

 <p><b>SPOKANE COUNTY</b> Regional Support Network Prepaid Inpatient Health Plan</p>	Policy Title: <b>Community Reintegration</b>		Policy # <b>CSI-9</b>
	Signature:	Revised:	
	Signature on file		
	Christine Barada, Director Community Services, Housing and Community Development	Reviewed: 09/11/07	
Signature Date: 9/11/07	Signing by authority of Res. No. 2007-0038		

Applies to:  Internal  External

### References

WAC 388-865-0229

### Scope

SCRSN/PIHP and its contracted providers.

### Policy

It is the policy of the Spokane Regional Support Network (SCRSN) that effective mechanisms are designed and implemented that facilitate the timely and successful community reintegration of consumers from state and community hospitals and Children’s Long-term Inpatient Psychiatric programs. The SCRSN shall oversee these community reintegration strategies and be able to demonstrate that such mechanisms are effective.

### Definitions

**Administrative Services Organization (ASO)** – the agency under contract to the SCRSN to conduct certain administrative functions, including management information services and resource and utilization management.

**Hospital Liaison** – an employee of the ASO or network provider, who provides daily linkage within Eastern State Hospital (EHS), or a community hospital, to track hospital admissions, participate in treatment plans, and conduct discharge planning and community reintegration.

**Mental Health Care Provider (MHCP)** – the professional clinician with primary responsibility for implementing an individualized plan of care for outpatient mental health services and/or community psychiatric inpatient treatment (WAC 388-865-0345).

**Expanded Community Services (ECS)** – a collaborative project between Aging and Adult Services Administration, Home and Community Services, state hospitals, residential providers and Regional Support Networks for provision of expanded, enhanced community reintegration services in less restrictive settings, and discharge or diversion from inpatient hospitalizations.

**Residential Placement Coordinator** – a Care Manager at the ASO, certified as a Geriatric Mental Health Specialist, who conducts resource management of SCRSN residential community reintegration placements.

**Children’s Long-term Inpatient Psychiatric (CLIP) Program** – a Washington state and local administration providing access to state-wide inpatient CLIP facilities: Child Study and Treatment Center (Lakewood), Tamarack Center (Spokane), Pearl Street Center (Tacoma), and McGraw Center (Seattle).

**CLIP Facilitator** – a SCRSN Planner coordinates the local Spokane County CLIP referral process for voluntary requests to the CLIP program. The CLIP facilitator also assists with community reintegration.

**Clip Client Advocate** – a case management specialist funded by the SCRSN. This advocate provides care coordination services for SCRSN children and adolescents admitted to CLIP facilities, with a special emphasis on community reintegration.

## **Procedures/Mechanisms**

### **SCRSN PROCEDURES FOR STATE AND COMMUNITY HOSPITALS**

#### **1. SCRSN Hospital Liaison Oversight and Participation.**

Within ESH and community hospitals, the SCRSN or designee shall provide oversight of hospital admissions, participate in the courses of treatment, and participate in discharge planning and community reintegration. These activities shall be conducted by SCRSN or designee for both SCRSN enrolled consumers and SCRSN un-enrolled, eligible consumers.

#### **2. SCRSN Notification of Admission of Enrolled Consumer.**

Upon the admission of a SCRSN enrolled consumer to ESH, or a community hospital, the SCRSN or designee shall notify that consumer’s MHCP. This notification shall occur on the day of admission or the next business day after admission, and shall include the following information: date of admission, type (voluntary or involuntary) of admission, name of the hospital, and name of the social worker. NOTE: The notification for hospitalized children and youth at community hospitals is conducted by hospital staff.

#### **3. SCRSN Community Reintegration of Enrolled Consumer.**

During the hospital course of treatment of an enrolled consumer, the responsibility of the Utilization Management Specialist staff shall include the following activities:

- 3.1 Coordination with the MHCPs of each SCRSN enrolled hospital patient;
- 3.2 Attendance at inpatient treatment team conferences and,
- 3.3 Coordination of discharge packets containing all necessary documentation for community reintegration.

#### **4. SCRSN Community Reintegration of Un-enrolled, but Eligible, Consumer.**

During the course of inpatient treatment of an un-enrolled consumer, the responsibilities of the Utilization Management Specialist or MHCP staff shall include the following activities:

- 4.1 Consideration of eligibility of an un-enrolled consumer;
- 4.2 Referral of an SCRSN Medicaid eligible consumer who is un-enrolled, to an appropriate agency within the SCRSN provider network for an intake evaluation;
- 4.3 Attendance at inpatient treatment team meetings;
- 4.4 Coordination of discharge packets containing all necessary documentation for community reintegration.

