

SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

DATE: October 20, 1992

IMD and STATE HOSPITAL PLACEMENT and REVIEW PROTOCOL

A. PLACEMENT PROTOCOL

1. Placement Guidelines

All prospective client placements in IMD or State Hospital facilities must be made through a decision process with the client, and his/her outpatient treatment team, conservator, current inpatient treatment staff, and family. Unified decisions, in which the outpatient treatment team, conservator, and inpatient staff all agree on an IMD placement, must be communicated to the Chair of the Psychiatric Utilization Management Committee (P.U.M.C.) for an allocation of an IMD bed. If there is a conflict or difference of opinion regarding placement, then the P.U.M.C. will facilitate discussion and decision.

All State Hospital Placement recommendations will be made by the P.U.M.C. to the Director of Mental Health for approval.

2. Role of Psychiatric Utilization Management Committee (P.U.M.C.)

Placement of a client in an IMD facility may not be made without the notification and approval of this committee. The purpose of the committee is to make the best use of all County and contracted inpatient (acute, IMD and State) resources. The committee meets weekly, monitors San Mateo County Acute Psychiatric Unit Discharge Planning, authorizes the use of all IMD facility beds and supplemental funding, and makes recommendations on the use of State Hospital beds. (See Mental Health Policy No. 92-12, attached)

3. Prior to IMD Placement Approval:

- a. Community placement in supportive housing has been discussed and is felt to be clinically inappropriate even with intense regional team services.
- b. The mental health client and his/her family have participated in planning and discussion of various discharge options.

- c. The treatment team (including the client, inpatient staff, conservatorship, case managers, and regional outpatient staff) have
- d. met and have developed a plan for the client that includes the behaviors, skills and resources the client needs to acquire to return to the community. This plan could include potential placement options on discharge.
- e. The Chair of the P.U.M.C. will help facilitate the IMD placement process by encouraging dialogue between treatment providers and the creative use of community resources.

4. Placement Procedure

- a. After discussion of an IMD/State Hospital placement and approval by the Utilization Committee, and IMD/State Hospital authorization form (enclosed) must be completed. This form must be signed by the Deputy Director of Adult Services or the Chair of the P.U.M.C.
- b. Placement at a specific IMD that is close to the client's home and offers a program that addresses a client's specific needs will be attempted. However, the committee needs to retain flexibility in its utilization of all IMD beds.
- c. IMD/State Hospital utilization forms need to be sent as follows:
One copy each to: Direction Mental Health, P.U.M.C. files, Mental Health Fiscal Officer.

B. PLACEMENT REVIEWS

- 1. All clients in IMD's will be visited by their conservators at least quarterly.
- 2. The conservator will complete a written assessment report quarterly on each client in the IMD. These reports will focus on client behaviors, skills and resources that are necessary for the client to be placed in the community. The assessment forms will be submitted to the Chair of the Psychiatric Utilization Management Committee. Conservators may request a review of a client's status by the IMD Review Committee.
- 3. All current out-of-county IMD clients will be reviewed monthly by an IMD Review Committee. Present for this review meeting will be: Supervisor of Conservatorship, Deputy Conservator, Chair of the P.U.M.C., and the Deputy Director of Adult Services.
- 4. Cordilleras Clients

- a. The Chair of the P.U.M.C. will participate in the weekly Cordilleras Discharge Planning meeting.
 - b. A monthly Utilization Review meeting will be held to discuss clients who have long lengths of stay.
5. The IMD Review meeting and the Cordilleras Discharge meeting can request a review team to visit a client at a facility and to make recommendations for continued placement, transfer, or transition to community.
 6. Clients ready for transition to community status shall be integrated into community support services prior to discharge. All IMD clients preparing for discharge should be regularly visited by regional team members (case managers), and/or residential program staff.

C. SUPPLEMENTAL FUNDS (PATCH)

1. Facilities eligible for Patch monies will have contracts that specify the extra programs and services Patch clients will receive. These Patch Guidelines will follow the regional guidelines identified by the Greater Bay Area Adult Committee.
2. Only facilities with these contractual agreements will be eligible for Patch supplemental monies.
3. Placement of clients in Patch beds will be determined by the severity of their illness and the intensity of the program needed to safely and appropriately care for a client. Prior approval for Patch funding must be given by the Chair of the P.U.M.C.
4. The IMD authorization form must include supplemental Patch funding information.
5. Continued Patch funding will be evaluated as part of the IMD placement review process.

D. CERTIFICATION FOR SPECIAL TREATMENT SERVICES (S.T.P.)

1. S.T.P. Authorization Forms will be sent by facilities to the Chair of P.U.M.C. for the initial review and authorization.
2. Copies will be sent to the Supervisor of the Adult Conservatorship Unit for review.

E. PROGRAM AND FACILITY REVIEW AND PERFORMANCE CONTRACT MONITORING

1. Each contract facility will be visited at least once a year by the Chair of the P.U.M.C. to monitor contract obligations.
2. Fiscal and Program monitoring will be done jointly by the Deputy Director Adult Services and the Chair of the P.U.M.C.