

# Telecare Corporation: Services & Populations



## Spectrum of Services:

Inpatient Acute	Inpatient Non-Acute	Crisis	ACT	Case Management	Residential	Outpatient	Administrative Services
Within Medical Hospital	Recovery Centered 16-Bed	23-Hour Facility-Based Crisis	PACT	Intensive	Residential Treatment	Outpatient Clinic	Service Access
Free Standing Psychiatric	Subacute	Mobile Services	Enhanced CARF ACT	Transitional	Transitional Community Living		Payment Authorization
	Extended	Crisis Residential	CARF ACT				Appeals
		Telephone Support					

### About Telecare:

Telecare has provided services and supports to individuals with serious mental illness since 1965, and is dedicated to helping people recover from illness and reclaim their hopes, dreams and life roles. We work in partnership with public sector entities and behavioral health organizations to provide cost-effective, clinically-advanced services that include innovative treatment and recovery-focused interventions. We continually monitor for effectiveness and adjust services to meet the needs of consumers and customers.

### Telecare's Services:

Inside this brochure are brief descriptions of each of the services listed above. Our service array has grown over the years to meet the changing needs of consumers, communities and systems of care.

### Populations Served:

On the back page of this brochure are brief descriptions of our approaches when working special populations. Telecare primarily serves adults with serious mental illness, including those with co-occurring issues. Services for special populations may be provided as a subset of a program or as the program's primary focus.

Telecare serves individuals with the following co-occurring issues: substance abuse, developmental disabilities, homelessness, aging, and forensic system challenges.

# Service Descriptions:

## Inpatient Acute

**For:** Individuals experiencing an acute exacerbation of illness and/or symptoms, who require short-term inpatient support to stabilize and return to the community.

**Length of Stay:** Short-stay program, typically 3-10 days.

**Setting:** Secure inpatient.

**Purpose:** Ameliorate/stabilize behaviors and symptoms; support

individuals in returning to community or less intensive care.

**Measures of Success:** Reduced clinical risk and readmissions; successful connection to community services; increased satisfaction with services.

**Types Provided:** *Within Medical Hospital* programs are acute psychiatric services provided within or adjacent to

medical hospitals or centers.

*Free-Standing Psychiatric* facilities can provide inpatient acute services in a 16-bed or less model (Medicaid reimbursable) or an over 16-bed model (reimbursable by Medicare and other 3rd party payors).

## Crisis

**For:** Individuals who are a danger to themselves or others, unable to provide for basic needs, or need support to manage distress but do not have access to appropriate mental health services or cannot wait for routine care.

**Length of Stay:** Short-stay program, typically up to 23 hours.

**Setting:** Can be community-based or facility-based.

**Purpose:** Provide immediate support to improve the presenting symptoms; prevent unnecessary psychiatric hospital-

ization; link with ongoing services.

**Measures of Success:** Reduced clinical risk, distress, use of psychiatric emergency services and system costs; successful connection to community services; increased satisfaction with services.

**Types Provided:** *23-Hour Facility-Based Crisis* programs provide immediate support and access to services. These can be **urgent** (voluntary) or **emergent** (involuntary, principally for individuals who are a danger to themselves or others and may require

involuntary commitment).

*Mobile Services* provide face-to-face assessment and support in the community. *Crisis Residential* programs are typically 3-15 days, providing time for stabilization. Additional options include a **recovery-focus** to promote and support recovery, and/or **non-hospital medical detox** (where allowable) which is a medically supervised process for individuals not requiring a hospital setting. *Telephone Support* offers over-the-phone interventions.

## Case Management

**For:** Individuals who can live successfully in the community with support and assistance in negotiating barriers to services.

**Length of Stay:** Membership is typically ongoing for intensive, and 90-days or less for transitional.

**Setting:** Majority of services provided in the community where members live, work and socialize.

**Purpose:** Provide engagement and support; assist individuals in understanding, defining and meeting their service and life needs.

