TELECARE ANNUAL REPORT

Building Capacity in Pursuit of Excellence
Workforce, Systems, Environments & Urgent Complex Needs
Letter From the President and CEO

With the tenth anniversary of parity legislation being celebrated this October, the stakes for the federal law have never been greater. Rising homelessness, escalating rates of suicide, and the opioid epidemic expose the injustice of disparities in access and the gaping need for expanded mental health and addiction coverage.

Despite continued threats from “skinny” health plans and Medicaid cuts, the passion and persistence among stakeholders and an increasingly vocal constituency are building momentum for sweeping change that is woefully needed.

Promising policy and legislative initiatives in California have brought crisis services to scale, and are now generating housing bonds and innovative services to address homelessness. In the state of Washington, capital grants for facilities development are spawning psychiatric acute care programs that look more like homes than hospitals. And re-entry services for people with mental illness coming from criminal justice systems are becoming the new national standard.

To address these imperatives, Telecare’s mission statement is our north star: serving the whole person with more integrated models that are evidence-based and effective. However, the success of any vision depends on execution, including a workforce who is trained and aligned, leadership succession, sufficient prescriber capacity, innovative clinical models, facilities development expertise, and advocacy with other stakeholders.

Over the last year, we have been emboldened to build these long-term, organization-wide capacities in service of our core purpose and mission. We are excited to share our progress in this year’s annual report.

Thank you again for the privilege of your partnership and trust in this crucial journey.

Anne Bakar
Telecare Corporation President & CEO

“Be it known that miracles have happened in my son’s life after three months with Telecare. I can use no other word to describe what is happening in his life.”

— FAMILY MEMBER
New in FY17-18

NEW CUSTOMERS  
2

NEW PROGRAMS  
10

NEW HIRES  
1,338

Telecare at a Glance

<table>
<thead>
<tr>
<th>Programs</th>
<th>States</th>
<th>Counties</th>
<th>Customers</th>
</tr>
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<tbody>
<tr>
<td>122</td>
<td>7</td>
<td>35</td>
<td>40+</td>
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PERSONS SERVED IN FY17-18  
28,748

89% OF CLIENTS SAID, “STAFF BELIEVED I COULD GROW, CHANGE, AND RECOVER.”

Telecare’s Mix of Services in FY17-18

- ACUTE: 21%
- SUBACUTE: 35%
- RESIDENTIAL: 5%
- COMMUNITY: 32%
- CRISIS: 6%
- MANAGEMENT CONTRACT: 1%
Building Capacity to Serve More Effectively

In FY17-18, we focused on workforce, facilities, and psychiatry, essential components that will help us provide better service today and in the future.

Workforce

With growing behavioral healthcare workforce shortages across job classification, we stepped up our creative efforts to recruit, retain, and develop our staff. This year, we:

- Launched a revamped and comprehensive New Hire Orientation
- Built a web-based tool on UltiPro to streamline the onboarding process
- Launched a new Administrator Onboarding Program to create more efficient, effective leaders in the field
- Cultivated internal growth through our new Emerging Leaders Program
- Participated at CEO level in California Future Health Workforce Commission, contributing behavioral health perspective to larger healthcare statewide planning efforts

Moving the Needle

FY16-17 vs. FY17-18

- Turnover in first six months of employment: 4% decrease
- Vacancy rates for difficult-to-fill positions: 3% decrease
- Days to fill difficult-to-fill positions: 24% decrease
- Boomerang candidates hired: 68% increase
- Number of peer employees at Telecare: 89% increase
- Reduction in 90-day turnover rate for those who attended new hire orientation: 78%

Telecare Employees

3,510

Telecare received an innovation award in 2018 from UltiPro, our HR management system.
Facilities
Providing excellent care means that we must maintain safe environments, and ensure that our facilities meet all licensing, certification, and accreditation standards. This year, our in-house facilities team:

- Developed new physical plant safety standards for Telecare’s acute and subacute programs
- Maintained and improved programs at all of Telecare’s physical sites

Psychiatry
As the national shortage of psychiatrists continues, Telecare, though our physician services organization, TLC, which opened in 2015, has employed creative strategies to ensure that our programs have the prescriber resources necessary to provide excellent care. In FY17-18, we:

- Further expanded telepsych services, especially in more rural areas
- Employed nurse practitioners at full scope outside California as alternative to psychiatric coverage

In-House Capabilities
- Certified Healthcare Facility Manager (CHFM)
- In-house architectural design expertise
- Real estate and operational coordination
- Large construction project oversight
- Experience with a wide variety of regulatory environments in multiple states

Physician Services Organization
TLC BEHAVIORAL HEALTH

Facilities Team
The Facilities Team (left to right): Matt Broz, Facilities Manager; Meryl Segal, Facilities Coordinator; Aida Lodge, Administrative Services Manager; Kate Peevey, Facilities Manager; Cameron Coltharp, VP. Not pictured: Rick Benedict, Facilities Manager.

