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TELECARE CORPORATION ACUTE SERVICES
JUN 29 2017

City of Milton
Public Works



Telecare Pierce County E&T

About the Evaluation and Treatment Program

Meeting a Vital Community Need in Pierce County

One in four adults are diagnosed with a mental illness in the United States. These individuals are **our family members, our friends, our colleagues, and our neighbors**. Without proper treatment, the severity of symptoms can increase, making it necessary for them to receive treatment in a mental health facility.



When appropriate inpatient facilities are not available, individuals experiencing a mental health crisis are often **involuntarily detained and forced to wait for treatment** in hospital emergency departments. This practice is known as “psychiatric boarding.” It has become a more prominent practice in recent years as the number of available psychiatric beds has declined significantly across the state. For people who desperately need services, psychiatric boarding can be physically and emotionally difficult.

Telecare Recovery Partnership, under contract with OptumHealth, opened in Lakewood, WA, as an acute services Evaluation and Treatment (E&T) program that incorporates an innovative recovery-oriented approach to helping people with severe mental health concerns.

Telecare Recovery Partnership:

- Provides services to nearly 400 individuals per year.
- More than 90% of members are able to become well enough to return to their home communities or find supportive housing that meets their needs.
- As an alternative to an institutional setting, Telecare Recovery Partnership is able to assist individuals to start or regain their path to continued recovery.
- Has had successful outcomes since its opening in February 2010.

About the Program

Telecare Recovery Partnership is a 16-bed program that provides inpatient mental health services to adults ages 18 and older who are experiencing acute psychiatric symptoms and require a secure environment and **24-hour support** in order to stabilize symptoms and prepare to return home, or, to lower levels of care as appropriate. The average length of stay ranges from nine to 29 days.

- Telecare Recovery Partnership is a single, standalone mental health facility. It is not part of a larger health campus.
- The services include mental health services and supports only. No detox services are provided.
- No walk-in services are provided at the program.

Frequently Asked Questions

The main purpose of the Telecare Recovery Partnership program is to provide treatment and a healing environment for residents to recover their lives, hopes, and dreams. Telecare's culture of recovery includes wrap-around support from multidisciplinary staff members who constantly engage with clients to maintain a safe environment. Other details about the program include:

Facility Security

- Telecare's acute inpatient facilities are designed with secure locks on all doors and windows.
- The client recreation area is secured with a high fence specifically designed for anti-climbing.

Policies & Practices

- Protocols are in place in the event a person's symptoms escalate; in the case for escalating illness activity, transferring out to more acute settings can be done if necessary.

Staffing

- Our E&T facilities are staffed with 4:1 client-to-nursing staff ratio.
- Services are provided by or under the direction of licensed psychiatrists, advance-trained mental health nurses, and mental health professionals.
- Certified Peer Support Specialists are on staff and provide a living experience of hope and recovery.

Integration of Care

- Telecare ensures channels of communication and service coordination strategies are established between the E&T facility and other community resources, as well as the Consumer Warm Line, inpatient and outpatient community providers, law enforcement, hospital emergency departments, county courts, and other allied service providers.

