Developments

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Funding Mental Health Programs with Limited Resources

By Shea Tokar, Director of Communications — Across the country, mental health systems face huge financial strain. Budget cuts are affecting most county- and state-run programs, requiring leaders to make difficult decisions around service delivery. Generally, high-risk clients use the vast bulk of the limited clinical and financial resources available. Of all mental health services provided — particularly acute inpatient, psychiatric emergency services and state hospital beds — it isn't uncommon for 80% of the funds to be used by the 20% highest risk consumers. When service funding is reduced or redirected, the impact on these individuals, and the related impact on the overall the system of care, can be profound.

How to Best Serve Individual and System Needs with Limited Resources

One solution may lie in identifying those clients who have the most complex needs and place the highest demands on the system, then prioritizing services accordingly. Programs that are built on evidence- and research-based practices create a solid structure for improving clinical effectiveness, increasing access to services, reducing strain on existing resources, maximizing the available funding, and supporting individuals in recovery from serious mental illness. Likewise, by embracing innovation — and blending it with proven approaches — systems of care have the opportunity to creatively meet client and community needs, while achieving cost savings and effectiveness objectives. Assertive Community Treatment (ACT) programs are a prime example of research-based practices. Other examples of innovative program design and implementation — such as The Recovery Center at Gresham and Redwood Place — are discussed in this issue.

Still another solution is to avoid the unnecessary use of medical and psychiatric emergency rooms, mental health inpatient facilities and state hospitals by person who can appropriately be diverted to less restrictive and less expensive levels of care. These may include facility-based crisis services, mobile crisis, up to 23-hour crisis stabilization programs and crisis residential services. These crisis services may be provided in secure or open settings or in the community, and may include both voluntary and involuntary evaluation and treatment. While not covered in-depth in this issue, Telecare has developed many variations of crisis services in partnership with local management and government entities, and behavioral health organizations. Telecare is operating urgent care centers in Oakland and Long Beach, California; mobile crisis services in Dallas, Texas; and a facility-based crisis service in Durham, North Carolina. Washington State, the District of Columbia and Nebraska, as well as California, North Carolina, Texas and Oregon are currently exploring variations on the diversion approach. For more information on serving individuals with complex needs, please contact Ross C. Peterson, Vice President of Development at Telecare.

Message from Telecare

After more than a year's absence, we have resumed publishing "Developments" and plan to do three issues per year. This issue discusses several exciting approaches in providing services to persons with complex mental health needs. These include Telecare's **Recovery-Centered Clinical System (RCCS)** design process; a new recovery-centered service for individuals with **mental illness and developmental disabilities** (Redwood Place); and a feature article on a 16-bed secure inpatient program which focuses on **supporting individuals in their recovery process who would otherwise be sent to the state hospital** (Recovery Center at Gresham).

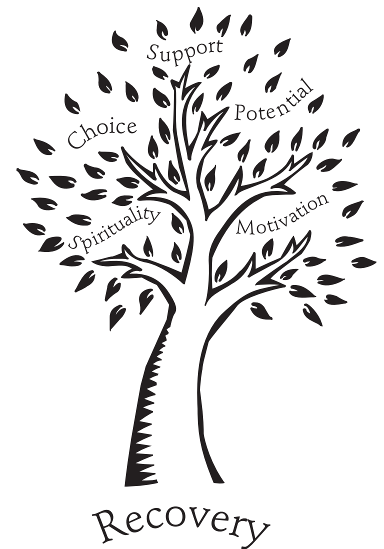
We have also highlighted some of the latest regional news, foremost of which is **Proposition 63**, which may provide more than a billion dollars in new, ongoing mental health funding to California.

While we continue to provide Assertive Community Treatment (ACT) services in three major Texas markets, and mobile crisis services as part of the NorthSTAR behavioral health carve-out in Dallas and six surrounding counties, we felt it important to share some details on our decision to discontinue operations as a Specialty Provider Network (SPN).

In North Carolina, Durham Center Access, our second program opened in October, and is designed to avoid unnecessary state and local inpatient hospitalization. This is the first of several **facility-based crisis services** we hope to develop in partnership with Local Management Entities (LMEs) across the state.