Psychiatry

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Value</th>
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<tbody>
<tr>
<td>Psychiatrists Currently Employed Through TLC</td>
<td>136</td>
</tr>
<tr>
<td>Nurse Practitioners Currently Employed Through TLC</td>
<td>71</td>
</tr>
<tr>
<td>Telecare Sites Currently Using Telepsych Services</td>
<td>36</td>
</tr>
</tbody>
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Building Capacity to Address Homelessness

One of the most significant issues our customers and communities faced this year was the surge in homelessness, and the urgent need to get people off the streets and into services. Telecare has partnered with customers and communities to implement proven models of service, tailoring these approaches for the specific needs of each community. As we continue to work toward better solutions, Telecare is dedicated to providing compassionate services that help people create a “home base” for recovery.

Boston Street Medicine
CARE TEAM, STANISLAUS COUNTY, CA

In FY17-18, we were invited to provide mental health supports to homeless individuals as part of the county’s inter-agency CARE Team. Some highlights:

• Based on Boston Street Medicine Model
• Multi-disciplinary, inter-agency team, incorporating local police, healthcare, mental health services, and other county collaborators
• Immediate, integrated approach to care focusing on helping individuals in the local community who are in significant distress, including those who are not connected or engaged in services, often struggling with high-risk behaviors, justice involvement, severe and persistent mental illness, and substance use disorders

Homelessness in the United States
SOURCE: 2017 ANNUAL HOMELESS ASSESSMENT REPORT TO CONGRESS AND WWW.NAMI.ORG

554,000
PERSONS EXPERIENCING HOMELESSNESS IN JANUARY 2017

25%
OF HOMELESS PERSONS ALSO HAVE SERIOUS MENTAL ILLNESS

50%
OF HOMELESS PERSONS HAVE MENTAL ILLNESS, SUBSTANCE USE DISORDER, OR BOTH
Housing First Approach

TAO CENTRAL PROGRAM,
ORANGE COUNTY, CA

In FY17-18, we assisted Orange County in a significant effort to evacuate a homeless encampment on an extremely tight time line—and then collaborated to immediately launch a new homeless program within 12 days. The program, known as TAO Central, provides intensive mental health services and housing supports to those affected by the clean-up efforts. Some highlights:

• Based on “housing first” approach, used interim housing strategies such as motels and large-scale leases to bridge the gap immediately until more permanent, appropriate, stable housing could be located that addressed individuals’ complex needs, such as medical needs, partners, pets, and other considerations

• Conducted an intensive assessment process once people were initially housed to determine appropriate services required based on each individual’s need, including mental health, physical health, substance use, and other needs

• Built on Full Service Partnership (FSP) clinical model for ongoing services, a proven, high-intensity, wraparound service approach

A Profile in Complex Needs

A typical TAO Central client has numerous health and life needs to consider.

Ralph (not his real name) suffers from bipolar disease and has several serious medical issues including diabetes, high blood pressure, difficulty walking, and a heart condition. He also regularly uses substances, has a history of chronic homelessness, exhibits hoarding behaviors, has trouble taking his medication on a regular basis, and has no social support system or income.

Ralph was difficult to engage and often struggled with uncontrolled anger outbursts. Ralph said, “Why work on my life? I don’t have anything to live for. Just leave me alone.”

However, after working with TAO Central, Ralph is currently housed in a more stable room and board, has been connected to a doctor to address his medical conditions, and has begun talking about life from a more positive perspective. While he continues to struggle with his psychiatric symptoms, drug use, and poor decision-making skills, he has shown positive progress in the few short months he has been enrolled in TAO Central. We look forward to working with Ralph as he recovers his life.
Building Capacity to Support Healing & Recovery

Everyone who works in mental health knows it is a challenge to find and fund suitable property to house programs. It can be challenging, even when options are found, to overcome common preconceptions of what a mental health program looks like and feels like. However, several Telecare customers are doing just that: leveraging available funding to bring new facilities into being, and transforming them from “psych” facilities into places that support and foster transformation and healing. Telecare has been fortunate to work with such progressive customers, while contributing our own expertise in facility design and construction management.