Family Engagement

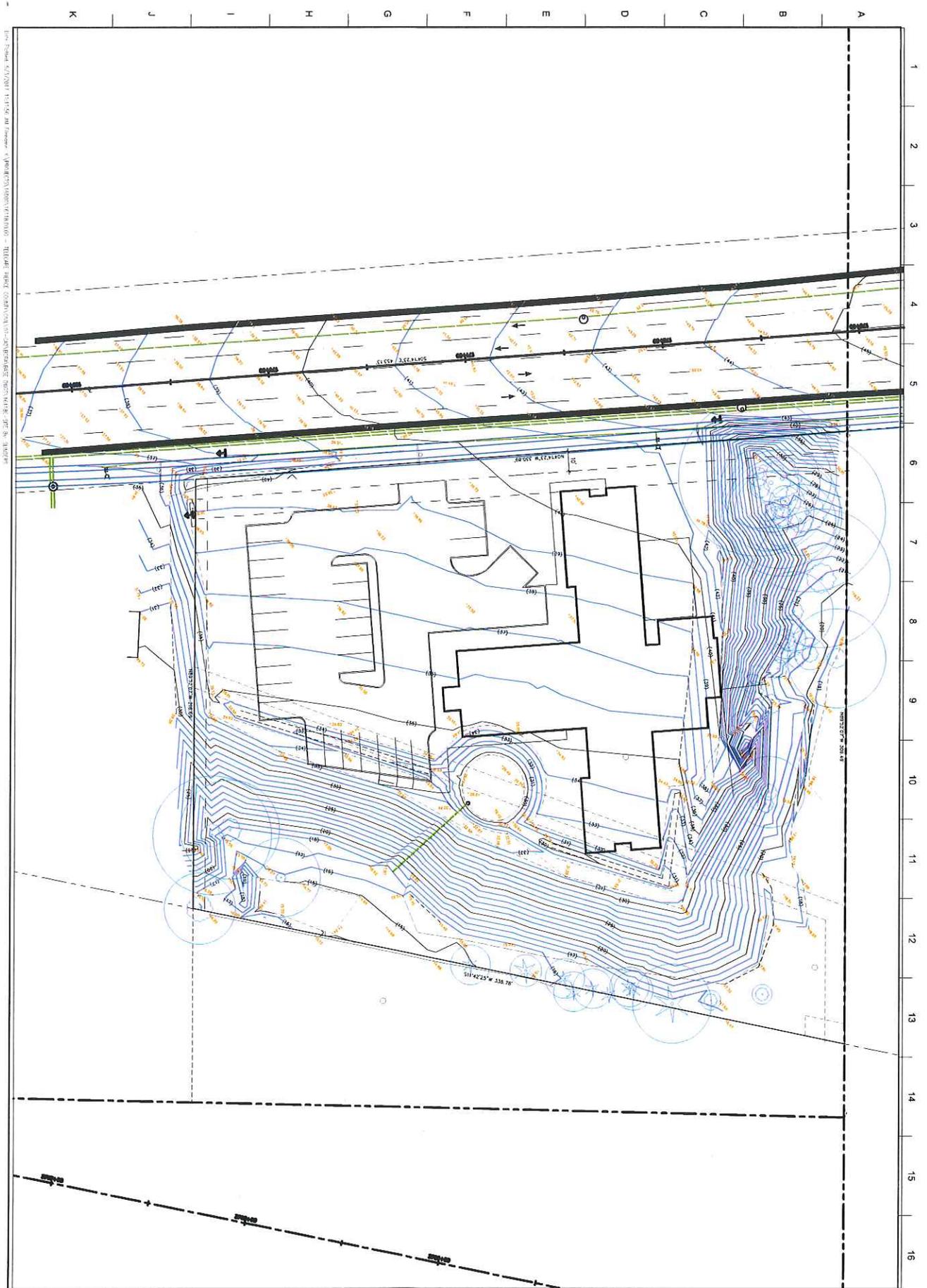
- With the consent of the individual served, family and significant others are also included in treatment and discharge planning.

Relationships with Police & ERs

- Telecare ensures direct lines of communication with local police and have a history of maintaining excellent relationships.

Client Admission Requirements

- Clients admitted into the E&T are adults aged 18 and older who are diagnosed with a severe mental illness.
- Voluntary referrals are coordinated through OptumHealth, the Behavioral Health Organization for Pierce County in Washington State.
- Involuntary referrals are coordinated through Multicare Mobile Outreach Crisis Team.



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Telecare's Acute Inpatient Program Services

Overview

Telecare's acute programs—including Evaluation and Treatment (E&T) Centers in Washington and Psychiatric Health Facilities (PHF) in California—provide a safe, therapeutic, short-term secure inpatient environment for people experiencing a mental health emergency. Acute inpatient programs can include both voluntary and involuntary components.

Program Services

Acute programs are staffed by multi-disciplinary teams providing assessments, medication services, discharge planning, and support to help people reduce their acute psychiatric symptoms and prepare them to return to the community or lower levels of care. Along with being licensed by the state, a number of Telecare's inpatient acute facilities are Joint Commission accredited and Medicare certified.

