

# PHILADELPHIA DEPARTMENT OF BEHAVIORAL HEALTH AND MENTAL RETARDATION SERVICES

## Program Description Guidelines

### I. Introduction

#### A. Name of the Program

Please give the name of the program you plan to operate.

#### B. Location

List the street number, street name, city, state and zip code of the administrative site, the main program site and any satellite sites.

#### C. Key Personnel

Please list the names and telephone numbers of the Chief Executive Office and/or designee:

#### D. Type of Program

Please identify the type of license the agency is seeking; i.e., mental health outpatient, drug and alcohol program, community residential rehabilitation (CRR), etc..

### II. Governance

#### A. Agency or Body Having Authority over the Program

Please identify, by name, the agency operating the program.

#### B. Description of Agency Relationship with the Department of Behavioral Health and Mental Retardation Services.

Attach copy of the letter of agreement.

#### C. Agency Experience

Please give a brief description of the agency. Describe previous and current experience operating behavioral health and/or children's programs. List any present or past contracts with the City of Philadelphia, including DHS.

## Philadelphia DBH/MRS Application

### D. Mission Statement

Please include the agency's mission statement and guiding principles. Identify how this new program will serve the mission of the agency and the tenets of recovery and resiliency as reflected in the DBH 's system transformation.

## III. Program Description

### A. Assessment of Need for the Service

Describe the reason for this service. Support the reason with data and identify the information source. Please include analysis of client need, utilization and gaps in service. Providers must demonstrate that they have conducted a needs assessment, both internally and geographically, to ensure that there is a need for the service (new, expanded or enhanced) being requested.

Providers should include demographic information of current clients, potential clients that are awaiting services, and any attempts to obtain feedback from the community at large for specific service. The needs assessment should coincide with other systems of care as appropriate.

### B. Target Population(s)

Please identify the group(s) you plan to serve. Target populations should minimally be identified by age, gender, and the severity of substance abuse, mental retardation, emotional disturbance and/or or mental illness. Indicate where the service will be delivered and geographical area or location (i.e., school), please include this information also.

### C. Specific Services to be Provided

Describe the services to be provided in the program and identify the locations where the services will be provided. If services will be provided to children, or to their families, describe those services specifically.

Discuss the referral process into the program and referrals out of the program, provided for those individuals who are not eligible. Identify the programs that have agreed to accept these referrals. If available, please attach an agreement letter from these programs or agencies.

In addition, if appropriate, please indicate the type of care the program provides; i.e., long-term or short term (60 days or less), chronic or acute. Identify the anticipated length of stay for the program.

## Philadelphia DBH/MRS Application

Please note that crisis/prevention services must be provided by agencies seeking a license for residential programs.

### D. Goals and Objectives for Each Major Service Area

Include measurable outcomes to be achieved over a specific time period for each service provided; i.e., individual treatment, parent involvement component, etc. These outcomes must focus on recovery management of individual clients/consumers.

### E. Treatment Model and Approach

Describe the treatment model in detail and a clear explanation of the primary treatment interventions and modalities that will be utilized. Include evidenced-based, supported or suggested practices that will be integrated into the treatment approach.

### F. Treatment Planning

Describe the process you will use to develop and implement Treatment Plans. Describe the components of the treatment plan, the intervals at which they will be updated and identify the persons and/or agencies involved in the development. The manner in which individuals and families will participate in this process **must** be included in your description.

### G. Linkages

Please identify formal and informal relationships between the proposed program and other community services. Include a brief description of the types or purpose of the relationships; i.e., referrals, services, discharge or transition services, etc. It is expected that full community integration offer real opportunities to use the larger community as learning and practice environment for clients.

For children's services: Describe ongoing relationships with staff from other child-serving systems; i.e., specific child welfare, schools, community and faith based organizations and how program staff will work with these resources to plan for children who are active with their agencies.

### H. Case Management Processes and Linkages

See III.G. above, except as it applies to the Base Service Units and case management. For children's services: Describe the case management services available to children in this program. Identify the provider of service and length of time the service is available to children and their families.

## Philadelphia DBH/MRS Application

I. Crisis Intervention *(Required for residential programs)*

Describe the process to be used to prevent and/or intervene in crises or urgent situations. Residential programs must have an in-house response to manage this service.

