

	<b>County of Sacramento</b> <b>Mental Health Division</b> <b>Adult Mental Health Services</b>		Policy No.	09-02
			Issued Date	05-25-07
			Revision Date	11-08-07
<b>AREA:</b> <b>Subacute Services</b>		<b>TITLE:</b> <b>Multi-Agency Collaboration Agreement</b>		
Approved by:		Approved By:		
Kelli Weaver, MSW Mental Health Program Coordinator		Sandy Damiano, PhD Chief, Adult Mental Health Services		

**I. POLICY**

Adult Mental Health Services staff is committed to placing clients in the least restrictive level of care clinically indicated and promoting recovery oriented treatment. Placement decisions require the participation of key individuals and/or teams involved in the client’s care.

This document outlines a working agreement between key agencies for level of care determination for individuals hospitalized at the Mental Health Treatment Center (MHTC) on administrative stay status.

**II. PROCEDURES**

**A. Participants:**

1. Key agency representatives may include the following: Intensive Placement Team (IPT), MHTC, Turning Point Community Programs (TP) Integrated Service Agency (ISA), TP Contract Monitor, and/or other outpatient service provider.
2. Family member when involved in the client’s care and/or as a support

**B. Key Working Assumptions:**

Each participant approaches the multi-agency collaboration with a set of common assumptions. These include the following:

1. Vested in what is best for the client by integrating his/her resilience, culture and goals.
2. Committed to the least restrictive level of care clinically appropriate.
3. Committed to work through differences in a professional, constructive manner.
4. Committed to participate in the meeting with an open mind and with the expectation this is a collaborative process.
5. Prepared for clinical staffing meetings with current clinical / medical presentation, precipitating factors that led to the hospitalization, at least two years of placement / hospitalization history, and the client / family voice when indicated.

6. Aware that views may differ considerably due to each participant's unique role and history with the client.
7. Aware the client has strengths and resources which must be addressed in the clinical staffing.

**C. Clinical Staffing Representation:**

Agency representation includes decision-makers who must be present at clinical staffing meetings to discuss discharge planning and level of care determination. Representation is outlined in the table below.

Agency:	Representatives:
Adult MH	<ul style="list-style-type: none"> <li>▪ IPT Staff or Program Coordinator</li> </ul>
Adult MH	<ul style="list-style-type: none"> <li>▪ TP ISA/TISA Contract Monitor – when ISA/TISA is involved</li> </ul>
MHTC	<ul style="list-style-type: none"> <li>▪ Team Psychiatrist, Team Attending <i>and</i></li> <li>▪ Clinician or Administrative Specialist <i>and</i></li> <li>▪ Program Coordinator</li> </ul>
TP ISA or TISA (if client is a member)	<ul style="list-style-type: none"> <li>▪ Service Coordinator or Team Lead <i>and</i></li> <li>▪ Psychiatrist <i>and</i></li> <li>▪ TISA or ISA Program Director</li> </ul>

**D. Clinical Staffing Participation:**

1. Clinical staffing meetings are scheduled when there is a need for agencies to participate in identifying a level of care decision or there is a potential conflict in level of care impressions.
2. The meeting should be scheduled as soon as possible and take place no later than 3 – 5 business days after the initial staffing request if placement in a secured setting is contemplated.
3. Participants must come prepared with current information and factual history related to the Multi-Agency Case Staffing Form.
4. MHTC Inpatient Collateral Contacts: The designated MHTC clinician should routinely contact the designated LPS Deputy Conservator in order to obtain historical information as well as recent issues or concerns. Obtaining collateral information from key resources such as the LPS Deputy and the designated outpatient provider should occur shortly after inpatient admission. This serves to inform the treatment planning process as well as the level of care impression.
5. The meeting should have an identified facilitator (MHTC representative). Minutes may be taken by the MHTC facilitator or other MHTC representative. The facilitator should review key agreements, recommendations and action items verbally prior to the close of the meeting to ensure all parties leave with the same understanding.

6. The Multi-Agency Clinical Staffing Form should be completed and emailed or faxed to representatives from Adult MH and LPS Conservator by the third business day. The document should be faxed to the appropriate TP agency representative when indicated. If there are recommended changes, a staffing participant must reply in writing no later than 3 business days after the minutes were sent.
7. When indicated, agency managers involved in the clinical staffing meeting may determine further homework and/or discussion would be conducive to decision-making and collaboration.
  - a. Managers are defined in the table above as supervisory or management level staff.
  - b. Managers shall strive toward resolution at this level keeping a focus of resolving the level of care issue keeping the “least restrictive frame of reference,” “what’s in the best interest for the client,” and consideration of “benefits and risks” for the differing levels of care.
  - c. Example: Managers may suggest a subgroup meeting as indicated to resolve issues outside of the larger group, e.g., MHTC manager requests meeting with TP ISA Program Director to review assessment information and facts, and/or co-interview the client.
8. A similar process exists for the private hospitals requiring level of care determination.

**E. LPS Conservator Role:**

1. The LPS Conservator role is a legal one (“authorizes services”). The designated MHTC representative will contact the designated LPS Deputy Conservator when the “treating agencies,” e.g., MHTC, Outpatient Provider and/or IPT have agreed upon a level of care.
2. The MHTC representative will share the essential facts and basis of the level of care determination.
3. If the LPS Conservator concurs and authorizes the services, staff should proceed with the appropriate level of care. If the LPS Conservator does not concur with the treating agencies, the supervisory level staff shall meet and reach consensus.
4. This process should not in any way change regular business communications with the LPS Conservator or their office.

**F. Appeal Process:**

1. In the event that the multi-agency staffing is unsuccessful, decisions may be appealed to the appropriate managers listed in the table below:

Agency	Manager
Adult Mental Health Services	Program Manager
LPS Conservator	Program Manager
MHTC	Clinical Director
TP ISA or TISA	Director of Adult MH Services

2. The managers above must reach a consensus on a level of care determination prior to the client's placement. For the purposes of this document, "consensus" is defined as an opinion or position reached by a group as a whole.
3. Managers involved in the appeal must make a decision and notify those participating in the staffing within five business days of the appeal request.

Form References:

[Multi-Agency Clinical Staffing Form \(Form AMH-012\)](#)

<b>IV. REFERENCES</b>	Related Policies & Procedures	State/Federal Codes/Other References
	MHTC P&P 08-14 Subacute Referrals to IMD or State Hospital	N/A
<b>V. CONTACTS</b>	Name	E-mail
	Kelli Weaver, MSW IPT Program Coordinator	<a href="mailto:weaverK@saccounty.net">weaverK@saccounty.net</a>
	Ray Wheeler, LCSW TP Contract Monitor	<a href="mailto:wheelerR@saccounty.net">wheelerR@saccounty.net</a>
<b>VI. SCOPE</b>	<input checked="" type="checkbox"/> Mental Health Staff <input checked="" type="checkbox"/> Mental Health Treatment Center <input type="checkbox"/> Specific grant/specialty resource	<input checked="" type="checkbox"/> Adult Contract Providers <input type="checkbox"/> Children's Contract Providers