Teams include administrative and clinical staff, including psychiatrists, registered nurses, licensed clinicians, certified peer specialists, and social workers who provide wrap-around support 24-hours a day for the individuals they serve. Specific therapies and activities are incorporated into individual treatment plans based on the needs of clients and their families. Services at Telecare's acute programs include, but are not limited to:

- Comprehensive evaluation and risk assessment, covering mental health and substance abuse
- Psychiatric assessment and treatment
- Peer support and community group meetings
- Social and recreational activities
- Supportive counseling on a group and individual basis
- Medication administration and management
- Discharge planning, including linkage with community supports and services

Population Served

- Adults with serious mental illness, ages 18 and above.
- Individuals must meet involuntary treatment criteria: individuals may be gravely disabled and unable to provide for their basic needs, or, may be a danger to themselves or others.
- Co-occurring alcohol and/or substance abuse issues are commonly present

Recovery Model

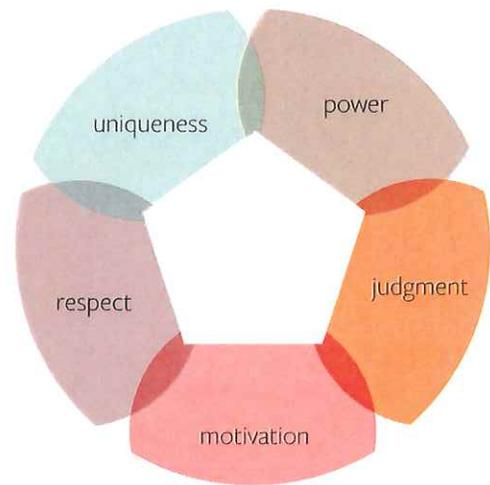
Telecare's Recovery Centered Clinical System (RCCS) is at the foundation of all Telecare services. The RCCS is a comprehensive wellness and resilience approach that focuses on transforming the treatment environment, program culture, and interpersonal interactions with the goal of awakening hope and enlivening recovery. The RCCS is a framework to inspire individuals to identify their unique hopes and dreams and make choices that move them toward those hopes and dreams. The RCCS increases staff awareness of interpersonal relationships, attitudes, and behaviors to create an environment where people can take steps forward in their recovery.

Program Culture

The program culture in acute settings is very important for the people served. Culture is one of the most significant components of the RCCS. It addresses losses brought on by years of living in and being served in systems that have often focused on control and exerting "power over" people to ensure their safety and wellbeing. The goal of creating a recovery culture is to create increased awareness and behaviors that reverse the loss of power, motivation, individual uniqueness, and respect and dignity—what we call the "five awarenesses." Specifically, the RCCS culture emphasizes:

- **Power Awareness:** Using partnership rather than control-oriented power
- **Non-Judgment:** Creating an environment that is supportive versus judgmental
- **Individual Uniqueness:** Avoiding labeling, while recognizing and valuing the uniqueness of others
- **Motivational Awareness:** Understanding each person's internal motivations and readiness for change
- **Respect and Dignity:** Conveying respect and providing a welcoming environment in all aspects of a program

Using these five RCCS awarenesses, we are able to foster trusting, supportive, interpersonal relationships, including those that are staff-to-client and staff-to-staff. Staff and leaders are systematically trained on how to identify, implement and measure current program culture.



The Culture



Telecare at a Glance

Serving People With Serious Mental Illness & Complex Needs Since 1965

About Telecare

Telecare is a family- and employee-owned company founded in 1965 by Art Gladman, a psychiatrist, Lida Hahn, a psychiatric nurse, and Morton Bakar, a businessman— three individuals who were committed to a belief in the rehabilitation potential of people with serious mental illness.

Our founders believed that clients could achieve better results when they received services that were individualized, focused, and provided in a more home-like setting. They placed the client at the center of the organization and created a culture where employees and clients were supported in reaching their full potential.

Our mission is to deliver excellent and effective behavioral health services that engage individuals with complex needs in recovering their health, hopes and dreams.



Anne Bakar, President and CEO of Telecare Corporation



The 1965 construction of Everett A. Gladman Memorial Hospital in Oakland, CA. Today, the site is home to both Gladman MHRC and Heritage PHF.

