



FY16-17

TELECARE ANNUAL REPORT

Moving Our Mission Forward

Meeting Behavioral Health Care Uncertainty with Strength



Telecare Corporation | Respect. Recovery. Results. | www.telecarecorp.com

Letter From the President and CEO

Behavioral health care providers and health systems faced unprecedented uncertainty in 2017 given the proposed elimination of the Affordable Care Act and congressional actions to dramatically cut Medicaid.

Despite this macro environment, Telecare moved its mission decisively forward with our public and private partners by staying focused on local needs and opportunities to advance the accessibility and effectiveness of whole health services.

A shining example is our work with multiple California counties taking full advantage of new funding for crisis services (SB82).

The creative models of care we deployed together have contributed to a broader geographic delivery of voluntary and involuntary emergency services, especially in places like Riverside, CA, where we opened three programs this summer.

In Washington and Oregon (as well as California), crisis safety nets were bolstered with the innovative use of peer roles and family networks like NAMI to transform services and make them as unstigmatized and ubiquitous as standard physical urgent care.

Equally exciting were the leaps we made expanding into population health, partnering with Santa Clara County, to deliver the first “Pay for Success” behavioral health program in the United States. This program, whose outcomes will be researched in partnership with Stanford University, creates performance incentives which more effectively align clinical goals and social impact.

Internally, we added over 700 FTEs to our workforce to meet the demand for a broad range of eight new programs and a 9% growth rate. We took major steps to build our leadership bench strength and broaden our technology infrastructure to reinforce quality.

As the national health care debate continues to rage, we are stepping up our advocacy at the federal level, working with the National Council and the Kennedy-Satcher Center for Mental Health Equity. At the same time, we are staying focused at the local level and on the values of respect, recovery, and results which have anchored our long-term success.

Thank you for your trust, partnership, and boldness in these times of dramatic change.



ANNE BAKAR, TELECARE PRESIDENT AND CEO, WITH FORMER CONGRESSIONAL REPRESENTATIVE PATRICK KENNEDY, FOUNDER OF THE KENNEDY FORUM

New Telecare Mission Statement

Deliver **excellent and effective behavioral health services** that engage individuals with **complex needs** in recovering their **health, hopes, and dreams**.



IN NOVEMBER 2016, TELECARE LAUNCHED A NEW MISSION STATEMENT TO REFLECT OUR FUTURE DIRECTION.

What's Changing: **Excellent and Effective**

Our new statement places a stronger focus on effectiveness and the ability to meet customer and client needs to see measurable results. This includes investments in electronic health records, improved tools and processes to support data-driven decision-making, and improved

data management and evaluation practices. We are also increasing use of data in day-to-day recovery work and interactions, to better support effective choice-making.

What's Changing: **Health, Hopes, and Dreams**

Historically, our recovery philosophy focused on helping those we serve to recover their hopes and dreams. Now, the language in our new mission statement speaks to engaging clients in recovering their "health, hopes, and dreams," a clear reference that recovery involves the whole person: body and mind.

We are operationalizing this new vision today primarily with an "education initiative." Through e-training, we are educating our 3,300+ employees about common physical health conditions as well as providing tools to support healthy lifestyle changes.

