

# Bulletin

May 26, 2006

Minnesota Department of Human Services □ P.O. Box 64979 □ St. Paul, MN 55164-0976

**OF INTEREST TO**

- County Directors
- County Social Services Supervisors and Staff
- Mental Health Centers
- Mental Health Pre-Petition Screening
- Mental Health Supervisors and Staff
- County Attorneys
- Community Hospitals
- Court Administrators
- Judges
- Law Enforcement
- Tribes

**ACTION/DUE DATE**

Please review and follow new pre-admission procedures. May 2006 .

**EXPIRATION DATE**

May 26, 2008

## SOS Adult Mental Health Central Pre-Admission Process

**TOPIC**

Implementation of State Operated Services (SOS) Central Pre-Admission (CPA) process for adult mental health in-patient beds. Please note that this new process does not apply to admissions into SOS Forensic Services.

**PURPOSE**

To provide information to the community on referral process for admitting individuals to adult mental health State Operated Services Community Behavioral Health Hospitals (CBHHs) and Regional Treatment Centers (RTCs).

**CONTACT**

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**SIGNED**

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WES KOOISTRA  
Assistant Commissioner  
Chemical & Mental Health Services

**Background:**

The Department of Human Services continues to strive towards developing an effective community-based mental health system promoting the resilience and recovery of adults with mental health issues by aligning policy, practice and financing to improve consumer outcomes. With these goals in mind, our State-Operated Pre-Admission officers will work with consumers, families, providers and other agencies to deliver a seamless, integrated pre-admissions process to efficiently serve adults with mental illness in communities close to their homes.

SOS Adult Mental Health Pre-Admission officers work directly through a centralized telephone number available 24 hours per day 7 days per week. The pre-admission officers work with referral sources, SOS medical staff with in-patient admitting privileges, community providers, insurance representatives, and in-patient nursing staff to arrange for patient admissions when clinical information indicates that the referral meets acute inpatient psychiatric admission criteria. All admissions, including emergency hold orders, into SOS Adult Mental Health Services must be approved by the pre-admission office prior to transportation to the location. The SOS Adult Mental Health Pre-Admission officers assist clinical and administrative staff in managing bed flow to meet customer needs through real-time bed management.

Upon consideration for admission, the SOS Centralized Pre-admission staff will assess the following factors pertaining to the individual:

1. Medical Stability;
2. Risk Management Issues;
3. Clinical Factors;
4. Legal Status (*Individuals who are committed as Mentally Ill and Dangerous, a Sexual Psychopathic Personality, Sexually Dangerous Person, or a Rule 20.01 or Rule 20.02 will not be considered for admission into a Community Behavioral Health Hospital. These referrals will continue to be triaged by the forensics coordinator at 1-800-931-7007.*)
5. Insurance Pre-certification; and
6. Special Needs, such as interpreter services or certain physical limitations.

**Implementation:**

All SOS inpatient Adult Mental Health services were transitioned to one Central Pre-Admissions Office by April 2006. The duties of the Central Pre-Admission Office includes facilitating admissions to any SOS inpatient Adult Mental Health services provided at the **Anoka Metro Regional Treatment Center (AMRTC), Brainerd Regional Human Services Center (BRHSC), Fergus Falls Regional Treatment Center (FFRTC), St. Peter Regional Treatment Center (SPRTC), Willmar Regional Treatment Center (WRTC), Eveleth Behavioral Health, the new Community Behavioral Health Hospitals (CBHH) in Alexandria and St. Peter and future CBHH sites as they are opened.**

*Please note SOS Centralized Pre-Admission does not place clients needing SOS Forensics Services provided at the Minnesota Security Hospital in St. Peter, the Minnesota Sex Offender Program in Moose Lake and St. Peter, Minnesota Extended Treatment Option in Cambridge (METO) or any State-Operated Chemical Dependency programs.*

**Individuals served:** Adults, 18 and older, with Serious Mental Illness and/or Serious and Persistent Mental Illness who require inpatient psychiatric hospitalization.

