



Risk Management and Cost Control Using a Recovery-Centered Treatment Model

When planning services for individuals with Serious Mental Illness (SMI) and complex needs, system of care managers are increasingly challenged to balance risk management and cost control with the need for consumer-driven, recovery-oriented services. Our experience shows it is possible to achieve both goals simultaneously. Telecare has designed and successfully implemented its **Recovery-Centered Clinical System (RCCS)** with significant positive results in both community-based programs as well as locked inpatient mental health settings.

The RCCS reduces risk and cost by enhancing the individual's recovery journey of regaining self-control, self-responsibility and self-determination. Since its initiation and roll-out in 2002, the RCCS has generated promising evidence of **improved consumer outcomes** (hope, satisfaction, effective choice-making, life skills development, and overall harm reduction) while also contributing to **related system savings** (decreased acute and long-term psychiatric hospitalizations, and use of other costly community resources such as emergency departments and criminal justice systems). We believe the RCCS offers opportunities for increased system effectiveness and accountability, while expanding recovery services to meet consumer and community demand and need. **In this document, we will provide an overview of RCCS system design, components and preliminary results.**

RCCS System Design

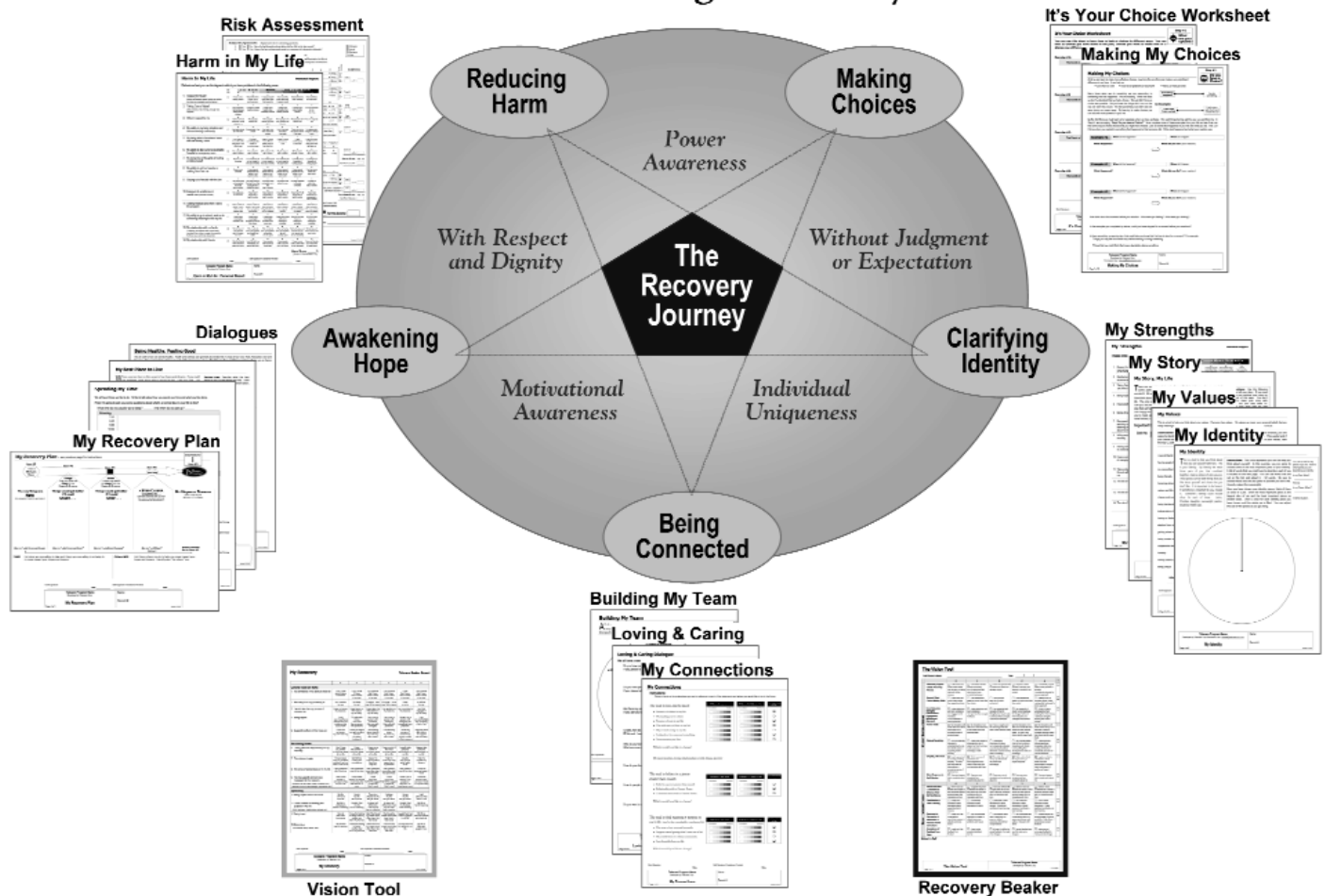
The RCCS creates a different framework for treatment than traditional settings.

