**Hamilton Center, Inc. Organizational Plan**

**Eff 9.7.2019**

Our *mission* is to provide quality behavioral health care, wellness, and human development services to our community.

Our *vision* is to advance excellence in behavioral health services through compassion, customer responsiveness, innovation and flexibility.

**I. Introduction to Corporation**

Hamilton Center, Inc. (HCI) is a private not-for-profit regional behavioral healthcare system serving central and west-central Indiana.

Hamilton Center, Inc. was established in 1967 as Katherine Hamilton Mental Health Center and renamed Hamilton Center, Inc. in May of 1981. Hamilton Center is a not-for-profit corporation and was named in honor of Katherine Hamilton, an outspoken advocate of improved mental health care. Hamilton Center, Inc. is governed by a volunteer board of directors. Hamilton Center Inc.’s fiscal year is July 1 – June 30.

Hamilton Center, Inc. is one organization, with no joint ventures or other legal partnerships. None of the provider based eligible or any of our outpatient locations are leased. All employees in all locations, including all physicians W-2 employees, however all practitioners bill under HCI’s one Tax ID 35-1140758. HCI receives all provider payments for all services provided to all payors. HCI may use contracted employees for consulting staff such as pharmacists. HCI has one CEO for the entire corporation and one Chief Medical Director for all our locations including the inpatient unit.

All employees, including the MD’s and all sites adhere to state and federal regulations concerning any non-discrimination provisions, HIPPA, federal statute on confidentiality of alcohol and drug records, retention of records, employment eligibility verification, debarment from federal contracts or ineligible to participate in Medicare/Medicaid programs, Drug-Free Workplace and Tobacco Free certifications.

Hamilton Center, Inc.’s (HCI) corporate office is located at 620 Eighth Avenue, Terre Haute, IN 47804-0323 which also houses the inpatient unit (currently 16 beds) on the second floor.

HCI’s general business telephone number is 812-231-8323. The local telephone for access to services is 812-231-8200 or arranged through the HCI’s Central Scheduling. A toll free number for all service locations, 800-742-0787, is provided for access to emergency and after hour care 24 hours a day.

**Licenses and Certifications**

Hamilton Center, Inc. was certified in the Medicare program in November 1973, # 15-4009 and a Medicaid inpatient enrollment date of December 1, 1976,

#100273170.

The Indiana Division of Mental Health and Addictions (DMHA) licenses the Hamilton Center, Inc. 16-bed inpatient unit as a Private Mental Health Institution, License # 405-1-PIP; and

Hamilton Center, Inc. is certified by the Indiana Division of Mental Health and Addictions (DMHA) as a Community Mental Health Center

License # 405-0-CMHC; and

Hamilton Center, Inc. is certified by the Indiana Division of Mental Health and Addictions (DMHA) as an Addiction Services Provider with Regular Certification, License # 405-0-ASR

Hamilton Center Inc. is licensed by the Indiana Department of Mental Health and Addictions to provide 24 hour supervised living, sub-acute and semi-independent residential services to persons with behavioral health and/or addiction disorders.

Hamilton Center, Inc. is not certified as a CMHC for Medicare purposes.

HCI’s Employment Services are approved by Indiana’s Division of Disability and Rehabilitative Services.

Additionally, HCI provides Infant and Toddler Services which focus on services targeted at early intervention and prevention and include Early Head Start and Healthy Families. Services are certified and credentialed by state, federal and/or national certifying bodies.

**Accreditation**

Currently, The Joint Commission accredits HCI’s behavioral health, substance abuse and employment services. These services, including the inpatient unit services, are accredited under the Joint Commission’s behavioral health standards.

As stated above, Infant and Toddler Services are certified and/accredited by state, federal and/or national certifying bodies including Healthy Families America and the Office of Head Start, Health and Human Services.

CMS certifies the inpatient unit with the last visit occurring in 2014.

**Culturally and Linguistically Appropriate Services**

Principal Standard:   In its efforts to protect the rights of all consumer service recipients, HCI, and therefore the proposed program, is guided by the following principle: Each consumer shall have impartial access to treatment, regardless of race, religion, sex, ethnicity, age or handicap.   All consumers receive services based on clinical appropriateness and consumer preferences without regard to race, religion, national origin, age or gender.

1) Governance, Leadership and Work-force:  HCI facilitates stakeholder participation in the planning processes involved in the design and delivery of behavioral health, substance abuse and human development services. HCI actively seeks input from advisory councils, consumers, referral sources and state trade associations. Participation by these interested citizens, consumers, and professionals is valuable and worth consideration in service planning, delivery and evaluation. Divisions periodically survey its consumers, staff and other stakeholders. Survey results are reviewed with staff, leadership and the Board of Directors. Information obtained from stakeholders and surveys is used for program planning, performance improvement, strategic planning, organizational advocacy, financial planning and resource planning. It is HCI's policy that equal employment opportunities be available to all persons without regard to race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability, sexual orientation, gender identity, genetic information, military service veteran status or any other category protected under state or local law. This policy applies to employees and applicants and to all phases of employment including but not limited to hiring, promotion, demotion, and treatment during employment, rates of pay or other forms of compensation, and termination of employment. HCI will take appropriate steps to provide reasonable accommodations upon request to qualified consumers with disabilities so long as doing so does not cause an undue hardship for HCI.  It is HCI’s policy that each employee complete required annual training in the following areas: Customer Relations, Person-Centered Planning, Cultural Diversity, Sexual Harassment/Discrimination Prevention, and Confidentiality & HIPAA for Health Care Professionals, Workplace Violence, and Corporate Compliance and Ethics for Paraprofessionals.

2) Communication and Language Assistance:  In accordance with Section 504 of the Rehabilitation Act of 1973, HCI affiliated programs and services afford otherwise qualified consumers the opportunity to receive services from qualified providers. Access to effective services may be assured by: Providing accommodations or readily available resources, having procedures in place for communicating with persons who are hearing and/or visually impaired, including ensuring that the Consumer Rights form is provided to the service recipient in an accessible format. To serve consumers with limited English proficiency, each program and/or service location maintains protocols for acquiring translators or interpreters, as appropriate. Community resources are used with consent by the consumer. Appropriate language interpretation is provided for the Consumer Rights form and the Consent for Evaluation and Treatment. If a language barrier exists and effective communication with the persons seeking services is not possible, the person is provided with the choice of another HCI location, service provider or resource that is accessible and receptive. All persons receive crisis stabilization if necessary.

3)  Engagement, Continuous Improvement, and Accountability:   HCI has established culturally and linguistically appropriate goals, policies and management accountability, and infuses them throughout the organizations’ planning and operations.  Ongoing assessments of HCI’s CLAS-related activities and integration of CLAS-related measures included in assessment measurement and continuous quality improvement activities.  HCI collects and maintains accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.  HCI conducts  regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.  
**HCI p**artners with other organizations in the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.  HCI has created conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.   **HCI will endeavor to c**ommunicate the its progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

**Service Locations**

HCI has service locations in the Indiana counties of Clay, Greene, Hendricks, Marion, Owen, Parke, Putnam, Sullivan, Vermillion, and Vigo.

Our provider based application designates the counties of, Clay, the Linton site in Greene County, Parke, Putnam, Sullivan, Vermillion, and Vigo as provider based hospital locations according to the Medicare rules. Each office location is within the required 35 miles of our 620 Eighth Avenue location. These locations provide traditional outpatient behavioral health and addictions assessment, therapies and pharmacological management.

The remaining county offices in Hendricks, Marion, Owen and the Bloomfield site in Greene county, remain clinic/group locations.

The counties of Hendricks, Marion, Owen and Putnam are not original CMHC designated catchment areas and receive no designated county funding.

**Broad Overview of all Hamilton Center, Inc. Services**

The corporation’s approximately 540 employees provide services to over 11,500 individuals in their homes, schools, community and work places, as well, as HCI’s office and program settings. The broad array of services includes behavioral health, substance abuse, and human development services to people during their entire life cycle; birth through older adulthood. Programs and services are specifically designed for adults, young children, adolescents, and families. Specific populations served, as required by the Indiana Division of Mental Health & Addiction and regulations for community mental health centers, include: adults of all ages with serious and persistent mental illnesses, seriously emotionally disturbed children and adolescents, and individuals with addiction/substance disorders. (See the Continuum of Care section for services provided to the above populations.)

HCI serves the older adult population who may experience significant loss of functioning due to his or her mental health difficulties in our outpatient service locations, the person’s home, HCI residential services or other community based settings. Older adults may be referred to the local Areas on Aging for needed services, or linked to other community resources who have programs designed for older adults. If necessary, older adults are referred to nursing home level of care and staff will assist in the transition as necessary. Reports and referrals to Adult Protective Services or to the courts for guardianship are initiated if necessary. The HCI treatment team also communicates with the primary care physician to ensure medications concerns are addressed. Additionally, the treatment team may also assist family members/or the individual in arranging end of life care.

Older adults with a behavioral health disorder that require skilled nursing home services are evaluated by a staff person who submits recommendations to the State of Indiana for certification and approval to move to a nursing home through the PASRR Program. Reassessments of State identified older adults in nursing homes are performed per federal and state guidelines to determine if prior treatment recommendations are implemented.

Residents of the service area going to or being discharged from state hospitals are evaluated for placement in the appropriate level of care by the designated “gatekeeper” per State and Federal guidelines.

Infant and Toddler Services consist of community and center based Head Start programs and Healthy Family programs operating in four counties. It should be noted that most of the material and references in this organizational plan relate to the services and programs of behavioral health. Infant and Toddler Services are regulated and/or accredited by specific federal or state agencies that oversee theses specific early intervention and prevention services and thus prescribe how many of the functions discussed in this plan are performed by their requirements.

Employment Services performs job development, job seeking and retention services to consumers with differing abilities and challenges.

Education and consultation services are provided in all communities served by HCI and include but are not limited to, presentations to schools, community groups and clubs, county councils and healthcare providers. Additionally, HCI co-sponsors, hosts and are/or participates in educational series, community health fairs. HCI conducts Mental Health First Aid classes in for community partners and other organization. The organization also provides crisis response and aid to persons or other community businesses who experience a disaster or other traumatic experience.

Services are provided by an array of professionals including, psychiatrists, advanced practice nurses, health service providers in psychology, licensed psychologists, licensed and master’s prepared social workers, mental health counselors, addiction counselors, and family and marriage therapists. Additionally, other direct care staff include care managers, patient care specialists, mental health residential and inpatient technicians, Employment Specialists, nurses, teachers and early childhood professionals.

Referrals for admission to all HCI services and programs come from a variety of sources including: self-referral, family, friends, primary care physicians, social service agencies, Department of Family Services, legal agencies, teachers, schools, the court system, vocational rehabilitation agencies and others.

An increased effort to coordinate care with primary healthcare physicians demonstrates HCI’s philosophy of treating the whole person in order to achieve optimal physical, emotional, and mental health. Additionally, HCI has established and is growing the provision of primary health care services as allowed under the State’s rules for primary care and Community Mental Health Centers.

All persons registered in the Indiana Division of Mental Health and Addiction Supported Consumer (DSC) program formally the Hoosier Assurance Plan, and others served by Hamilton Center, Inc. have access to the continuum of care, if within the capability of the center to provide the state mandated services. Services are reimbursed, either directly or indirectly by state and federal sources including Medicaid, Managed Medicaid and Medicare. Third party commercial insurance as well as self-pay are accepted. Grants, community funding, Department of Family and Children and other agencies provide additional sources of revenue.

Persons seeking services without a funding source are offered services according to a fee scale if residing within identified counties for which HCI receives county funding. Specialized services in the Infant and Toddler Services programs and the Employment Services programs are reimbursed according to current state and federal contracts and grants.

##### **II**. **ORGANIZATION RELATIONSHIPS**

**Decision Making and Reporting**

**Board of Directors**

HCI is governed by a volunteer board of directors who usually meet on a monthly basis. The Board hires and annually evaluates the CEO, approves policies governing the operation of the corporation, approves Center strategic planning initiatives, assures input from stakeholders for planning and or development, approves the operating budget and on-going fiscal stability, and reviews programs, services and quality performance of the corporation. The governing body by-laws define the Board and committee structure and the committee’s respective functions and responsibilities. The HCI Board By-Laws are periodically reviewed and revised and copies of current by-laws and all records of the board and board committee meetings are maintained by the corporation.

