



TELECARE
CORPORATION

La Casa MHRC Asian Pacific Islander Program 5-Year Customer Report

1998 to 2003



Clockwise from left: Tre L., Vin T., Megan X., Jason H., Kuniko M., Trang H., Sarah Y., Mimi N.



La Casa Asian Pacific Islander Program: 5-Year Customer Report

Imagine trying to recover from serious mental illness: the struggle to understand what is happening to you, and why; the effect on your family and relationships; the damage to your hopes and dreams. Imagine the effort to find effective services at each level of care, enabling you to transition back home, and maintain your recovery once you get there. Now, imagine trying to accomplish this in a different language, in a different culture, without the support of your family and community, while living in a locked setting. The barriers could seem insurmountable.

The La Casa Asian Pacific Islander Program (La Casa API) was created to help overcome these barriers. It represents a landmark partnership between public and private agencies, and inpatient and outpatient service providers, who share a common goal of supporting people of Asian and Pacific Island descent in their process of recovery.

Then and Now: The Evolution of Services

Prior to 1998, there was no integrated system of care for Asians and Pacific Islanders (API clients) with serious mental illness in Los Angeles County. Community-based services were provided in a culturally and linguistically appropriate manner by a consortium of providers called The Asian Pacific Islander Alliance (API Alliance). However, because equivalent services were not available at a secure subacute (MHRC) level, many API clients requiring more intensive services were forced to stay at state hospitals, often for years at a time, rather than transition to lower levels of care, and eventual return to the community. The API Alliance saw this as an opportunity to expand and improve services. Their tireless advocacy and work with the Los Angeles County Department of Mental Health, resulted in the creation of the La Casa API program, operated by Telecare Corporation.

Opened in 1998, the La Casa API program was developed specifically for the API client population, and serves adults, 18 and older, who are residents of Los Angeles County and would otherwise require acute or state

hospital-level care. The program incorporates numerous clinical and operational innovations, and is the first and only subacute-level program in Los Angeles to provide recovery-focused, comprehensive services to this population in a culturally and linguistically appropriate manner. **By using a unique, side-by-side working relationship with the API Alliance, the La Casa API program blends the clinical, cultural and language skills of both community and inpatient providers.** This enables the program to: a) serve as a bridge, enabling individuals to successfully transition from state hospitals to community-based services; b) bolster the effectiveness of community-based services by creating a seamless, integrated system of support; and c) improve both the quality of services and quality of life for clients in the program.

Major Accomplishments

The La Casa API program has had numerous successes over the past five years. Some of the most compelling include:

- 113 total clients transitioned out of locked mental health settings
- Services delivered in seven Asian threshold languages
- 86% of planned discharges went to lower levels of care
- 82% reduction in average length of stay, from state hospitals to La Casa API program
- \$1.79 million in cost savings to mental health system, when comparing cost of state hospital to La Casa API program

Thanks and Acknowledgements

Telecare would like to thank the API Alliance, the Los Angeles County Department of Mental Health, and Supervisor Don Knabe for their continued vision, dedication, support and partnership. The La Casa API program is an outstanding example of how public and private agencies can work together, creating innovative, collaborative treatment approaches to better serve the mental health needs of highly specialized populations.

La Casa API Program Purpose

The purpose of the La Casa API program is to provide excellent culturally and linguistically appropriate services to adults of Asian or Pacific Island descent. The program integrates staff and services from the API Alliance, and provides subacute services to individuals with serious mental illness (SMI) who would otherwise require extended stays in acute care or state hospital environments. Supportive, structured settings focus on rehabilitation and recovery in a culturally competent manner, while reducing clinical risk and readmissions. The ultimate goal of the program and partnership with the API Alliance is to discharge clients into the community and continue to provide them with the supports they need to be successful in their lives. The La Casa API program provides comprehensive services to help people attain their goals and be comfortable while at the program. Examples include:

- A full range of mental health services and supports delivered by psychiatrists, social workers, licensed nurses, rehabilitation therapists, and other related staff
- A “phased” recovery program, which allows individuals to mark their progress toward their recovery goals
- Services provided in the individual’s language of choice, with interpreter services provided as needed
- Language services provided for family members, so they may better understand their loved one’s illness and treatment
- Assigned clinicians from the API Alliance who serve as a single, fixed point of responsibility, and maintain continuity of care as individuals are discharged to the community
- Culturally appropriate approaches to treatment and daily living environment

Admissions & Graduates*

Beginning admissions	0
Added admissions (see below)	134
Graduates	125
Current enrollment	9

Admission Sources*

State hospital	26
Acute hospital	48
Psychiatric health facility	26
Other locked settings (IMD)	13
Total from locked settings	113
Jails	9
API case management	7
Urgent care/crisis center	2
Other	3
Total from other sources	21

Gender*

Female	34%
Male	66%

Age Range*

18-20	1%
21-29	18%
30-39	36%
40-49	32%
50-59	9%
60+	4%

Ethnicity*

Cambodian	2%
Chinese	24%
Filipino	6%
Indonesian	2%
Japanese	7%
Korean	32%
Pacific Islander	1%
Taiwanese	2%
Thai	2%
Vietnamese	18%
Other Asian	4%

