



BrightLife Enhancement Services

Holistic approach to healthcare

Outpatient Mental Health Program (OMHC) - Adults

Mission

Our Mission Statement

Brightlife Enhancement Services mission is saving the minds of our community one mind at a time.

Brightlife Enhancement Services is a community-based organization that is dedicated to providing life skills training and education to adult men and women. We assist by providing quality outpatient care for substance abusers and those with behavior issues. The end result of our services is a new person with the confidence needed to restore his or her life.

Program Philosophy:

It is the philosophy of Brightlife Enhancement Services is that each person has a responsibility for his/her own health and must be an active participant in his/her own healing. Clients are encouraged to be responsible for the daily care of their health through diet, exercise, lifestyle and attitudes about what constitutes wellness. We support our clients every step of the way, helping them to make appropriate choices and take responsibility for their well-being.

Program Description:

Our Outpatient Program is organized and staffed to provide a pathway to strengthening individuals, families and communities by offering mental health and community services that empower and assist individuals in reaching their full potential. This is done through a holistic approach to care where we treat the client as a "whole." Brightlife Enhancement Services provides Outpatient Services to clients 18 years and older.

Our Outpatient Services are organized to provide an environment in which the client receives services from our personnel who are trained in the delivery of services for



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persons with mental health issues. Our Outpatient Services are provided in a freestanding, non-hospital-based facility.

The staff are available for serves 24 hours a day. Brightlife Enhancement Services personnel are available to the client's 24 hours a day and are able to meet the needs or conduct services whenever the client is available.

Program Goals:

The overall goal of Brightlife Enhancement Services (BES). Outpatient Services is to increase the quality of life through the provision of specialized services. In addition, secondary goals include:

- a. To increase the client's adjustment and functioning within peer, family, and social relationships.
- b. To improve psychosocial adjustment and functioning through the continuing development of tiered services appropriate to the individual strengths, abilities, needs and preferences.

Program Objectives:

Brightlife Enhancement Services Outpatient Services seeks to achieve the following specific objectives:

- a. The outpatient treatment program offers or refers to a variety of services, based on the needs of the person served.
- b. The outpatient treatment program offers education on wellness and recovery.
- c. Staffing pattern including the identification of the program director, medical director, and multi-disciplinary team



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- d. The program provides services in locations that meet the needs of the persons served.
- e. When appropriate, and with the consent of the person served, the program coordinates treatment with other services.
- f. To increase appropriate socialization.
- g. Involvement in avocational and vocational activities that support increased functioning.
- h. To reduce the need for a higher level of care.
- i. To continue to successfully integrate into the community
- j. Completion of assessments to include a review of the client's somatic status
- k. Development of the ITPs and ITP reviews
- l. Implementation of individual, family, & group therapy, medication education, medication monitoring, exchange of medical information
- m. Medication Monitoring or Administration, if applicable
- n. On-call services
- o. Co-Occurring Substance Abuse screening assessment
- p. Treatment of or referral for Co-Occurring Substance Abuse disorder
- q. Staffing pattern including the identification of the program director, medical director, and multi-disciplinary team.
- r. Multi-site staffing requirement

Entry Criteria | Transition Criteria | Exit Criteria

Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Principles for Medical Necessity Criteria:

Outpatient Program services facilitate the Client's recovery and develop or restore an Client's independent living and social skills, including the Client's ability to make decision regarding: self-care management of illness, life, work and community participation; and promote the use of resources to integrate the Client into the community. Services may be provided in an onsite facility, or in a setting most conducive to promoting the participation of the Client in community life.



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When clients have a mental disorder that require professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Entry/Admission Criteria

- A. The client has a specialty mental health DSM 5 diagnosis included in the Priority Population and the client's impairment(s) can be expected to be stabilized at this level of care.
- B. The impairment results in at least one of the following:
 - A clear, current threat to the client's ability to live in his/her customary setting ☹ An inability to be employed or attend school without support
 - An inability to manage the effects of his/her mental illness
- C. The client's condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the client's recovery.
- D. The client must be concurrently engaged in outpatient mental health treatment.
- E. All clients residing in a RRP must have PRP services available.
- F. All clients are educated to their clients rights.
- F. The client does not require a more intensive level of care.
- G. All less intensive levels of treatment have been determined to be unsafe or unsuccessful.