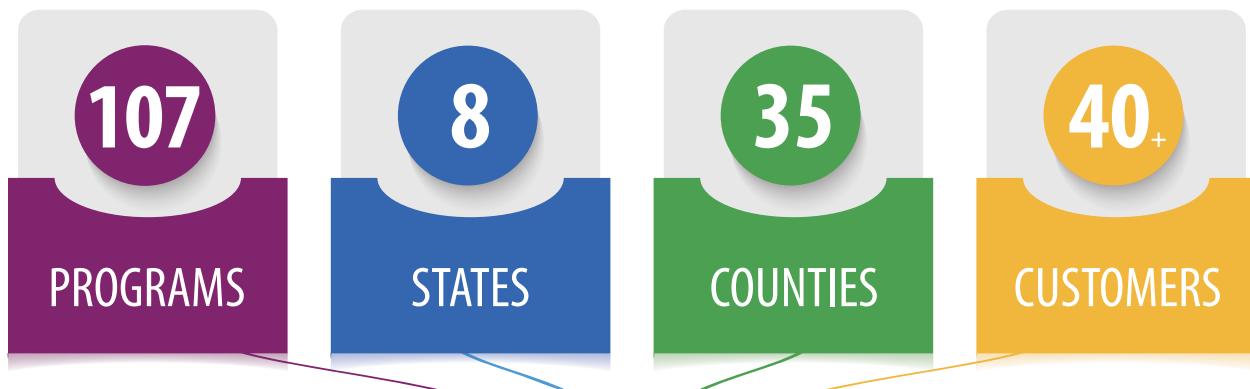
By using the term "behavioral health" instead of "mental health," we are signaling our expansion into evidence-based services that are more integrated and holistic, including substance use treatment. Our initial focus will be on educational tools to foster engagement in treatment, including motivational interviewing, and recognizing that there are "stages of change" in substance use recovery. Behavioral health is also a term that may be less stigmatizing.

We are expanding our definition of the population we serve to include a broader range of behaviors and life needs. In particular, we will improve our program designs to address substance use education and treatment, physical health issues, intellectual disabilities, and justice involvement. Other areas that affect stability and recovery such as housing, work, education, and community connection will also be addressed.

What's Changing: **Complex Needs**

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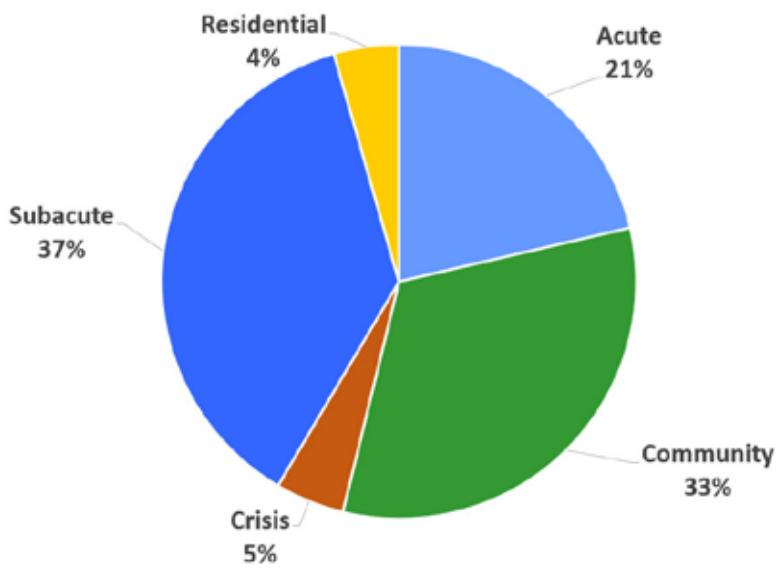
Telecare at a Glance



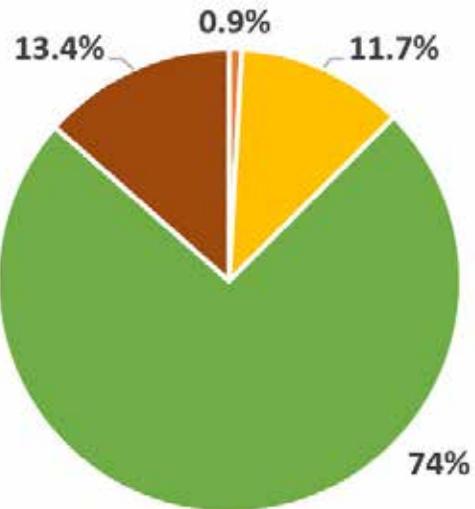
27,107
UNIQUE INDIVIDUALS SERVED IN FY16-17