Primary Diagnosis*

Schizophrenic Disorder	41%
Schizoaffective Disorder	27%
Bipolar Disorder	11%

Major Depression	5%
Psychotic Disorder	14%
Other Disorder	2%

Success after Discharge*

86% of planned discharges from La Casa API went to lower levels of care. Full data for all planned discharges in the past five years:

Independent living	2
Family	17
Board and Care homes	77

Longer-term IMD	9
Acute psychiatric care	7

Readmissions 20

Cost Savings: Transition to Lower Level of Care

Twenty six clients transferred to La Casa API from Metro State Hospital. These individuals stayed at Metro for an average of **36.5 months**. They stayed at La Casa API an average of

6.6 months. Without La Casa API, these clients

would have remained at

Metro or other more restrictive levels of care. By

transitioning to La Casa

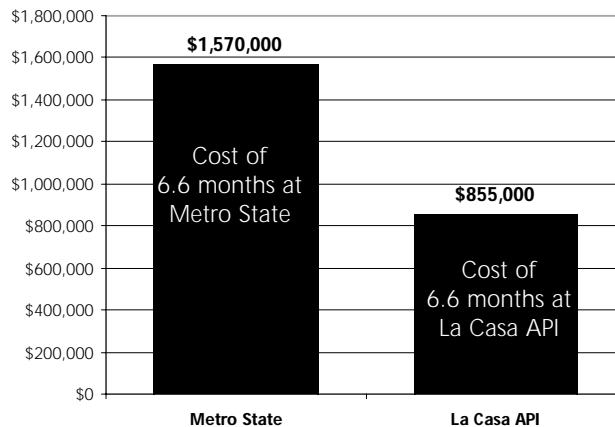
API, clients gained increased independence

and progressed in recovery, while the system of care saved significant costs.

Savings over Metro were \$139 per day, or

approximately \$716,000

in total savings.



*As of June 2003

Program Features & Distinctions

Partnering for Success: API Alliance and La Casa API

The La Casa API program would not be possible without day-to-day collaboration and support from the API Alliance, a consortium of eight community-based mental health service providers, who, as a partnered entity, are responsible for all decision-making and services for clients enrolled in the La Casa API program. The goals of the partnership were to create a culturally appropriate alternative to the state hospital, and provide a higher level of integrated services to a population with unique needs that had not been addressed in other systems of care.

By bringing in providers from the community and working side by side, La Casa and the API Alliance ensure continuity of care for API clients that would not be available otherwise

The partnership has been very successful and is visible throughout the program as staff members from the API Alliance and La Casa API work side by side. The API Alliance maintains a full-time social worker and rehabilitation therapist on-site to ensure the best coordination of service, and assigns clinicians to each client to serve as care coordinators.

Continuity of Care

The partnership with the API Alliance continues as clients are ready to be discharged from the La Casa API program. The care coordinators from the API Alliance work with clients to find appropriate housing and com-

(Continued on back)

Real-Life Success

“Approximately one year ago, I was court-ordered to spend some time at a locked mental facility. I was sent to La Casa MHRC (API Program). I thought this would be just another stay at a hospital, and thought it would have no effect on my mental state. However, as my stay at La Casa went on, I realized that La Casa was much different from the other hospitals that I had been to in the past. One aspect that I noticed most was the ‘phase system.’ La Casa offers six different ‘phases.’ Phase six is the highest level: clients at phase six earn the privilege to go out in the community by themselves. Also, La Casa offers group meetings all day long. These meetings range from Positive Thinking to Relapse Prevention and Community Resources.

“The program intensely trains clients to learn about their mental illness and how to survive out in the community. By participating in the program, I have learned a great deal about how to really manage myself... I feel as though I am completely recovered, and I can’t help but think that it was the program that made the difference. Thank you.” *(Excerpt from a letter from a former client)*



Clients at the Asian/Pacific Islander program at La Casa enjoy culturally appropriate meals.

Client Satisfaction Results

La Casa API surveyed the nine clients currently at the program. These are results from the satisfaction survey.

- 91% Staff and I worked together to plan my treatment.
- 91% I felt safe to raise questions or complain.
- 87% I felt comfortable asking questions about my treatment and medications.
- 87% Staff believed I could grow, change and recover.
- 86% I am getting along better with my family.
- 83% Staff helped me so that I could manage my life and recover.
- 83% I deal more effectively with daily problems.
- 83% My symptoms are not bothering me as much.

Los Angeles County

County population 9,637,494
County API population 11.4%
County threshold languages 11
Asian threshold languages 7

County threshold languages:

Vietnamese, Cantonese, Mandarin, other Chinese, Cambodian, Tagalog, Korean, Spanish, Armenian, Russian and Farsi

munity services after discharge, and continue providing support to help clients meet their goals once they are living in the community.

