



TELECARE
CORPORATION



Telecare Mobile Crisis Annual Report

July 1, 2002 to June 30, 2003

In October 2000, Telecare joined the Dallas community as a contract provider for ValueOptions in the NorthSTAR system of care. Telecare Mobile Crisis was established to provide improved coordination and access to 24-hour, 7-day-a-week psychiatric assessment and intervention for adults, adolescents and children in crisis, across Dallas and six surrounding counties. The program also provides education, information and referrals to consumers, families and the community.

Model of Service Delivery

The NorthSTAR system is a collaborative undertaking between the Texas Department of Mental Health and Mental Retardation and the Texas Commission on Alcohol and Drug Abuse. NorthSTAR blends local and state funding to provide more integrated and cost-effective behavioral health services to Dallas-area residents. ValueOptions is the current behavioral health organization contracted to manage all NorthSTAR operations.

Telecare Mobile Crisis was developed in partnership with ValueOptions to enhance crisis services for consumers, making them more readily accessible throughout the large geographic area, an effort that had proven challenging in the past. The program is made up of five distinct components: Telephone Crisis Response, Mobile Crisis Response, Single Portal Authority (SPA), Parkland Liaison, and Quality Management. The program serves individuals in Collin, Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall counties.

Telecare Mobile Crisis — Year in Review

Telecare Mobile Crisis went into its second year of successful operation with several key goals: 1) improve response times both in Dallas and the outer counties, while maintaining its 5-ring/30-second response rates to all calls; 2) increase diversion rate; 3) increase community awareness of services; and 4) increase face-to-face contacts. All goals for the year were achieved. **Mobile Crisis program results included:**

- Successfully supported a realigning of the system of care through increased access to service and rapid response times; results of this include greater efficiency and effectiveness of services, more appropriate use of community-based resources, and more limited use of higher cost and often unnecessary inpatient services
- Effectively responded to 12,513 calls, an increase of 1,911 calls from the past year, while simultaneously increasing response rate on crisis calls without support from 92% to 99%; maintained response rate for crisis calls with support at 99%
- Maintained a 98% effective rate in answering all calls within five rings or 30 seconds with no additions in staffing
- Enhanced real-time data tracking and report writing capabilities; reports are delivered to ValueOptions on a monthly basis
- Increased diversion rate from 62% to 64%
- On-going enhancements to the program, including: measurement of consumer symptoms following intervention; initiation of peer review process to evaluate cases where symptoms worsened after intervention; establishment of extended SPA hours at Parkland Hospital, resulting in reduced dwell times for consumers in the ER; completion of extensive outreach in the community to build awareness of services; maintenance of strong relationships with outer county personnel, judges and law enforcement to address issues, identify solutions and foster open lines of communication; creation of a new community support call category which allows the team to conduct face-to-face visits with a greater range of people requiring services; and initiation of support service for Dallas Police Department to conduct follow up contacts with individuals whose suicide attempts have resulted in police involvement.

Over the next year, the program aims to: increase face to face contacts; maintain current response time standards and diversion rates; certify all licensed staff members as crisis intervention specialists through the American Association of Suicidology; develop internship opportunities for counseling and nursing students; and increase community awareness through further educational efforts.

Telecare Mobile Crisis: Program Purpose Statement

The purpose of Mobile Crisis services is to provide excellent psychiatric crisis assessment and intervention services for all individuals in the seven NorthSTAR counties who are in acute psychiatric distress. Excellence is defined as the provision of effective, efficient and highly satisfactory services. Services are provided 24-hours-a-day/365-days-a-year for individuals who contact the call center experiencing acute psychiatric distress and discomfort. These individuals may be at risk of harming themselves or others, unable to provide for their basic needs, or who subjectively feel they need supports to cope with the discomfort. The comprehensive range of services includes:

