(A) COPY

COUNTY OF EL DORADO

Psychiatric Health Facility (PHF) Management and Operation
RFP #19-918-083

Submitted by:
Telecare Corporation
July 12, 2019

Contact:
Faith Richie
Senior Vice President, Development
Phone: (510) 337-7950
E-mail: frichie@telecarecorp.com

TELECARE CORPORATION | 1080 MARINA VILLAGE PKWY, SUITE 100, ALAMEDA, CA 94501 | WWW.TELECARECORP.COM

A. Cover Letter

July 12, 2019

Kady Leitner, Senior Department Analyst
County of El Dorado
Procurement and Contracts
2850 Fairlane Court
Placerville, CA 95667

RE: RFP #19-918-083: Psychiatric Health Facility (PHF) Management and Operation –
Cover Letter

Dear Ms. Leitner:

It is with great pleasure that I submit the enclosed proposal for the El Dorado County
Psychiatric Health Facility (PHF) Management and Operation on behalf of Telecare
Corporation. As instructed in the RFP, we have provided one original, five copies,
and one flash drive of all materials and proposals in PDF format, along with the
Q&A/Addendum. I, Faith Richie, am authorized to make representations for
Telecare. Telecare is able and has the desire to meet the requirements of Request
for Proposal #19-918-083.

Contact information for this proposal is as follows:
Contact Person: Faith Richie
Contact & Organization Address: 1080 Marina Village Parkway, Suite 100, Alameda,
CA 94501
Contact Phone: (510) 337-7950
Fax: (510) 217-9055
Email: frichie@telecarecorp.com

Pursuant to Title 9 and Title 22 of the California Code of Regulations, Telecare's El
Dorado PHF staff, managers, supervisors, medical staff, and clinical staff possess the
minimum abilities, education, certification, and experience required by statute.

In addition to the statutory/licensing requirements, Telecare possesses the following
experience:
- At least eight (8) years of experience operating a Psychiatric Health Facility;
- At least five (5) years of demonstrable experience working with a County
  Mental Health Program;
- At least five (5) years of experience working with Mental Health Clients in
  acute crisis; and
- At least five (5) years of experience working with client with co-occurring
  substance use disorder and mental health disorders.

Telecare Corporation:
1080 Marina Village Parkway   Alameda, CA 94501-1043
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Telecare Corporation - El Dorado County   2
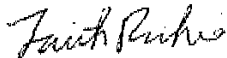RFP #19-918-083: Psychiatric Health Facility (PHF) Management and Operation

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Telecare is able to additionally meet the following statements identified in Section III, Eligibility:

- Telecare understands that we will be required to negotiate an agreement for the services identified in the RFP, with terms and conditions substantively similar to those identified in the Sample Agreement, attached to the RFP as "Attachment A," including all insurance requirements identified in said sample agreement.
- Telecare understands that we will be required to enter into a Facility Use Agreement with the County, the terms and conditions of which will be substantively similar to those identified in the Facility Use Agreement, attached to this RFP as "Attachment B."
- Telecare certifies that we understand the certification and licensing requirements identified in statute and regulations and that we do currently meet all licensing and certification requirements necessary to perform the services identified in this RFP.

Please do not hesitate to contact me at the number below if you have any questions or concerns related to this proposal. We look forward to the outcome of your review.

Sincerely,

Faith Richie
Senior Vice President
Development

Enc.

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1080 Marina Village Parkway   Alameda, CA 94501-1043
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UNANIMOUS WRITTEN CONSENT OF THE BOARD OF DIRECTORS
TELECARE CORPORATION

Delegation of Authority Regarding Responses to Requests for Proposals, Contracts and Licenses

WHEREAS, Telecare Corporation (the "**Company**") from time to time submits a written response to a request for proposals from a third party for the Company to provide behavioral health services and/or to manage the provision of behavioral health services (collectively "**Responses to Requests for Proposals**") and thereafter enters into contracts with such third parties to provide and/or to manage the provision of behavioral health services (collectively "**Contracts**");

WHEREAS, it is convenient and/or necessary for the Company to apply for and obtain licenses, permits and other authorizations from governmental agencies for the Company to operate, expand, change, open, close or otherwise act with respect to its behavioral health facilities and programs (collectively "**Licenses**"); and
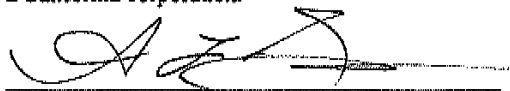
WHEREAS, the Board of Directors deems it to be in the best interests of the Company for the President and Chief Executive Officer and each of the Senior Vice Presidents of the Company to be delegated with the authority to act on behalf of the Company with respect to matters pertaining to Responses to Requests for Proposals, Contracts and Licenses; now therefore be it

RESOLVED: That the President and Chief Executive Officer and the Senior Vice Presidents are, and each of them is, hereby authorized and directed on behalf of the Company, acting together or alone, and in its name to execute, file, acknowledge and deliver all papers, agreements, documents, instruments and certificates and to do such other acts, including without limitation the payment of such sums, as such officers or any of them may deem necessary or advisable in connection any matter related to Responses to Requests for Proposals of the Company and Contracts; and be it further

