

Telecare Service Category: Non-Acute Inpatient



NON-ACUTE INPATIENT MENTAL HEALTH SERVICES DEFINITION

Non-acute inpatient mental health services are 24-hour settings for individuals with psychiatric problems that are moderate to severe in complexity. Individuals served may have a long history of mental illness; repeated or extended hospitalizations; impulsive, aggressive or socially unacceptable behaviors; and frequent failures in community-based settings. Non-acute inpatient services are typically secure and provide an intermediate level of support between acute/state hospital settings and community-based services. The primary goals of these services are to: 1) provide comprehensive psychiatric assessment, treatment and rehabilitation; 2) prepare individuals for transition back to the community by assisting them in recovering life roles; and 3) support individuals in successfully returning to the community using comprehensive discharge plans and linkage with community resources. Services are provided under the direction of licensed mental health professionals and other treatment staff.

CHALLENGES, SOLUTIONS AND RESULTS:

Telecare has provided non-acute services since 1980 and currently delivers a full array of services to address the following system challenges.

System Challenges:

Individuals with complex needs are often served in existing resources such as state hospitals, acute settings, SNFs, etc. These settings are often:

- A. High in cost
- B. Not close to home
- C. Generally not recovery-focused or structured with the specific goal of assisting individuals in successfully returning to the community

System Solutions:

Telecare's non-acute inpatient services address these challenges by delivering:

- A. Clinically effective, outcomes-driven programs that reduce direct system costs by maximizing Federal financial participation advantages
- B. Flexible program size options, allowing customers to bring non-acute services into underserved geographic areas
- C. Innovation- and evidence-based clinical approaches that support the recovery process and enhance community living abilities, while returning power and choice back to the individual

System Results:

Using these solutions, customers have been able to:

- A. Maximize existing system dollars, while simultaneously reducing the system costs caused by high levels of clinical risk and unnecessary utilization of expensive or inappropriate inpatient services
- B. Create secure treatment options in local communities where services are needed, enabling individuals to effectively transition out of or divert from state or acute hospitals
- C. Demonstrate significant improvements in individual satisfaction around areas such as quality of life, hope for the future, and belief in their potential to recover and regain meaningful life roles



TELECARE’S NON-ACUTE INPATIENT SERVICE ARRAY:

Telecare offers several non-acute inpatient services to achieve these results. The primary differentiators are length of stay, client referral location, size/reimbursements, and intensity of recovery-focus. Services include:

- Sub-Acute or Recovery-Centered Sub-Acute
- Extended Stay or Recovery-Centered Extended Stay

	1. Sub-Acute or Recovery-Centered Sub-Acute	2. Extended Stay or Recovery-Centered Extended Stay
Length of Stay	Under six (6) months	Six (6) months or more, due to complexity of needs
Clients Admitted From	<ul style="list-style-type: none"> ▪ Often come directly from acute, with intensive needs immediately upon admission (medication titration, etc.) ▪ Occasionally admitted from state hospital 	<ul style="list-style-type: none"> ▪ Typically come from state hospital ▪ May come directly from acute settings with complex needs
Size and Reimbursement	Any size; varies based on state and customer requirements 16-bed or less is eligible for Medicaid match (all ages)	
Recovery-Centered Option	<p>Telecare’s non-acute inpatient models incorporate a recovery focus to support individuals in achieving their hopes and dreams. All non-acute inpatient programs provide a supportive environment and highly individualized treatment and interventions to assist individuals in regaining the skills they need to live more independent and effective lives.</p> <p>Telecare’s non-acute inpatient services can also be enhanced with an intensive recovery-focus. This option is called “Recovery-Centered.” In a recovery-centered model, every element of the program is designed from the individual’s perspective, from assessments and interventions, to physical structure, organizational structure, information collection, and individual-staff interactions.</p> <p>The recovery-centered option provides individuals with a level of service and individual support that goes well beyond what is currently available in recovery theory today.</p>	
Standards	Telecare’s non-acute inpatient services are accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities. Programs also adhere to all applicable state licensing standards.	

WHAT IS RECOVERY?

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.

