

Telecare San Bernardino ACT Our First 13 Months

January 2003 – January 2004



TELECARE
CORPORATION



San Bernardino ACT: 13-Month Report

For individuals with severe mental illness, recovery is often hard to imagine and even more challenging to achieve. In most cases, it requires hope, collaboration, and a dedication to begin and persevere on the recovery journey.

The San Bernardino County Department of Behavioral Health (DBH) is committed to the recovery of individuals with severe mental illness, and through a competitive contract procedure, partnered with Telecare Corporation in January 2003 to open the first Assertive Community Treatment (ACT) program in the County: San Bernardino ACT (SB ACT).

What is ACT?

Assertive Community Treatment is a community-based, 24-hour, 7-day-a-week, wraparound service approach for adults with serious mental illness. It uses a multidisciplinary team-based approach where members develop relationships over time with the entire treatment team rather than a single case manager or therapist. This is a research-proven approach that has received national recognition as a “best practice” in providing community-based services as an alternative to inpatient hospitalization and long-term institutional care.

San Bernardino ACT Goals

The program is designed to serve 100 members, 18 and older, who are residents of San Bernardino County.

The program’s primary goals were to:

- Transition 100 individuals currently residing in Augmented Board and Cares (ABCs) and Institutes for Mental Disease (IMDs) to lower levels of care
- Provide on-going, recovery-centered, wraparound support services
- Support members in living successfully in the community, and achieving their goals and dreams

Major San Bernardino ACT Accomplishments

The program has achieved many goals during its first year:

- Initially transitioned 91 individuals to lower levels of care. Of the original 100 individuals identified for services, four continue to be assessed for their severe disabling conditions, and five have been removed from the list and considered inappropriate for community referral at this time.
- Successfully located previously unused supportive housing for 52 individuals. SB ACT has also subcontracted with The Association for Community Housing Services (TACHS) to find additional supportive housing. TACHS is currently negotiating the purchase of a large apartment complex solely for the purposes of supportive housing for individuals with mental illness.

The Year Ahead

As the first ACT program in the County, SB ACT has faced challenges while integrating into the existing system of care. These challenges and solutions are addressed in this report. In the coming year, SB ACT will increase its focus on coordination with other County agencies to provide improved communications regarding client issues and functioning within the community. The program will also continue to focus on assisting members to attain housing, recover roles, live independently, and integrate into the community.



Becky and Horace, staff at San Bernardino ACT.

Measures of Success

Transitioning to Lower Levels of Care

San Bernardino ACT has successfully transitioned clients to lower levels of care over the first year of operations.

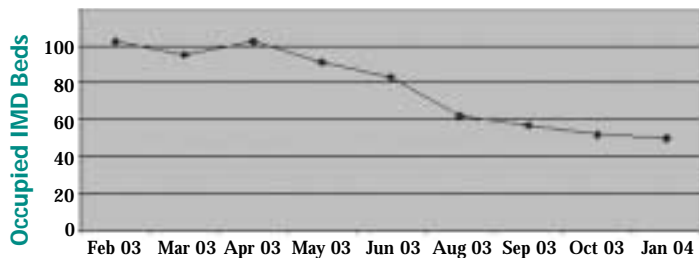
Client Housing: January 30, 2003

IMDs	60
ABCs	39
State Hospital	1
Total	100

Client Housing: January 31, 2004

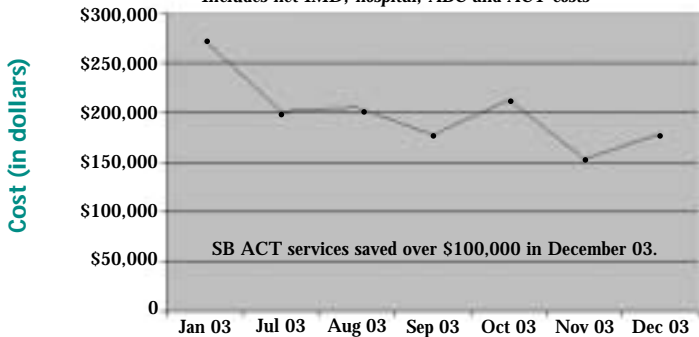
Room and Board	32
Licensed B&C	26
Independent Living	16
IMD	8
Acute Hospital	5
ABC	5
Assisted Living/Convalescent	2
Jail	1
State Hospital	1
Total	96

