



Telecare Durham ACTT

February 2003 to January 2004



Telecare exists to help people with mental impairments realize their full potential.

Telecare Durham Assertive Community Treatment Team (ACTT): 1-Year Customer Report

For many people with a serious psychiatric disability, it's hard to believe in a hopeful future, where recovery is possible and personal goals are within reach. This hopeful vision of the future — where self-esteem, empowerment and self-determination are real possibilities — is crucial to the recovery process.

Partnering in Transition

The state of North Carolina has instituted sweeping reforms to its public health system. The goal is to support and assist individuals with serious mental illness and other disabilities in building meaningful, satisfying lives in the communities of their choice.

The Durham Center (TDC) was required to entrust the provision of mental health services to outside providers to deliver outcome-oriented, community-integrated services — requirements ideally suited to an ACT program. In February 2003, Durham ACTT opened its doors as the county's first Assertive Community Treatment (ACT) program, a clinical model designed to reconnect members with their innate power to direct their own lives, make their own choices, and participate as active partners in their own recovery.

Who is Telecare?

Telecare Corporation was founded in 1965 on the guiding principles the human ability and desire to achieve its full potential. Today, Telecare is one of the largest providers of adult mental health services in the country, with over 35 years of experience implementing a full range of services and supports to individuals with psychiatric disabilities. Telecare is an employee- and family-owned organization with over 2,000 employees and more than 50 programs in four states. The company currently operates 20 ACT programs in California, Texas and North Carolina.

Durham ACTT Goals

TDC outlined the following initial goals for the program:

- Increase the number of members who lease or own independent housing.
- Measure member satisfaction with Durham ACTT's services as a contributing factor in their recovery.
- Decrease member arrests, incarcerations, substance abuse, and utilization of state hospitals.
- Decrease members' psychiatric, behavioral, emotional, and substance abuse symptoms.

Major Accomplishments

In its first year, Durham ACTT has achieved some notable results, including:

- Homelessness has decreased and permanent, more stable housing has increased.
- Member Satisfaction: 96% of those surveyed feel they are taking an active role in planning their recovery program. 92% felt staff believe in their potential to grow, change and recover.
- Baseline data has been captured concerning hospitalizations, incarceration, housing stability, and substance abuse reduction.

The Year Ahead

In the coming year, Durham ACTT will continue to work with members to maintain and extend the gains achieved in the areas targeted by TDC. In the next year, the state of North Carolina will issue new ACT standards. Durham ACTT will work closely with TDC to meet the new requirements. In addition, the program will continue to make appropriate adjustments in the following areas of concern highlighted by TDC: the number of services provided in the community; transportation for members in the community; family member involvement; the treatment planning process; and medical record and billing documentation.

Thanks and Acknowledgements

Telecare would like to thank The Durham Center for the opportunity to support their important work in creating innovative treatment approaches for Durham County residents with psychiatric disabilities. As North Carolina undertakes the daunting challenge of statewide mental healthcare reform, Telecare will continue to partner with TDC in a spirit of cooperation and collaboration.

"I have found Telecare Durham ACTT to be very fundamental to my needs. The people are very compassionate to my needs."

— Durham ACTT Member

"You are the best people I have ever worked with."

— Durham ACTT Member

What is Recovery?

Telecare's programs reflect the fundamental belief that with appropriate supports, recovery is not only possible, it is probable. Built on the core concepts of learning, skill development, empowerment, cultural and spiritual awareness, and personal choice, Telecare's recovery-focused ACT model builds on traditional ACT standards, and is designed to instill and cultivate hope.

Recovery is woven into and defines every aspect of the program, from assessments and interventions, to the member information system, the selection of staff, and the overall member experience. Program members are supported to believe in their abilities and question assumptions that limit their potential and opportunities. Members begin building their futures from this unique and powerful foundation, which shifts power back to program members so they can begin taking responsibility for their own recovery.

