



Newsletter

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How to Save Money in Tough Times

As the States face difficult economic times, we in Behavioral Health need to take a look at how to make the most of limited resources. At the Mental Health Center of Denver, we have used the Recovery Needs Level instrument to assist consumers in moving from Assertive Community Treatment to Intensive Case Management, then on to Intensive Outpatient, Traditional Outpatient, and Psychiatry only. By implementing this system we were able to provide services to an additional four hundred new consumers each year. Without the ability to graduate people to less intensive services as they recover, we would have needed an additional **five million dollars annually** to serve the same number. In addition to the use of this instrument, we have developed a detailed manual for other centers to use to implement this process. It includes how to establish a consumer training team to educate others, detailed definitions to complete the instrument, training on how to terminate with consumers, and how to develop workable transition plans. Our experience at MHCD is that this process promotes recovery for our consumers and also enables us to make the most of limited resources.

Knowledge Network Summit

MHCD was trilled to be invited to the first Knowledge Network Summit hosted by Centerstone Research Institute in Nashville, Tennessee. On September 23rd, Centerstone will bring together leaders from universities, community behavioral health centers, and the federal and private sector to create a strategic plan that addresses the gap between research and practice in behavioral health care. By encouraging cross-disciplinary dialogue between key mental health centers, academic researchers, behavioral health advocates, industry leaders, and policymakers, Centerstone hopes to stimulate collaboration, encourage academic research in applied settings, and impact federal funding and policy priorities.



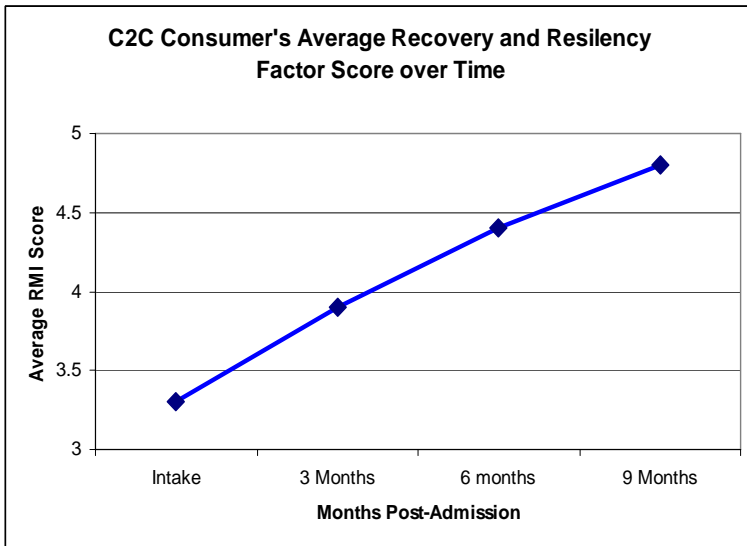
Using the Recovery Markers to show results...

Denver's Court to Community Program saves the city \$3.50 for every dollar spent for treatment.

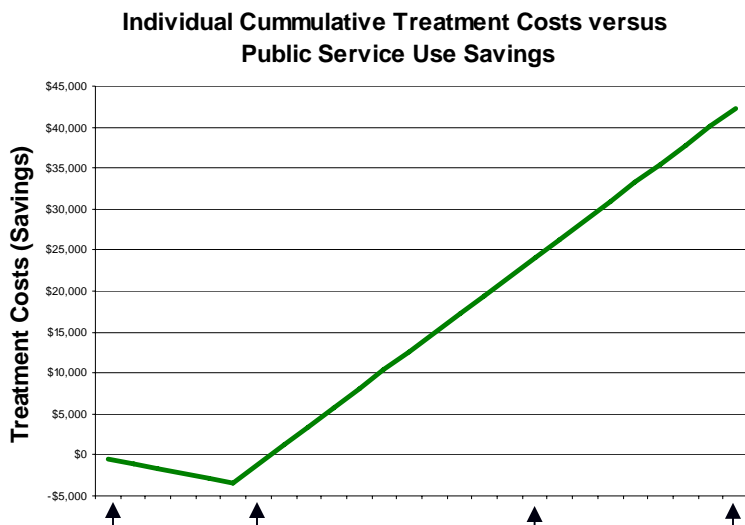
The Court to Community Program (C2C) is designed to put select nonviolent, mentally ill offenders into treatment instead of jail. The program is a three year pilot project to help mentally ill offenders connect with a range of community resources through the Assertive Community Treatment (ACT) model. The program is limited to people charged with city ordinance violations, such as trespassing or public urination, and excludes people with misdemeanors or felonies. Many of the participants are familiar figures at the county jail and