Total IMD Census



Total Cost of ACT

Includes net IMD, hospital, ABC and ACT costs



Admissions & Graduates

Admissions	110
Current enrollment	96

Gender

Female	47%
Male	53%

Age Range

18-20	6%
21-29	21%
30-39	27%
40-49	29%
50-59	15%
60+	2%

Ethnicity

Caucasian	50%
African American	23%
Latino/Hispanic	19%
Other	4%
Unknown	2%
Native American	1%
Pacific Islander	1%

Diagnosis

Schizoaffective Disorder ..	43%
Schizophrenia	35%
Bipolar Disorder	10%
Major Depressive Disorder ..	7%
Other	5%

Telecare San Bernardino ACT Purpose and Range of Services

San Bernardino ACT transitions County clients out of IMDs and ABCs to lower levels of care, and assists them to gain community tenure. These services are provided by a multidisciplinary, integrated team. The comprehensive range of services includes:

- Multidisciplinary mental health assessment and treatment
- Risk-focused assessment and intervention
- Psychiatric assessment, treatment and counseling
- 24-hour crisis support and interventions
- Medication administration, management and support
- Life-skills coaching
- Vocational and pre-vocational services
- Education regarding mental illness, medications, and alcohol and drug use
- Development of natural supports
- Culturally competent services in own language
- Physical assessment and referral
- Psychosocial rehabilitation for individuals and groups
- Case management services
- Dual diagnosis assessment and service coordination

Program Team and Services

SB ACT members are served by one multidisciplinary team of ten staff members, including two team leaders, two RNs and six personal service coordinators, which includes counselors. A staff psychiatrist and resident also provide 30 hours of services per week. In addition, there is an administrator, a business office manager, a receptionist, and a regional employee relations manager. The following is a report of the specialty areas provided by the team.

Savings in Dollars While Improving Lives

Based on the program's initial year operations, the annualized net County savings projected from implementation of the SB ACT are estimated at more than one million dollars. In December 2003 alone, the total net cost of providing services to ACT members totalled \$172,000 compared to the cost for January of 2003 of \$272,000, a savings of over \$100,000. But as impressive as these savings have been, what is more important is the impact that this program has had on members' lives. Individuals who were living in institutional environments for years are now living in the community and doing well.

Risk Assessments

Clinical risk information is collected throughout the year and is integrated into program operations, including serv-

ice and treatment planning, program management, and where appropriate, increasing member motivation. The Telecare Clinical Risk Assessment measures the following domains: suicide, alcohol and other drugs, violence, self-neglect, medical risk barrier, communicable disease risk, victimization, child abuse/neglect, and problems following the psychiatric medication plan. These assessments provide an opportunity to talk openly with members about risk areas so they may improve choice-making skills, increase strengths, decrease harm, and attain their goals in life. The assessments also identify areas that may require attention and allow staff to monitor each member's progress in risk reduction or increase.

Treatment Planning

SB ACT is a recovery-centered program. It emphasizes the recovery of hopes and dreams, the recovery of skills and the ability to live a meaningful life. To achieve this, SB ACT uses other corporately-developed clinical tools, in addition to the Clinical Risk Assessment, when working with members to develop treatment plans. These tools – Guided Planning Dialogue, My Recovery Beaker, and Assessment and Engagement around Alcohol and Drug Use – help the SB ACT team to understand the member's views on recovery and identify their individual strengths, preferences and personal goals. Information is also gathered from family, friends, and other healthcare providers. Treatment goals are written in the member's own words. The treatment plan also includes crisis planning, which enable both member and staff to identify and plan for crises, so they are handled in a way that is both preferred by and beneficial to the member.

Housing

The SB ACT team helps members secure and maintain suitable housing of their choice in the community. SB ACT assists members with Section 8 applications, and has located appropriate board and cares and independent living situations. Over the coming year, the team focus will shift to encouraging members to realize their goals in obtaining more independent housing. Additional details on housing are included in the Challenges section.

Substance Abuse Services

SB ACT follows a Harm Reduction model when working with members who are dually diagnosed with a mental illness and substance abuse issues. Harm Reduction emphasizes choice-making skills and building awareness of the consequences of life choices. SB ACT uses the Stages of Change model and motivational interviewing when striving to change harmful behaviors. Treatment plans are organized around harm reduction, which may or may not include abstinence, depending on the member's goals and preference. Two SB ACT team members are qualified Substance Abuse Counselors. They provide weekly groups

which include activities such as journaling, education, sharing experiences, and linkage to or support in attending Alcoholics Anonymous or Narcotics Anonymous groups. Individual counseling is available, as well as family and member interventions.



