

Community Behavioral Health Hospital Legislative Report: Prioritization of Issues

by Dave Schultz, 11/23/11

Background

The Department of Human Services, Chemical and Mental Health Services Administration (CMHSA) is creating a simple way for regional stakeholders to update the priorities they've identified for the CBHH Legislative Report due in the Spring. Right now, we have created a short list of items for each Initiative and other stakeholder groups to review and score with help from their Adult Mental Health Division regional Mental Health Program Consultant.

We would like each Initiative to assign 100 "priority points" to the issues listed below that CMHSA heard from regionally held meetings in 2009. Please do this exercise during individual meetings of the initiatives, attended by their consultants before December 15th.

Assistant Commissioner O'Connell's goals for the CBHH Legislative Report are that:

- 1) we are responsive to the legislative mandate;
- 2) we carry out the mandate in a way that will position us well to address the wider continuum of care issues; and
- 3) we are as respectful as possible of our stakeholders.

ISSUES (not in any priority):

- a. **Access to, and Retention of, Basic needs.** While the patient is at a CBHH, the CBHH works to retain and facilitate access at discharge to all basic needs (such as stable housing, income supports, employment, food assistance, and health care).
- b. **Assessment and co-occurring treatment services at all CBHHs.** Assess and provide co-occurring treatment services while patients who have a mental illness, substance abuse disorder, developmental disability or brain injury are at the CBHH.
- c. **Communicate with the communities the distinction between commitment and CBHH's "Continued Stay" criteria.**
- d. **Culturally competent assessment, planning, and treatment in CBHHs.** CBHH cultural awareness and expertise to provide care for diverse populations.
- e. **Discharge based on joint planning.** A discharge is planned from admissions with the patient, local mental health authority, natural supports, community providers and CBHHs staff.
- f. **Evidence Based Practices (EBP).** The CBHHs use Evidence Based Practices (Assertive Community Treatment, Supported Employment, Integrated Dual Diagnosis Treatment, Permanent Supportive Housing, Dialectical Behavioral Therapy, and Illness Management and Recovery) and align these services with community evidence based services.
- g. **Expedite the transition from emergency departments to CBHH admission.** Ensure that the transportation method used is prompt, respectful, and appropriate.
- h. **Local, reliable, timely, access to a secure facility for people who have exhibit violent or physically aggressive behavior.** May require specialized staff, increased staffing levels, unique facility design or decreased occupancy incorporated at a centralized location to meet regional needs.

- i. **Local/regionalized admissions and screening system.** Communities have direct contact with local admissions people who are knowledgeable about all community resources and consumer/patient information.
- j. **LOCUS is used as one tool for utilization management and not an exclusive discharge tool.** The use of LOCUS needs to be consistent with the community's use of this tool.
- k. **Partnership between CBHH and community providers.** A relationship that facilitates integration of CBHHs and community services, including counties and tribes, that solves problems in admissions, treatment provision, discharge planning and follow-up.
- l. **Physical care, including primary and chronic health care, available and/or provided in an integrated approach at the CBHHs.**
- m. **Physical health care follow up after discharge.** Assure that people being discharged from a CBHH have the level of physical medicine care they need when they are living in the community and integrated with community behavioral services, such as home and community based services (e.g., the CADI Waiver).
- n. **Regional Control of CBHH as a State Operated Service.** Regions should be part of the decision-making process if CBHH's are to be significantly re-configured or if their management/ownership is to change.
- o. **Uniform Information Processes with Community Providers.** Assure that all documentation, communication, data collection, and utilization management information is gathered and shared in a manner consistent with the practices of community providers.
- p. **Use of Certified Peer Specialists at all CBHHs.**

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Priority Rating	Recommendations (in alphabetical order): Please assign a total of 100 priority points to these items	Comments
	Access to, and retention of, basic needs. While the patient is at a CBHH, the CBHH works to retain and facilitate access at discharge to all basic needs (such as stable housing, income supports, employment, food assistance, and health care).	
	Assessment and co-occurring treatment services at all CBHHs. Assess and provide co-occurring treatment services while patients who have a mental illness, substance abuse disorder, developmental disability or brain injury are at the CBHH.	
	Communicate with the communities the distinction between commitment and CBHH's "Continued Stay" criteria.	
	Culturally competent assessment, planning, and treatment in CBHHs. CBHH cultural awareness and expertise to provide care for diverse populations.	
	Discharge based on joint planning. A discharge is planned from admissions with the patient, local mental health authority, natural supports, community providers and CBHHs staff.	
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	Expedite the transition from emergency departments to CBHH admission. Ensure that the transportation method used is prompt, respectful, and appropriate.	
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	Local/regionalized admissions and screening system. Communities have direct contact with local admissions people who are knowledgeable about all community resources and consumer/patient information.	
	LOCUS is used as one tool for utilization management and not an exclusive discharge tool. The use of LOCUS needs to be consistent with established standards for the tools.	
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	Physical care, including primary and chronic health care, are available and/or provided in an integrated approach at the CBHHs.	
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	Regional Control of CBHH as a State Operated Service. Regions are integral to decision-making process if CBHH's are to be significantly re-configured or if their management/ownership is to change.	
	Uniform Information Processes with Community Providers. Assume that all documentation, communication, data collection, and utilization management information is gathered and shared in a manner consistent with the practices of community providers.	
	Use of Certified Peer Specialists at all CBHHs.	
	Other: (please title and explain)	
100	TOTAL (should equal 100)	