TELECARE

50

YEARS

1965-2015
RESPECT
RECOVERY
RESULTS

Telecare: *A Story of Hope*

In 2015, Telecare celebrates its present and future through the lens of a half-century of service to public and private customers, clients, and their families, as well as to its communities.

From a single 96-bed hospital in Oakland, California, Telecare has grown to 85 programs in eight states* serving nearly 34,000 clients a year. Telecare's past is the foundation on which its future is being built. We celebrate the creative and dynamic values of our founders that inspire our efforts today and will enable us to thrive for decades to come.

At the heart of the Telecare story is the commitment of more than 3,000 employees to making a positive difference in the lives of people with serious mental illness. Our clients thrive because of the creativity and energy of staff who believe that individuals with mental illness can have their hopes renewed and dreams fulfilled.

"Telecare was founded on the belief that rehabilitation and recovery from serious mental illness are possible and that people can realize their full potential — and recover their hopes, dreams, and life roles," says Anne Bakar, President and CEO.

Over the past 50 years, during times of historic changes in psychiatric treatment, the people of Telecare have made that founding belief a reality. They have done this by creating and maintaining a culture that promotes partnership and trust, and that adapts to an ever-changing healthcare landscape. Day in and day out, the culture creates respectful and accountable relationships between the company and its customers, between leadership and employees, and between clients and staff.

Mental patients may be moved
Budget cuts forcing shift from Napa State Hospital

By Judy Ronningen
Tribune staff writer

Alameda County may move 70 chronic mentally ill patients from Napa State Hospital to a county-run hospital in East Oakland, where officials say they can offer the same treatment for less money.

It is the first sign that Alameda County is flexing its new

County officials say that in the long run, sales tax revenues will recover. In the meantime, they will have authority to streamline services or see if new approaches to health care or juvenile programs have more bang for the buck.

Ideas raised at a special budget meeting yesterday include:
■ The county has already ap-

■ The state pays for another 60 Alameda County mentally ill to live in lower-security nursing homes throughout Northern California. Alameda County would contract with TeleCare, a private pyschiatric company, to care for them at Garfield Hospital, 1441 28th Ave., Oakland.

Kears said patients would be closer to their families and jobs

*California, Washington, Oregon, Nebraska, North Carolina, Arizona, Pennsylvania, and Texas

A Philosophy of Respect, Recovery & Results

Telecare's founders — Mort Bakar, a businessman; Art Gladman, a psychiatrist; and Lida Hahn, a psychiatric nurse — believed in treating clients with respect and delivering services in as much of a non-institutional setting as possible.

Many people with serious mental illnesses at that time were placed in large state institutions, often far from their homes and families. Even people with short-term acute problems lacked an appropriate caring environment. The medications that were used to ease symptoms had significant side effects.

Telecare's founders built a hospital, designed by a student of Frank Lloyd Wright, that had a welcoming and comfortable environment. They got rid of uniforms and formality. Clients and physicians worked together to create a treatment philosophy that respected patient input and encouraged clients to participate in the community and not be isolated. Gladman Memorial Hospital was the area's first freestanding acute psychiatric hospital and the first alternative to the large state institution available to residents of the San Francisco Bay Area.

A Tradition of Responding to Customers' Needs

Beginning in the 1970s, legal and treatment philosophy changed to allow individuals with mental illness greater rights and freedoms, and emphasized more locally-based treatment. This deinstitutionalization resulted in the closing of many state-run psychiatric hospitals. In California, thousands of individuals with the most severe forms of mental illness became the responsibility of counties that were not prepared to provide needed services. The result was a spiral of acute hospital admissions and readmissions, and of people with mental illness landing in jails and public shelters.

In the late 1970s and early 1980s, Telecare began partnering with Alameda County to address this problem. As a private company, Telecare was adaptable, had ready access to capital, and could act quickly. The partnership's goal was to develop local capacity for high-risk, high-cost, severely disabled individuals that would both save the county money and provide appropriate local treatment for deinstitutionalized clients.

"There was no way the county, using only county staff, could figure out how to come up with the necessary resources as quickly as we needed them," says David Kears, former Director of the Alameda County Health Care Services Agency. "We really needed private help."

David Heffron, Vice President of Operations for Southern California, who joined Telecare in 1981, says, "I remember Mort really encouraging us to create something different and new for the Alameda County customer." The result was creation of two inpatient subacute facilities where clients could be more properly treated closer to home.

Says David Heffron, "All these years later, our culture still permits us to use our creativity and skills and take measured risks." Telecare's focus on responding to customers' needs, delivering excellent care, and decreasing costs, continues to this day.

