

Mental Disabilities Board of Visitors
 Site Review Standards for Mental Health Services
 Revision Project
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1. Rights and Responsibilities

- **The rights of people affected by mental illnesses are promoted and upheld by the mental health service.**
- **The mental health service defines responsibilities of consumers and assists consumers in understanding and fulfilling these responsibilities.**

Criteria

- 1.1 The mental health service recognizes and supports adult consumers' right to live in the community and to participate in a lifestyle of their choosing.
- 1.2 The mental health service provides to consumers and their carers a written and verbal explanation of their rights and responsibilities in a way that is understandable to them as soon as possible after beginning services.
- 1.3 The mental health service displays a written description of consumers' rights and responsibilities in prominent areas of the mental health service's facilities.
- 1.4 The mental health service actively promotes consumer access to independent advocacy and support services and prominently displays in all of its facilities posters and brochures that promote independent advocacy and support services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program.
- 1.5 Staff of the mental health service are aware of and facilitate consumers' use of independent advocacy and support services.
- 1.6 The mental health service provides to consumers and their carers information about mental health support groups, community forums, and educational opportunities.
- 1.7 The mental health service recognizes the rights of people with mental illnesses in its service goals, staff job descriptions, and staff orientation and training.
- 1.8 The mental health service has an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their carers – and informs consumers and their carers about these procedures verbally and in writing.
- 1.9 The mental health service has a written description of consumers' responsibilities for engaging in services.
- 1.101 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

2. Safety

- **The activities and environment of the MHS are safe for consumers, carers, families, staff and the community.**

Criteria

- 2.1 The mental health service ensures that consumers are protected from abuse, neglect, and exploitation by its staff and agents, and has fully implemented the requirements of 53-21-107, MCA.
- 2.2 Staff are regularly trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors.

- 2.3 Supervisors are trained to and held accountable for appropriately monitoring and overseeing the way consumers are treated by line staff.
- 2.4 Staff members working alone have the opportunity to access other staff members at all times in their work settings.
- 2.5 Consumers have the opportunity to access staff of their own gender.
- 2.6 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

3. Consumer and Carer Participation

- **Consumers and carers are involved in the planning, implementation and evaluation of the mental health service; the mental health service fosters consumer self determination.**

Criteria

- 3.1 The mental health service recognizes the importance of, encourages, and provides opportunities for consumers to direct and participate actively in their treatment and recovery.
- 3.2 The mental health service promotes, encourages, and provides opportunities for consumers to involve others in their care.
- 3.3 The mental health service undertakes and supports a range of activities that maximize both consumer and carer participation in the mental health service.
- 3.4 The mental health service assists with training and support for consumers, carers, and staff which maximizes consumer/carers participation in the service.
- 3.5 The mental health service has a written statement of roles and responsibilities for consumers and carers participating in services that is developed and reviewed with consumers and carers.
- 3.6 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

4. Promoting Community Acceptance

- **The MHS promotes community acceptance and the reduction of stigma for people affected by mental disorders and/or mental health problems.**

Criteria

- 4.1 The mental health service works collaboratively with the defined community to initiate and participate in a range of activities designed to promote acceptance of people with mental illnesses by reducing stigma in the community.
- 4.2 The mental health service provides educational information to other community human services workers and the general public in the defined community about stigma and mental illnesses.
- 4.3 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

5. Consent, Privacy, and Confidentiality

- **The MHS ensures the privacy and confidentiality of consumers and carers.**

Criteria

- 5.1 The mental health service provides to consumers and their carers verbal and written information about consent to treatment and informed consent generally.
- 5.3 The mental health service provides consumers with the opportunity to communicate with others in privacy unless contraindicated for safety or clinical reasons.
- 5.4 The location used for the delivery of mental health care provides an opportunity for sight and sound privacy.
- 5.5 The mental health service provides consumers with adequate personal space in both indoor and outdoor care environments.
- 5.6 The mental health service supports consumers in exercising control over their personal space and personal effects in residential and inpatient settings.
- 5.7 Confidential processes exist by which consumers and carers can regularly give feedback to the mental health service about their perception of the care environment.
- 5.8 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

6. Promotion of Mental and Physical Health, Prevention of Exacerbation of Mental Illness

- **The mental health service works with the defined community in prevention, early detection, early intervention and mental health promotion.**

Promotion of Mental Health

Criteria

- 6.1 The mental health service works collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health and prevent the onset of mental disorders and/or mental health problems across the lifespan.
- 6.2 The mental health service provides information to mainstream workers and the defined community about factors that prevent exacerbation of mental illnesses.

Promotion of Physical Health

Criteria

- 6.3 For all new or returning consumers, the mental health service performs a thorough physical / medical examination or ensures that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service.

- 6.4 The mental health service provides or ensures that consumers have access to needed medical treatments.
- 6.5 The mental health service proactively rules out medical conditions that may be responsible for presenting psychiatric symptoms.
- 6.6 For all new or returning consumers, the mental health service makes arrangements for a thorough dental examination or ensures that a thorough dental examination has been performed within one year of the consumer entering / re-entering the service.
- 6.7 The mental health service ensures that consumers have access to needed dental treatments.
- 6.8 The mental health service links all consumers to primary health services.