**CEO, Chief Officers, Directors, and Program Managers**

The Chief Executive Officer of the corporation is responsible for the management and operation of the Center as outlined by the responsibilities specified in the CEO’s job description and in accordance with established plans, policies, procedures and board directives. The CEO is directly accountable to the Board of Directors and is the Board’s direct executive representative. Hamilton Center, Inc.’s current CEO is Mr. Mel Burks, MPA.

The CEO is assisted in the operation of the corporation by Chief Officer staff who report to the CEO including those with titles of Chief Medical Officer (who is HCI’s Medical Director), Chief Clinical Officer, Chief Operations Officer, Acting Chief Human Resources Officer, Chief Financial Officer, Chief Development Officer, Acting Chief of Addictions, and a Chief Executive Coordinator. A newly developed position of Executive Director of Governmental Affairs also reports to the CEO as well as the Project Manager for the electronic medical record.

The Chief Medical Director (CMO) oversees all medical care and the staff of psychiatrists, advance practice nurses, primary care and clinical services. the areas of inpatient services, access and 24 hour care. The Medical Director and his staff also have input into all medical policies implemented by the organization. The CMO is supported by the Executive Director Medical Services/DON, the Chief Clinical Officer, the Acting Chief of Addiction Services, and the Executive Director of 24 Hour Services. The Executive Directors of Adult/East Services and the Executive Director of Child and West Services support and report to the Chief Clinical Officer.

The Executive Director of 24 Hour Services directly supervises the 24 Hour Services Divisionwhich includes the Terre Haute residential homes, sub-acute, and access/crisis services. Various managers assist in the day to day operations of residential services. The Executive Director of Medical Services/DON oversees and supervises all nursing staff in the inpatient and outpatient areas.

The Chief Operations Officer (COO) supports the corporation in a variety of ways and with the Director of Operations oversees the areas of safety, security, facilities, maintenance, purchasing, grounds keeping and housekeeping as well as the contracted services for all identified areas. Additionally, the COO is responsible for the oversight of Quality and Compliance and Medical Records which are supervised by the Executive Director of Compliance Services and the Information Technology Department as headed by the Information Technology Manager.

The Chief Financial Officer (CFO) oversees all accounting functions and the Patient Accounts Office.

The Chief Human Resources Officer oversees Human Resources and Infection Control and Employee Health (IC/EH) department. The Executive Director of Medical Services/DON provides the clinical supervision and direction for IC/EH.

The Chief Development Officer who serves as the President of Hamilton Center Foundation, Inc. oversees all activities in grant development, marketing and business development.

Under the direction of the CMO, the Chief Clinical Officer and the Acting Chief of Addictions Services and the Ex. Directors of Adult/East Services and Child/West Services supervises and implements all clinical functions in the outpatient services. Directors and Program Managers support the Executive Directors in the management of these areas.

**III.** **Communication**

**Leadership Meeting**

The CEO, Chief Officers and Ex. Directors meet weekly to talk in depth regarding clinical and administrative issues and also review and approve the posting of open positions. The CEO in conjunction with clinical and administrative leaders ensures that the mission and vision of the corporation responds to community needs and provides the leadership and skills to achieve a fiscally responsible and accountable organization. Current issues impacting services and pending legislation of local, state and federal bodies are also reviewed and discussed for possible impact on services and opportunities to provide new services. The Leadership team often invites guests and HCI staff to the meeting for presentations.

**CEO Meeting**

The CEO, Chiefs, and all levels of Directors and other administrative staff meet monthly as the “CEO Group” to discuss the organization’s business plans, fiscal position, and program and service issues that affect the overall operation of the organization. Another important focus of this group is discussing and reviewing new business opportunities that have the potential to improve and expand the behavioral health care system. Improving and expanding services are priorities for the organization. Budgeting and quality improvement decisions are focused on efforts that meet these priorities

**Quality Leadership Forum**

The Quality Leadership Forum (QLF) is another vehicle to communicate, review and relate organizational and quality issues. The Forum members consist of the CEO, Chief Officers, Ex. Directors, and all clinical and administrative directors, managers and supervisors as well as other staff.

The Forum generally meets monthly for the purpose of communicating state wide division/program/service area activities and concerns, addressing planning, management and/or fiscal and funding issues and approving center wide policies and procedures. Reports from quality and other standing committees are heard and reviewed.

The Quality Leadership Forum receives opportunities for improvement and identifies appropriate staff or quality teams to address the improvement issues. QLF receives updates on the staffs or Q-team’s studies progress in addressing the Opportunities for Improvement.

Program Managers Meeting

The clinical program managers, meet on a monthly basis to review topics and concerns discussed at the CEO, QLF, Clinical Director and Director Meetings and receive reports, updates, education and other pertinent operational information from both clinical and administrative staff.

Director and Clinical Directors Meeting

The Ex. Directors of outpatient clinical serves also hold other meetings with their clinical directors and managers to discuss and process clinical issues pertinent to their respective locations and services. Administrative Directors are included in the Directors meeting to develop, measure and discuss clinical dashboard indicators and propose/develop clinical procedures as well as reviewing issues impacting clinical and administrative services.

EchoVantage Steering and EchoVantage Reports Committee

This EchoVantagel Steering Committee’s members include clinical and administrative staff that are charged with leading the implementation of the organizations current electronic medical record (EMR). Core members of the committee test new versions of the product and submit recommendations/ instructions regarding which versions and features of the product to implement and then design and plan for the required training of staff. Members continually refine the features of the EMR, develop and test new processes, and design and support the processes to document services.

The EchoVantage Report Committee is charged with developing, testing and implementing reports that need to be generated from the EMR to produce and analyze data necessary for supporting clinical, administrative, quality and fiscal functions.

Program Staff Meetings

Individual program and service areas have regularly scheduled staff meetings to discuss administrative and operational issues and to provide clinical supervision for consumer cases. Managers are responsible for sharing center wide and program/service information and committee/quality information that affect their respective division’s operations.

**Office Supervisor Meetings**

Office Supervisors meet as needed. However, the Office Supervisors all attend the Program Manager’s Meeting. Office Supervisors may meet about the latest updates in external and internal billing and payment procedures for all payors, new processes used in the EMR, and/or updated or revised Patient Accounts, Records and Quality and Compliance procedures affecting the efficiency of the office environment.

**Consumer Meetings**

Consumers participate in quarterly luncheons or other meetings led by the CEO in which participants are able to share ideas, suggestions, and concerns related to their services. Consumers are also given opportunities to relate their personal recovery experiences to the group.

##### **IV. IMPROVING ORGANIZATIONAL PERFORMANCE**

Hamilton Center, Inc. has implemented a center wide system incorporating the concepts of total quality management/continuous quality improvement in order to systematically measure, assess and improve the performance and delivery of behavioral health care services with the goal of enhancing individual/patient outcomes. Every employee participates in mandatory Quality training to learn the basic concepts of quality as HCI implements the concepts.

Opportunities to improve service/program functions or processes can originate, be studied, resolved and improvements implemented at various organizational levels.

## Service and Strategic Planning

Organizational goals and objectives are periodically developed by HCI based on one or more of the following: strategic planning, budget, results of internal/external customer surveys, outcomes, program assessment and/or results of performance improvement activities and staff needs. Key issues and related goals and implementation plans are then developed. Additionally, staff from respective divisions may contribute to the development of division objectives, if established in order to accomplish the goals outlined in the strategic plan. The process of strategic planning and the development of organizational/service area goals and objectives may change each year within the current plan timeline, as the organization continually seeks to improve it’s planning processes to meet customers’ and the organization’s needs.

The strategic plan or any other established division/program or other goals and objectives may be completed, discontinued, or continued into the next strategic plan. Organizational improvements often result in new services to address unmet needs.

**Standing Committees and Panels**

Standing committees including Utilization Management, Safety and Security, Infection Control/Employee Health, Pharmacy and Therapeutics, Quality Management, Compliance Quality Risk and Improvement and Medical Staff. Committees suggest ways to improve services or solve challenges by reviewing, measuring or trending high volume, high risk or problem prone services and activities of the organization.

The Utilization Management Committee assesses data from inpatient services and 24 hour care areas related to utilization of the organizations most expensive resources and studies what factors contribute to utilization patterns. Data is collected from inpatient services including, but not limited to, admissions, short stays, and extended length of stays, AMAs, and insurance denials, case mix, and LOS per diagnosis. Additionally, the committee may evaluate the use and cost of admissions to other contracted inpatient facilities and the transportation cost and resources used to transport consumers to and from hospital services. 24 hour residential care areas present statistics on utilization of beds, issues encountered with transfer to and from the residential areas consumer issues affecting length of stay and readmission.

The Safety and Security Committee’s main purpose is to analyze the potential physical and health risks in the environment affecting patients, staff and visitors and the monitoring and follow-up of incident reports, specified drills and other potentially high risk occurrences. Adherence to life safety and security codes, evaluation of the types and number of incidents and the general safety of the environment are the central issues monitored and reported to the Safety and Security Committee. Additionally, the committee reviews results of the Environment of Care Survey Team, OSHA reporting and emergency management drills.

The Infection Control/Employee Health Committee is primarily responsible for assuring that consumers, staff and visitors will not be at risk for infections that could be obtained from the organization's environment. Monitoring of consumer infections primarily in 24 hour care areas and staff sanitation practices are the main focus of the evaluation activities. This committee reviews Environment of Care Survey Team reports, incident reporting and educates staff and consumers on universal precautions and other methods to prevent the acquisition or spread of infectious diseases.

The Pharmacy and Therapeutics Committee establishes a forum of inpatient and outpatient staff, clinical and non-clinical, that address medication issues across the organization. Processes evaluated and discussed include, medication incidents, safe prescribing, storing, and administering of medications, policies and practices for prescribing medications, and the review of selection of the inpatient formulary. The committee and the Medical staff Committee members work together to assist in the formulation of programs designed to meet the needs of the professional staff for enhancing current knowledge on matters related to medications.

The Quality Management Committee meets quarterly and consists of clinical and administrative staff. The main focus of this committee is to review trends in the medical records audits performed by the Quality and Compliance Departments, Records and program areas. Trends or other areas identified as needed improvements that impact or have the potential to impact the organization are reviewed and then presented along with education and instruction to remedy identified issues to various meetings and program sites.

The Continuous Quality Risk Improvement Committee is charged with, in partnership with all departments, is to apply structure to the measurement and evaluation processes for on-going performance improvement in the organization. The committee consisting of clinical and administrative staff usually meets three or four times a year to evaluate critical indicators that are mandated or beneficial to monitor with the intent of improving the quality of care and reducing risk to consumers served.

The Medical Staff Committee is comprised of medical staff professionals who may review pertinent information and recommendations from the above committees. Additionally, the Medical staff addresses concerns, issues and risks in the provision of psychiatric and medical services in all HCI locations. Medical issues necessitating a policy are approved at this committee. Continuous training of the medical staff regarding new medications/therapies are frequently presented by to the staff during this meeting.

Panels

Several other HCI standing committees focus on the health and wellness, education, and opportunities to support and recognize staff.

The Learning Panel committee members, with representatives from each clinical service area and the community, review opportunities to enhance the skill development and competencies of HCI staff. The committee recommends areas of training and/or trainers that will provide education designed to meet the current needs of staff or that will educate staff in areas identified as necessary to the successful implementation of programs, services, or new initiatives established by the corporation or outside funders or regulatory bodies. Continuing education opportunities are often coordinated with local universities and are open to the public.

The Health and Wellness Panel committee focuses on educating HCI staff on the merits of a healthy lifestyle. Educational material, event sponsorship, and reporting in the HCI Health and Wellness newsletter provide tips and methods to enhance personal health and wellness. Annual HCI staff and consumer health fairs are coordinated by this committee.

The Playing Panel committee organizes opportunities for staff to come together to celebrate their work environment, their fellow staff and to help others in the community. The committee members facilitate events for staff to participate in national and local fundraising, organizes the HCI Employee of the Quarter and coordinates an annual staff gathering. The committee has been instrumental in coordinating efforts to assist HCI staff with basic needs such as food during holidays.

