STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY PETE WILSON, GOVERNO

DEPARTMENT OF MENTAL HEALTH
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August 15, 1997

DMH INFORMATION NOTICE NO.: 97-12

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS
CALIFORNIA ASSOCIATION OF HEALTH FACILITIES
SKILLED NURSING FACILITIES/SPECIAL TREATMENT PROGRAMS

SUBJECT: RECOMMENDED GUIDELINES FOR PROGRAMS IN SKILLED NURSING FACILITIES/SPECIAL TREATMENT PROGRAMS (SNFs/STPs)

EXPIRES: Retain until Rescinded

Over the past three years, an advisory committee convened by the Department examined services provided to clients in SNFs/STPs. Recently, this committee submitted a document consisting of principles and recommendations to the Director for consideration. Following review by Executive Staff, the enclosed guidelines are being transmitted to all county mental health programs, the California Association of Health Facilities, and all SNF/STP providers.

I wish to acknowledge the work of this committee and thank the members for their efforts. The Department urges all agencies involved in these programs to work cooperatively to implement as many of these recommendations as possible.

Please remember that licensure, Medi-Cal certification of facilities, and certification of STPs will continue to be based upon compliance with state and federal statutes and regulations. If you have questions regarding these recommended guidelines, please contact Al Schmid, Ph.D., Chief, Licensing and Certification at (916) 654-2396.

Sincerely,

J. Ruben Lozano, Pharm.D.
Deputy Director

Enclosure

cc: S. Kimberly Belshé, Director
Department of Health Services

California Mental Health Planning Council

Chief, Technical Assistance and Training

GUIDELINES FOR SKILLED NURSING FACILITIES/SPECIAL TREATMENT PROGRAMS (SNFs/STPs)

PRINCIPLES AND RECOMMENDATIONS

1. **Increase client/consumer and family involvement in all individual treatment planning, program design and evaluation.**

   a. Clients/consumers should be full participants in meetings governing decisions about their treatment or services and should be encouraged to involve family members or friends in their own individual treatment plans, as appropriate.

   b. Clients/consumers should be involved in the functioning and decision-making process of the program.

   c. Clients/consumers should be surveyed routinely to determine what types of programs they want and design programs to meet their needs.

   d. Providers should develop an exit interview which elicits feedback from clients/consumers leaving their programs on the issues identified in client/consumer or family surveys to measure the program's success in meeting these objectives.

   e. Clients/consumers and families should be encouraged to actively participate in treatment planning and program design.

   f. The program should have a clearly defined procedure for eliciting and responding to client/consumer and family suggestions and/or complaints.

   g. Facilities are encouraged to develop peer support and self-advocacy programs. Providers could utilize other state and/or local consumer groups to develop these services.

   h. Counties and providers are encouraged to hire, and utilize in an appropriate fashion, persons who have, or have had, psychiatric disabilities.

   i. Service plans should be based upon an individualized assessment of consumer needs and preferences and include, but not be limited to, the following: housing; income support; vocational and educational goals; self-management of symptoms including the roles of medication;

substance abuse; enhancement of interpersonal skills; relationship to significant others; linkages to the community; and survival skills.

2. **Increase staff abilities to promote and support client/consumer self-determination, self-management of symptoms and integration into the community.**

   a. Training should be provided to all SNF/STP providers based on the principles of psychiatric rehabilitation and recovery.

   b. Providers should ensure that each employee receives an appropriate orientation and ongoing training. Such training should include but not be limited to:

      - Introduction to the philosophy and practice of psychosocial rehabilitation;
      - Implementing these principles in a residential milieu including preservation of client dignity, communication and rehabilitation principles;
      - Cultural and linguistic sensitivity and competence;
      - The assessment process and program design;
      - Developing a service plan in conjunction with the client/consumer and addressing their expressed needs, including their cultural values and norms;
      - Developing a personal support plan and supporting self-determination;
      - Developing and utilizing a crisis management plan;
      - Coordinating and collaborating with other agencies and services;
      - Learning alternatives to pharmacological intervention to crises.

   c. Providers should support staff participation in training opportunities in rehabilitation.

3. **Develop services and programs which promote rehabilitation and recovery.**

   a. The Department of Mental Health (DMH) should:
      - Be responsible for providing relevant information and evaluating the extent to which providers are providing relevant training and services;
      - Evaluate the extent to which counties have a process for appropriate triage and discharge planning including the development of less restrictive alternatives to SNF/STPs and ensuring that client/consumer tenure in such facilities is based upon clear criteria justifying the level of care.

b. Providers should:
- Begin discharge planning on the day of admission, which may include visits to potential housing resources, consumer self-help groups, contact with community service providers and opportunities to participate in community activities;
- Create opportunities for vocational rehabilitation, e.g., through apprenticeships in the community and client-run stores, and conduct post-discharge surveys to determine what treatment program elements promoted client self-management and integration into the community;
- Develop in-house presentations by community-based groups/resources.

c. DMH and counties should encourage and assist providers in developing innovative alternative programs based upon existing models which have demonstrated success in teaching community reintegration skills.

d. Counties and providers should:
- Coordinate or develop opportunities for clients/consumers to pursue educational and vocational goals in the community, including coordination with local offices of the Department of Rehabilitation;
- Ensure that there is a single point of responsibility to identify, coordinate and assure a successful and sustained transition to the community.

4. Develop and promote assessment and service criteria which are based upon client/consumer needs and preferences, and are relevant to enhancing their ability to function in the community.

a. Since culture and/or ethnicity are a source of strength and enrichment to clients/consumers, and play an important role in recovery, services should be designed to address the unique needs of each individual, consistent with the client's/consumer's cultural values and norms.

b. DMH, counties and providers should promote the use and documentation of client/consumer treatment choices or alternatives as a vehicle to plan for times of crises and minimize unnecessary hospitalizations and distress.