Severity of Need and Intensity of Service

Medical necessity for admission to Outpatient Program services must be documented by the presence of all of the criteria. The length and frequency of the services varies based on the client's needs and medical necessity. Profession and/or social supports must be identified and available to the client outside of program hours, and the client must be capable of seeking them as needed. Active



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involvement of the client, family, caretakers, or significant others involved in the client's treatment should be sought.

Continued Stay Criteria

All of the following criteria are necessary for continuing treatment at this level of care:

- A. The client continues to meet admission criteria.
- B. Clinical evidence indicates that the therapeutic re-entry into a less intensive level of care would result in exacerbation of the symptoms of the client's mental disorder.
- C. Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident and/or a second opinion on the treatment plan has been considered. (There should be daily progress notes that document treatment and the client's response to treatment.)
- D. There is evidence that the client, family, caretaker or significant other is involved in treatment in the frequency and manner indicated by the treatment plan.
- E. There is documented active planning for transition to a less intensive level of care

Minor and Adolescent

Principles for Medical Necessity Criteria:

Outpatient Program services are for children and adolescents with serious mental illness of emotional disturbance who have been referred by a licensed professional of the healing arts based on a screening, assessment, or ongoing treatment of the client. The services must be goal directed and outcome focused. The services are time-limited interventions provided only as long as they continue to be medically necessary to reduce symptoms of the client's mental illness and to restore the client to an appropriate functional level.

When clients have a mental disorder that require professional evaluation and treatment, they should be treated at the least intensive setting able to meet their medical needs.



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Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Entry Criteria

All of the following criteria are necessary for entry/admission:

- A. The client has a specialty mental health DSM 5 diagnosis, and the client's impairment(s) and functional behavior can reasonably be expected to be improved or maintained by using these services.
- B. The client's mental illness is the cause of serious dysfunction in one or more life domains (home, school, community)
- C. The impairment as a result of the client's mental illness results in: Y A clear, current threat to the client's ability to be maintained in his/her customary setting, or Y An emerging/pending risk to the safety of the client and others, or Y Other evidence of significant psychological or social impairments, such as inappropriate social behavior, causing serious problems with peer relationships and/or family members.
- D. The client, due to the dysfunction, is at risk for requiring a higher level of care or is returning from a higher level of care.
- E. The client's condition requires an integrated program of rehabilitation services to develop and restore independent living skills to support the client's recovery.
- F. The client does not require a more intensive level of care and is judged to be in enough behavioral control to be safe in the rehabilitation program and benefit from the rehabilitation provided.
- G. A documented crisis response plan for the client is in progress or completed. H. An Individual Rehabilitation Plan (IRP) is in progress or completed.
- I. Outpatient services will be rendered by staff that are supervised by a licensed mental health professional.



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And either:

Y There is clinical evidence that the current intensity of outpatient treatment will not be sufficient to reduce the client's symptoms and functional behavioral impairment resulting from the mental illness and restore him/her to an appropriate functional level, or prevent clinical deterioration, or avert the need to initiate a more intensive level of care due to current risk to the client or others; or

Y For client transitioning from an inpatient, day hospital or residential treatment setting to a community setting there is clinical evidence that PRP services will be necessary to prevent clinical deterioration and support successful transition back to the community, or avert the need to initiate or continue a more intensive level of care.

Severity of Need and Intensity of Service

Medical necessity for admission to Outpatient Program services must be documented by the presence of all of the criteria. The length and frequency of the services varies based on the client's needs and medical necessity. Professional and/or social supports must be identified and available to the client outside of program hours and the client or the client's parent/caretaker must be capable of seeking them as needed. Active involvement of the client, family, caretakers, or significant others involved in the client's treatment should be sought.

