Telecare Corporation

Our Mission

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

- **SUB-ACUTE**
  - Length of stay: Typically 3-6 months
- **ACUTE**
  - Length of stay: Typically 3-10 days
- **CRISIS**
  - Length of stay: Few hours to 30 days
- **COMMUNITY**
  - Membership: 90 days to 5+ years

Unique Individuals Served in FY 16-17: 27,107
Partners in Wellness: Santa Clara County & Telecare

First “Pay for Success” mental health program in the country

• An innovative six-year, performance-based contract to deliver publicly-funded services.

• Provider (Telecare) at risk to deliver savings by reducing clients’ use of Psychiatric Hospital, Psychiatric Emergency Services, State Hospital, and other mental health services while also ensuring clients’ wellness.

• Objectively evaluated by Dr. Keith Humphreys, Stanford University.

• Performance targets set to fully pay for program and return additional savings at the end of the six years.
Project Construction Timeline Overview

**Project Selection**

- Release RFP on Acute Mental Health PFS: DEC 2014
- Select Lead Agency: MAY 2015
- Begin Budget Negotiations: JULY 2015
- Formal Announcement: AUG 2015

**Project Launch**

- Determine success metric definition: JUNE 2016
- Launch Ramp-Up: JUNE 2017
- Service Delivery; Begin evaluation of outcomes: JAN 2017

**Key Activities**

- Finalize project design, programmatic details, operational plan, evaluation design and economic model
- Determine target outcomes and intervention impact
- Contract negotiations between stakeholders
- Determine target outcomes/measures tied to payment
- Begin ramp-up period prior to full project launch
- Pilot service delivery
<table>
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<tr>
<th>TYPICAL PROGRAM LEADERSHIP</th>
<th>PAY FOR SUCCESS: TYPICAL “PLUS”</th>
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<tr>
<td><strong>1. Operational Clinical Leadership</strong></td>
<td>• Assure good clinical quality</td>
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<td>• Recovery-oriented culture</td>
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<td>• Client &amp; staff safety</td>
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<td>• FSP/ACT wraparound program model</td>
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<td><strong>2. Finance/Budget</strong></td>
<td>• Work within annual expense budget</td>
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<td>• Monitor staff productivity</td>
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<td>• Assure MediCal revenue earnings</td>
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<td><strong>3. Stakeholder/ Community Engagement</strong></td>
<td>• Maintain good relationship with county customer</td>
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<td>• Network with other providers, NAMI, etc.</td>
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Clinical Care Model

**TREATMENT PLANNING**

- My Whole Health Plan
- Screenings
- Assessments
- Whole Health Care Plan

**SERVICE ARRAY**

- Med Reconciliation
- Housing First
- Peer Support
- Psychiatry
- Care Coordination
- “Partners” (not clients, patients...)
- Illness Self-Management

**PRIORITIZATION TOOLS**

- MI, SBIRT
- Referral & Linkage

**TREAT TO TARGET**

- Huddle Priority Report in EHR

**PARTNER OUTCOMES**

- Adjusts Level of Service
Partners in Wellness – Santa Clara County & Telecare

Cost Savings

In the first year of operation, the program saved $508,482 over the target.
Partners in Wellness: January – December 2017

Clinical Outcomes

- Screening Tools included: BPRS, PHQ-9, GAD-7, DAST & AUDIT.
- Partners were also screened for BMI, HDL-C, HbA1C and blood pressure.
- As of 12/12/17, partners with higher depression, psychosis (as measured by BPRS), drug and alcohol use score showed significant improvement over time in the program.
- Partners with high levels of anxiety shown in the first screening showed improvement by the second screening.
- There was also a significant improvement for those with HDL-C scores less than 40.