- * Risk-focused multidisciplinary assessment and intervention
- * Psychiatric crisis assessment and treatment
- * Disposition/linkage with community supports; coordination of care with other providers and services
- * Crisis interventions focusing on the immediate problem
- * Initiation of legal supports for treatment
- * Provision of safe, effective interventions
- * Information, referral and linkage
- * Community education and support
- * Streamlined protocols with law enforcement officials
- * Supportive services

Multidisciplinary Team:

Telecare Mobile Crisis is staffed by a multidisciplinary team. Each shift includes Licensed Mental Health Clinicians and Qualified Mental Health Professionals. Other staff positions include: Administrator and Receptionist. During peak hours, contractors and on-call staff respond to calls and answer the crisis phone. Subcontractors also reside in the outer counties and respond to emergent calls in their locales. Single Portal Authority staff includes a Licensed Professional of the Healing Arts, a Registered Nurse, and on-call staff for after hours and weekends.

Crisis Response Program Components

Telephone Crisis Response: This is often an individual's first contact with mental health services. The goal of this service is to enable individuals to remain in the least restrictive level of care that is clinically appropriate by stabilizing the caller's acute symptoms of distress. The team conducts an evaluation of each caller's complaint/crisis and assesses the current level of risk. Calls are categorized as in crisis without support, in crisis with support, routine, community support, or information only. Once the severity of the call is determined, the team may link the caller with a provider in the community and/or provide an assessment and intervention at a designated location. Telephone Crisis services are available 24-hours-a-day/365-days-per-year and are provided in a culturally competent manner.

Mobile Crisis Response: One of the most innovative and effective components of this continuum of services is Mobile Crisis Response. It provides face-to-face contact in the community at the time of the crisis. Teams see consumers in their homes and other community environments. They use natural supports and resources to build on the consumer's strengths to help resolve the immediate crisis. The teams also strive to provide services in the least-restrictive environment. Services are available to anyone experiencing a mental health or substance abuse related crisis. Individuals requiring supportive services are also provided face-to-face assessments. The teams also provide follow up support to the Dallas Police Department by contacting all individuals whose attempted suicides have resulted in police involvement. Interventions are provided on-site whenever possible. When it is clinically necessary, the Mobile Crisis teams will also refer consumers to more appropriate treatment options or link them with appropriate providers. A follow-up is completed within 24-hours of the initial call for all face-to-face assessments.

Parkland Hospital Liaison Program: One area of need in the NorthSTAR system was the ability to effectively support NorthSTAR members in crisis in an emergency room setting, and to accurately monitor the use of these acute services. The Parkland Hospital Liaison Program is a 24-hour, 7-day-a-week service, developed to help these individuals, the hospital, ValueOptions and NorthSTAR to streamline services and accomplish several goals. The team verifies the arrival of NorthSTAR members in the ER; identifies the in-coming consumer's provider and alerts Parkland staff; tracks the number and disposition of presenting members and dwell times; enrolls new members in NorthSTAR while ensuring they meet admission criteria; schedules outpatient appointments for consumers with providers; provides

clinical paperwork to ensure continuity of care; and serves as a resource bank to the Parkland staff.

Quality Management: A vital component of Telecare Mobile Crisis is its ability to track and report on the program's outcomes. Telecare contracted with Concentric to produce a proprietary software program specifically designed to capture the clinical and utilization data needed to support the Mobile Crisis program. Monthly reports are provided to ValueOptions and DANSA, detailing the program's performance against critical measures including: call response time or number of rings, Mobile Crisis response time, type of call, call outcomes, response standards, ethnicity of callers, age of callers, outcomes of face-to-face interventions, diversion rates, breakdown of calls by county, and results of face-to-face assessments completed using Telecare's proprietary Consumer Symptom Screening Instrument. Telecare Mobile Crisis also provides self-addressed, stamped satisfaction survey postcards to consumers and families during on-site visits.