RESOLVED: That the President and Chief Executive Officer and the Senior Vice Presidents are, and each of them is, hereby authorized and directed on behalf of the Company, acting together or alone, and in its name to execute, file, acknowledge and deliver all papers, agreements, documents, instruments and certificates and to do such other acts, including without limitation the payment of such sums, as such officers or any of them may deem necessary or advisable in connection with any matter pertaining to Licenses; and be it further

RESOLVED: That the Secretary and any Assistant Secretary of the Company are, and each is, hereby authorized to certify the effectiveness of the foregoing resolutions in connection with any matter related to Responses to Requests for Proposals of the Company, Contracts and/or any matter pertaining to Licenses, and with respect to which to provide written certification of the incumbency of the President and Chief Executive Officer and the Senior Vice Presidents.

Executed this 26th day of January, 2017, at Alameda, California, by all of the Directors of Telecare Corporation, a California corporation.

Anne L. Bakar	Nanci A. Fredkin
David J. Kears	Marshall D. Langfeld
Joan Meisel	James Ken Newman
Mary Ann Tocio	

The County of El Dorado

Chief Administrative Office

Date: July 1, 2019

To: All Prospective Proposers

Re: BID #19-918-083
Psychiatric Health Facility (PHF) Management and Operation
Questions & Answers – 1

Questions regarding the subject Request for Proposal (RFP) were received and the questions that the County has deemed appropriate and relevant with their answers are listed below:

Item	Questions and Answers
1.01	**Question:** The RFP includes the option for bidders to propose a Traditional Psychiatric Health Facility or an Augmented PHF. What is the County hoping to accomplish with an Augmented PHF model? **Answer:** The County is not mandating either model, and as such is not articulating a hope one way or another. The County is interested in ensuring Proposer's have room to propose models that they believe would be most effective.
1.02	**Question:** On p. 34, section K.2.b, it states, "Within twenty-four (24) hours of admission to the PHF, a Psychiatrist or Nurse Practitioner/Physician Assistant under the supervision of Contractor's Psychiatrist shall complete a Psychiatric History, which includes a mental health status examination; onset of illness and circumstances leading to admission; attitudes and behavior; estimate of intellectual functioning, memory functioning, and orientation; substance abuse history and an inventory of the Client's assets in descriptive, not interpretive, fashion." On p. 35, section K.2.f, it states, "On a daily basis, the Client shall receive face-to-face contact by a Psychiatrist or Nurse Practitioner/Physician Assistant under the supervision of Contractor's Psychiatrist with documentation of the intervention required. Psychiatric staff shall complete comprehensive psychiatric and medication evaluations, and ensure provision of daily medication as indicated."

	It is our understanding that psychiatric services can only be provided by a Psychiatrist in the PHF setting. Can the County please clarify if DHCS has approved these roles being performed by NPs and/or PAs as being within the scope of practice for these professionals and appropriate in the PHF setting? **Answer:** It is the County's intent to ensure the selected Proposer comply with all requirements at the time of the activity, and as such propose services that meet all State requirements.
1.03	**Question:** Would the County like Bidders to include a list of references or letters of reference that can speak to the Bidder's experience operating similar programs? **Answer:** At this time, the County is not requesting any information beyond the information identified in the RFP (See Sections III. Eligibility and IV. Proposal Content). However, Proposers will not be penalized for submitting letters of reference, should they choose to do so.
1.04	**Question:** Will the County please provide a breakdown of clients (%s) by payer? **Answer:** The billing function for these services is performed by the County. As a result, an exact breakdown of clients by payer is not deemed to be particularly relevant to this process. Billing for the clients occurs via the County, this is irrelevant to the responders. That being said, much of the target/client population is MediCal/Indigent, very few would be other payer.

Thank you for your interest and participation.

Michele Weimer

Michele Weimer
Procurement and Contracts Manager/
Purchasing Agent

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B. Table of Contents

TELECARE   RESPECT. RECOVERY. RESULTS.

C. Proposal Narrative

C. Proposal Narrative: Describe the firm's resources, experience and capabilities as they relate to scope of services described hereinabove. Submit in the order identified below:

1. Executive Summary: An executive summary should briefly describe the Proposer 's approach and summarize the major features of the proposal. The executive summary shall not exceed three pages, and should clearly address the following:

a. Describe the Proposer's overall understanding of the scope of services to be provided; and

Telecare has operated the El Dorado County Psychiatric Health Facility (PHF) since it transitioned from County operation to contracted services in 2015. In our original proposal, we committed to the County that we would provide recovery-based treatment and patient-centered care, supported by a safe and inspiring working environment for staff and a strong sense of collaboration with the County and other stakeholders in the local system of care. Our experience at the El Dorado PHF builds on our 50+ years of experience providing acute inpatient services to people with serious mental illness and complex needs, and our ongoing efforts to improve and enrich what we offer to persons in mental health crisis.

