



Telecare's Crisis Program Roundup

Telecare currently partners with customers in California and Oregon to operate an array of crisis and prevention-related services. Our current program roster is included below. In the past, we have also partnered with counties to operate mobile response teams, phone-based crisis response, and peer-based warm lines as well.

IN-HOME OUTREACH & TREATMENT

IHOT programs focus on pre-crisis prevention by reaching out to people who are exhibiting symptoms of untreated serious mental illness and who, for a variety of reasons, have not, or will not, proactively seek out mental health treatment.

SAN DIEGO COUNTY, CA — IN-HOME OUTREACH TEAM (IHOT). Opened in 2012, this program was developed as an alternative model to Laura's Law. The intention is to reach and support adult individuals with untreated severe and persistent mental illness without resorting to the need for forced treatment. IHOT works to curtail repeated emergency room visits, hospitalizations and/or incarcerations. Program services include: mobile outreach and support; behavioral health needs assessment; psycho-education about mental illness and navigating the mental health system of care; intensive case coordination; referral and linkage assistance to community and mental health care resources; crisis response and prevention planning; and a strong mobile family support component. The program builds trusting relationships, helps people to address their immediate needs and goals, and connects them to community support or mental health services that will work best for them. Once enrolled, membership typically last six months to one year. IHOT serves approximately 240-300 individuals annually.

URGENT CARE / CRISIS WALK-IN

Urgent care/crisis-walk-in programs provide services to individuals who self-refer, or who are willing to receive services on a voluntary basis. They offer: short wait times; easy access; walk-in accessibility; a quiet, comfortable setting; food and other basic needs; linkage with community mental health and other resources; and expert crisis support services. Length of stay is typically six to eight hours.

LOS ANGELES COUNTY, CA — MENTAL HEALTH URGENT CARE CENTER AT LONG BEACH (MHUCC). Opened in 2002, the MHUCC was the first mental health urgent care center in LA County. Prior to its opening, ERs, psychiatric hospitals and jails were the primary resources for people in crisis. The program was created to offer an intermediate level of support between routine care and more costly emergency treatment, in addition to helping alleviate the impact on county ERs/jails. The program is co-located on a campus with a Psychiatric Health Facility (locked acute inpatient) and a Mental Health Rehabilitation Center (locked subacute inpatient). The MHUCC serves approximately 3,000 individuals annually.

ALAMEDA COUNTY, CA — SAUSAL CREEK OUTPATIENT STABILIZATION CLINIC (SCOSC). Opened in 2002 as a 24/7 program, SCOSC was created to help Alameda County address its high volume of involuntary holds and acute inpatient hospitalizations and operates out of Oakland. Alameda County had historically been one of the highest 5150 users in the state. The county developed SCOSC to reduce holds, increase access to services, and alleviate pressure on county psychiatric ER services. The clinic was restructured in 2010 to provide services for 12 hours a day Monday to Friday, and eight hours/day on Saturdays and holidays. The average length of stay between the time of a client's admission and discharge is about three hours and the clinic serves approximately 4,000 individuals annually.

CRISIS STABILIZATION

Crisis stabilization programs provide services to people who have more intensive crisis needs, and who are typically referred by police, other providers, ERs, etc. Services can be delivered on a voluntary or involuntary basis. These programs offer screening, triage, medication support, and brief treatment in a safe, protective setting. The typical length of stay is up to 24 hours.

SANTA CRUZ COUNTY, CA — SANTA CRUZ CRISIS STABILIZATION PROGRAM (CSP). Opened in late 2013, the Santa Cruz CSP is an 8-chair locked crisis program co-located with a locked acute inpatient program. The programs were created to fill the gap left when the previous provider (a community hospital) elected to close its behavioral health unit. The CSP was created in tandem with the acute inpatient program to provide a welcoming, non-ER environment for people in crisis, giving them an opportunity to stabilize, move seamlessly to more intensive services as needed, and avoid unnecessary hospitalization wherever possible. The program serves children, adolescents and adults.

