

**Addictions and Mental Health Division
Adult Mental Health Initiative
Discharge Roles and Responsibilities Committee
Referral Proposal from June 29, 2010**

Overview

The Adult Mental Health Initiative will phase in responsibility from the Addictions and Mental Health Division (AMH) to the Mental Health Organizations (MHOs) for transitioning individuals from, and between, one level of care or facility to another. The focus population will individuals who have been, or in danger of being, civilly committed and will not include individuals under the jurisdiction of the Psychiatric Security Review Board. The phase will start on September 1, 2010.

There are many complex steps to facilitating the residential placement process for adults with mental illness. The process is highly dependent upon relationships, client and community choice, knowledge of current providers and vacancies and available funding. The following tasks, currently performed by AMH's Extended Care Management Unit (ECMU), provide a high level overview of the current referral and placement process.

- Current facility (Acute Care, State Hospital, or Residential provider) determines individual is ready for the next placement;
- ECMU receives a referral packet from facility;
- ECMU determines if packet is complete;
- ECMU determines if the individual is eligible for licensed community based 24/7 setting;
- ECMU determines what facility can best meet the individual's service needs;
- ECMU consults with potential provider and the Community Mental Health Program;
- ECMU consults with Operations Policy and Procedures unit at AMH if additional funds are needed to provide increased service outside of standard AMHI expectations; and
- ECMU collaborates with referral agent in transitioning individual to appropriate service facility.

Recommendation

The recommendation from the Discharge Roles and Responsibilities committee was that the end goal is for the MHOs to take on the core responsibilities from the ECMU. Everyone agreed that this transition may take time while MHOs learn the provider system and the partnerships between community mental health programs, residential providers and the Addictions and Mental Health Division. However, the MHOs will be primarily responsible for these processes starting September 1, 2010.

MHOs will submit a plan to AMH by August 27, 2010 detailing their specific plan on how they will manage the following roles and responsibilities. The plan will also include timeframes for steps and decisions in the process.

State Hospital Admissions and Stays

Beginning on September 1, 2010, MHOs¹ will begin participating in state hospital admission referrals to ensure active engagement throughout the stay at a state hospital. AMH will continue to determine if patients meet the criteria for long term psychiatric care (e.g., state hospital admissions).

At the State Hospitals, MHOs will participate at the ongoing Interdisciplinary Team meetings (IDTs). The goal is to ensure that the MHOs participate in the treatment plan and begin developing discharge plans, with their member or assigned individuals, immediately.

- **Action Items:**

- MHOs will designate a contact for the State Hospitals and AMH to be the primary contact point.
- The State Hospitals will designate key contacts for the MHOs.
- The State hospitals will notify the MHOs about the IDT meetings for their members.

- **Issues to be addressed:**

- An appeal process on long term care eligibility denials;

¹ MHOs or their designee

- A process for standardized and consistent notices to the MHOs from acute care facilities when someone is approved for long term care services, especially for individuals not enrolled in Medicaid;
- A process to ensure that the State Hospitals know which MHO is connected to a specific client; and
- A better understanding of Ready to Place criteria/decisions.

State Hospital Discharge Planning and Transition to Community Licensed Settings

The IDTs will determine if an individual is “ready-to-place (RTP)” based on an a clinical evaluation of the individual. Since MHOs will be involved in the IDTs, they will be involved in the decision and be ready to assist the individual in transitioning to a community setting. The hospitals will use the standard assessment tool (Locus) as a consistent decision support tool. The state hospital will continue to perform their current discharge readiness functions such as tb tests. The MHOs will complete a community level of need determination and will begin arranging for the appropriate services and support array. Once an individual is RTP and the hospital has completed the discharge processes, the MHO will implement the transition plan that has been developed. ECMU will serve as consultants in this process, providing insight, expertise and assistance to the MHOs. ECMU will also help monitor vacancies and capacity.

- **Action Items:**

- State Hospitals will develop, in partnership with the MHOs, a process including the MHOs in all IDTS.
- The State Hospitals and MHOs will develop protocol and expectations around a collaborative decision making process.
- ECMU will provide the MHOs contact information for designated staff.
- The MHOs will provide AMH their primary transition contact.

- **Issues to be addressed:**

- Travel and visit authority;
- Refusals from client, guardian, city, provider;
- ECMU’s role in and process for monitoring capacity and vacancies; and
- Who will and how will we manage Waitlists.

Transitions between Licensed Settings

MHOs will be responsible for working with individuals who need to, or wish to, transfer between licensed settings through a person-centered planning process.

Transitions from Licensed Setting to Community Independence

MHOs will be responsible for working with individuals to become ready and willing to transition to community services and supports from licensed settings. Person-centered planning will be consistently implemented. MHOs will be responsible for arranging necessary services and supports and assisting individuals in finding safe housing. AMHI funding can be used for short-term rental assistance as determined by the MHO.

Additional Issues

The committee identified additional issues that will need to be addressed in the development of AMHI, including:

- Development of a system of care approach based on the children's system including:
 - Building teams modeled on the child family team;
 - A model similar to the intensive service array;
 - Incorporating Exceptional Need Care Coordination into the process; and
 - Infusing Person-centered planning;
 - Ensuring a Single team throughout an individual's treatment and recovery; and
 - Developing and maintaining continuity in the care plan.
- Work between providers & MHOs so that both become familiar with each other and to develop processes that are complimentary and supportive.
- MHOs needing a clearer understanding of facility reimbursements (Phase II or III) including:
 - Operating budget
 - Defining facility payment models
- Developing a process to engage the MHOs in the Contract Amendment Request process and to allow local communities to appeal CAR denials.
- Developing a system to measure quality; and
- Developing relationships and contracts across jurisdictions.