3,319 Telecare Employees

Persons Served by Product Type



Persons Served by Age Group



■ Child ■ Transitional Age Youth (TAY) ■ Adult ■ Older Adult

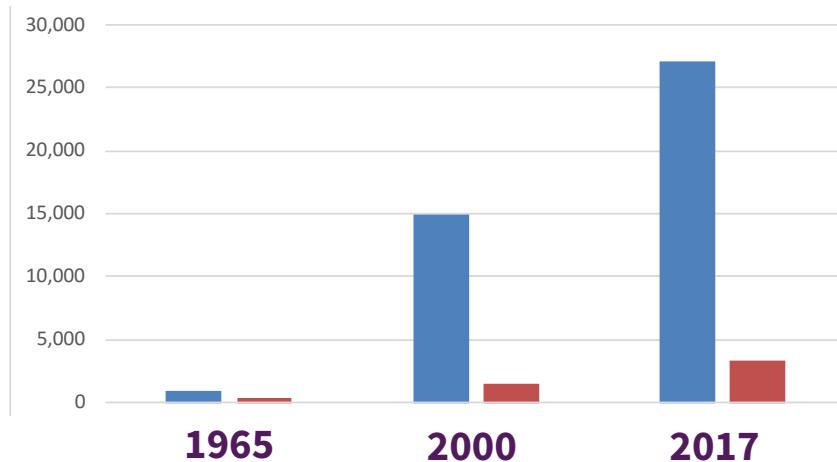
Telecare Then and Now

What Has Changed Since Our Last Mission Statement

Since 1965, Telecare has continued to evolve to better serve and support people with serious mental illness (SMI) and complex needs. We are a family- and employee-owned organization with a long track record of excellent behavioral health inpatient and outpatient services. We specialize in serving adults, older adults, and transitional age youth (TAY), particularly those with co-occurring issues such as physical health conditions, challenges related to substance use, histories of criminal justice involvement or incarceration, developmental disabilities, or complications associated with aging.

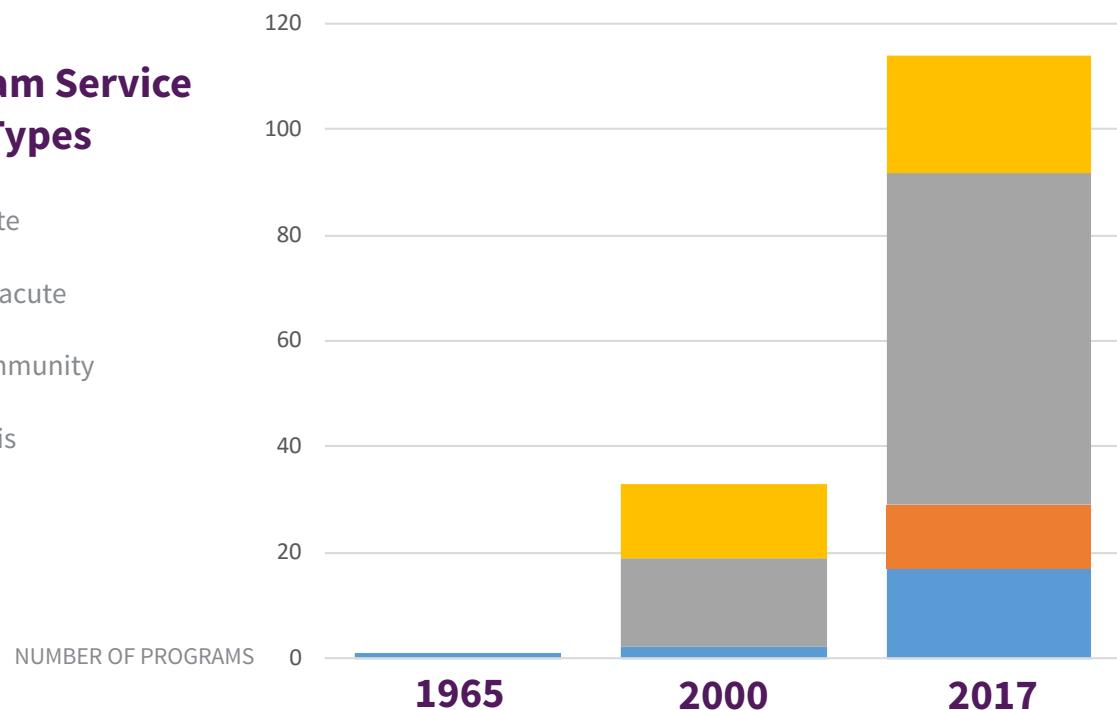
Individuals Served and Employee Growth

- Persons Served
- Employees



Program Service Types

- Acute
- Subacute
- Community
- Crisis



Leadership Growth and Development

In FY16-17, Telecare made significant investments in recruiting, retaining, and developing our leadership.