Our Programs



COMMUNITY-BASED

ACT/FSP
Case Management
Early Intervention



ACUTE

Free-Standing
Acute Med/
Surg Hospitals



CRISIS

Urgent Care Walk-In
23-Hour Crisis
Stabilization
Crisis Residential



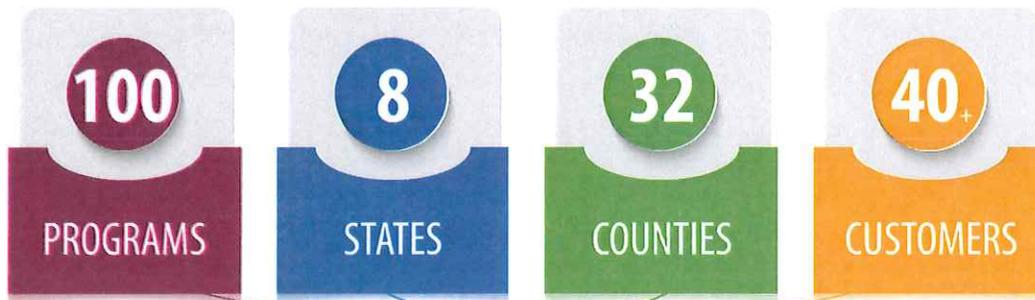
LONGER-TERM RECOVERY

Sub-Acute
Secure &
Medically-Oriented



RESIDENTIAL

Transitional &
Longer-Term



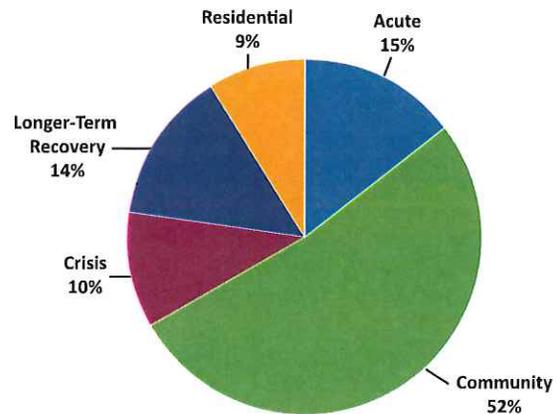
 **31,285** UNIQUE INDIVIDUALS SERVED IN FY15-16

 **3,299** Telecare Employees

Our Services

Recovery Oriented

- Recovery Focused Programs: Interventions are provided in the context of supporting an individual's journey of recovery.
- Recovery Centered Clinical System: RCCS has been developed and refined over the last 15 years based on learning from programs to continually improve its effectiveness.



Innovation Oriented

- Shared Decision Making
- Common Ground - Pat Deegan
- WRAP - Wellness Recovery Action Plan
- Early Intervention for Psychosis
- Care Coordination
- Evidence-Based and Promising Practices

Learn More About Telecare

Please visit www.telecarecorp.com to explore our current programs, initiatives, current news, and more.



Telecare's Acute Inpatient Programs

California Programs

EL DORADO COUNTY PHF

Acute Inpatient
16 beds
Funded by: El Dorado County

HERITAGE PHF

Acute Inpatient
26 beds
Funded by: Kaiser Health Service

HORIZON VIEW MHRC

Sub-Acute
16 beds
Funded by: Ventura County Behavioral Health

JEWISH HOME OF SAN FRANCISCO

Acute Inpatient for Older Adults
13 beds
Funded by: Jewish Home of San Francisco

LA CASA PHF

Acute Inpatient
16 beds
Funded by: Los Angeles County

PLACER COUNTY PHF

Acute Inpatient
16 beds
Funded by: Placer County

RIVERSIDE COUNTY PHF

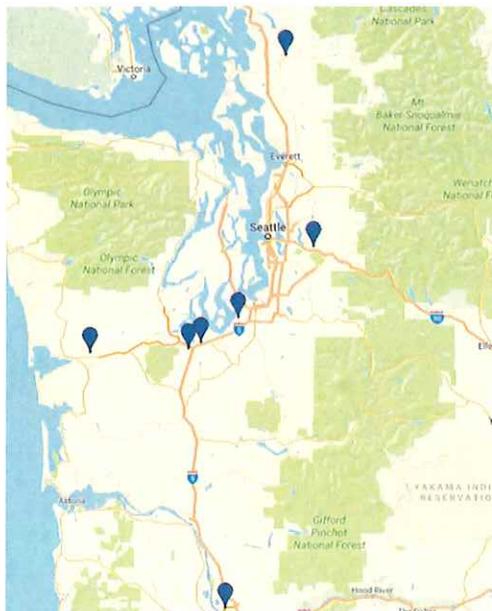
Acute Inpatient
16 beds
Funded by: Riverside County