RIVERSIDE COUNTY, CA — RIVERSIDE COUNTY CRISIS STABILIZATION UNIT (CSU). Opened in 2014, Riverside County CSU is a 12-chair locked crisis program co-located with a locked acute inpatient program. This program is similar in structure to the Santa Cruz program listed above.

STANISLAUS COUNTY, CA — STANISLAUS CRISIS STABILIZATION PROGRAM. Opening in November 2015, this program will be similar in structure to the Santa Cruz and Riverside County programs listed above.

CRISIS ASSESSMENT & TREATMENT

These programs offer immediate individualized assistance and a compassionate presence to stabilize symptoms, avoid the need for higher levels of care, and receive appropriate referrals to community-based resources. Services are delivered on a voluntary or involuntary basis. These programs offer screenings, medication adjustment and psychiatric services, peer support, and recovery specialist services.

MULTNOMAH COUNTY, OR — MULTNOMAH CRISIS ASSESSMENT & TREATMENT CENTER (CATC). Opened in 2011, the CATC is a secure 16-bed crisis residential program created to reduce repeated admissions to jails and hospitals by people with a mental illness who are in crisis. It fosters recovery by using a high volume of peer supports — treatment team staff members who have personally lived with mental illness. CATC serves approximately 495 individuals annually.

MULTNOMAH COUNTY, OR — JUSTICE TRIAGE. Opened in late 2014, Justice Triage is a voluntary program serving up to five individuals at one time. This program was created as a pilot project for the CATC to work with individuals with a mental illness who have been booked for minor criminal offenses, but are released on their own recognizance pending a court date. Justice Triage focuses on rapid improvement of risk and distress, while maximizing individual strengths and resources to address problems that might arise in the future.

CRISIS RESIDENTIAL

These programs offer short-term residential support, medication services, and links to community services. They can also serve as a 'step down' for those preparing to leave the hospital and return to the community. The typical length of stay is up to 30 days.

ORANGE COUNTY, CA — TREE HOUSE CRISIS RESIDENTIAL. Opened in 2010 and expanded in 2012, the Tree House program offers treatment in lieu of hospitalization. It provides short-term crisis support service for people who don't meet criteria for 5150, but can't be left on their own. This program is the only one of its kind for adults in Orange County that offers 24/7 services. It is solely dedicated to providing mental health crisis stabilization services. Typical length of stay is seven to 10 days. Tree House serves approximately 350 individuals annually.

SAN JOAQUIN COUNTY, CA — JEREMY HOUSE CRISIS RESIDENTIAL. Opened in early 2013, Jeremy House is a short-term, voluntary 6-bed crisis residential program that expands the menu of crisis services available in the county, and helps reduce the use of involuntary treatment. The county's goal is to help people manage crises in the least restrictive manner possible, with significant focus on recovery supports and principles. Since opening, Jeremy House has served approximately 146 individuals with a typical length of stay of 12 days.

CONTRA COSTA COUNTY, CA — HOPE HOUSE CRISIS RESIDENTIAL. Opened in early 2014, Hope House is a newly built county-owned 6,400sf home-like facility serving 16 residents with a special emphasis on peer support and Wellness Recovery Action Planning (WRAP). Hope House was created to help the community address crises by offering a voluntary, less-restrictive alternative to hospitalization, and to provide a step-down resource for those who are leaving inpatient settings. Since opening, Hope House has served approximately 195 individuals with a typical length of stay of 19 days.

ALAMEDA COUNTY, CA — JAY MAHLER RECOVERY CENTER. Scheduled to open in October 2015, the Jay Mahler Recovery Center will be a 16-bed crisis residential program located in a newly built wing on the Fairmont Campus of the John George Psychiatric Pavilion in San Leandro. The crisis residential facility will be an unlocked, voluntary psychiatric program that will help adults stabilize their mental health symptoms, develop effective self-reliance skills, and in essence, restore a person's sense of hope and purpose.

For more information on any of these programs, please contact Faith Richie, SVP of Development:
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