## **SCRSN PROCEDURES FOR EXPANDED COMMUNITY SERVICES (ECS)**

### **5. SCRSN Participation in ECS Project.**

As a signatory to a coordination agreement between Aging and Adult Services Administration, Home and Community Services, and Regional Support Networks, the SCRSN shall participate in the ECS project in Region 1.

5.1 SCRSN's or its designee's participation in the ECS project shall include the following activities:

- 5.1.1 Knowledge of the ECS resources available to SCRSN consumers, including all funded slots within Skilled Nursing Facilities, Adult Family Homes and Adult Residential Care Centers;
- 5.1.2 Collaboration in the local ECS Screening Committee, which receives formal referrals for ECS and recommends their dispositions;
- 5.1.3 Coordination of ECS recommendations and dispositions;
- 5.1.4 Continual oversight of the status of SCRSN consumers receiving ECS.

### **6. SCRSN Procedures For Children's Long-Term Inpatient Psychiatric Program**

#### **SCRSN Facilitation of the Local CLIP Committee.**

The SCRSN shall provide facilitation of the local Spokane County CLIP Committee. This facilitation, conducted by the CLIP Facilitator, includes the following activities:

- 6.1.1 Providing information to parents and families and other community resources regarding CLIP referrals;
- 6.1.2 Overseeing the preparation of referral packets for the review of the screening committee;
- 6.1.3 Ensuring referrals meet state application and admission criteria; chairing the screening presentation and consideration of referrals;
- 6.1.4 Documenting the decisions of the committee and coordinating with the state CLIP administration.

#### **6.2 SCRSN Care Coordination and Community Reintegration for Children and Adolescents in CLIP.**

While SCRSN children and adolescents are in treatment at a CLIP facility, they and their families and guardians benefit from comprehensive care coordination and community reintegration by two SCRSN representatives: the CLIP Facilitator and the CLIP Client Advocate. Included in the SCRSN care coordination and community reintegration are the following activities:

- 6.2.1 Assembly of a complete CLIP application packet for children and adolescents locally approved for CLIP placement, and submission of this packet to the state CLIP Coordinator;
- 6.2.2 An ITA court order, while these await CLIP admission, and the coordination of such admission, and the advocacy for any possible Less Restrictive Alternative; formation and support of a local Community Support Team for each SCRSN child or adolescent placed in a CLIP facility;
- 6.2.3 Participation with the Community Support Team in person, or by telephone or video conference, in every treatment conference while a child or adolescent is in the CLIP program;

- 6.2.4 Travel, on a monthly basis, of the CLIP Client Advocate to west-side CLIP facilities for client visitation and participation in treatment conferences
- 6.2.5 Coordination of transportation and payment for travel costs for parents or guardians to attend family psychotherapy sessions at CLIP facilities, on at least a monthly basis
- 6.2.6 Care coordination services that include participation in discharge planning focused on community reintegration, as children and adolescents approach discharge back to their community and
- 6.2.7 Follow-up care coordination for all returning CLIP children and adolescents returning from a CLIP placement for a period of forty-five days after discharge, to ensure they benefit of a smooth and successful transition from CLIP inpatient treatment to outpatient, community-based care.

6.3 SCRSN network providers shall participate in treatment and reintegration planning for all youth residing in CLIP facilities. SCRSN network providers shall maintain open cases for all SCRSN children and adolescents in CLIP facilities.

## **7. Monitoring Community Reintegration For Effectiveness**

**7.1 SCRSN Monitoring Outpatient Providers for Performance of Community Reintegration Practices.** The SCRSN or designee shall monitor the effectiveness of community reintegration in two ways:

- 7.1.1 Constant and current oversight by SCRSN staff of discharge planning and reintegration practices of outpatient providers contractually required to perform these duties; and
- 7.1.2 Reviewing and assessing the effectiveness of community reintegration practices of outpatient providers during annual contract monitoring events.

**7.2 SCRSN Monitoring Community Reintegration from CLIP.** The SCRSN contracted providers shall be reviewed annually to evaluate the efficacy of their services.

**7.3 SCRSN Soliciting Input from State and Community Hospitals and CLIP Facilities.** Semiannually, the SCRSN shall solicit input from state and community inpatient facilities regarding the local community reintegration mechanisms.

### **Monitoring**

This policy will be monitored through the annual contracted provider monitoring, with the appropriate recommendations, findings and/or corrective actions required in performance improvement projects.