Strategies to Reduce Readmissions

I. Selected Interventions: Participating programs are asked to select one or more goals from the list below, and for each selected goal, to implement one or more of the relevant interventions.

Goal 1: Improve medication practices.

Interventions:
1. Increase use of depot medications (antipsychotics and naltrexone).
2. Increase use of clozapine for treatment-refractory schizophrenia / schizoaffective disorder.
3. Increase medication-assisted alcohol treatment.
4. Facilitate medication fill upon discharge for all clients (working with in-house or outside pharmacy).
5. Implement clinical interventions to increase treatment adherence (targeting those at high risk of readmission), e.g. Cognitive Behavioral Therapy (CBT) or Motivational Interviewing (MI).

Goal 2: Improve engagement in outpatient care.

Interventions:
1. Determine whether clients at high risk of readmission are assigned to case management / Assertive Community Treatment (ACT) / Assisted Outpatient Treatment (AOT) / Health Home, and refer those that are not.
2. Implement peer services and/or assign existing peers to tasks that will contribute to reducing readmissions (e.g., bridging inpatient to outpatient; reviewing/explaining discharge plans; accompanying to appointments).
3. Implement clinical interventions to increase treatment adherence, targeting those at high risk of readmission (e.g. CBT or MI).

Goal 3: Improve delivery of integrated treatment for psychiatric and substance use disorders.

Interventions:
1. Implement clinical interventions to address co-occurring psychiatric and substance use disorders, e.g. some or all of “Focus on Integrated Treatment” (FIT) program, CBT or MI. Educate staff, identify appropriate clients, and deliver integrated treatment.

II: Project Activities: All participating programs/units will conduct core project activities (may be modified by participating outpatient programs).

1. Case finding: Implement admission protocol to identify clients at risk of readmission, using Screening Tool and/or PSYCKES (Psychiatric Services and Clinical Knowledge Enhancement System) data.
2. Identify and address risk factors: Assess for risk factors and implement policy that issues identified as primary risk factor(s) for readmission are addressed explicitly on treatment plan and discharge plan.
3. Optimize Discharge Process: Implement a protocol or checklist to ensure best practices in discharge planning, including procedures for bridging time between discharge and first outpatient session.