We focused particularly on the **Leadership Success Series**, which educates staff on a broad range of key leadership skills for all levels, such as coaching, documentation, HR skills, and a deep knowledge of policy and procedure. We are dedicated to continually strengthening and deepening our ability to lead teams and prepare our leaders to better manage a changing future.

Telecare also made important strides forward with **peer leadership**, including adopting a peer leadership training course and designing more programs that include peer leadership. Finally, we developed a road map of leadership competencies so that leaders at every level understand what is expected to promote to the next level.



TELCARE WAS NAMED A BEST PLACE TO WORK IN THE BAY AREA FOR 14TH YEAR! THIS AWARD IS ESPECIALLY VALUABLE TO US BECAUSE IT IS BASED SOLELY ON DIRECT EMPLOYEE FEEDBACK.



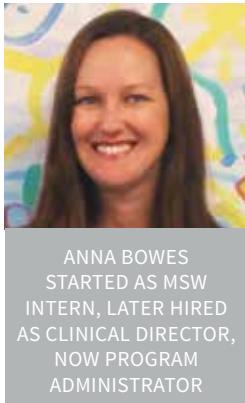
MARY ANN TOCIO,
TELCARE
BOARD OF
DIRECTORS



RENEE CHIASSON,
DIRECTOR OF
OPPORTUNITY,
LEARNING, AND
LEADERSHIP
DEVELOPMENT



STEVE OPPENHEIMER,
REGIONAL
DIRECTOR OF
OPERATIONS



ANNA BOWES
STARTED AS MSW
INTERN, LATER HIRED
AS CLINICAL DIRECTOR,
NOW PROGRAM
ADMINISTRATOR



GISSELLE CASTANOS,
STARTED AS PSCI,
THEN TEAM LEAD,
CLINICAL DIRECTOR;
NOW PROGRAM
ADMINISTRATOR



TONY GIULIANO,
PEER TEAM LEAD
LAGOS CRISIS
RESIDENTIAL
TREATMENT CENTER

"The Leadership Success Series has been a phenomenal leap forward in our leadership training.

Leaders now feel more empowered, confident, and capable than ever before.

More successful leaders means more successful programs, which in turn means more success for the people we serve."

— RENEE CHIASSON,
DIRECTOR OF OPPORTUNITY,
LEARNING, AND LEADERSHIP
DEVELOPMENT

430
LEADERS TRAINED

126
PROMOTIONS
TO LEADERSHIP
POSITIONS

168
SCHOLARSHIPS
AWARDED,
INCLUDING FOUR
NURSING SCHOLARSHIPS

37%
OF TELECare IS
EMPLOYEE-OWNED

Population Management

Whole Health Progress Report

At Telecare, we know that mental health, physical wellness, and co-occurring conditions are all interconnected.

In fact, the 2006 Surgeon General report indicates that people with serious mental illness die on average 20 years earlier than the general population because of chronic health conditions that are not well-managed. Since 2014, **Telecare's whole person care (WPC) initiative has created education for our program leaders and staff so they can improve their ability to screen for important health issues and provide clients with essential health information and guidance.**

In addition, we are educating clients on self-management of physical and behavioral health symptoms.

Workforce and Health Literacy Updates

Telecare continued to make significant strides to prepare its diverse workforce to deliver whole health-informed services and meet Telecare's expanded mission. Our main focus this year has been increasing the whole health literacy of our direct service providers. We have developed and launched a **Health and Wellness Curriculum**: an 18-hour interactive e-learning curriculum designed in-house and accompanied by a comprehensive set of client education handouts. Training has been underway for over a year and we expect all staff to be trained by April 2018. Other achievements made this year in workforce development include increases in the number of **Substance Use Specialists** across programs as well as **Peer Health Coach** positions in some programs.