Trauma Informed Care members work to improve the environment and clinical processes that impact consumers, staff and visitors. Yearly organizational assessments identify and suggest improvements to the physical environment and clinical process that address trauma. The focus of the committee is educationing staff how trauma informed care helps improve the quality and impact of behavioral health services, increases safety for all, reduces no-shows, enhances client engagement, and avoids staff burnout and turnover

All committees, based on the evaluation of monitoring activities pursue studies to improve care in their respective service areas or area of committee focus. Opportunities for improvement are studied by the committee and/or submitted to the Quality Leadership Forum to assign Q-Teams for further discussion or study. Committees and Panels report their activities to Leadership, CEO/QLF and/or to the BOD on a periodic basis.

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QI by Staff

Hamilton Center, Inc. employees also have the opportunity to suggest quality improvement ideas through the submission of Opportunities for Improvement (OFI). Ideas for improvement range from suggestions to improve the environment to ideas identifying how to better serve consumers, utilize resources, and/or improve organizational systems and processes. All opportunities for improvements are presented to the Quality Leadership Forum and are recorded by the CQI Department. OFIs are routed for evaluation and/or development revision to an administrative area or staff, or to a Quality Team. OFIs and assignments are recorded and tracked by the CQI Department.

QI by Q-Teams

Q-Teams/groups of staff or designated staff, are responsible for studying and responding to OFIs or generating possible process improvements. Q-Teams are formed when the need for a group of staff with specific skills, experience and/or knowledge come together to study an opportunity for improvement that usually requires intensive study. OFIs requiring Q-Teams are most often process and measurement driven with the intent of the outcome resulting in improvements across an entire division and/or the organization. All teams report back QLF. Any action proposed by the Q-Team is affirmed by QLF before implementing in order to insure that any one aspect of the organization would not be adversely affected, complies with current budget requirements and coincides with organization priorities or division directives. Measurement of the process improvement or other improvement activity is periodically reported back to Leadership, QLF, and other meetings. CQI Department or division.

QI by Program/Service Areas

Other quality improvement activities are carried out at the program/service level and are discussed at supervisory, clinical, staff meetings and/or QLF. Issues that are beyond the authority, scope and/or discipline of the program/service area or that crossover or affect other segments of the organization are routed to the Leadership for center wide quality improvement study.

All clinical divisions monitor and study issues pertaining to quality improvement by evaluating program/service indicators, outcomes, and/or information obtained through the various EMR and clinical record audits.

V. Administrative Services

The Human Resources Department is charged with recruiting and selecting potential HCI employees that match the service provision requirements of the various administrative and clinical divisions of the corporation. Employee performance and development is assured through organization-wide and program orientation, in-service programs, and the opportunity to attend workshops and/or continuing education courses. Evaluation of staff is measured through the annual performance review process which establishes competencies for all staff. All employees have a job description listing all duties and clinical responsibilities. All staff, students, volunteers or others are subject to pre-hire primary verification of licensure, education, training, or other job requirements and various back ground checks. The department also ensures that all required immunizations are obtained before the beginning of employment.

The Infection Control/Employee Department is responsible providing an environment that prevents consumers, staff or visitors from acquiring facility infections or diseases. The department administers pre-employment and annual tuberculosis screening, tracks and provides influenza vaccinations, and provides new employee and annual education regarding universal precautions and air and bloodborne pathogens. As part of the Environment of Care Survey Team, the department participates in the monitoring and evaluation of the health and safety of each service location. Education on various infection prevention and control are offered to consumers and to the community. The IC/EH nurse is the chair of the Infection Control Committee.

The Operations Department is responsible for facility construction, maintenance, and the safety and security of all HCI locations. Operations staff are members of the Environment of Care survey team that review and make recommendations to the service site regarding their compliance with internal and external health and safety regulations and standards. The department is also responsible for center-wide purchasing, transportation, mail delivery and internal and external housekeeping.

The Information Technology Department is responsible for information services for all areas of the organization which includes the purchase, maintenance and security of all networks, hardware and software used by the corporation. The department oversees the purchase and maintenance of telecommunication, document reproduction and information technology services. Staff in the IS department is responsible for the various software applications used by the organization for state reporting and others to maintain compliance with other internal and external reporting systems. All behavioral health and employment services use HCI’s electronic medical record. Many services are also required to enter data into other systems in order to meet specific program requirements. Infant and Toddler services utilize approved record systems as required by their funders and accreditors. The IS department is also responsible for the security of electronic information.

The Marketing and Business Development Department promotes the corporation’s mission, vision, and scope of services to the many publics served by the organization including consumers, employees, referral sources, and the community at large. The procurement of center wide grants is EchoVantagel to the mission of this department.

The Fiscal Department manages the functions of accounts payable and receivable and maintains the general ledger of the corporation and provides all other accounting functions that ensure the organization complies with third party payor, IRS and state and other federal regulations. The department ensures that the annual audit is performed and organizes, performs or participates in all audits of programs, services or administrative areas where fiscal compliance or risk is reviewed. Monthly financial statements for the entire organization are distributed and discussed with staff and leadership and are the focus of the Administrative Committee of HCI’s BOD. The Accounting department is also charged with annual Medicare cost reporting.

The Patient Accounts Department manages the submission and processing and payment for all receivable and claims to all third party payors and self-pay accounts. The department also manages the accounts receivable and collections process and follows up on unpaid claims and the reconciliation of all consumer accounts. The department along with other staff set up, test and implement all EMR billing rules in order to ensure all payors are billed appropriately for eligible services.

The Quality and Compliance Department ensures that the regulatory, quality and reporting requirements of state, federal, and third party insurers, funders and accrediting bodies are implemented, submitted and monitored as necessary. The department provides or assists with all functions related to audits and plans of corrective actions. The department provides education in how to maintain compliance with funders, regulatory and accrediting bodies as well as manages the contracting and provider relations responsibilities, including internal and external credentialing associated with all third payors. The Records Department functions as described below are under the supervision of the quality and compliance departments.

Additional functions of the department include the responsibility for supervising the EMR report writing team who develop necessary EMR reports that monitor and provide information that assist in analyzing clinical and administrative processes.

The department has staff dedicated to all aspects of auditing EMR documentation who establish timelines for auditing, produce auditing reports, and identify trends and areas for improvement and who provide continual education to all staff in correct process for recording services and complying with payor documentation requirements.

The Records Department is responsible for the maintenance, retention and storage of all present and former electronic medical records and the paper documents that are generated by some service areas. The department also provides guidance and education in EMR procedures, processes all requests and most releases of information and provides transcription services. Additionally, the department is responsible for the scanned documents repositories, including completing scanning functions. The Department Manager trains staff in the appropriate completion of forms and records for the authorization and/or release of information, provides educations regarding HIPAA issues and requirements, and processes court orders and subpoenas. The department also ensures that consumer records meet legal requirements. The department also responds to medical record requests for audits.

**VI. Overview of All HCI Service Areas:**

Clinical Supervision

Program Managers and their respective Directors have responsibilities for the day-to-day operations of their program/service areas, including administrative and/or clinical supervision, if qualified, to their staff. Staff by virtue of independent licensing and job description can practice independently; however most clinical staff are participants in team clinical staffings where the clinical appropriateness of the individuals care and treatment are discussed. All other clinical staff receive clinical group/individual supervision according to their academic background/degree and job function as set forth in his/her job description. Assessment and treatment plans with an originally established diagnosis require the co-signature of the clinical supervisor/independently licensed staff. HSPP/MD staff review initial treatment plans every 90 days thereafter as required by Medicaid and share their comments with the therapist or treatment team. Supervision also occurs through the review of the medical record or progress notes that have been prospectively and /or retrospectively denied for payment. Managers and clinical supervisors will often use the reviews of these notes in staffings or other meetings to educate staff regarding why payors may and/ or may not deny services.

## Child and Adolescent Services

Hamilton Center, Inc. is committed to the growth and development of healthy children and families. A wide range of behavioral health or addiction services designed to identify and treat behavioral health problems before they become more serious. Our services may vary slightly by county so that we may address the most critical needs in each community. In all cases, our goal is to offer hope through the most up-to-date, quality behavioral health care to children and their families.

Hamilton Center’s child and adolescent services work very closely with educational institutions, health and human service agencies, and county and state organizations to provide the best possible care for children.

Outpatient Services

Hamilton Center’s child and adolescent outpatient services are offered to young people under the age of 18. After an initial assessment of the unique emotional and developmental needs of each child, a treatment plan is developed jointly with the family and therapist. Outpatient services may include individual, group or family therapy, psychiatric evaluation/treatment, psychological testing, and substance abuse treatment. Increasingly, many child and adolescent services are provided through several Medicaid state plan amendment services that focus on children and families not eligible for Medicaid and/or to prevent institutional placement.

Prevention and Early Intervention Services

Hamilton center provides a wide range of prevention and early intervention programs especially designed for young children from birth to three years of age and their families. Intervening early reduces the risks of children acquiring more serious problems as they grow into adulthood. Although services may vary slightly by county, all programs have an emphasis on home-based services and family integration. These services may includeHealthyFamilies and Early HeadStart*.*

Family Preservation Services

Family preservation services are an important part of Hamilton Center’s children’s continuum of care. Therapist and case managers provide mental health services in homes for clients several times a week to assist children and families in reaching their treatment goals and plan for reunification. In addition to home-based services, our case managers work to connect families with other available supports in the community such as obtaining a bus pass or library card, enrolling for financial aid, etc. HCI does as much as possible to keep people functioning as a family unit and a part of their community.

Intensive Treatment Outpatient Services

Hamilton Center offers various options for those children and adolescents who may need more intensive services, in addition to traditional outpatient treatment. Many of these programs are psychosocial based and use services allowed by the Medicaid Rehabilitation Option to enhance optimal functioning.

The philosophy of wrap around supports children in out of home placement either in foster care or who have been identified as needing intensive supportive services in order to avert institutional residential placement or inpatient care. n our various counties. The purpose of the services program is to offer a positive alternative to the placement of children in inpatient psychiatric hospitals, or to decrease the time spent in foster care institutions, or group homes. The program works closely with county offices of Family and Children Services.

## Adult Outpatient Services

HCI provides adult outpatient services with the goal of helping a person understand his/her behaviors, feelings and thoughts, and more effective ways of dealing with problem situations and life transitions.

Hamilton Center, Inc. provides outpatient services in all HCI service sites including those who are designated as provider based for Medicare purposes. Treatment is individualized and focuses on the goals of the person seeking treatment. Treatment is tailored to be as brief as possible or as extensive as needed in order to cause the minimal amount of disruption to the person’s life schedule – work, school, and family activities. Services are available to adults, couples, and families and include individual, group and family therapy, psychological testing, psychiatric evaluation/treatment, and addiction services.

Other supportive services that are goal and rehabilitation oriented include case management, skills training and development and family supports that are provided through Medicaid Rehabilitation Option services.

## Addiction Services

Hamilton Center, Inc.’s regional system offers hope for those struggling with addiction problems by providing services in a variety of our service locations. HCI has recently expanded the scope of addiction services by designating a Chief of Addictions Services and Director, Program Mangers and other staff to support the expansion of services in all locations. The array of services provided range from public information and educational classes, traditional outpatient and individual or group treatment, to intensive outpatient groups. All services have an emphasis on support from other community resources that assist the individual in achieving a life free from addiction.

The Division of Mental Health and Addiction has approved HCI to establish an opioid treatment facility to dispense methadone and to provide ancillary supportive services. HCI will work with a partner to provide the medical services. The service location will be named Western Recovery Services.

Upon seeking help, clients’ needs are assessed, goals discussed, and a treatment plan developed. Arrangements are made for the client to receive the most appropriate and least restrictive level of care with the goal of least interruption to work, family, and/or school. Case management is often an important part of treatment; providing a link to community resources such as continuing education, vocational training and medical care. Psychiatric evaluation/treatment is also available as needed.

Adult Intensive Behavioral Health Services

Hamilton Center provides services through a variety of treatment options for persons suffering from serious mental illnesses, those in need of longer-term care. These programs focus on activities that take place in various community-based settings. Small groups are used to encourage social integration and emphasize the development of functional, practical, and useable skills and improvement of personal habits. Services provide training and support to help clients become independent in their homes, jobs, and communities. Many consumers are supported through eligible Medicaid Rehabilitation Option services to enhance their functioning.