Prevention of Exacerbation of Mental Illness

Criteria

- 6.9 The mental health service actively and assertively identifies and appropriately reaches out to vulnerable consumers and carers in the defined community, including mentally ill older adults, children of mentally ill parents, and parents of mentally ill children.
- 6.10 The mental health service actively and assertively identifies and and appropriately reaches out to people with mental illnesses in the defined community as early as possible.
- 6.11 The mental health service assists each enrolled consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for the mental health service, consumers, and carers to take.
- 6.12 The mental health service provides or ensures that the consumer has access to rehabilitation programs that are designed to minimize psychiatric disability and prevent / assertively manage relapse.
- 6.13 Wherever possible and appropriate, the mental health service ensures that vocational and social needs are met or augmented through the use of mainstream agencies with support from the mental health service.
- 6.14 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

7. Culture, Diversity, and Disability Awareness

- **The mental health service delivers non-discriminatory treatment and support which are sensitive to the social and cultural values of consumers and consumers' families.**

Criteria

- 7.1 The mental health service ensures that its staff are knowledgeable about the social / cultural / ethnic / racial groups represented in the defined community and understand social and historical factors relevant to provision of mental health treatment to these groups.
- 7.3 The mental health service considers the needs and unique factors of, promotes specific staff training for, and involves representatives of relevant social / cultural / ethnic / racial groups in the planning, development, and implementation of its services.

- 7.4 The mental health service investigates under-utilization of mental health services by, role of family and community in, and specialized treatment methods and communication issues for non-majority and non-English speaking people, people with visual impairment, people with disabilities, people with hearing impairment, and people who are illiterate.
- 7.5 The mental health service delivers treatment and support in a manner that is sensitive to the social and cultural beliefs, values and cultural practices of the consumer and their carers.
- 7.6 The mental health service employs staff or develops links with other service providers/organizations with relevant experience in the provision of treatment and support to the specific social and cultural groups represented in the defined community.
- 7.7 The mental health service monitors and addresses issues associated with social and cultural prejudice in regard to its own staff.
- 7.8 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

8. Integration

- **The mental health service is integrated and coordinated to provide a balanced mix of services that ensure continuity of care for the consumer both within the mental health service and across community and other services.**

Service Integration Within the Organization

Criteria

- 8.1 The mental health service ensures service integration and continuity of care across its services, sites, and consumers' lifespans.
- 8.2 The mental health service convenes regular meetings between staff of each of the mental health service's programs and sites in order to promote integration and continuity.
- 8.3 The mental health service facilitates and reviews internal referral processes.

Service Integration Within the Community

Criteria

- 8.4 The mental health service actively participates in an integrated human services system serving the defined community.
- 8.5 The mental health service's staff are knowledgeable about the range of other community agencies available to the consumer and carers.
- 8.6 The mental health service supports its staff, consumers, and carers in their involvement with other community agencies wherever necessary and appropriate.
- 8.7 The mental health service proactively develops and nurtures inter-community links and collaboration.

Service Integration Within the Health System

- **The mental health service develops and maintains links with other health service providers at local and state levels to ensure specialized coordinated care and promote community integration for people with mental illnesses.**

Criteria

- 8.8** The mental health service is part of the general health care system and promotes comprehensive health care for consumers, including access to specialist medical resources.
- 8.9** Mental health staff are knowledgeable about the range of other health resources available to the consumer and provide information on and assistance in accessing other relevant services.
- 8.10** The mental health service supports the staff, consumers, and carers in their involvement with other health service providers.
- 8.11** The mental health service proactively develops and nurtures inter-agency links and collaboration.
- 8.12** The mental health service promotes continuity of care for consumers referred outside the mental health service for a particular therapy.
- 8.13** The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

9. Service Development

- **The mental health service is managed effectively and efficiently to facilitate the delivery of coordinated and integrated services.**

Organizational Structure

Criteria

- 9.1** The lines of authority and accountability are simple and clear for all staff and leads to a single point accountability for the mental health service across all sites, programs, and age groups.
- 9.2** The mental health service has a structure that identifies it as a discrete entity within the larger system of mental health services.
- 9.3** The structure of the mental health service ensures continuity of care for consumers across all sites, programs and age groups.
- 9.4** The structure of the mental health service reflects a multidisciplinary approach to planning, implementing, and evaluating care.
- 9.5** A system exists within the mental health service which ensures that staff are aware of their roles and responsibilities and are held accountable for their work with consumers and carers.

Planning

Criteria

- 9.6** The mental health service produces and regularly reviews a strategic plan that is made available to the defined community.

- 9.7** The strategic plan is developed and reviewed through a process of consultation with staff, consumers, carers, other appropriate service providers and the defined community.

The plan includes:

- consumer and community needs analysis
- strategy for increasing the use of evidence-based practices
- strategy for the measurement of health and functional outcomes for individual consumers
- strategy for maximizing consumer and carer participation in the mental health service
- strategy for improving the skills of staff

- 9.8** The mental health service has operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives.