Collaborating With Providers Through CommonGround

Many of our community programs have been major utilizers of CommonGround, a **decision-support tool** created by Dr. Pat Deegan, that allows clients to better understand the side effects of the medicine they take and more effectively utilize the brief time they have with their prescribers. This can change the power dynamic with prescribers and enhance a client's motivation to follow prescription protocols. Clients create "Power Statements" as part of this process, clarifying their "personal medicine" which **complements their formal medical treatment, which includes physical health**. We hope to expand CommonGround to more community programs in the year ahead and broaden our partnership with Dr. Deegan.

"Physical health is embedded in the intake process when determining whether the client is fit for a program. Clients find it easier to talk about physical symptoms, even when underlying issues are mental. We normally incorporate issues like smoking, diabetes, being overweight, and exercising in our conversations with clients."

— STAFF PERSON,
WHOLE HEALTH FOCUS GROUP



ANNE BAKAR, TELECARE PRESIDENT AND CEO, WITH PAT DEEGAN, PH.D, CREATOR OF COMMONGROUND



WORKING TOGETHER TO UPDATE COMMONGROUND BEFORE MEETING WITH PRESCRIBER

Pay for Success Launch and Results

This year Telecare opened Partners in Wellness, the **first Pay for Success behavioral health program in the United States**. Developed in collaboration with Santa Clara County and Third Sector Capital, this program creates performance incentives which effectively align clinical goals and social impact in terms of reducing costly utilization of county mental health services.

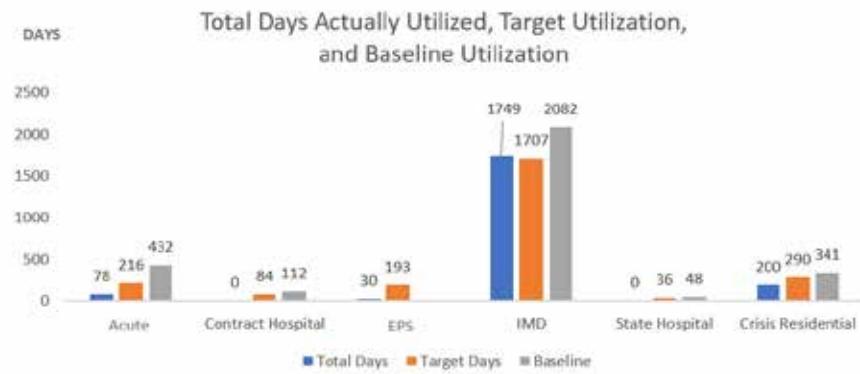
Partners in Wellness' unique clinical model improves coordination of care and enhances client stability by increasing illness and wellness self-management skills, establishing clinical outcome targets, and adjusting treatment based on standardized screenings. The program monitors clients' mood and risky behaviors associated with alcohol and other substances, as well as critical physical health measures such as cholesterol and diabetes. Data for the first six months of operation indicates enrolled **clients have already experienced significant increases in hope, fewer problems with depression, and decreases in the risky use of alcohol and smoking.**

At the outset, baseline utilization rates of county and community services were established for the population that would be served by Partners in Wellness. Targets for reduced utilization of county inpatient and contract mental health facilities were built into the contract, with service delivery payments tied to the achievement of these measurable outcomes.

These outcomes will be researched in partnership with Stanford University.

Initial data from the first six months of program operations indicates

Telecare is exceeding utilization targets, generating fiscal savings for Santa Clara County.



ANNE BAKAR, PRESIDENT AND CEO OF TELECARE; KAVITA NARAYAN, DEPUTY COUNTY COUNSEL FOR SANTA CLARA COUNTY; GRETA HANSEN, CHIEF ASSISTANT COUNTY COUNSEL FOR SANTA CLARA COUNTY; MIGUEL MARQUEZ, CHIEF OPERATING OFFICER FOR SANTA CLARA COUNTY; FAITH RICHIE, SENIOR VICE PRESIDENT OF DEVELOPMENT AT TELECARE; CAROLINE WHISTLER, PRESIDENT AND CO-FOUNDER OF THIRD SECTOR CAPITAL PARTNERS, INC., AND TONI TULLYS, DIRECTOR OF BEHAVIORAL HEALTH SERVICES FOR SANTA CLARA COUNTY

Emerging Trend: Crisis Service Expansion

Our customers across California, as well as Washington, are heavily investing to improve their continuum of crisis care.

