
California Adult System of Care Committee Recommended Guidelines for Levels of Service

I. INTRODUCTION

Managers of adult mental health services meet regularly as the Adult System of Care Committee and we often forward our best ideas to the organization of California Mental Health Directors, CMHDA. As part of our effort to transform our mental health system, this group recommends that all of California's county mental health directors use the "Levels of Service Guidelines" described below. This Level of Service structure provides us with a common language for describing county mental health adult services.

We intend that these guidelines offer a general description of various levels of service based on a consumer's characteristics and circumstances, and the intensity of services and supports that provider and consumer agree would help.

II. LEVELS OF SERVICE STRUCTURE

A. Assessment and Services Dimensions:

An assessment tool that has been tested and proved reliable is used to help consumers and staff determine what services might be needed. Included in this assessment are:

- The consumer's current stage of engagement
- Their current level of functional impairment
- Their other medical problems or substance abuse .
- Their available family and community support
- Their level of stress and their risk of harm

From all this information, the consumer is considered to be in one of four "Levels" as described below and they should receive the associated array and intensity of support and services. The goal of the services is to promote health and wellness, and promote their journey toward recovery.

We don't use this to label people!!

People with a mental illness, including consumers of county mental services, must always be seen as individuals, and served with respect. Talking about "Level Four" consumers and "Level Two" services based on a consumer's characteristics and circumstances is a way to help us plan our programs, and might be a way for us to be sure our programs consistently acknowledge and encourage growth, change and recovery. The best programs encourage movement to another "Level" of wellness by providing support for consumer chosen outcomes. The best services adjust their "Level of Service" and correct according to a consumer's individual strengths and needs. Ideally, any "Level" of mental health treatment and support is offered within a community where activities and opportunities are widely available, and people with psychiatric disabilities are always welcome.

B. Levels of Service General Descriptions

Consumers may be “assigned” to a level of care either from their first assessment upon entering the system, or by transitioning from another level. Ideally, a “whatever it takes” approach and a full array of services and supports is available regardless of where a consumer enters the system, varying in intensity based upon need.

Level FOUR describes services that we know as “assertive community treatment” and is best for consumers who are at imminent risk of involuntary treatment, or would not be discharged without the availability of intensive community support. For consumers at this service level, the care team offers daily medication support, 24/7 response, integrated co-occurring disorders treatment, intensive case mgt and linking to benefits. Supported housing is available, and the focus of the treatment is to engage the consumer in services that will help them stabilize in a community setting.

Indicators of Success at this Level

The consumer shows improved levels of functioning, increased interest in FSP services less need for 24 /7 response. They are linked to personal support and public benefits, they are able to maintain themselves in safe and stable housing, they have an increasingly hopeful outlook, and they are beginning to place a high value on work/activities

Level THREE describes an intensive level of services that may be brief or need to be sustained for several years. Consumers who need Level Three services may be in pre-contemplation or contemplation stages, and who have started to engage in their treatment. The focus of service is firm engagement of the consumer in their treatment and recovery process. For consumers at this service level, the care team offers medication services, ongoing integrated co-occurring disorders treatment, psycho-education, group treatment, urgent care, and family support. Supported housing may be available, and an expectation of participation in supported vocation or education programs. As the consumer becomes stronger, the focus of treatment is on increased community based activities and supports, and less involvement by the care team.

Indicators of Success at this Level

The consumer is responsive to available services and supports, some experience living independently; they are developing illness management skills, developing peer and community support, achieving some personal goals, engaged in education, training, volunteer or paid work

Level TWO describes the beginning of more independence from the mental health system. Consumers who need Level Two services have an established wellness plan, are able to manage their illness, including emergencies, and so they need less from the treatment system and more from the support system, such as supported housing, vocational, education, peers support, encouragement, and family support. Limited case management or medical services are provided for people at this level

Indicators of Success at this Level

The consumer is managing their impairment, they are engaged in community and peer activities, and they have a plan for managing stress related to work, education, other employment; very stable supportive housing, strong personal emergency support plan.

Level ONE describes community services for consumers who have achieved a level of independence from the county treatment system. They are able to manage their illness well with family and or peer support, medication, and meaningful activities. Some may be transferred to their Primary Care Physician for ongoing medication support. Most are involved with community programs and support.

Some counties do not provide Level One services within Mental Health; instead they transfer care to the consumer's primary care doctor. Other systems continue to serve consumers at this level with their system.

Indicators of Success at this Level

The consumer has strong life goals, consistent illness mgt skills; they carry a recovery orientation, and are engaged in recovery activities

NOTE: Staff ratios and service hours developed for each Level of Service should reflect a best practice approach and are unique to each County mental health system. All of us are working on how to offer comprehensive services, including supported housing, education, vocational and wellness services, to an ever-expanding number of consumers. Many factors affect a county's ability to provide these services. Among these, their progress toward system transformation, their annual mental health budgets, their integration of mental health care management programs, availability of affordable housing, employment opportunities, and community inclusion of persons with psychiatric disabilities.

III. CONTACTS AND CREDITS

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IV. REFERENCE MATERIALS

1. American Association of Community Psychiatrists: *LOCUS*
2. Dave Pillon Ph. D. and Mark Ragins, MD *Milestones in Recovery Scale*
3. Kern County Service *Capacity Study*
4. CIMH CDHS *CaMEND*
5. Mental Health Recovery Best Practice *Ohio Department of Mental Health*
6. U.S Department of Health and Human Services SAMSHA *Consensus Statement on Recovery*