Staff Training and Development

Criteria

- 9.9** The mental health service defines minimum knowledge and competency expectations for each staff position providing services to consumers.
- 9.10** The mental health service has developed a written training material for new staff focused on achieving minimum knowledge and competency levels.
- 9.11** The mental health service trains new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competency prior to working with consumers.
- 9.12** The mental health service periodically assesses current staff and identifies and addresses knowledge and competence deficiencies.
- 9.13** The mental health service provides active formal and informal supervision to staff.
- 9.14** The mental health service has a system for analyzing events and supporting staff and consumers during and after critical incidents.

Service Evaluation, Outcome Measurement, Research, and Quality Improvement

Criteria

- 9.15** Designated staff of the mental health service are accountable and responsible for the evaluation of all aspects of the service.
- 9.16** The mental health service has a service evaluation strategy that promotes participation by staff, consumers, carers, other service providers, and the defined community.
- 9.17** The mental health service routinely monitors health and functional outcomes for individual consumers using a combination of accepted quantitative and qualitative methods.
- 9.18** The mental health service is able to demonstrate a process of continuous quality improvement regarding health and functional outcomes for individual consumers.
- 9.19** The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

10. Documentation

- **Documentation of clinical and other service activities and service development is executed in a manner that maximizes coordination, communication, and potential for defined consumer outcomes.**

Criteria

- 10.1 Treatment and support provided by the mental health service are recorded in an individual clinical record that is accessible throughout the components of the mental health service.
- 10.2 The mental health service uses the individual clinical record to promote continuity of care across settings, programs and time.
- 10.3 The mental health service's documentation is a comprehensive, sequential record of consumers' conditions, of treatment and support provided, of consumers' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize consumers' potential for progress.
- 10.4 There is clear congruence among assessments, treatment plans, discharge plans, treatment plan revisions, and treatment documentation.
- 10.5 There is clear indication of a proactive approach to involving the consumer in the treatment planning and revision.
- 10.6 For children, there is clear indication of a proactive approach to involving the consumer's carer(s), guardian(s), and/or other significant others in the treatment planning and revision.
- 10.7 For adults, there is clear indication of a proactive approach to involving the consumer's carer(s) and/or other significant others in the treatment planning and revision (unless the consumer not given permission for family and/or significant others to be involved).
- 10.8 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

11. Access

- **The mental health service is accessible to the defined community.**

Criteria

- 11.1 The mental health service ensures equality in the access to and delivery of treatment and support regardless of consumer's age, gender, culture, sexual orientation, socio-economic status, religious beliefs, previous psychiatric diagnosis, past forensic status, and physical or other disability.
- 11.2 The community to be served is defined, its needs regularly identified, and services are planned and delivered to meet those needs.
- 11.3 Mental health services are provided in a convenient and local manner and linked to the consumer's primary medical care provider.
- 11.4 The mental health service is available on a 24-hour basis, 7 days per week.
- 11.5 The mental health service informs the defined community of its availability, range of services and the method for establishing contact.

- 11.6 The mental health service, wherever possible, is located to promote ease of physical access with special attention being given to those people with physical disabilities and/or reliance on public transportation.
- 11.7 For new clients, there is timely access to psychiatric assessment and treatment plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress.
- 11.8 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

12. Entry

- **The process of entry into the mental health service meets the needs of the defined community and facilitates timely and ongoing assessment and minimal delay in service delivery.**

Criteria

- 12.1 The process of entry to the mental health service is made known to the defined community.
- 12.2 The mental health service has documented policies and procedures describing its entry process, inclusion and exclusion criteria and means of promoting and facilitating access to appropriate ongoing care for people not accepted by the mental health service.
- 12.3 The mental health service can be entered at multiple sites which are coordinated through a single entry process.
- 12.4 The entry process to the mental health service can be undertaken in a variety of ways that are sensitive to the needs of the consumer, their carers and the defined community.
- 12.5 The entry process to the mental health service is specialized and complementary to any existing generic health or welfare intake systems.
- 12.6 An appropriately qualified and experienced mental health professional is available at all times to assist consumers to enter into mental health care.
- 12.7 The process of entry to the mental health service minimizes the need for duplication in assessment, care planning and care delivery.
- 12.8 The mental health service ensures that a consumer and their carers are able to, from the time of their first contact with the mental health service, identify and contact a single mental health professional responsible for coordinating their care.
- 12.9 The mental health service has a system for prioritizing referrals according to risk, urgency, distress, dysfunction and disability.
- 12.10 The mental health service has a system that ensures that the initial assessment of an urgent referral is commenced within one hour of initial contact and the initial assessment of a non-urgent referral is commenced within 24 hours of initial contact.
- 12.11 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

13. Assessment and Review

- **Consumers receive a comprehensive, timely, and accurate assessment and a regular, effective review of progress.**