Thanks in great part to the transformative funding opportunities provided by **Senate Bill 82, introduced in 2013 by Darrell Steinberg** (Mayor of Sacramento, CA; former Senate President pro tem), crisis mental health services are growing and expanding. **SB82 has put much-needed financial resources in place to help tackle serious needs** including: building a crisis safety net, preventing unnecessary hospitalization and incarceration resulting from mental health crises, and alleviating the strain on ERs and law enforcement.

Telecare's customers have been inspired and innovative, and have enlisted our organization in support of their goals. They want to improve connection and coordination within their systems of care; to use innovative crisis models and the invaluable knowledge of peers to transform the services themselves; and to make voluntary crisis care as ubiquitous and unstigmatized for people to use as standard physical health urgent care.

The results of these innovations are cascading down.

The warm, voluntary settings are showing local communities that there are **powerful, respectful ways to address crises with programs that are unlocked and collaborative.**

The people being served are finding respite in safe, nurturing spaces where other **individuals with lived experience are on hand to help them weather the crisis and build resiliency.**

Rather than needing hospitalization, they are going back to their communities to pursue their lives with renewed hope.

Learn more about our newest crisis programs on the following pages.

"I went from on top of a bridge and going to jump and being tasered by police officers, to being in here and realizing that I have a life and still could live. It has changed my life and it has given me hope."

— “E,” ORANGE COUNTY TREEHOUSE

Crisis Care



DARRELL STEINBERG, MAYOR OF SACRAMENTO, CA; FORMER SENATE PRESIDENT PRO TEM

92%

OF TELECARE'S CRISIS RESIDENTIAL PROGRAM RESIDENTS WERE DISCHARGED TO LOWER LEVELS OF CARE IN FY16-17

LEADING THE WAY FOR SERVICE EXPANSION



FAITH RICHIE,
SVP OF
DEVELOPMENT



JENNIFER HINKEL,
VP OF
DEVELOPMENT

Geographic Profile: Riverside County

Crisis Care

Riverside County is making a tremendous investment to promote accessible crisis and wraparound care in diverse areas of the county, which is not only transforming the system of care, but making neighborhoods more vibrant. Riverside is also going to great lengths to create environments that are welcoming and complement person-centered services. We proudly partnered with Riverside on three new programs this year.



LAGOS CRISIS RESIDENTIAL, RIVERSIDE, CA

WALK-IN

Mental Health Urgent Care: Perris, CA

This **short-stay Mental Health Urgent Care** center offers 24/7, **voluntary** services in a homelike setting to adults ages 18 and older, **up to 24 hours**. The program aims to increase access to crisis services, reduce inpatient hospitalization and law enforcement involvement, and strengthen the existing outpatient behavioral health services. The program has a highly engaged multidisciplinary team of clinicians, psychiatric prescribers, nursing staff, and peer support specialists in safe and respectful space where individuals can receive personalized help that best fits their unique challenge. Our goal is to help those referred to us regain a sense of stability, avoid the need for hospitalization, and get connected to community-based resources.

RESIDENTIAL

Lagos Crisis Residential: Riverside, CA

The Lagos Crisis Residential Treatment (CRT) Facility provides **voluntary, short-term residential services, 14 days or less**. Built from the ground up, this newly designed building on a mental health campus tailors to those experiencing a mental health crisis and who may also have substance use issues. The goal is to stabilize individuals in acute crisis to decrease the need for inpatient hospitalization. Lagos CRT provides intensive recovery services 24/7 in a non-institutional, welcoming, safe, and respectful environment. Services include wraparound support from multidisciplinary staff, including **50% peer staff**, who consistently engage with clients to maintain a safe environment.

ONGOING SUPPORT

ISRC/Step-Down: San Jacinto, CA

This Integrated Services and Recovery Center (ISRC) and Step Down program provides adult mental health clients intensive, multidisciplinary **wraparound services to help them stay healthy in the community and avoid psychiatric crises or hospitalizations**. The program uses a recovery-centered, strengths-based approach to promote hope and wellness in the people we serve. Services are offered on-site and in the community to help people with serious mental health issues gain the skills they need to achieve their health, hopes, and dreams.