	Traditional Settings	Recovery-Centered Settings
Focus	Minimize illness, symptoms, negative behaviors	Enhance motivation
Goal	Decrease negative impacts of illness through more prescriptive treatment management	Decrease negative impacts of illness by tapping into hope and motivation; create opportunities for individual to make choices that increase self-control, self-responsibility, and self-determination
Responsibility	Provider guides process, incorporating individual input; individuals gain more independent responsibility when they present little apparent risk	Individual guides process after dialogue with provider; provider assumes added responsibility only if exceptional risk is involved
Approach	Management	Partnership / collaboration
Safety	Increase safety by increasing controls	Increase safety by teaching effective choice-making; control is used when exceptional risk is presented
Recovery	Support recovery process and steps	Actively awaken and enliven recovery in the individual

RCCS System Design (continued)

Developed by a progressive, interactive design team of consumers, staff members and Telecare's corporate clinical leadership, Telecare's RCCS is an evolving clinical model that incorporates evidence-based practices such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), the strengths model, harm reduction, and motivational interviewing, as well as best practices gleaned from an exhaustive review of consumer-based literature. Where evidence-based tools were non-existent or lacking, Telecare's design team developed innovative tools to meet specific needs. The RCCS is a structured, well-defined clinical approach. At its core, it is based on the belief that **recovery will happen and is possible for everyone**. Our system assumes that while it is the individual's responsibility to guide his own recovery journey, it is the provider's role to create an environment that awakens hope and offers practical tools to help make this future attainable. A brief overview of the RCCS and its components (recovery journey, ecosystem/environment, conversations and tools) is shown in the diagram below and on the following page.

Recovery-Centered Clinical System (RCCS) Enlivening Recovery



Telecare Corporation
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Recovery is the awakening of hopes and dreams. The recovery process involves gaining the knowledge to reclaim one's power and achieve one's desires by learning to make choices that bring strength rather than harm. Recovery involves living a meaningful life with the capacity to love and be loved. Programs with a recovery focus are based on the consuming belief that individuals with these disorders can recover their hope, roles, personal power, losses, sense of self, and their lives.

RCCS Components

The RCCS incorporates recovery into all processes, approaches, tools, relationships and the physical environment. It focuses on four main areas:

1. The Recovery Journey:

The focus of the RCCS is the individual's *journey* of recovery vs. the achievement of goals or objectives. This is significant because the recovery journey is highly individual. It grows and evolves over time, especially as an individual's hopes and motivations are awakened. By using the journey as a focal point, and changing as needed to follow its path, the RCCS creates a dynamic that allows for a continual enlivening and expansion of recovery.

2. The Environment

The RCCS cultivates a very specific interpersonal environment so that hope, motivation and a sense of self can awaken. Both staff and individuals served are responsible for defining and maintaining this environment. They do this by being cognizant of five different areas shown below. Separate tools are used to provide feedback on the environment's effectiveness.

- **Power Awareness:** Being aware of the use and abuse of power creates an environment basically free of control, which allows an opportunity for self-control to awaken.
- **Individual Uniqueness:** Each person's uniqueness is seen and accepted vs. categorized and labeled. Being seen and accepted for one's self allows the individual to accept and value himself as well.
- **Respect and Dignity:** Being respectful of others allows the awakening of their personal dignity. Respect is contagious.
- **Motivational Awareness:** Motivation is the energy within an individual that sustains and propels him. Every interaction has the ability to increase or decrease motivation. Word choice and beliefs can have a significant impact. Awareness of interactions can help awaken motivation.
- **Without Judgment or Expectation:** A judgment is an evaluation of one person by another, and is influenced by the beliefs, values and life assumptions of the person who is judging. Judgment has no value for the one being judged. When judgment is removed, a person's ability to evaluate himself is awakened.

3. Conversations, and 4. Tools

The recovery journey is often shaped by the way a person views and understands himself and the world in which he lives. A conversational approach creates opportunities for individuals to explore and see these things differently. The RCCS focuses on five key recovery conversations (shown in bold) and several tools (shown in bullets) to facilitate effective dialogue.