A Family's Story

"Our son has been a client of Durham ACTT for approximately seven weeks. During that time we have seen a remarkable change in his behavior and his outlook on life. He has been hospitalized on numerous occasions and has been under the care of numerous public and private mental health professionals since he was fourteen years old. None of them had the slightest success in helping him, and his psychological problems seemed only to deepen. Then he began working with the caring staff at ACTT. Since then, he has enrolled in Durham Tech and talks about having a future. He has remained substance-free for more than 45 days and has avoided the violent behavior tendencies that have plagued him in the past. We have met with the ACTT recovery team on several occasions and the meetings have been quite constructive. The staff are always helpful, knowledgeable, and meet their formidable tasks with cheerfulness and humor. We greatly appreciate their excellent work."



The Durham ACTT employees enjoy the team atmosphere.



A Durham ACTT member shares his positive feelings.

"It's nice to be a client of a place that cares."

— Durham ACTT Member

"I think this is great work that needs to be done. I feel fortunate to be able to participate in this work as it's starting in the town where I live."

— Dr. Bill Price, Durham ACTT

Durham ACTT Program Overview

Program Purpose Statement

The purpose of Durham ACTT is to provide excellent services for adults with complex mental illness, assist them in living in the community during their recovery process, and support them in achieving their full potential. Members of Durham ACTT are adults with serious mental illness (SMI), who often have co-occurring disorders such as substance abuse. Durham ACTT provides wraparound services and supports, 24-hours-a-day, 7-days-a-week, 365-days-a-year. The program complies with accepted ACT and CARF standards, a national accrediting body. Some of the services provided to help members attain their goals include:

- Clinical risk assessments
- Medication management and training
- Individual service planning
- Psychiatric services and individual/group therapy
- Symptom education
- 24-hour crisis care services for members and families
- Housing services, including support in finding and maintaining chosen housing environments, and support in daily living
- Substance abuse services and supports
- Employment services, including skills-development training and job placement assistance
- Linkage to community services
- Support if incarcerated
- Money management and support
- Special activities and social outings
- Support in strengthening family relationships, developing friendships, and pursuing social activities
- Daily living skills development

Members and Staff

Durham ACTT is contracted to serve 100 residents of Durham County, 18-years and older. Members are initially authorized by TDC for six months, after determining that they meet the medical necessity criteria for ACT. The team reviews each member's progress to determine whether they need continued ACTT services, or would benefit from a lesser level of care. Program members are served by a multidisciplinary recovery team of 12 staff members, including nine clinical staff consisting of RNs, licensed social workers and qualified mental health professionals (QMHPs). One contracted M.D. provides 29 hours of services per week. A receptionist/medical records clerk and a business office manager round out the team. The 1:12 staff-to-member ratio allows members to develop relationships with the entire staff.

Clinical Approaches

Assessment Process

The assessment process balances the need to obtain essential program information with the need to engage members in the process of change. The assessment is conducted in a conversational style and acts as the beginning of the intervention. Together, staff and members assess: 1) cultural background and group affiliations; 2) current amount of harm and personal strengths; 3) member's level of engagement in the process of change; 4) risks of danger to the member or others; 5) problems following a medication plan; 6) member's plan for staff assistance with crisis; 7) use of drugs and alcohol; 8) spiritual needs; 9) member's natural supports; 10) a psychiatric assessment including factors enhancing the likelihood of following a medication plan. Members receive validation by telling "their story their way."

Treatment Planning

Durham ACTT works with each member to develop a Personal Crisis Plan (PCP) to identify symptoms that will alert ACTT and the member to decompensation, and to identify what the member wants and needs to prevent or alleviate crises. Completed initially and every six months, the PCP can be updated when there are changes in a person's life. Telecare utilizes additional innovation-based tools to support the treatment planning process, including Guided Planning Dialogue, My Recovery Beaker, and Assessment and Engagement around Alcohol and Drug Use. These help the recovery team understand the member's views on recovery and identify their individual strengths, preferences and personal goals. Durham ACTT also implements an ongoing quality improvement plan, with regular record reviews and audits to proactively identify issues, trends and areas requiring improvement.