Innovations: Design & Implementation

Actively Enhancing Recovery Using Telecare's Recovery-Centered Clinical System



By Stephen Wilson, MD, Corporate Medical Director — Telecare has developed a clinical system designed specifically to support an individual's recovery rather than manage his or her mental illnesses. The differences are greater than one would think, and the effectiveness is dramatic and convincing. The clinical system is designed based on the realization that supporting recovery requires more than psychosocial rehabilitation and case management; it must provide the skills and tools to actively enhance a person's recovery. The design process for the Recovery-Centered Clinical System (RCCS) identifies components of disease-centered clinical systems that miss opportunities to diminish disabilities and replaces them with recovery-enhancing elements. For example:

- Traditional assessments can be disempowering, disengaging, and discouraging to the people we so want to "help." In essence, services become about the disease and not about the person who wants what we all want: support in obtaining his or her hopes and dreams. **In the RCCS, *dialogues*** are used to **engage, inform and collect only information helpful to supporting recovery.**
- Service or treatment plans are documents for staff, if used at all, and fiscal payors. The **RCCS Recovery Plan is a simple tool that structures the considerations of, and conversations with, the individual** to provide him or her with motivation and steps to recover hopes and dreams, while providing direction to staff on effectively supporting the recovery journey. It becomes a part of discussions every day, and provides accountability to fiscal payors.
- Traditional interventions have, in fact, frequently increased the individual's disability with a disease-orientation and an underlying assumption that the system is responsible and must control clients to prevent adverse consequences. In a **recovery-centered system, staff have skills and tools that can be used to awaken an individual's personal power, motivation, spiritual connection, hopes, dreams, and belief in one's self**. These skills and tools are used successfully with people of any cultural background. Tools help people question the parts of their identity and choice-making processes that interfere with their recovery while enhancing those that support it. Individuals can be taught choice-making skills that help them avoid harm and get what they want from life.

Telecare has had the opportunity to implement the RCCS in three programs: two sub-acute inpatient and one Assertive Community Treatment (ACT) program. This has provided Telecare an opportunity to develop and refine the system, while incorporating feedback both from individuals in recovery and staff using the system. Foundational concepts include the belief that an individual's disability has many causes in addition to a mental illness. This disability is created, in significant part, by the dominant culture and is not significantly diminished by traditional treatment systems, which at times may increase rather than decrease disability.

FOUNDATIONAL CONCEPTS:

- Power awareness
- Spiritual awareness
- Cultural awareness
- Harm reduction
- Personal strengths

ASSESSMENTS:

- Dialogues

PLANNING:

- The Recovery Plan

SUPPORTING RECOVERY:

- Recovery-Based Medication Support
- Supported Choice-Making
- Identity Pie
- Values Pie
- Motivational Interventions
- Awakening Strategies

DATA FEEDBACK:

Data-Supported Motivation and Reinforcement provides individuals with objective information about changes in their life, including the amount of harm and risks, and the growth in their personal strengths. This information builds and reinforces choice-making skills that bring desired changes to their lives.

Redwood Place: Recovery-Centered Services for Individuals with Mental Illness and Developmental Disabilities (MI/DD)

Telecare's Recovery-Centered Clinical System (RCCS) has been implemented at an innovative program called Redwood Place, a 37-bed mental health rehabilitation center for those with dual diagnoses of mental illness and developmental disabilities. Opened in Castro Valley, California, in August of 2003, it is Telecare's first program for the MI/DD population, and was developed in partnership with Golden Gate, East Bay and North Bay Regional Centers, and Alameda County Behavioral Healthcare Services.

Cliff Morrison, Administrator of Redwood Place, and guests enjoy the facility's open house last year.

The Regional Centers consortium was particularly interested in incorporating recovery principles because existing services for the MI/DD population were primarily focused on symptom and behavior modification, or lacked a structure which effectively returned power and choice to the individual, making them an active partner in the recovery process. Redwood Place was designed to incorporate numerous components of the recovery-centered clinical system, including:

- **Dialogues:** The program uses a conversational approach to giving and getting information, as well as integrated planning. This approach allows both individuals and staff to take an active role in the discussion, creates an opportunity for increased engagement and motivation, and fosters a more real and genuine relationship between the people involved.

