

SCMRMHC ATU
Alternatives to Inpatient Hospitalization

With the creation of supports in the community, many adults with severe and persistent mental illnesses are living beyond the confines of the state institutes. We would have never guessed, 10-15 years ago, that these individuals would be living independently, working, and developing significant relationships without the intensive structure of an inpatient ward. Advances in pharmacology partnered with additional funding leads us to believe we can successfully bring even more patients out of Warm Springs. SCMRMHC proposes to reduce its bed utilization at the state hospital by providing alternatives in the community.

The ATU is a 16-bed, 24-hour acute treatment facility. The ATU setting provides an opportunity for the client to mobilize his/her strengths and achieve symptom management in order for them to return to an even less restrictive environment. Length of stay in the ATU depends on the needs of each resident. Treatment can range from a single day of assessment to several days for those who require stabilization. Each resident has a written, individualized, and integrated service plan based upon assessment and specifies all services necessary to meet the resident's needs. Residents are active participants in the development of the service plan and goals. Family members and significant others are encouraged to participate in the entire treatment process when indicated and desired by the resident. The staff and programming at the ATU attempts to accommodate the cultural needs of the residents

An ATU can provide alternative services to individuals who are at risk of going to the hospital or are transitioning from the hospital. Residents will be adults with severe and persistent mental illnesses who are targeted for programs financed with monies from MHSP, Medicaid, or private insurance. Some people may be currently occupying beds at the state hospital. As we are aware, individuals who may be eligible for Medicaid lose that entitlement when placed at the Institute. Until such time as their benefit is restored, they are considered indigent. Medicare recipients are only entitled to a hospital benefit of 180 days for their lifetimes. When their days have been exhausted, they become indigent as well. In addition to the previous two categories, we have individuals who are placed at the hospital who have no payment sources at all. One of the objectives of the program is to help these individuals apply for/restore their entitlements. This would allow general fund dollars to be used for payment for those who have no means to pay for services.

The ATU must have the capacity to have locked doors. People, who may be on 72-hour holds or have community certification, need to be in a secured facility for their own safety. An ATU requires significant nursing and psychiatric time. Depending on the individuals we will serve, we could need security staff. Monies will be needed to pay for medications and medical care required by the participants as they will have no means to pay for these services.

We believe these clients will require a very high level of intervention and will be appropriate at some point for PACT. In order to get the clients to the point where they no longer require the level of care at the ATU, we will assign a primary therapist/case manager at the Community Support Program for the development of a therapeutic relationship and schedule joint programming between the ATU and CSP. A plan will be developed to determine the most appropriate placement in structured residential programming if needed to include a crisis intervention plan utilizing the supports provided by the targeted case managers, and access to the ATU at critical points after community placement takes place. It is not our intent to make the ATU into a permanent placement for those persons exiting the hospital. Rather, it will serve as a transition point where individualized plans will be developed to identify the necessary services and supports that will be needed to keep the client in the community and keep utilization of the hospital to the bare minimum.

Service planning will include some or all of the following interventions with the hope that they will facilitate a positive outcome for the consumer.

- Identification of stressors and precursors which lead to crisis situations
- Identification of coping mechanisms and natural supports which may be available
- The development of understanding regarding the symptoms of his or her illness
- Enhancement of problem-solving skills
- Provision of consistent support and availability until the client has achieved a higher level of functioning
- Instruction in available community resources including peer support activities
- Linkage with community resources
- Transport to appointments and/or training in how to use public transportation systems
- Application for benefits
- Application for prescription benefits from a drug company program until Medicaid can be obtained
- Monitoring for medication compliance, and
- Help the client to make and keep scheduled appointments with medical doctors.

The majority of services needed to facilitate the recovery process for these individuals exist within our Community Support Program. The Community Support Program (CSP) serves adults with severe and persistent mental illnesses. Programs under the umbrella of CSP include a residential program, targeted case management services to assist persons with accessing entitlements and community services, Rainbow House, the HUB and traditional outpatient services. In addition to the noted services, CSP is the home for the Program for Assertive Community Treatment (PACT). Clients will be referred to this team at the point they are ready for even less restrictive programming than the ATU.

This is not an inexpensive model of care. We can expect average daily cost per client to be in the \$500-\$600 range. We would need start-up costs for either acquiring a facility or to build one. On an on-going basis, we will need additional financial support; this could be accomplished with a bed stipend. We can expect that many of the individuals we will serve will have no means to pay for services.

ATU Budget

	Annual Budget
PAYROLL & BENEFITS	\$1,813,644.73
RECRUITMENT	
INDIGENT MEDS	\$2,940.76
CONTRACTED MEDICAL	\$21,500.00
CLIENT CONTRACT PROFESSIONAL	
CLIENT TRANSPORTATION	\$20,349.20
HOUSEHOLD	\$4,878.44
CLIENT FOOD	\$18,244.69
PERS NEEDS	
CURRICULUM	\$169.20
MED SUPPLIES	\$3,010.72
REC & CRAFTS	\$2,400.00
CLIENT INJECTIBLES	\$129.04
UTIL (GAS)	\$2,813.32
UTIL (WATER)	\$2,418.00
UTIL (ELEC)	\$11,546.68
TRASH	\$262.60
TELEPHONE	\$8,682.56
LEASE & UTIL	
EQUIP LEASE	\$4,762.24
BLDG MAINTENANCE	\$93,180.80
PROPERTY INSURANCE	\$1,737.03
BUILDINGS	
GROUNDS MAINTENANCE	
STAFF RECOGNITION/INCENTIVES	
CONFER/TRVL/MTGS	
IT/COMPUTERS/SOFTWARE	\$5,000
AUTO INSURANCE	\$1,590.48
CONFERENCE/TRVL/MTGS	
PROF LIABILITY INS	
OFFICE SUPPLIES	
POSTAGE	
PRINTING	
LODGING	
TAX & LICENSES	
AUTO EXPENSE	\$485.52
PUBLICATIONS	
DUES & FEES	
BOARD EXPENSE	
DONATIONS	
PAGER EXPENSE	\$800.00
MOVING EXPENSE	
BANK SERVICE CHRG	
FURNISHINGS< \$2k	\$1,200.00
STAFF DEVELOPMENT	
ADVERTISING/MKTG	
MARKETING/PUBLIC RELATION	\$5,000.00
CONTRACT PROFESSIONAL	
PROGRAM DEVELOPMENT	
PROMOTIONAL ITEMS	
LEGAL	
AUDIT	
DEPRECIATION EXPENSE	
MISC EXPENSE	
	\$2,021,746.01

16 beds filled.	\$345
12 beds	\$460
Average Census 11	\$503