
About Telecare

Telecare is a family- and employee-owned company that has been treating individuals with serious mental illness since 1965. We specialize in innovative, out-comes-driven services for high-risk individuals with complex needs. Our programs are recovery-focused, clinically effective and are designed in partnership with local, county, state and other behavioral health organizations. We currently provide services in California, Texas, Oregon and North Carolina, and have over 1,900 employees.

Telecare's Mission

Telecare's mission is to deliver and manage excellent services and systems of care for persons with serious mental illness.

Our Statement of Purpose

We exist to help people with mental impairments realize their full potential.

These programs are provided under a contract with the Los Angeles County Department of Mental Health (LAC DMH). Members are referred by LAC DMH, probation and parole, according to criteria set forth by LAC DMH.

7/16/03



Telecare Los Angeles Service Area 4

L.A. Assertive Community Treatment (ACT) 4

L.A. Homeless Outreach Program (HOP) 4

1111 West 6th Street, Suite 111

Los Angeles, CA 90017

ph: (213) 482-6400

fax: (213) 482-6408



Telecare Corporate Office
1100 Marina Village Parkway
Alameda, CA 94501

(510) 337-7950 / (510) 337-7969 (fax)
www.telecarecorp.com
communications@telecarecorp.com

Telecare Corporation

We exist to help people with serious mental illness realize their full potential

Telecare Los Angeles Service Area 4 is made up of two programs: an Assertive Community Treatment program (L.A. ACT 4) and a Homeless Outreach Program (L.A. HOP 4). Both support people with serious mental illness to recover their life roles and hope for a meaningful life.

Telecare's Area 4 programs use an Assertive Community Treatment approach. In addition to the providing the services listed below, these programs support members in developing choice-making skills that help them reduce harm and clinical risks, and increase their personal strengths. Both of these programs are voluntary.

Services include:

- Assertive Community Treatment
- Medical linkage and psychiatric services
- 24-hour crisis response
- Case management
- Advocacy
- Linkage
- Housing assistance
- Substance abuse intervention and counseling
- Vocational services
- Services provided in the field
- Assistance with entitlements
- Support and education of family and significant others
- Assistance in the development of peer relationships and connection to self-help groups

ACT/HOP Program Focus

Each program is built around a member-centered, recovery-focused approach. ACT and HOP support people in making choices about the skills they will need to succeed in the community, as well as helping members make good decisions while they continue their recovery. Data and outcomes which support member goals are collected and reported.

Supportive Staffing

Area 4's multidisciplinary staff members support and are an integral part of each member's personal process of recovery. Using a team approach, specially-designed assessments and interventions, staff members assist program members to take responsibility and control of their lives, while improving the quality of their lives. Staff members also help program members to develop life goals based on their personal strengths and choice-making skills, as well as help locate suitable and pleasing housing.

Participation in Recovery

Members have a personal responsibility in their own recovery process and are empowered through their own choices with the support of staff. They actively participate in initial assessments in which they develop life goals and identify those areas where they would like assistance from the program. Members also participate in developing their medication plan. When members make harmful choices, staff and members talk about the results and attempt to learn from them in order to make better choices in the future.

Measuring Outcomes

In order to measure how members are doing in reaching their recovery goals, outcomes are measured for these data sets:

- Reduction in homeless days
- Reduction in hospital days
- Reduction in jail days
- Increase access to entitlements (benefits)
- Quality of life

We also report standard measures of acute psychiatric hospital and emergency services use, housing stability, and member/family satisfaction.