- **Documentation Structure:** Documentation has been designed to keep the individual's needs in mind. The sequence, approach and content of documentation, including vocabulary and naming used, are done from the individual's perspective.

- **Identity Work:** Identity is who we are and how we see ourselves. It is often significantly influenced by our cultural origin. Our identity is a source of personal power. Telecare uses the "Identity Pie" intervention to provide a specific method for engaging individuals in conversation and enabling them to consciously changing their own identity.

- **Outcomes (Program Effectiveness Measures):** Redwood Place also measures: improvement in behaviors that require readmission; improvement in other troubling behaviors and symptoms; sustained decrease in clinical risk; and community stabilization post-discharge.

Cultural Competency Initiative

By Larry Freitas, Cultural Competency Coordinator — In late 2001, Telecare embarked on a corporate-wide journey to address cultural issues in our clinical services through the Cultural Competency Initiative. Being culturally competent means that we strive to support each individual's journey of recovery — and assist them in achieving their hopes and dreams — in a way that incorporates their cultural values, beliefs, identity, and community needs. Initial work involves training staff on the cultural issues they may face when working with individuals in recovery. Staff development is a key component of this initiative, and focuses on three essential competencies:

- **Increasing Cultural Self-Awareness:** The ability to work effectively with people of different backgrounds and cultures depends on an awareness of the ways in which culture influences people in their perspectives and behaviors, especially our own.
- **Increasing Cultural Knowledge:** By knowing general information about the different cultural values, beliefs, and identities of individuals, we are alerted to possible cultural differences that need to be addressed.
- **Putting Culture-Related Skills into Action:** By learning specific skills and practices, we are able to incorporate our knowledge into treatment approaches that are culturally appropriate and congruent with a person's background.

Innovations: Design & Implementation

System Challenges, Creative Solutions: The State of Oregon Partners with Telecare to Enhance Service, Support Recovery, and Save Money

By 2001, Oregon's Department of Human Services (DHS) faced daunting challenges. With state hospitals at capacity and long waiting lists, few alternatives existed for those needing secure levels of treatment and support. The use of acute care hospitals for this population soared, consuming an estimated 15% of the state's total acute care bed capacity and costing the state up to $800 per person, per day. Advocates and clinicians believed that many individuals, even those approved for long-term psychiatric care, didn't require hospitalization. The state agreed, and began exploring more cost-effective alternatives to provide the appropriate care at the appropriate time, while increasing and improving consumer focus.

A TRC resident displays her artwork, created with the support of a staff Recovery Specialist, who helped her track her recovery through creative expression.

Initiating Change, Planning for the Future

Oregon had previously created a licensing category called Post Acute Intermediate Treatment Services (PAITS). Designed to address clinical, financial and system of care challenges, it provides for step-down services between acute and community settings. The state selected Telecare to design and operate its second PAITS program — The Recovery Center at Gresham (TRC), the first and only *recovery-centered*, 16-bed inpatient facility in the state.

The Recovery Center at Gresham: Goals

Opened in April 2002, TRC serves as an integrated component of the overall system of care. Its goals are to alleviate the strain on existing mental health resources while maximizing services to residents. Specifically, it aims to:

- Divert individuals from state hospitals, avoiding unnecessary admissions
- Stabilize the psychiatric symptoms preventing people from being placed in less-restrictive environments
- Reduce length of stay relative to state hospital stays
- Discharge residents into community placements rather than state hospitals
- Enhance resident-focus
- Save money for the state

Initial Outcomes

Of the first 68 discharges from TRC, 75% were placed in less-restrictive community settings ranging from independent living to group homes. A relatively low percentage, 7.4%, were discharged to state-operated beds, and only about 12% of admissions were discharged either to the state hospital or to acute care hospitals.

Additional outcomes data has been compiled and analyzed by the state, but only includes the first six months of operations. Many of these outcomes are positive in nature. For example, even though residents can stay for as long as 90 days, the average length of stay has fluctuated between 50 and 60 days. The re-hospitalization rate during the first 180 days after discharge has been comparable to both acute care and the state hospital.

