



**County of Sacramento
Mental Health Division
Adult Mental Health Services**

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| Policy No. | 09-05 |
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| Revision Date | |

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| AREA: Subacute Services | TITLE: IPT Placement Philosophy |
| Approved by: | Approved By: |
| Kelli Weaver, MSW Program Coordinator | Sandy Damiano, PhD Chief |

I. POLICY

The Intensive Placement Team (IPT) strives to place clients in the lowest level of care clinically indicated. This document outlines the IPT philosophy guiding placement decisions in secured settings.

II. KEY DEFINITIONS

- A. Intensive Placement Team: Small team of designated adult mental health staff who evaluate referrals, provide service authorization, monitor the care and treatment within a secured setting, collaborate with treatment teams, offer input in individual’s treatment plan, attend utilization reviews, provide consultation when needed, and assist in discharge planning.
- B. Recovery: Respect and the belief in the individual’s capacity for recovery is a fundamental element for efficacious treatment planning. “Recovery,” as used in this Policy & Procedure, is defined as the process in which people who are diagnosed with a psychiatric illness are able to live, work, learn, and thrive in their communities. For some individuals, recovery means regaining certain aspects of their lives and the ability to live a fulfilling and productive life with their psychiatric illness. For others, recovery implies the reduction or elimination of symptoms.
- C. Secured Setting: Locked treatment facility such as a Mental Health Rehabilitation Center (MHRC), Skilled Nursing Facility (SNF) or State Hospital.

III. PROCEDURES

A. Guiding Philosophical Principles

The following principles are used as part of the decision-making process:

- 1. Least Restrictive Level of Care: IPT endorses and honors a least restrictive environment when it is clinically or medically indicated. Secured settings are viewed as a restrictive level of care and services are authorized for a specific period of time. All clients are evaluated at regular intervals for possible community services.

2. Recovery: Decision-making is informed by recovery philosophy principles and practices. See above for definition.
3. Service Match: A client's unique needs are matched with a facility's area of specialization. Some programs are specifically tailored for certain populations, *e.g.*, neurobehavioral specialty.
4. Family Involvement: Family involvement is highly valued. IPT attempts to place clients locally whenever there is family involvement in the client's recovery process.

B. Collaboration

Level of care recommendations involves the participation of key treatment team members.

1. Client
2. Family members
3. Acute psychiatric facility treatment staff
4. Outpatient provider
5. LPS Conservator

C. Considerations in Determining Level of Care

1. Current psychiatric, medical, co-occurring substance use and behavioral issues
2. Prior history
3. Level of support (*e.g.*, housing, outpatient service) received in the community prior to acute setting
4. Prior interventions attempted in the community and client's response
5. Placement history in subacute settings, if applicable
6. Client's level of participation in previous settings
7. Co-morbid medical conditions
8. Neurological or Traumatic Brain Injury
9. Ambulatory status

Form Reference:

N/A

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| IV. REFERENCES | Related Policies & Procedures | State/Federal Codes/Other References |
| | Adult MH 03-04 Level of Care Determination Adult MH P&P 09-02 Multi-Agency Collaboration Agreement Adult MH P&P 09-03 Subacute Placement Referrals MHTC P&P 08-14 Subacute Referrals to IMD or State Hospital | N/A |
| V. CONTACTS | Name | E-mail |
| | Kelli Weaver, MSW Program Coordinator Intensive Placement Team | weaverk@saccounty.net |
| VI. SCOPE | <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 |