J. Consumer and Family Involvement/Social Supports

Describe the manner in which family and/or other social supports will be involved in treatment planning and service delivery. Please describe the inclusion of consumers in the development of services; the degree to which consumers are offered choices; the degree to which consumers are assessed on the basis of both strengths and challenges, the ability for administration to treat both staff and consumers with a recovery focus, reinforcing the culture of acceptance, and ensuring that a holistic approach is the rule rather than the exception

K. Promotion of a recovery-oriented service system for people with substance abuse and psychiatric disorders

A recovery oriented system is a system filled with the hope that some people can and do fully recover from serious mental illness and/or addiction. It recognizes that each person's recovery journey is individual and that the journey is the process of developing new meaning, purpose, values, roles and relationship following the development of an illness, addiction or other traumatic life event. It is a person-centered approach, which recognizes that what recovery is to one person is different from what recovery is to another.

A recovery-oriented system focuses on supporting the person's wellness, not just stabilization or treating the illness. It may include returning to a healthy state evidenced by improving one's mood and outlook on life following an episode of depression; managing one's illness such that the person can live independently and have meaningful employment and healthy social relationships; reducing the painful effects of trauma through a process of healing; attaining or restoring a desired state such as achieving sustained sobriety; or building on personal strengths to offset the adverse effects of a disability.

There are many steps that a provider agency may take to foster an environment that promotes recovery. One key element of promoting recovery is through employing peer specialists and Recovering Persons in the treatment program and overall agency structure. Peer specialists are persons with serious mental illness or addiction issues who are in recovery and who can be involved in the program at all levels of planning.

L. Evidence Based Practice

## Philadelphia DBH/MRS Application

Evidenced based practices are interventions that have shown consistent scientific evidence of being related to preferred consumer/client outcomes or interventions for which there is significant supporting evidence suggesting they are effective. The use of evidence based practices holds the potential to improve quality of care, particularly for individuals who present with complex issues, within the constraints of limited resources; to offer support for providers who are under pressure to improve performance; and to address the need for increased accountability on the part of agencies and service systems. In instances where no evidence based practices exist for the population being targeted and the program being proposed, model programs or promising programs that suggest effectiveness may also be used.

Providers must ensure that whatever service is being proposed, that it be based upon practices/approaches that meet the following standards.

- Evidence-based: Research supported and high level of confidence
- Evidence-supported: Based upon quasi-experimental studies
- Evidence suggested: Consensus among experts and qualitative data
- Evidence-informed: Limited amount of data or a modified evidence-based practice.

### M. Cultural Competency

Cultural competence is a set of congruent practice skills, attitudes, policies and structures which come together in a system, agency or among professionals and enable that system or those professionals to work effectively in cross cultural situations. Cultural competency is the acceptance and respect for difference, continuing self assessment regarding one's own or another culture, attention to the dynamics of difference, ongoing development of cultural knowledge and resources and flexibility within service models to work towards better meeting the needs of diverse populations.

For DBH/MRS, the expectation is that providers will respond effectively to the needs and differences of all individuals, irrespective of their race, gender, age, physical or mental status, sexual orientation, and ethnic or cultural heritage. Cultural competency is also one medium through which behavioral health disparities are addressed.

### N. Behavioral Health Disparities

Behavioral health disparities are defined as systematic differences in healthcare practices and service utilization patterns related to race, culture or gender and not due to a health condition. The causes of behavioral health disparities can range from discrimination, stereotyping, racism and cultural mistrust to socioeconomic differences, language barriers, differences in help seeking norms, payor status and the intercultural divide between service systems and people's community norms. The manifestation of these disparities is a reduced access to and availability of high quality behavioral health services. This means increased distress for some individuals who may be misdiagnosed, who do not receive the treatment they require, who fail to get the medications they need and who, as a

## Philadelphia DBH/MRS Application

result, may experience a greater burden of disability. All applications must describe how these disparities will be addressed in the proposed program.

### O. Trauma Informed Services

Trauma informed service occurs within a culture where there is an understanding of the relationship between human behavioral pathology and exposure to abuse of power, disabling losses and disrupted attachment. Individuals who have been abused or have otherwise suffered significant losses often lack the basic skills required for healthy living. Addressing these individuals' needs requires an environment where staff have been trained and are sensitive to the issues that adversely impact upon the people with whom they are working. Successful applicants will need to demonstrate an understanding of these issues and describe how they will be incorporated into the program being proposed.

### P. Adherence to CASSP Principles (For children's services)

The Child and Adolescent Service System Program (CASSP) is both a philosophy and a set of guidelines developed by the National Institute of Mental Health. The CASSP principles have been adopted by the Pennsylvania Department of Public Welfare as the operating guidelines for children's programs in the public system. Agencies must use these principles to develop program proposals sent to this office for endorsement.