Residential Services

Hamilton Center Inc.’s residential services are rooted in the belief that the treatment of the persons in need of longer term care be based in an authentic environment, which is community based and encourages interaction with others. HCI’s goal is to assist clients in living in the community with independence, self-worth, and dignity. Residential services include 24-hour supervised group homes, semi-independent living and supported living arrangements where a client obtains his/her own apartment and receives supervision, and individualized wrap-around support from HCI staff needed to support the client in the community. Sub-Acute is another residential setting that is devoted to persons in need of short term crisis stabilization or who can require intensive treatment for up to one year. Supervised group living services are provided in Vigo and Marion counties.

An in-depth assessment of resident’s physical, mental, social, psychological, emotional, work and functional needs is conducted, resulting in an individualized treatment plan that may include access to participation in HCI's full continuum of care.

Rehabilitation Services

In Vigo County, Indiana, Employment Services support and provide services to adult individuals in learning how to choose, get and keep employment. Vocational evaluation, job placement, supported employment, and follow along services are used to accomplish this objective. Employment Services serves persons with a variety of developmental disabilities, but also persons with behavioral health functional impairments and/or other psychosocial and/or physical limitations.

Inpatient Services

Hamilton Center operates a 16-bed 24-hour adult crisis intervention unit in Vigo County. The Inpatient Unit provides acute, short-term inpatient treatment for adults whose behavioral health needs require immediate interventions to ensure their safety and the wellbeing.

Inpatient treatment begins with a holistic assessment of the individual’s physical health, emotional health, family life, social interaction, and employment history. Treatment is conducted by a multidisciplinary team of professionals, which includes physicians, psychiatrists, social workers, nurses, activity therapists, psychiatric technicians, psychologist, case managers, and other specialists. Staff psychiatrists admit to the inpatient unit and provide psychiatric evaluations, direct treatment, and monitor individual progress.

Treatment may include individual, group, and recreational therapy. Intensive psychiatric and medication somatic treatment is an integrated part of care. Services take place in a supportive environment, which promotes understanding of the illness, improves self-esteem and communication skills, and helps the client’s support system to understand the illness and assist in care. The objective during a client’s stay is to achieve stabilization through short-term intensive treatment, so that the client can return to a less restrictive environment as soon as possible with follow-up to outpatient care.

If persons on HCI’s inpatient unit require medical care, they are transferred to a medical hospital.

When persons screened or served require hospitalization and HCI beds are at capacity, HCI will refer to other hospitals for which HCI has established relationships to provide the needed care. All person under the age of 18 are referred to other psychiatric hospitals for treatment. If consumers need inpatient care as determined by an assessment, the HCI physician and/or access staff will arrange for transfer to another accepting hospital. The hospitals provide complete care, including the required professional services. Access staff and/or staff from a specific HCI location will maintain contact with the non-HCI hospital’s staff to enhance treatment and promote effective discharge planning. Consumers may be transferred back to HCI, if appropriate, to provide ongoing acute care services. All current consumers who were in need of acute stabilization at non-HCI hospital are discharged back to HCI for on-going outpatient treatment.

Twenty-four Hour Crisis Intervention:

Each Hamilton Center, Inc location provides crisis intervention for all clients served by Hamilton Center Inc. (HCI) at all HCI locations on a 24/7 day a week basis via the Access Center at 1-800-742-0787 and/or through each site’s on-call system available during that specific site’s regular business hours. The Access Center/Crisis telephone is prominently displayed in all HCI educational and marketing materials, in local telephone directory listings, on HCI’s Internet site and as a recorded message on all service site telephone message machines. Registered individuals are also given the information during intake with the explanation of rights and responsibilities of treatment.

At the corporate office Crisis Specialists and/or Access Specialists respond to telephone calls and walk-ins requesting services and/or crisis evaluations. When a consumer presents in person to the Access Center, the Access Specialists and/or Crisis Specialists assess the presenting problem and severity of the individual’s symptoms. The Access/Crisis Specialists, based on the presenting issues can make a referral to another appropriate organization, set up an outpatient appointment, send the individual to the outpatient walk in clinic, or contact the Crisis Specialist and the on-call prescriber for immediate consultation for the purpose of inpatient assessment/admission or for sending the walk-in to a hospital for medical clearance.

All telephone calls to the Access Center are handled by trained personnel who assess the presenting problem and severity of the individual’s symptoms. When a telephone call is determined by the Access or Crisis Specialist that the person needs additional evaluation, the Access or Crisis Specialist will ask the person to come to the Access Center for a face-to-face- assessment or is directed to the appropriate service site or closest hospital for further assessment of presenting symptoms. During the time that the caller is on the telephone, the Access/Crisis Specialist may also staff the case with the Crisis/prescriber on call and then may contact local police to do a well-check visit, assist in arranging admission to an inpatient unit, or arranging for immediate or emergency detention

The Access Center keeps a log of calls and requests for information or referrals, and/or crisis calls, noting time of telephone call, the time that a determination is made that further evaluation by a Crisis or Access Specialist is needed, the time that the Access or Crisis Specialist reaches the consumer, the number of minutes in-between a telephone call and reaching the consumer and/or the failure to reach a consumer. If failure to reach a consumer after 15 minutes the efforts are documented on the Access log.

All persons requiring face-to-face crisis assessment are directed to a safe and secure place within 60 minutes driving minutes of any HCI office. The consumer will be routed to the safest and most convenient location possible that will ensure the safety of the individual and/or others. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

Access or crisis services provided by telehealth or other means funded through grants and/or specific contracts are initiated and provided according to the guidelines specified in the contract or grant agreement. In one such agreement, Hamilton Center, Inc. will serve as a crisis intervention provider for Indiana Veterans Behavioral Health Network. When responding to and when providing crisis assessments/supports for veterans who might access this network, the HCI staff will work in conjunction with the specified medical center staff who will serve a clinical consultant. Additional crisis behavioral assessments are conducted via telehealth with local hospital emergency rooms.

Each service location (not at 620 Eighth Avenue in Terre Haute) also has an on-call system during normal business hours, which handles crisis calls and crisis walk-ins The specific sites on-call staff handles the calls and face-to-face evaluations. The on-call staff not housed in the corporate office are usually masters prepared. The evaluation of a crisis, in some services/programs may also take place in the community or where necessary by therapists or case managers who are bachelors level or above. All persons requiring additional face-to-face crisis assessment are directed to a safe and secure place within 60 minutes driving minutes of any HCI office. The consumer will be routed to the safest and most convenient location possible that will ensure the safety of the individual and/or others. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

A member of HCI’s psychiatric services staff is on-call 24 hours a day to all on-call staff and other staff who find cause to need psychiatric intervention for the purposes of crisis consult, to evaluate possible admission to an inpatient unit or to assist with an immediate or emergency detention. Local law enforcement may be called to respond to and provide transportation for an immediate or emergency detention.

Inpatient nurses staff the 24 hour crisis telephone number from

11:00pm – 7:00 am. If additional evaluation is necessary, the nurse will direct the person to the appropriate closest hospital/site for further assessment. During the time that the caller is on the telephone, the inpatient nurse may also staff the case with the prescriber on call and then may contact local police to do a well-check visit, assist in arranging admission to an inpatient unit, or arranging for immediate or emergency detention. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

The Access Center serves as a hub for coordinating admission to HCI’s inpatient services or will arrange referrals and transportation to other facilities for hospitalization when the person needing hospitalization is under the age of 18 or when HCI’s inpatient is at capacity.

Crisis contacts, processed by the Access Center staff, are summarized daily and sent to the Chief Medical Officer and Ex. Director of Nursing Services for response time, disposition and other concerns. In other service sites, crisis consults are documented and reviewed at weekly staffing or immediately with Access on-call if immediate or additional actions are required. Reports regarding response to telehealth consults and other timeliness of crisis response are reported periodically to the Continuous Quality Risk Improvement Committee.

The Chief Medical Director, Ex. Director or 24 Hour Services, Ex. Director of Nursing Services and/or Program Managers provide or arrange for training in responding to and handling of crisis contacts and evaluations.

##### **VII. CONTINUUM OF CARE**

### Adults With Serious Mental Illness & Other Disorders

## PURPOSE

To ensure that the adult consumers seeking services for severe and persistent mental illness receive care appropriate to their needs throughout the network’s continuum.

## POLICY

HCI will ensure that consumers seeking services are assessed, the scope and intensity of the assessment is appropriate to the consumer’s needs and presenting concerns, assignment to and entry to the appropriate level of care are based on the consumer’s assessment, the consumer’s needs, as identified by the assessment determine the appropriate service and that those services will be provided in an efficient and timely manner and in the least restrictive setting. All treatment will be individualized, goal directed, measurable, flexible and tailored according to the consumer’s needs and life circumstances.

HCI providers will ensure that the information necessary to facilitate the consumer’s transition from one level of care or treatment modality is shared in a timely manner. Any transition from one level of care or treatment modality to another will be based on the consumer’s needs and to the service provider who can most appropriately provide the needed care, treatment or service.

## PROCEDURES

Consumers may access care or services from Hamilton Center, Inc. via the Access Center (1-800-742-0787), or by contacting the most convenient HCI site. At the time of the request, initial screening will be conducted and determination will be made regarding the site, provider, and time of the initial evaluation. Initial evaluation times will range between immediately and up to 10 working days based on the nature and severity of the problem. Twenty-four hour crisis intervention services are available via the 1-800 number listed above. If acute stabilization is necessary, immediate services are arranged.

**INDIVIDUALIZED TREATMENT PLANNING:**

## At sites at admission, consumers participate in an assessment process which addresses psychiatric symptomology, including co-occurring and gambling disorders, functional skill acquisition, maladaptive behaviors and strengths and limitations using the HCI Initial Diagnostic Assessment which includes the Adult Needs and Strength Assessment tool. If the assessment’s screening indicators or narrative sections indicate further evaluation and/or a more restrictive level of care, additional assessments may be administered by the treatment team or referrals made to other providers offering specialized treatment. Additional internal assessments may include but are not limited to, psychiatric, nutritional, case management, skills training and development, and or alcohol and drug history. The narrative section of the initial assessment that discusses gambling and criminal history will specifically include a screening/review of a person’s need for specialized gambling referrals. Referrals are made to other medical, legal, gambling, vocational, employment, and/or other professionals and resources based on consumer preferences and consent.

## The consumer and treatment team then designs an individualized treatment plan. Each consumer’s treatment is governed by a plan of care that specifies short and long-term care goals. Treatment plans are written and reviewed by the treatment provider and or team and the client and the client’s family/significant others if appropriate and agreed to by the consumer. In short term therapy, treatment plans are developed during the initial or second session, and reviewed as required by 3d party payors, as often as necessary or at least every 90 or 180 days, depending on the payor requirements if the consumer is still receiving services. Longer-term care client’s initial treatment plans are developed in the first 30 days.

## For Hoosier Assurance Plan enrollees, on-going services are reviewed and or re-assessed every 180 days or as needed. If in shorter term therapy, a person’s progress is reviewed during each session or as dictated by the payor.

Changes to the treatment plan are made at the time of review of services or re-assessment.

**TWENTY-FOUR HOUR CRISIS INTERVENTION:**

Each Hamilton Center, Inc location provides crisis intervention for all clients served by Hamilton Center Inc. (HCI) at all HCI locations on a 24/7 day a week basis via the Access Center at 1-800-742-0787 and/or through each site’s on-call system available during that specific site’s regular business hours. The Access Center/Crisis telephone is prominently displayed in all HCI educational and marketing materials, in local telephone directory listings, on HCI’s Internet site and as a recorded message on all service site telephone message machines. Registered individuals are also given the information during intake with the explanation of rights and responsibilities of treatment.

At the corporate office Crisis Specialists and/or Access Specialists respond to telephone calls and walk-ins requesting services and/or crisis evaluations. When a consumer presents in person to the Access Center, the Access Specialists and/or Crisis Specialists assess the presenting problem and severity of the individual’s symptoms. The Access/Crisis Specialists, based on the presenting issues can make a referral to another appropriate organization, set up an outpatient appointment, send the individual to the outpatient walk in clinic, or contact the Crisis Specialist and the on-call prescriber for immediate consultation for the purpose of inpatient assessment/admission or for sending the walk-in to a hospital for medical clearance.

