

Mental Health

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Essential information for decision-makers

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Oregon intermediate care recovery center cost-effective, patient-centered

Center brings recovery focus to locked setting

An Oregon recovery-based program created to divert individuals with serious mental illness (SMI) from state hospitals into a subacute-care setting has been credited with saving the state money and giving clients unique control over their treatment.

The Telecare Recovery Center (TRC), Oregon's first recovery-centered treatment program, saved the state \$4.9 million in 17 months during treatment of its first 134 residents.

Rather than focusing primarily on symptom control and behavior management, Telecare's recovery-centered subacute programs are based on the premise that every person can recover from mental illness.

"The whole treatment process is recovery-focused," Kevin McChesney, TRC executive administrator, told *MHW*. "They're [clients] creating their own recovery plan; we're assisting with that." The approach makes the recovery center unique, said McChesney. "Nobody is doing this to this extent, particularly in a locked facility, nor probably anywhere else in the country."

The traditional treatment model typically involves a "coercive power role," said McChesney. "We don't make anything mandatory," said McChesney. "If they want to go to group, they can.

"We're very resident-focused," said McChesney. "It's a collaborative effort based on a harms reduction strength enhancement cognitive therapy model." TRC is a cooperative venture which focuses not so

much on someone's mental illness, but rather their strengths, their skills and staff getting to know more about them as a person, said McChesney.

TRC has had success in "distributing the recovery culture," Bob Nikkel, administrator of the state Office of Mental Health and Addiction Services, Department of Human Services, told *MHW*. "It's not just a theory with them. It's hard work for them to implement this. Other community-based programs in the state are visiting TRC to determine how "they can rethink a lot of different things," said Nikkel. "This is a recovery-built model from the ground up. It's a great model."

A TRC resident's care costs the state a little more than half the price per day compared to services delivered in a traditional hospital setting. The savings amounted to \$37,024 per admission.

TRC opened in 2002 during a time when the state faced a crisis in funding and capacity for residents needing services for SMI, such as schizophrenia or bipolar disorder. The aim was to alleviate the strain on existing mental health resources while maximizing services to residents.

The 16-bed facility is located in Gresham, Ore. Its parent company, Alameda, Calif.-based Telecare Corporation, is one of the nation's largest providers of services and supports to adults with SMI. The employee- and family-owned organization has more than 50 programs and 2,000 employees in California, North Carolina, Oregon and Texas.

TRC's range of specialty services include multidisciplinary assessment

and treatment; psychiatric assessment and treatment; dual diagnosis services based on engagement and harm reduction; and linkages with community case management and outpatient treatment services.

In 2002, TRC worked with the state to design an innovative Post Acute Intermediate Treatment Services (PAITS) program that utilizes evidence-based practices and incorporates the latest research. PAITS programs were designed to be 16 beds or less in size, which enable them to maximize federal Medicaid participation and make better use of the state's general fund dollars.

Officials say the program embraces the recovery philosophy at all levels instead of focusing primarily on symptom and behavior management.

"TRC is the first recovery center to start off from the ground and make the focus of the entire program recovery," said Nikkel. "I'm very proud of the program."

Other programs in the state are attempting to move in the direction of a recovery focus or are in various stages of implementation, said Nikkel. The state recently changed the name of its civil commitment program in the state hospital to recovery services, said Nikkel.

The fiscal crisis surrounding state hospital admissions in Oregon led to the collaboration with TRC, said Nikkel. At one point the waiting list topped at 30 to 40 for people waiting for beds to open up in the psychiatric hospital, he added.

Nikkel emphasized that the recovery center is not a replacement for the state hospital. TRC works for

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patients who are not in need of that type of facility. However, some patients may require a residential locked and secure facility, he said.

Nikkel added, "We filled a gap we never had before and in the process found the right level of care."

To date, TRC has had about 216 admissions, 186 of them unduplicated residents, said McChesney. The majority of clients are Medicaid recipients, which "represents the bulk of the business," he added.

TRC is "a subacute program licensed as a secure residential facility," said McChesney, "The state refers to it as PAITS." The state has

two PAITS programs, but TRC is the state's only recovery-based facility, said McChesney. TRC has a contract with the state to receive referrals from them. The state is "the gatekeeper for the program," he added.

Program highlights

In its first two years, TRC diverted more than 200 people from the state hospital.

According to *The Recovery Center at Gresham, Two-Year Customer Report*, the average length of stay for a TRC resident was 52 days, compared with a median state hospital stay of 99 days.

The costs per day for an acute care patient in the state is \$800. The Recovery Center costs a fraction of that, at \$454 per day. Other factors contributing to TRC's success at saving money for the state include the federal Medicaid match eligibility due to the size of the facility. Only \$190 of \$454 is paid for by state general funds, the report stated.

"We're not only saving the [state] money per day, we're also shortening the length of stay," said McChesney.

TRC has shortened the length of time people wait in acute care (average reduction of nine days per day), a reduction of almost 50 percent.

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