TRIWEST GROUP

An Assessment of Community Mental Health Resources

APPENDIX E.
GUIDELINES FOR COMPLETING THE CMHI ALTERNATIVES SURVEY

Submitted to the State of Colorado
Department of Human Services
Office of Direct Services

June 18, 2001

TriWest Group

Guidelines For Completing the CMHI Alternatives Survey

General Approach

Because of variations across the CMHC's in how they collect service data, different CMHC's may report the requested data in slightly different formats. This is acceptable as long as each person filling the survey out marks down clearly somewhere on the page exactly what they are reporting so TriWest knows how to interpret the numbers.

Part I

1. Inpatient Care

- *Number of psychiatric beds, by age group:* Some medical facilities have a single psychiatric unit where consumers of any age are treated together. Beds are not reserved by age group. In this case, please put the total number of beds in the Adult row and indicate what ages are accepted by the facility. For example, write "accepts ages 10 – 59" or accepts "15- 65+," whatever the case may be.
- *Actual number of consumers served here FY99-00:* Please report a duplicated count of consumers, or in other words, the number of inpatient EPISODES during the past fiscal year.
- *Estimated charges per inpatient day:* This may differ depending on the funding source for a consumer. If more than one rate is charged at the same facility, please report the Medicaid rate and label the number as such.
- *Impact of Insurance Status:* A phone call to the inpatient facility will probably be necessary to obtain this information. If the facility has the information broken down by geographic region, please report those percentages. However, if the insurance information is only available for all inpatients that the facility serves, facility-wide percentages are acceptable. Please indicate whether the breakdown is for consumers from your region or for all consumers served at the facility.

2. Emergency Room Care with On-site Psychiatric Services

- *Identification of Facilities:* Only include emergency departments where the emergency services are provided by hospital personnel. If the emergency services at the medical facility are provided by CMHC personnel, for example by a mobile response team, then the facility is not considered to have "on-site" psychiatric services.
- *Actual # of consumers who received Emergent Psychiatric Care, during FY99-00*: This may also require a call to the medical facility to obtain the requested data. Region-wide or state-wide data is acceptable, as long as it is marked.
- *Impact of Insurance Status*: While it is true that emergency rooms by law must provide care to all persons regardless of insurance status, the various medical facilities across the state have traditionally played different roles within the system of care. CMHC consumers in different insurance categories tend to present at certain facilities, either by custom or by direction of their medical providers. We are looking for these referral trends with this question. If there is no regular working relationship between your CMHC and a given facility, and if CMHC consumers are rarely seen at that emergency room, then do not check any of the payer types.

3. Community Hospital Alternative / ATU

- In order not to undercount community capacity, we are dropping the restriction that an ATU must be "outside of a hospital setting." ATU's associated with community hospitals should be included on the list. On the "Additional Comments" section at the end of the sheet, please simply indicate that the specified ATU is associated with a hospital.

6. Residential Treatment Center

- Please complete this section only for RTC's that are PHYSICALLY located in your service area. For example, several CMHC's across the state use one of the Cleo Wallace facilities. The Jefferson Center for Mental Health should complete the questions for the Church Ranch facility and Pikes Peak Mental Health Center should answer the questions for the Colorado Springs facility.

7. Mobile Crisis Team

- If you are in doubt whether your crisis service meets the survey's definition of "Mobile Crisis Team" then please answer the questions on the sheet, and then on the "Additional Comments" section, please describe your service, emphasizing what TYPE OF CONSUMERS are seen by the team (e.g., only adults, only Medicaid, only clients who are already enrolled at the CMHC) and WHERE they are seen (e.g., at jails, at the CMHC, at their homes).
- *Typical wait for admission into program:* Please indicate the typical response time in hours.

10. Intensive, Community-Based, Family-Oriented Clinical Services

- In some CMHC's, intensive family clinical services are not organized together on a specific team. Clinician-case managers may be authorized to increase their level of service to a family to 6 or more hours/week during periods of crisis. If intensive services are not assigned to a specialized team, then do not include the intensive services under this category. Instead, include the service under Category 11, Intensive Case Management.

12. Nursing Home Care

- The intent of this category is to itemize the nursing home facilities that are a part of the public mental health system's active referral network. Thus, please answer the questions on the sheet for every nursing home where your CMHC actively refers consumers in your geographic area.
- Please also identify the names and locations of other nursing homes where the CMHC provides services to residents with major mental illness, but that are not a part of the CMHC's active referral network. For example, if a nursing home has contacted the CMHC about services for a resident and then the CMHC provides those services, please name the home and give us its county of location. For these other homes, it is not necessary to answer the rest of the questions on the sheet.

Part II

Question 7 on Hypothetical Community Expansion.

- This question gives you the opportunity to indicate what community alternatives you believe would most decrease the utilization of the CMHIs. Please specify the category number (e.g., 5 for Day Treatment) and the increase you would like to see. For example, if you select RTC's, you may want to see 10 more beds. If you select an Enhanced Crisis Intervention Team, you may want to see a team of 10 more clinicians.

Question 8 on Specialty Populations.

- *Estimated Number of Consumers Needing Hospital or Alternative:* The purpose of this column of data is to establish a rough baseline for the number of high-need consumers from your area who might use the Institutes and who have certain characteristics that may make them difficult to serve in a community setting. MHS is assuming that the number of consumers from each CMHC area who need a hospital or alternative (like an ATU) is small and that these consumers are known to the clinical managers. We would like the clinical managers to estimate the number of consumers who fit into each category, backed up by whatever internal record-keeping is available at the CMHC. Please note that we are not limiting the count to the number of consumers who actually were admitted to a hospital or alternative. We also want the clinical managers to consider consumers who might have been appropriate for an Institute admission but did not actually get into a hospital for various reasons (e.g., no beds available, insurance difficulties, family opposition, etc). This broader estimate will make it easier for us to determine how many consumers might actually use a community alternative, if it was available.
- Some consumers who are particularly difficult to serve in community settings may have characteristics that fall into several of the subcategories that are listed on the table, because the categories are not mutually exclusive. For the purposes of categorization, please place a consumer with a multitude of problems in the category that presents the *most difficulty in locating a community placement* or service package. For example, in some service regions, the barrier most difficult to overcome might be sexual misconduct because of placement policies that exclude consumers with these behaviors. In other areas, the largest barrier to community placement may be the lack of bilingual services.