### Q. Adherence to CSP Principles (For adult services)

The Community Support Program is a conceptual framework developed by the National Institute for Mental Health (NIMH), and supported by the Philadelphia Behavioral Health System. It has long been recognized that persons with serious mental illness require a range of basic community services and supports. CSP, however, represents more than a network of service components. It also represents a philosophy about the way in which services should be delivered. The CSP ideology embraces the concept that people who have a mental illness should be treated with dignity and respect and that these individuals have the same needs, rights and responsibilities as other citizens. Agencies must use these principles to develop program proposals sent to this office for endorsement.

### Adherence to NIDA Service Principles (For drug and alcohol services)

The National Institute on Drug Abuse has presented a set of overarching principles that characterize the most effective drug abuse and addiction treatments and their implementations, based upon an extensive body of research, called 'Principles of Drug Addiction Treatment: A Research Based Guide'. Additional information can be found on NIDA's website: <http://www.nida.nih.gov>. Agencies must use these principles when developing substance abuse proposals.

## IV. Administration

## Philadelphia DBH/MRS Application

### A. Table of Organization and Governance

Please show all operating units and their interrelationships. Identify the unit heads by title and, if possible, by name. Does the agency operate as a for-profit or non-profit?

### B. Governing Body

Describe the governing body of your organization. Each provider agency must provide a list of the names, gender, race, and business addresses of all members of its Board of Directors. Please indicate which, if any, board members are consumers, recovering persons or family members.

### C. Staffing

List the numbers, hours per week, minimum qualifications and functions of all staff positions in the program. Also, please provide a brief description of the duties of each position and curriculum vitae for the program director and the psychiatrist (if applicable). For unfilled positions, please include job descriptions for each position. Please include the number of Recovering Persons on staff.

### C. Number of People to be Served in the Program

Please identify the following:

1. Number of slots (partial hospitalization and residential programs only);
2. Maximum number of persons to be enrolled in the program at one time;
3. Total number of persons projected to receive services in one year.

### D. Hours of Operation

Please note the specific days of the week and starting and ending times the program will operate.

### E. Type and Content of Service Records

Please list the forms that will be used in the service record and the purpose of each form (include sample forms in the appendix). Describe how you will ensure confidentiality.

### F. Physical Plant Description

## **Philadelphia DBH/MRS Application**

Provide a brief description of the physical plant in which the program will operate and the larger community in which it is located. Include a copy of the blueprint or drawing for the space used for the program. Please include copies of all applicable certificates of approval; e.g., L&I, Fire, Health, etc.

### **G. Ancillary and Supportive Services**

Describe all non-clinical services provided to children in the program (e.g., transportation, food services) for each service provided.

## **V. Community/Stakeholder Participation**

Please include information on the following:

- A. Type and nature of the planning process used in the development of the program
- B. Persons involved in the planning process (include information on the manner in which community input was achieved)
- C. The process to be used to collect ongoing community input.
- D. Identify local faith leaders and evidence of ongoing support from the community's Faith-Based organizations.
- E. Evidence of endorsement from the base service unit (for partial hospitalization programs only).
- F. Evidence of endorsement from the school district (for school-based or affiliated programs only).

## **VI. Quality Assurance and Outcomes**

Providers must demonstrate that consumers and families were involved in the needs assessment process, and in the development of the request for a new, expanded, or enhanced service. This should include focus groups, consumer and family members involved in the development of the proposal or writing of the program description.

Please describe the following:

- A. List proposed Outcome Measures that will be used to evaluate the effectiveness and impact of the program.
- B. Processes used to ensure that goals and objectives are achieved; and

## **Philadelphia DBH/MRS Application**

- C. Quality assurance measures.
- D. Recovery focused outcomes
- E. Evidence of the use of Peer Support and Consumer Involvement

## **VII. Minority Business Economic Council and Non-Discrimination**

The City of Philadelphia Minority Business Enterprise Council (MBEC) has set goal levels and opportunity ranges for minority, women, and businesses operated by persons with disabilities. Instructions relating to the MBEC requirements and forms that must be completed and submitted as part of the proposal process can be found on the City of Philadelphia website.

As a condition of accepting and executing a contract with DBH/MRS all agencies agree to comply with all relevant sections of the Civil Rights Act of 1984, the Pennsylvania Human Relations Act, Section 504 of the Federal Rehabilitation Act of 1973, and the Americans with Disabilities Act, hereby assuring that:

*The contractor does not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation, handicap or disability in providing services, programs or employment or in its relationship with other contractors.*

## **VIII. Staff Development and Training**

Please describe the orientation and ongoing service training provided to staff (include list of topics and the required hours of training).

## **X. DPW Licensure Forms**

As required.