Daily Living Skill Development

To promote successful transition to independent community living, members receive intensive skill-building support in a variety of areas including: budgeting skills, hygiene, food preparation, shopping, social skills, cleaning and household maintenance.

Specialized Services

While recovery team members are cross-trained in each others' roles, they each specialize in different areas.

Housing Services: Develops relationships with facility managers and landlords to stay abreast of available housing. Assists members with Section 8 applications. Identifies appropriate housing options.

Community Activities/Resources: Locates available community resources in members' areas of interest such as recreation, arts and crafts, gym memberships, museums, libraries, or anything else prompted by members' preferences. Identifies funding arrangements.

Hospital Liaison: Diverts hospitalization by meeting members at times of crisis (in emergency rooms or other locations). Develops relationships with hospitals, prompting emergency staff to contact program staff when members arrive. Coordinates treatment planning and discharge planning while members are hospitalized.

Family Services: Incorporates family in the treatment planning process. Provides family treatment and intervention when needed. Includes education on treatment options and links to community resources. Provides family crisis support 24/7.

Medical Liaison: Coordinates with primary care physicians/specialists, dentists, and other healthcare professionals. Assists with medical issues such as monitoring diabetes and high blood pressure. Arranges regular checkups and health maintenance. Facilitates identification of medical needs, encouraging members to seek care.

Vocational Rehabilitation/Education: Links members with federal VR services. Helps members gain admission to local schools, stay in schools, and obtain funding for school. Takes members to job interviews, assists with applications, and helps members find work.

Forensic: Visits members in jail, attends court sessions, and coordinates with jail staff to ensure members are getting medications. Coordinates discharge planning. Interfaces

with probation, parole, mental health liaisons and District Attorney's office to make sure members adhere to expectations and any other requirements that must be met within the legal system.

Substance Abuse Reduction: Durham ACTT follows a Harm Reduction model, a highly individualized process emphasizing positive choice-making and awareness of the consequences of life choices. Members begin 'where they are at' in their efforts to change harmful behaviors. Member choices include weekly AOD groups and a daily 30-day AOD program.

Value-Added Services

Durham ACTT also proactively provides the following value-added services beyond contract requirements:

- a) Developed domestic violence counseling group;
- b) Currently developing Telecare Durham ACTT Advisory Council, a volunteer board to increase family and member involvement;
- c) Established crisis call tracking to accurately assess the volume of crisis calls and the quality of response to those calls;
- d) Developed a meditation group designed to teach mindfulness-based stress reduction, offering members constructive options that provide a sense of self-control;
- e) Provides psychiatrist "house calls" to seek out clients who are difficult to find and may be in need of medication;
- f) Offers Risperdal injections, a new medication option members may choose which offers the hope of greater stability, fewer crises, fewer hospitalizations, and enhanced ability to adhere to a medication plan.

CARF Accreditation

The Commission on Accreditation of Rehabilitation Facilities (CARF) is a national accreditation body that sets rigorous standards for program accreditation. All of Telecare's ACT programs have received a three-year CARF accreditation, extending until January 2005. As an organization, Telecare has been commended by CARF in numerous areas, including: its member-centered recovery model approach; its cultural competence and diversity program; and its inclusion of program members in the interviewing and hiring process for new employees.

**"I have come a long way from the time I arrived here. I have improved a lot and hope to continue to improve. My medicine is helping me, my living situation and my attitude are a lot better. Thanks to the staff, doctor and nurse."
— Durham ACTT Member**

First Year Results

State Hospital Usage

Total usage of John Umstead Hospital during first year of operations. Of total days, 90 were used by one person who, though hospitalized, remains an ACTT member and will return to services upon discharge from J.U.H. This was not included in calculations for average length of stay. Though comparative data was not available for previous state hospital usage, Durham ACTT has the lowest hospitalization rate of any Telecare ACT program, and the most proactive approach to preventing hospitalizations. In a county with one of the highest hospitalization rates in the state, these positive outcomes should be more visible over time.

