

## **Treatment and Supports**

### **Case Management**

Case Management is a means of coordinating the services available in a community to ensure continuity of mental health care across a non-integrated service system. There are two basic service models of Case Management: the broker model and the direct services model. In the broker model, the role of the case manager is to develop a service plan, link an individual with mental illness to services, monitor those services, and determine whether other services are needed.<sup>1</sup> The direct services model employs a multidisciplinary team of professionals to provide individualized treatment services. Treatment is offered in the community rather than in traditional service settings. Length of treatment may be indefinite, and case managers in direct service models have reduced caseloads compared to case managers in broker models.

#### **Assertive Community Treatment (ACT)**

For more information on:

Assertive Community Treatment

*Go To: Treatment and Supports –  
Evidence-Based Practices, p. 20*

**Forensic Assertive Community Treatment  
(FACT)**

Forensic Assertive Community Treatment is an adaptation of Assertive Community Treatment (ACT) with the additional goal of reducing arrest and incarceration. FACT is dependent upon case managers that are criminal justice savvy.

For more information on:  
Forensic Assertive Community Treatment  
(FACT)

*Go To: Treatment and Supports –  
Evidence-Based Practices, p. 21*

**Forensic Intensive Case Management  
(FICM)**

Forensic Intensive Case Management is an adaptation of Intensive Case Management (ICM) for justice-involved people with serious mental illness. This form of Case Management focuses on mental health and criminal justice outcomes.

Judges' Guide to Mental Health Jargon Second Edition

For more information on:

Intensive Case Management (ICM)

*Go To: Treatment and Supports – Case Management, p. 17*

**Intensive Case Management (ICM)**

Intensive Case Management is a form of Case Management that involves assertive outreach. Intensive Case Management employs case managers with individual caseloads who broker mental health treatment and other services. When Intensive Case Management is adapted for forensic populations it is known as Forensic Intensive Case Management (FICM).<sup>2,3</sup>

**Clubhouses**

Clubhouses are local resource centers that provide a support system for people with mental illness. Clubhouses may help their members find work, housing, or educational opportunities.

**Cognitive Behavioral Therapy (CBT)**

Cognitive Behavioral Therapy involves recognizing current, destructive patterns of thinking and

behaving, then replacing them with more realistic or helpful ones. There are multiple forms of Cognitive Behavioral Therapy.

**Dialectical Behavioral Therapy (DBT)**

Dialectical Behavioral Therapy employs cognitive behavioral techniques to address self-harm behaviors and skill deficits. DBT helps the individual to better identify and manage destructive behavior and emotions by applying new skills to tolerate difficult life events and improve interactions with others. This therapy was first developed for treating borderline personality disorder but is now used to treat many psychiatric disorders.

**Cognitive Processing Therapy**

Cognitive Processing Therapy is a cognitive behavioral treatment for post-traumatic stress disorder (PTSD) that targets the coping strategies people develop in response to a traumatic experience but can extend the symptoms and related problems. It helps individuals identify and question stuck points and problematic thinking as well as associated problems such as guilt and anger. The therapy includes a psychoeducation

component about PTSD that explores the impact on an individual's attitudes, thinking, and beliefs.

### **Criminogenic Risk**

Individuals involved with the criminal justice system display great variation in their likelihood of committing another crime—commonly referred to as their criminogenic risk. Criminogenic risk factors are categorized as either static or dynamic. Static risk factors are unalterable, such as an individual's criminal history. Dynamic risk factors can change over time and are amenable to interventions.

### **Criminogenic Needs**

Criminogenic needs are dynamic risk factors that are directly linked to criminal behavior. Justice-involved persons with mental illness have more criminogenic needs than individuals without mental illness.

### **Day Treatment**

Individuals in a Day Treatment program, also called Partial Hospitalization, reside at home while attending a treatment program during the day.

### **Evidence-Based Practices (EBPs)**

The term Evidence-Based Practices refers to interventions that, through research, are found to be beneficial, effective, and replicable for people with serious mental illness. The following practices have been identified as EBPs.

#### **Assertive Community Treatment (ACT)**

Assertive Community Treatment, or Program for Assertive Community Treatment (PACT), is an intensive, team-based form of direct service Case Management that provides comprehensive, community-based treatment to people with serious mental illness and co-occurring disorders. The ACT team approach includes shared caseloads, the participation of psychiatrists, and the availability of medication management. It is intended for people who are functionally impaired and at high risk of inpatient hospitalization.<sup>4</sup> Individuals receive services within their own community and home settings. Team members include specialists in psychiatry, social work, nursing, substance abuse treatment, and vocational rehabilitation.

Forensic Assertive Community Treatment (FACT) is an adaptation with the additional goal of reducing arrest and incarceration.

**Family Psychoeducation**

Family Psychoeducation is a practice of working in partnership with families to help them develop positive coping skills for handling problems posed by mental illness and skills for supporting the recovery process.<sup>5</sup>

**Illness Management and Recovery (IMR)**

Illness Management and Recovery is a set of practices that provides people with serious mental illness skills to manage their illness in order to achieve recovery goals. Practices include psychoeducation, behavioral tailoring, relapse prevention skills, social skills training, and the development of coping strategies. IMR is also referred to as Wellness Management and Recovery (WMR) and Symptom Self-Management.<sup>6</sup>

**Integrated Treatment for Co-Occurring Disorders**

Treatment of co-occurring disorders is integrated when mental health and substance use treatment takes place in the same service setting with cross-trained staff.