**Referral process:**

Although others may exist, DHS expects the primary referral sources contacting the SOS Central Pre-admissions Office to include pre-petition screening, county social services, courts, local mental health providers, community hospitals, private mental health practitioners, and probation/parole officers. Prior to contacting the Centralized Pre-admission Officer, the referral source should attempt to locate a least restrictive environment in the client's community (i.e. community hospitals, Intensive Residential Treatment Service, crisis beds, etc.) before calling the State Operated Services Central Pre-Admission office. If none are available or appropriate, then call SOS CPA. At the point of contact, a CPA officer will conduct an initial screening to determine: medical stability, risk status, clinical factors, legal status, and special needs and insurance pre-authorization. If referral meets acuity level of care needs, CPA officer will call the on-call doctor at the receiving facility who has been authorized to admit patients; a doctor-to-doctor call will be facilitated by CPA between referring and accepting physicians. Once patient is accepted, CPA will coordinate transfer between referring and receiving facilities.

**Admission criteria:**

The following admission criteria need to be evident in order for the individual to be admitted into SOS Inpatient Adult Mental Health Programs:

- a. The individual suffers from a psychiatric disorder posing a substantial likelihood of physical harm to self or others as demonstrated by his or her failure to obtain necessary food, clothing, medical care or shelter for daily living;
- b. The individual will suffer substantial harm, significant psychiatric deterioration, debilitation, or serious illness, unless appropriate treatment and services are provided;
- c. The individual experienced a recent attempt or threat to physically harm self or others related to a psychiatric disorder;
- d. The individual was recently involved in an incident of significantly damaging substantial property related to a psychiatric disorder;
- e. The individual is medically stable; and
- f. The individual meets one of the following 10 criteria:
  - I. Extreme or serious deterioration in social interactions that may include chaotic communications, threatening behaviors with little or no provocation, or minimal control of impulsive or abusive behavior;
  - II. Development of complete withdrawal from all social interactions;
  - III. Complete or consistent neglect of personal hygiene and appearance and inability to attend to most basic needs such as food intake and personal safety with associated impairments in physical status;
  - IV. Serious disturbances in vegetative status such as weight change, disrupted sleep, or fatigue that threaten physical well being;
  - V. Inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period of time;

- VI. Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behavior. Without expressed ambivalence or significant barriers to doing so, or with a history of serious past attempts which are not of a chronic, impulsive or consistent nature, or in presence of command hallucinations or delusions which threaten to override usual impulse control;
- VII. History of chronic impulsive suicidal/homicidal behavior or threats with current expressions or behavior representing a significant elevation from baseline;
- VIII. Clear compromise of ability to care adequately for oneself or to be adequately aware of environment;
- IX. Presence and lack of control of presenting disorder places client in imminent danger from complications of existing medical problems;
- X. Acute or severe psychiatric symptoms are present which seriously impair client's ability to function and prevent recovery from any co-existing substance use disorder, or seriously exacerbate it.

If the individual is not appropriate for admission, the SOS Centralized Pre-admission staff will recommend alternatives as appropriate.

**Frequent questions of SOS CPA process since opening in March 2006:**

Why do the CPA officers insist on patients being medically clear?

CBHHs are for adults with mental illness and are not equipped to manage inpatient medical conditions.

Why are the CPA officers asking so many questions?

Our CPAs must collect comprehensive data to properly screen referrals for appropriate level of care and to inform the CBHH/RTC doctors who are authorized to admit patients. Please call our SOS CPA number if you would like our referral forms faxed to you to give you an idea of what kind of information we will be seeking.

What is the average length of time to place an individual using CPA?

Each referral requires about 2 to 4 hours from when the last fax is received from the referring facility until actual placement. CPA officers must collect and process data from multiple sources on each patient. Additionally, CPA officers are taking other referral calls while working on individual cases.

Why are the CPA officers asking us to call other hospitals/crisis beds before making referrals?

In many cases, referred patients would be well served in a community hospital psychiatric unit or crisis bed. Our primary goal is placement of clients in the least restrictive environment. CPA requests that local community facilities look for placement in their area before calling CPA.

The department would like to thank you for your patience and support as we continue to build an effective and efficient program for the benefit of our patients and their families, our referral sources and our CBHHs and RTCs. Please contact the CPA if you have suggestions or concerns.

**Greater Minnesota**

**1-866-966-BEDS**

(1-866-966-2337)

Fax: 1-866-633-4253

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**Metro Area**  
**763-548-BEDS**  
(763-548-2337)  
Fax: 763-712-4119

**Special Needs**

This information is available in other forms to people with disabilities by contacting us at 763-548-2337 (voice) , toll free at 1-866-966-2337 or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).