SANTA CRUZ COUNTY PHF

Acute Inpatient
16 beds
Funded by: Santa Cruz County

STANISLAUS PHF

Acute Inpatient
16 beds
Funded by: Stanislaus County



WILLOW ROCK

Acute Inpatient for Youth, 12-17
16 beds
Funded by: Alameda County
& Kaiser Health Service

Washington Programs

CLARK COUNTY E&T

Acute Inpatient
12 beds
Funded by: Beacon, Molina, CHPW

GRAYS HARBOR E&T

Acute Inpatient
16 beds
Funded by: Great Rivers BHO
Opening in FY17-18

KING COUNTY E&T

Acute Inpatient
16 beds
Funded by: King County BHO
Opening in FY17-18

NORTH SOUND E&T

Acute Inpatient
16 beds
Funded by: North Sound BHO

PIERCE COUNTY E&T

Acute Inpatient
16 beds
Funded by: Optum Health Services

THURSTON MASON CRISIS TRIAGE

Acute Inpatient
10 beds
Funded by: Thurston Mason BHO

THURSTON MASON E&T

Acute Inpatient
15 beds
Funded by: Thurston Mason BHO
Opening July 2017

About Telecare

3,299 employees
31,000 unique individual served yearly
Located in 32 counties across the United States



COMMUNITY-BASED



ACUTE



CRISIS



LONGER-TERM RECOVERY



RESIDENTIAL



Telecare's Washington Programs

CLARK COUNTY E&T

Acute Inpatient
12 beds

Funded by: Beacon, Molina, CHPW

GRAYS HARBOR E&T

Opening in FY17-18

Acute Inpatient
16 beds

Funded by: Great Rivers BHO

KING COUNTY E&T

Opening in FY17-18

Acute Inpatient
16 beds

Funded by: King County BHO

NORTH SOUND E&T

Acute Inpatient
16 beds

Funded by: North Sound BHO

PIERCE COUNTY E&T

Acute Inpatient
16 beds

Funded by: Optum Health Services

THURSTON MASON CRISIS TRIAGE

Acute Inpatient
10 beds

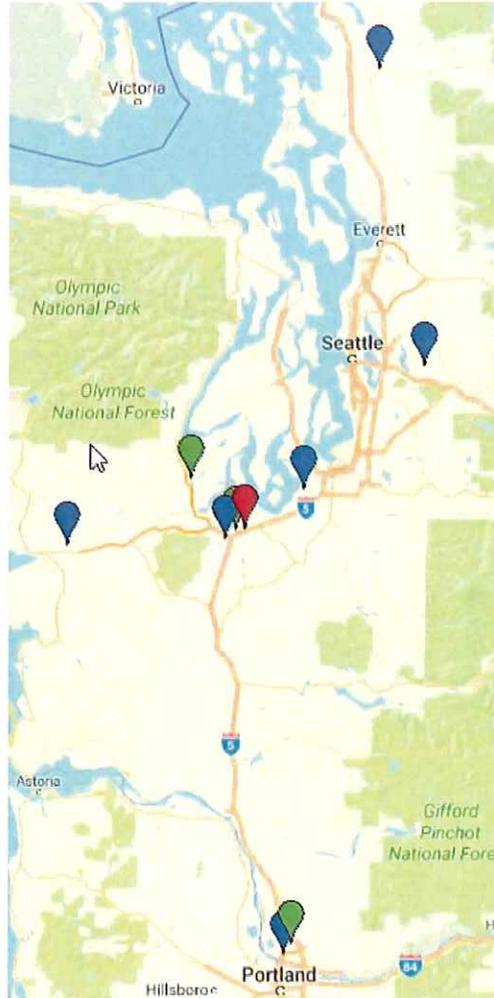
Funded by: Thurston Mason BHO

THURSTON MASON E&T

Opening in July 2017

Acute Inpatient
15 beds

Funded by: Thurston Mason BHO



TELECARE MASON COUNTY MOBILE OUTREACH (MOT) & INTENSIVE CASE MANAGEMENT (ICM) TEAM

Community-Based ACT, Case Management
Mobile team: 20-30 responses per month

ICM team: 20 members

Funded by: Thurston Mason BHO

TELECARE THURSTON COUNTY MOBILE OUTREACH (MOT) & INTENSIVE CASE MANAGEMENT (ICM) TEAM

Opening in June 2017

Community-Based ACT, Case Management
Mobile team: 20-30 responses per month

ICM team: 20 members

Funded by: Thurston Mason BHO

TRANSITION CASE MANAGEMENT TEAM

Community-Based, Case Management
30 members

Funded by: Molina, CHPW

PEER BRIDGER NORTH SOUND

Community-Based, Case Management
3 peer bridgers

Funded by: North Sound BHO

PEER BRIDGER PIERCE COUNTY

Community-Based, Case Management
3 peer bridgers

Funded by: Optum Health Services

THURSTON MASON TRANSITIONAL RESIDENTIAL PROGRAM

Opening in August 2017

Residential Treatment

10 beds

Funded by: Thurston Mason BHO

About Telecare

3,299 employees

31,000 unique individual served yearly

Located in 32 counties across the United States



COMMUNITY-BASED



ACUTE



CRISIS



LONGER-TERM
RECOVERY



RESIDENTIAL



Washington Program Roundup

Overview of Telecare Programs Serving the State of Washington

Telecare currently partners with state and county agencies in Washington to operate an array of mental health programs covering a wide range of services. Our current program roster is included below.