Assessment

Criteria

- 13.1** Wherever possible, assessments and reviews are conducted in a setting chosen by the consumer. The choice of setting is negotiated by the consumer and the mental health service and considers the safety of those people involved.
- 13.2** The mental health service has a procedure for appropriately following up people who decline to participate in an assessment.
- 13.3** Assessments and reviews, with consumers' informed consent, include the participation of and provision of information by consumers' carers, other service providers, and other people nominated by consumers.
- 13.4** Assessments and reviews are conducted in accordance with the unique requirements of people from a non-majority background, Indian people, people with vision or hearing impairments, people with physical or developmental disabilities, and children.
- 13.5** There is opportunity for assessments and reviews to be conducted in the preferred language of the consumer and their carers.
- 13.6** Staff are aware of, and sensitive to, cultural and language issues that may affect the assessments and reviews.
- 13.7** When a diagnosis is made, the consumer and carers (with the consumer's informed consent) are provided with information on the diagnosis, options for treatment and possible prognoses.
- 13.8** Assessments :
- support the diagnosis with documentation; ←
 - include a functional assessment that identifies client preferences, strengths, and needs regarding education, work, and leisure; ←
 - addresses clients' feelings of hope about the future and their ability to lead a productive life; ←
 - identify sources of motivation, resources, strengths, interests, capabilities, major problems, and deficits; ←
 - include thorough medical evaluations that determine the nature of clients' current medical and dental needs, and rule out or identify medical disorders as contributing to or causing psychiatric symptoms; ←
 - identify critical stresses that negatively affect clients' mental status; ←
 - identify coping strategies and supports that have been successful in the past and can be successful in the future; ←
 - identify relapse prevention strategies; ←
 - describe clients' choices regarding basic needs, such as financial resources, food, shelter, and safety; ←
 - address cultural factors such as how the clients' cultures differ in the experience of stress, the role of family and other natural supports in the treatment process, culture-bound syndromes associated with the client's ethnic group, and cultural factors that can be used to support treatment and rehabilitation; ←
 - address clients' choices regarding services including history of satisfaction and dissatisfaction with services, including medications; ←
 - identify factors that place the client at high risk for suicide, violence, victimization, medical disorders such as HIV, or substance abuse; ←

- address clients' understanding of their illness, their medications and other treatments, and potential medication side effects; ←
- address cognitive deficits. ←

Review

Criteria

- 13.9** Progress reviews support conclusions with documentation.
- 13.10** Progress reviews actively solicit consumer, carer, and other service provider input.
- 13.11** Progress reviews proactively support continuing treatment and support adjustments that will ensure progress, not just maintenance. When continuation of ongoing treatment strategies is appropriate, the mental health service clearly addresses this fact and documents the rationale.
- 13.12** The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

14. Treatment and Support

- **Consumers and the consumers' carers have access to a range of individualized, safe and effective evidence-based and emerging science-based treatments and supports that address all areas required for recovery and positive outcomes including self care, housing, education, employment, family and relationships, social and leisure, medication, co-occurring mental illness and substance use disorder issues, crisis response, and financial supports and assistance.**
- **Children, adolescents, and their families have access to a range of individualized, safe, and effective evidence-based and emerging science-based treatments and supports including family education and support services, family-based prevention and intervention programs, in-home crisis services, Home and Community-Based Services Waiver, intensive case management, and school-based mental health services.**

14.1 General

Criteria

- 14.1.1** There is a current written service and recovery management plan for each consumer, which is developed and regularly reviewed with the consumer and, with the consumer's informed consent, their carers.
- 14.1.2** Treatment and support provided by the mental health service, including any participation of the consumer in clinical trials and experimental treatments, are subject to the informed consent of the consumer.
- 14.1.3** The service and recovery plan reflects issues identified in the assessment.
- 14.1.4** Treatment and support provided by the mental health service reflect evidence-based, best practice, recovery-oriented concepts and models, are comprehensive, and are implemented by appropriately qualified and experienced mental health professionals and paraprofessionals.
- 14.1.5** Service and recovery management plans focus on interventions that facilitate recovery and resources that support the recovery process.
- 14.1.6** The mental health service works with consumers, carers, and others to develop relapse prevention plans that identify early warning signs of relapse and describe appropriate action for consumers and carers to take.

- 14.1.7** Copies of the written service and recovery management plan and relapse prevention plan are given to consumer, to other persons nominated by the consumer such as advocates, general practitioners, private psychiatrists, and other service providers.
- 14.1.8** The mental health service provides the least restrictive and least intrusive treatment and support possible in the environment and manner most helpful to, and most respectful to, the consumer.

14.2 Staff – Consumer Relationship

Criteria

- 14.2.1** Mental health service staff demonstrate respect for consumers by incorporating the following qualities into the relationship with consumers: positive demeanor, empathy, calmness, validation of the desires of consumers.
- 14.2.2** Mental health service staff have the skills necessary to adapt verbal and written communication to the language style of consumers and their carers.
- 14.2.3** Mental health service staff minimize stigma by understanding the importance of reducing prejudice and discrimination toward the individual with mental illness, by confronting personal prejudices, by teaching consumers and their carers to manage discrimination, and by advocating for reducing discrimination in the community.
- 14.2.4** Mental health service staff demonstrate understanding of the importance of providing consumers and carers with access to care 24 hours a day / 7 days a week, by returning phone calls promptly, and by offering drop-in and emergency services.
- 14.2.5** Mental health service staff employ techniques for maintaining consumers' wishes regarding confidentiality while encouraging inclusion of support system members.
- 14.2.6** Mental health service staff educate consumers regarding confidentiality and develop strategies for resolving problems related to confidentiality.

