

# Intensive Residential Teams (IRT)

## Discharge wraparound services

### Purpose

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

### 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 16 hours a day 5 days a week. 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
- 2 Nurses
- 2 Mental health clinicians
- 2 certified peer counselors

The teams provide recovery informed 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 after hour crisis services

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.

### Team startup

The legislature has funded an initial pilot of four teams. These teams were chosen through a procurement and outreach. Startup of the teams has faced significant headwinds from the disruption of integration and COVID outbreak. Teams that are operational are still ramping up to full caseloads. The selected teams, the counties they are based in, and date of operation are:

- King – Recovery International awaiting contracting with MCOs team is ready to deliver services.
- Lewis – Community Integrated Health Services (CIHS) operational since July, 2020
- Pierce – Recovery International operational since July 2020
- Spokane – Passages Family Support operational since October, 2020.

Teams will serve a total of 200 people as part of this state once fully operational.

### Funding

Funding was provided as part of the operational budget in ESHB 1109 for 4 teams as part of a pilot.

	FY2020	FY2021
GF-S	\$664,081	\$1,093,326
GF-Medicaid	\$1,265,610	\$2,505,814



**For more information**

Matthew Gower, Program Manager

Email: [matthew.gower2@hca.wa.gov](mailto:matthew.gower2@hca.wa.gov)

Phone: (360)-725-9556