



April 20, 2017

Background: In a Corrective Action Plan dated March 25, 2017, The Oregon Health Authority stated: “If there has not been progress toward a reduction of 10% in the average length of stay for members in secure residential treatment, KEPRO will identify a plan to work toward or accomplish an appropriate reduction in average length of stay. This references the incentives listed in the contract.”

- KEPRO has reduced the average length of stay (ALOS) in Secure Residential Treatment Facilities (SRTFs) by 10% since the initiation of the current contract. This document addresses our plans to improve the vacancy rate in state licensed mental health. There have been no scientifically based studies of factors that affect length of stay in residential facilities.
- Opinion papers posit that three factors may play a role: (1) fewer residents in a facility, (2) gender and (3) ethnicity.
- The State of Oregon currently has approximately 1,638 licensed beds; 310 beds in SRTFs, 254 beds in RTHs, 473 beds in RTFs and 601 beds in AFHs.
- Given the lack of scientific evidence, KEPRO will be approaching the length of stay problem in the following ways:

<p>Staffing: We have dedicated two LCSWs for full time work in TEM. One of these will focus solely on SRTFs. The other will focus on community licensed beds. This will dedicate 80 man-hours a week to TEM.</p>	<p>TEM Capacity: We conservatively estimate that an episode of TEM will take approximately two hours. At that rate, four TEMs for SRTF members and four TEMs for community members can be completed daily. At this rate, the majority of SRTF TEMs will be done within 15 weeks. At this rate, achieving a reduction of >10% should be well within reach. Additionally, we have already identified 120 individuals to target based on data collected (7.3% of licensed beds).</p>
<p>Prioritizing: KEPRO has identified target populations for priority review. In addition to the 120 questionable placements noted above, they are: (1) improper diagnoses, (2) LOCUS analysis and InterQual guidelines, (3) Length of stay reviews, (4) Eligibility assessments and, (5) Hospital and ED utilization patterns (through PreManage). TEM evaluations will commence based on priority status. Most will be conducted via record review but more challenging cases will require face to face visits for evaluation.</p>	<p>Accountability: KEPRO will provide the Oregon Health Authority with progress reports regularly. We are confident that this approach will get the ALOS in SRTFs reduced by greater than 10% in a timely fashion.</p>