14.3 Case Management

Criteria

- 14.3.1** The mental health service provides comprehensive, individualized case management and support to consumers with severe mental illness.
- 14.3.2** Based on individualized needs assessment, the mental health service provides or facilitates access to assertive community treatment^{1, 2, 3} based on the PACT© model.
- 14.3.3** Caseload sizes are established and monitored to ensure quality services for all consumers.

¹ Lehman, A.F., & Steinwachs D.M. (1998). Patterns of usual care for schizophrenia: initial results from the Schizophrenia Patient Outcomes Research Team (PORT) client survey. *Schizophrenia Bulletin*, 24(1), 11-20.

² Chavez, N., Hyman, S., Arons, B. (1999), Mental Health: A Report of the Surgeon General, at: <http://www.surgeongeneral.gov/library/mentalhealth/chapter4/sec5.html#assertive>.

³ United States Department of Health and Human Services (2004). Evidence-Based Practices: Shaping Mental Health Services Toward Recovery. at <http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/>.

- 14.3.4 The mental health service monitors case load sizes to ensure reasonable sizes that do not compromise service quality or consumer access to case managers.

14.4 Self Care

Criteria

- 14.4.1 The setting for the learning or the re-learning of self-care activities is the most familiar and/or the most appropriate for the generalization of skills acquired.
- 14.4.2 Self care programs or interventions provide sufficient scope and balance so that consumers develop or redevelop the necessary competence to meet their own everyday community living needs.

14.5 Supported Housing

GENERAL:

Criteria

- 14.5.1 The mental health service identifies housing needs and desires of consumers.
- 14.5.2 The mental health service ensures that consumers have access to an appropriate range of agencies, programs, and interventions to meet their needs for housing.
- 14.5.3 The mental health service provides a range of treatments and support that maximize opportunities for the consumer to live independently in their own housing; assistance in maintaining housing is independent of treatment.
- 14.5.4 The mental health service provides supported housing in a manner that promotes choice, safety, and maximum possible quality of life for the consumer.
- 14.5.5 The mental health service ensures that consumers have access to safe, affordable, decent housing in locations that are convenient to community services and amenities.
- 14.5.6 The mental health service operates or provides access for consumers to specialized supported/supervised housing that includes active support and treatment components.
- 14.5.7 The mental health service provides support and advocacy to consumers in communicating and problem solving with landlords.
- 14.5.8 The mental health service works closely with landlords to ensure that consumers do not lose their housing during periods of hospitalization or other temporary out of community treatment.
- 14.5.9 The mental health service provides access to and assistance with options for consumer home ownership.

SUPPORTED HOUSING PROVIDED BY THE ORGANIZATION:

Criteria

- 14.5.10 The mental health service ensures that consumers and carers have the opportunity to be involved in the management and evaluation of the facility.

- 14.5.11 The mental health service fully integrates the housing program into other treatment and support programs.
- 14.5.12 The mental health service ensures that housing is clean, safe and reflects as much as possible the preferences of the consumers living there.
- 14.5.13 The mental health service delivers a range of treatment and support services to the consumers living in the housing according to individual need.
- 14.5.14 The mental health service offers to consumers living in the housing maximum opportunity to participate in decision making with regard to the degree of supervision in the facility, decor, visitors, potential residents and house rules.
- 14.5.15 The mental health service offers a range of housing options and consumers have the opportunity to choose and move between options if needed.
- 14.5.16 When desired, consumers are able to live in the proximity of their social and cultural supports.
- 14.5.17 The mental health service ensures that housing maximizes opportunities for the consumer to participate in the local community.
- 14.5.18 The mental health service ensures that housing maximizes opportunities for the consumer to exercise control over their personal space.
- 14.5.19 Wherever possible and appropriate, the mental health service-provided housing accommodates the cultural, language, gender and preferred lifestyle requirements of the consumer.
- 14.5.20 The mental health service-provided housing accommodates the needs of consumers with physical disabilities.

SUPPORTED HOUSING PROVIDED BY AGENCIES OTHER THAN THE MENTAL HEALTH SERVICE:

Criteria

- 14.5.21 The mental health service supports consumers in their own housing and supports housing providers in order to promote the criteria above.
- 14.5.22 The mental health service provides treatment and support to consumers regardless of their type of housing.
- 14.5.23 The mental health service does not refer a consumer to housing where he / she is likely to be exploited and/or abused.

14.6 Education

Criteria

- 14.6.1 Educational needs and desires of consumers are identified.
- 14.6.2 The mental health service supports the consumer's desire to participate in and facilitates access to opportunities for further or continuing education.
- 14.6.3 The mental health service ensures that consumers have access to an appropriate range of agencies, programs and/or interventions to meet their needs for education.

