Hospital-Community Linkages Project
General Provisions and Requirements for Implementation

1/20/2010
I. Overview:

The Behavioral Health Network (BHN) Hospital-Community Linkages Project was established to improve referrals and care coordination for consumers between local hospitals and community mental health providers in the Eastern Region in response to the recent closure of the state-operated Metropolitan St. Louis Psychiatric Center (MPC). This document provides an overview of the basic provisions and requirements as per the Regional Action plan developed by the BHN MPC Closure Workgroup. The complete action plan can be found at [www.bhnstl.com](http://www.bhnstl.com).

II. General Provisions:

A. Community hospitals that operate behavioral health inpatient units and Emergency Departments *and* accept both voluntary and involuntary admissions will be provided a minimum number of "slots" with community mental health providers to facilitate hospital discharge and linkage to community services for eligible consumers.

B. A contact person will be assigned at each provider (hospital and community) site to serve as liaison between hospitals and community mental health providers to coordinate the referral and linkage of consumers for their organizations/service areas.

C. Community provider assigned liaisons will meet with hospitals to communicate the number of slots available and review referral criteria/processes and other requirements as outlined in this document.

D. All providers will be required to directly participate in preliminary data collection and reporting specific to referrals made. Regular liaison meetings will be held by the BHN for the purposes of information sharing and mutual problem-solving.

III. Referral process:

A. Hospital liaisons will identify consumers eligible for referrals to slots based upon the eligibility criteria outlined in Section IV and communicate this information to the community liaison or designee.

B. The community liaison will review the information with the hospital liaison and if the criteria is met, will set an appointment date for follow-up services. The community liaison will facilitate a face-to-face contact with each consumer prior to discharge, given sufficient lead time.

C. Discharge planning will be performed collaboratively, taking into consideration the recommendations of the treating provider(s) and the community services available to best meet the needs of the patient.
IV. **Eligibility Criteria:**

A. The primary target population for this project are adult consumers being discharged from acute care behavioral health units of community hospitals that have ongoing behavioral health needs and meet the following criteria:

1. Uninsured or regular Medicaid Insurance Status
2. Not currently linked with a service provider who can oversee/coordinate care
3. One (or more) of the following provisional diagnoses:
   a. Schizophrenia
   b. Delusional Disorder
   c. Bipolar I Disorders (I & II)
   d. Psychotic Disorders NOS
   e. Major Depressive Disorder-Recurrent
   f. Major Depressive Disorder-Single Episode(Age 60 and older only)
   g. Obsessive-Compulsive Disorder
   h. Post Traumatic Stress Disorder
   i. Borderline Personality Disorder
   j. Anxiety Disorders

B. Consumers with ongoing behavioral health needs upon discharge from Emergency Departments of hospitals may be referred into slots if they meet above criteria and if mutually agreed to by both hospital and community provider.

C. Priority will be given to the following groups:

1. High service users as identified by:
   a. MO HealthNet Cyber Access System
   b. Frequency of ED visits or admits at given hospital and/or across hospitals
   c. Frequency of contact with criminal justice system
2. Those experiencing first-onset psychotic episodes
3. Survivors of suicide attempts serious enough to warrant medical intervention
4. Consumers who have been active in the DMH system (identified in CIMOR information system) within the previous 12 months and are not currently linked with another provider.

D. Basic Exclusion Criteria includes the following:

1. Private Medical Insurance
2. Medicaid MC+ Insurance with Behavioral Health MCO
3. Veteran’s Benefits Eligible
V. Data Collection and Reporting

BHN will establish an agreed upon reporting template and timeframes for data submission and aggregation. Aggregate reports will be reviewed regularly by the BHN MPC Closure Workgroup and submitted to DMH per agreed upon schedule.

A. Metrics collected directly by community providers must include:
   1. # of slots assigned per hospital
   2. # of referrals made per hospital
   3. Hospital discharge date and assessment/follow-up appointment date
   4. # of referrals resulting in community provider admission

B. Upon admission to a community services provider, a DMH CIMOR identification/case number will be assigned. The BHN will work with DMH to regularly collect information from both the CIMOR and/or MO HealthNet data systems to include the following information:

   1. Tenure in service
   2. Number and type of services provided during tenure
   3. Provider Type (i.e. physician, etc.) to extent possible based on service codes
   4. Dollars spent per patient/number of units per patient
   5. # of people admitted to Community Psychiatric Rehab Services
   6. Recidivism/other data to extent possible