

Telecare Service Category: Inpatient Acute



ACUTE INPATIENT MENTAL HEALTH SERVICES DEFINITION

Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Acute inpatient services are short-term, and are targeted toward individuals who are often high-utilizers of emergency psychiatric services or other community resources, and may have difficulty living successfully in the community for extended periods of time. The primary goals of acute inpatient services are to: a) provide a comprehensive evaluation; b) rapidly stabilize acute symptoms; c) address the individual's health and safety needs; and d) develop a comprehensive discharge plan that allows the individual to quickly return to the community or other appropriate levels of care. In these settings, interventions are tailored to the individual's needs and their presenting symptoms and may include, but are not limited to, the following: medication evaluation and management; psycho-educational groups related to stress, anger and communication; family interventions including groups and individual family sessions; and substance use education. Services are provided under the direction of licensed mental health professionals and other treatment staff.

TELECARE'S HISTORY AND ACUTE INPATIENT SERVICE ARRAY

Telecare Corporation has provided acute inpatient services since 1965, when it opened the first free-standing acute inpatient psychiatric hospital in Northern California. Since then, Telecare has developed an array of acute inpatient services that are offered in different physical environments, for different customers with varying funding capabilities, serving different system and community needs.

WHY WORK WITH TELECARE?

- Responsiveness to customer concerns and evolving needs
- Range of acute care service expertise
- Range of expertise in addressing needs of individuals with Serious Mental Illness (SMI)
- Innovative clinical components enhance traditional services
- Management of clinical and fiscal risk
- Outcomes- and recovery-focused
- Rapid program start-up
- Recognized with JCAHO or CARF accreditation for most programs

Telecare Acute Inpatient Service Array: (See Chart Inside)

Physical Environments:

1. Within medical/surgical hospitals or medical centers
2. In free-standing inpatient facilities: either small facilities (16 beds or less) which can bill Medicaid, or larger, free-standing facilities which offer other economies of scale
3. In accordance with other state-specified categories

Customers with Varying Funding Capabilities:

- County and state governments
- Health Maintenance Organizations (HMOs)
- Private-pay clients

Serving Different System and Community Needs:

- To bring acute care services into an underserved area
- As a supplement to existing acute care services
- As an alternative to state hospital-based acute care

TELECARE'S ACUTE INPATIENT SERVICE DISTINCTIONS

Telecare provides enhanced acute inpatient mental health services by, A) using a unique program definition phase; B) aligning purpose and structure through a collaborative program design process; and C) incorporating innovative clinical and system interventions to make services more effective.

A. PROGRAM DEFINITION:

First, Telecare works with the customer to clearly define the program's purpose, including desired outcomes measures. The program definition phase may highlight the need for objective information or innovative clinical features. It may also identify specific customer/system requirements such as including community providers in team meetings and important clinical decisions.

B. PROGRAM DESIGN:

Second, Telecare incorporates these requirements into the program design and may include the innovative components shown below or develop custom interventions to address customer needs. This process provides a framework for data tracking and reporting, allowing the customer to evaluate the program's effectiveness over time.

C. INNOVATIVE CLINICAL & SYSTEM INTERVENTIONS:

Clinical Risk, and Factors Contributing to Admission and Rehospitalization:

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. Telecare can work with customers to identify which areas are important. Also addressed are the two contributing factors responsible for a majority of admissions: substance use and problems following the medication plan. A related intervention is to work with clients to examine their choice-making skills and how their choices bring harm into their lives, including acute inpatient hospitalization. The intent is to reduce the need for rehospitalization.

Recovery-Focused Acute Inpatient Services:

An acute inpatient service with an orientation toward recovery can be an important component of a system of care. In addition to assessment and stabilization, Telecare's acute inpatient services provide individuals with exposure to the concept of recovery and its ability to help them live meaningful, hopeful lives. Services include education for individuals and their families, as well as a unique intervention called Telecare's Supported Choice-Making approach. This intervention assists individuals to understand that the choices they make may result in harm, including inpatient admissions and increased risk in their lives. Additionally, the Supported Choice-Making intervention supports clients in understanding the positive connection between making effective choices and getting what they want in life.

Unified Treatment Approach:

In a system of care, there are frequently many providers and resources. Often these resources do not have a common response to the needs of individuals, and services are often experienced as disjointed, fragmented, and chaotic. Telecare can participate with the existing system of care to develop a unified treatment approach for individuals with complex issues. This can support recovery goals, decrease system conflicts and communication gaps, decrease system costs by reducing acute hospitalizations, and potentially improve both system and individual outcomes.

Acute Inpatient & Crisis Program Service Clusters:

Acute inpatient services may offer increased value and benefit when they are provided in concert with related mental health crisis services, such as 23-hour stabilization, urgent care, mobile crisis and telephone triage. Together, this combination can create greater system effectiveness, decrease usage of acute services, offer broader coverage within the community, and offer financial benefits to mental health system. Telecare can provide a full range of crisis services.

TELECARE'S ACUTE INPATIENT SERVICE ARRAY:

Telecare provides acute inpatient services in the following physical environments:

1. Mental health services within medical/surgical hospitals or medical centers
2. Free-standing inpatient mental health facilities (Over 16 beds; 16 beds or under)
3. Other state-specific models (Over 16 beds; 16 beds or under)

| | 1. Mental health services within acute medical/surgical facilities | 2. Free-standing mental health inpatient facilities | 3. Other state-specific models of acute care* |
|---|--|--|---|
| REIMBURSEMENT | | | |
| Medicaid | Yes | Yes: ≤ 16 beds, all ages > 16 beds, when under 21 or over 65 No: > 16 beds, from 21-65 years old | Yes: Subject to state plan ≤ 16 beds, all ages > 16 beds, when under 21 or over 65 No: > 16 beds, from 21-65 years old |
| Medicare (Assumes JCAHO accreditation or deemed status) | Yes | Yes | Yes |
| Other Payor | Yes | Yes | Yes |

| ADMISSIONS AND STAFFING: | | | |
|---------------------------------|----------|-----------------------------------|--------------------------------|
| Admission Limitations | Few | More restrictive | Dependent on state regulations |
| Organized Medical Staff | Required | Required only if JCAHO accredited | Dependent on state regulations |

*Examples of state-specific categories include Psychiatric Health Facilities (PHF) (California) and Behavioral Health Inpatient Facilities (BHIF) (Montana)

STANDARDS

Acute inpatient mental health services are regulated by appropriate state and local agencies. JCAHO also provides comprehensive standards that address assessment, treatment interventions (care), leadership, the environment of care, human resources, information systems, rights, responsibilities, and ethics.

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:

Acute inpatient mental health settings serve individuals who have:

- Acute distress or disability due to mental health symptoms and/or behavior with danger to self or others, or, an inability to provide for their basic needs
- A possible associated co-occurring alcohol and/or substance abuse issue

Length of Stay:

Varies but generally averages between 7-10 days

Settings:

Acute inpatient mental health services can take place in small (16 beds or less) facilities located in the communities where clients reside. Proximity to resources and supports enhances the effectiveness of these services. Services may also take place within acute medical/surgical settings and as larger free-standing programs.

Staffing:

Minimum staffing requirements for acute inpatient mental health services are dictated through regulation by state departments and agencies depending on the licensure category. Safety and security as well as treatment needs often dictate a staffing configuration that exceeds these standards.

Funding:

Funding sources include Medicaid, Medicare, private insurance, and County and Local Authority. To qualify for certain types of funding, programs may be required to have Medicaid or Medicare Certification or must meet deemed status requirements under accreditation bodies such as JCAHO and CARF.

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.



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