Single Portal Authority (SPA): Because of its 24-hour presence at Parkland Hospital, its access to a toll-free number, and its performance on the components above, Telecare also serves as the Single Portal Authority for Dallas, Ellis and Navarro Counties. The program began providing services to the court and the community in January 2001. As the Single Portal Authority, Telecare reviews all clinical criteria for anyone who is being sent on an Order of Protective Custody (OPC) to a psychiatric facility. After clinical criteria is reviewed, the SPA representative sends a letter of recommendation to the court denoting the consumer, the evaluating and receiving facilities, and the insurance carrier. The judge will not sign the OPC without this letter. The SPA representative also instructs potential OPC applicants in the warrant process, ensures that consumers are sent to and received at the appropriate facility, and that all facilities, ValueOptions, and the Dallas Area NorthSTAR Authority (DANSA) are aware and informed about each individual case as needed. ValueOptions is also notified and authorizes all court orders in Dallas County sending consumers to Terrell State Hospital. Detailed reports are sent to ValueOptions and DANSA monthly and include: summary of evaluating facilities, summary of receiving facilities, types of involuntary commitment requested, summary of insurance payers, and ethnicity of SPA consumers. SPA services are available daily from 5:00 a.m. to 10:00 p.m., and until 12:00 a.m. for Parkland Hospital. The SPA can also be contacted for emergencies regarding elderly and children 24-hours-a-day, 7-days-a-week.

Performance Indicators & Measures

Telecare Mobile Crisis actively works toward continuous improvement in service quality, data collection and operations. The following pages include the outcomes during the second year of operation, which met and exceeded all contract objectives. In the year to come, Telecare Mobile Crisis plans to increase the number of persons seen for evaluation, provide more in-depth crisis usage reports, expand mental health training for law enforcement, and support increased diversion opportunities where possible.

Telecare Mobile Crisis

Yearly Calls by Type:

7/1/02 to 6/30/03 2/1/01 to 1/31/02

78	171	In crisis without support
2,466	1,764	In crisis with support
7,343	4,817	Routine Calls
2,372	3,850	Informational Calls*
254		Community support calls
12,513	10,602	Total

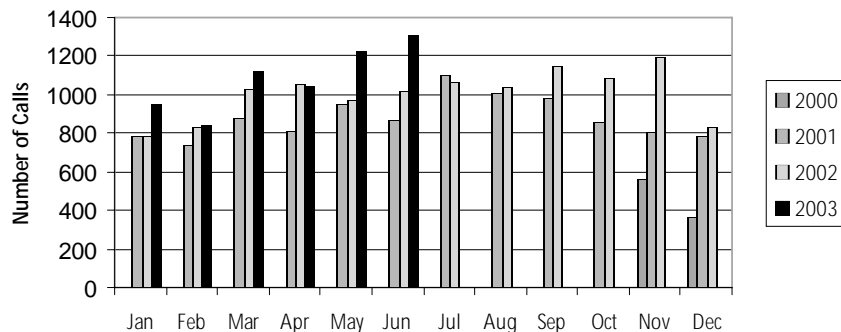
*Demographic data is not collected on info-only calls.

Yearly Calls Answered within 5 rings or 30 seconds:

7/1/02 to 6/30/03 2/1/01 to 1/31/02

15,889	10,425	Calls within 5/30
365	177	Calls over 5/30
16,254	10,602	Total Calls
98%	98 %	Meeting Contract Standards

Total Number of Calls to Crisis Line By Month:



Yearly Response Standards for Calls

In Crisis w/o Support and In Crisis w/ Support:

7/1/02 to 6/30/03 2/1/01 to 1/31/02

77	87	In crisis w/o support calls responded to within 1-hour standard
1	8	In crisis w/o support calls outside the 1-hour standard
99%	92%	Total % Compliance with Standard
1,954	1,448	In crisis w/ support calls responded to within 24 hour-standard
1	3	In crisis w/ support calls outside the 24-hour standard
99%	99%	Total % Compliance with Standard

Outcomes of Face-to-Face (State Mandated Data Collection):

(Face-to-face for In Crisis w/o Support and In Crisis w/ Support, and Community Support Calls)

