

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

4.9 PARAMETERS FOR WELLNESS CENTERS

December 2005

I. INTRODUCTION

- A. These parameters provide guidance for design and operation of Wellness Centers, including their general environment, health-related activities, assessment procedures, and services.
- B. The parameters are based upon the principles of Mental Health Recovery, which support values of hope, choice, respect, cultural sensitivity, achieving meaningful roles, self-determination, acceptance, and healing.
- C. Wellness is the recognition that health is defined by more than absence of illness; people should be recognized for skills and talents and be encouraged and supported in developing their abilities.
- D. Programs should have clear “pathways” toward wellness, marking progress, accomplishment, and movement. Individuals should move through these pathways at their own pace.
- E. Wellness Centers should address the physical health needs of individuals diagnosed with serious mental illnesses.
- F. Wellness Center programs and activities should be relevant to individuals diagnosed with serious mental illnesses who have co-occurring substance abuse disorders.
- G. A primary component of Wellness Centers should be peer support, a crucial aspect of recovery that provides people with models for wellness and serves as a complement to traditional mental health services. Wellness Centers provide opportunities for empowerment, development of self-efficacy, and the exercise of peer leadership.

II. OVERALL DESIGN

- A. Wellness Centers should be designed to expand treatment to include a growth and wellness orientation which includes taking responsibility for physical health, finding meaningful roles in the community, and enhancing social networks of friends and family.
- B. Wellness Centers should support people in their transitions to progressively less intensive treatment or in exiting the mental health system.
- C. Ideally, Wellness Centers should be situated in the neighborhood of the people who work there and those who participate in their activities.
- D. Ideally, Wellness Centers should be freestanding, or are co-located at sites separate from mental health clinics.

III. STAFFING

- A. To the greatest extent possible, Center personnel should be composed of peer staff and volunteers who are in recovery themselves and who provide models for wellness and bring experiences, understanding, and commitment that are essential to promote the message of hope and recovery.

- B. Center direction should be developed by a team that includes people in recovery, professionals, and paraprofessionals. In most cases the director of the Wellness Center is a practitioner in recovery, and the majority of the staff are people in recovery.
- C. Staff should include the scope of licensure sufficient to accomplish the essential functions and services of a Wellness Center as described in this parameter.
- D. Staff should be culturally competent and committed to networking and building relationships with individuals, families, and stakeholders from diverse communities.

IV. SERVICES

- A. Essential services: the following services and activities should be provided by Wellness Centers:
 - 1. Enhancement of self-efficacy, empowerment, and life planning (See Appendix B, Enhancing Life Function)
 - 2. Self-help groups/peer support
 - 3. Healthy living groups
 - 4. Linkages to academic skills enhancement resources
 - 5. Substance abuse recovery services
 - 6. Crisis support plan/emergency intervention
 - 7. Focused/selective service coordination, coaching, and advocacy
 - 8. Consumer Health Education:
 - a. Wellness Centers should provide people with general health education and counseling that are related to their health and mental health needs.
 - b. Wellness Centers should provide nutritional counseling to people whose conditions or treatments require modified dietary regimens.
 - c. Wellness Centers should provide lifestyle counseling for people, whose conditions or treatments require lifestyle modification, including food selection, use of recreational drugs, smoking, exercise, and interpersonal relationships.
 - 9. Social and recreational activities
 - 10. Comprehensive service information and referral
 - 11. Linkage Services to essential resources in the community to further recovery.
 - a. Linkages to medication management
 - b. Linkages to psychotherapy/counseling
 - c. Linkages to vocational/employment services
 - d. Linkages to housing services
 - e. Linkage to primary care services (vision, dental, medical)
- B. Optional Services:
 - 1. Academic skills workshops
 - 2. Housing placement services
 - 3. Medication management services
 - 4. Psychotherapy/counseling services
 - 5. Vocational/employment services
- C. Participation in services and activities is voluntary

V. PARTICIPANT CRITERIA

- A. Age 18 years or older
- B. Have a diagnosis of severe and persistent mental illness that has resulted in a functional impairment in one or more areas (social, employment, residential)
- C. Have ability, skills, or supports to maintain/obtain housing; manage finances, keep healthcare appointments, manage change or crisis and the activities of daily living
- D. Have desire to improve their health and continue to strive toward recovery
- E. Each Wellness Center should specify any additional criteria for participation and offer appropriate individualized services that meet the social, clinical, and fiscal requirements for participants.