Continued Stay Criteria:

All of the following criteria are necessary for continuing treatment at this level of care:

- A. The client continues to meet admission criteria.
- B. Clinical evidence indicates that the therapeutic re-entry into a less intensive level of care would result in exacerbation of the symptoms of the client's mental disorder.



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C. Progress in relation to specific symptoms/impairments/dysfunction is clearly evident and can be described in objective terms, but goals of treatment have not been achieved or adjustments in the treatment plan to address the lack of progress are evident and/or a second opinion on the treatment plan has been considered. (There should be daily progress notes that document treatment and the client's response to treatment.)

D. The IRP and written crisis plan are complete, and the IRP has been signed by at least two licensed mental health professionals who have collaborated regarding the IRP. The IRP is being carried out in accordance with the Child and Adolescent PRP regulations (COMAR 10.21.29).

E. There is evidence that the client, family, caretaker or significant other is involved in treatment in the frequency and indicated by the treatment plan.

F. There is documented active planning for transition to a less intensive level of care

Exit Criteria

Clients will be routinely exit or discharged from mental health outpatient services after their treatment has reached the degree that the client has achieved their goals as stated on their treatment plan or when the client decides to discontinue services. This will be a collaborative decision between the client, the therapist and other persons directly involved in the client's treatment.

Discharge from outpatient services after formal admission may also occur if the client has failed to make and keep at least two appointment with the therapist within a year from the date of the latest treatment plan and/or psychosocial assessment.

Transition Criteria

Upon admission, a client may be scheduled for involvement in any and all appropriate services, to be coordinated by the assigned therapist or case manager. Subsequent transition/linking coordination and/or transfer may be accomplished at any point in the service delivery. A transition occurs when there is a reassignment of the client to another level of care or to another program, such as TRP, MRDD, RCD, or other programs within



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RVBH. Transitions are developed with the input and participation of the person served or their guardian and others as deemed as appropriate. Requests may be initiated by the assigned therapist or case manager or at the request of the client.

Readmission/Reentry Criteria

Clients returning to services will follow the same admission criteria as a new client. Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Exclusionary or Ineligibility Criteria

Persons who are found to be ineligible for services are given the reasons and directed to alternative or more appropriate services. The referral source is provided with information about the ineligibility with the consent of the person. In some situations, the referral source is providing the information for the screening and will be informed as to reasons for ineligibility without specific consent.

Persons may be ineligible for admission to outpatient mental health services if:

- a. Another level of care is indicated
- b. There have been any documented threats or actions made against agency or agency personnel or if there is reason to believe the threats are still current.
- c. There is a history of aggression or violence that is determined to be a present risk to personnel or other clients.
- d. Psychiatric/behavioral problem is the direct result of a medical condition or illness. Referral to another level of care may be indicated.
- e. Brightlife Enhancement Services does not provide the appropriate services for the presenting issue.

Program Services/Continuum of Care:

Brightlife Enhancement Services Outpatient Services provides a continuum of care that ensures all clients and family members referred are evaluated and provided services and/or referred to primary and secondary service providers to meet their



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individual needs. The specific areas that demonstrate a continuum of care are as follows:

- c. Admission - process is completed within fourteen days. A review of the medical necessity for services is conducted along with a comprehensive psychosocial assessment and a functional assessment. During the initial 14-day comprehensive evaluation period, emergency and critical care is provided. The assessment process results in the strengths, needs, abilities, and preferences of each client identified explicitly for integration within an individual plan of care.
- d. Comprehensive Individual Planning: An individual plan is developed with each client within the first 14 days of service. The client is a full participant in the process and goals and objectives are based on individual needs, strengths, abilities and preferences. Goals are stated in the client's own language, and the client has open access to the individual plan upon request.
- e. Individual and Group Counseling: Each client is assigned a primary therapist who is responsible for his or her coordination of care. Regular scheduled individual counseling sessions take place to assist the client in both individual and program goals and objectives. In addition, counseling groups are held on a regular basis to utilize a therapeutic milieu that involves the client's peers and/or family members.
- f. Psychological, Psychosexual and Neuropsychic evaluation/testing: Based on assessment client's need and interaction
- g. Crisis Intervention: All clients participating in Outpatient Services are provided with crisis intervention services 24 hours a day 7 days a week. Staff utilizes an on-call system and procedures that ensure all situations that require specialized crisis intervention are responded to in a timely and effective manner.
- h. Psychosocial Education: Psychosocial education in both individual and group formats are provided to assist with such program goals as increased self-care, interpersonal relations, role performance, self-management of education, and communication skills.



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- i. Leisure Skill Building and Activities: Structured and informal opportunities are provided through leisure activities and development of client vocational activities. Skill development is encouraged to increase positive self-image and personal dignity.
- j. Health and Wellness: Educational groups and activities are provided that assist clients in increasing their physical health and wellness. These groups and activities include nutritional education, smoking cessation, yoga, and exercise classes.
- k. Vocational Programming: Vocational activities and referral services are provided to support increased life functioning and quality of life. A pre-vocational program provides daily simulated work activities that result in a reward system of remuneration. Vocational clinical pathways assist clients in accessing community resources that support opportunities for vocational assessment, training, and placement.
- l. Progress Reviews and Individual Plan Reformulation: Regular scheduled meetings are held with each client to review the progress of their individual goals and update and/or revise the Individual Plan.
- m. Discharge Planning and Criteria: Discharge planning occurs throughout all phases of the program. The person served has met discharge criteria when the goals of the individual plan are achieved and referral to support services is completed, when appropriate.

Mechanisms to Address the Needs of Special Populations:

Brightlife Enhancement Services addresses the special needs of the clients served through the development and ongoing monitoring and modification of the individual plan. Through this process, the strengths, abilities, needs, preferences and desired outcomes will be developed based on the unique qualities of the clients served. Specific accommodations to address special needs may include the use of meeting spaces to accommodate physical disability, and a comprehensive organizational



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accessibility plan that is based on the needs of the persons served is reviewed and updated on a regular basis.

Support of Adequate Resources to Deliver Programming:

Brightlife Enhancement Services Outpatient Services are supported through multiple processes that ensure adequate resources are available to provide programming consistent with the established goals. The processes are as follows:

- a. Annual Budget Process: The annual budget process involves an annual assessment of all program's resource needs. The housing coordinators are involved in the budget process with the management team and advocates for the needs of the program. After the preliminary budget is finalized, each housing coordinator is provided an opportunity to provide feedback to the management team in regard to possible outcome effects of decreased line items. After the final budget is approved, the needs of the programs are assessed monthly at the management team's meeting and funding can be modified depending on the needs and circumstances of individual programs.

Performance Improvement/Outcome Management: The outcome management system is utilized by Management Team, Housing Coordinators, and program staff to review and assess the level in which program goals and objectives are being met. Areas that are not meeting program goals and objectives are reviewed to determine if adjustments in areas such as personnel, facilities, transportation, and other resources

- a. are needed to support the program goals. The Management Team utilizes this information to make resource allocation decisions for program support.
- b. Strategic Planning: Brightlife Enhancement Services participates in an ongoing strategic planning process through developing and monitoring its short and long-range strategic plan goals and objectives. Strategies to support the goals of the Outpatient Program are included in the plan.

Specific Disciplines and Procedures That Support Team Interaction:

An interdisciplinary approach to programming is provided through the participation of but not inclusive of Licensed Professional Counselors, Licensed



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Social Workers, Registered Nurses, Licensed Psychologists, Psychiatrists, Master's level clinicians under supervision for licensure, and certified para-professional's. A monthly team meeting that includes case consultation, training, and peer collaboration supports the service team's interaction.

V 1.0 reviewed 06/2025