Some of the outcome data is less formal, but still important. Based on the number of follow-up phone calls from discharged residents, it is clear that a strong bond is developed between program staff and residents. A local county sheriff's deputy who serves as a street monitor for people with both mental illness and legal entanglements has monitored three residents at TRC and says that it is the best program at transitioning people into the community that she has seen so far.

Financial Structure and Benefits

PAITS programs are designed to be 16 beds or less in size, enabling them to maximize Federal Medicaid participation with less reliance on the state's general funds. In addition to being more cost-effective, the smaller environment is more flexible in providing personalized care than either acute care or state hospital settings, which contributes to shortened stays and improved outcomes. There are three ways that programs like TRC save money for the state.

(1) Less costly per day than acute care stays

(a) $454 per day for Recovery Center vs. up to $800 for acute care

(2) Federal Medicaid match eligibility

(a) Due to 16-bed size, Medicaid match is possible
(b) Only $190 of $454 is paid for by state general funds

(3) Program shortens residents' length of stay in acute care, and shortens length of time in treatment when compared to time spent in state hospitals

(a) Recovery Center has shortened length of time people wait in acute care (average reduction of nine days per stay, a reduction of almost 50%)
(b) Recovery Center also reduces length of time residents are in treatment (average length of stay was 52 days, compared to a median state hospital stay of 99 days)

Cost Savings Generated

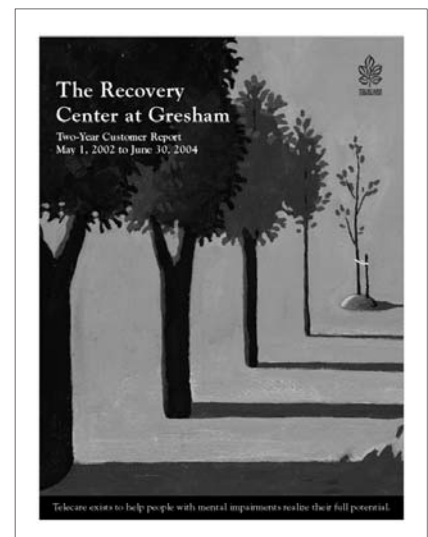
According to Oregon's preliminary report, this amounts to:

(a) Savings of $37,024 per person
(b) As of September 30, 2003, the Recovery Center had discharged 134 individuals, which means a total savings to the state of $4.9 million

Challenges

There have been some challenges for this new and innovative program. The state clearly established a maximum length of stay of 90 days, with extensions granted only for clinical necessity and unanticipated delays in discharges. If discharge is delayed for any other reason, the local mental health authority becomes financially responsible. In some instances the county mental health authority has been reluctant to refer people to TRC fearing the length of stays will exceed 90 days. In fact, during TRC's first two years of operation, only 5% of residents have exceeded the 90 day limit. In spite of fears to the contrary, the local mental health authority has not yet been held financially liable.

The other misperception about the program is that because residents are not routinely forced to take medications, many will choose not to take their medication and will require re-hospitalization. This has rarely been the case. While this has happened, it typically occurs immediately upon admission, before a relationship can be developed with the individual, and most of these individuals have had to be transferred back to acute care. Once a relationship has been established, the refusal of medication is rare and is generally no longer than one or two doses. This has not had a significant effect on the residents' outcome.



Celebrating Achievements and Working Toward Continuous Improvement

TRC is still evolving and changing based on analysis of outcomes and the needs of residents and customers. A report of the program's outcomes for its first two years is available. **Visit the "Resources" section of the Telecare website to download a copy.**

State by State: New & Noteworthy

Texas

Telecare Announces Withdrawal from NorthSTAR Network Due to Continuing Reimbursement Reductions

On Oct. 27, 2004, Telecare announced that it would close its program, **Telecare NorthSTAR Specialty Provider Network (SPN).** As a SPN, the program served Dallas and six surrounding counties, providing ACT, community support and case management services and a medication clinic to approximately 1,200 clients. Telecare will continue to operate the NorthSTAR Mobile Crisis. Over the next 60 days, Telecare will transition SPN clients to other providers of their choice, including Adapt of Texas, Inc., which has offered to accept all clients. Adapt will also absorb Telecare's staff to ensure a smooth transition for everyone. "Reimbursement for much of the array of services we provide has been dramatically reduced over the last two years," said Ross C. Peterson, VP of Development at Telecare. "While this has been a difficult decision, we really have no other choice. We've exhausted all of our options." Over the past four years, Telecare has taken a variety of steps — including reorganizing services and proposing alternate, cost-effective approaches to care — to adapt to declining reimbursement levels and changes in how rehabilitation benefits are defined.