7/1/02 to 6/30/03 2/1/01 to 1/31/02

Total diversion from inpatient mental health:		
	02-03: 64%	01-02: 62%
36%	38%	Referred to Inpatient Mental Health
54%	41%	Referred to Outpatient Mental Health
3%	3%	Referred to Inpatient Chemical Dependency Treatment
4%	3%	Referred to Outpatient Chemical Dependency Treatment
1%	-	Referred to Outpatient Medical
2%	-	Referred to Medical ER
-	15%	Other referral
(2,120 Calls)	(1,543 Calls)	Total % Compliance with Standard
100%	100%	

Performance Indicators & Measures

Yearly Calls by Type & County:

7/1/02 to 6/30/03 vs. 2/1/01 to 1/31/02 (Left number is most recent)

County	In Crisis w/o Support	In Crisis w/ Support	Routine	Information	Community Support	Total	%
Collin	6/6	85/50	353/288	24/29	4/-	472/372	4%/3.51%
Dallas	63/121	1,148/810	4,065/2,674	306/320	230/-	5,812/3,916	46%/36.94%
Ellis	5/17	241/231	368/415	64/72	2/-	680/733	5%/6.91%
Hunt	0/3	278/178	177/180	10/11	2/-	467/371	4%/3.50%
Kaufman	1/9	485/338	384/293	15/21	5/-	890/658	7%/6.21%
Navarro	3/13	103/114	417/388	81/38	3/-	607/550	5%/5.19%
Rockwall	0/2	102/36	96/68	3/2	2/-	203/108	2%/1.02%
Unknown County	0/0	10/0	1,384/422	1,850/3,347	5/-	3,249/3,788	26%/35.73%
Other Counties	0/0	14/7	99/89	19/10	1/-	133/106	1%/1.00%
Total	78/171	2,466/1,764	7,343/4,817	2,372/3,850	254/-	12,513/10,602	100%/100%

Yearly Breakdown by Age:

(Excludes Information-Only Calls*)

7/1/02 to 6/30/03

2/1/01 to 1/31/02

4%	7%	1-17
13%	15%	18-29
14%	17%	30-40
22%	18%	41-59
3%	3%	60-99
44%	40%	No data collected or collectible
(12,513 Calls)	(6,752 Total Calls)	
100%	100%	Total

*Demographic data is typically not collected for info-only calls.

Yearly Breakdown by Ethnicity:

(Excludes Information-Only Calls*)

7/1/02 to 6/30/03

2/1/01 to 1/31/02

20%	21%	African American
1%	1%	Asian
50%	65%	Caucasian
6%	7%	Hispanic
23%	6%	No data collected or collectible
(12,513 Calls)	(6,752 Calls)	
100%	100%	Total

*Demographic data is typically not collected for info-only calls.

Yearly Breakdown by Gender*:

7/1/02 to 6/30/03

2/1/01 to 1/31/02

44%	56%	Male
49%	44%	Female
7%		Uncollected
(12,513 Calls)	(8,177 Calls)	
100%	100%	Total

*Demographic data is typically not collected for info-only calls.

"Your staff was so helpful. I do not know what I would have done without the immediate aid, such an answer to my prayers." — Consumer

"Thank you for coming to my rescue. I know deep down inside, I really don't want to hurt myself, but then I become so overwhelmed and what takes over is not me. I know I have to focus on the good things and I'm not afraid to ask for help. Thank you again."