14.7 Employment

Criteria

- 14.7.1 The mental health service assists consumers to find and keep competitive employment through a supported / integrated employment approach.
- 14.7.1 The mental health service accommodates consumers' individual choices and decisions about work and support based on consumers' needs, preferences, and experiences.
- 14.7.2 The mental health service emphasizes a focus on rapid attachment to the workforce in integrated settings⁴ and support for consumers in obtaining and keeping integrated employment in community settings.
- 14.7.3 The mental health service ensures consumers' right to fair pay and working conditions.
- 14.7.4 The mental health service works closely with employers to ensure that consumers do not lose their jobs during periods of hospitalization or other temporary out of community treatment.
- 14.7.5 The mental health service assists consumers in defining life roles with respect to work and meaningful activities.

14.8 Family and Relationships

Criteria

- 14.8.1 The mental health service identifies family and relationship-related needs and desires of consumers.
- 14.8.2 The mental health service's treatment and support provides consumers with the opportunity to strengthen their valued relationships.
- 14.8.3 The mental health service ensures that consumers and their families have access to a range of family-centered approaches to treatment and support.
- 14.8.4 The mental health service offers family psychoeducation to consumers' family members and carers⁵.

14.9 Social and Leisure

Criteria

- 14.9.1 Social and leisure needs and desires of consumers are identified.
- 14.9.2 The mental health service ensures that consumers have access to an appropriate range of agencies, programs and/or interventions to meet their needs for social contact and leisure activities.
- 14.9.3 The mental health service ensures that settings for day programs provide adequate indoor and outdoor space for consumers.

⁴ Bond, G.R., Becker, D.R., Drake, R.E., Rapp, C.A., Meisler, N., Lehman, A.F., et al. (2001). Implementing supported employment as an evidence-based practice. *Psychiatric Services*, 52(3), 313-322.

⁵ Dixon, L., McFarlane, W.R., Lefley, H., Lucksted, A., Cohen, M., Falloon, I., et al. (2001). Evidence-based practices for services to families of people with psychiatric disabilities. *Psychiatric Services*, 52(7), 903-910.

- 14.9.4 The mental health service provides or ensures that consumers have access to drop-in facilities for leisure and recreation as well as opportunities to participate in leisure and recreation activities individually and/or in groups.
- 14.9.5 The mental health service facilitates consumers' access to and participation in community-based leisure and recreation activities.

14.10 Medication

- **Medication is provided in a manner that promotes choice, safety and maximum possible quality of life for the consumer.**

Criteria

- 14.10.1 Medication prescription protocol is evidence-based and reflect internationally accepted medical standards.
- 14.10.2 Medication is prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines.
- 14.10.3 The consumer and their carers are provided with understandable written and verbal information on the potential benefits, adverse effects, costs and choices with regard to the use of medication.
- 14.10.4 Where the consumer's medication is administered by the mental health service, it is administered in a manner that protects the consumer's dignity and privacy.
- 14.10.5 "Medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the consumer's distress and/or risk.
- 14.10.6 The mental health service ensures access for the consumer to the safest, most effective, and most appropriate medication and/or other technology.
- 14.10.7 The mental health service considers and documents the views of consumers and, with consumers' informed consent, their carers and other relevant service providers prior to administration of new medication and/or other technologies.
- 14.10.8 The mental health service acknowledges and facilitates consumers' right to seek opinions and/or treatments from other qualified prescribers and the mental health service promotes continuity of care by working effectively with other prescribers.
- 14.10.9 Where appropriate, the mental health service actively promotes adherence to medication through negotiation and the provision of understandable information to consumers and, with consumers' informed consent, their carers.
- 14.10.10 Wherever possible, the mental health service does not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication.
- 14.10.11 Documented policies and procedures exist and are used to achieve the above criteria.
- 14.10.12 For new clients, there is timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment.
- 14.10.13 For open clients, there are regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questions / concerns. The length of each appointment and the length of time between appointments compromises neither clinical protocol nor client – clinician relationships.
- 14.10.14 When legitimate concerns or problems arise with prescriptions, clients have immediate access to a psychiatrist or mid-level practitioner.

- 14.10.15** Medication allergies and adverse medication reactions are well documented, monitored, and promptly treated.
- 14.10.16** Medication errors are documented.
- 14.10.17** There is a quality improvement process in place for assessing ways to decrease medication errors.
- 14.10.18** Appropriate consumers are screened for tardive dyskinesia.
- 14.10.19** Rationale for prescribing and changing prescriptions for medications is documented in the clinical record.
- 14.10.20** Medication education is provided to consumers including “adherence” education.
- 14.10.21** There is a clear procedure for the use of medication samples.
- 14.10.22** Unused portions of medications are disposed of appropriately after expiration dates.
- 14.10.23** Individual consumers’ medications are disposed of properly when prescriptions are changed.
- 14.10.24** There is a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects.
- 14.10.25** There is a clear procedure for using and documenting ‘involuntary’ medication use, including documentation of rationale, efficacy, and side effects.
- 14.10.26** There are procedures in place for obtaining medications for uninsured or underinsured consumers.
- 14.10.27** Assertive medication delivery and monitoring is available to consumers based on need for this service.
- 14.10.28** The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

