Telecare Corporation

A GUIDE TO OUR SERVICES

Our Background

Telecare Corporation is one of the nation's largest providers of services and supports to individuals with serious mental illness (SMI).

Telecare specializes in serving individuals with complex needs, including co-occurring issues, including: substance abuse issues, chronic health conditions, criminal justice system involvement, homelessness, intellectual disabilities, and complications associated with aging.

Based in Alameda, California, Telecare is an employee and family-owned organization with more than 80 programs and 2,600 employees in: California, Nebraska, North Carolina, Oregon, Pennsylvania, Texas, Washington.

Telecare was founded in 1965 by three individuals who were committed to the rehabilitation of people with serious mental illness: Art Gladman, a psychiatrist; Lida Hahn, a psychiatric nurse; and Morton Bakar, a businessman.

Telecare's licensed staff includes psychiatrists, social workers (MSW), and nurses (RN/LVN).

In 2012-2013, Telecare provided more than $100,000 in scholarship and education funds to staff, with more than 77 employees promoted internally.

Our Clients

Telecare's clients are typically adults (18-55), older adults (65+) and younger individuals (12-17) with complex mental illness.

In 2012-2013, Telecare served more than 29,000 individuals.

Telecare programs primarily serve adults with serious mental illness, but many programs are also tailored to serve a variety of specialized patient populations with mental illness, including:

- Persons with co-occurring substance abuse issues.
- Youth at risk aged 16-25 at risk of psychosis.
- Aging and older persons who require enhanced coordination of mental and physical healthcare.
- Criminal justice system clients, including parolees requiring mental health supervision, individuals convicted of crimes based on an insanity defense, or others with a "history" in the criminal justice system.
- Persons experiencing homelessness helping them to obtain and maintain housing.
- Individuals with intellectual disabilities who benefit from care provided in residential programs rather than institutional settings.

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Our Customers

Public mental health systems responsible for individuals who are often major users of public resources, including medical emergency rooms, psychiatric emergency services, or those who may be in the criminal justice system, but could be better served by mental health programs instead.

Commercial healthcare organizations, including health maintenance organizations (HMOs) and behavioral health organizations (BMOs) to expand or enhance psychiatric service offerings to their covered members.

General hospital systems and medical centers to expand or enhance psychiatric service offerings to their local communities.

County and state forensic systems to meet the needs the people with serious mental illness who are currently incarcerated, as well as those returning to their communities.

Developmental disabilities organizations (e.g. Regional Centers in California) to meet the needs of people who are diagnosed with an Axis I mental illness and co-occurring developmental disability, such as cerebral palsy, mental retardation, epilepsy, autism or other related conditions.

Services Provided

Telecare services are based on its **Recovery-Centered Clinical System** (RCCS), a comprehensive approach that strives to create an environment that supports recovery. It concentrates on complementary areas of **culture** and **conversations**.

- **Community-Based Support Programs**: Assertive Community Treatment (ACT); Full Service Partnerships (FSP) in California; Case Management/Care Coordination. Prevention/Early Intervention

- **Inpatient Acute Care**: Free-standing psychiatric facilities, contract management of psychiatric services in acute medical/surgical facilities.

- **Crisis**: Walk-In/Urgent Care, Crisis Stabilization (23 hour), Crisis Residential (up to 30 days).

- **Longer-term Recovery Programs**: Secure Residential, Medically-Oriented Secure Residential.

- **Residential**: Transitional Residential Treatment, Longer-Term Residential

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Our Practices

Telecare evaluates and adopts many best practice approaches to supporting individuals with mental illness. Some of the approaches used by Telecare professionals, include:

- **Common Ground**, developed by Pat Deegan, is a web-based application that helps people prepare to meet with psychiatrists and arrive at the best decisions for treatment and recovery.[1]

- **Stages of Change**, adapted from a model based on smokers who overcame their addictions, is the idea that behavior change does not happen in one step, but through different stages that occur at each individuals own rate.[2]

- **Motivational Interviewing** is an approach to change focusing on a person's own values and beliefs, rather than coercive or externally-driven methods that "impose" change that may be inconsistent with someone's own wishes.[3]

