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Federal Coordinating Council for Comparative Effective Research
U. S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Recommendation for Comparative Effectiveness Research Priorities

Dear Council members:

On behalf of the California Association of Social Rehabilitation Agencies (CASRA), we wish to express our support and enthusiasm for the Comparative Effectiveness Research initiative. As a chapter of the United States Psychiatric Rehabilitation Association (USPRA), our member organizations have provided an array of community-based, rehabilitation and recovery-oriented services to persons experiencing significant behavioral health symptoms. In conjunction with USPRA, we have long advocated for the need to fund services related research so that Americans seeking healthcare have access to the best data supporting the best practices. Toward that end, our field has contributed significantly to the knowledge and dissemination of several SAMHSA evidence-based practices: Supported Employment, Assertive Community Treatment, Illness Management and Co-occurring Disorders.

It is our observation that now is the time to direct our focus to an area that could promote significant personal and financial savings: alternatives to hospital-based acute care.

Acute psychiatric hospitalization is the most expensive service provided by mental health delivery systems. During 2006 in the United States, over $16 billion was spent on psychiatric hospitalization for the treatment of schizophrenia, mood disorders, suicide and intentional self-inflicted injuries [1). While national cost data are not available for voluntary hospitalizations, in San Diego County California, these accounted for 53.6% of total psychiatric hospitalizations during fiscal year 06-07. Applying this proportion to national data yields an estimated cost per year for voluntary hospitalizations of over $8 billion.

California has led the nation in the development of crisis residential treatment programs. Crisis Residential Programs (CRPs) provide an alternative to acute psychiatric hospital services for adults who

otherwise would require hospitalization. They are more than simply cheaper, miniature hospitals. They are community-based programs that provide an acute or sub-acute level of care with a recovery-oriented approach consistent with the principles of psychosocial rehabilitation (Bachrach, 1992).

Depending on the area of the country, the all-inclusive daily rates for CRPs range from 25% to 75% less than the local hospital daily rate. The implication for cost savings to government and private healthcare systems is enormous.

Given the huge amount of governmental and private healthcare resources/dollars that are spent on psychiatric hospitalization and taking into account the initial data which demonstrate that crisis residential treatment programs can significantly reduce acute care costs, it is our industry's recommendation that the Federal Coordinating Council establish, as a priority, the study of the effectiveness of CRPs.

Attached for your information is a bibliography of studies to date which demonstrate the promise of this approach.

Sincerely yours,

Betty Dahlquist

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