14.11 Co-Occurring Mental Illness And Substance Use Disorders

Criteria

- 14.11.1** In assessing each individual, the mental health service assumes that a co-occurring mental illness and substance use disorder exists, and orients assessments so as to either confirm or rule out the co-occurrence of these disorders.
- 14.11.2** Assessments utilize tools and methodologies that proactively confirm either the presence or absence of a co-occurring mental illness and substance use disorder.
- 14.11.3** If co-occurring psychiatric and substance disorders are determined to be present, the assessment describes the dynamics of the interplay between the psychiatric and substance disorders.
- 14.11.4** If co-occurring psychiatric and substance disorders are determined to be present, the treatment plan describes an integrated treatment approach.
- 14.11.5** The mental health service provides integrated, continuous treatment for consumers who have a co-occurring mental illness and substance use disorder according to best practice guidelines adopted by the state ⁶.

⁶ Drake, R.E., Essock, S.M., Shaner, A., Carey, K.B., Minkoff, K., Kola, L., et al. (2001). Implementing dual diagnosis services for recipients with severe mental illness. *Psychiatric Services*, 52(4), 469-476.

- 14.11.6 If co-occurring psychiatric and substance disorders are determined to be present, treatment documentation indicates that interventions have integrated psychiatric and substance disorder therapies; when counselors from discrete psychiatric and substance disorders disciplines are involved, documentation indicates ongoing communication and coordination of therapies.
- 14.11.7 The mental health service identifies and eliminates barriers to the provision of integrated treatment for consumers who have a co-occurring mental illness and substance use disorders.
- 14.11.8 The mental health service uses one service and recovery management plan and one relapse plan for each consumer with a co-occurring mental illness and substance use disorder.
- 14.11.9 If possible, the clinician managing the treatment and providing therapy to each consumer with a co-occurring mental illness and substance use disorder is licensed for both mental health and chemical dependency counseling.
- 14.11.10 If the mental illness and the substance use disorder are being treated by more than one professional, the mental health service ensures that communication and treatment integration between these personnel is maximized.
- 14.11.11 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

14.12 Crisis Response and Intervention Services

Criteria

- 14.12.1 The mental health service has clear policies that describe its activities for responding to emergency mental health services within in the defined community.
- 14.12.2 The mental health service operates a 24 hour / day, 7 day / week crisis telephone line.
- 14.12.3 The mental health service responds directly to its own clients who call the crisis telephone line.
- 14.12.4 The mental health service responds directly to unattached individuals who call the crisis telephone line.
- 14.12.5 The mental health service carefully refers consumers who call the crisis telephone line and who are engaged in services with another entity with that entity.
- 14.12.6 The mental health service's crisis telephone number is listed in the local telephone directory under the following cross-referenced sections:
xxxxxxxxxxxxxxxxxxxx

14.13 Representative Payee Services

Criteria

- 14.13.1 The mental health service addresses the potential for coercion and leverage and the ramifications on treatment and support.
- 14.13.2 The mental health service clearly articulates the payee policy and responsibly to consumers.
- 14.13.3 The mental health service utilizes transparent accountability mechanisms.

- 14.13.4 The mental health service has an administrative structure that fiscally manages the representative payee arrangement, and addresses the supervision of individuals who function as payees.
- 14.13.5 Before establishing a payee relationship, the mental health service clearly assesses that the consumer cannot manage his or her own funds, and determines that basic functioning are routinely, directly, and significantly affected by this problem.
- 14.13.6 The mental health service makes every effort to explore alternatives to establishing a payee relationship, including efforts to negotiate voluntary assistance.
- 14.13.7 The mental health service addresses whether, on an individual basis, it is advantageous or contraindicated relative to the recovery process for a consumer's case manager or therapist to be the payee.
- 14.13.8 The mental health service prioritizes the needs of consumers and not the needs or convenience of the mental health service in making decisions about and the structure of provision of payee services.
- 14.13.9 The mental health service provides payee managers and clinical workers with education and training about the issues related to representative payeeships. Important areas are:
 - Transference and counter-transference issues
 - Techniques for preventing volatile situations with consumers.
 - Budgeting principles and techniques for negotiating with consumers.
- 14.13.10 The mental health service incorporates the payee relationship into the service and recovery management plan, including education and skill development that leads to increased independence in money management, and specific criteria for returning autonomy to the consumer.
- 14.13.11 The mental health service uses evidence-based factors (e.g. reductions in hospitalizations and homelessness) to help plan clinical objectives, to measure the effect of representative payeeship, and to determine whether the objectives for establishing a payee relationship are being achieved.
- 14.13.12 The mental health service defines mechanisms by which consumers earn increased financial responsibility in small yet frequent increments by demonstrating successful accomplishment of certain skills.
- 14.13.13 The mental health service defines specific time frames for reevaluating consumers' representative payeeships.
- 14.13.14 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.
- 14.13.15 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

15. Transition Planning

- **The mental health service assists consumers in transitions within the organization, to services outside of the organization, and in planning for their "exit" transition out of the mental health service to a defined "next step" to ensure that ongoing follow-up is available if required.**

Criteria

- 15.1 Consumers' transitions among components of the mental health service are facilitated by a designated staff member and a single individual care plan known to all involved.

