

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE

SUBJECT: ADMISSION, TREATMENT, AND DISCHARGE CRITERIA FROM
OUTPATIENT PSYCHOLOGICAL SERVICES

NUMBER: PC-AD-07

ORIGINAL DATE: 7/21/11

REVIEW-REVISE DATE:

APPROVAL: Rosalynne Reynolds {s}, Agency Director

I. PURPOSE:

The purpose of this policy is to identify consumers at Northern Nevada Adult Mental Health Services (NNAMHS) who are appropriate for services in the Outpatient Psychology Department, identified in Avatar as "NNAMHS Outpatient Counseling Adult". Also, those consumers benefitting from such services and for whom justification exists to continue treatment; and those consumers who should be considered for discharge and referred to other services after discharge.

II. POLICY:

It is the goal of NNAMHS Outpatient Psychology services to establish an effective and efficient delivery-of-care system to persons with Serious Mental Illnesses and Co-occurring disorders. The process described below identifies consumers who do and do not meet criteria for services and outlines procedures to discharge and refer consumers from Outpatient Psychology services. These decisions will be based on an initial assessment for Serious Mental Illness (SMI) and periodic reviews to identify consumers appropriate for initial treatment, for continued treatment, and for discharge.

III. REFERENCES:

Section 1912(c) Federal Public Health Services Act, as amended by Public Law 102-321; NRS 433A.115 defining SMI: NNAMHS Policy defining SMI.

IV. DEFINITION OF SMI:

A person is defined as suffering SMI who:

- (a) has reached the age of 18
- (b) currently has, or at any time during the past year has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, unless they co-occur with a non-excluded disorder; and
- (c) experiences functional impairment, which substantially interferes with or limits one or more major life activities.

V. ADMISSION PROCEDURES:

Referral:

- A. All NNAMHS departments, i.e., Psychiatric Assessment Services (PAS), Medication Clinic, Mental Health Court, Service Coordination, Psychiatric Observation Unit (POU), Dini-Townsend Hospital, etc., refer consumers to Outpatient Psychology Department for services. Referrals are generated at the request of the consumer or a staff member. (A referral is warranted by functional impairment consistent with the definition of SMI. Consumers with a LOCUS Level III, score of 16 or greater are appropriate.) Referrals requesting psychological testing or a clinical interview in order to clarify diagnosis or treatment may also be generated, but not exclusively, by medical staff.
- B. All referrals go to the Outpatient Psychology Orientation Meeting designed to provide an introduction to the department and its services. At the

Orientation Meeting, consumers receive an introduction to the Outpatient Psychology Department, including its emphasis on group treatment and the limitations of, and restrictions on, individual treatment. Consumers need attend only once to receive the orientation materials and to obtain information on the Outpatient Psychology program.

At the Orientation Meeting, consumers fill out a Screening Form. This form contains a list of functional problem areas and symptoms. Each consumer, under the guidance of the psychologist conducting the meeting, reviews the list of functional problem areas and symptoms and endorses those items, which give them difficulty.

As part of the Orientation Meeting, consumers will be instructed on the final step in accessing services.

- C. At a weekly staff meeting, the Psychology staff will review the screening form of those consumers pursuing treatment, and cases will be distributed to a psychologist or to the wait list in the event that there are temporarily no psychologists with space available for new consumers. Thereafter, the assigned psychologist contacts the consumer by phone and sets a first appointment. Initial contacts with the consumer are noted in Avatar under the Wait-List episode; treatment contacts are noted under the Outpatient Counseling episode.

Assessment:

- A. At the initial appointment, an assessment is begun. This evaluation assesses whether treatment in the Outpatient Psychology Department is appropriate. If treatment in the Outpatient Psychology Department is not appropriate, the consumer is then offered other referral options (e.g. Intensive Outpatient Program, Day Treatment, Service Coordination, Live

Better Series, community referrals.) By the third session, a thorough clinical interview, diagnosis and treatment plan are completed. When group treatment is counter-indicated for a particular consumer, individual treatment will be provided.

- B. The consumers will receive one service at a time. To avoid duplication, service delivery will be closely monitored.

- C. Admission for treatment in the psychology department will be based on three criteria:
 - (1) diagnostic appropriateness according to SMI criteria and functional level;
 - (2) the ability to engage in therapy and generate psychological material to work on and to make emotional and behavioral changes; and
 - (3) the presence of motivation to attend consistently therapy sessions and to participate in particular treatment strategies.

Consumers who continue to meet the SMI definition after a specific treatment course is completed may benefit from “After Care”/“Maintenance” group therapy conducted by Doctoral Interns, Masters level therapists and staff psychologists.

VI. EXCLUSION CRITERIA:

- A. In cases where consumers exhibit cognitive deficits that inhibit attention or the incorporation and retention of materials necessary for therapy, a determination will be made to exclude and \ or refer to other appropriate services (Medication Clinic, Service Coordination, “Live Better Series”, Intensive Outpatient Program and Day Treatment Program, etc.).

- B. Consumers already receiving adequate therapeutic or supportive services from other departments may be excluded if adding outpatient psychology treatment would tax the consumer's ability to meet program demands, or would duplicate services.

- C. Personality disorders may render patients low in psychological-mindedness. Personality-disordered consumers may be excluded if the presenting disorder cannot be treated effectively within a short-term time frame, or if the disorder undermines the consumer's ability to make emotional and behavioral changes or to sustain the motivation required to engage in treatment.

- D. Certain diagnoses will be excluded, as they are unlikely to benefit from group treatment. Among these disorders are Antisocial Personality Disorder, Bipolar I (with active mania), Psychotic Disorders, Factitious Disorder, Adjustment Disorders, Substance Dependence Disorders, Delirium, Dementia, Amnesic Disorders, Mental Retardation, disorders related to sexual predation, Sexual-Gender Identity Disorders, and V Codes. Consumers with these disorders may be treated individually or referred out to community resources.

VII. DISCHARGE CRITERIA:

- A. Success in outpatient psychotherapy requires consistent attendance. Attendance will be monitored. Typically, more than two unexcused absences will result in discharge and referral. (Reapplication for treatment may be made through the Outpatient Psychology Orientation Meeting and an individual reassessment by a Psychologist. Consumers may be put on the waitlist.)

B. Consumers will be reassessed during the course of treatment. The LOCUS scale will be used to reassess functional level changes along with the SMI definition, and the consumer's diagnosis, ability to change and motivation for treatment. Discharge may be indicated if the LOCUS score falls to 13 or below, a GAF score of 60 or above, diagnostic changes that violate the SMI definition, diagnostic change occurs as listed under Subsection D of Exclusion criteria, ability to change or flattened motivation, inability to generate psychological material or work on treatment goals, completion of treatment goals, or negligible benefit of continued treatment. Additional factors supportive of discharge include the consumer achieving clinical readiness to transition into a psychology aftercare group or other NNAMHS support services, achieving eligibility for private insurance, Medicaid, or Medicare (enabling a transition to community-based provider), relocation out of the area, or failing to respond to reminder letters (or phone calls) about lapses in attendance.