All telephone calls to the Access Center are handled by trained personnel who assess the presenting problem and severity of the individual’s symptoms. When a telephone call is determined by the Access or Crisis Specialist that the person needs additional evaluation, the Access or Crisis Specialist will ask the person to come to the Access Center for a face-to-face- assessment or is directed to the appropriate service site or closest hospital for further assessment of presenting symptoms. During the time that the caller is on the telephone, the Access/Crisis Specialist may also staff the case with the Crisis/prescriber on call and then may contact local police to do a well-check visit, assist in arranging admission to an inpatient unit, or arranging for immediate or emergency detention

The Access Center keeps a log of calls and requests for information or referrals, and/or crisis calls, noting time of telephone call, the time that a determination is made that further evaluation by a Crisis or Access Specialist is needed, the time that the Access or Crisis Specialist reaches the consumer, the number of minutes in-between a telephone call and reaching the consumer and/or the failure to reach a consumer. If failure to reach a consumer after 15 minutes the efforts are documented on the Access log.

All persons requiring face-to-face crisis assessment are directed to a safe and secure place within 60 minutes driving minutes of any HCI office. The consumer will be routed to the safest and most convenient location possible that will ensure the safety of the individual and/or others. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

Access or crisis services provided by telehealth or other means funded through grants and/or specific contracts are initiated and provided according to the guidelines specified in the contract or grant agreement. In one such agreement, Hamilton Center, Inc. will serve as a crisis intervention provider for Indiana Veterans Behavioral Health Network. When responding to and when providing crisis assessments/supports for veterans who might access this network, the HCI staff will work in conjunction with the specified medical center staff who will serve a clinical consultant. Additional crisis behavioral assessments are conducted via telehealth with local hospital emergency rooms.

Each service location (not at 620 Eighth Avenue in Terre Haute) also has an on-call system during normal business hours, which handles crisis calls and crisis walk-ins The specific sites on-call staff handles the calls and face-to-face evaluations. The on-call staff not housed in the corporate office are usually masters prepared. The evaluation of a crisis, in some services/programs may also take place in the community or where necessary by therapists or case managers who are bachelors level or above. All persons requiring additional face-to-face crisis assessment are directed to a safe and secure place within 60 minutes driving minutes of any HCI office. The consumer will be routed to the safest and most convenient location possible that will ensure the safety of the individual and/or others. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

A member of HCI’s psychiatric services staff is on-call 24 hours a day to all on-call staff and other staff who find cause to need psychiatric intervention for the purposes of crisis consult, to evaluate possible admission to an inpatient unit or to assist with an immediate or emergency detention. Local law enforcement may be called to respond to and provide transportation for an immediate or emergency detention.

Inpatient nurses staff the 24 hour crisis telephone number from

11:00pm – 7:00 am. If additional evaluation is necessary, the nurse will direct the person to the appropriate closest hospital/site for further assessment. During the time that the caller is on the telephone, the inpatient nurse may also staff the case with the prescriber on call and then may contact local police to do a well-check visit, assist in arranging admission to an inpatient unit, or arranging for immediate or emergency detention. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

The Access Center serves as a hub for coordinating admission to HCI’s inpatient services or will arrange referrals and transportation to other facilities for hospitalization when the person needing hospitalization is under the age of 18 or when HCI’s inpatient is at capacity.

Crisis contacts, processed by the Access Center staff, are summarized daily and sent to the Chief Medical Officer and Ex. Director of Nursing Services for response time, disposition and other concerns. In other service sites, crisis consults are documented and reviewed at weekly staffing or immediately with Access on-call if immediate or additional actions are required. Reports regarding response to telehealth consults and other timeliness of crisis response are reported periodically to the Continuous Quality Risk Improvement Committee.

The Chief Medical Director, Ex. Director or 24 Hour Services, Ex. Director of Nursing Services and/or Program Managers provide or arrange for training in responding to and handling of crisis contacts and evaluations.

CASE MANAGEMENT:

Each site has case management services that are goal directed activities integrated into the consumer’s treatment plan for the purpose of coordinating treatment among multiple service agencies and agencies; monitoring the consumer’s progress toward treatment goals; and linking the consumer and family if appropriate to other community services that are intended to enhance treatment outcomes. Bachelor level case managers and or therapists are also utilized to facilitate the consumer’s transition to and discharge from more intensive services such as intensive day services, day treatment and inpatient care. Additionally, HCI utilizes case managers for persons with serious and persistent mental illnesses to assist with crisis intervention, skills training, health care, housing, accessing treatment, and dealing with the legal system if necessary.

OUTPATIENT SERVICES:

Each site at HCI provides an array of goal directed outpatient services to individuals with severe and persistent mental illness and their families. The intensity of outpatient services and the treatment modality utilized varies according to the assessed needs of the consumer and his/her family. Modalities used may include:

* Crisis Intervention
* Individualized Counseling/Psychotherapy
* Group Counseling/Psychotherapy
* Family/Martial Therapy
* Psychopharmacology
* Alcohol and Drug Counseling/Education
* Skills Training
* Case Management

ACUTE STABILIZATION SERVICES:

Each site uses a variety of techniques to assist adults with behavioral health disorders who are experiencing a crisis as a result of the medical, behavioral or emotional decomposition. Initially, the therapist or case manager will intervene to assess the situation and attempt to stabilize the issues. Intensive case management services at home, or in the community, more frequent outpatient sessions, increased medical and psychopharmacology services and/or placement in HCI sub-acute may be used if less intensive, intervention does not resolve the situation. If stabilization of symptoms and behaviors does not occur, inpatient services at HCI, BHC Meadows Hospital, or Valle Vista Hospital may be required. Persons served from any county may be admitted to any one of the above named hospitals for acute treatment. All hospitals have medical staff available on-site or on-call 24 hours per day.

An HCI physician will determine if the adult requires intensive medical intervention and hospitalization. If the HCI psychiatrist approves the need for hospital admission, then an HCI physician will admit to the HCI unit and/or the HCI Access Center will contact the non-HCI facility for admission. Client preference and bed availability is evaluated when choosing a treatment location. HCI will provide all necessary information to facilitate a consumer’s admission and communicate daily with the hospital in order to develop and assist in discharge planning. Discharge will occur back to HCI for follow-up treatment.

RESIDENTIAL SERVICES:

Vigo and Marion Counties provide 24-hour supervised group living in community based homes, each with a maximum of ten persons per group home. Homes are staffed according to census and acuity. An active treatment team develops a treatment plan and a number of ancillary professionals contribute direct and indirect services in order to implement the treatment plan.

A Sub-acute Stabilization facility is licensed for 15 beds in Terre Haute, IN and is available for crisis care or rehabilitative purposes as defined by the Indiana Administrative Code. Many of the person’s who reside in the sub-acute facility may have experienced a recent inpatient stay or are have had recent inpatient care. Some residents may benefit from the structure and more intensive medication training and support services before moving to or back into their own apartments.

A formal semi-independent living group of apartments is available in Marion County IN with support to stay in their homes provided by HCI staff and wrap around services.

Eligible consumers must have no serious medical conditions that might interfere with program participation and/or be judged to be beyond the capability of medical assistance provided by the residential nurses. Persons must ambulate with no more than minimal assistance and have the cognitive abilities which would let would permit benefit from the services offered. The presence of mental retardation as a secondary diagnosis does not exclude an applicant if dually diagnosed.

Intensive case management, skills training and development, and other outpatient services are utilized to support other individuals in his/her home throughout the HCI service area.

HCI may be the payee of record for eligible consumers in residential settings.

DAY TREATMENT:

Day treatment programs are offered for adults with behavioral disorders in Marion and Vigo counties. The program accepts both short and long-term referrals from the community, nursing and county homes and selected room and board facilities (RBA’s). The program is aggressively community oriented and nearly all of the activities are provided in natural settings throughout the community. Groups are used to encourage social integration and normative participation in events and activities. The *in vivo* treatment aspect is also designed to encourage therapeutic engagement and participation. Emphasis is placed on the development of functional, age appropriate, practical, and useable skills and personal habits. Participants are directly involved in planning their own services, and their choices, preferences, and aspirations are considered and heeded whenever possible. Vigorous efforts are directed to the protection of the well-being and personal safety of participants.

FAMILY SUPPORT SERVICES:

Each HCI site has Family support services are provided to individuals and their families, or significant others as allowed by the adult consumer. These services may be provided during treatment planning, outpatient services, intensive outpatient programs, or through medication education performed by nurses, physicians, case managers etc. Case managers/therapists may also consult with families and significant others to meet the needs of the client during the treatment plan review process.

MEDICATION EVALUATION AND MONITORING:

Each HCI site has psychiatric and/or nurse practitioner/certified nurse specialist coverage that provides medical evaluation and pharmacologic management. Medication management and monitoring may be provided across service areas for SMI adults by various staff in order to meet the needs of the consumer. Nurses meet with individuals who require injection clinics, to review medication dosages and administration, and to conduct nursing assessments to assist in good health care. Clinical and case management staff may assist individuals in monitoring their medications, dosages, and side effects, and alert the physician of any concerns regarding side effects. Residential staff reinforce the physician orders and supervise residents taking their medication accurately. Nursing staff and/or physicians also provide medical education to individuals and groups regarding diagnosis, medication side effects, dosage requirements, food and allergies information, and other unusual effects and contraindications. Family and significant others are educated as appropriate in all services. HCI assists eligible consumers in obtaining certain medications by utilizing drug samples and/or linking the consumer with patient assistance medication programs.

Staff and physicians participate in continuing medical education sponsored by drug companies or the manufacturer. Topics include education regarding new medications, generics and updates on older drugs and their current use. Staff whose job description allows for observation of the self administration of medication are trained in the implementation of this procedure during site specific orientation. Other staff who handle samples and patient assistance medication participate in a corporate training that instruct staff how to handle these types of medication according to state and federal requirements.

Primary health care coordination begins by gathering this information from the client at the time of registration. Therapists, physicians and/or case managers will exchange information with primary care physicians or other health care providers regarding current treatment, prognosis and medications. The electronic medical record lists all current medications; including OTC’s, and can be printed out for the consumer and copied for the purpose of sending to the pharmacy or other health care practitioner. This information as well as the name of the primary care physician is contained in summary reports that are sent to referral sources or other care givers.

SERVICES TO PREVENT UNNECESSARY AND INAPPROPRIATE TREATMENT AND HOSPITALIZATION AND THE DEPRIVATION OF A PERSON’S LIBERTY:

Hamilton Center, Inc.’s commitment to treatment in the least restrictive environment is the primary reason that HCI offers an extensive array of outpatient treatment options. Assignment to the appropriate level of care is based on the consumer needs as defined by his/her assessment. Entry into services will be provided in an efficient and timely manner in the least restrictive setting. An individual for whom inpatient treatment is not appropriate but is in need of urgent services are provided less restrictive services through outpatient services, residential services etc.

All treatment is individualized; goal directed and modified according to the consumer’s needs and life circumstances. In orientation to treatment each client is informed of and receives a copy of the client’s rights brochure, grievance procedures and information on the Hoosier Assurance Plan, as well as the risks, benefits and cost of HCI services.

If inpatient services are needed, all state and federal regulations are followed if detention and/or commitment are needed. Daily discharge planning is conducted at all HCI and contractual facilities to ensure that the consumer is reaching his/her optimal functioning level. Family and significant others and HCI staff are all involved in discharge planning as appropriate. These services are provided in all locations.

Inpatient Services have daily treatment team meetings to determine the discharge planning needs of each client on the inpatient services unit. Daily meeting also review all immediate detentions and the need for emergency detentions. All ED’s are approved and initiated by HCI psychiatrists and the approval of the local judge. Utilization review is performed daily for current clients, for anyone who left without medical advice, whose length of stay is less than 24 hours, all client who leave against medical advice and all others in inpatient who have lengths of stay over 2 weeks. These long stays are evaluated at the Utilization Committee, at monthly meetings and with the payor and family sources and the State of IN. Persons are not discharged until a safe and stable environment is found for the specific client. Discharges include plans for outpatient treatment.

All referrals to other hospitals are approved by an HCI physician if inpatient level of care is needed. All referrals at contracted facilities are case managed by HCI Access staff as mandated by contract with outpatient support included in his/her discharge plan.

