

Policy and Procedure Milwaukee County Behavioral Health Division Community Services Branch	Date Issued 8/20/2012	Section	Policy Number QA- 12	Page 1
	Date Revised	Subject: Inpatient and Community Mental Health Group Home/CBRF Collaboration Standard of Practice		

1. POLICY:

It is the policy of the Behavioral Health Division (BHD) that the Inpatient Social Work staff (Psychiatric Social Worker- PSW) responsibilities include, but are not limited to participating in discharge planning, arranging for follow-up care, and developing mechanisms for timely exchange of appropriate information with sources outside the hospital. Additionally, PSW's will actively collaborate with Group Home/CBRF staff, significant other, and collateral contacts in regards to each client's treatment and discharge planning. This collaboration will allow all available information and expertise to guide the discharge process. Timely identification of individual needs and appropriate treatment planning/ interventions will help identify strategies that will work best for each individual client and continuity of care.

Mental Health Group Home/CBRF staff are responsible for maintaining a therapeutic treatment relationship with their client on a continuing basis, whether the client is in the hospital, in the community, or involved with other agencies. Group home staff provide valuable information about what has occurred prior to a client's hospitalization and assist the client with transitioning safely back into the community. The group home staff are also responsible for advocating for the client, coordinating and sharing information relevant to treatment and the individual's needs, collaborating regarding the discharge plan, and coordinating the return of the client to the group home setting.

2. PROCEDURE:

A. When a client is admitted to a psychiatric inpatient unit, the community group home staff member must contact the appropriate inpatient treatment team within 24 hours of notification of the hospital admission in order to develop a plan of discharge. If there has been no contact from the community agency, the PSW will contact the group home. Group home staff are to meet with hospital unit staff and with the client face to face **once per week**, and more often when clinically indicated. The inpatient social worker will continue to collaborate with group home staff throughout the client's hospitalization in an effort to create a well-developed discharge plan and transition to the community. Group home providers will continue to receive payment when a client is hospitalized up to a maximum of 30-days. Approval will need to be obtained from the Community Services Branch Service Manager for any payment made to the group home provider, beyond the client's inpatient hospitalization of 30 days.

B. The group home staff member and the inpatient social worker will collaborate immediately to share information and identify interventions relevant to the course of treatment for the client. It is good practice and highly recommended to have a discharge planning conference with the treatment team (MD, treatment director, PSW, RN, and other treating professionals) prior to the client's discharge. At the time of discharge, the inpatient PSW is responsible for ensuring the appropriate paperwork is forwarded to the group home provider on the client's day of discharge. If the group home provider determines the client should be discharged from the group home, a staffing on the inpatient unit will need to occur which includes the group home provider, the inpatient treatment team, and the designated Service Manager from the Community Services Branch in order to make this team decision. If the discharge is approved, the client will be discharged from the group home provider on the day of the staffing.

C. When meeting with the recovery treatment team and/or client on the unit, the group home staff member will complete the **Community Services Consultation Note**. Forms can be obtained in the nurses' stations' file cabinets on each inpatient unit. A supply of forms can also be obtained via Community Services Branch/ SAIL if group home staff prefers to bring the forms to the hospital. Instructions are as follows:

Policy and Procedure	Date Issued 8/20/2012	Section	Policy Number QA- 12	Page 2
Milwaukee County Behavioral Health Division Community Services Branch	Date Revised	Subject: Inpatient and Community Mental Health Group Home/CBRF Collaboration Standard of Practice		

- a. Indicate date/time your agency was notified of client's hospitalization.
 - b. Indicate your date of contact, and length of contact.
 - c. Indicate your agency name and name of group home represented, including address and phone number of the group home.
 - d. Indicate your name and the phone number where you can be reached.
 - e. Note Section: Indicate the precipitating events/issues that have occurred with your client prior to this hospitalization. List what factors have occurred that are pertinent to share with the treating team. Some areas that may be covered but are not limited to include medication compliance, present stressors/crisis, medical concerns, and previous treatment courses and interventions. Also list what treatment goals are you and the client are working on and what strategies may work best for the client.
 - f. Plan/Recommendations: Identify what is your plan and recommendations on behalf of your client during this hospitalization. Some ideas include suggestions of "what works best" for your client and what is needed for the client to be able to return to the group home setting. List what would help the client to return to the community and remain well, and are there any obstacles that need attention, etc. **Identify with the PSW a target date for discharge and the specific plan for what is needed at the time of discharge for the client to return to the group home, including documentation requirements and coordination of medication supply.**
 - g. Sign your name and date the form.
 - h. Ask unit staff to stamp/addressograph the form.
 - i. **Hand original copy of form to the assigned PSW. If unavailable, put form in the designated unit social worker's mailbox. Maintain yellow copy of form for your records.**
 - j. The PSW's are to ensure this information is relayed to the treating team including the Treatment Director.
 - k. All consultation forms are to be filed by the unit staff in the patient file under the heading "consultations."
- D. Group home/CBRF documentation requirements needed from the inpatient treatment team at the time of the client's discharge:
- a. Within 90 days of admission to the group home, a History and Physical and TB test or chest X-ray.
 - b. Free of communicable disease statement.
 - c. Last three laboratory test results (if available).
 - d. Most recent EKG (if available).
 - e. Discharge Order-Nursing/Physician Discharge Instructions including medication list.
 - f. Discharge medication prescriptions filled for the client (30 day supply) or discharge medication prescriptions faxed to the group home/CBRF pharmacy, prior to the client's discharge.
 - g. Stat Discharge summary if new admission to the group home.

Policy and Procedure	Date Issued 8/20/2012	Section	Policy Number	Page 3
Milwaukee County Behavioral Health Division Community Services Branch	Date Revised	Subject: Inpatient and Community Mental Health Group Home/CBRF Collaboration Standard of Practice		

Jennifer Wittwer 9/7/12

Jennifer Wittwer, Associate Director
Adult Community Services Branch

Jennifer M. Bergersen, MSW 09/07/12

Jennifer Bergersen, Director of Acute Inpatient Services,
Associate Administrator – Clinical Compliance

Jena Scherer 9/7/12

Jena Scherer, Integrated Services Coordinator
Adult Community Services Branch