SPECIALIZED POPULATIONS

The following populations often present significant challenges to systems of care. Telecare's non-acute programs are adaptable to address the specific needs of these specialized populations.

A. Culturally Distinct

Cultural issues can create significant challenges and can be very broad, from language gaps and religious beliefs, to cultural practices, value systems, family dynamics, and stigmas about mental illness. To address these challenges, Telecare uses a number of strategies including company-wide cultural competence training, and adapting programs operationally through culturally sensitive processes, meals, wording, customs and relationships. Additionally, Telecare can also partner with community-based advocates and cultural agencies to make services more effective for individuals during their stay in an inpatient setting, and in transitioning back to the community.

B. Mental Illness/Substance Abuse (MI/SA)

Telecare takes a unified approach in addressing co-occurring mental illness and substance abuse issues by treating individuals in a holistic manner using a single recovery process. Telecare's non-acute programs also rely on the Stages of Change model, which engages individuals by using interventions that are relevant and appropriate to their current level of readiness for change. Telecare's MI/SA services can be provided as a program-wide component, or as specialized section within larger program.

C. Mental Illness/Developmental Disabilities (MI/DD)

Telecare works in partnership with state and regional agencies to provide similarly designed, recovery-focused non-acute services to individuals with mental illnesses who also have co-occurring developmental disabilities. These may include: 1) epilepsy, 2) mental retardation, 3) cerebral palsy, 4) autism, or 5) any illness that mimics any of the previous four.

TELECARE'S NON-ACUTE INPATIENT SERVICE DISTINCTIONS:

Telecare works with customers during the program design phase to determine system and individual needs and the desired clinical outcomes. Based on this, Telecare incorporates the appropriate elements shown below.

A. Clinical Risk Assessments

Telecare has developed risk assessments quantifying risk in seven areas of concern. The areas are: danger to self; danger to others; serious self-neglect; victimization; serious communicable disease; barriers to medical care; and serious neglect/abuse of children. Also addressed are the two contributing factors responsible for a majority of admissions: substance use and problems following the medication plan. Information gathered from risk assessments is used to reduce the risk in individuals' lives while simultaneously supporting continuous improvement in service planning and delivery.

B. Range of Interventions

Telecare uses a comprehensive, cohesive assessment and recovery-planning process that includes the individual at every stage. Traditional interventions include psychiatric rehabilitation, cognitive counseling and skill development. Programs may also include innovative clinical approaches and interventions such as harm reduction; supported choice-making; motivational interviewing; engagement tools; identity work; strengths development; guided dialogues; and discussion and practices that support awareness of power, spirituality, culture, and personal beliefs and values.

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C. Outcome Measures and Clinical Information System

Telecare uses a proprietary clinical information system to generate a single set of clinical and outcome data. This data is used by program and corporate management, the customer, and the individual in data-supported decision making. This quantifiable information supports individuals in their recovery process, while tracking program effectiveness over time.

WHY WORK WITH TELECARE?

- Responsiveness to customer concerns and evolving needs
- Range of non-acute care services which divert clients from acute and state hospitals
- Range of expertise in addressing needs of individuals with Serious Mental Illness (SMI) through cost-effective services and systems
- Innovative clinical components which enhance traditional services
- Management of clinical and fiscal risk
- Outcomes- and recovery-focused
- Rapid program start-up

GENERAL INFORMATION:

For more information about these services, please contact Ross Peterson, Vice President of Development at (800) 977-7471 or rossp@telecarecorp.com.

Populations:

Adults, age 18 and older, who require an intermediate level of support between state/acute hospitals and community-based services.

Length of Stay:

Varies, but generally from 30 days to two years.

Settings:

Programs vary in size. Smaller programs allow for more geographic flexibility. Proximity to family, and community resources and supports will enhance effectiveness.

Staffing:

Dictated by state and licensing regulations, as well as safety and security needs.

Funding:

Include Medicaid, Medicare, private insurance, and County and Local Authority.

Start-Up Time:

If a site has been identified, services can commence as quickly as 90-120 days from the date a contract is negotiated.



Telecare Corporation
1100 Marina Village Parkway
Alameda, California 94501

(510) 337-7950, (800) 977-7471
www.telecarecorp.com