Accomplishments at the El Dorado PHF during our first contract term include the following:

- The PHF has provided more than 430 patient care episodes per year with an average length of stay (ALOS) of at or under 10 days (including administrative days). Our efficient length of stay is the result of close attention to utilization review, resulting in low claim denials (less than 2% in the past twelve months), more efficient patient flow and successful referral to lower levels of care.
- In response to concerns about census at the PHF several years ago, our new leadership has focused on opening channels of communication, removing unnecessary barriers to clients receiving services, working collaboratively with other system partners, re-training staff, and revising our approach as needed. We have facilitated faster, more efficient referrals from the ED at Marshall Medical Center using tools such as the SMART medical clearance process (described further below). We also revised policies and procedures regarding bed holds for out-of-county patients and bed blocking that had restricted access for our two local County hospitals. Finally, we have revised our exclusionary criteria to allow for more careful consideration prior to a denial of services. Our average census in FY 2018-2019 has been 12.62 patients per day.
- The PHF is voluntarily meeting the requirements of SB 1152. A written plan of the coordination of services and referrals to health care and social service agencies is provided to each client that discharges homeless. Transportation, food, clothing, and/or shoes are also offered upon leaving the PHF as needed.
- We collaborate with the eleven counties we work with, inviting partnership and collaboration in treatment and discharge planning. By working together with county behavioral health departments, we provide a warm hand-off to step-down resources that reduce the likelihood of subsequent crises and readmissions.

- We have instituted seven-day on-site psychiatric (MD) coverage for daily patient contact and telepsychiatry for backup coverage as needed.
- We have expanded and enriched our collaboration by instituting team building meetings with County Counsel, the Public Defender, El Dorado County Court, the Public Guardian, Public Health and Behavioral Health.
- We invited our County partners to participate in the process of selecting our new Psychiatrist.
- We rigorously meet our own internal policy of responding to County calls within 30 minutes, 24 hours a day, 7 days a week.
- We host quarterly trainings on new and/or commonly used psychotropic medications to ensure our team is educated.
- We offer Genesight testing, a tool that shows what psychotropic medications will work best for an individual based on their genetic makeup.

b. Identify the Proposer's general capacity to provide the services solicited in this RFP and experience providing similar services in similar settings.

Telecare has delivered acute inpatient mental health services for more than five decades. Our acute inpatient programs serve individuals who pose a danger to themselves and/or others, and/or who are gravely disabled due to a mental health issue and require stabilization in a locked setting. We offer intensive support for persons in crisis, including medical and psychiatric assessment, risk assessment, treatment planning, medication evaluation and support, individual and group therapy, case management and discharge planning. We also provide services to our patients' family members and friends (e.g. healthy distress tolerance, emotional regulation, and interpersonal relationship skills) so that they are better able to support their loved one. The average length of stay (ALOS) is at or under 10 days (including administrative days).

Telecare currently operates seven facilities licensed in the State of California as Psychiatric Health Facilities (PHFs). We are the largest provider of PHF services in the state with 122 licensed beds. Three additional Telecare PHFs are in development: one in San Joaquin County projected to open in 2020, and two newly constructed PHFs in Kern County projected to open in 2022. Telecare has additionally operated three other California licensed Psychiatric Health Facilities: Gladman, which opened in 1965 as the first freestanding acute psychiatric hospital in Northern California and transitioned to a Mental Health Rehabilitation Center (MHRC) in 1997; Solano Psychiatric Health Facility, which Telecare operated from 1996 until 2010; and Placer Psychiatric Health Facility, which Telecare operated from 2001 until 2018.

In addition to our California acute inpatient programs, Telecare also operates six additional acute inpatient programs licensed as Evaluation and Treatment Centers (the equivalent of a PHF) in Washington State. Two additional E&T facilities will open later in 2019. The following is a comprehensive list of our currently operating acute inpatient psychiatric facilities, including location and year opened.

PROGRAM NAME	LOCATION	CAPACITY	YEAR OPENED
La Casa PHF	Long Beach, CA	16	1997
Heritage PHF (Joint Commission Accredited)	Oakland, CA	26	2005
Willow Rock PHF (Adolescents -- Joint Commission Accredited)	Oakland, CA	16	2007
Santa Cruz County PHF (Joint Commission Accredited)	Santa Cruz, CA	16	2013
Stanislaus County PHF	Ceres, CA	16	2013
Riverside County PHF	Indio, CA	16	2013
El Dorado County PHF	Placerville, CA	16	2015
San Joaquin County PHF	Stockton, CA	16	Opening 2020
Kern County PHF	Bakersfield, CA	16	Opening 2022
Kern County PHF (Minors)	Bakersfield, CA	16	Opening 2022
Pierce County E&T	Milton, WA	16	2010
Clark County E&T	Vancouver, WA	12	2010
North Sound E&T	Sedro Woolley, WA	16	2015
Thurston Mason Crisis Triage E&T	Tumwater, WA	10	2016
King County E&T	Federal Way, WA	16	2017
Thurston Mason E&T	Olympia, WA	15	2017
Mark Reed E&T	McCleary, WA	16	Opening August 2019
Mason County E&T	Shelton, WA	16	Opening October 2019

Telecare continues to build capacity and innovate to provide effective acute inpatient services. Examples of this include:

- **Continuous Quality Improvement:** Our Clinical Quality Management System (CQMS) supports continuous improvement of clinical services in all Telecare programs. Its specific processes measure, evaluate, and improve clinical practices and protect the rights of individuals. Telecare has a Standardization Committee for each of the various program types we operate, including acute inpatient. These committees develop and maintain clinical and program operations standards to meet the requirements of licensing and accrediting bodies while also sharing best practices and bringing them to scale.