— Consumer



CARF Accreditation

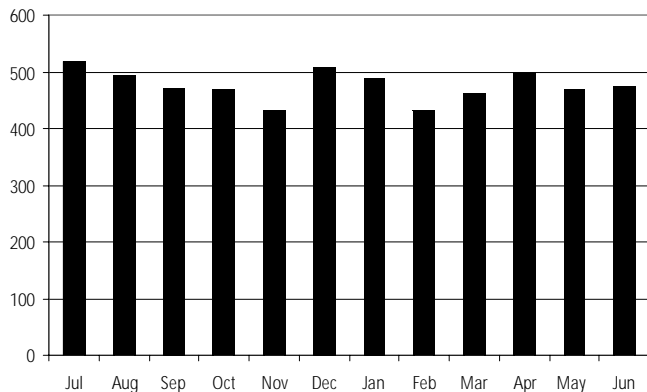
Telecare Mobile Crisis has received a three-year accreditation by CARF, the Rehabilitation Accreditation Commission. CARF is a national and international organization that evaluates thousands of mental health providers every year against a rigorous set of standards and best practices. CARF's standards are selected to support consumer-centered, recovery-focused services. The accreditation extends until 2005.

The final report will be issued by CARF by fall 2003. Telecare Mobile Crisis – the only CARF Accredited Mobile Crisis Team in Texas – has been recognized for its exemplary services against CARF standards. In particular, the program's diversion rate (64%) was noted as outstanding.

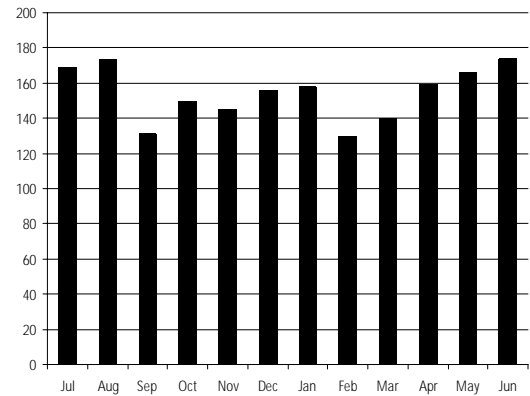
Performance Indicators & Measures

Telecare Parkland Psychiatric ER (PER) Liaison

Total NorthSTAR Consumers through Parkland PER:



Total Number of Consumers Enrolled in NorthSTAR by Parkland Hospital PER Liaison:



Telecare Single Portal Authority (SPA) — Dallas County

Action Type — Yearly Summary:

7/1/02 to 6/30/03 vs. 2/1/01 to 1/31/02 (Left number is most recent)

Action Type	# of Consumers	% of Total
Cancel	22/11	1% / .28%
Commitment	28/68	1% / 1.72%
MIW	0/1	0% / .03%
No Action	0/2	0% / .05%
Order of Protective Custody (OPC)	3,876/3,709	94% / 93.69%
OPC Transfer	183/164	4% / 4.14%
Other	0/3	0% / .08%
Unknown	0/1	0% / .03%
Total Consumers in Reporting Period	4,109 / 3,959	

Payers — Yearly Summary:

7/1/02 to 6/30/03 vs. 2/1/01 to 1/31/02 (Left number is most recent)

Payer	# of Consumers	% of Total
Medicaid	98/74	2.39% / 1.87%
Medicare	875/895	21.29% / 22.61%
Medicare/Medicaid	31/29	.75% / .73%
NorthSTAR Indigent	2,295/2,159	55.85% / 54.53%
NorthSTAR Medicaid	107/169	2.6% / 4.27%
Other	101/31	2.46% / .78%
Private 3rd Party	601/582	14.63% / 14.70%
Unknown	1/20	.02% / .51%
Total Consumers in Reporting Period	4,109 / 3,959	

Yearly Breakdown by Ethnicity:

7/1/02 to 6/30/03 2/1/01 to 1/31/02

-	00.91%	American Indian
31.44%	32.71%	African American
4.19%	1.54%	Asian/Oriental
-	00.91%	Asian/Non-Oriental
47.36%	47.51%	Caucasian
10.85%	09.35%	Hispanic
6.16%	07.07%	Unspecified
(4,109 Consumers)	(3,959 Consumers)	
100%	100%	Total



Dorothy Williams, QMHP; Kevin Rosado, LPHA; Doris Wilson, LVN

Performance Indicators & Measures

Telecare Single Portal Authority (SPA) (Continued)

Evaluating Facility — Yearly Summary:

7/1/02 to 6/30/03 vs. 2/1/01 to 1/31/02 (Left number is most recent)

Location of Client	# of Consumers	% of Total
Baylor Dallas	45/2	1.1% / .05%
Baylor Garland	9/-	.22% / -
Baylor Medical	-/46	- / 1.16%
Baylor Richardson	46/27	1.12% / .68%
Baylor Waxahachie	2/-	.05% / -
Cedars	1/10	.02% / .25%
Charlton	/14	/ .35%
Children Medical	14/7	.34% / .18%
Doctors	2/6	.05% / .15%
Dallas MetroCare Clinics	3/	.07% / -
General Outpatient	-/1	- / .03%
Green Oaks	881/579	21.44% / 14.62%
Lancaster Kiest	-/1	- / .03%
Lancaster Medical	121/55	2.94% / 1.39%
Leland Medical (Garland Comm)	12/33	.29% / .83%
Medical City	8/7	.19% / .18%
Mesquite Community	113/69	2.75% / 1.74%
Mesquite Medical	26/96	.63% / 2.42%
Methodist Central	15/19	.37% / .48%
Other	73/63	1.78% / 1.59%
Parkland 8 North	52/-	1.27% / -
Parkland Inpatient	134/129	3.26% / 3.26%
Parkland Psych ER	2,331/2,553	56.73% / 64.49%
Presbyterian Dallas	87/64	2.12% / 1.62%
St. Paul	4/7	.1% / .18%
Terrell State	1/1	.02% / .03%
Timberlawn	118/148	2.87% / 3.74%
Unknown	1/-	.02% / -
Zale Lipshy	10/22	.24% / .56%
Total Consumers in Reporting Period		4,109 / 3,959

Receiving Facility — Yearly Summary:

7/1/02 to 6/30/03 vs. 2/1/01 to 1/31/02 (Left number is most recent)

Location of Client	# of Consumers	% of Total
Baylor Dallas	29/1	.71% / .03%
Baylor Medical	-/41	- / 1.04%
Baylor Richardson	50/28	.22% / .71%
Cedars	7/36	.17% / .91%
Doctors	-/2	- / .05%
General Outpatient	-/1	- / .03%
Glen Oaks	2/-	.05% / -
Green Oaks	1,515/1,604	36.87% / 40.52%
Lancaster Kleist	-/1	- / .03%
Lancaster Medical	117/57	2.85% / 1.44%
Leland Medical (Garland Comm)	97/85	2.36% / 2.15%
Mesquite Community	122/59	2.97% / 1.49%
Mesquite Medical	23/104	.56% / 2.63%
Other	12/18	.29% / .45%
Parkland 8 North	242/-	5.89% / -
Parkland Inpatient	1/274	.02% / 6.92%
Parkland Psych ER	-/4	- / .10%
Presbyterian Dallas	113/96	2.75% / 2.42%
Richardson Medical	-/1	- / .03%
St. Paul	1/25	.02% / .63%
Terrell State Hospital	1,213/1,015	29.52% / 25.64%
Timberlawn	408/327	9.93% / 8.26%
Unknown	-/4	- / .10%
VA Hospital	-/2	- / .05%
Zale Lipshy	157/174	3.82% / 4.40%
Total Consumers in Reporting Period		4,109 / 3,959

"I just want to say how much my family appreciated the quick response and help that we received from the Mobile Crisis Response Team in getting my sister into a mental health facility.

"Several weeks (possibly months) ago, my sister stopped taking all her medications — psychiatric, high blood pressure and diabetic. She has been diagnosed as paranoid schizophrenic and has been in and out of mental hospitals since she was 19 years old (she is now 50 years old).

"We were desperate. We just needed someone to tell us what we could do to get her help. Our only thought was that we would have to force her into taking her medications by involuntarily committing her by Court Order. That would be our last resort, because it is not a pleasant situation to go through.

"Finally a relative recommended that we call the crisis team. We never even knew your team existed! Amazingly, none of the health care providers gave us that information!