Total member days in J.U.H. 322
 Total members using J.U.H. 15
 Average length of stay (days) 6

Admissions & Discharges

Admissions 118
 Discharges 14
 Current Enrollment 104
 Maximum Census 108

Age Range

18-20 5%
 21-40 50%
 41-60 43%
 61+ 2%
Total. 100%

Gender

Male 52%
 Female 48%
Total. 100%

Primary Diagnosis

Schizophrenia 36%
 Schizoaffective 29%
 Bipolar Disorder 24%

Major Depressive Disorder . 2%
 Other 9%
Total. 100%

Member Ethnicity

African American. 70%
 Caucasian 28%
 Latino/Hispanic 2%
Total. 100%

Staff Ethnicity

African American. 38%
 Caucasian 54%
 Asian 8%
Total. 100%

Languages Available

English, American Sign Language, Malayalam, Hindi, Limited Spanish, Translation Services on Demand

Entitlement Support

Member acquisition of entitlements through hands-on program assistance and support.

- 8 Obtained Medicaid
- 6 Are in appeal process for Medicaid
- 4 Were determined to be ineligible for Medicaid (income/citizenship)
- 12 Obtained Social Security benefits
- 8 Still pending on SSI benefits
- 17 Obtained food stamp benefits
- 5 Still pending on food stamp benefits

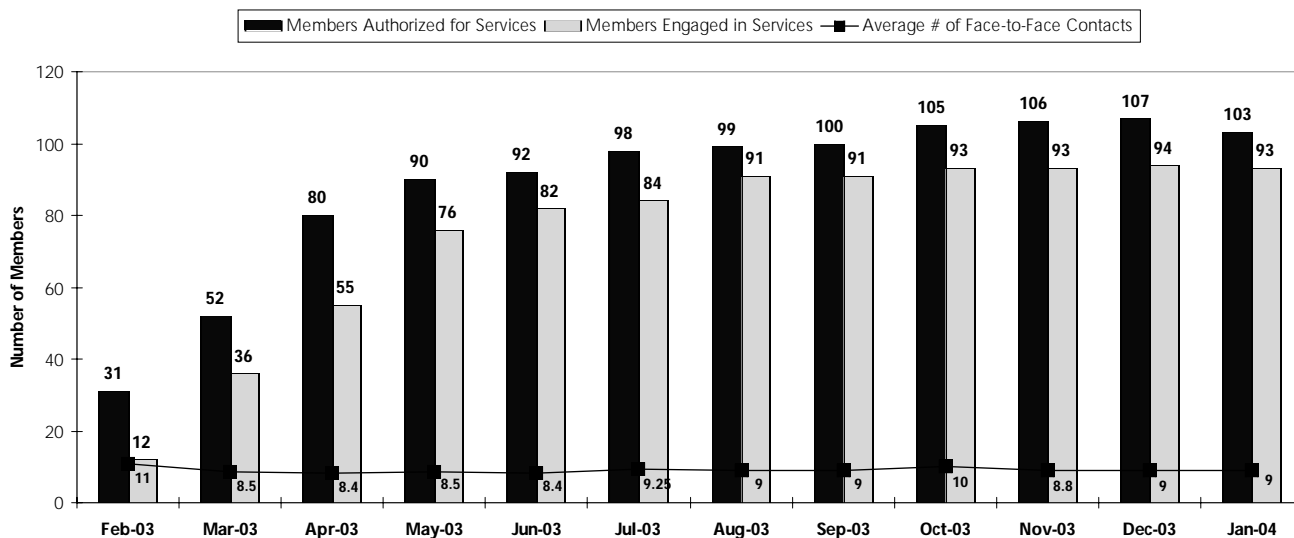
Member Satisfaction Survey

Durham ACTT surveyed 98 members on levels of satisfaction.