**Measures of Success:** Reduced clinical risk, harm, hospitalizations and overall system costs; increased tenure in community living setting of choice, personal strengths, stability and quality of life, individual and family satisfaction.

**Types Provided:** *Intensive Case Management* is designed for high service users. It maintains low staff-to-client ratios and shared caseloads. *Transitional Case Management* provides intensive services, but for a limited period of time, primarily for individuals transitioning from institutional or forensic systems to the community.

## Outpatient

**For:** Individuals who live in the community and meet admission criteria defined by the customer. Individuals may have a wide range of diagnoses and challenges.

**Length of Stay:** Varies with presenting problem and customer policy.

**Setting:** Almost all services are provided at the service center.

**Purpose:** Address presenting problems; purpose varies by customer/client need.

**Measures of Success:** Increased satisfaction with services; other measures vary depending on customer goals and requirements.

**Types Provided:** *Outpatient Clinics* are customized according to customer need and may include elements such as risk management, rehabilitation and recovery, specialty populations, culturally- or diagnosis-specific services, or services for a defined geographic area.

# Service Descriptions:

## Inpatient Non-Acute

**For:** Individuals needing intensive services who would otherwise require extended stays in acute/state hospitals. Programs can be adapted to meet the needs of specialty populations.

**Length of Stay:** Longer-stay program, typically 3-6 months or more, depending on client need and customer parameters.

**Setting:** Secure inpatient.

**Purpose:** Foster recovery and rehabilitation in supportive, structured

environment with end goal of successful transition to the community.

**Measures of Success:** Reduced clinical risk and readmissions; successful transition to community-based services; increased satisfaction with services.

**Types Provided:** *Recovery-Centered 16-Bed* (Medicaid reimbursable) programs have a unique design that aligns all program elements on supporting the individual's recovery, including

program structure, process, and staff/client interaction and development.

*Subacute* and *Extended Stay* programs have lengths of stay of 3-6 months and 12+ months respectively. They are typically larger in size and include a recovery focus as they teach skills and arrange supports that will assist clients in the community. More robust, diverse staffing may be added depending on the specific needs of the population and customer's desired outcomes.

## Assertive Community Treatment (ACT)

**For:** Individuals with complex needs who can successfully live in the community with intensive services and supports.

**Length of Stay:** Membership is ongoing; no arbitrary time limit.

**Setting:** Majority of services provided in the community where members live, work and socialize.

**Purpose:** Assist clients to live successfully in the community and fully support

recovery process; prevent unnecessary psychiatric hospitalization.

**Measures of Success:** Reduced clinical risk, harm, hospitalizations and overall system costs; increased tenure in community living setting of choice, personal strengths, stability and quality of life, individual and family satisfaction.

**Types Provided:** *PACT* programs adhere to fidelity guidelines and are richest in structure and professional,

peer and specialized staffing.

*Enhanced CARF ACT* programs are more specialized than basic *CARF ACT*, and offer benefits when working with specialty populations, or when trying to achieve specific rehabilitation goals.

*CARF ACT* is the most flexible, and can be adapted to program purpose, member needs or available funding, while retaining the critical elements of ACT.

## Residential

**For:** Individuals who need additional support as they transition from institutional settings to more normal community living environments. Best suited for individuals who need structured support to live in a less-restrictive environment.

**Length of Stay:** Determined by customer.

**Setting:** Home-like living environments.

**Purpose:** Assist individuals in their transition to the community; focus on community integration and skill development.

**Measures of Success:** Successful development of contacts with other providers in preparation for transition; sustained tenure in the environment of choice after discharge; increased satisfaction with services.

**Types Provided:** *Residential Treatment* programs provide structure and support. Individuals both reside and receive services in this environment.

*Transitional Community Living* programs have a significant portion of services provided in the community by other treatment providers.

