Mobile Psychiatric Nursing

Mercer County Behavioral Health Commission provides Mobile Psychiatric Nursing (MPN) services to assist individuals with Serious Mental Illness who are residing in a community setting and are experiencing difficulties maintaining adherence to their medication regiment. MPN services are delivered to consumers within their community environment. The primary focus of MPN services are to encourage compliance with prescribed treatment. MPN services are targeted to individuals eighteen years or older who reside in Mercer County.

How Do I Find Out If I Or Someone I Know Qualifies?

If you are interested in finding out if you qualify for one of the MCBHC Case Management Programs, or if you wish to refer someone you know for these services, please contact our office. The address and phone number is listed on the front of this brochure. The office is open Monday through Friday from 8:30 am to 4:30 pm.

Please keep in mind that for each type of case management, criteria must be met, and specific referral materials and documentation will be required. An intake worker can assist you in determining what records will be necessary. In many cases, the potential consumer will need to be scheduled for an appointment with an assessment worker. If the assessment staff determine that the individual does not meet criteria for a case management program, please be aware that we may be able to make recommendations/referrals for other appropriate services and supports within the Mercer County community, not necessarily MCBHC services.

Revised 11-9-15

MERCER COUNTY BEHAVIORAL HEALTH COMMISSION, INC.

CASE MANAGEMENT PROGRAMS

Administration/Prevention/Case Management

Phone: 724-662-1550
Fax: 724-662-1557

What Is Case Management?

The Mercer County Behavioral Health Commission, Inc. offers a variety of Case Management programs, targeting a number of different client populations. Case Management is designed to provide clients with assistance in locating, accessing, coordinating, and monitoring needed services and supports. Needs in multiple areas can be addressed, including but not limited to those in the mental health, educational, vocational, residential, social, and legal domains. Case Management services are intended to enhance consumer self-sufficiency and independence of living in all identified service planning goals. Services are individualized and strengths-based in nature, and are available to clients of all ages. Case Management is voluntary, and is offered with the expectation that eligible clients will participate actively and consistently, working with their case managers to achieve the desired goals and outcomes.

BHC Case Management programs work collaboratively with other services offered through the MCBHC including but not limited to: Peer Support, MH Crisis, Mobile Psychiatric Nursing, Intake and Assessment, BHRS Monitoring, and C/A Complex Case Coordination.

- Mental Health Blended Case Management
- Residential Treatment Facility Administrative Case Management
- Early Intervention Services
- Intellectual Disability Supports Coordination
- Drug and Alcohol Intensive Case Management
- Drug and Alcohol Utilization Review

Drug and Alcohol Utilization Review

Drug and Alcohol Utilization Review (D/A UR) provided through the MCBHC enables individuals with limited or no medical assistance insurance the opportunity to utilize licensed drug and alcohol residential levels of care (non hospital detox, rehabilitation, and halfway house) to address their substance abuse problems in a structured, safe environment. With the advent of managed care in July 2007, many of the individuals seen through MCBHC qualify for medical assistance/managed care coverage for residential services. However, for those that are not eligible, the MCBHC completes a comprehensive drug and alcohol assessment and refers those individuals to residential treatment. The ongoing monitoring and funding of those treatment episodes is the responsibility of the UR staff. Through ongoing review of the Pennsylvania Client Placement Criteria (PCPC), the UR staff works with the residential provider on determining appropriate lengths of stay as well as assist in discharge planning for the individuals return home.

Peer Specialist Services

The MCBHC provides Peer Support Services by individuals who are self-identified current or former consumers of mental health services. Consumers of Peer Support Services are inspired to recognize that their recovery goals are attainable. The principles of consumer choice and active involvement by the consumer are considered necessary components of the Peer Support Program.

Recovery Specialist Services

The Mercer County Behavioral Health Commission provides a Drug/Alcohol Recovery Specialist Program. Recovery Specialist services are provided to individuals with addiction issues or co-occurring mental health and addiction issues in need of outreach, mentoring, and peer support in all stages of the recovery process.

