

Telecare Model: Recovery Centered Subacute



Subacute Definition

Twenty-four hour subacute services have been developed as a cost effective, clinically appropriate alternative to involuntary treatment in extended stay acute inpatient settings and state hospitals. Services are targeted towards persons with serious mental illness with histories of frequent or extended stays in institutional settings and whose level of functioning is such that they cannot live in more independent, less restrictive community settings.

Clinical Overview

Telecare's Recovery Centered Subacute model is built on the values and vision of Recovery. This vision is empirically based and has as its foundation the belief that individuals with severe mental illness can, and do, heal and grow beyond their illness to recover their life roles and hope for a meaningful, contributing life. The model recognizes the challenges that individuals face: the disabilities that result from mental illness, the stigmatized reactions in this culture, and mental health services that are frequently disempowering.

This model differs dramatically from traditional subacute programs. Recovery Centered Subacute programs are designed to, in every way, support clients in their recovery in a unique and powerful environment. Recovery is woven into, and defines every aspect of the program, from assessments and interventions, to the client information system, the selection of staff, and the overall client experience. The environment shifts power back to the clients so they can begin taking responsibility for their own recovery. Built on the core concepts of learning, skill development, power, cultural and spiritual awareness, and personal choice, this model was created to instill and cultivate hope. Staff members support clients' beliefs in their abilities and help them learn to question assumptions that limit their potential and opportunities. Clients begin to build their future from this foundation.

Clients experience the difference their first day. They are encouraged to tell their story rather than their case history and describe their problem from the perspective of their cultural beliefs and understandings. Assessments provide an opportunity for clients to discuss their thoughts on subjects, many of which are not traditionally discussed, including their spiritual needs, personal strengths and harm they may have caused as a result of undeveloped choice making skills. Also discussed are seven areas where clients may be at risk of endangering themselves or others. Psychiatric and nursing assessments are modified and coordinated to eliminate redundant questioning and be a learning experience for the client. The Recovery Plan, developed with the client, includes interventions organized around learning skills that will help clients continue to grow after they leave the Recovery Center. Clients learn skills that enable them to make better life enhancing choices, question life's limiting assumptions and be more effective in living day-to-day.

What purchasers can expect:

- Management of the clinical and fiscal risk for people requiring a secure setting.
 - Reduced length of stay in acute care settings.
 - Reduced admission to more costly levels of care, e.g., acute care and state hospitals.
 - Reduced system costs.
- Maximization of clients' skills that maximize their ability to remain in the community without inappropriately using emergency or high cost services.
- Enhanced ability for rapid start-up.
- The 16-bed option is Medicaid eligible and can draw down Federal funding.

What clients can expect:

The purpose of this model is to ignite hope in individuals that recovery is not only possible, it is probable. The model allows individuals the opportunity to take responsibility for their recovery journey, to experience choice making that reduces harm and increases strengths and to grow in their powerfulness.

Individuals are respectfully supported with dignity gaining hope and rekindling the spirit. They rediscover themselves as unique and sacred.



