



# Care Traffic Control

January 11, 2024

***Note: This information is updated based on feedback from the 1/10/24  
Behavioral Health Clinical Learning Collaborative CTC Orientation***



**Coordination and oversight of all adult referrals submitted for inpatient  
mental health treatment to ensure timely care in the right place**

# Agenda

- Objectives
- Mission Zero: Overview of State Mental Health System
- Staffing / NHH Admissions
- Details of January 16, 2024 Soft Launch / Expectations
- Details of Referral Packet
- Requests and Next Steps

# Objectives of Orientation

- Understand Mission Zero Objectives
- Understand role of Care Traffic Control
- Understand new DRF Referral Process for Adult (18+) IEA and RCD/CDR patients
- Use of new Referral Packet for IEA and RCD/CDR patients that is to be sent to CTC

# Acronyms

CMHC: Community Mental Health Center

CTC: Care Traffic Control

DHHS: Department of Health & Human Services

DRF: Designated Receiving Facility

ED: Emergency Department

ES: Emergency Services Clinicians

IEA: Involuntary Emergency Admission

RCD/CDR: Revocation of Conditional Discharge

# Admissions Overview

## Adult IEA & RCD/CDR

- 18 years of age and older
- Submit referral packet to CTC at NHH

## Pediatric IEA & RCD/CDR

- Age 3-18
- Submit referral packet to Hampstead Hospital and/or other pediatric/adolescent inpatient behavioral health unit

## Voluntary

- Pediatric/Adolescent: Submit referral packet to Hampstead Hospital and/or other pediatric/adolescent inpatient behavior health unit
- Adult (18+): Submit referral packet to inpatient behavioral health units that accept voluntary admissions

# Mission Zero

Mission Zero is a collaborative effort to eliminate hospital emergency department (ED) psychiatric boarding.

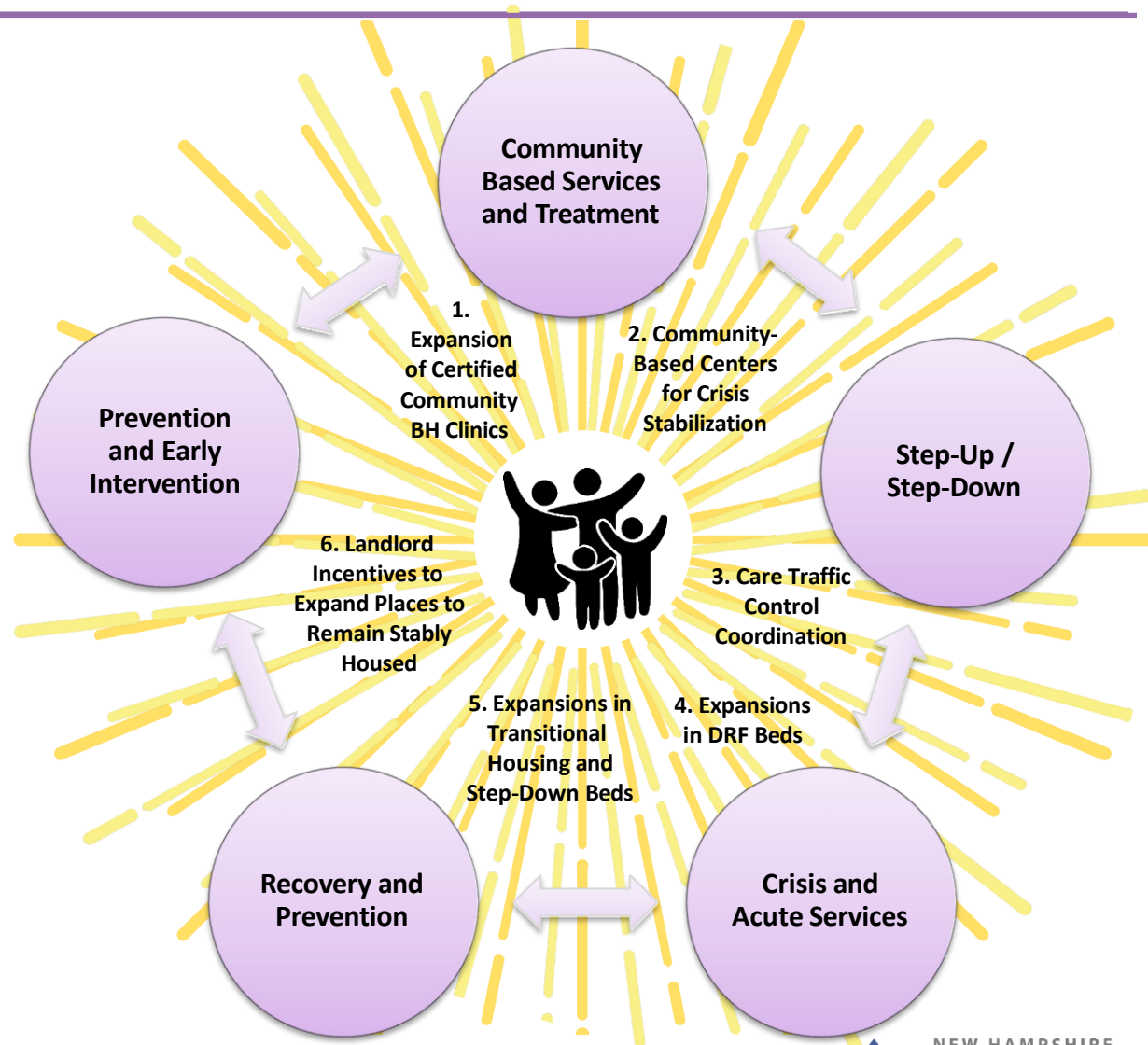
The work to address ED boarding reduction is already a top focus for NH and DHHS, as outlined in NH's 10-Year Mental Health Plan.

