



Eric Holcomb, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739
317-232-7800
FAX: 317-233-3472

SFY 2021 Performance Measure Definition

Timely Discharge from State Psychiatric Hospitals (SPH) of All Populations

Program: All Units in State Psychiatric Hospitals, including forensic

Long Title: Quarterly percentage of individuals identified as ready for discharge from a SPH that are discharged within 45 calendar days of readiness determination.

Definition: Timely discharge is defined as the Gatekeepers community placement of a client from the SPH within 45 calendar days from the date the client is placed on the DMHA Pending Discharge List (PDL) by the SPH(s) and determined ready for discharge.

Readiness for discharge is determined when:

- The discharge is appropriate to the individual's unique and individualized needs
- The discharge is in accordance with standards of professional practice and applicable state and federal law
- The SPH clinical treatment team has determined stabilization of psychiatric and behavioral symptoms have occurred
- The individual demonstrates minimal risk towards self or others
- The clinical treatment team has determined maximum clinical benefit from hospitalization has been achieved

Purpose/Importance: It is imperative that clients in the Mental Health Delivery system receive the least restrictive and most appropriate care based on their individual needs. Therefore, timely discharge is critical for the continuing recovery of each individual ready for community placement.

Measure Specific Source of Data: Individual client data will be provided directly by the SPHs to DMHA through the use of an electronic Pending Discharge List (PDL) and Viewpoint. The Pending Discharge List will continue to run consecutively with Viewpoint. When discharge readiness has been determined the client will be added to the Pending Discharge List and with a pre-discharge packet sent simultaneously to the gatekeeper in Viewpoint. Forensic pre-discharge packets will be forwarded from OGC to the designated future gatekeeper in Viewpoint upon receipt. A report will be sent monthly to the gatekeeper which will include individuals determined to be discharge ready. The report will include the consumers name, population type, admission date, date placed on list, length of time on list measured in calendar days for each consumer.



Method of Calculation: This measure will be calculated quarterly by Gatekeeper by adding the total number of clients enrolled by the gatekeeper *AND* the total number of future forensic clients determined ready for discharge during the fiscal year quarter. The total number of clients discharged within 45 calendar days or less will be divided by the total number of clients ready for discharge during the fiscal quarter to give the quarterly result.

For providers with four or less individuals on the quarterly pending discharge list, DMHA will allow one individual over 45 days to count towards the target if a thorough discharge plan has been submitted and demonstrates sufficient efforts by the Gatekeeper to address all barriers to transition. The one individual counted may only be waived once and cannot be the same individual in consecutive quarters. Additionally, the DMHA acknowledges barriers to discharge may occur. The Gatekeeper must submit a written discharge plan to the Division of Mental Health and Addiction for each client who remains in the state institution longer than forty five (45) calendar days after meeting discharge readiness criteria. The written plan must be submitted within five (5) calendar days after the individual has waited forty five (45) days; then every fifteen (15) calendar days thereafter until the client is discharged. The plan shall include the client's clinical status, community barriers to transition, how each barrier is being addressed, and specific transitional action steps taken by the Gatekeeper towards the client's discharge. The individual waived due to transitional barriers may only be waived once and cannot be waived in consecutive quarters.

The target performance for each provider is 80% of all individuals determined to be ready for discharge will be discharged to the community within 45 calendar days.

Data Limitations: It has been reported that occasionally a gap in communication between SPHs and Gatekeepers occur when determining the readiness of an individual for discharge. It will be critical that Gatekeepers maintain ongoing monthly contact and consistent communication with SPH treatment teams in order to actively participate in the discharge readiness process. If there are differing opinions regarding readiness for discharge between the SPH and Gatekeeper, it is important all involved work together to exam the concerns and resolve differences in the best interest of the client. If efforts fail, the Community Care Rule (440 IAC 5-1-4) may be invoked in Viewpoint by the Gatekeeper.

When an appeal is made, the practice implemented by the DMHA to review the concern consists of the following steps to facilitate discussion between Gatekeeper and SPH prior to DMHA review:

- Documented discussion between gatekeeping liaison and SPH treatment team
- Documented discussion between gatekeeping medical director and SPH medical director
- Documented discussion between gatekeeping CEO and SPH Superintendent

It will be the responsibility of the Gatekeeper to coordinate and schedule the discussions. If a resolution cannot be reached, written documentation of discussions from each level and the remaining discrepancies may be submitted to the Division of Mental Health and Addiction for review and a final decision on readiness for discharge will be determined. Individuals actively being reviewed under the Community Care Rule will not be counted toward the measure for 15 business days after the date invoked to allow discussion of the individual's readiness between Gatekeeper and SPH.