Awakening Hope: Recovery often begins with the awakening of hope, giving a person a reason to make effective choices in the present to create a desired future.

- My Recovery Plan (5-year dreams, road map, skills; this is a tool for creating sustained motivation)
- Hope Dialogues (guided conversations about areas such as health, living situation, time, etc)

Clarifying Identity: A person well into recovery will often say that he is a completely different person than he was before recovery. A person can expedite recovery by understanding himself and choosing to change limiting views of his identity.

- My Identity (see a picture of self, and how the self changes)
- My Values (identify and use personal values)
- My Strengths (see personal strengths, how they change)
- My Story (helps define Who-I-Am, my history)

Being Connected: Connection to others is essential to the journey. Often, it is *another* person's belief in one's ability to recover that can make the critical difference.

- My Connections/Loving & Caring (current, desired connections)
- Building My Team (current, desired supports)

Making Choices: We all steer our lives by making choices. Choice-making is a skill that can be learned, and help foster strength rather than harm.

- Making My Choices (3-step process)
- It's Your Choice Worksheet (analyzing past, future choices)

Reducing Harm: Harm is a result of ineffective choice-making or no choice-making at all. Being aware of the amount and type of harm in one's life creates an incentive to learn to make effective choices.

- Harm in My Life (see harm, make choices to decrease it)
- Risk Assessments (sees risk in seven key risk domains)

Preliminary RCCS Results

Telecare has implemented the RCCS at a host of programs including both community-based and locked inpatient settings. Telecare is currently beginning the important step of evaluating the RCCS under more controlled, research-based conditions.

Recovery-Centered Programs:

San Bernardino ACT

Community-based Assertive Community Treatment (ACT) program

- Began providing services to clients on 1/23/03
- 100 clients were initially referred to the program; 70 were in locked facilities, 30 were in unlocked board and care facilities and required extra staff (paid for by the county)
- Today, 93 have left those facilities and are living in the community.
- Clients' measures of success, including employment, satisfaction rating, community functioning and successful community living abilities are becoming steadily stronger.
- The **program saves \$1.2 million annually** for the county through reduced hospitalizations and use of locked facilities.

The Recovery Center at Gresham (TRC)

16-bed locked subacute inpatient program. During first two years of operation, TRC:

- Diverted over 200 people from the state hospital
- Required no use of mechanical restraints
- Reduced per-day rates to the State from \$800 per day for acute care, to \$190 per day. TRC's day rate of \$454 is offset by Medicaid matching funds.
- During first two years, TRC discharged 134 individuals and **saved the state over \$37,000 per admission, equaling a total savings to the state of \$4.9 million**

Region Six Recovery Center (RSRC) Recovery Center at Sarpy (Sarpy)

Two 16-bed locked subacute inpatient program. During initial 13 months (RSRC) and 5 months (Sarpy) of operation, programs:

- Collectively served over 144 individuals.
- Were first recovery-centered subacute programs in Nebraska
- Transitioned clients from locked settings to community-based lower levels of care (90% for RSRC; 82% for Sarpy)
- Introduced recovery-centered approaches to area providers, nursing schools, community
- With Medicaid match, **per-day bed rate is approximately \$402 less than acute hospitalization**

An Individual Example:

Decreased Acute Hospitalizations:

A person with 170 hospital admissions in ten years, many for severe pica, was enrolled in a Telecare ACT team designed with a RCCS core. In almost two years, she has had only three hospital admissions, as she is able to use new choice-making skills to significantly decrease the harm in her life.

Adverse Events Trends in Locked Inpatient Settings

Telecare leadership continues to work diligently to bring more of a recovery focus to all of our programs, with a special emphasis on our locked, subacute inpatient facilities. From 1998 to 2005, Telecare has seen the following positive trends in six facilities:

- **68% decrease in seclusions**
- **66% decrease in assaults**

Telecare's program leadership identified the following factors as important contributors to these trends:

Individual Participation:

- Client involvement in treatment planning
- Client participation in development of crisis plans, which are used when agitation occurs
- Crisis plans are updated after any crisis
- Clients are part of debriefing process to better understand the crisis, seclusion or restraint, etc.
- Newer atypical medications and mood stabilizers are part of treatment
- Client education about medication and symptoms

Organization / Culture:

- Clear focus on communication and engagement
- Clear expectation / policy regarding the use of seclusion and restraints
- Heavy concentration on staff training, including PART