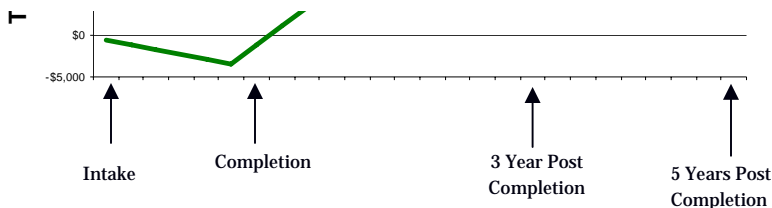
Community Treatment (ACT) model. The program is limited to people charged with city ordinance violations, such as trespassing or public urination, and excludes people with misdemeanors or felonies. Many of the participants are familiar figures at the county jail and local hospitals. The program is a joint effort between the Mental Health Center of Denver, Colorado Coalition for the Homeless, and the Denver Court system and provides housing, mental health care, and close court monitoring. Because MHCD utilizes the Recovery Needs Level instrument, we are able to graduate participants to less intensive mental health services after an average of 18 months in ACT level services. Thus far, there have been 80 people admitted to the program with 15 graduates.

Viewing these participants' Recovery Markers Inventory scores shows us that the participants' recovery factors rapidly increases over the first 9 months. The Recovery Markers Inventory is completed by the case manager and tracks people's progress in a number of areas which correlate with recovery. The increase in the recovery score for these individuals is attributed to improvement in housing, employment, and engagement in services.



While this program is not inexpensive, the financial rewards for Denver in the long-term are huge. The program costs approximately \$17,800 for 18 months of ACT treatment and other C2C services per consumer. At the program completion, the ratio of public savings to treatment costs was 0.93 cents saved for each \$1 in treatment costs, per consumer. This savings is based on the expense of jail time, emergency room visits, hospitalizations, etc. At 3 years post-completion this becomes \$2.50 saved per treatment dollar spent; and at 5 years post completion this becomes \$3.50 saved for each dollar spent. Below is a chart that illustrates the cumulative savings for an individual consumer.





How do you know your mental health center is providing a recovery focused environment?

In these tough economic times, mental health centers experience increasing pressure for accountability. One goal of MHCD is to ensure that all staff believe in recovery and provide services which promote it. MHCD developed the **Promoting Recovery in Organizations (PRO)** survey to ensure that we are reaching this goal. We use the results of this survey to improve services and to be accountable to all stakeholders.

We know that recovery is a self-directed process and that there are numerous factors which can influence a person's recovery. As a mental health center, we have little control over what helps or hinders recovery in the community. We are able to influence factors which promote recovery within the mental health center, (DeRoche & Olmos, 2009). The PRO survey captures a mental health center's recovery environment by measuring the center's staff's characteristics which promote recovery.



The PRO survey questions consumers of how well the various types of staff support their recovery. For example, the survey asks how well a consumer's nursing staff, case manager, vocational staff, residential staff, etc. do at promoting their recovery. The survey is done annually and asks questions for each type of staff a consumer has dealt with in the last 6 months. The question is whether different types of staff promote recovery in different manners. The PRO survey is designed to be short and direct. It asks only the important questions needed to measure a centers recovery environment.

MHCD has taken the results of the pilot of the PRO and related it to the Consumer Recovery Measure (CRM) instrument. The CRM is the consumer's perception of their recovery and is captured every three months at MHCD. The question posed was how consumer rating of staff promotion of recovery would impact the consumer's perception of recovery. The outcome was that these two measures do positively correlate. For example, as recovery-oriented skills of nursing staff increases by 1/3 of a standard point on the PRO, consumer's recovery increases one standard point on the CRM. This is just one example of how improvement in staff support of recovery results in increased recovery as reported by the consumers. It also supports the importance of examining the recovery process within the context of multiple perspectives.

Such results are used to improve practice throughout the organization and to identify areas of strengths and those needing improvement. The combination of these two instruments enables us to report to stakeholders the consumer's perception of their recovery as well as their perception of how staff promote their recovery. The results enable us to have the critical information we need to become a recovery focused center.

To learn more about the PRO survey, you can view a detailed power point presentation by clicking on this link (http://www.outcomesmhcd.com/presentations/PRORecoveryConference_09.pps) or you can e-mail us directly .

Thank you for taking interest in the Reaching Recovery Initiative. The instruments described above are measurement tools that have greatly assisted MHCD in becoming a recovery focused center. If you are interested in learning how your center can use such instruments to aid in your center's recovery transformation process, please contact us for additional information.

Sincerely,



Roy D. Starks

Director of Rehabilitation and Reaching Recovery, Mental Health Center of Denver

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