- 15.2 Each consumer's individual service and recovery plan includes an exit plan that is begun during entry to the mental health service to maximize the potential for ongoing continuity of care during and after all transitions from the mental health service.
- 15.3 The mental health service ensures smooth transitions of children into adult services if necessary and appropriate.
- 15.4 The exit plan is commenced during entry to the mental health service and developed during assessment, delivery of care and review of care throughout the consumer's contact with the mental health service.
- 15.5 The mental health service reviews exit plans in collaboration with consumers and, with consumers' informed consent, their carers at each contact and as part of each review of the individual care plan.
- 15.6 The mental health service makes the exit plan available to consumers and, with consumers' informed consent, their carers and other nominated service providers.
- 15.7 The mental health service reviews the outcomes of treatment and support as well as ongoing follow-up arrangements for each consumer prior to their exit from the service.
- 15.8 The mental health service provides consumers and their carers with understandable information on the range of relevant services and supports available in the community.
- 15.9 The mental health service ensures that a process exists for the earliest appropriate involvement of the consumer's nominated service provider.
- 15.10 The mental health service ensures that consumers referred to other service providers have established contact, and that the arrangements made for ongoing follow-up are satisfactory to consumers, their carers, and other service provider prior to exiting the mental health service.
- 15.11 All services provided by the mental health service are planned and delivered on the basis of the briefest appropriate duration of contact consistent with best outcomes for the consumer.
- 15.12 The mental health service attempts to maximize consumers' independence and involvement with their community.
- 15.13 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

16. Re-entry Into Service

- **The mental health service ensures planned access to re-entry according to consumers' needs.**

Criteria

- 16.1 The mental health service ensures that the consumer, their carers and other service providers and agencies involved in follow-up are aware of how to gain entry to the mental health service at a later date.
- 16.2 Prior to exit, the mental health service ensures that consumers, their carers and other agencies involved in follow-up, can identify a staff person in the mental health service, by name or title, who has knowledge of the most recent episode of treatment and/or support.
- 16.3 The mental health service schedules followup contact with consumers and post-exit service providers to determine continuity of service, and attempts to re-engage with consumers who do not keep the planned follow-up arrangements.

- 16.4 The mental health service assists consumers, carers, and other agencies involved in follow-up to identify the early warning signs that indicate the mental health service should be contacted.
- 16.5 The mental health service ensures that the individual clinical record for the consumer is available for use in any potential future contact with the mental health service.
- 16.6 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

17. Transition Into and Out of Inpatient Care

- **The mental health service ensures access to high quality, safe and comfortable inpatient care for consumers.**
- **The mental health service ensures that consumers' transitions into and out of inpatient care promote continuity of care and maintenance of family, professional, and community connections.**

Criteria

- 17.1 The mental health service offers and assertively explores less restrictive, community-based alternatives to inpatient treatment and support.
- 17.2 Where admission to an inpatient psychiatric facility is required, the mental health service makes every attempt to promote voluntary admission for the consumer.
- 17.3 The mental health service ensures that a consumer who requires involuntary admission is conveyed to hospital in the safest and most respectful manner possible.
- 17.4 The mental health service ensures that the admission assessment includes the views of other current service providers and the consumer's carers.
- 17.5 The mental health service ensures that there is continuity of care between inpatient and community settings.
- 17.6 As soon as possible after admission, the mental health service ensures that consumers receive an orientation to the ward environment, are informed of their rights in a way that is understood by the consumer and are able to access appropriate advocates. FOR INPATIENT UNIT REVIEW
- 17.7 The mental health service assists in minimizing the impact of admission on the consumer's family and significant others.
- 17.8 The mental health service ensures that the consumer's visitors are encouraged.
- 17.9 The mental health service ensures that there is a range of age appropriate day and evening activities available to consumers within the inpatient facility. FOR INPATIENT UNIT REVIEW
- 17.10 The mental health service provides opportunities for choice for consumers in regard to activities and environment during inpatient care. FOR INPATIENT UNIT REVIEW
- 17.11 The mental health service seeks regular feedback from consumers on the activities and environment associated with inpatient care. FOR INPATIENT UNIT REVIEW
- 17.12 The mental health service, where appropriate, enables consumers to participate in their usual religious and/or cultural practices during inpatient care. FOR INPATIENT UNIT REVIEW
- 17.13 Consumers and their carers have the opportunity to communicate in their preferred language. FOR INPATIENT UNIT REVIEW

- 17.14 The mental health service provides a physical environment for inpatient care that ensures protection from harm, adequate indoor and outdoor space, privacy, and choice. FOR INPATIENT UNIT REVIEW
- 17.15 The mental health service monitors its performance in regard to the above criteria and utilizes data collected to improve performance as part of a quality improvement process.

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