

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
- Centralized System Design
- Cost-Benefits-Cost Avoidance

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

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:

- What Works (not a paper committee)
- Persons Receiving Services & Families
- State & County Substance Abuse & Mental Health (SAMH) Offices
- Area Hospital Emergency Rooms, Inpatient Units & Med-Surgery Units
- Non-Profit Service Providers (SAMH)
- Law Enforcement, EMS & Transportation

Public/Private Partnerships:

- Public Defenders
- States' Attorneys
- In-Jail Medical Staff
- County Criminal Justice Staff
- Homeless Coalition Members
- NAMI & Other Associations
- Private Sector Financial Participation

Centralized Acute Care Model Implementation: What Works!

- 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

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

Strategic Goals & Objectives:

- Assist Law Enforcement with Crisis Intervention Teams (CIT) Training and On-Site Assessments (street level)
- Develop a System that is Co-occurring “Capable and/or Enhanced”
- Develop Pre and Post Booking Treatment Services with Jails, Public Defenders & State Attorneys
- Address % of Homeless Using Acute Care

Strategic 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: States 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
- Family Emergency Treatment Centers
- In-Home, Crisis Residential
- Preventive or Follow Up Respite Care
- Telephonic: “Warm” & Hot Lines
- Suicide Prevention Task Forces
- Cultural Diversity, Access & Competency

System Design:

- Priority Assessments – Service Planning – Release of Information (HIPAA Solutions)
- 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 Assertive Community Treatment (ACT) Team Referrals
- Homeless Interventions (Path Outreach)
- Specialized Children & Elder Services: Wraparound Services - Assisted Living Facility/Nursing Home “Overlay” – In-Vivo

System Design: Examples- Florida's Free Standing Units

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

Issue: Use of ER's By Design or by Default – Emergency Medical Treatment and Labor Act 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

Typical Public Sector Finance:

- Indigent – Federal, State, County \$
- Medicaid Recipients: (access standards)
 - Medicaid Pre-Paid Mental Health Plan
 - Capitated HMO Medicaid Plans
 - Fee for Service Medicaid/Medicare
- Judicial - Court Intervention Models
- Forensic Issues/ Diversion Resources

Costs Benefits: Centralized System

- State-Local Match Options
- State Rates – Medicaid Capitation
- Economy of Scale – Co-Location
- Transportation – Relief for Law Enforcement with Private Providers
- Diversions From ER's, Jails & Hospitals
- Cost Savings-Cost Avoidance

Technical Assistance:

- Acute Care Strategic Planning
- Establish State or Regional Acute Care Task Forces
- Assess Current Treatment Capacity
- Assess Competencies Across Disciplines
- Manage Change with Open & Honest Data
- Conduct a Funding Analysis & Plan

Technical Assistance:

- Address Co-Occurring Disorders and Related Health/Social Services
- Integrate Acute Care Plan with other “Transformation” Activities: Housing, Assertive Community Treatment (ACT) Teams, Medications, Outpatient Supports, Recovery & Rehabilitation Models
- Develop Advocacy Mechanisms: Consumer Rights Process – Grievances/ Access

Technical Assistance:

- Reality - 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

Facilitation & Implementation: Tools and Outcomes

- Strengths-Based Systems = Leadership
- Consensus Building & Organized Care
- Strategic Planning with Memorandums of Understanding (MOU's)
- System Mapping or Logic Models
- Evidenced-Based and Local Best Practices
- Financial Options With Incentives
- Outcome = Quality Improvement

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