Celebrating the opening of Santa Cruz County PHF and CSU

Mental Heal
weeklyweeklyweeklyweekly**weekly**

Vol. 14, No. 29

Essential information for decisi

REPRINT

Monday

Oregon intermediate care recovery center cost-effective, patient-centered

Center brings recovery focus to locked setting

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New Clinics in California Seek to Stop Schizophrenia Before it Starts

Amy Standen, KQED Science | July 28, 2014 | 3 Comments

vcstar.com
VENTURA COUNTY STAR

Early intervention program for mental illness gathers steam in Ventura County
Effort assists, identifies those with symptoms

By Kim Lamb Gregory
Saturday, April 16, 2011

Anthony Marron, 23, said it's hard to describe the psychotic break he had four years ago.

A New Leader & A Commitment to Family & Employee Ownership

In 1987, following the untimely death of patriarch Mort Bakar, his daughter, Anne Bakar, 29, assumed leadership of the company. Anne brought an entrepreneurial track record from the financial sector to Telecare, along with an instinctive appreciation for Telecare's purpose, and a passion for learning and growth. By recruiting some of the best and brightest people with experience in business and clinical management to her leadership team, and focusing on the development of a mission-centered culture, she advanced Telecare to a new level.

Joan Meisel, Ph.D., a veteran healthcare strategic policy and marketing analyst and a Telecare board member says, "One of Anne's most remarkable traits is that she's totally unthreatened by having smart, capable people around her. That's allowed her to hire very strong, talented people, who themselves have carried on that tradition of hiring highly effective people."

In addition to recovery and results as core company values, Anne believes in the value of collaboration, and introduced an Employee Stock Ownership Plan (ESOP), enabling those who serve our clients and customers to have a stake in the company. Employees now own 40% of Telecare's stock, which has increased in value 525% since 1997.

"I think being an ESOP company really brings value. It aligns the vision and mission of the organization with the employees' actions, and as a result, we all benefit — on a staff and organizational level — from the stability and security that comes with growth," says Marcie Atchison, Senior Vice President of Human Resources.

A Successful Organization
& Public/Private Partnership Expands

With a family-employee ownership structure that was focused on recovery and responsiveness to changing customer needs, Telecare experienced dynamic change over the next two decades. It expanded its service spectrum, geography, breadth of public/private partnerships, and most significantly, its capacity to help individuals with increasingly specialized and complex needs.

Telecare opened the first Assertive Community Treatment (ACT) program in California in 1994, and soon expanded to more diverse community-based services including crisis, intensive case management, and residential programs. These community-based programs addressed the needs of individuals with severe mental illness, substance abuse, homelessness, developmental disabilities, and histories of incarceration.

Telecare also expanded the populations and variety of customers it served in the early 2000s, beyond California, to Oregon, Washington, Texas, and Nebraska, disseminating best and promising practices from one region to the next, while staying responsive to each customer's unique culture and system. With some new customers, like in Oregon and Nebraska, Telecare introduced an innovative and cost-effective 16-bed subacute alternative to the state hospital. In other states, like California with the passage of the Mental Health Services Act, Telecare was able to help expand the use of more evidenced-based early intervention services, intensive case management and crisis services to several new California counties. Telecare also began working more with hospital systems and health plans like Kaiser to serve the crisis and acute needs of adults and adolescents.

Telecare's success is predicated on a consistent formula and philosophy: to deliver excellent results for its public/private partners, and renewed hope and resilience for the thousands of individuals at the heart of its work.

Anne Bakar, President & CEO

A Commitment to Innovation & to Results
That Make a Difference

The sum of Telecare's half-century of learning and experience has been consolidated into the Recovery-Centered Clinical System (RCCS), a richly personal, holistic, innovative, and comprehensive approach to recovery that incorporates evidence-based best practices. "Traditionally, the provider's orientation dictated the services a client would receive," says Stephen Wilson, recently retired Chief Medical Officer and creator of the RCCS. "But with the RCCS, we start with the client and build services that make a real difference in lives. The improvement in clients is dramatic."

Telecare's programs are accredited by JCAHO and CARF International, whose surveyors recently praised Telecare for its many strengths, including freely sharing the RCCS with other organizations, and its commitment to continuous innovation. Telecare has consistently demonstrated its responsiveness to customer needs through performance contracts with measureable results.

Recent examples include:

In acute settings:

35% improvement in measures of hopefulness in sample acute settings upon completion of treatment

In ACT/FSP settings*:

30% reduction in hospital days
80% decrease in incarceration days
75% decrease in homeless days
*Averages for programs since opening

In subacute settings*:

95% reduction in seclusions
93% reduction in restraints
51% reduction in assaults
*Per 1000 bed days, from the past 15 years

> "Recovery is seeing myself differently." - Kallin W.

Telecare: What's in a name?

Mort Bakar and Art Gladman began making plans in 1963 to create a modern psychiatric hospital in Oakland. A couple of years later, while driving to a local gym, Art was considering what to name the hospital's operating company, and " Tender Loving Care" came to mind in the form of T.L.Care.

However, when we got our license from California's Commissioner of Corporations, our name was accidently misread, and the periods were mistaken for "e's." Because of this turn of events, our name became Telecare! In the early years, we only had one program, Gladman Memorial Hospital, and everyone knew us as Gladman. However, as we grew and added more programs, the Telecare Corporation name has stuck and generated tremendous goodwill because of the reputation we built. There is still quite a bit of internal discussion about the lessons of this story, and where the fun history of our name might lead us in the future!