- 96% Staff & I worked together to plan my treatment.
- 92% I felt comfortable asking questions about my treatment and medications.
- 92% Staff believed I could grow, change and recover.
- 88% I felt safe to raise questions

- or complain.
- 84% Staff helped me so I could manage my life and recover.
- 83% Staff were sensitive to my culture/ethnic background.
- 87% I like the services I receive here.
- 81% I would still choose to get services here.
- 71% My symptoms are not bothering me as much.

Average Monthly Face to Face Contacts Per Engaged Member



Substance Abuse Engagement

Member recognition of AOD (alcohol or drug) issues and participation in available groups

Members w/ AOD issues 68%
 Members listing AOD issues as personal outcome 39%
 Members participating in AOD groups 5%

Substance Outcomes

Since AOD program inception:

- Two members have graduated from AOD program
- AOD participants have successfully decreased AOD usage or achieved extended periods of sobriety, while increasing positive interactions with families

Housing Stability

Number of times members have changed residence.

0-1 64%
 2-3 24%
 4-5 9%
 6+ 3%
Total 100%

Homeless Days

Total homeless days for all members. Ten members were homeless when they were initially authorized for services.

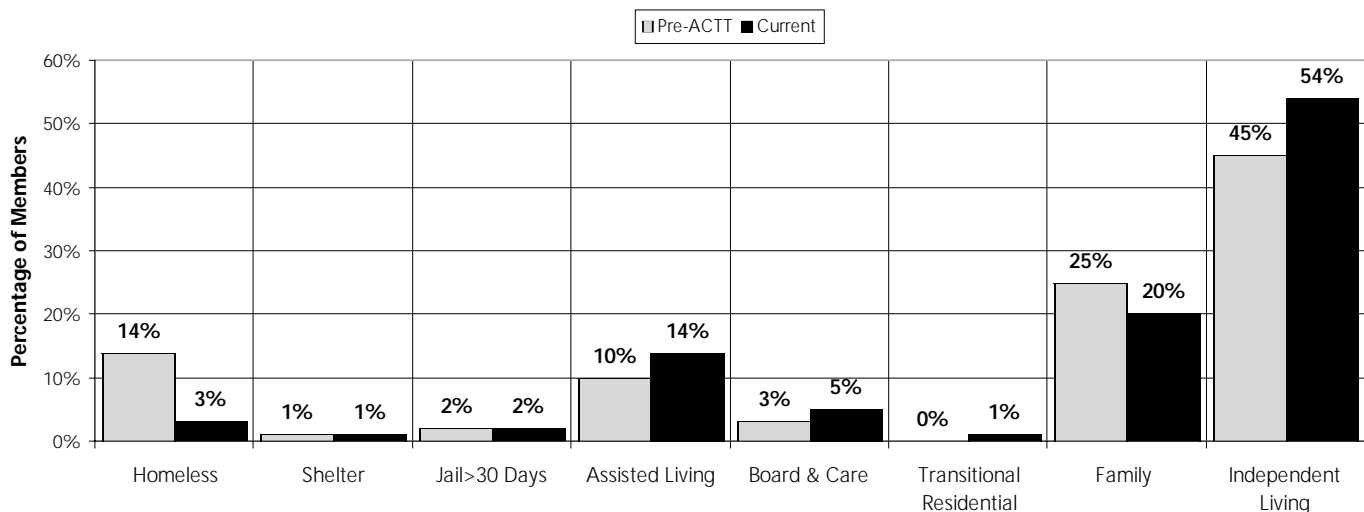
Total 383

Incarceration

Total days incarcerated for all members. Many members had previous charges prior to joining ACTT, which resulted in high overall jail days.

Total incarceration days 1,528

Residential Comparisons Pre-ACTT and after Engagement



Challenges & Solutions

Durham ACTT strives for continuous improvement in service quality, data collection and program operations. Starting a new program type within any system is difficult. It's especially challenging to integrate a new program into a system in transition. Change takes time: time to ramp up to desired service levels; time to develop member/staff relationships; time for all stakeholders to adjust to new ways of working and thinking. The first year's start-up challenges and solutions included:

Housing & Living Situations

Challenge: Durham suffers from a lack of affordable housing. **Solutions:** A housing specialist is dedicated to developing relationships with community housing resources. Currently working with a landlord who purchases homes,

exploring the possibilities for several members to share housing and expenses. Works with an assisted living facility to accommodate members without entitlements, and to provide space for alcohol and drug groups to meet. Where necessary, makes housing loans to members until they find employment, with payment plans that work within the members' parameters. In emergencies, places members in hotel rooms, the cost of which members later repay.

