

Colorado's Transformational Activity: Alternatives Program

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Alternatives to Hospitalization

Colorado's System Transformation: developing
Alternatives to Hospitalization Programs
(intensive, community-based services for
individuals with acute and serious mental illness)

- Goals set forth in the President's
Freedom Commission on Mental Health (2003)

History

In 2001, Colorado faced with mounting budgetary pressure

- Legislative recommendation to examine impact of reducing State Mental Health Institute beds
 - Evidence that Institute population was similar to consumers who were being successfully treated/managed in the community
 - Sufficient Institute Alternatives were not currently available to make transitions to the community possible

Bartsch, D. A. & Wackwitz, J. H. (1998). *An open case evaluation of state institute and high risk community consumers. The potential for bed and resource reallocation: Executive Report and Technical Report.* Colorado Mental Health Services, Decision Support Services.

- DMH examined impact of expanding Alternatives to Hospitalization Programs (preventing, diverting and shortening expensive hospitalization)
 - Cost Effective
 - Provider and Consumer supported
 - Recovery-focused model

When Thoughtful Planning Collides with Balancing the Budget...

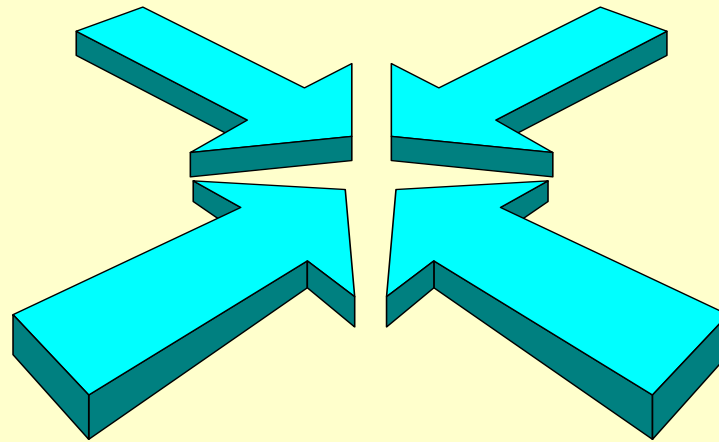
	Beds FY 01-02	Beds FY 02-03
CMHIFL Child Beds	16	16
CMHIFL Adolescent Beds	22	18
CMHIP Adolescent Beds	30	16
Total Child/Adolescent Beds	68	50
CMHIFL Adult Beds	121	94
CMHIP Adult Beds	96	64
Total Adult Beds	217	158
CMHIFL Older Adult Beds	25	25
CMHIP Older Adult Beds	60	60
Total Older Adult Beds	85	85

Total Change = -77

Putting the Pieces Together

**Data Driven at
Local and State
Levels**

**Consumer and
Family Driven**



**Community-
Based**

**Evidence-
Based Practice**

Alternatives Programs

- Goals:
 - Avert hospitalization of adults by providing intensive community based services and supports
 - Increase community capacity to service adults through collaborative efforts
 - Promote the ability of communities to address the strengths and needs of adults through necessary services and supports
 - Extend services and supports to culturally diverse consumers in a manner that increases accessibility of services and supports

Alternative Programs: Key Components

- **Acute Treatment Unit/ 24 hr Recovery Beds**
 - **Crisis stabilization/Acute care management**
 - **Step-down unit**
 - **Community integration**
 - **Family involvement**
- **Aftercare Programming**
- **Intensive Case Management**
- **Medication Management**
- **Residential Facilities/Respite Care**
- **Wrap-Around Services**

Alternatives Programs: Examples & Outcomes (2nd Quarter, 2007)

- Fitzsimmons Treatment Center (Aurora) -- 350 hospital days averted; cost savings \$109,000
- MHCD (Denver) -- 34 clients received high intensity services; 55 consumers in residential care
- JCMH (Lakewood) -- averted 53 hospitalizations; cost savings \$152,000
- MHCB (Boulder) -- 68 clients served thru Warner House (ATU); created a 7 bed transitional housing program for young adults