

HUF CENTER

Partial Hospitalization Program

Updated January 21, 2010

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Service description

Partial hospitalization program, PHP will provide intense psychiatric care to patients. Patients that demonstrate an acute distress or continued care for patients discharged from an inpatient psychiatric hospital; by utilizing intensive therapeutic programming. PHP may serve individuals that have severe mental health condition; but not limited to, patients that need a more intensive therapeutic day service without services of overnight stay.

Services will be provided center base using a team approach model under the direction of a psychiatrist. The team of professionals includes psychiatrist, Licensed Practical Nurse (LPN), licensed social worker and case managers. Hope, Unity and Freedom, HUF will use a tool of ISP, individualized service plan to identify the patient short term needs. The goals and objectives will be measurable, clinically and medically, structured and related to the reason for admission. The ISP will identify active treatment necessary objectives to treat the acute psychiatric symptom to prevent a relapse, decompensate or hospitalization. The When a patient has accomplished their individualized goals and objectives; the intense level of care will no longer be needed. A patient will be referred to a less intense service psychosocial day support or clubhouse program and support.

PHP services provided:

- 1 Individual and group therapy
- 2 Medical and medication management
- 3 Socialization
- 4 Mental health
- 5 Case management
- 6 Aftercare services

Client Served

The population served is adults' males and females that primarily have an Axis I mental disorder with a functioning level of 40 below. Individuals are unable to manage themselves in a less structured environment, which has resulted in significant impairment and a need for crisis stabilization.

- 1 Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or homelessness because of conflicts with family or community.
- 2 Require help in basic living skills such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized.
- 3 Exhibit such inappropriate behavior that repeated interventions by the mental

- health, social services or judicial system are necessary.
- 4 Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significant inappropriate social behavior.

Revised012109

12 VAC 35-105-580

Referral Source

- 1 PCP, Primary Care Physicians
- 2 Psychiatric hospital inpatient treatment programs
- 3 CSB, Community Service Board
- 4 Supportive or Supervised living facilities
- 5 APS, Adult Protective Services
- 6 DSS, Department Social Services
- 7 Mental Health Professionals
- 8 Health Professionals
- 9 Clergy
- 10 Family or Friend
- 11 Self

The Structure Program of Care

Upon admission patients will complete the following:

- 1 An evaluation; initial psychiatric evaluation
- 2 ISP, Individualized service plan identifying the patient psychiatric symptoms that continue to place the patient at risk and the result that the patient may be having difficulty with IADL's, ADL's or social skills
- 3 The patient will be placed in a small group to work on specific activities in a structured setting that enables the patient the opportunity to ameliorate their current condition by clinically therapeutic groups and least restrictive services.

Goals of Service

1. Provide patients with the support and structure to identify the triggers to the psychiatric symptoms that continue to place the patient at risk of hospitalization or restrictive interventions.
2. Promote and create opportunities for the patient give feedback and verbalize their feelings and accept responsibility to respond appropriate.
3. Encourage ownership to develop a plan and provide positive reinforcement
4. Verbalize peer support and give feedback to others
5. Focus on strength and accomplishments

12 VAC 35-105-580

Methodology

All procedures will be followed in accordance with applicable federal, state and agency guidelines. Services will be in the following manner:

1. A patient will be referred to PHP. The pre screening form will be completed by a QMHP to determine an individual appropriate for service.
2. A LMHP will complete an assessment face to face to evaluate the patient needs within 14 days of the referral.
3. A Psychiatrist will review the assessment and authorize the patient appropriate for service prior to initial date of service. If it is determined that the individual is not appropriate for PHP services a community referral will be given by HUF staff if appropriate or services available to the patient.

Exclusionary criteria

- 1 Patient does not have a mental health diagnosis
 - IQ below 40
 - History of suicidal/homicidal, violent/serious criminal behaviors
 - Self harming behaviors

Termination criteria

- 1 If a patient is not benefiting from PHP by their inability to demonstrate progress toward the identified goals and objectives of the ISP in a reasonable timeframe determined by the Psychiatrist and team
- 2 A patient guardian or authorized representative refuse to authorize treatment
- 3 A patient has a higher priority of commitments that requires their treatment to be terminated
- 4 A patient or family poses a threat to harm the staff or other patients

Discharge criteria

- 1 If a patient is no longer in an acute distress of psychiatric symptoms that condition places the individuals at risk
 - 2 If a patient can achieve crisis stabilization in a less intensive setting
 - 3 If the Psychiatrist review evaluation and documentation for re-authorization and it is determine that PHP is not appropriate service for the patient; the individual is not reauthorized for services.
 - 4 If a patient voluntarily discharges themselves
 - 5 A patient guardian or authorized representative requests the patient to be discharge from PHP.
4. An ISP will be completed by the LMHP/QMHP will be developed within 24

hours of intake and a comprehensive ISP is developed in the first 30 days of service. Goals and objectives are defined collaboratively with the family, patient, authorized representative if applicable and LMHP/QMHP. The ISP will be reviewed and modified as needed during the course of the treatment with the client and family to document and share the changing needs, behaviors and goals.

Revised012109

12 VAC 35-105-580

5. The progress of a patient is reviewed and documented every 30 days to determine if the patient needs to continue PHP program or if other appropriate services would meet the patient needs. The documentation will include the date of service delivered, activity and/or timeframe service was provided the time and the amount of time the patient received service and staff signature and credentials/date.
6. A Psychiatrist will review the documentation and assess face to face and Re-authorize the patient appropriate for services that are longer than 90 days consecutive days.

12 VAC 35-105-590

Provider Staffing Plan

Executive Director

Will be responsible for overseeing the program administrative and programmatic services and maintaining compliance with all regulatory governing bodies.

Program Manager

Will be responsible for the program activities, managing staff and responding in the absence of the Executive Director.

Clinical Director

Will be responsible for the clinical assessments, group and individual therapy and clinical observe and supervise patients of PHP.

Psychiatric staff Hope Unity and Freedom will have at least two hours of assigned psychiatric time per week for every five patients admitted of the program. The Psychiatric staff will provide the supervision and clinical needs of the program in a rotation to ensure that all patients receive adequate clinical supervision. Hope, Unity and Freedom LLC will ensure the psychiatric supervision of PHP will be a psychiatrist that will monitor each treatment plan and clinical supervision of treatment of patients.

Case Managers

Will facilitate activities, monitor, observe patients and complete all documentation consistent to the patients individualized service plans; to include other assigned duties.

Transition Staffing Plan /Supervision

Hope, Unity and Freedom will maintain appropriate ratio to ensure the safety and supervision of PHP patients. As capacity increase Hope, unity and Freedom will hire staffing to support services and supervision. In an event Hope, Unity and Freedom add any additional services or change in location the Executive Director will notify in writing the necessary information for all regulatory parties; Office Human Rights/LHRC and assign License Specialist with DMHMRSAS.

Hope, Unity and Freedom will ensure that the program provides adequate supervision for services. PHP will provide a fulltime clinical staff member for every eight patients.

Supervision of employees, volunteers, contractors and student interns will be provided by the Executive Director. Hope, Unity and Freedom will ensure that the person providing supervision has experience working with population served. The Psychiatric staff will provide the supervision and clinical needs of the program. Hope, Unity and Freedom LLC will ensure the psychiatric supervision of PHP will be a psychiatrist that will monitor each individualized service plan, clinical supervision of treatment of patients, approving assessments and authorizing/reauthorizing treatment for patients.

Revised012109