- **Clinical Initiatives:** As one of the nation's largest and most experienced behavioral health providers, Telecare has the resources to develop leading edge tools, trainings, and initiatives that are shared across the organization so all our programs can benefit. For example, we have implemented a company-wide Whole Person Care initiative to ensure that clients with complex needs receive comprehensive recovery support. This holistic approach incorporates a range of evidence-based and best practice interventions to address co-occurring substance use and chronic health conditions.

- **Prescriber Capacity:** Telecare has its own Physician Services Organization, TLC Behavioral Health, which employs and contracts with prescribing level staff including physicians, physician assistants, and nurse practitioners, in addition to other professional staff such as psychologists. TLC employs and contracts with more than 200 providers, allowing us to ensure high standards of quality across our care settings and minimizing the impact of California's well-documented mental health workforce shortages.

2. Detailed Discussion: The detailed discussion is a general, but complete, narrative of the Proposer's plan for the work to be performed. This overview should clearly demonstrate the Proposer understands the performance expectations and identify how the requirements will be met.

SERVICES OVERVIEW

Telecare proposes to continue to provide services that meet all requirements for Psychiatric Health Facilities found in Title 22, Division 5 of the California Code of Regulations. Intensive inpatient psychiatric treatment will be provided 24/7/365 to individuals experiencing a mental health crisis. Individuals aged 18 years or older who meet medical necessity criteria will be admitted on a voluntary or involuntary basis. All services will be consistent with Telecare's recovery-based treatment philosophy and will focus on returning the individual to a less restrictive level of care as quickly and safely as possible.

A multidisciplinary, culturally competent team with appropriate licenses and credentials will provide acute stabilization, a robust multi-disciplinary assessment process and milieu treatment program, discharge planning, and resource and supports mobilization. Our program will offer a complete regime of active treatment, including individual, group, and family therapy, and psychoeducational groups, in addition to psychiatry and medication therapy. Because many of the individuals we will serve will have both a mental illness and co-occurring substance use issues, our program will also address co-occurring disorders.

a. Describe the organization's plan for admissions, including any applicable criteria and/or protocols that will be applied to clients being considered for admission, being admitted, and how the admissions process will work;

Telecare understands that adults in acute mental health crisis require timely access to treatment in a welcoming, clinically appropriate setting designed to meet their needs. As in many communities, persons in mental health crisis presenting at emergency departments in El Dorado County are subject to long wait times and inadequate treatment while also contributing to the problem of emergency department overcrowding. At El Dorado PHF, our procedures reflect the need for timely responses to referrals. Our overarching philosophy and goal for serving clients experiencing mental health crisis is to provide open access to the necessary services and supports whenever possible. Our admission procedures are not used to limit access, but rather ensure all patients meeting the criteria for PHF eligibility are efficiently and appropriately served by the PHF. We provide a welcoming environment by greeting people at the door and inviting them into our care, as we would invite someone into our home.

El Dorado PHF accepts admissions referred by the El Dorado County Behavioral Health Crisis Team, in addition to 11 other counties and their inpatient referral systems. We stay in constant communication with all referral sources regarding bed availability. Referral packets are received by fax. Our Intake RN reviews each referral packet and asks questions regarding any medical clearance issues or additional eligibility criteria or diagnostic information if indicated to establish eligibility and medical necessity, which include the following:

- Client poses a danger to self or others because of a mental disorder, pursuant to Welfare and Institutions Code §5150.
- Client is unable to provide reasonably adequate care for self, due to grave disability as a result of a mental disorder, pursuant to Welfare and Institution Code §5150.
- Client is presenting symptoms likely to lead to seriously disordered behavior accompanied by impaired reality testing.
- Client is in need of planned psychiatric evaluation, special drug therapy, or special treatment that cannot be provided at a lower level of care requiring the presence of skilled, intensive staff intervention following failure of treatment effort available in outpatient or extended care settings with impaired social, familiar, educational and/or occupational functioning.

Our staff maintain a log of communication regarding each referral from the time a packet is received until when the patient is admitted. Our goal is to review and accept and/or request additional needed information within two hours of receipt of referral.

