

# *Enhanced Care Services Overview*

March 2006

## **History**

In 1985, a survey was conducted to identify barriers to placement for the hard-to-place patients in the Geropsychiatric Treatment Service, Oregon State Hospital (OSH). The barriers that were identified included self-endangering behaviors, physical aggression, intrusiveness, intractable psychiatric symptoms, problematic medication needs, sexually inappropriate behaviors, and elopement behaviors. The Enhanced Care concept was designed to support the hard-to-place persons who demonstrated these behaviors so that they could reside in Senior and People with Disabilities (SPD) facilities.

The first Enhanced Care Services (ECS) program was opened in Yamhill County in 1987 and served 8 residents. Twenty additional beds were added in programs at Washington and Hood River Counties in the 1987-'89 biennium. Programs in Union, Multnomah, Lane, Polk, Coos and Jackson Counties were developed in the 1989-'91 and 1991-'93 biennia with funds from the closure of two state hospital wards.

In 2002, some Enhanced Care Services teams began offering comprehensive mental health services to a limited number ECS-eligible individuals living in SPD-licensed facilities within the community. This program, called Enhanced Care Outreach Services (ECOS), provides support for individuals so they can successfully live in community facilities such as foster homes, residential care facilities, assisted living facilities or nursing homes outside of a structured ECS unit. A shift in funding mechanisms allowed an expansion of the ECOS program in the 2003-'05 biennium.

In 2003, consistent with the U.S. Supreme Court's 1999 Olmstead Decision, the legislature appropriated funds to develop community-based services and supports for people ready to move to the community from the State Hospital. Legislatively appropriated funds were used to develop a 16-bed Enhanced Care Services unit in Marion County. This program, opened in June, 2005, serves individuals with severe behavior problems related to dementia.

Currently the ECS system serves 200 eligible individuals around the state. Approximately 63 individuals are served in ECS units in nursing facilities. There are 64 beds in four residential care facilities (RCF) in Jackson, Lane, Multnomah and Yamhill counties. Enhanced Care Outreach Services are provided to 73 individuals living in adult foster homes, residential care facilities and assisted living facilities in 12 Oregon counties.

## **ECS program goals**

- ◆ To maintain stability of residents with a goal of no long-term psychiatric hospitalizations
- ◆ To maintain or improve residents' current level of functioning and mental status
- ◆ To reduce psychiatric symptoms and to relieve psychological suffering
- ◆ Psychosocial rehabilitation with the aim of teaching skills and coping strategies to enable residents to live with greater autonomy in less restrictive settings.

## **Partnership model/Funding mechanism**

The ECS programs were developed through a partnership between Seniors and People with Disabilities, Mental Health, and SPD-licensed facility providers.

Funding for the ECS system is provided through state-matched federal funds for mental health, residential and/or nursing services. SPD-licensed providers are paid through Seniors and People with Disabilities for the 24-hour care of the resident. Community mental health programs provide direct mental health services such as coordination of admissions and discharges, treatment planning, assessment, medication monitoring, skills training, daily structure and support, and crisis and behavior management. Admissions, nursing care, personal care and mental health services are delivered and coordinated through intensive multi-disciplinary team activities.

## **Services**

Enhanced Care Services program includes the following:

- ◆ Nursing facility, residential or foster care services.
- ◆ Continuum of care settings, from intensive mental health treatment in 16-bed facilities to outreach mental health services in foster homes or other settings.
- ◆ Bachelors-prepared mental health staff to provide on and offsite day treatment, skills training and behavioral management;
- ◆ Masters-prepared mental health specialists who coordinate the mental health services with relevant health providers and design treatment plans based on ongoing client assessment and;
- ◆ Psychiatrist or nurse practitioner to provide weekly assessments and medication management.