

Governing Body: MARION COUNTY COMMUNITY AND PROVIDER SERVICES	Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK	
Subject: Crisis and Hospital Services	Prepared By: CAPS	Original Date: 10/01/2007 Revised Date: 01/01/2009

PURPOSE AND SIGNIFICANCE:

Community and Provider Services expects each IDS Provider be a central part of facilitating linkages. Such linkages include local mental health crisis services, local acute care hospitals, and out of region state hospital units. Linkages are crucial and necessary when members are most vulnerable and in need of timely support and services.

PROCESS AND/OR PROCEDURE:

IDS Providers are expected to have after hours, on-call crisis service for Members. This may include face-to-face assessment, phone consultation, and a referral to the Psychiatric Crisis Center (PCC) for further evaluation (if outside normal business hours). If PCC contacts an IDS Provider, either during or after normal business hours, the IDS Provider is expected to take the lead role in evaluating the Member, assisting the PCC screener and developing the disposition. IDS Providers will be expected to provide next business day appointments with a Qualified Mental Health Professional (QMHP) for Members accessing the crisis system. There may be exceptions due to treatment issues and will be agreed upon by PCC and the IDS Provider on a case-by-case basis.

If a youth Member is placed in acute care and is enrolled with an IDS Provider, the representative/clinician of that IDS Provider, must contact the acute care facility where the youth has been placed within 24 hours, (or the next business day if admission falls on a weekend or holiday), to establish contact, provide pertinent information, and establish linkages. Information provided by the IDS Provider will include the name of the therapist, phone number, address, and any additional information that will assist in the stabilization and treatment of the Member. The representative/therapist of the IDS Provider must maintain contact with the acute care facility, attend staffings (if possible), and assist with discharge planning/transition back into the community. The Child/Adolescent Care Coordinator at CAPS is available to provide consultation and support as needed.

If an adult Member is placed in an acute care psychiatric hospital and is enrolled with an IDS Provider, the representative/clinician of that IDS Provider must contact the hospital within 24 hours, (or the next business day if admission falls on a weekend or holiday), to establish contact, provide pertinent information, and establish linkages. Once the hospital-to-IDS Provider linkage is established, treatment and discharge planning must occur. The IDS Provider representative/clinician must maintain regular contact with the hospital treatment team by attending staffings face-to-face or via phone conference, for the duration of the Member's

admission. Please see the MVBCN Hospital Linkage Agreement for full details of IDS Provider expectations and responsibilities. A copy is included in the Section IV(9).

In the event that a Member needs long-term psychiatric hospitalization at Oregon State Hospital (OSH), IDS Provider involvement is expected as per the AMH Co-Management initiative. The Marion County State Hospital Liaison will facilitate communication between the hospital and the IDS Provider to ensure continuity of care. During this time an IDS Provider representative/clinician must maintain regular contact as an active member of the OSH interdisciplinary treatment team. The Marion County State Hospital Liaison at CAPS is available to provide consultation and support as needed.

Adult Care Coordinator: (503) 361-2776

Child/Adolescent Care Coordinator: (503) 361-2701

Marion County State Hospital Liaison: (505) 361-2749