

## **Continuity of Care (CoC) Planning Guidelines**

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Pre-admission Screening of Persons Referred to Inpatient Psychiatric Services

#### **Section I: Purpose**

Continuity of Care (CoC) is a core tenet of responsible community mental health care. The Provider is required to participate in a continuity of care planning process with the local Regional Office to clarify how Division resources can be used in a coordinated way to minimize barriers between and among inpatient, outpatient, emergency room, and other key health care boundaries in the local community. The local Regional Office will facilitate this planning process during the fiscal year. Written guidance on the planning process can be found on the DMH website.

This document provides planning guidelines and assigns DMH Regional Offices with the responsibility to develop Regional Continuity of Care (CoC) Plans. CoC plans are to help ensure that there is a coordinated approach to managing consumer encounters with the public and private mental health system of care. CoC procedures help to ensure a strong relationship between well-coordinated elements of consumer care and positive clinical outcomes. Both consumers and providers report greater satisfaction when CoC systems are in place.

#### **Section II: Definitions**

Continuity of Care is an organized and carefully coordinated process essential to high quality patient/client care which involves the patient, family, and an interdisciplinary team working together to facilitate the transition of the patient/client from one level of care to another.

Continuity of Care Types:

**Informational Continuity:** Changes or trends in written documents such as the Consumer and Family Handbook, or verbal information about the local service system.

**Contact Continuity:** Changes to continuity once a person comes into contact with the service system as they encounter transition points, such as waiting lists, changes to intake process, discharge planning,

discharge follow up etc.

**Relational Continuity:** Changes to an ongoing service relationship between the consumer and provider.

**Management Continuity:** Changes to parts of the system, such as adding an evidence-based practice, closing a system gap to avoid fragmentation of care,, after action and root cause analysis to determine system gaps etc.

**Pre-Screening:** The process of the evaluation of an individual experiencing a mental health crisis presenting at a community hospital emergency department to determine if community-based treatment would be effective as an alternative to inpatient hospitalization.

### **Section III: Continuity of Care Planning**

#### **Regional Continuity of Care Plans:**

Regional Offices are responsible for developing Regional Continuity of Care Plans for the coordination of the public and private mental health system of care. Regional Offices shall collaborate with the Deputy Director of DMH Forensic Services, Deputy Director of the DMH Child and Adolescent Services, the DMH PATH Coordinator, and other Department of Human Services Divisions to ensure that local programs providing services to special populations are included in the plans. CoC plans are to be responsive to the needs of and are consumer driven plans.

Regional Offices will convene stakeholders to develop and publish a CoC plans as follows:

- Regional Offices will initiate a planning process by scheduling meetings with DMH contracted providers and other stakeholders in their geographic area.
- The CoC planning will be coordinated with the Regional Integrated Behavioral Health Network (RIBHN).
- Potential stakeholders include:
  - ✓ Regional staff
  - ✓ DMH Child and Adolescent Services staff
  - ✓ DMH contracted providers
  - ✓ Primary consumers and family members
  - ✓ State Hospital Managers
  - ✓ Community hospital managers
  - ✓ 708 Board representative(s)
  - ✓ NAMI representatives
  - ✓ Local FQHC representatives
  - ✓ Local Health Administrators

- ✓ Other identified stakeholders

The following format will document continuity of care issues and problems, the proposed resolution, the person (s) responsible for the resolution, and the time frame for delivery or accomplishing the resolution.

Issue/Problem	Person(s) Responsible	Proposed Resolution	Time Frame
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Regional Offices will monitor continuity of care and facilitate periodic plan updates.

## Appendix A

### Pre-admission Screening of Persons Referred for Inpatient Psychiatric Services

#### Pre-Screening Steps:

1. Assess the individual to determine the severity of the crisis presented and evaluate whether inpatient hospitalization is warranted.
2. Assess community resources to determine appropriate alternatives to inpatient hospitalization.
3. When options to inpatient hospitalization are determined to be absent, the pre-screener will assess whether there are options to state hospital referral (for example: hospitalization in a private hospital funded by the individual’s existing insurance, hospitalization funded by a retroactive Medicaid application; hospitalization in a private hospital using DSH dollars for charity care)
4. If a pre-admission screening is conducted at a community site other than a hospital emergency room, coordinate the transportation of the individual to the nearest hospital emergency room and deliver a copy of the pre-screening assessment to the emergency room staff.
5. If the pre-admission screening is conducted on a community hospital inpatient unit for referral to an SOH, the pre-screening will be included in the packet of required documents to facilitate the referral.
6. Provide the individual with a copy of the IDHS/DMH Consumer and Family Handbook;
7. Provide the individual with a written summary of recommended alternative services, including peer support;
8. Offer to a make an appointment for any recommended alternative services the individual wishes to access and provide the individual with appointment information, including the date and time of appointment(s), the provider name, address, and general phone number, as well as any specific information that will enhance linkage, such as the name, title, and phone number of specific contact staff at the provider site.
9. If an appointment is not made, advise the individual of options for pursuing services on their own (e.g., provider local resource information, and/or direct them to the Consumer and Family Care Line @ 866-359-7953).