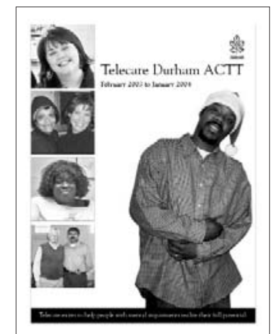
On October 29th, 54 members of the Mental Health Association of Greater Dallas gathered to address the focus question, "What changes are essential to the NorthStar system to sustain our ability to meet the treatment needs of the severely mentally ill in our community over the next 5 years?" The group prioritized their responses as follows: 1. equity in per capita funding: equalization and even playing field; 2. single gatekeeper to address diagnosis, residency, clear eligibility standards; 3. medicaid enrollment; 4. incentivizing moving indigent to Medicaid; and 5. improve provider rates.

Dallas Area Mobile Crisis Program Publishes Report

Telecare NorthSTAR Mobile Crisis has published its second annual report, comparing its outcomes against the previous year of Telecare operations. The report is available for download at www.telecarecorp.com in the Resources section. Significant achievements include: effectively responded to 12,513 calls, an increase of 1,911 calls from the past year; maintained or improved crisis call responses rates from 92% to 99%; increased diversion rate from state hospital from 62% to 64%. A new report will be available in summer 2005.

North Carolina

Telecare's First ACT Program in NC Publishes Report



Durham ACTT recently completed its first full year of operation. The report is available for download at www.telecarecorp.com in the Resources section. Opened in February of 2003, the program has published a one-year report detailing key achievements and goals, including:

- Decreased homelessness
- Increased member satisfaction: 96% feel they are taking an active role in planning their recovery program and 92% feel staff believe in their potential to grow, change and recover
- Successfully captured baseline data concerning hospitalizations, substance abuse, incarceration and housing stability

Telecare Opens Dedicated Crisis Services in Durham

Durham Center Access opened on October 18, 2004. As Durham's first dedicated crisis program, it offers Access triage services; 1-hour to 72-hour facility-based stabilization; and crisis residential services for individuals needing up to 15 days of stabilization, or who require medical detox. For program and/or referral information, please visit the Telecare website in the Programs/Services section. From this menu, choose, "Our Programs." Click on "Durham Center Access" to read about this program.

State by State: New & Noteworthy

California

Proposition 63, "The Mental Health Services Act," Passes in CA

Proposition 63 was passed with 53.4% of the vote, an historic accomplishment for mental health care in California. By taxing incomes over $1 million at 1 percent, Proposition 63 will raise up to $800 million or more each year in state funds. With federal matching, funding is expected to exceed $1 billion per year. Prop 63 will fund innovative community mental health programs for adults and children; prevention and early intervention efforts; capital and technology needs; and education, training and workforce development — all with the express purpose of expanding and improving services for individuals with mental illness. The investment will produce hundreds of millions in savings by reducing hospitalizations and incarcerations. In pilot projects similar to those that would be funded by Proposition 63, participants had a 56% reduction in hospital stays, a 72% reduction in jail stays and a 65% increase in full-time jobs. "This is a great win for our consumers, who, in one of the richest states in the country, have gone grossly underserved," said Anne Bakar, Telecare President and CEO. "It is a wonderful opportunity for Telecare to partner with others in the system to dramatically improve the quality of services that are available and enhance clients' opportunities for recovery."

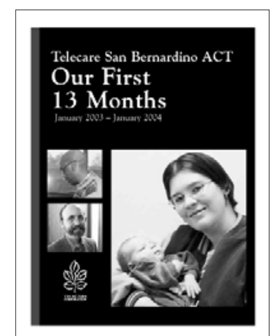
Award-Winning ACT Services for the Homeless Population

The **L.A. Homeless Outreach Program, Service Area 7** was recently honored with the Comprehensive Community Care Award for Innovative Service, recognizing outstanding, seamless mental health and substance abuse services to people with co-occurring disorders. L.A. HOP 7 was praised for its use of Telecare-designed clinical tools that make abstract concepts such as harm, strengths and engagement more tangible and real. The award was given by the Los Angeles County Department of Mental Health and the NAMI Los Angeles County Coordinating Council.