In order to minimize obstacles to services and facilitate expedited admissions, Telecare joined with the local emergency department in implementing the SMART medical clearance process. This process expedites medical clearance for clients with low medical risk. One frequent cause of inefficiency in the PHF admissions process is when a "one size fits all" protocol of exhaustive examination and testing is used to provide medical clearance to all patients regardless of presentation. Our SMART medical clearance process identifies low-risk, medically stable individuals who may be referred to the PHF from the ED without additional physical examination and laboratory testing. For example, a "low risk" patient may be one who is/has:

- 55 years old and younger
- No acute medical complaints
- No new psychiatric or physical symptoms
- No evidence of a pattern of substance (alcohol or drug) abuse
- Normal physical examination that includes, at the minimum:
    a. normal vital signs (with oxygen saturation if available)
    b. normal (age appropriate) assessment of gait, strength and fluency of speech
    c. normal (age appropriate) assessment of memory and concentration

Additional selective physical examination and diagnostic laboratory testing is done at the discretion of ED personnel when an individual does not meet the criteria for "low risk." When there is reasonable suspicion of drug and/or alcohol use, a toxicology screen is completed. The PHF tracks this information and provides a monthly report to El Dorado County Behavioral Health based upon their request. Individuals who have emergent medical conditions or medical conditions that exceed the capacity of the PHF to provide appropriate medical care (e.g. deep wound care, intravenous therapy, oxygen therapy, tube feeding, substance withdrawal requiring medical detoxification) are not considered for admission to the PHF. Our exclusionary criteria are consistent with California Code of Regulations Title 22 Psychiatric Health Facilities §77113 Admission Policies.

We value our collaborative work with the Behavioral Health Crisis Team and hospital Emergency Departments to make the admissions process as seamless as possible so that patients receive timely and clinically effective crisis mental health services. Please see the letter of support from Marshall Medical Center's Director of Emergency and Trauma Services provided as Attachment 1.

After the patient is medically cleared and bed availability is confirmed, the patient is transferred to the PHF (usually by medical ambulance or secured transport) and admitted. All Telecare acute inpatient psychiatric facilities conduct full risk assessments as a part of the admission process to determine the immediate need for stabilization and appropriate level of observation and monitoring. We strive to use the risk assessment process as an opportunity to open a dialogue, and to have patients feel supported and heard rather than pathologized. The treatment planning process begins upon admission with a multidisciplinary assessment. The assessment process is described in the response to question c below (Treatment Planning Process).

b. Describe how the organization defines successful outcomes for Mental Health Clients in acute crisis and co-occurring substance use disorder and mental health clients, and how the organization's practices are likely to ensure successful outcomes for all clients.

PHILOSOPHICAL AND THEORETICAL APPROACH TO PROVIDING INPATIENT PSYCHIATRIC CARE

Telecare is guided by a recovery treatment philosophy. We define recovery as the awakening of hopes and dreams – gaining the knowledge to reclaim one's power and achieve one's desires by learning to make choices that build strength rather than do harm. Recovery involves living a meaningful life with the capacity to love and be loved. In our acute inpatient psychiatric settings, we strive to go beyond stabilizing crisis by laying the groundwork for recovery and by forging community linkages and building natural supports to reduce the likelihood of future crises and readmissions.

Telecare's signature Recovery Centered Clinical System (RCCS) focuses on creating a recovery-focused culture with staff who understand how their behaviors encourage or impede recovery. Our goal is to balance the need for rules that ensure safety with the progress that happens when individuals feel understood, respected, heard, and empowered. We honor individuals' needs for physical privacy, information privacy, and family privacy. Telecare designs its acute inpatient programs as trauma-informed and recovery-oriented settings that empower individuals to be full partners in decision making, even when treatment is being provided on an involuntary basis. RCCS includes a suite of clinical practice tools that allow individuals to reflect on the kind of future they want and how they can pursue it. It incorporates motivational interviewing, Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and principles of trauma-informed care.

Telecare is expert in creating inpatient psychiatric care settings that are safe, welcoming, and provide a foundation of recovery on which to build as patients are transitioned to lower levels of care. Specific examples of what this means in practice include:

- Our Recovery Centered Clinical System (RCCS) provides a comprehensive array of structured dialogues and instruments that build the therapeutic alliance between patients and staff members. Our Recovery Centered Measures provide auditable standards for evaluating how well each program's culture embodies our recovery philosophy.

- Company-wide, Telecare is aligned in its commitment to trauma-informed care. Our emphasis on safety for staff and patients extends from our minute attention to safety features in the physical plant, to specific trauma-informed modalities and groups, to our extensive Crisis Prevention Institute (CPI) training for staff in creating non-violent cultures and "No Force First" crisis de-escalation techniques.

- We are firmly committed to minimizing the use of seclusions and restraints. We track seclusions and restraints very closely, analyze for trends, and debrief every incident.

- Understanding the importance of integrated care, Telecare has undertaken a number of company-wide initiatives to enhance our co-occurring capabilities. These include a Substance Abuse 101 training for every direct service staff member, the introduction of SBIRT, and a 16-week manualized Co-Occurring Education Group (COEG). On the physical health side, our Whole Person Care initiative is designed to help consumers improve self-management of chronic conditions and understand the interrelationship of physical and mental well-being. At Telecare El Dorado PHF we have an attending psychiatrist who is a DATA (Drug Addiction Treatment Act) waived physician allowing us to utilize MAT (medication assisted treatment) with the use of buprenorphine (Suboxone).

- Peer Services: It is Telecare's belief that peer support in the acute setting amplifies the patient voice and promotes a culture of recovery. Telecare integrates peers in all of its services and treatment settings, including acute inpatient care. We have a long history of employing individuals with lived experience at various levels of our operations, including in leadership positions. Throughout our company, Telecare employs over 170 individuals with lived experience of mental illness and treatment in peer-designated roles (many more employees in other roles also have this experience), a rapidly increasing number as we more deeply integrate peer support into new and existing programs. As an organization, Telecare has adopted a new goal, referred to as "2 by 2020," that every one of our 100+ programs, regardless of type or size, will have at least two peer support positions by the year 2020.