Compare	Recovery Centered Subacute	vs.	Traditional Subacute
Program Purpose	Support clients in the process of their recovery of life roles and hope for a meaningful life. Teach skills that enhance the likelihood of living well in the community, including having less clinical risk.		Provide a secure setting that controls the client's risk of harm to him/herself or others. Use medications to manage symptoms and behaviors.
Foundation	Recovery-centered with a Harm Reduction emphasis. Focused on skill acquisition and an integrated client information collection and feedback process.		Controlled environment and psychopharmacology.
Focus of Client-Staff Relationship	Staff focus on awareness of power, culture and spirituality to enhance each client's sense of personal power.		Staff focus on symptom and behavior management, compliance.
Assessment Process	The assessment process balances the need to obtain essential program information with the need to engage clients in the process of change. It is conducted in a conversation style and acts as the beginning of the intervention. Together, staff and clients assess: 1) cultural beliefs about their mental illness; 2) the current amount of harm and personal strengths; 3) the client's level of engagement in the process of change; 4) areas where there are risks of danger to the client or others; 5) problems cooperating with medication plan; 6) the client's preference for staff assistance in the event that s/he feels out of control or exhibits dangerous behaviors; 7) the use of drugs and alcohol, including the harm caused and readiness for change; 8) the telling of his/her story in the way he/she desires; 9) spiritual needs; 10) the client's natural supports and a plan for developing more if needed. A summary of this assessment is give to the client in preparation for developing a recovery plan.		The client is required to answer the same questions every time he/she is admitted to a program, with the intent of meeting the program's informational needs. Information is obtained by different departments within a program and often requires that the client give redundant information. The assessments reflect the interest of a discipline or department rather than being organized around the wholeness of the client.
Interventions	The conversational assessment process is an intervention. It continues using a Guided Planning Dialogue, and helps the client define his/her desires in life, develop choice making skills, understand the harm or personal strengths that result from these choices, address his/her thoughts and beliefs about medications, and participate in the development his/her own medication plan. Psychiatric rehabilitation helps the client develop life skills or identify needed supports. Cognitive counseling teaches the client how to examine the beliefs or assumptions that he/she holds that are untrue and limiting. Family education is also a foundation of the recovery centered approach and family counseling is available when necessary.		Interventions are symptom and behavior focused. They emphasize the reduction of behaviors that are a problem for the mental health system so the client can be discharged to a lower level of care. Psychopharmacology is often the primary intervention, although programs will vary in other approaches offered.
Client Experience	Clients have personal responsibility in their own recovery process — and are empowered through their own choices and support of staff. They actively participate in initial staff assessments, develop life goals and goals for their stay at the program, develop their own crisis plans and participate in all processes around their medication plans. Clients make suggestions and impact on program changes and are allowed to opt out of treatment classes without judgment.		Clients are almost always admitted to locked settings feeling less "in control" of their lives and decisions, and with little hope of improving their lives. Programs are organized for the convenience of their own operation and generally focus on maximizing efficiency and control.
Staff Experience	Staff members choose to work in this environment because it is recovery centered. To them, it is a journey not a job. They have hope for and believe in those in recovery and are attracted to the empowering atmosphere. Hired based on their enthusiasm and passion for learning and their desire to grow as individuals, staff members accept feedback as an opportunity to better support clients in recovery and use a specifically designed Vision Tool to facilitate this process.		Staff vary greatly in motivation and sophistication in all programs. In general, staff from traditional programs feels frustrated by an inadequate sense of personal empowerment and responds to clients from a "power-over-people" perspective.
Client Information System	Client data collection is embedded into the assessment and intervention process. This unique approach uses the same data for multiple purposes, enhancing its accuracy and meaningfulness. It is shared and used in decision making, strategic interactions and evaluation of program effectiveness over time. Clients, staff, program management, corporate management and Telecare customers all review and work from the same data.		Information generally is not available. When outcome information is available it is of little relevance to program effectiveness and does not measure change.

General Information:

For more information about this model, please contact Ross Peterson, Vice President of Development, at (510) 337-7950.

Populations served:	People with serious mental illnesses, who often have problems with substance abuse.
Number of clients:	Varies based on state requirements and customer need. Range of size varies with a 16-bed minimum.
Length of stay:	Flexible based on need. Typically 60-180 days.
Settings:	Typically urban and suburban.

Staffing:

Staff selected through unique, values based process. They are hired based on their enthusiasm and passion for learning and their desire to grow as individuals.

Outcomes Tracked:

A single set of information is used for multiple purposes (see next page). Data is regularly captured and reported to the client and clinicians, and in aggregate form to the customer.

Results:

None available at this time.

Funding sources:

SSI, Medicaid, State General Funds.

Start-up time:

Services can commence 90-120 days from a negotiated contract.