Mission Zero will add additional resources and attention to overcome this urgent, complex challenge in collaboration with community stakeholders.

# How will these efforts enhance and align with Existing strategies?

Mission Zero will focus attention and infuse resources on what we all know NH needs.

This work is guided by—and will accelerate—NH's 10-Year Mental Health plan by making six major investments in the Behavioral Health eco-system.



# Permanent Injunction

The permanent injunction put into place by Judge McCafferty requires that, by May of 2024, patients who are the subject of an involuntary emergency admission (IEA) petition *must be accepted for transfer* to a designated receiving facility (DRF) within 6 hours to receive care.

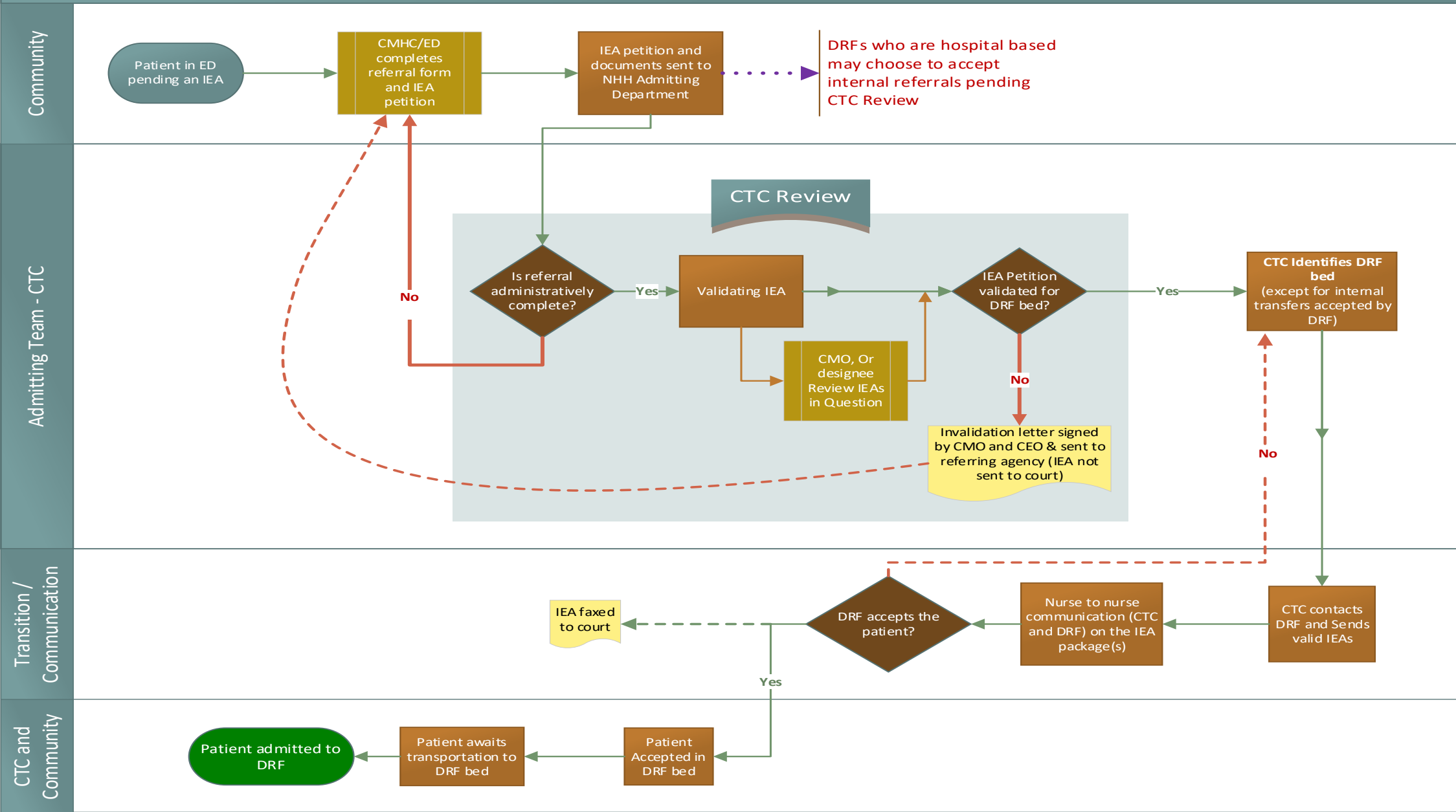


# Care Traffic Control

- Established in NHH admissions department
- Dedicated staff to work on Adult IEA & RCD/CDR referral requests and placement in DRFs or NHH
- CTC staffing includes psychiatric nurses, social workers, admissions specialists and business analyst roles
- Soft launch of CTC process scheduled for 1/16/24
- Full complete launch planned for March 2024
- Planned to be available 24-7-365

NH Hospital Mission Zero – Care Traffic Control (DRF Admitting Process of IEA patients)

12/20/2023



# CTC Soft Launch - 1/16/2024

- All Adult IEAs and RCD/CDRs are routed to CTC using the new Referral Packet sent by secure email (or by fax)
- CTC reviews referral packet for administrative completeness and validates IEA
- Virtual Daily DRF huddles to be done at 9:30am
