

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
STATE MENTAL HEALTH HOSPITALS
FY 2010 OVERCAPACITY PLAN**

PURPOSE

The purpose of this plan is to establish an over capacity system for state mental health hospitals that have or are expected to exceed their projected Average Daily Census (ADC) and are not able to make internal adjustments to accommodate the demand. Current utilization patterns are characterized by fluidity and high volume. Consequently efficient use of the total system resources requires that the selection of a receiving hospital be made on a case by case basis and that efforts be made to balance the load across hospitals.

This Plan takes into consideration the State Mental Health Hospital's ADC - excluding the designated forensic beds at the North Texas State Hospital – Vernon Campus and at the Kerrville State Hospital and the beds at Waco Center for Youth.

CONSIDERATIONS

When the decision is made to implement the Over capacity Plan, the State Mental Health Hospitals will notify their respective Local Mental Health Authorities (LMHAs), State Supported Living Facilities in their region, as well as all State Mental Health Hospitals, and the State Hospitals Section Office, DSHS. When a hospital reaches their projected ADC, the hospital has the option to either divert admissions or to transfer current patients. Hospitals should develop opportunities to divert while recognizing that transfers may be necessary in many cases. If the decision to transfer current patients is made, the following issues should be considered:

- a. Out of district patients are considered for transfer to the hospital serving their county of residence if appropriate.
- b. It is not expected that there will be any substantial psychiatric, medical, legal or other impact on the patient's condition, status, or treatment as a result of the transfer.
- c. The type of commitment and an expiration date that will not expire soon after transfer.
- d. The family or other support system is notified of the intent to transfer.
- e. The patient is provided with an explanation regarding the transfer and their preferences are honored whenever possible.
- f. The patient is not residing on a medical services unit.
- g. Patients who are pregnant are discussed on a case by case basis.
- h. The responsible LMHA is notified.
- i. The patient is medically stable.
- j. Patients on the discharge ready list, waiting placement at a State School will be excluded from consideration.

If the decision to divert admissions is made, the state mental health hospital that is diverting will contact the receiving state mental health hospital to determine the availability of beds. Once availability is determined, the diverting hospital will facilitate the transfer between the LMHA and the receiving state mental health hospital. The receiving hospital cannot refuse a diversion unless they are at capacity. If the receiving hospital is contacted by the diverting hospital's LMHA concerning admissions, the receiving hospital will refer the LMHA back to the diverting hospital.

If the decision is made to transfer, the appropriate LMHA must be contacted to determine if the LMHA has an alternative to the patient being transferred to another state hospital. If not, the patient will be transferred in accordance with this plan. Patients who are transferred from one hospital to another under this plan continue to be the responsibility of the LMHA. The responsible LMHA is expected to work with the receiving hospital to meet all the requirements of the departmental rule regarding Mental Health Services – Admission, Continuity, and Discharge (Chapter 412, Subchapter D). When patients are transferred from one hospital to another, the transferring hospital is responsible for the patient’s transportation to the receiving hospital, unless prior mutually agreed upon arrangements have been made between the two hospitals.

A hospital should not consider adult patient transfers unless all other adult service beds are at capacity or unless there are clinical contraindications to adult patients being moved to other adult programs within the hospital. Children and adolescents will not be served on adult units.

IMPLEMENTATION

Each hospital will utilize the established ADC as a trigger point to initiate internal efforts to respond to increasing census. Transfer/diversion of patients to other state mental health hospitals will not occur until the hospital and/or children/adolescent services are over the projected ADC. Consideration should be given to the deferral of voluntary admissions. Monday through Friday each state mental health hospital will report census and available beds to the office of State Hospitals by 10:00 a.m. A record of diversions and transfers will be maintained by the “sending” hospital.

TRANSFER PROCESS

Each state mental health hospital Superintendent will assign a staff member, with appropriate back up, to be the official contact and point of review for purposes of over capacity transfers, either incoming or outgoing. Patients proposed for transfer will be identified according to procedures outlined above. Then, the following steps are taken:

1. The sending state mental health hospital contact person will review the Available Beds Report to determine what beds are available.
2. Once available beds are located, the sending staff will call the contact staff at the receiving state mental health hospital to advise of the need for transfer, including the number and gender of patients and will provide any needed preliminary information to assist in planning.
3. The sending and receiving staff will then agree on the best date on which the transfer can occur. The sending state mental health hospital must keep in mind the pre-transfer steps outlined to ensure that patients and other involved parties are given adequate notice.
4. Patient’s arrival at the receiving hospital should be scheduled as early in the day as possible to facilitate the patient’s adjustment to the new environment.
5. Prior to the transfer date, the Discharge Physician Order/Note will be sent to the receiving hospital. This document will serve as the doctor-to-doctor contact. The order should clearly state the patient is being discharged from one state mental health hospital and admitted to another and this action does not in any way effect the current commitment status. Example: “Patient is discharged from BSSH to be admitted to SASH as a transfer under the state mental health hospital overcapacity plan. Current court commitment remains in effect.”
6. The sending hospital discharges the patient in AVATAR so the receiving hospital can admit the patient upon arrival.
7. The committing court should be notified of the patient’s transfer prior to the transfer. If the transfer occurs on the weekend the information should be faxed to the court.

8. The receiving hospital can access patient information through CWS or may request a hard copy of the transfer packet from the transferring hospital at the time of transfer.

RETURNING OF PATIENTS

If the diverting or transferring hospital's census abates, consideration should be given to returning the patients. If the patient's treatment objectives are nearly achieved, then the receiving hospital would keep the patient until discharge. If the patient requires more long-term treatment, then the considerations identified earlier on page one of this policy will be reviewed to determine the appropriateness of return to the original hospital. The hospital that originally transferred or diverted the patient is responsible for their transportation back to the original hospital.

SYSTEM PLAN

The State Hospitals office will monitor the census at each hospital on a routine basis. If the system reaches or exceeds the projected ADC for a sustained period of time, the Director of State Hospitals will report to the Assistant Commissioner for Mental Health and Substance Abuse, regarding the status of over capacity.