Members enjoy visiting the ACT program.

24-Hour Crisis Line

SB ACT provides a crisis hotline to members 24-hours-a-day, 7-days-a-week. This service has been well used during the first year and has been crucial for members adjusting to the community. Members may call any time they feel they are at risk of being in a crisis situation. The team is able to respond to member crises over the phone, or by going into the community to provide onsite crisis intervention. It has been found that this service lessens the likelihood of acute hospitalizations and/or incarceration.

Loma Linda

Telecare is partnering with the Loma Linda University Department of Psychiatry. Physician services are provided to members by senior university faculty, as well as closely-supervised residents who are going through the psychiatry program. Services provided to the SB ACT members have been excellent. University staff have provided training to the SB ACT team on medical and medication issues. The partnership has also enabled resident psychiatry students to receive training in the community psychiatry model. Due to this affiliation, SB ACT members are also able to receive medical services at Loma Linda-run medical clinics in the community.

Resource Center

The SB ACT office has a Resource Center for members. It provides computer use, group counseling, community agency information and resources, pre-vocational information, a television and snacks. Banking transactions are provided at the center by the business office manager. The resource center is a safe social space for members, many of whom have spent much of their lives institutionalized, and provides a way for members to retain close daily contact with the ACT team. Members feel more involved with the program, and 10 to 20 visit the center daily. The ACT team has found that members who visit the resource center daily are adjusting better to their housing situation and the community in general.



Vocational and Pre-Vocational Support

Meaningful work is often a key element in a person's recovery process.

To assist members in this area, SB ACT has a vocational specialist who pro-

The Resource Center is popular with members.

vides a range of supports. These include: hands-on assistance with job search, job applications, interviewing skills, workplace readiness, and linkage to other support resources such as education, and community-based job-skills and job-placement agencies. Three SB ACT members are currently employed.



Forensic Support

The program provides support to members who are incarcerated to ensure continuity of care. The team visits members in jail, ensures that medication needs are being addressed, accompanies mem-

Dr. Christison and Dr. Shah discuss member care.

bers to court, and coordinates with the jail around discharge planning, housing placements, funding, and assisting members in regaining entitlements. The program also coordinates with probation and parole to ensure members are in compliance with any legal system requirements or expectations.

CARF Accreditation

Telecare ACT programs received a three-year CARF accreditation in 2003. Telecare received the highest level accreditation possible from the national surveying agency.

Outcomes Tracking

SB ACT uses a software program called Caminar to document both clinical and billing information. Caminar is specifically designed for community-based programs and has improved the program's efficiency and productivity. Caminar enables staff members to automate and streamline the documentation of the clinical services and diagnostic information. SB ACT is currently updating these capacities with the goal of establishing baseline information to evaluate individual and aggregate member progress and improvement in core functional areas.

Challenges & Solutions

SB ACT actively works toward continuous improvement in service quality, communications and program operations. The team has worked closely with the Department of Behavioral Health in establishing a partnership to address a wide range of serious and sometimes complicated client and community issues.

Housing

Challenge: Housing was required for 100 members transitioning from restrictive levels of care. Housing resources are extremely limited in San Bernardino County for individuals with serious mental illness. SB ACT was often in competition with other providers for the extremely limited housing resources. **Solutions:** Initially, SB ACT continued to use some of the County's contracted ABCs for supportive services. However, the SB ACT team located 52 additional licensed board and care/room and board beds that had not previously been used by the County, and has successfully transitioned clients to these beds. In the next year, the program will be working with The Association for Community Housing Services (TACHS) in developing supportive housing in an apartment complex which TACHS is purchasing and renovating in San Bernardino.

Acute Care and IMD Use

Challenge: Of the initial cohort (n=100), a significant percentage had recent long-term institutional histories. Given the need to quickly move members to lower levels of care and despite best efforts and clinical interventions, a number of clients did require acute care programs for crisis intervention/stabilization. In addition, based on assessment of clinical risk, it was necessary to re-admit several clients to IMDs. **Solutions:** Consistent with the literature and Telecare's experience in other locations, some recidivism can be anticipated. SB ACT is hopeful of successfully reintegrating these members to lower levels of care in the foreseeable future. To mitigate the cost of initial relapses, a contract has been developed for crisis stabilization with Shandin Hill Recovery Center, an IMD in San Bernardino. SB ACT uses this facility as a short-term crisis stabilization service that serves as an alternative to acute hospitalization. Staff are able to stay in close contact with members who are in crisis and who need IMD support.