VI. GOALS AND OUTCOMES

- A. Participants at Wellness Centers should set their own goals, focused on maintaining/improving quality of life.
- B. Termination/graduation should be based upon completion of agreed upon service goals.
- C. The following outcomes and measures should be used to help evaluate individual and program success:
 - 1. Attainment of a greater sense of well-being and life satisfaction
 - 2. Maintenance or improvement in the following areas: living arrangements, education, work experience, incidence of hospitalization/incarceration, income, relationships
 - 3. Improvement in a variety of health areas, e.g. weight, blood pressure, cholesterol
 - 4. Attendance as necessary in self-help groups and meetings
 - 5. Identifying a primary care physician, dentist, eye doctor, and other specialists needed for any health condition

VII. THE WELLNESS CENTER ENVIRONMENT

- A. The Wellness Center environment should be consistent with the Parameters for DMH Outpatient Clinic Environment with the following modifications in order to ensure an environment that optimizes recovery and wellness services:
 - 1. Trained security personnel need not be constantly present when other suitable precautions are in place.
 - 2. Signage regarding impermissibility of substances or objects, e.g. alcohol, firearms, or other weapons should be placed appropriately at the discretion of center staff.

VIII. Wellness Center Health Environment and Functions

- A. Wellness Center environments should be consistent with DMH Parameters for the Outpatient Clinic Health Environment except in instances where health assessment and interventions are limited beyond those necessary for screening and linkages.
- B. Physical Health Screening Interface and Referrals:
 - 1. Appropriately trained clinical staff should be available to conduct an initial health screening to establish a baseline determination of general health status that includes past and current physical and psychiatric conditions and treatment (See Appendix B, Sample Wellness Center Initial Health Evaluation).

2. The initial health screening should include the following:
 - a. Assessment of access to /utilization of health care providers including primary care physicians, dentists, obstetrician/ gynecologists, vision care providers
 - b. Assessment of risk factors including smoking, substance use, obesity, family medical history, and high risk behaviors
 - c. Assessment of sleep habits, appetite/diet, exercise
 - d. History of medical screening for high risk medical disorders and routine preventative screening tests: These may include asking whether an individual has ever had a mammogram, PAP smear, PSA, Hepatitis Panel, RPR, HIV, chest x-ray, EKG, serum glucose, recommended vaccinations.
 - e. Measurement of vital signs: Blood Pressure, pulse, weight, height, BMI (Body Mass Index), waist circumference,
 - f. Referral for screening/diagnostic laboratory testing as clinically indicated: Testing may include RPR, Hepatitis Panel, B-12, Folate, Liver Function , Thyroid Function, HIV, Chemistry panel, Complete Blood Count, random glucose (see DMH parameter: General Health-related Monitoring for Adults)
 3. The initial health screening should generate a medical problem list on which to focus interventions and/or linkage.
- C. Risk Mitigation
1. Wellness Center staff should be trained to monitor, recognize, ameliorate, and report potential health and safety hazards within the Wellness Center to the Wellness Center safety committee and DMH risk management team staff as appropriate, i.e. Administrative Support Bureau, Health & Safety Officer, clinical risk management.
 2. Health hazard reporting should be done through the DMH Health and Safety Officer, Administrative Support Bureau and per Departmental Injury and Illness Prevention Plan and assessed on a systems basis to determine possible patterns, trends, and opportunities for quality improvement.
- D. Health-related Clinical Supervision and Clinical Consultation
1. Appropriate clinical supervision should be available for Wellness Center staff with responsibility for physical health screening or interventions.
 2. General health-related consultation should be available for Wellness Center staff that have responsibility for participants with general health problems.
- E. Physical and Laboratory Assessment and Monitoring:
1. Wellness Centers must have the technology, equipment, and trained staff necessary to monitor basic vital signs.
 2. Appropriately trained clinical staff should be available to identify and monitor physical findings that indicate a need for general medical intervention and/or referral.
 3. Appropriately trained clinical staff should be available to monitor mental health intervention-related physical findings.
 4. Wellness Centers should have clear arrangements with laboratories that include delineation of services performed, procedures for transport of samples, procedures for transport of participants, and procedures for reporting laboratory findings. Staff in each Wellness Center should have access to written policies and procedures with respect to laboratory services.
 5. All Wellness Center staff should have the requisite training to recognize indications and follow procedures for reporting laboratory values to appropriate Wellness Center staff.