Drug and Alcohol Case Coordination

Drug and Alcohol Case Coordination assists adults and adolescents with drug and alcohol abuse or dependency in identifying specific needs for services and provides linkages to those supports. Priority population groups for services include but are not limited to pregnant injection drug users, pregnant substance users, injection drug users, adolescents, and individuals involved in the criminal justice system. D/A Case Coordination services assist consumers in setting goals to address obstacles that may be hindering their ability to successfully complete treatment and maintain their sobriety. Case Coordination does not replace substance abuse treatment but rather is designed to enhance the recovery process.

The Mercer County Behavioral Health Commission provides preferential services to pregnant women who are seeking drug and alcohol treatment.

Mental Health Blended Case Management

Mental Health Blended Case Management (BCM) services are provided to adults with serious mental illness as defined in the DSM IV-R and to children and adolescents who have a mental illness or serious emotional disturbance. Mental Health BCM combines the traditional Mental Health Intensive Case Management (ICM) and Resource Coordination (RC) Programs into one specific program. Historically the ICM and RC programs required a change in case management staff when the consumer required a change in the level of case management services. The Blended Case Management model allows an individual to maintain the same case manager even though there may be a change in the level of service needs.

Blended Case Management services are utilized in addition to traditional outpatient treatment services and assist consumers in identifying measurable goals and objectives in areas such as housing/living, vocational/educational, basic health/safety, mental health, drug and alcohol, and basic needs. BCM staff monitor service delivery, coordinate service/treatment needs, access needed services, and link consumers to appropriate services in the community. Participation in Blended Case Management is voluntary. A Case Manager will assist the consumer in the development of service plan to help the consumer meet their goals. Consumers in Blended Case Management have access to a 24/7 after hours crisis line staffed by case managers with BCM experience and training.

Residential Treatment Facility Administrative Case Management

Residential Treatment Facility Administrative Case Management (RTF ACM) provides case management services to children and adolescents who are identified as needing or who are receiving mental health services in a Residential Treatment Facility (RTF). The primary focus of ACM is to assist the child's family in identifying an appropriate RTF, gathering the clinical documentation needed to determine medical necessity for this level of care and completing all needed referral information. Additional responsibilities include the monitoring of treatment through contact with the RTF, participation in treatment planning meetings, completing re-authorization paperwork when appropriate, and providing support to families as well as discharge planning and coordination of aftercare services.

Early Intervention Services

Early Intervention Program services and supports are designed to help families with children with developmental delays from birth to 3 years old. Early Intervention services build upon the child's natural learning process, which occurs during the first few years. Program supports encourage a parent-professional partnership by promoting the healthy development of children through the education and empowerment of families. Services are provided in family centered environments.

MCBHC's EI Service Coordination program identifies eligible children, evaluates the family's needs, and coordinates additional services for the family. The Service Coordinator assists in scheduling evaluations, making referrals for services, and in monitoring the child's developmental progress. The Service Coordinator also aids the family with preparation for a successful transition when the child reaches age three.

Intellectual Disability Supports Coordination

ID Supports Coordination services are provided on an individualized basis to children and adults that meet established eligibility requirements. These requirements include a documented Full Scale IQ of less than 70 (standard deviation +/- 5) performed by a licensed Psychologist or Psychiatrist and verification of this occurring before the individual's 22nd birthday. Supports Coordination is designed to provide consumers with assistance in locating, coordinating and monitoring needed services and supports. Supports Coordination services are intended to enhance individual self-sufficiency and independence of living in all identified areas. Service development focuses on the specific individual needs utilizing the principles of self-determination, person centered planning and service choice and preference. The Mercer County Behavioral Health Commission, Inc. offers SC service through a variety of funding sources including Title XIX Waiver Services (Consolidated and Person/Family Directed Support Waiver) Base funding and Family Support Services (FSS).

Adult Autism Waiver: Supports Coordination is also provided to individuals enrolled in the PA Adult Autism Waiver Program. This program is designed for individuals 21 years or older who have a diagnosis of Autism Spectrum Disorder, meet Medicaid financial eligibility, meet Intermediate Care Facility level of care, and are determined eligible by the Bureau of Autism Services (IQ is not considered for eligibility).