All Roads Lead to Community-Based Care

by Monica E. Oss, Editor-in-Chief

"We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports—essentials for living, working, learning, and participating fully in the community."

—Achieving the Promise: Transforming Mental Health Care in America, President's New Freedom Commission on Mental Health, 2003

It appears that all the roads in mental health treatment lead to a "recovery oriented" model, and that the recovery model leads to an ever-increasing use of community-based care. *Recovery*, says the President's New Freedom Commission on Mental Health, "refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery." Some of the key aspects of the recovery model are that the consumer shifts from being a patient to partner, the professional is a consultant in a collaborative process with the consumer, and the focus is on services that support monitoring, self-management, and goal achievement.

The current emphasis on recovery is supported by new evidence-based practices (EBPs) that herald a fundamental change in the focus of clinical service. The focus of the new EBPs is on those elements of the service delivery system that make recovery work for consumers. As an example, SAMHSA's Center for Mental Health Services and the Robert Wood Johnson Foundation released resource kits to promote the understanding and use of six EBPs in the mental health field: illness management, medication management, assertive community treatment, family psychoeducation, supported employment, and integrated dual diagnosis treatment. The second phase of the initiative will include a multistate demonstration project using the resource kits. For professionals and provider organizations, this approach entails a new role for consumers, new clinical practice processes, and a shift away from inpatient and residential services to community-based care.

Why the shift to a focus on recovery? The trend is driven by several factors: new pharmaceuticals with fewer side effects; more information system functionality at less expense for community-based services; growing U.S. consumerism in general and in the mental health field in particular; payer pressure to reduce the cost of mental health benefits; and public policies that are integrating funding for healthcare and social services.

The use of clinical practice guidelines and medication algorithms will increase as part of this trend. There will be greater demand for supportive employment, wraparound, and other ambulatory services, replacing, to some degree, the more traditional service array.

All this will change the financial underpinnings of treatment organizations in which inpatient and/or residential services are the "cash cow." The challenge for behavioral health provider organizations is to develop financially sustainable, recovery-oriented clinical programming models suitable for delivery in the community setting. This will require management to be able to demonstrate the ROI of treatment services and outcomes; to better understand budgetary margins and economies of scale; to exercise the "intrapreneurship" needed to continuously improve and create clinical programming; and to acquire and employ information systems that are appropriate for community-based service delivery and, most particularly, integrate clinical, financial, and consumer information to support new management decision-making functions in a recovery-oriented world. **BHM**

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