"Without the intervention of the Mobile Crisis Response Team, we might still be struggling with my sister today. It took an outsider who is a health care professional to say the right things to get her to agree to hospitalization.

"Thank you, again, for your part in helping us families deal with members who are irrational, but still very much loved! I just cannot tell you how much we appreciated your help. It saved the day for us!"

— Family Member

Challenges & Solutions

The Telecare Mobile Crisis team continues to address challenges and enhance services through the following means:

Refinement of Standardized Policies and Procedures:

Challenges: Procedures vary greatly, county to county and city to city. Because they often change, they require continual monitoring for accuracy. **Solutions:** Last year, the Telecare Mobile Crisis team worked with DANSA and legal representatives from each county in the NorthSTAR service area to establish agreed-upon commitment procedures by county, as well as information regarding legal processes, contact information for county officials and the resources available in each county. The team is currently working with county staff, judges and law enforcement, etc., to identify, verify and update these policies, procedures, and information and will consolidate and distribute a revised version when complete. Telecare Mobile Crisis also routinely serves as a resource for police, emergency rooms, schools and providers who call for information as they assist people through the mental health system. The program has had a positive impact in diverting consumers from Terrell State Hospital to Green Oaks and Glen Oaks hospitals which provide less restrictive levels of care.

Improved Response Times:

Challenges: The Mobile Crisis Team covers a seven-county, 5,500 square mile area with approximately 3 million residents. Last year, call volume increased almost 18%, though no additional staff members were added. Maintaining prompt service, particularly to outer county locations can be challenging. **Solutions:** The team implemented several strategies that resulted in an increase in response rates for crisis calls without support from 92% to 99%. Response rates to crisis calls with support stayed constant at 99%. These strategies included: a) adding additional contractors in the hardest to reach counties, allowing for improved response times and a decreased need for law enforcement officers to be on site; b) increased communications with county staff, judges and law enforcement in outer counties around response times to open lines of communication, address concerns and identify effective solutions; c) utilized data tracking software to identify peak call volume times, and adjusted staffing patterns accordingly, allowing team to cover 1,911 more calls with no additional staff; d) utilized data tracking software to improve services to SPA consumers; after identifying an increased number of consumers in the Parkland Hospital ER, the team extended SPA hours from 5:00 a.m. to midnight for that location, enabling staff to transfer clients to more appropriate facilities and simultaneously decrease ER dwell times.

Increased Face-to-Face Contacts with Consumers:

Challenges: Many consumers who called the Mobile Crisis line required supportive services but were not in immediate crisis. Without prompt attention, their situations could have escalated into crises. Additionally, many individuals who come in contact with the Dallas Police Department due to suicide attempts required additional supports. **Solutions:** The team created a new call category called, "Community Support" calls. These individuals may have had a history of suicide attempts or homicidal behavior. They are currently under stress, and require immediate attention, but are not in immediate crisis. The team may go out on visits for community support calls, increasing face-to-face contact and alleviating immediate stresses. Of the 254 calls that were received in this category last year, approximately 200 were because of suicide attempts that required involvement of the Dallas Police Department.

Increased Community Awareness of Services:

Challenges: Building community awareness of services is always an on-going challenge and vital part of the program's success. **Solutions:** This year, the Mobile Crisis team completed over 550 community contacts, including face-to-face marketing visits with: providers, social service agencies, local businesses, private agencies, grocery stores, restaurants, libraries, etc. All staff members participate in this marketing outreach to build relationships and familiarity in the community. The team has also conducted educational inservices at schools, meeting with counselors, principals and students to raise awareness of services. The team plans to participate in additional educational inservices and health fairs over the next year.



Telecare Mobile Crisis

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Telecare has additional contracts with MH/MR Authorities for other community-based programs in Fort Worth, San Antonio, with CompCare in Houston, and through ValueOptions in Dallas. *Telecare exists to help people with serious mental illness realize their full potential.*