HCI performs the gate keeping function for persons entering and leaving State Hospitals. HCI clients are only referred to State Hospital beds after other least restrictive levels of care are implemented including wrap-around services for children, family preservation or CA-PRTF waiver service and intensive community based or sub-acute or residential services for adults and inpatient services for acute stabilization. The gate keepers staff with their respective treatment teams who include licensed independent clinicians to ensure that there are no other alternatives for level of care can safely meet the needs of the client.

All persons are admitted to and discharged to all other services using the program’s or service’s admission and discharge criteria. All treatment teams have regular clinical staffings to assist providers in reviewing the appropriateness of clinical care, length of stay and discharge planning. Individual supervision by licensed independent providers is provided for reviewing clinical practice and strategy.

Persons with Chronic Addiction

## PURPOSE

## To ensure that the consumers seeking services for chronic addiction receive care appropriate to his/her needs throughout the network’s continuum.

## POLICY

HCI will ensure that consumers seeking services are assessed, that the scope and intensity of the assessment is appropriate to the consumer’s needs and presenting concerns, that assignment to and entry to the appropriate level of care are based on the consumer’s assessment, that the consumer’s needs, as identified by the assessment determine the appropriate service and that those services will be provided in an efficient and timely manner and in the least restrictive setting. All treatment will be individualized, goal directed, measurable, flexible and tailored according to the consumer’s needs and life circumstances.

All HCI providers will ensure that the information necessary to facilitate the consumer’s transition from one level of care or treatment modality is shared in a timely manner. Any transition from one level of care or treatment modality to another will be based on the consumer’s needs and to the service provider who can most appropriately provide the needed care, treatment or service.

## PROCEDURES

Consumers may access care or services from Hamilton Center, Inc. via the Access Center (1-800-742-0787), or by contacting the most convenient HCI site. At the time of the request, initial screening will be conducted and determination will be made regarding the site, provider, and time of the initial evaluation. Initial evaluation times will range between immediately and up to 10 working days based on the nature and severity of the problem. Twenty-four hour crisis intervention services are available via the 1-800 number listed above. If acute stabilization is necessary, immediate services are arranged. Both nursing and medical staffs are continuously available.

**INDIVIDUALIZED TREATMENT PLANNING:**

## All sites at admission, consumers participate in an assessment process which addresses psychiatric symptom logy, including co-occurring and gambling disorders, functional skill acquisition, maladaptive behaviors and strengths and limitations using the HCI Initial Diagnostic Assessment which includes the Adult Needs and Strength Assessment (ANSA) or the Child and Adolescent Needs and Strength (CANS) tool. If the assessment’s screening indicators or narrative sections indicate further evaluation and/or a more restrictive level of care, additional assessments may be administered by the treatment team or referrals made to other providers offering specialized treatment. Additional internal assessments may include but are not limited to, psychiatric, nutritional, case management, skills training and development, and or alcohol and drug history. The narrative section of the initial assessment/ANSA for adults that discusses gambling and criminal history will specifically include a screening/review of a person’s need for specialized gambling referrals. The narrative section in the initial assessment/CANS section discussing legal risk will also screen for gambling risk and or potential problems.

## Referrals are made to other medical, legal, gambling, vocational, employment, and/or other professionals and resources based on consumer preferences and consent.

## Appropriate levels of care will be discussed with the consumer based on his/her preferences and consent, ASAM criteria, results of the ANSA and/or CANS and/or other appropriate screening instruments as recommended by the American Psychiatric Association (1995).

## The consumer and treatment team then designs an individualized treatment plan. Each consumer’s treatment is governed by a plan of care that specifies short and long-term care goals. Treatment plans are written and reviewed by the treatment provider and or team and the client and the client’s family/significant others if appropriate and agreed to by the consumer. Treatment plans are developed during the initial or second session, and reviewed as required by staff with consumer input, as often as necessary or at least every 90-180 days, depending on the payor if consumer is still receiving services. A reminder to complete a Relapse Prevention Plan is sent to the treatment team and completed by the designated care coordinator by the second or third individual and/or group session.

**TWENTY-FOUR HOUR CRISIS INTERVENTION:**

Each Hamilton Center, Inc location provides crisis intervention for all clients served by Hamilton Center Inc. (HCI) at all HCI locations on a 24/7 day a week basis via the Access Center at 1-800-742-0787 and/or through each site’s on-call system available during that specific site’s regular business hours. The Access Center/Crisis telephone is prominently displayed in all HCI educational and marketing materials, in local telephone directory listings, on HCI’s Internet site and as a recorded message on all service site telephone message machines. Registered individuals are also given the information during intake with the explanation of rights and responsibilities of treatment.

At the corporate office Crisis Specialists and/or Access Specialists respond to telephone calls and walk-ins requesting services and/or crisis evaluations. When a consumer presents in person to the Access Center, the Access Specialists and/or Crisis Specialists assess the presenting problem and severity of the individual’s symptoms. The Access/Crisis Specialists, based on the presenting issues can make a referral to another appropriate organization, set up an outpatient appointment, send the individual to the outpatient walk in clinic, or contact the Crisis Specialist and the on-call prescriber for immediate consultation for the purpose of inpatient assessment/admission or for sending the walk-in to a hospital for medical clearance.

All telephone calls to the Access Center are handled by trained personnel who assess the presenting problem and severity of the individual’s symptoms. When a telephone call is determined by the Access or Crisis Specialist that the person needs additional evaluation, the Access or Crisis Specialist will ask the person to come to the Access Center for a face-to-face- assessment or is directed to the appropriate service site or closest hospital for further assessment of presenting symptoms. During the time that the caller is on the telephone, the Access/Crisis Specialist may also staff the case with the Crisis/prescriber on call and then may contact local police to do a well-check visit, assist in arranging admission to an inpatient unit, or arranging for immediate or emergency detention

The Access Center keeps a log of calls and requests for information or referrals, and/or crisis calls, noting time of telephone call, the time that a determination is made that further evaluation by a Crisis or Access Specialist is needed, the time that the Access or Crisis Specialist reaches the consumer, the number of minutes in-between a telephone call and reaching the consumer and/or the failure to reach a consumer. If failure to reach a consumer after 15 minutes the efforts are documented on the Access log.

All persons requiring face-to-face crisis assessment are directed to a safe and secure place within 60 minutes driving minutes of any HCI office. The consumer will be routed to the safest and most convenient location possible that will ensure the safety of the individual and/or others. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

Access or crisis services provided by telehealth or other means funded through grants and/or specific contracts are initiated and provided according to the guidelines specified in the contract or grant agreement. In one such agreement, Hamilton Center, Inc. will serve as a crisis intervention provider for Indiana Veterans Behavioral Health Network. When responding to and when providing crisis assessments/supports for veterans who might access this network, the HCI staff will work in conjunction with the specified medical center staff who will serve a clinical consultant. Additional crisis behavioral assessments are conducted via telehealth with local hospital emergency rooms.

Each service location (not at 620 Eighth Avenue in Terre Haute) also has an on-call system during normal business hours, which handles crisis calls and crisis walk-ins The specific sites on-call staff handles the calls and face-to-face evaluations. The on-call staff not housed in the corporate office are usually masters prepared. The evaluation of a crisis, in some services/programs may also take place in the community or where necessary by therapists or case managers who are bachelors level or above. All persons requiring additional face-to-face crisis assessment are directed to a safe and secure place within 60 minutes driving minutes of any HCI office. The consumer will be routed to the safest and most convenient location possible that will ensure the safety of the individual and/or others. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

A member of HCI’s psychiatric services staff is on-call 24 hours a day to all on-call staff and other staff who find cause to need psychiatric intervention for the purposes of crisis consult, to evaluate possible admission to an inpatient unit or to assist with an immediate or emergency detention. Local law enforcement may be called to respond to and provide transportation for an immediate or emergency detention.

Inpatient nurses staff the 24 hour crisis telephone number from

11:00pm – 7:00 am. If additional evaluation is necessary, the nurse will direct the person to the appropriate closest hospital/site for further assessment. During the time that the caller is on the telephone, the inpatient nurse may also staff the case with the prescriber on call and then may contact local police to do a well-check visit, assist in arranging admission to an inpatient unit, or arranging for immediate or emergency detention. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

The Access Center serves as a hub for coordinating admission to HCI’s inpatient services or will arrange referrals and transportation to other facilities for hospitalization when the person needing hospitalization is under the age of 18 or when HCI’s inpatient is at capacity.

Crisis contacts, processed by the Access Center staff, are summarized daily and sent to the Chief Medical Officer and Ex. Director of Nursing Services for response time, disposition and other concerns. In other service sites, crisis consults are documented and reviewed at weekly staffing or immediately with Access on-call if immediate or additional actions are required. Reports regarding response to telehealth consults and other timeliness of crisis response are reported periodically to the Continuous Quality Risk Improvement Committee.

The Chief Medical Director, Ex. Director or 24 Hour Services, Ex. Director of Nursing Services and/or Program Managers provide or arrange for training in responding to and handling of crisis contacts and evaluations.

**CASE MANAGEMENT:**

Bachelor level case managers as well as addiction therapists provide case management services at all locations that chronically addicted persons are served as an integral component in the successful treatment of persons with substance abuse disorders. Case-management is used to assist the individual in identifying, developing, and accessing natural supports in the community, monitoring progress and treatment adherence, and assisting in coordinating treatment with referral sources and other programming between continuum providers and HCI.

OUTPATIENT SERVICES, INCLUDING INTENSIVE OUTPATIENT SERVICES:

Many sites provide an array of goal directed outpatient services to individuals with chronic addictions and their families. The intensity of outpatient services and the treatment modality utilized varies according to the site and the assessed needs of the consumer and his/her family. DMHA eligible SA IOP is available in Vigo, Clay, Parke, Putnam, Bloomfield, Vermillion, Linton and the Sullivan, Marion locations. IOPs may be established in the other locations as needed and if not, the consumer is referred to another location that is accessible. Advantage Counseling and Educations Services located in Hendricks and Morgan counties also provides substance abuse services. Modalities at offices may include:

* Crisis Intervention
* Consumer Education
* Alcohol and Drug Counseling
* Individualized Counseling/Psychotherapy
* Group Counseling/Psychotherapy
* Family Therapy/Marital Therapy
* Psychopharmacology
* Skills Training
* Case Management

**ACUTE STABILIZATION SERVICES:**

All sites use a variety of techniques to assist adults with chronic addiction disorders who are experiencing a crisis as a result of the medical, behavioral or emotional decomposition. Initially, the therapist or case manager will intervene to assess the situation and attempt to stabilize the issues. Intensive case management, more frequent outpatient and IOP sessions, and/or increased medical and psychopharmacology services are provided to ease the impending crisis. If less intensive intervention does not resolve the situation, Inpatient admission is considered especially if the individual requires medical detoxification. Inpatient services, including detoxification, are available at HCI, BHC Meadows Hospital, and Valle Vista Hospital. All hospitals have medical staff available on-site or on-call 24 hours per day.

An HCI physician will determine if the adult requires intensive medical intervention and hospitalization. If the HCI psychiatrist approves the need for hospital admission, then an HCI physician will admit to the HCI unit and/or the HCI Access Center will contract the contractual facility for admission. Client preference and bed availability is evaluated when choosing a care site. When hospitalized, either HCI or the contractual facility will provide the professional and hospitalization services. HCI will work in conjunction with the contractual facility to assist in admission and will communicate daily with the hospital in order to plan for the client’s discharge. Discharge will occur back to HCI for follow-up treatment.

RESIDENTIAL SERVICES:

If evaluation indicates need for the need for residential services, a chronically addicted person may be referred to Salvation Army, Harbor Light Center in Marion County Indiana for subacute residential services or a supported living/semi-independent apartment for shorter term care in Terre Haute, IN. In residential care, communication will be maintained between the treatment staff and the assigned HCI provider for purpose of continuity of care and discharge planning. Following discharge, HCI staff provides services at the level, and location site determined by the client’s needs at discharge.

DAY TREATMENT:

Matrix services are being offered at almost all HCI locations. Intensive Day Treatment if needed under the DSC rules, at The Harbor Light Center, Salvation Army in Indianapolis, IN. Adolescent Substance Abuse Program (ASAP,DMHA eligible IOP) an intensive program having clinical and skills training components, is also available on an intermittent basis through Hamilton Center, Inc.’s Child and Adolescent Services in Vigo County.