Delivering ACT Services in California's Largest Geographic County

San Bernardino ACT opened in January of 2003, serving the largest county in California. The report is available for download at www.telecarecorp.com. Significant achievements from the first year include:

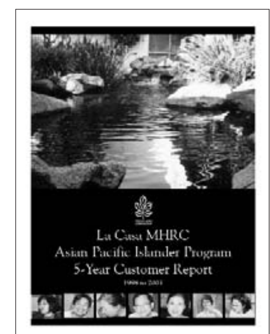
- Initially transitioned 91 individuals from IMDs to lower levels of care
- Successfully located previously unused supportive housing for 52 individuals
- Developed partnership with local IMD to provide short-term crisis stabilization to members as they adjust to community living.



Partnering with County and Community-Providers to Deliver Culturally Competent Inpatient Services

The La Casa MHRC Asian Pacific Islander (API) Program recently completed its fifth year. Culturally competent programs for individuals with serious mental illness are a rarity. Even more rare are treatment environments where inpatient and outpatient service providers work side-by-side on a daily basis to support people in recovery, and ensure that a client's transition out of state hospitals and back to the community is seamless and effective. The API program is a collaborative undertaking between the L.A. County Department of Mental Health, and the Asian Pacific Islander Alliance and Telecare. It offers comprehensive non-acute services that are culturally and linguistically appropriate and is the first and only program of its kind in California. A copy of the report is available for download at www.telecarecorp.com in the Resources section. Key results include:

- 135 people served in five years
- 45 successfully transitioned out of state hospital
- 94% discharged to lower levels of care
- Significant reductions in lengths of stay and costs vs. state hospital
- High consumer satisfaction



Telecare General News

Telecare Receives Full CARF Certification

Telecare was surveyed by the Commission on Accreditation of Rehabilitation Facilities (CARF) in fall of 2003, and received the full three-year certification, the highest level of certification available. Telecare was also recognized for several areas of strengths:

- "Telecare's **management systems and practices** are thoroughly developed and provide a strong basis for continued organizational growth and vitality."
- "**Staff members are dedicated and enthusiastic** about their work, they are committed to the purpose statement and philosophy of the corporation, and they are obviously enthusiastic about the results of their efforts in improving the lives of the persons served."
- "The organization is recognized for providing opportunities for personnel to provide input regarding the operation of the organization. **The participatory management style is evident** throughout the organization and is an example of excellent leadership. In addition, the management authority is accessible and available to the persons served and to personnel."

Telecare Named "Best Places to Work"

Telecare was named one of the **Top 50 Best Places to Work in the Greater Bay Area** by The San Francisco Business Times and the San Jose/Silicon Valley Business Journal in April 2004. Rankings were based on anonymous employee surveys and comparisons of benefits, compensation and working environment.

Telecare Corporation

Since 1965, Telecare has been committed to making a difference in the lives of people with serious mental illness. We believe in recovery, and in the human ability and desire to reach its full potential. We have created an environment that puts the client at the center of the organization, and a culture where employees and clients are empowered in achieving their goals. Today, Telecare is one of the largest providers of adult mental health services in the country. We work in partnership with local, county, state and other behavioral health organizations to design and provide a wide range of innovative, recovery-focused, outcomes-driven services and supports for high-risk individuals with complex needs.

www.telecarecorp.com

Telecare's website has recently been improved, including:

- **Telecare News:** The home page features frequently updated news about Telecare.
- **Resources:** This section offers downloadable materials such as customer reports, program brochures, fact sheets, articles, research papers, etc. Printed copies are also available by contacting Shea Tokar at sheat@telecarecorp.com.
- **About Us:** Includes bios of our Executive Team and Board of Directors.
- **Programs/Services:** Learn about our core beliefs, clinical philosophy, range of services. Descriptions of all programs are available.
- **Contact Us:** Offers a list of key contacts at Telecare. You can also sign up for our E-Newsletters to receive regular email updates on the latest Telecare news.

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