CRESTWOOD BAKERSFIELD MHRC

Core Program

Description of Services/Scope of Services:
The Crestwood Bakersfield MHRC therapeutic program follows the psychosocial rehabilitation model – it is a “whole systems” approach. Our program provides 24-hr staffing/assistance to persons served, including a psychiatrist, medical doctor, medications, case management, 1:1 coaching/counseling, therapeutic group activities, and recreational activities.

Description of Service Modalities:
We utilize multiple modalities:

**MIST**: The MIST program is a modality that offers instructional curriculum to assist those who have pending misdemeanor charges and have been found to be incompetent to stand trial because of their mental health issues. It includes mock hearing/trials, court room procedures, understanding of charges, etc.

**WRAP**: Wellness Recovery Action Plan (WRAP) is an evidence-based practice developed by Mary Ellen Copeland. It is a structured system for assisting persons served to recognize what they look like when they are well, what things help keep them well, what they look like when they are not well, and to develop a plan (including activities and support system) to help them get well. This plan is based on empowerment and personal responsibility. It encourages people to focus on strengths and wellness, rather than illness and weakness.

**DBT**: Dialectical Behavior Therapy (DBT) is an evidence-based practice developed by Marsha Linehan primarily for those with a diagnosis of Borderline Personality Disorder. It has been shown through studies to be equally effective for those who experience difficulty regulating emotions and those dealing with co-occurring disorders. We offer a comprehensive DBT program which includes: two weekly one-hour groups for skills training; one individual session with the assigned primary treatment provider to address target behaviors and reinforce skills; weekly homework; and a weekly diary card.
(completed by the person served) to monitor emotions, behaviors, and skills that are practiced/used throughout the week. We also offer DBT milieu groups, which differ from the comprehensive program in that the groups are open-ended and are blended with various approaches for symptom management and coping skills.

**Life Skills:** Life Skills is a modality which utilizes both 1:1 coaching and group activities to assist persons served to develop their abilities to complete everyday tasks, including showering, grooming, household tasks, money management, general education, dressing appropriately, and effective social interaction skills.

**Vocational:** The Vocational modality offers a structured curriculum that educates and assists persons served to develop skills for vocational success, including successful vocational habits, how to construct a resume, how to complete a job application, etc. In addition, persons served have the opportunity to develop skills in various areas, including janitorial, dietary, office assistant and retail experience within the facility and receive 1:1 coaching.

**Relapse Prevention:** Relapse Prevention modality utilizes both 1:1 counseling and groups with our CADACC certified staff to address co-occurring disorders; additionally we offer linkage to the Consumer Family Learning Center for Stomp Our Substances (a co-occurring disorder group facilitated by peers) as we are finding that substance use and mental health issues are more often the rule, rather than the exception today.

**Health and Medication Education:** This modality is facilitated by our nursing staff and covers a spectrum of issues – from basic health issues to education on specific medications, side effects, etc. It is provided in a group forum weekly and individually on a daily basis.

**Process Groups:** This modality encompasses our AM Social Group (which assists persons served in getting ready for their day – address issues and reviewing events for the day and evening), Peer Support (led by a Peer Specialist), and Resident Council (led by persons served and providing a forum to bring issues and requests to the attention of management). It also includes groups in the community at the Consumer Family Learning Center, including Schizophrenics Anonymous, Recovery Seekers, and Creative Expression (all of these are peer-facilitated).

**Recreation:** Provides fun and engaging activities for persons served, including physical activities, games, arts & crafts, movies and community outings.

**Philosophy**

The philosophy of the therapeutic program here at Crestwood Bakersfield MHRC is to provide persons served with a highly structured and diverse treatment milieu that
addresses and subsequently improves those areas in their lives which have been negatively impacted by mental illness. The focus is psychosocial rehabilitation, which will ultimately lead to a reduction of symptoms, psychiatric crises, and acute hospitalization.

**Program Goals**

Program Goals are to (1) identify general problem areas and those behavioral patterns or thought processes that serve to perpetuate them, (2) identify clear, specific, and reasonable objectives of treatment, (3) establish appropriate therapeutic interventions for each individual and their respective service need, (4) encourage and foster the individual’s, facility, county agency and family involvement in the recovery plan, and (5) establish overall expectations for discharge, as well as identifying needs for continued success post-discharge.

**Population Served**

The persons we serve have a diagnosed chronic mental illness, from age 18-64 years. Our population includes those on LPS conservatorship, Murphy conservatorship, 180 day post-certification holds, and those who have been determined incompetent to stand trial for misdemeanor offenses (MIST).

**Entry, Transition and Discharge Criteria**

Typically, persons coming to our facility for recovery services are coming from an acute setting, an IMD or MHRC, state hospital or county jail. They have shown motivation and potential for recovery, have been taking medications and generally are without violent incidents for at least 2 weeks. When someone comes to the MHRC, there is a period of transition which allows the person served to get to know the facility, program and staff through an orientation and partnering with a peer. Discharge planning starts the day of admission, in coordination with the person served, their county representatives, the family and the facility and varies depending on the individual; typically, the individual will have made substantial progress toward their recovery needs (i.e. absence of/decrease in symptomatology, taking medications regularly, and completing ADLs regularly) that will allow them to maintain living in the community.

**Settings**

Generally, our services are provided within our facility, however, we strongly encourage connection to community resources so that once discharged, individuals will have that resource. We provide the opportunity for qualified individuals to attend open-ended groups at the Consumer Family Learning Center at least four times per week. We also provide opportunity for persons served to participate in other community events, such
as NAMI events. Our recreation program provides community outings for exercise and social activities at least three times per week.

Frequency of Services – Days and Hours of Services

The Crestwood Bakersfield MHRC is a 24-hour facility and provides staffing as such, to provide individual services around the clock. The medical doctor is available seven days per week, and our psychiatrist is available seven days per week by phone and is in the facility twice per month.

Our therapeutic groups start at 9am and end at 4pm Monday through Friday; our recreational program operates from 3pm to 9pm Monday through Friday and from 10am to 9pm on weekends.

Payer Services

Crestwood Bakersfield MHRC does not provide payee services, however, upon admission, either the person served or the conservator gives written permission for Crestwood to receive monies, place in resident trust fund and disburse monies weekly and as needed.

Fees

Please contact Crestwood Bakersfield MHRC for rates.

Referral Sources

Referral Sources come from county mental health long-term care departments, acute psychiatric hospitals, state hospitals, regional centers, and California Youth Parole.