Case management is employed to facilitate goal attainment and connection to community resources for those in recovery. All programs emphasize education and abstinence and involvement in self-help and other support groups.

FAMILY SUPPORT SERVICES:

Family support services are provided to individuals and their families, or significant others as allowed by the adult consumer in all locations. These services may be provided as outpatient services or as a module (family therapy) of the partial hospitalization or intensive outpatient programs, etc. Case managers/therapists may also consult with families and significant others to meet the needs of the client and provide education on services, treatment options and medications.

In addition Hamilton Center, Inc.’s addiction services consider the family as a focal point in treatment and recovery of the chronically addicted. Clients are strongly encouraged to enlist the participation of family and/or significant others in weekly group sessions as part of the Intensive Outpatient Program. Marital and family therapy as well as family consultation is also provided as needed by the primary therapist. Case managers/therapists may also consult with families to meet the needs of the client.

1. For otherwise qualified individuals, HCI prioritizes treatment based on the level of need, potential risk to the person’s primary and psychiatric health and the organization’s capacity and resources. HCI is obligated by State contract to provide specific monitoring and treatment services to IV drug users, pregnant women and pregnant women with dependent children who have substance abuse issues and who request treatment**.** IV drug users and pregnant women with substance use/abuse issues are targeted to receive immediate treatment due to the level of potential risk to the person’s primary and psychiatric health. Access and priority to treatment will be publicized.
2. Preference for treatment is prioritized in this order:
3. Pregnant injection drug abusers;
4. Pregnant substance abusers;
5. Injection drug abuser; and
6. All others.

C. When a person calls seeking services and identifies him/herself as an IV drug user or a pregnant woman with a substance use problem, the assessment must be scheduled as soon as possible and will be directed to their preferred location to attend that site’s walk in hours without regard to which treatment may be needed. Per Federal regulations, a service location must accommodate an assessment for an intravenous drug user within fourteen (14) days. Pregnant women with substance use issues are given immediate preference for admission. If this timeframes and priorities for admission preference cannot be met, HCI will seek to schedule as soon as possible by referring the person to another service site’s walk in hours for assessment and treatment.

D. If the person who abuses intravenous drugs refuses the walk-in appointment at any location and can only come by appointment after 14 days of the request for services, then the service location where the person is scheduled, notifies the Quality and Compliance Department with the individual’s name, address and telephone number.

E. When indicated, for consumers who use intravenous drugs, the Quality and Compliance Department will assign a unique identification number in conjunction with clinical services, completes and retains the Monitoring Needs of Pregnant Women and Intravenous Drug Abusers Waiting for Treatment form, contacts the Division of Mental Health and Addictions (DMHA), arranges interim services within 48 hours (which may include care coordination activities)and assures the person is admitted into treatment in less than 120 days. Additionally, if a pregnant woman cannot attend a walk-in or other appointment for more than 48 hours, HCI will provide interim services, including referral or linkage to pre-natal care if needed. If HCI has insufficient capacity to serve a pregnant women, then the Quality and Compliance Department in conjunction with clinical services will notify DMHA.

F. To ensure that the HCI Network will provide or arrange for services to pregnant women and/or women with dependent children who are enrolled in the network’s addiction services.

1. Hamilton Center, Inc. will refer women who are pregnant or who have dependent children to community resources, including Well Child Clinics, local health departments, WIC’s and/or nursing clinics for primary and prenatal care and/or immunization for children.
2. All young dependent children of women enrollees and pregnant women will be referred to the local Healthy Families program and/or Early Head Start programs and/or Family Support and Preservations Services and/or the local Department or Family and Children’s Services, if appropriate to address possible developmental needs and/or to provide interventions targeted toward the alleviation of sexual, physical, emotional abuse and/or neglect.
3. HCI will work in coordination with the Departments of Family and Children’s Services, Recovery Works, Area 7 Agencies on Aging, First Steps Councils, Special Education Co-ops or other agencies and services to provide and/or arrange for any other appropriate service that would benefit mothers and their newborns and/or their children with developmental needs and/or their children who are at risk.
4. Women with dependent children will be referred to the local Community Coordinated Child Care (4 C’s) resource agencies for childcare if needed.
5. Additionally, the primary therapists will provide or arrange for gender specific therapeutic activities/services as appropriate.
6. Care Managers will assist the targeted populations with referral and linkage to community and other resources needed as determined by the individual’s treatment plan. Care Coordinators will keep contact lists for referral sources.

Each HCI site has a psychiatrist and/or nurse practitioner/certified nurse specialist who provides medical evaluation and pharmacologic management. Medication management and monitoring across service areas for a chronically person may be provided by various staff in order to meet the needs of the consumer. The psychiatrist will work in coordination with the therapist, nurse or case manager who will assist in monitoring the effects of prescribed medication. An addictionologist works in conjunction with the Access Center, Inpatient Unit and other outpatient sites as needed.

In inpatient treatment (detoxification or substance abuse) nursing staff also provides medical education to individuals and groups regarding the diagnosis, use of medications, unusual side effects, and contraindications, dosage requirements, and food and allergy information. The physician, addictionologist and/or RN will provide this information to individuals in outpatient services. Family and significant others are educated as appropriate in all services. HCI assists eligible consumers in obtaining certain medications by utilizing drug samples and linking the consumer with patient assistance medication programs.

Staff and physicians participate in continuing medical education sponsored by drug companies or the manufacturer. Topics include education regarding new medications, generics and updates on older drugs and their current use. Staff whose job description allows for observation of the self administration of medication are trained in the implementation of this procedure during site specific orientation. Other staff who handle samples and patient assistance medication participate in a corporate training that instruct staff how to handle these types of medication according to state and federal requirements.

Primary health care coordination begins by gathering this information from the client at the time of registration. Therapists, physicians and/or case managers will exchange information with primary care physicians or other health care providers regarding current treatment, prognosis and medications. The electronic medical record lists all current medications; including OTC’s, and can be printed out for the consumer and copied for the purpose of sending to the pharmacy or other health care practitioner. This information as well as the name of the primary care physician is contained in summary reports that are sent to referral sources or other care givers.

SERVICES TO PREVENT UNNECESSARY AND INAPPROPRIATE TREATMENT AND HOSPITALIZATION AND THE DEPRIVATION OF A PERSON’S LIBERTY:

Hamilton Center, Inc.’s commitment to treatment in the least restrictive environment is the primary reason that HCI offers an extensive array of outpatient treatment options. Assignment to the appropriate level of care is based on the consumer needs as defined by his/her assessment. Entry into services will be provided in an efficient and timely manner in the least restrictive setting. An individual for whom inpatient treatment is not appropriate but is in need of urgent services are provided less restrictive services through outpatient services, residential services etc.

All treatment is individualized; goal directed and modified according to the consumer’s needs and life circumstances. In orientation to treatment each client is informed of and receives a copy of the client’s rights brochure, grievance procedures and information on the Hoosier Assurance Plan, as well as the risks, benefits and cost of HCI services.

If inpatient services are needed, all state and federal regulations are followed if detention and/or commitment are needed. Daily discharge planning is conducted at all HCI and contractual facilities to ensure that the consumer is reaching his/her optimal functioning level. Family and significant others and HCI staff are all involved in discharge planning as appropriate. These services are provided in all locations.

Inpatient Services have daily treatment team meetings to determine the discharge planning needs of each client on the inpatient services unit. Daily meeting also review all immediate detentions and the need for emergency detentions. All ED’s are approved and initiated by HCI psychiatrists and the approval of the local judge. Utilization review is performed daily for current clients, for anyone who left without medical advise, whose length of stay is less than 24 hours, all client who leave against medical advise and all others in inpatient who have lengths of stay over 2 weeks. These long stays are evaluated at the Utilization Committee, at monthly meetings and with the payor and family sources and the State of IN. Persons are not discharged until a safe and stable environment is found for the specific client. Discharges include plans for outpatient treatment.

All referrals to other hospitals are approved by an HCI physician if inpatient level of care is needed. All referrals at contracted facilities are case managed by HCI Access staff as mandated by contract with outpatient support included in his/her discharge plan.

HCI performs the gate keeping function for persons entering and leaving State Hospitals. HCI clients are only referred to State Hospital beds after other least restrictive levels of care are implemented including wrap-around services for children, family preservation or CA-PRTF waiver service and intensive community based or sub-acute or residential services for adults and inpatient services for acute stabilization. The gate keepers staff with their respective treatment teams who include licensed independent clinicians to ensure that there are no other alternatives for level of care can safely meet the needs of the client.

All persons are admitted to and discharged to all other services using the program’s or service’s admission and discharge criteria. All treatment teams have regular clinical staffings to assist providers in reviewing the appropriateness of clinical care, length of stay and discharge planning. Individual supervision by licensed independent providers is provided for reviewing clinical practice and strategy.

Children and Adolescents

## PURPOSE

To ensure that the children and adolescents seeking services for severe emotional disturbances and other disorders receive care appropriate to his/her needs throughout HCI’s continuum.

## POLICY

HCI will ensure that consumers seeking services are assessed, that the scope and intensity of the assessment is appropriate to the consumer’s needs and presenting concerns, that assignment to and entry to the appropriate level of care are based on the consumer’s assessment, that the consumer’s needs, as identified by the assessment determine the appropriate service and that those services will be provided in an efficient and timely manner and in the least restrictive setting. All treatment will be individualized, goal directed, measurable, flexible and tailored according to the consumer’s needs and life circumstances.

HCI providers will ensure that the information necessary to facilitate the consumer’s transition from one level of care or treatment modality is shared in a timely manner. Any transition from one level of care or treatment modality to another will be based on the consumer’s needs and to the service provider who can most appropriately provide the needed care, treatment or service.

## PROCEDURES

Consumers may access care or services from Hamilton Center, Inc. via the Access Center (800-742-0787), or by contacting the most convenient HCI site. At the time of the request, initial screening will be conducted and determination will be made regarding the site, provider, and time of the initial evaluation. Initial evaluation times will range between immediately and up to 10 working days based on the nature and severity of the problem. Twenty-four hour crisis intervention services are available via the 1-800 number listed above. If acute stabilization is necessary, immediate services are arranged. Both nursing and medical staffs are continuously available.

**TWENTY-FOUR HOUR CRISIS INTERVENTION:**

Each Hamilton Center, Inc location provides crisis intervention for all clients served by Hamilton Center Inc. (HCI) at all HCI locations on a 24/7 day a week basis via the Access Center at 1-800-742-0787 and/or through each site’s on-call system available during that specific site’s regular business hours. The Access Center/Crisis telephone is prominently displayed in all HCI educational and marketing materials, in local telephone directory listings, on HCI’s Internet site and as a recorded message on all service site telephone message machines. Registered individuals are also given the information during intake with the explanation of rights and responsibilities of treatment.

At the corporate office Crisis Specialists and/or Access Specialists respond to telephone calls and walk-ins requesting services and/or crisis evaluations. When a consumer presents in person to the Access Center, the Access Specialists and/or Crisis Specialists assess the presenting problem and severity of the individual’s symptoms. The Access/Crisis Specialists, based on the presenting issues can make a referral to another appropriate organization, set up an outpatient appointment, send the individual to the outpatient walk in clinic, or contact the Crisis Specialist and the on-call prescriber for immediate consultation for the purpose of inpatient assessment/admission or for sending the walk-in to a hospital for medical clearance.

All telephone calls to the Access Center are handled by trained personnel who assess the presenting problem and severity of the individual’s symptoms. When a telephone call is determined by the Access or Crisis Specialist that the person needs additional evaluation, the Access or Crisis Specialist will ask the person to come to the Access Center for a face-to-face- assessment or is directed to the appropriate service site or closest hospital for further assessment of presenting symptoms. During the time that the caller is on the telephone, the Access/Crisis Specialist may also staff the case with the Crisis/prescriber on call and then may contact local police to do a well-check visit, assist in arranging admission to an inpatient unit, or arranging for immediate or emergency detention

The Access Center keeps a log of calls and requests for information or referrals, and/or crisis calls, noting time of telephone call, the time that a determination is made that further evaluation by a Crisis or Access Specialist is needed, the time that the Access or Crisis Specialist reaches the consumer, the number of minutes in-between a telephone call and reaching the consumer and/or the failure to reach a consumer. If failure to reach a consumer after 15 minutes the efforts are documented on the Access log.