Reticence of Members to Join

Challenge: Some members were initially resistant to transition to a new treatment program. **Solutions:** The recovery team worked diligently to establish rapport with members, using a person-centered approach that cultivated trust. Initial resistance to joining the program has evolved into member concern about losing access to its services as their eligibility status shifts. In the event that members need or

choose another level of care, Durham ACTT staff works closely with TDC case managers on appropriate step-down planning.

Speed of Welcoming Clients to the Program

Challenge: TDC initially anticipated that members would join the program at a slower rate. However, the program is not financially viable at lower census levels. **Solutions:** Because the program was almost fully staffed at start-up, it was possible to effectively provide services to the higher, typical volume of members. The team received training on the program's recovery model and client-centered approach, along with team-building activities and cross-training on each others' roles. As the program ramped up, some assessments weren't completed as quickly as required, as staff focused intensively on developing member relationships. Assessments were subsequently completed, and member-staff relationships have flourished.

Insufficient Volume of Client Contacts Per Month

Challenge: Durham ACTT has experienced difficulties in locating approximately 10% of its member population for the required number of monthly contacts, resulting in insufficient billings to maintain the program's financial viability. **Solutions:** The program cannot be sufficiently funded if it does not bill services for 100 clients per month. By increasing the member census to the maximum membership of 108, the program can retain a 1:12 member to staff ratio and provide sufficient client contacts for 100 individuals, while maintaining overall financial viability. Program staff members monitor individuals to determine whether they meet ACT medical necessity requirements, and transfer them back to TDC or appropriate levels of care. Members are also discharged when they move to distant counties, and no longer meet geographic-based criteria.

Expanded Hours of Service

Challenge: TDC requested expanded staff availability during evenings and weekends. **Solutions:** Durham ACTT created a new staffing schedule without hiring additional staff or requiring financial changes to the contract.

Insufficient Member Contacts Provided in the Community

Challenge: TDC requested that 80% of member contacts be provided in the community or non-office/facility-based settings. **Solutions:** Though this percentage exceeds ACT standards, Durham ACTT strives to meet that benchmark. Currently, over 65% of program services are provided in the community, with the program increasing the number of contacts by hosting social gatherings at churches, public libraries and private facilities.

State-Mandated Shift in Mental Health Provider Model

Challenge: The new environment for delivering mental health services requires significant adjustment for all participants. **Solutions:** Issues of integration and management are inevitable when implementing a brand new service. Recognizing this, Telecare strives to maintain consistent communications with TDC staff at all levels, cultivating an open dialog to address and resolve issues, complaints, and areas of concern. Durham ACTT works with TDC case managers to coordinate services, and TDC staff is regularly included in program staff meetings. The program utilizes TDC forms and treatment plan language, and adapts readily to concerns so that necessary adjustments are implemented to meet state and local requirements. Telecare consistently works to nurture an effective partnership, submitting monthly reports on all aspects of program operation and results, augmented by significant additional detail to enhance their usefulness to TDC in its managerial role.

Fiscal Results

Income Statement*, February 2003 - January 2004

Revenues		
Durham Authority	\$667,432	100%
Gross Revenues	\$667,432	
Expenses		
Wages and benefits	\$524,041	56%
Services and supplies	329,946	35%
Management fees	75,803	9%
Total Expenses	\$929,790	100%
Profit/(Loss)	(262,358)	

*using accrual basis of accounting
 Note: Excludes all startup revenue/expense
 Outstanding Accounts Receivable as of February 29, 2004 - \$265,889



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Telecare's Mission:

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