**Medication Treatment, Evaluation, and Management (MedTEAM)**

Medication Treatment, Evaluation, and Management is an Evidence-Based Practice for the delivery of medications management services to individuals with serious mental illness, with a focus on evidence, clinical expertise, consumer experience, and shared decision-making.<sup>7</sup>

**Supported Employment**

Supported Employment is competitive employment with supports for people with serious mental illness.<sup>8</sup>

**Permanent Supportive Housing**

Permanent Supportive Housing is an affordable housing strategy where individuals live as tenants, with tenancy obligations



and tenancy rights, with access to voluntary support services, choice in services, at various levels of intensity.<sup>9</sup>

For more information on:

Housing Models

*Go To: Treatment and Supports, p. 23*

### **Consumer-Operated Services**

Consumer-Operated Services are “peer-run service programs that are owned, administratively controlled, and operated by mental health consumers and emphasize self-help as their operational approach.”<sup>10</sup>

For more information on:

Peer Specialist

*Go To: Treatment and Supports, p. 30*

Peer Support

*Go To: Treatment and Supports, p. 30*

## **Housing Models**

### **Emergency Housing**

Emergency housing is short-term housing made available in response to a crisis. It is provided either in emergency shelters or motel rooms funded for such a purpose.

**Housing Choice Voucher Program**

The Housing Choice Voucher Program provides housing assistance secured from a local housing authority or other provider in the form of direct payments to landlords. Housing Choice allows people with a low income to rent market-rate housing.

**Housing First**

Providing immediate access to permanent housing for people who are homeless is the hallmark of the Housing First approach. Support services are available following the placement in order to provide housing stability and meet individual needs. Housing is contingent only upon meeting the terms of a lease rather than with treatment compliance.

**Housing Ready**

Housing Ready approaches are transitional and highly structured. Such programs often require individuals to progress through several types of housing placements before receiving access to permanent housing.

**Low-Demand Housing**

Low-Demand Housing allows people in need of support services to determine the type and intensity of services they receive instead of requiring them to comply with pre-existing service plans. Most people accept support services when allowed to access them voluntarily and without coercion. Permanent Supportive Housing is a form of Low-Demand Housing.

**Permanent Supportive Housing**

Permanent Supportive Housing is affordable rental housing with support services.

For more information on:

Permanent Supportive Housing

*Go To: Treatment and Supports –*

*Evidence-Based Practices, p. 22*

**Shelter Plus Care Program (S+C)**

The Shelter Plus Care Program provides housing and long-term support services for people who are homeless with disabilities (e.g., people with serious mental illnesses, chronic problems with alcohol and/or drugs,

and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families.

**Single Room Occupancy (SRO)**

This is housing that provides an individual with a single room in which to live.

**Transitional Housing**

Transitional Housing programs determine when people are ready to move beyond an emergency shelter or institutional setting into a more independent living situation. Transitional Housing programs emphasize the importance of people developing independent living skills and achieving some clinical equilibrium prior to placement into permanent housing. Such programs may offer apartment-style, group, or shared family housing.

**Income Supports and Benefits**

**AIDS Drug Assistance Program (ADAP)**

Administered by the Federal Health Resources and Services Administration (HRSA), the AIDS Drug Assistance Program (ADAP) provides medications for the

treatment of HIV/AIDS to people without adequate health insurance or financial resources. Program funds may also be used to purchase health insurance or for services that enhance access to and adherence with drug treatments. ADAP funds are handled by each State and Territory, giving them control over the formulary and distribution of medications.

**Medicaid**

Medicaid, administered by the Centers for Medicare & Medicaid Services (CMS), provides medical benefits to some people with a low income who have inadequate or no medical insurance. Although the Federal government establishes general guidelines, Medicaid program requirements and eligibility are established by each State.

**Medicare**

The Centers for Medicare & Medicaid Services (CMS) administer Medicare, a health insurance program for people 65 years of age and older, some people with disabilities under 65, and people with end-stage renal disease.

**Social Security Disability Insurance (SSDI)**

Administered by the Federal Social Security Administration (SSA), Social Security Disability Insurance (SSDI) provides wage replacement income for people with an eligible disability who have paid FICA taxes. This program provides benefits to family members when a primary wage earner becomes disabled or dies and to eligible children or adults disabled since childhood.

**Supplemental Security Income (SSI)**

An income supplement program of the Federal Social Security Administration (SSA), Supplemental Security Income (SSI) is funded by general tax revenues to help low-income elderly people and people with eligible disabilities. The program provides income to meet basic needs.

**Involuntary Outpatient Commitment (IOC)**

Involuntary Outpatient Commitment, also known as Assisted Outpatient Treatment (AOT), involves a civil court order directing an individual with a serious mental illness to comply with a community-based

treatment plan due to treatment history and safety concerns. Failure to comply with the treatment plan may result in involuntary hospitalization.

**Mental Status Examination (MSE)**

A Mental Status Examination assesses an individual's present mental state through evaluation of appearance, behavior, speech, mood, perceptions, thought process, and cognition.

**Multisystemic Therapy (MST)**

Developed for justice-involved adolescents with substance use disorders who engage in violent acts, Multisystemic Therapy is a family-based treatment program that emphasizes the importance of social networks, skills development for parents, and coping strategies for adolescents.<sup>11</sup>

**Partial Hospitalization**

*Go To: Treatment and Supports – Day Treatment, p. 19*