6. Appropriately trained Wellness Center staff should be available to interpret the degree of urgency presented by abnormal laboratory findings, and to report these findings to outside health providers when indicated.
- F. Health Interventions and Medical Procedures:
1. Appropriately trained clinical staff should be available to administer medication subcutaneously and intramuscularly. .
- G. Medication Response Monitoring:
1. Appropriately trained Wellness Center staff should be available to monitor psychological and physiologic responses to psychiatric medications, including level of consciousness, motor effects, cardiovascular effects, and effects on other organ systems.
 2. Appropriately trained Wellness Center staff should be available to assess for medication-related untoward effects, other emergent physical problems, and provide initial care and referral
 3. Appropriately trained Wellness Center staff should be available to provide basic emergency intervention and possible referral for adverse events related to medication.
- H. Medical record development and management:
1. Individual clinical records should contain relevant medical information
 2. Appropriately trained Wellness Center staff should be available to create and interpret necessary medical entries in the clinical record.
 3. Appropriately trained Wellness Center staff should be available to implement physician orders entered into the medical record.
- I. Quality Management
1. Appropriately trained Wellness Center staff should be available to measure and monitor clinical quality of health-related interventions undertaken within the facility.
 2. Appropriately trained Wellness Center staff should be involved in structured quality improvement processes that are integrated into Wellness Center activities.

Appendix A:

ENHANCING LIFE FUNCTION

Self-help and self-advocacy are important elements in recovery. There are many approaches to enhancing life and supporting wellness. Two models that have been adopted by the Department of Mental Health are the Wellness Recovery Action Plan and Procovery.

- I. The Wellness Recovery Action Plan, developed by Mary Ellen Copeland, is a simple, safe method for monitoring recovery and helping people take charge of their lives.
 - A. The plan is based on five recovery principles: hope, personal responsibility, education, self-advocacy, and support.
 - B. The plan is voluntary and is developed by the individual who wants to use it.
 - C. Supporters (not only peers) provide feedback and encouragement throughout the process.
 - D. Developing a Wellness Recovery Action Plan can be a lengthy process and must be done at the individual's own pace.
 - E. Prior to the expression of the plan is the development of the Wellness Toolbox.
 - F. There are six parts to a Wellness Recovery Action Plan: Daily Maintenance, Triggers, Early Warning Signs, When Things Are Breaking Down, Crisis Plan, and Post-Crisis Plan.

- II. Procovery, developed by Kathleen Crowley, is an approach to healing based on hope and grounded in practical everyday steps that individual can take to move forward in their lives.
 - A. There are eight principles fundamental to Procovery, such as “focus forward not backward,” and “focus on life not illness.”
 - B. The keynote of Procovery is the trademark “Just start anywhere.”
 - C. There are twelve strategies to implementing Procovery, whether by staff, individuals, family, or systems. These are:
 1. Detoxify the diagnosis-changing the manner in which a diagnosis is given and received.
 2. Take practical partnering steps. In health care, compliance and choice are often mirror images.
 3. Manage medications collaboratively.
 4. Build—and most critically do not extinguish—hope
 5. Create and support change.
 6. Dissolve stigma, particularly internal stigma.
 7. Use feelings as fuel for Procovery.
 8. Gather, utilize and maximize support.
 9. Stick with Procovery during crises and use those times to initiate Procovery.
 10. Adopt effective self-care strategies.
 - a. Live intentionally through work and activities.
 11. Actively retain Procovery.

INITIAL HEALTH EVALUATION

Date: _____ Name: _____ Age: _____ MIS# _____ Gender: M F
 Allergies: _____ Exercise: _____
 Baseline Vitals: B/P _____ Pulse _____ Ht. _____ Wt. _____ Waist Circum. _____
 BMI _____ Pregnant Y N: LMP _____ Para/Grava _____ Tobacco Y N: Freq: _____
 Substance Use Y N: Freq: _____ PMD: _____ Phone: _____
 Other MDs regularly seen: _____ Specialty(s): _____ Phone: _____

History of Medical Screening. Enter date last done:

PMD visit: _____ FBS: _____ Other recent testing: Type/Date _____
 Dental exam: _____ HIV: _____ _____
 Vision exam: _____ RPR: _____ _____
 Chest x-ray _____ Vaccination(s): Type/ Date(s): _____
 ECG: _____ PAP Smear: _____
 Hepatitis Panel: _____ Mammogram: _____

Current/Past Conditions	Y	N	Fam. HX	Comments
Arthritis				
Asthma/Lung Disease				
Blood Disorder				
Cancer				
Cardiovascular Disease				
Diabetes				
Diarrhea/Constipation				
Head Trauma				
Hypertension				
Liver Disease				
Renal Disease/ Symptoms				
Seizure/Neuro Problems				
Sexual Problems				
Sleep Problems/Disorder				
STD's				
Thyroid Disease				
Vision/Glaucoma				
Weight/Appetite Change				

Current Medications, Dosages and Frequency:

Current Health Concerns/Problems:

Signature of Interviewer/Discipline

Date

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Name: _____ **MIS#:** _____
Agency: _____ **Provider #:** _____
Los Angeles County – Department of Mental Health