- Setting and Culture: Telecare designs its acute inpatient programs as trauma-informed and recovery-oriented settings that empower individuals to be full partners in decision making, even when treatment is being provided on an involuntary basis. This philosophy informs everything from the physical plant to the ways staff are trained to engage and interact with patients. Basic premises that guide our approach are as follows:

- o The treatment milieu offers maximum opportunity for engagement between staff and patients. Staff do not remain sequestered behind closed office doors or enclosed nursing stations.
- o Patients are offered a customized program of therapies and activities responsive to their needs and preferences.
- o The physical environment is home-like, welcoming, and calming. Functional areas are differentiated through color, lighting, flooring, wall decorations and furnishings. Common areas encourage interaction, and private visiting spaces are available. Safety features are embedded in design.
- o Staff approach patients with respect at all times, favoring conversational tones and open-ended questions rather than orders and directives.
- o Staff-patient interactions communicate hope and a positive future orientation.

Telecare provides services for persons with serious mental illness at every level of specialty mental health care, and thus we are skilled at understanding the factors that support successful transition between levels of care. Our PHF staff works closely with each individual to understand their strengths, their support systems, their history in the system of care, and their current and past relationships with any providers. Using this information, we are able to partner with them on a discharge plan that leads to stability in the community and reduces the likelihood of readmission. Each individual leaves the facility with discharge instructions, including medications, next appointments, recommendations, transportation and helpful County resource phone numbers. The individual can choose to keep this information private, or can share the document with future service providers.

DEFINING SUCCESSFUL OUTCOMES

Even within the scope of a short-stay acute care episode, we firmly believe a strengths-based, recovery-oriented approach can have a powerful impact on individuals—helping them build new skills to regulate emotion; deepening their understanding of how to make effective choices; increasing their sense of self-respect, personal motivation, and personal power; and empowering them to develop a longer-term plan for their recovery, focused on their hopes and dreams. Cumulatively, this results in lower risk of future crisis episodes and hospitalizations. Telecare's flexible data systems allow us to establish benchmarks for and track trends in quality indicators. We are invested in outcome measures that can be used to monitor clinical efficacy and be the basis for program design changes, when needed. The following are metrics we use to assess the impact of our services.

Average Length of Stay (ALOS): In Fiscal Year 2018-19, our average length of stay (ALOS) at El Dorado PHF has been steadily at or under ten (10) days (including administrative days). Length of stay speaks to how quickly and efficiently we are able to stabilize acute symptoms through clinical interventions to return each individual to the previous (pre-crisis) level of functioning. Our length of stay is consistent with State benchmarks for acute inpatient psychiatric services.

Adverse Events: Adverse events routinely tracked include, but are not limited to, assaults, emergency medication incidents, falls, elopements and seclusions and restraints. Telecare documents use of seclusions and restraints to measure how well we de-escalate volatile situations, keep patients and staff safe, and provide appropriate and adequate training to staff that allow us to avoid seclusions and restraints. We view this information as central to our ongoing ability to provide services that are healing, recovery centered, and trauma informed. For FY 2018-19 YTD, El Dorado PHF had .22 mechanical restraints with seclusion episodes per 1,000 patient bed days (1 episode), and 2.84 seclusion only episodes per 1,000 patient bed days. This was a decrease from 6.26 seclusion only episodes per 1,000 patient bed days in FY 2017-18.

Average Daily Census (ADC): Average Daily Census (ADC) is an important indicator of success for a PHF program because it indicates how well the program is responding to the needs of the system of care and quickly and efficiently providing access to those who need the services. In response to concerns about census at the El Dorado PHF several years ago, our new leadership has focused on opening channels of communication, removing unnecessary barriers to clients receiving services, working collaboratively with other system partners, re-training staff, and revising our approach as needed. We have facilitated faster, more efficient referrals from the ED at Marshall Medical Center using tools such as the SMART medical clearance process (described further above). We also revised policies and procedures regarding bed holds for out-of-county patients and bed blocking that had restricted access for our two local County hospitals. Finally, we have revised our exclusionary criteria to allow for more careful consideration prior to a denial of services. The following chart illustrates our progress since January 2017. Our ADC for FY 18-19 (YTD) is 12.62 patients per day.