- **Dialectic Behavioral Therapy** (DBT) is an approach to working with individuals with borderline personality disorder.[4]

- **LEAP** (Listen, Empathize, Agree, Partner) is an approach to transforming relationships through communication that lowers tension, anger and defensiveness and leads to understanding, empathy and respect for the other's point of view.[5]

- **The Sanctuary Model**[6] is an approach for creating a more trauma informed organizational culture and care environment to support recovery. This approach has been used in a variety of ways, including helping eliminate the use of seclusion and restraint. (See AR 2012-13)

[1] Deegan, P. (n.d.) *About Common Ground* [Online Video]. Pat Deegan PhD and Associates. Retrieved from https://www.patdeegan.com/commonground
[2] Scott, C. J. (n.d.). *Stages of Change Theory*. Retrieved from http://www.addictioninfo.org/articles/11/1/Stages-of-Change-Model/Page1.html
[3] An Overview of Motivational Interviewing (n.d.). Retrieved from http://www.motivationalinterview.org/Documents/1%20A%20MI%20Definition%20Principles%20&%20Approach%20V4%20012911.pdf
[4] The Linehan Institute (n.d.). *DBT: Effective and Evidence-Based*. Retrieved from http://www.linehaninstitute.org/research.php
[5] The LEAP Institute (n.d.). *About LEAP Programs*. Retrieved from http://www.leapinstitute.org/about-us/leap-programs/
[6] The Sanctuary Model. Retrieved from http://www.sanctuaryweb.com/sanctuary-model.php

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Accreditation and Recognition

- The **Commission on Accreditation of Rehabilitation Facilities** (CARF) accredits Telecare programs over which it has jurisdiction and recently noted Telecare's "service excellence and commitment to improving the lives of the people served."

- **In each of the states** where it operates, Telecare is licensed by agencies that regulate health care services or facilities. Typically, state agencies review and license Telecare programs on an annual basis to assure compliance with regulations that might pertain to: building safety and accessibility, professional licensure, staffing ratios, workplace safety, anti-discrimination laws, etc.

- The California Endowment, the California Wellness Foundation and the California Healthcare Foundation have recognized Telecare as a **mental health care innovator.**

- Telecare has been recognized by the San Francisco Business Times as one of the "**100 Largest Private Companies in the Bay Area**."

- Telecare Corporation has been consistently selected as one of the "**100 Best Places to Work in the Greater Bay Area**" by the San Francisco Business Times and the Silicon Valley/San Jose Business Journal.

- Telecare's San Bernardino Forensic ACT program received an Achievement Award from the **National Association of Counties**.

- Telecare received the San Diego Mental Health Director's 2012 **Program of the Year Award**.

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Quality of Care Outcomes

Telecare's focus on developing high quality, more effective and efficient programs in support of recovery for thousands of individuals also leads to lowering the substantial cost of healthcare for its customers. Better programs and resource use lead to fewer hospitalizations, emergency room visits, incarcerations, and other high cost services. Some of our outcomes, include:

- In the past 15 years Telecare has reduced seclusions by 92 percent, restraints by 87 percent, and assaults by 53 percent.

- A select group of California Full Service Partnerships has shown annualized reductions of 60 percent in hospital days, 77 percent in incarceration days, 78 percent in homeless days, and 53 percent in emergency interventions.

- The Transition TRAC program in Stanislaus County (CA) is reducing hospitalizations for the county's highest utilizers by 47 percent.

- In San Bernardino County, the Forensic Assertive Community Treatment (FACT) program helps members maintain their independence in the community using a "whatever it takes" approach. Only 14 of 79 (18 percent) past and present FACT members had returned to jail or prison, and only three were held in jail for periods of time requiring dis-enrollment.

- The Crisis Assessment and Treatment Center program in Portland showed 94 percent of those served more than two years were discharged to lower levels of care.

- Telecare's Kaiser Permanente program for intensive community support consistently demonstrates 60 percent decreases in psychiatric hospitalization rates, as well as extremely high client satisfaction and "quality of life" measures.

- Telecare's "business intelligence" efforts include a broad array of applications and technologies that help us merge service utilization data, outcome data, level of care assessments, and other information to track outcomes, identify trends, and develop systems of care that best meet consumers' needs.