- CTC and DRFs identify best available DRF bed
- CTC communicates the assigned DRF bed to hospital ED
- CTC submits ALL IEAs to the court
- ED and DRF complete Nurse to Nurse call and arrange for transport

# Details of IEA Decision Making

- Patients who are psychiatrically stable enough for non-NHH DRFs will be matched preferentially to DRFs as close to their home as possible.
- Patients who are too medically complex for a stand-alone psychiatric facility will be matched to DRFs located within general medical hospitals if possible.
- Patients who are too psychiatrically acute for other DRFs will be matched to New Hampshire Hospital.

# CTC Referral Checklist Template

## Care Traffic Control (CTC) Referral Checklist

PATIENT NAME: \_\_\_\_\_ DOB\*: \_\_\_\_\_

*\*Patients referred to CTC on IEA or RCD/CDR must be aged 18 & over*

Referring facility/ location: \_\_\_\_\_

Referring clinician and phone #: \_\_\_\_\_

24 x 7 contact information at hospital and/or CMHC (required): \_\_\_\_\_

Patient current location (hospital/unit/floor): \_\_\_\_\_

\*DRF & Bed Assignment (if patient already accepted & bed is available): \_\_\_\_\_

\*Concord Hospital Laconia, Elliot, Parkland & Portsmouth – hospitals with internal DRF beds

### ALL REFERRALS FOR ADMISSION MUST INCLUDE THE FOLLOWING INFORMATION

#### PATIENT INFORMATION

☐ Name, Chosen Name, Address, City, State, Zip, Phone

☐ Biologic Sex and Gender Identity

☐ Hearing Impairment ☐ Preferred Language \_\_\_\_\_ ☐ Interpreter Need

#### LEGAL DOCUMENTATION FOR HOSPITALIZATION

Check all that apply:

☐ IEA Petition or ☐ Conditional Discharge Revocation or ☐ 612 Transfer

☐ Bail Order (if coming from jail)

☐ Community Commitment

☐ Other Relevant Legal Documents including JPPO, DCYF

☐ Legal Agent Activated Documentation: ☐ Guardian ☐ DPOA

#### MEDICAL

☐ H&P

☐ Current Medication List

☐ COVID-19 Antigen Test

☐ Vital Signs

☐ Lab Results

☐ Diagnostic Tests, Reports & Printouts

☐ Medical Devices and/or Adaptive Equipment

☐ Self-Care/ADLs

#### BEHAVIORAL HEALTH

☐ Psychiatric Diagnosis

☐ Psychiatric Consult / Assessment w/ MSE, (include Mini-Cog for 60 years & older)

☐ High Risk Factors (Violence, S/I, H/I, SIB, Elopement, Detox, Seizure Hx, Use of Restrictive Measures)

FORWARD ALL INFORMATION INCLUDING THIS PAGE TO CTC

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ENCRYPTED EMAIL: [nhadmissionoffice@dhhs.nh.gov](mailto:nhadmissionoffice@dhhs.nh.gov)

Version Date: January 11, 2024

# DRF Admission Guidelines for CTC Referral Packet

- This reference guide provides detailed information on the required DRF admission criteria for Adult Involuntary Emergency Admissions (IEA) and Revocation of Conditional Discharge (RCD/CDR) patients including demographic, legal, medical, and behavioral health documentation.
- Each DRF will work with the CTC to make the most appropriately informed admission placement based on the following information.
- All referring organizations must submit referral packets to CTC. If referring hospital is transferring patient to their own DRF, the referral packet must still be submitted to CTC.

# DRF Admission Guidelines for CTC Referral Packet

Provide detailed information on the organization referring patient to DRF and location of patient. This information helps CTC admissions team contact the appropriate members of the referring organization when questions or circumstances regarding admission criteria arise and for disposition planning.

Contact information must include:

- Referring Facility/Location
- Referring Clinician and Phone
- 24x7 Contact Information at Hospital and/or CMHC
- Patient Current Location (Hospital/Unit/Floor)
- DRF & Bed Assignment\* If patient has already been accepted and bed is available

\*Concord Hospital Laconia, Elliot, Parkland & Portsmouth – hospitals with internal DRF beds

# DRF Admission Guidelines for CTC Referral Packet - Demographics

## PATIENT DEMOGRAPHICS

Review the content of patient demographics on your electronic medical record (EMR) face/demographic sheet. If the following information is not on facesheet, please provide additional information as follows:

- First Name, Last Name
- Chosen Name (if patient prefers a different name)
- Age and Date of Birth
- Address (if patient is homeless, and if available, provide general area of residence)
- City/State/Zip
- Primary Phone #
- Secondary Phone # (if available)
- Preferred Language
- Hearing Status (hearing impairment or deaf)
- Identify if interpreter is needed
- Insurance Plan and Member ID (if available)

The following helps to determine bed placement:

- Biologic Sex: Male, Female, Other
- Gender Identity



# DRF Admission Guidelines for CTC Referral Packet - Legal

## LEGAL DOCUMENTATION FOR HOSPITALIZATION

The following information must be completed in its entirety and attached to the admission packet.

Check appropriate boxes on checklist in order for CTC to know what information is attached to referral packet:

- Involuntary Emergency Admission (IEA) or Conditional Discharge Revocation (RCD/CDR) or 612 Transfer
- Bail Order (if coming from jail)
- Community Commitment
- Other Relevant Legal Documents including:
  - Interested Parties involved with Patient/Family including Juvenile Probation and Parole Officer (JPPO); Division for Children, Youth and Families (DCYF)

### Legal Agent Documentation:

- Guardian: If patient has a guardian, provide complete Guardianship Documentation including Letter of Guardianship and Order. Documentation must include name, relationship, email and/or address, phone number, and agency
- Durable Power of Attorney (DPOA): If activated, provide supporting documentation including Treatment Against Objection (TAO) clause if enacted.