Average Daily Census January 2017- May 2019
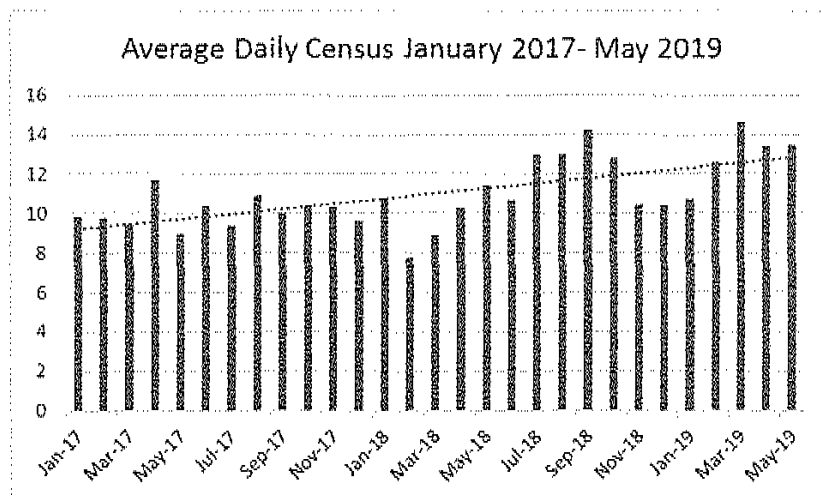
Average Daily Census FY 18-19 YTD: 12.62

Readmission rates: Readmission rates are reflective of program effectiveness in stabilizing patients and preparing them to participate successfully in lower level of care services. Our

standardized reporting format tracks the number of prior admissions for each individual admitted. This report allows us to track the number of individuals with frequent admissions, and analyze patterns of readmissions to determine if program changes or system changes are necessary. In FY 2018-19 YTD, El Dorado PHF readmitted 9.5% of discharged patients within 30 days of discharge. This compares favorably to state-wide data and is particularly notable in that El Dorado County PHF is the only LPS-designated facility in the area, making our readmission rate a "true" readmission rate (in other locations having access to more inpatient options may obscure the readmission rate for any one facility).

Client Feedback: Telecare distributes the Mental Health Statistical Improvement Program (MHSIP) Consumer Satisfaction Survey to all PHF patients. The MHSIP measures concerns that are important to consumers of publicly funded mental health services in the areas of Access, Quality/Appropriateness, Outcomes, Overall Satisfaction and Participation in Treatment Planning. An average of 82% agreed or strongly agreed with a series of positive statements about the care received, such as:
- Staff were willing to help as often as I thought was necessary (91%)
- Staff believed that I could grow, change and recover (90%)
- I felt comfortable asking questions about my treatment and medication (88%)
- Staff were sensitive to my cultural and ethnic background (85%)

We are very proud of this feedback from patients, especially given that patients in a PHF setting are often receiving involuntary services at a time of personal crisis. The results of our most recent MHSIP Consumer Satisfaction Survey administration at El Dorado PHF are included as Attachment 2. We have also included a blank copy of our physician client satisfaction survey, which is completed on a voluntary basis by discharging clients. In addition, we collect additional client feedback using such mechanisms as comment notes, gratitude cards and encouragement of clients verbally advocating to staff.

The following letter is an example of what a client gained from participation in our program phrased in their own words:

> *I wanted to take this time to tell you guys how thankful and blessed I've felt during my time here. You guys have taken care of me in a way I could never see possible. I hope to take a little piece of each of you with me when I leave. This has been a challenging process but I couldn't have done this without your help. Your willingness to help me has inspired me to take better care of the people around me, and show them the love and compassion you have shown me. You all work very hard and I wanted you to know that your efforts have not gone unnoticed. Thank you for taking care of me when I had given up hope for myself. Each of you have not only shown me compassion but a strength inside me I never dreamed could be possible. It's bittersweet to leave this place but I hope to make you proud of me using all the tools you have given me. I couldn't thank you enough for a second chance at life.*

c. Describe the organization's plan for treatment planning for clients staying in the PHF, including how the organization will tailor treatment plans to meet identified client needs;

MULTIDISCIPLINARY ASSESSMENT PROCESS

A multidisciplinary treatment team has treatment planning responsibility for every individual admitted to the PHF. Members of the multidisciplinary team can include the Program Administrator/Clinical Director, attending psychiatrist, medical doctor, nursing, social work, rehabilitation staff, recovery specialists, peer support, the conservator and the patient. When appropriate, and with the patient's consent, the patient's family and significant relationships are included in the treatment planning process.

The treatment planning process begins upon admission with a multidisciplinary assessment. Telecare complies with Psychiatric Health Facility licensing regulations requiring all assessments are completed within specific timeframes.

- Upon admission (within first eight hours), an RN completes an initial nursing assessment, including history of illness, legal status, and reason for admission as stated by the individual and/or others significantly involved. The nursing assessment includes a drug and alcohol screening to assess the need for co-occurring disorder treatment. Many of the persons served have significant medical care needs and self-care deficits. Therefore, the initial nursing assessment is used to develop the nursing care plan and is the basis for the initial multidisciplinary treatment plan. Our nursing assessment also includes a brief Mental Status Examination and full risk assessments to determine potential risk for harm to self and others as well as elopement. Our Clinical Decision Support Tool for acute programs and our Danger To Self/Others risk assessment instruments are included as Attachment 3. Patients are assigned levels of monitoring and observation based on their assessed level of risk.

- The patient is assessed by the psychiatrist within 24 hours. Based on this assessment, the psychiatrist will direct the pharmacotherapy of the individual. The psychiatrist is responsible for providing documentation in the individual's medical record that meets facility rules and regulatory standards.