Case Management Programs

Telecare's case management programs provide strength-based wraparound supports for individuals with mental illness with less intensity than the ACT/FSP level. Discharge teams provide time-limited case management for those leaving inpatient environments with the goal of preventing re-admission.

PEER BRIDGER, NORTH SOUND: Opened in 2017, the Peer Bridger Program in North Sound was developed to help people successfully transition from inpatient care at Western State Hospital to more independent, community-based living. The Peer Bridger program focuses on serving those who have had lengthy stays in state hospital settings or have had a history of multiple hospitalizations. The team of peer bridgers serve as role models, peer supports, mentors and advocates, while communicating hope and encouragement, helping people to establish their recovery goals, building practical life skills, and connecting with essential community linkages and natural supports. The program is staffed by three Certified Peer Specialists.

PEER BRIDGER, PIERCE COUNTY: Opened in 2017, the Peer Bridger Program in Pierce County was developed with the same goals, population focus, and clinical principles as the North Sound Peer Bridger above. Both programs strive to ensure that 80% of program participants will discharge out of Western State Hospital within 90 days of entry into the Peer Bridger program. The program is staffed by three Certified Peer Specialists.

TRANSITION CASE MANAGEMENT TEAM: Opened in 2015, the Transitional Case Management (TCM) Team was developed as an expansion from Telecare's Clark County 11-bed Evaluation and Treatment (E&T) center. The TCM is the first program of its kind to operate out of an acute E&T, and serves clients living in Clark and Skamania counties in Southwest Washington. The TCM provides short-term (90 days or less), peer-based, intensive case management and crisis/hospital diversion services to persons recently discharged from the E&T. Staffing for the TCM includes a mental health professional, a chemical dependency professional, and peer recovery coaches. The TCM serves 30 members.

TELECARE THURSTON MASON MOBILE OUTREACH (MOT) AND INTENSIVE CASE MANAGEMENT (ICM) TEAMS:

Opened in 2017, 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. MOT sees up to 30 responses per month, ICM serves 20 members.

Mobile Outreach Essentials: support in the community for those experiencing a crisis related to mental illness and/or substance use; coordinate services with first responders (police, EMS) on initial screening and triage; on-site assessment, stabilization, and safety planning; and provides services in lieu of incarceration.

Intensive Case Management Essentials: up to 90 days of case management for those who meet admission criteria; may include assistance with Medicaid enrollment, connection with primary care provider, and housing; and assistance from Peer Recovery Coaches who can help facilitate connections to community supports.