Program Structure

The La Casa API program is a subacute program that incorporates a structured recovery system within a locked facility. Services are provided by a multidisciplinary team of mental health professionals, and include a wide range of treatment approaches to assist individuals in exploring their own potential as they work toward the goal of self-reliance. The La Casa API program provides an active therapeutic milieu that includes rehabilitative therapy and activity groups. Commonly used treatments include individual, group, and family therapy. Clients at the program are generally high-risk, with a history or tendency toward harmful behavior to themselves or others, lack of cooperation with treatment, and/or periods of being AWOL or homeless. Because of this, the La Casa API program provides a secure setting where clients can participate in rehabilitative services as they progress in their recovery.



Kuniko M. and Joseph T. keep watch over the BBQ at an outdoor event.

Phase System

Recovery is a process. Because of this, the La Casa API program uses a “Phase” system, which provides clinical road markers that allow clients to measure their progress toward completion and graduation from the recovery program. There are six phases in the program, and advancement is based on a client’s achievement of his or her stated recovery goals, in addition to a demonstrated control over safety risks and behavior. Phase advancement is also linked to increased privileges. As clients advance through the phases and program, they begin to earn privileges to go on outings and day passes. These privileges help clients learn to function in the community.

Dietary Considerations

In order to recognize all the pieces that make up a culture, cuisine had to be considered in the development of program format. Food and meals are very important in most Asian cultures, representing strong ties to family and tradition. Clients in the API program may choose to have an Asian menu for meal selection. The menus are designed and based on client input and satisfaction surveys. The Asian alternative menu is offered at each meal. In addition, weekly skill-building cooking classes are held, featuring Asian foods that have been chosen by the clients. This helps clients to feel more comfortable and help normalize their experience while at La Casa, while also teaching them valuable skills that will help them stay in community settings.

Language Services

Services are available in the client’s preferred language. Approximately 30% of clients choose to have their services in a language other than English. The languages most represented are Mandarin, Cantonese, Korean and Vietnamese. Languages services are provided by both API Alliance staff and La Casa API staff, many of whom were hired to meet the language needs of the population. When staff are unable to provide services in a requested language, interpreting services are used. Language and interpreting services are also extended to family members.

Family Involvement

Cultural and linguistic sensitivity are especially important when it comes to family involvement in a client’s recovery. Each culture carries with it its own beliefs and values regarding mental illness, which can have a significant influence over everything from treatment choices and medications, to the roles of doctors, families and religion, to the way mental illnesses are referred to and discussed. The La Casa API program considers all of these factors and has structured services so that families can participate in the client’s recovery process. By engaging in the process, families can learn more about their loved one’s illness and treatments. They also learn the importance of cooperating with and supporting the client in the use of outpatient services so he or she can continue the recovery process after returning to the community. The La Casa API program involves family members in many ways. For example, psycho-educational services are

broken up by language so clients and families can better understand the information, particularly regarding medications and clinical issues. Family and client events are hosted regularly, including educational inservices, support groups and holiday celebrations.

Risk Assessments

Clinical risk information is collected throughout the year for La Casa API program clients. Risk data is integrated into program operations, including service and care planning, program management, and where appropriate, increasing client motivation. The Telecare Clinical Risk Assessment measures the following domains: suicide, alcohol and other drugs, violence, self-neglect, medical risk barrier, communicable disease risk, victimization, child abuse/neglect, and problems following the psychiatric medication plan. Risk is defined as the harm that has come from poor choice-making skills. The assessments help identify areas in a person's life that may require attention. Assessments allow staff to monitor a person's progress in the reduction or increase of risk.

CARF Accreditation

The Commission on Accreditation of Rehabilitation Facilities (CARF) is a national accreditation body that sets rigorous standards for program accreditation. La Casa was surveyed in summer 2003. As an organization, Telecare has been commended by CARF in numerous areas, including: its caring, dedicated and enthusiastic staff members who demonstrate obvious pride in both their programs and the progress of members; its strong emphasis on member input; and the fact that services are accessible in a timely and uncomplicated manner. La Casa earned full accreditation by CARE.

Ongoing Service Delivery Enhancements

The La Casa API program routinely evaluates its service delivery methods in order to improve outcomes and services for clients. Though it remains a challenge to find appropriately skilled staff, the program continues to refine its services, and has evolved over the years to include a number of enhancements:

- Additional staff members were provided by the API Alliance, bringing language and cultural capabilities that had previously not been available in Los Angeles County; these skills are essential to provide services in an integrated manner
- Cultural education efforts have continued for La Casa API staff, building awareness of cultural issues and their potential impact on treatment
- Increased collaboration was created between La Casa API and API Alliance staff in order to maintain focus on client care and common priorities; changes included the addition of joint, biweekly client care meetings between La Casa API and API Alliance, where client coordinators, clinical managers and La Casa API management staff monitor individual clients, conduct general problem solving, and look at the system as a whole and identify challenges and needed adjustments



Celebrations are a part of life at La Casa.

“The La Casa program is very good. There are many group meetings, and people make sure I don't sleep too much. There is a lot to learn and they teach us important things.” – Alex L.



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Telecare's Mission:

We exist to help people with serious mental impairments realize their full potential