All persons requiring face-to-face crisis assessment are directed to a safe and secure place within 60 minutes driving minutes of any HCI office. The consumer will be routed to the safest and most convenient location possible that will ensure the safety of the individual and/or others. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

Access or crisis services provided by telehealth or other means funded through grants and/or specific contracts are initiated and provided according to the guidelines specified in the contract or grant agreement. In one such agreement, Hamilton Center, Inc. will serve as a crisis intervention provider for Indiana Veterans Behavioral Health Network. When responding to and when providing crisis assessments/supports for veterans who might access this network, the HCI staff will work in conjunction with the specified medical center staff who will serve a clinical consultant. Additional crisis behavioral assessments are conducted via telehealth with local hospital emergency rooms.

Each service location (not at 620 Eighth Avenue in Terre Haute) also has an on-call system during normal business hours, which handles crisis calls and crisis walk-ins The specific sites on-call staff handles the calls and face-to-face evaluations. The on-call staff not housed in the corporate office are usually masters prepared. The evaluation of a crisis, in some services/programs may also take place in the community or where necessary by therapists or case managers who are bachelors level or above. All persons requiring additional face-to-face crisis assessment are directed to a safe and secure place within 60 minutes driving minutes of any HCI office. The consumer will be routed to the safest and most convenient location possible that will ensure the safety of the individual and/or others. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

A member of HCI’s psychiatric services staff is on-call 24 hours a day to all on-call staff and other staff who find cause to need psychiatric intervention for the purposes of crisis consult, to evaluate possible admission to an inpatient unit or to assist with an immediate or emergency detention. Local law enforcement may be called to respond to and provide transportation for an immediate or emergency detention.

Inpatient nurses staff the 24 hour crisis telephone number from

11:00pm – 7:00 am. If additional evaluation is necessary, the nurse will direct the person to the appropriate closest hospital/site for further assessment. During the time that the caller is on the telephone, the inpatient nurse may also staff the case with the prescriber on call and then may contact local police to do a well-check visit, assist in arranging admission to an inpatient unit, or arranging for immediate or emergency detention. Transportation arrangements are made for the person needing crisis evaluation if consumers are without their own mode of transportation or cannot safely transport themselves to the designated safe place.

The Access Center serves as a hub for coordinating admission to HCI’s inpatient services or will arrange referrals and transportation to other facilities for hospitalization when the person needing hospitalization is under the age of 18 or when HCI’s inpatient is at capacity.

Crisis contacts, processed by the Access Center staff, are summarized daily and sent to the Chief Medical Officer and Ex. Director of Nursing Services for response time, disposition and other concerns. In other service sites, crisis consults are documented and reviewed at weekly staffing or immediately with Access on-call if immediate or additional actions are required. Reports regarding response to telehealth consults and other timeliness of crisis response are reported periodically to the Continuous Quality Risk Improvement Committee.

The Chief Medical Director, Ex. Director or 24 Hour Services, Ex. Director of Nursing Services and/or Program Managers provide or arrange for training in responding to and handling of crisis contacts and evaluations.

**INDIVIDUALIZED TREATMENT PLANNING:**

## All sites (except those serving adults only) at admission, consumers participate in an assessment process which addresses psychiatric symptomology, including co-occurring and gambling disorders, functional skill acquisition, maladaptive behaviors and strengths and limitations using the HCI Initial Diagnostic Assessment which includes the Child and Adolescent Needs and Strength (CANS) tool. If the assessment’s screening indicators or narrative sections indicate further evaluation and/or a more restrictive level of care, additional assessments may be administered by the treatment team or referrals made to other providers offering specialized treatment. Additional internal assessments may include but are not limited to, psychiatric, nutritional, case management, skills training and development, and or alcohol and drug history. The narrative section of the initial assessment in the CANS section discussing legal risk will also screen for gambling risk and or potential problems as a result of gambling.

## Referrals are made to other medical, legal, gambling, vocational, employment, and/or other professionals and resources based on consumer preferences and consent.

## The consumer and treatment team then designs an individualized treatment plan. Each consumer’s treatment is governed by a plan of care that specifies short and long-term care goals. Parents, other significant family members, and/or guardians are always included and encouraged to participate in treatment planning as well as treatment itself. Treatment planning for children focuses on the strengths of the child and family. Treatment plans are written and reviewed by the treatment provider and or team and the client and the client’s family/significant others if appropriate and agreed to by the consumer. In short term therapy, treatment plans are developed during the initial or second session, and reviewed as required by 3d party payors, as often as necessary or at least every 90-180 days according to the payor or referral source if consumer is still receiving services. Longer-term care client’s initial treatment plans are developed in the first 30 days.

**CASE MANAGEMENT:**

All sites provide case management services that are goal directed activities integrated into the consumer’s treatment plan for the purpose of coordinating treatment among multiple service agencies and schools; monitoring the child and family’s progress toward treatment goals; and linking the consumer and family to a continuum of providers or other needed services that are intended to enhance treatment outcomes. Bachelor level case managers are also utilized to facilitate the consumers and family’s transition to and discharge from more intensive services such as day treatment, foster care, or family preservation.

**OUTPATIENT SERVICES, INCLUDING INTENSIVE OUTPATIENT SERVICES:**

HCI provides an array of goal directed outpatient services to children and their families. The intensity of outpatient services and the treatment modality utilized varies according to the assessed needs and choices of clients and their families. These services are available at all locations serving children. Modalities used may include:

* Crisis Intervention
* Individualized Counseling/Psychotherapy including Play Therapy
* Group Counseling/Psychotherapy
* Family/Marital Therapy
* Psychopharmacology
* Alcohol and Drug Counseling/Education
* Activities of Daily Living Skills Training

**ACUTE STABILIZATION SERVICES:**

All sites use a variety of techniques to assist SED clients and their families who are experiencing a crisis as a result of the medical, behavioral or emotional decomposition of a child or adolescent. Initially, the therapist or case manager will intervene to assess the situation and attempt to stabilize the issues. Case management, more frequent outpatient sessions, increased medical and psychopharmacology services may be used to stabilize the child. Intensive case management, increased wrap-around services at home or at school, and/or placement in foster care or family preservation services may be needed to relieve the crisis when other supports do not ease the crisis situation. If stabilization of symptoms and behaviors does not occur referrals are made to residential placements, inpatient services at a local provider or BHC Meadows Hospital or Valle Vista. All hospitals have medical staff available on-site or on-call 24 hours per day.

An HCI physician will determine if the child or adolescent requires intensive medical intervention and hospitalization. If the HCI psychiatrist approves the need for hospital admission, then an HCI physician or the HCI Access Center will contact one of the contractual facilities for admission based on the preference of the family and availability of beds in the facilities. When hospitalized, the contractual facility will provide the professional and hospitalization services. HCI will work in cohort with the contractual hospital to facilitate admission and discharge. Discharge will occur back to HCI for follow-up treatment.

RESIDENTIAL SERVICES:

Extensive wrap-around and other support services are extended to children in foster care and other out of home placement most often through referrals from Department of Children and Family Services or through CA-PRTF sites. When reunification with a child’s family is planned, services are also offered to the child’s family while the child is still in residential placement. Intensive case management is provided at discharge from foster care in order to ease the child’s transition back to his/her biological family. Family services continue throughout the duration of enrollment of the child or adolescent. In Vigo County, adolescents may access an independent living program after transitioning from foster care. If long-term residential services are in the best interest of the child and family, HCI will assist the individual with a referral.

DAY TREATMENT:

Vigo County, Child and Adolescent Services provides children with an intensive skills training and development program coupled with clinical group and family services for children needing more than intermittent outpatient services.

FAMILY SUPPORT SERVICES:

HCI offers Family Preservation Services at all service locations. Family Preservation is individualized goal directed and home based treatment which utilizes therapy and case management services to assist families in stabilizing the home environment and in maintaining their SED child in the home or in reunifying with a child who has been removed from the family’s care. Treatment plans are based on the specific strengths and deficits of each family in treatment.

Additionally, family participation in treatment is emphasized throughout the child’s enrollment. Education of family is a primary goal of treatment and may take place in individual or group/family treatment settings.

MEDICATION MONITORING AND EVALUATION:

Each HCI site has psychiatrist coverage that provides medical evaluation, medication somatic treatment, and monitoring for any child or adolescent referred for assessment and/or medication. The psychiatrist will work in coordination with the child’s therapist who will assist in monitoring the effects of prescribed medication. Patient education focuses on the side effects, unusual occurrences, dosage requirements, and food and allergy information. Family and significant others are educated as appropriate in all services sites. HCI assists eligible consumers in obtaining certain medications by utilizing drug samples and linking the consumer with patient assistance medication programs.

Staff and physicians participate in continuing medical education sponsored by drug companies or the manufacturer. Topics include education regarding new medications, generics and updates on older drugs and their current use. Staff whose job description allows for observation of the self administration of medication are trained in the implementation of this procedure during site specific orientation. Other staff who handle samples and patient assistance medication participate in a corporate training that instruct staff how to handle these types of medication according to state and federal requirements.

Primary health care coordination begins by gathering this information from the client at the time of registration. Therapists, physicians and/or case managers will exchange information with primary care physicians or other health care providers regarding current treatment, prognosis and medications. The electronic medical record lists all current medications; including OTC’s, and can be printed out for the consumer and copied for the purpose of sending to the pharmacy or other health care practitioner. This information as well as the name of the primary care physician is contained in summary reports that are sent to referral sources or other care givers.

SERVICES TO PREVENT UNNECESSARY AND INAPPROPRIATE

TREATMENT AND HOSPITALIZATION AND THE DEPRIVATION OF A

PERSON’S LIBERTY:

Hamilton Center, Inc.’s commitment to treatment in the least restrictive environment is the primary reason that HCI offers an extensive array of outpatient treatment options. Assignment to the appropriate level of care is based on the consumer needs as defined by his/her assessment. Entry into services will be provided in an efficient and timely manner in the least restrictive setting. An individual for whom inpatient treatment is not appropriate but is in need of urgent services are provided less restrictive services through outpatient services, residential services etc.

All treatment is individualized; goal directed and modified according to the consumer’s needs and life circumstances. In orientation to treatment each client is informed of and receives a copy of the client’s rights brochure, grievance procedures and information on the Hoosier Assurance Plan, as well as the risks, benefits and cost of HCI services.

If inpatient services are needed, all state and federal regulations are followed if detention and/or commitment are needed. Daily discharge planning is conducted at all HCI and contractual facilities to ensure that the consumer is reaching his/her optimal functioning level. Family and significant others and HCI staff are all involved in discharge planning as appropriate. These services are provided in all locations.

Inpatient Services have daily treatment team meetings to determine the discharge planning needs of each client on the inpatient services unit. Daily meeting also review all immediate detentions and the need for emergency detentions. All ED’s are approved and initiated by HCI psychiatrists and the approval of the local judge. Utilization review is performed daily for current clients, for anyone who left without medical advise, whose length of stay is less than 24 hours, all client who leave against medical advise and all others in inpatient who have lengths of stay over 2 weeks. These long stays are evaluated at the Utilization Committee, at monthly meetings and with the payor and family sources and the State of IN. Persons are not discharged until a safe and stable environment is found for the specific client. Discharges include plans for outpatient treatment.

All referrals to other hospitals are approved by an HCI physician if inpatient level of care is needed. All referrals at contracted facilities are case managed by HCI Access staff as mandated by contract with outpatient support included in his/her discharge plan.

HCI performs the gate keeping function for persons entering and leaving State Hospitals. HCI clients are only referred to State Hospital beds after other least restrictive levels of care are implemented including wrap-around services for children, family preservation or CA-PRTF waiver service and intensive community based or sub-acute or residential services for adults and inpatient services for acute stabilization. The gate keepers staff with their respective treatment teams who include licensed independent clinicians to ensure that there are no other alternatives for level of care can safely meet the needs of the client.

All persons are admitted to and discharged to all other services using the program’s or service’s admission and discharge criteria. All treatment teams have regular clinical staffings to assist providers in reviewing the appropriateness of clinical care, length of stay and discharge planning. Individual supervision by licensed independent providers is provided for reviewing clinical practice and strategy.