

Acute Care Services: Cross-Systems Design & Implementation

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Framework: Recovery Umbrella

- Principles
- Community Challenges
- Public/Private Partnerships
- Goals & Objectives
- Problem Solving Variables
- System Design-Elements
- Cost-Benefits

Principles:

- Welcoming: No Wrong Door, Individuals
- Integrated Assessment & Treatment
- Immediate Diversion or Access to Care
- Competent Recovery-Focused Providers
- Cross-Systems Collaborations
- Comprehensive & Continuing Care
- Systems Change & Improvement

Typical Definitions: Acute Care

- Break down of Normal Coping Mechanisms
- Individualized Experiences (Traumatic)
- Acuity Level: Prevention to Dangerousness
- Ambulatory to Residential/Inpatient
- Triage To Treatment/Recovery Models
- Stabilization: Brief 2-6 Weeks: Episodic
- Connection to Community System of Care

Community Challenges:

- Lack of Acute Care Services and Community Residential Care
- Fragmented Delivery Systems
- Lack of Provider & Hospital Cooperation
- "Nearest" Receiving Facility Mandate
- Competitive Psychiatric-Healthcare Environment & Recent Hospital Closures

Community Challenges:

- Human Rights Issues
- Potential Lawsuits
- Gate Keeping at Area Emergency Rooms
- Coordination Among Law Enforcement and Transportation Providers
- State Hospital vs. Community Care
- Workforce Issues: Recruitment - Retention

Public/Private Partnerships:

- Persons Receiving Services & Families
- State Substance Abuse & Mental Health District/Regional Offices
- County Commission & Executive Staff
- Bipartisan Legislative Involvement
- Area Hospital Emergency Rooms, Inpatient Units & Med-Surgery Units

Public/Private Partnerships:

- Public Defenders
- States' Attorneys
- In-Jail Medical Staff
- County Criminal Justice Staff
- Homeless Coalition Members
- NAMI, Mental Health America, etc.
- Psychiatric & Healthcare Associations

Public/Private Partnerships:

- Private Non-profit & For-Profit Free-standing Psychiatric Hospitals
- Community Mental Health and Substance Abuse Providers
- Law Enforcement Agencies & Courts
- Health & Human Service Planning Bodies
- Human Rights: State/Local Advocates

Overall Goals, Objectives & Implementation: Florida Experience

- Establish an “Organized” Central System of diversion and assessment to improve access and availability to acute care services
- Provide specialized services to children and older adults/elderly
- Provide a dignified, streamlined method of transportation, including special needs as necessary from nursing homes and assisted living facilities

Strategic Goals and Objectives:

- Divert inappropriate admissions from hospital emergency rooms and jails
- Provide a range of acute care services that would treat persons in the community and avoid state hospital or restrictive inpatient admissions
- Work within existing resources...or else...
- Obtain the necessary appropriations from the legislature to redesign/rebuild the system

Goals & Objectives:

- Assist law enforcement with CIT training and on-site assessments (street level)
- Develop a System that is Co-occurring capable and enhanced
- Continue to develop pre and post booking treatment services with the Jail, Public Defender & State Attorney
- Avoid Forensic State Hospital Admissions

Goals and Objectives:

- Work Closely with Medicaid to Ensure Access Standards & Implementation of Medicaid Managed Care MH Plans
- Utilize Private Transportation Providers
- Maximize Public Receiving Facility Capacity, Utilization Management and Develop Cooperative Agreements

Problem Solving Variables:

- High Level Executive Involvement
- Inter-Governmental Unity: State and Counties (Rural, Multi-County)
- Commitment from All Agencies and Involved Parties
- Competent Providers – Recovery Focus
- Examine several system change options- Replication, yet “Act Local” – Urban/Rural

Problem Solving Variables:

- Analyze the Data-admissions/pre/post discharges-length of stay, inter-facility transfers and follow up
- Regular Meetings – Open & honest: Sharing of data – Public & private
- Short & Long Term Plans-Flexibility
- Establish Acute Care Advisory Committees – All Stakeholders Included

System Design:

- Flexible Models: Practice & Research
- Opportunity to Learn, Grow, Recover
- In-home, Crisis Residential
- Preventive or Follow Up Respite Care
- Telephonic: “Warm” & Hot Lines
- Suicide Prevention Task Forces
- Cultural Diversity, Access & Competency

System Design:

- Voluntary or involuntary status of the person in need of services
- Crisis Support-Access Centers-Central Intake for Children & Adults
- Mobile Crisis Response Team and/or Crisis Intervention Teams (CIT)
- Integrated Co-occurring – Examine Legal, Licensure & Accreditation Barriers

System Design:

- Priority Assessments – Service Planning
- Emergency Medications
- Supportive Housing Options
- Transportation “Exception” Plans – County Option to Contract with Transportation Provider (s), Central or Co-located Intake
- Law Enforcement Coordination

System Design:

- Peer – Consumer Supports At All Levels
- Case Management Services: Intensive and ACT Team Referrals
- Homeless Interventions (Path Outreach)
- Specialized Children & Elder Services:
Wraparound Services - Assisted Living Facility/Nursing Home “Overlay” – In-vivo

System Design: Free Standing

- Children's Crisis Stabilization Unit
- Adult Crisis Stabilization Unit (CSU)
- Short Term Residential Treatment (SRT)
- Residential Treatment Facility (RTF)
- Detoxification: Ambulatory & Secure & Non-Secure Residential Options: Addiction Receiving Facilities (ARF)

System: Use of ER's By Design or by Default – EMTALA Issues

- Medical Clearance – Written Protocols, Community Standards & Agreements
- COBRA Revisions – Examination, Treatment & Transfer (Anti-Dumping) 42 CFR-489.24(a) Guidelines
- EMTALA – Emergency Medical Treatment and Active Labor ACT (emtala.com)
- ER Model with “12 -23 Hour” Screening

System Elements: Public Sector

- Medicaid Recipients: (Access Standards)
 - Medicaid Pre-Paid Mental Health Plan
 - Capitated HMO Medicaid Plans
 - Fee for Service Medicaid/Medicare
 - Indigent – State & County Funding
 - ☐ Exparte: Judicial Intervention
 - ☐ Forensic Issues

System Elements:

- Acute Care Training: Crisis Intervention Response Training (Hybrid) or “Team” – Evidence Based CIT Model with Law Enforcement
- Resolve Any State Licensing or Local Zoning Issues
- Contractual – State Funds – County Governmental- “Up to” 25% Match

System Governance:

- System Oversight: State Substance Abuse & Mental Health Offices
- Monthly Meetings with Community Partners: County, Providers, Law Enforcement, Public Defender, States Attorney, Consumers/Families, Advocates, Open Meetings
- Shared Community Leadership

Costs Benefits:

- State-Local Match
- State Rates – Medicaid Capitation
- Economy of Scale CSU/SRT/RTF
- Transportation – Relief for Law Enforcement with Private Providers
- Diversions From ER's – Hospitals
- Cost Savings-Cost Avoidance

Recommendations:

- A Call To Action – Strategic Plans
- Establish a Local or Multi-County Task Force or Operations Committee
- Assess Current Treatment Capacity
- Assess Competencies Across Disciplines
- Manage with Open & Honest Data
- Conduct a Funding Analysis & Plan

Recommendations:

- Address Co-Occurring Disorders and Related Health/Social Services
- Integrate Acute Care Plan with other System Development: Housing, ACT Teams, Medications, Outpatient Supports, Recovery & Rehabilitation Models
- Develop Advocacy Mechanisms: Consumer Rights Process - Grievances

Recommendations:

- Assess Current Political Environment
- Expand or Redesign Services
- Buy or Build Bed Capacity Only if Needed
- Community Reinvestment Ideas
- On-going Evaluation, Mid-course Corrections, Education and Training
- COOPERATION, COLLABORATION & COMMITMENT

State Planning & Implementation: Statewide, Regional or Local

- Strengths-Based Facilitation – Leadership
- System = Consensus & Organized Care
- Strategic Planning with MOU's*
- System Mapping or Logic Models
- Evidenced-Based and Local Best Practices
- Financial Model With Incentives
- Long-Term Stakeholder Commitments

* Memorandum of Understanding
or Agreement

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