Acute Psychiatric
KING COUNTY EVALUATION & TREATMENT CENTER, KING COUNTY, WA

• King County contracted with us to address the system-wide problem of emergency room “boarding” by adding acute beds in an under-served area.
• The Telecare facilities team went beyond expectations, bringing forward a fully formed recovery-centered design proposal that could support healing while also reducing risk.
• The facilities team streamlined construction by employing a good-neighbor collaboration and community engagement process, which included partnering with Kinder Care daycare next door, as well as an adjacent food bank and other neighbors, to incorporate needs and concerns into the design of facility and outdoor space.

“It was really welcoming. I knew from first sight that clients were going to really like to be here. When we’re doing the Wellness Recovery Action Plans, I always ask, ‘If for some reason you ever had to go back to a facility, which facility would you choose?’ They almost always say Telecare.”
— ANNE MARIE BISHOP, PEER RECOVERY SPECIALIST

“When I first got here, I thought I was really going to get some help. I wasn’t nervous and I didn’t mind staying here because everything was cool. This was the best place I ever stayed at.”
— FORMER E&T CLIENT
THE KING COUNTY E&T PROGRAM OFFERS OPEN, LIGHT, AIRY SPACES WITH WELCOMING FEATURES SUCH AS NATURAL WOOD, SOFT PAINT COLORS, INSPIRING ART, COMFORTABLE SEATING, AND AN OPEN NURSING STATION.

Other Telecare Healing Environments
Telecare healing environments include new ground-up construction as well as existing facilities that have been renovated and enhanced to support recovery.

- **North Sound E&T, Skagit County, WA** — Renovated existing site, including an improved, welcoming dayroom and an open nursing station.
- **Santa Cruz CSU & PHF, Santa Cruz County, CA** — New construction with the county, including open and light-filled setting.
- **Riverside PHF & CSU, Riverside County, CA** — Renovated existing site, including improved safety and open nursing stations.
- **Sanger Place, Fresno County, CA** — New construction, utilizing an open area design that eliminates hallways in the client care wing, allowing each client bedroom immediate access to open dayroom area.
- **Villa Fairmont, Alameda County, CA** — Modernized existing site, renovating 35K square feet in a forty-year-old building, while occupied, with no reduction in census. Included new paint and flooring throughout.
Building Capacity to Support Clients at Kaiser Permanente

In FY17-18, Telecare partnered with Kaiser Permanente to assume responsibility for a designated population of people who could not be adequately served within their existing system of care.

We collaborated to design an Intensive Community Treatment (ICT) model and co-located the program with an existing community-based Full-Service Partnership (FSP) program.

The program helps clients to manage current life needs (housing, family connections, etc.) while better using and navigating all components of the Kaiser Permanent system—from medication and primary care, to detox, social activity groups, and more—until they gain stability and skills to return to the Kaiser Permanente system without ICT supports.

### Intensive Community Treatment

**KAISER ICT, OAKLAND, CA**

- Medi-Cal population + commercial population
- Pilot project was designed and implemented to reduce mental health inpatient admissions for 25 high-utilizers (individuals who had 3+ admissions in 3 months). Results reflect 12 months of program operation.
- Program receives referrals from different Kaiser Permanente divisions: psychiatric and addictions. This helps Kaiser system to operate more efficiently internally as well.

### Results

- **39%** reduction in acute hospital usage
- **36%** reduction in emergency department visits
- **72%** return on investment in 12 months

**$478,500** in acute hospitalization savings **$525,380** in total savings
Addressing Barriers to Access and Effective Care

In the face of urgent, escalating issues confronting our nation—homelessness, substance use, suicide, mental health crises—it’s our obligation as providers to strive not just for incremental change, but to actively work for **transformational change**. We must push harder in terms of policy, practice, and progressive clinical approaches. We must embrace ways to be more effective, comprehensive, and compassionate in the work we do. **We must do our share.**

Sharing Knowledge
Telecare presented at several conferences this year. Please reach out if you would like to know more.

**NatCon 2018**
http://www.telecarecorp.com/natcon2018
- Whole Person Care Poster Session
- Pay For Success Presentation

**DHCS 2018 Substance Use Disorder Conference**
- Reaching The Unreachable
- Presentation available; please contact dheffron@telecarecorp.com for a copy

Advocacy & Support
Telecare, led by CEO Anne Bakar, worked to advocate and educate at state and national levels by working with the Senate of California, the Steinberg Institute, the California Future Health Workforce Commission, the Kennedy-Satcher Center for Mental Health Equity, and others.
Telecare’s Mission
Deliver excellent and effective behavioral health services that engage individuals with complex needs in recovering their health, hopes, and dreams.

About Telecare
Founded in 1965, Telecare is a family- and employee-owned organization delivering a wide range of services. Learn more about us at www.telecarecorp.com.