# DRF Admission Guidelines for CTC Referral Packet - Medical

## MEDICAL HISTORY & PHYSICAL

Will determine patient's foreseeable needs for medical supervision and treatment. H&P must be comprehensive and include the following:

- Current Medication List including dose & frequency of medications taken at home and medications given in referring facility.
- Result of COVID-19 Antigen Test. If result is positive, CTC will work with DRFs to determine appropriate placement.
- Vital Signs. All vitals must be taken within last 24 hours of referral.
  - Height
  - Weight
  - Temperature
  - Blood Pressure
  - Pulse
  - Respiratory Rate
  - Oxygen

**Labs Results** - the following are the minimally required lab tests for review.

- CBC with diff
- CMP
- UTOX/ DAU
- Alcohol Level
- UA
- HCG (55 and under)
- Phenytoin/Dilantin (if applicable)
- Include other lab tests that are pertinent to admission criteria

**Pertinent Diagnostic Tests, Reports and/or Printouts** that have been performed. (e.g., EKG, X-ray, EEG, CT scan, MRI, Neurology consult).  
*If diagnostics are referenced in H&P and have been performed, provide appropriate documentation.*

**Medical Devices and/or Adaptive Equipment in Use or Needed**  
(e.g., ambulatory equipment, CPAP)

**Self-Care (Activities of Daily Living):**

Independent, Needs Assistance, Dependent

# DRF Admission Guidelines for CTC Referral Packet – Behavioral Health

## BEHAVIORAL HEALTH ATTACHMENTS

- Primary Psychiatric Diagnosis
- Complete Psychiatric History & Mental Status Examination  
*For patients 60 years and older, include Mini-Cog (Mini-Cog forms available per request from CTC)*
- Provide Overview of High-Risk Factors:
  - Violence
  - Suicidal Ideation
  - Homicidal Ideation
  - Self-Injurious Behavior
  - Elopement Risk
  - Substance Withdrawal
  - Seizure History
  - Use of Restrictive Measures (e.g. emergency medication treatment, seclusion, restraint)
  - Other
- If available, provide Collateral Information which can aid in admission decisions:
  - Agency \_\_\_\_\_
  - Current Therapist/Case Manager/Phone \_\_\_\_\_
  - Behavioral Health Treatment Provider(s)/Phone \_\_\_\_\_
  - Name of On-Call Physician/ARNP/Phone \_\_\_\_\_
  - Other \_\_\_\_\_

# CTC Contact Information

Phone: 603-271-5364  
603-271-5248  
603-271-5410  
603-271-5306

Fax: 603-271-5723

Encrypted Email: [nhhadmissionsoffice@dhhs.nh.gov](mailto:nhhadmissionsoffice@dhhs.nh.gov)

# Things to Consider

- Impact of triage requests
- Soft launch means that we expect the process will be evolving based on our experiences with the process we are starting with
- We do not expect to reach the 6-hour timeline on 1/16/24
- Nothing will change right now with the referral process for 612 transfers
- Clinicians completing IEAs should review the invalidation form to avoid pitfalls of completing IEAs
- IEAs for children should continue to go to Hampstead and are not included in this process

# Requests of Hospitals / CMHCs

- CTC requests each hospital ED / CMHC develop a secure email group. For the soft launch, CTC will use fax for receipt of the referral packet. Encrypted email will also be accepted.

Fax: 603-271-5723

Encrypted email: [nhhadmissionsoffice@dhhs.nh.gov](mailto:nhhadmissionsoffice@dhhs.nh.gov)

- EDs, DRFs, and CMHC ES will ensure the staff responsible for completing IEAs and RCD/CDRs are aware of the new process.

# Next steps

- IEA and RCD/CDR trainings to be scheduled by early February
- 24/7/365 referral processing by CTC expected to be in place by early spring
- Administrative rule changes to HeM 405 and HeM 614 to assure the CTC process is articulated through rules should be ready by spring 2024/early summer 2024
- Fully functional electronic transmission of referrals and data collection may be available by summer 2024
- Continued community and stakeholder education regarding the implications and outcomes of CTC implementation

# Questions