Acute Programs

Evaluation and Treatment Centers

Telecare oversees five Evaluation and Treatment (E&T) centers in Washington and will soon open two additional E&T facilities. These recovery-oriented programs are designed to provide mental health services to adults ages 18 and older who are experiencing acute psychiatric symptoms. The E&Ts provide 24-hour support, psychological assessments, assistance with symptom reduction, medication services, and discharge planning, with the goal of preparing individuals to return home or to lower levels of care as appropriate. Length of stay is typically 10 days.

CLARK COUNTY E&T: Opened in 2010, the Clark County Evaluation and Treatment (E&T) center is a 11-bed facility, providing both voluntary and involuntary inpatient evaluation and treatment to individuals who are experiencing acute psychiatric distress. These individuals may also need acute detoxification from substances. The program's goal is to support people in stabilizing their symptoms so that they may quickly return home to the community. Length of stay is typically between 3-7 days.

NORTH SOUND E&T: Opened in 2015, the North Sound Evaluation and Treatment (E&T) center is a 16-bed facility, providing both voluntary and involuntary inpatient evaluation and treatment to individuals who are experiencing acute distress or an exacerbation of a chronic mental illness based in a non-hospital setting. The program is operational 24 hours a day, seven days a week, and offers a therapeutic milieu. Individuals with mental illness who are detained under State of Washington Involuntary Treatment Act can be admitted. Individuals may also be admitted voluntarily. Length of stay is typically 5-7 days.

PIERCE COUNTY E&T: Opened in 2015, the Pierce County Evaluation and Treatment (E&T) center is a 16-bed program that incorporates an innovative recovery-oriented approach to helping people with severe mental health concerns. The E&T provides inpatient mental health services to adults who are experiencing acute psychiatric symptoms, and require a secure environment and 24-hour support in order to stabilize symptoms and prepare to return home, or, to lower levels of care as appropriate. Length of stay ranges from 9-29 days.

THURSTON MASON CRISIS TRIAGE: Opened in 2016, the Thurston Mason Crisis Triage is a 10-bed facility that provides involuntary and voluntary mental health evaluation and treatment to divert individuals with an acute behavioral health diagnosis from local county and city jails and local hospital emergency rooms. Evaluations for involuntary behavioral health treatment are provided on-site and in the jail by Designated Mental Health Professionals (DMHPs). Program services include crisis treatment, on-site medical screen and clearance evaluation, stabilization services, linkages to ongoing treatment services, and medication management. Length of stay is typically less than 30 days.

THURSTON MASON E&T: Opening in July 2017, the Thurston Mason Evaluation and Treatment (E&T) center will be a 15-bed program designed to serve adults, voluntary and involuntary, with acute mental health symptoms. Co-located with the Thurston Mason Transitional Housing Program, the E&T provides clients with high-level, individualized mental health services from healthcare professionals who are experienced in emergency and acute psychiatric care. Length of stay is typically up to 30 days.

KING COUNTY E&T: Opening in January 2018, the King County Evaluation & Treatment (E&T) center will be a 16-bed program that will provide inpatient mental health services to adults ages 18 and older who are experiencing acute psychiatric symptoms and require a secure environment and 24-hour support in order to stabilize symptoms and prepare to return home or to lower levels of care as appropriate. The estimated average length of stay will range from 10-15 days.

GRAYS HARBOR E&T: Opening in Summer 2018, the Grays Harbor Evaluation & Treatment (E&T) center will be a 16-bed program that will provide inpatient mental health services in the Great Rivers region who are experiencing a severe mental health crisis, and would otherwise meet hospital admission criteria. The estimated average length of stay will range from 7-14 days.

Residential Programs

Telecare's stabilization programs offer short-term residential support, medication services, and links to community services to adults ages 18 and older. These programs offer 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. They can also serve as a step down for those preparing to leave the hospital and return to the community.

THURSTON MASON TRANSITIONAL RESIDENTIAL PROGRAM: Opening in August 2017, the Thurston Mason Transitional Residential Program will provide voluntary, short-term psychiatric treatment for adults in crisis, and will also provide voluntary transitional care for adults who require a structured therapeutic environment. The program is a short-term program for individuals who need crisis stabilization, and serves as a step-down from the E&T, Western State Hospital, or other community inpatient settings. Length of stay will typically be 3-14 days.