## Administrative Services

**For:** Systems that prefer to outsource certain administrative services, or combine these services with other Telecare programs (such as crisis) to create greater efficiencies.

**Types Provided:** *Service Access* is a gate-keeping function used to evaluate

clients' needs and route individuals to appropriate service providers.

*Payment Authorization* is used to review and authorize payment for inpatient hospitalizations. *Appeals* is a service that provides oversight and management of the provider appeals process.

# Populations Served:

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Telecare's services can be adapted to meet the needs of special populations. Below are brief descriptions of the treatment approaches we use and some examples of the programs where the approaches have been implemented. **More information on these programs is available at [www.telecarecorp.com](http://www.telecarecorp.com).**

## Substance Abuse

Telecare provides substance abuse interventions in almost all of its programs. However, ACT/case management programs offer greater opportunities for success due to the long-term staff/client relationships and intensive community-based program structures. Telecare has built on this success with an innovative **intensive case management** model. Demonstrated at the *CHANGES Dual Recovery Program*, this unique model takes a client-centered, comprehensive recovery approach. It incorporates evidence-based practices such as stage-specific interventions, assertive outreach, motivational interventions, counseling, social support interventions and cultural sensitivity. Where evidence-based practices did not exist, innovative approaches were developed. These include data-supported decision making; tools for measuring abstract concepts such as harm, strengths and engagement; and a unique method for supporting effective life choices.

## Developmental Disabilities

Telecare has designed a **recovery-centered subacute (non-acute inpatient)** approach for individuals with mental illness and developmental disabilities. Implemented at *Redwood Place*, it aligns on recovery at all levels, from assessments and dialogues to interventions, client information systems, selection of staff, and the overall client experience. In this environment, clients begin a learning process that helps them make effective choices, reduce the amount of harm in their lives and increase their personal strengths. The program is highly conscious of power, spirituality, identity, and culture. It supports clients in recovering their lives using collaborative relationships, innovative processes and tools, and a home-like environment.

## Aging/Older Adult

Individuals with serious mental illness who are over age 55 are served using three different models. *Alameda STAGES* is a **enhanced CARF ACT** program, which adapts the traditional ACT model to the specialized needs of older adults. *L.A. ACT 7* is a **PACT** program, which adheres to strict fidelity

guidelines. Both of these programs assist individuals to live successfully in the community, while addressing medical issues and other symptoms of aging. *La Paz* and *Morton Bakar Center* are **extended stay (non-acute inpatient)** programs, licensed as skilled nursing facilities. They work with individuals to reduce acute symptoms, develop independent living and social skills, stabilize medical illnesses and prepare to transition to less restrictive environments.

## Homelessness

Telecare operates six programs funded by California's AB2034 legislation, which addresses both homelessness and serious mental illness. One example of an **enhanced CARF ACT** program is *Stanislaus Homeless Outreach Program*. It includes all core components of ACT, with additional emphasis on assertive outreach in the community and aggressive housing efforts. ACT programs are outcomes-focused, and have generated strong results thus far in reducing homelessness, jail/incarceration, and use of emergency/acute inpatient hospitalization. Telecare also works with systems in a more collaborative way, using an **intensive case management** model. Demonstrated at *San Diego REACH*, the program provides outreach, engagement, case management, crisis intervention and mental health supports, and teams with other providers in the community who provide housing and psychiatric services.

## Forensic

Mentally ill offenders are served using several models. *Solano STRIDES* is an **enhanced CARF ACT** program which includes a day socialization component for individuals who participate in the County's conditional release program. Telecare is working with strategic partners to develop a **recovery-centered, extended stay (non-acute inpatient)** program to serve the rehabilitation and recovery needs of individuals who are transitioning out of long-term stays in state hospital forensic settings. Telecare also has experience providing **inpatient acute** and **outpatient** mental health services to inmates within the jail systems, and, short-term **transitional case management** support to individuals who are leaving jail and returning to the community.