

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.¹ 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 (ACT)

*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 who 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.

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. ICM employs case managers with individual caseloads who broker mental health treatment and other services. When ICM is adapted for forensic populations it is known as Forensic Intensive Case Management (FICM).^{2, 3}

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 and replacing them with more realistic or helpful ones. There are multiple types of CBT, including Rational Emotive Behavior Therapy (REBT) and Dialectical Behavioral Therapy (DBT). CBT models that target criminogenic needs include Thinking for a Change (T4C); Reasoning and Rehabilitation (R&R); Moral Reconciliation Therapy (MRT); and Relapse Prevention.

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 counterproductive coping strategies people may develop in response to a traumatic experience. The therapy 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 and the effect it can have on an individual's attitudes, thinking, and beliefs.

Criminogenic Risk

Individuals involved with the criminal justice system differ in their likelihood of committing another crime. The probability that an individual will re-offend is referred to as his or her criminogenic risk. Criminogenic risk factors are categorized as either static or dynamic. Static risk factors are those that are unalterable, such as an individual's criminal history, demographics, and age at first arrest. Dynamic risk factors are those that 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 (EBP)

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 are 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.⁴ 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 of ACT, with the additional goal of reducing arrest and incarceration.

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.”⁵

For more information on:

Peer Specialists

Go To: Treatment and Supports, p. 31

Peer Support

Go To: Treatment and Supports, p. 32

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.⁶

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 to achieve recovery goals. Practices include psychoeducation, behavioral tailoring, relapse prevention skills, social skills training, and the development of coping strategies. IMR is often referred to as Wellness Management and Recovery (WMR) and Symptom Self-Management.⁷

Integrated Treatment for Co-Occurring Disorders

Treatment of co-occurring disorders is integrated when mental health and substance use treatment takes place concurrently, with interventions coordinated among all providers. Integrated Dual Disorders Treatment is a specific evidence-based practice that integrates addiction treatment within the context of treatment for serious mental illnesses.

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. MedTEAM's focus is on evidence, clinical expertise, consumer experience, and shared decision-making.⁸

Permanent Supportive Housing

Permanent Supportive Housing is an affordable housing strategy in which individuals live as tenants, with tenancy

obligations and rights, and have access to voluntary support services at various levels of intensity.

For more information on:
Housing Models

Go To: Treatment and Supports, p. 24

Supported Employment

Supported Employment is competitive employment with supports for people with serious mental illness.⁹

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 to provide housing stability and meet individual needs. Housing is contingent only upon meeting the terms of a lease rather than upon 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 gaining 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 they are 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. The services, such as Case Management or Vocational Rehabilitation, may be offered on-site or at locations in the community. Single Room Occupancy (SRO), group homes, Housing Choice subsidized apartments, and shared housing may be used by Permanent Supportive Housing programs.

For more information on:

Permanent Supportive Housing

Go To: Treatment and Supports- Evidence-Based Practices, p. 23

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 permanent 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 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 pay 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 people with 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. The Patient Protection and Affordable Care Act was signed into law by President Obama in 2010 and gives states the option

of expanding Medicaid to include a larger number of low income individuals.

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 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 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.