

Memorandum

To: Providers
From: Sue Graham
Date: 11/20/2009
Re: Discharge Process

The inpatient service staff, throughout the DMHAS hospital system, has the opportunity to discharge clients to the community using a different set of resources. We have the funding to support approximately 40 clients providing individual recovery assistant services, in home crisis supports, peer supports and routine residential supports. We are requesting providers review any of their hospitalized clients that have had a history of difficult times in the community, **talk with them**, and determine a supportive recovery plan with a funding request by December 15, 2009.

We are asking that the services that are provided with the **new resources** fall into a few supports that are different from other existing services in the community. In all cases we want existing services such as Community Support, TCM, Mobile/Crisis to support the new discharges using existing grant monies.

The link to these services is provided and can be found on the Nursing Home Links:
<http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=425902>

Recovery Assistant: a paraprofessional who can coach, cue and prompt our clients to keep appointments, take their medications, reach out to natural supports etc. These individuals should be under the supervision of your community support workers who are more skilled in mental health supports. (Rate; 5.65 per 15 minutes) We have recently trained about 150 of these individuals throughout the state.

Peer Supports: Recovery Support Specialist or Peer support includes face-to-face interactions that are designed to promote ongoing engagement of persons covered under the waiver in addressing residual problems resulting from psychiatric and substance use disorders, and promoting the individuals strengths and abilities to continue improving socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Peer support also includes communication and coordination with behavioral health services providers and others in support of the participant. Many of these individuals have recently been certified through AU's Recovery University. (Rate: 12.33 per 15 minute unit)

Short-term crisis stabilization: The service involves brief, concentrated interventions to stabilize psychiatric conditions or behavioral and situational problems including substance abuse, prevent escalation of psychiatric symptoms, reduce the risk of harm to self or others, avert loss of

housing, and wherever possible to avoid the need for hospitalization or other more restrictive placement. (Rate: 12.33 per 15 minute unit). This service must be prescribed, monitored and linked to a crisis team.

For Congregate sites or new group homes, we will also cover the residential supports needed for monitoring and safety of the 24/7 capacities.

All treatment plans, in addition to providing the clinical services or linkages, must also provide a functional set of goals designed to increase the client's ability to integrate into the community. We recommend that all clients have an OTR assessment or a CASIG review prior to discharge. This will help you with your planning and help the client understand what activities will take place in his/her new site.

In addition, there must also be a WRAP or a WRAP type document that helps both the client and the staff plan for future crises. This does not have to be in place at the start of the discharge process, but must be done before discharge.

Also attached to this site is the document referred to as Cross Area Moves which is derived from the old regional transfer document. This new proposal which has been approved by the Commissioner as one of the "White Book" Policies designates that the first of any decision making is related to choice or where does the client want to live. There must be an expectation that clients can be served in any part of our state with help from the receiving LMHA.

As always we thank you for your hard work with this, **and remember that all is negotiable**, in many cases you know the clients' community history and the client may need another service that is not apparent to us.

The due date for proposals relating directly to hospitalized clients is 12/15/2009.