cases, but with less intensity or comprehensiveness than the previous two categories.</p>
<p>12. Nursing Homes with Mental Health Capacity</p>	<p>A licensed nursing home facility that is able to accommodate mental health consumers.</p>
<p>13. Residential Services</p>	<p>A residential, facility with 24-hour AWAKE staff (different from facilities already specified) in conjunction with a minimum of 10 hours/week IN-HOUSE mental health services. NURSING care is available. Group homes, alternative care facilities, and board-and care homes may fall under this category if adequately staffed. Other residential facilities with less than 24-hour AWAKE staffing will be addressed in Part II of the Survey.</p>
<p>14. Daytime Respite Care</p>	<p>Non-clinical, respite care for caregivers of mental health consumers provided by a clinician or paraprofessional for at least four (4) hours in the family's home.</p>
<p>15. Overnight Respite Care</p>	<p>Non-clinical respite care for caregivers of mental health consumers provided by a clinician or paraprofessional overnight, either at the family's home or another location.</p>