Crisis Care Advances in Washington During 2017

Crisis Care

Telecare customers are partnering with us to design and implement a variety of crisis care approaches, which employ new strategies in program design, staffing, collaboration, and more.

Peer Bridger Programs: Innovative Linking to Supports

NORTH SOUND, WA AND PIERCE COUNTY (OPTUM), WA

The Telecare Peer Bridger Programs are made up of teams of individuals who are in active personal recovery and are living examples of what is possible for anyone to achieve. The teams engage, encourage, and support people to be active in their personal recovery within the community. **Supervised by a peer Team Leader**, Certified Peer Specialists (“bridgers”) link clients to a broad range of community services and natural supports. **Peer Bridgers begin working with clients while they are still in the State Hospital**, helping them to develop individualized discharge plans. They continue to work with individuals after they have transitioned back to the community, to provide support and encouragement during what can be a difficult time of readjustment.

Both programs **operate under the supervision of Evaluation and Treatment (E&T) programs** (Pierce and North Sound) to help bring people back home to their local communities. The Pierce E&T is located on the grounds of Western State Hospital, so it is easy for Pierce Peer Bridgers to work with clients in the hospital. The North Sound E&T is a few hours away, so their staff travel to the State Hospital a few days each week.



Mobile Outreach Crisis Team and Intensive Case Management

THURSTON-MASON, WA

Telecare's Thurston-Mason Mobile Outreach (MOT) and Intensive Case Management (ICM) Teams were developed to provide specialized, recovery-focused services to people with mental health and/or substance use issues.

The intent of these programs is to help individuals during times of mental health or substance use related crisis, so they can regain stability, stay safe in the community, and prevent incarceration or unnecessary hospitalization. Located in Shelton and Olympia, WA, **the programs utilize mental health professionals, chemical dependency professionals, and peers to coordinate and respond with local law enforcement**, and provide support for those persons for up to 90 days.



THURSTON COUNTY MOBILE OUTREACH TEAM, OLYMPIA, WA



Crisis Care



Profile: Turning Crisis Into Recovery

There is an old saying about crisis being an opportunity in disguise. We are excited and proud to see this being played out in community crisis systems and in the lives of the individuals who utilize these services. Using the crisis funds from SB82, our customers have had an opportunity to rethink local systems and all the points of connection. California counties and the state of Washington have creatively deployed new resources to make their entire systems less hospital-focused by creating community-based alternatives that more effectively buttress their safety net. This includes the array of crisis designs highlighted in this report, ranging from residential to mobile, as well as peer-led and specialized services for those with more complex needs.

The people who use these new services have been the beneficiaries, receiving emergency care in a more home-like and specialized environment, with greater opportunity for community stability. People like Valu, a recent client at our new Riverside crisis residential treatment program (Lagos), are a perfect example. Valu came to the program in crisis, but while in treatment, he received an opportunity to pause, rest, and reflect with compassionate and specialized behavioral health staff. It is as if both the system and individuals like Valu have a chance to hit the reset button, and create a different experience for everyone involved. We are extremely proud to be a part of this new opportunity to transform crisis services into recovery services, and proud of Valu, who is now on his recovery journey.

"This place showed me that I was loved the way I wanted to be loved, that I could be grateful. Instead of getting "out of the way," I can now "enjoy the ride" with my family. The peer support staff told me their stories and gave me a lot of hope."

— VALU, FORMER LAGOS CLIENT

LEFT: FORMER LAGOS CRT CLIENT “VALU” AND HIS FAMILY. VALU HAS RECENTLY BEEN ACCEPTED INTO A PEER CERTIFICATION PROGRAM.

RIGHT: TONY DELGADO, START UP PROJECT ADMINISTRATOR, WAS A PART OF THE LAGOS PROJECT AND HAS ENCOURAGED VALU ON HIS JOURNEY.



**Telecare
Corporation**

RESPECT. RECOVERY. RESULTS.

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