Communications

Challenge: As a new program, SB ACT services were unfamiliar in the community; providers, agencies and hospitals required more robust and timely communications to better service members. **Solutions:** SB ACT has established a communications plan to educate all relevant agencies about the goals and scope of services. Outreach and communications efforts include: dedicated team

member relationships with acute psychiatric hospitals; inclusion of ABCs in weekly team meetings; weekly meetings with DBH to review communication plan progress; and dedicated team member relationships with other agencies including the Public Guardian's office, room and boards, IMDs, and other advocacy and educational agencies. SB ACT has also implemented a call monitoring and training system to improve customer service, and has created a one-page ACT guide to assist community agencies in their communications with the program. SB ACT developed a weekly hospitalization report for DBH, and works with hospitals on discharge protocols, planning and placement. The program is diligently responding to criticisms from the community regarding coordination of client care issues and is building relationships which enable more effective communication.

Real Life Success

■ J. is 21 years old and diagnosed with bipolar disorder. She became pregnant while living at an IMD. Soon after, she transitioned to the ACT program. Ever since she found out that she was pregnant, Jane has made many positive changes in her life. The SB ACT team has helped her arrange and keep her prenatal appointments, as well as providing motivational counseling and self-care guidance so that her child would be born healthy. She made the choice to live with her mother and other family members, and has stayed clean and sober. She empowered herself to enroll in the WIC program for adequate nutrition and with the team's assistance, has been attending parenting classes and has shown excellent responsibility for her child. The ACT team sees her regularly and with their help, she is realizing her dream of living in the community.

■ Prior to enrollment in SB ACT, D. was in and out of IMDs, was a heroin addict and had spent time in prison. Since enrolling with SB ACT and with the help of the program's constant counseling and redirection, he has had a complete turnaround. He has gotten off his conservatorship, utilizes the transportation system and comes to the center regularly. He also assists his peers with their recovery during member meetings, AA meetings and with peer support. With the help of bi-lingual family counseling through SB ACT, he recently reunited with his four children and eight grandchildren, whom he had not seen in eleven years. This was a time of great stress and great joy for D., and he managed it all successfully. The reunification with his fami-

Administrator Turnover

Challenge: Finding and retaining high caliber staff to fill the Administrator position has been difficult. There is a limited pool of candidates available with required experience. **Solutions:** Telecare Corporation's Regional Director of Operations has initiated an aggressive recruitment campaign to find exceptional candidates for the Administrator position. The campaign has included local networking, nation-wide online advertising, internal recruiting within Telecare, and the use of an outside recruiter to assist in the search. Though response rates have been high, qualifications have not measured up to Telecare or DBH standards. Until the best candidate can be found, Telecare's Regional Director of Operations is on-site three days per week, administering the program and overseeing staff. An experienced Telecare ACT administrator has been assigned on a temporary basis. Telecare core staff have also provided assistance and leadership.

ly has been a major milestone in his recovery. D. also recently received the honor of speaking at a consumer conference in Colorado.

■ D. was in an IMD just before her enrollment in SB ACT. She spent the majority of her youth in mental health facilities, with frequent hospitalizations. Upon enrollment, she transitioned to a board and care, where she was able to live independently. With the help of SB ACT, she has been working on her communication and anger management skills. She experienced a major setback after an assault while living out in the community, but she persevered with her recovery through counseling and support from the ACT team. The team was also a major advocate for her conservatorship termination. She currently attends San Bernardino Adult School and is seeking employment. After many years of struggling with her family, she now lives with them. SB ACT encourages her to work on her recovery plan, setting monthly goals. She has completed a job interview and is looking forward to working soon.

■ Prior to enrolling with SB ACT, R. lived in an augmented board and care for two years. His dearest wish was to be reunited with his family. When others thought this could not happen, SB ACT strongly advocated for the member's hopes and dreams, and he has been successful. The ACT team supplied support and services to both the member and his family, and now he is very involved in his children's lives. He is currently volunteering at his daughter's elementary school, and has been working with the program to learn how to be a more proactive parent.



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Telecare's Mission:

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