

Intensive Residential teams

Discharge wraparound services

Purpose

Intensive Residential Teams (IRT) are designed to work with people being discharged or diverted from a long-term civil commitment or state hospital who have struggled to remain in their community settings such as adult family homes (AFH) or assisted living facilities. These teams provide intensive mental health care to the individual in their facility to help them transition to a lower level of care.

The need

The need for this new service was identified as part of a systematic review of the state hospital discharge process. An informal gap analysis was conducted with state agencies and partners.

A gap in services was identified for people in the hospital slated for discharge to DSHS/ALTSA facilities. Some of these individuals require intensive support so that they can adjust to their new setting and minimize the risk of returning to an inpatient level of care or even to a state hospital.

The teams

IRT teams provide services 5 days a week over multiple shifts covering at least 12 hours a day. They work with individuals with a serious mental illness who live in AFHs or assisted living facilities after discharge or diversion from a state hospital. Services will be delivered in the ALTSA facility and other appropriate community settings. Teams consist of:

- A half time dedicated prescriber
- A Registered Nurses (RN)
- Mental Health Professionals (MHP)
- Certified peer counselors

The teams provide recovery focused treatment to promote stability, safety, and help the individual transition to a lower level of care. The teams provide medication management to the clients and primary

mental health services based on the individual's need. IRT teams will use cognitive behavioral therapy for psychosis (CBT-p) as part of their approach.

Coordination with facilities and the community

Teams will work closely with facility, Expanded Community Services providers (ECS), and regional ALTSA staff to both educate and help them on how to best work with the individual and their needs.

Teams will work closely with local crisis services and first responders to ensure individual needs are met outside of their normal hours. This includes making their crisis plan available to crisis responders to help them work with the individual if needed.

Goals

The goal is to provide additional support in ALTSA residential facilities. This will increase successful state hospital discharges or diversions for individuals who have struggled to remain in the community. Transitions from the state hospital or during times of crisis are often difficult and these individuals will benefit from extra support.

Team startup and service delivery


IRT teams first started to provide services in the fall of 2020. Since then, the 4 teams have had workforce issues and struggled to get up to the full caseload of 50. In October 2021 teams were between 28 and 38 on their caseload. However, referrals and services are trending up as more facilities relax COVID related restrictions allowing for better outreach. Teams report a high level of success in engaging with people who have struggled previously.

Current funding

GF-s \$1,423,000 for FY 2022 and 23

GF-f \$5,908,000 for FY 2022 and 23

For more information



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