50 Years of *Growth & Innovation*

Opening First Freestanding Psychiatric Hospital

1965 — Telecare is founded

1966 — Opened Gladman Memorial Hospital: first freestanding psychiatric hospital in Bay Area; provided acute level care

1970s — Partnered with Alameda County at Gladman in order to bring individuals out of state institutions and receive supports in a smaller setting, closer to home

Partnering to Create Subacute Alternatives

1980-81 — Opened two subacutes in Alameda County

1982 — Opened subacute in San Mateo County

1986 — Opened geropsychiatric services subacute services in LA County

1987 — Opened subacute services in LA County

1987 — Morton Bakar dies; Anne Bakar assumes leadership of Telecare

1990-92 — Opened subacute services in San Diego County

1991-92 — Redesigned Gladman into subacute facility

Collaborating to Deliver Community-Based Services

1994 — Opened first Assertive Community Treatment (ACT) and case management programs at Telecare in Alameda, San Diego Counties

1994-99 — Expanded ACT and case management programs in Solano, Stanislaus, Alameda, and LA Counties including dual diagnosis and older adult services

1996 — Opened first residential programs at Telecare in Santa Barbara and Ventura Counties

1998 — Opened first case management program with health plan, Kaiser, in San Diego

1999 — Created first community-based programs at Telecare targeted to homeless outreach

Meeting the Need for Acute and Crisis Care

1996-2001 — Opened short-term acute inpatient programs in Solano and Placer Counties, plus first in-jail acute program in Alameda County

2000-02 — Opened first mobile crisis program in Dallas, Texas, and urgent/crisis stabilization services in Alameda and LA Counties

Expanding to New Geographic Territories, Serving New Customers, Populations, and Systems

2000 — Entered Texas with ACT and crisis services

2002 — Entered Oregon with recovery-centered subacute services

2003 — Entered North Carolina with ACT services

2003 — Opened first subacute program with the California Regional Centers system, serving individuals with DD/SMI

2005 — Entered Nebraska with subacute services

2005 — Expanded work with health plan, Kaiser, to include acute inpatient services

2007 — Opened first acute adolescent program, serving county and health plan clients

2005 — Opened first prevention and early intervention program in Ventura County

2009 — Opened first community-based programs with California Department of Corrections in LA, San Diego, and San Bernardino areas

2010 — Entered Washington with acute services

2011 — Entered Pennsylvania with geropsychiatric inpatient acute services

2011-13 — Opened AB109 programs across California

2013 — Entered Santa Cruz County with acute and crisis services

2013-14 — Opened first coordinated care programs with health plans focusing on integrated care

2014 — Entered Riverside County with acute, crisis and ACT services; and Contra Costa County with crisis residential

2015 — Entered Arizona with ACT services

Innovating to Meet Continually Evolving Needs

2015+ — Telecare is actively working on new approaches for whole person care integrating mental health, physical health, and substance use services; deepening capabilities with peer-led services; creating better services for justice-involved individuals, and much more.

Visit www.telecarecorp.com to learn more about specific programs and services provided.

Recovery is coming out of the dark to live in the light. *Milton*

The Programs & Services Evolve, The Purpose Endures

"Our scope of programs, the number and type of customers, and the complexity of the clients served have evolved dramatically," says Anne Bakar. "We have grown from being the premier provider of acute freestanding psychiatric care in Northern California to revolutionizing institutional mental healthcare, to providing services and systems of care for individuals with serious mental illness and complex needs nationally. The purpose of helping individuals with mental illness recover their health, hopes, and dreams has been continuous."

From the beginning, Telecare has understood the necessity of adapting to a changing environment. The positive attitude toward recovery and partnership skills learned over the past 50 years will enable Telecare to thrive for decades to come, benefiting both those who receive care and those who provide it.

"At Telecare, I've seen more powerful, long-term gains and success stories than in any organization I've ever worked," says Shannan Taylor, Administrator of Telecare's Sacramento Outreach Adult Recovery program. "I've seen amazing transformations. Individuals who have gone from believing that they would never have a job, find a partner, raise a family, drive a car, or just live in the community without restrictions, are now working, driving, in healthy relationships, marrying, having families. Some are getting off drugs, which had been the only constant factor in their lives. With treatment, they have gone on to thrive, become a part of the community, share their story, and inspire others to begin the path toward recovery."

THIS is a Hospital

How far we've come from the snake pit

"Telecare was a home for me. Mr. Bakar believed in me. It was a place where I could thrive and truly make a difference."

Mary Mosely, Retired, 40 years, Villa Fairmont

"Going forward, I am very optimistic that the company will be much larger, and a brand in the United States that people will recognize more broadly as the quality standard for treating mental health."

Marshall Langfeld, Director and SVP Finance

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