- A physician completes a history and physical examination (H&P) of each admitted patient within 24 hours of admission. The physician alerts nursing staff and the program psychiatrist of any outstanding conditions that may warrant further medical follow up or prove a risk in treatment. The physician follows up on non-emergent medical issues and/or facilitates after care follow up with social work staff.

- Social services staff conducts a psychosocial assessment as soon as possible following admission but in any event within the first 60 hours. The assigned Social Worker works with the individual and the individual's family and/or other significant support system

relationships to ensure that the individual's needs are being met during his or her stay at the facility and that planning for an appropriate discharge begins upon admission. Familial and systemic issues are addressed, if possible, in order to facilitate or improve structural support for the individual. The assigned Social Worker also collaborates with other agencies involved with the individual's care and treatment to optimize the best possible plan. The psychosocial assessment addresses the following areas:

- o Environment and living situation
- o Leisure and recreation
- o Religion and spiritual orientation
- o Childhood history
- o Military service history, if applicable
- o Financial issues
- o Usual social, peer group, and environmental setting
- o Sexual orientation and history
- o Family circumstances
- o Social, spiritual, and cultural values
- o History of emotional problems
- o History of behavioral problems
- o History of trauma
- o Addictive behaviors/co-occurring conditions
- o Current emotional and behavioral functioning
- o Community resources accessed by the individual
- o Placement and aftercare needs

In completing the psychosocial assessment, the Social Worker makes reasonable efforts to obtain information from collateral sources such as case managers, treatment program staff, etc. who have worked with the individual. As appropriate, the Social Worker also contacts family members and other significant persons in the patient's life to provide them with education and support regarding mental health issues. No outside parties are contacted without the individual's informed consent for release of confidentiality, unless otherwise authorized.

- Rehabilitation staff conduct their assessment as soon as possible after admission but in any event within the first 72 hours as required by PHF regulations. The rehabilitation assessment gathers information on patients' goals and the skills and supports needed to reach those goals. The assessment includes an overall rehabilitation goal, a functional assessment, and a resource assessment.

- A dietary assessment is conducted if triggered by the nursing assessment, H&P and/or client request in the event a special diet is required for medical, cultural and/or spiritual reasons.

These assessments not only gather all of the necessary clinical information to develop a diagnosis, check the individual's mental status, and determine any outstanding health and risk factors, but also incorporate information about the individual's current level of functioning,

support systems and personal goals. A formal treatment conference is convened as soon as possible after admission and multidisciplinary assessments and always within 72 hours as required by PHF regulations.

TREATMENT PLAN AND TREATMENT TEAM FUNCTION

The treatment conference includes direct treatment staff, the individual's attending or consulting psychiatrist, nursing staff, social services staff, the individual whenever possible, and any other persons whose participation is relevant to the treatment and care of the person served, such as the Peer Support Specialist. Where appropriate, and with the individual's consent, the individual's family and significant relationships are included in the planning process. The initial treatment plan, based on problems and strengths identified in the initial assessments, are expanded in the complete written format following the initial treatment planning conference. In addition to individual problems and strengths, treatment goals are developed as part of the initial treatment planning process. The prescribed daily schedule of activities for each patient is in large measure derived from Telecare's master schedule of active therapies and based on individual needs (see discussion below). The Treatment Plan also addresses discharge planning from the very beginning of the patient's stay at the PHF.

The treatment team for each patient (MD, nurse, social worker, Directors of Social Services, Nursing, Peer Support Specialist and Rehab) meet each day to discuss the patient. At the treatment team meetings, the team reviews medical necessity, updates treatment plans, reviews and revises legal status (as necessary), and updates discharge plans. Team members exchange relevant clinical information. Patients are always welcome to attend treatment team meetings, but regardless of whether they are physically present at the meeting, their input is solicited by the social work staff and integrated in the master treatment plan. When indicated, family members, conservators, probation officers, case managers and other members of the individual's support system are invited to participate.

DISCHARGE PLAN AND AFTERCARE PLAN

The PHF's Social Services department has primary responsibility for discharge and aftercare planning. This process begins at admission with the collection of information about current living status, family and other supports, and availability of aftercare resources. While developing the psychosocial assessment, the assigned Social Worker initiates discharge planning activities and oversees the formulation of an aftercare plan.

- Nursing staff begins discharge planning upon admission of each individual and includes it in the preliminary treatment plan
- The Treatment Team defines and updates discharge criteria as part of the formal treatment planning process
- Social Work staff coordinates discharge planning with appropriate providers and agencies, the individual's family, support system, and/or other appropriate community resources
- Social Work staff also complete aftercare plans that address the individual's need for follow-up treatment, housing, and socialization

- Nursing staff includes in each discharge record a nursing discharge summary that includes a summary of the individual's stay and recommendations regarding follow-up and aftercare. Each discharge record includes a brief summary of the individual's condition upon discharge. A list of discharge prescriptions and outpatient mental health appointments is provided to the individual.

Social work staff strive to make the after care plan as successful as possible by facilitating connections with after care resources prior to discharge. To this end, we continually strive to maintain excellent working relationships with the organizations within the continuum of care that provide crucial aftercare resources for individuals served at the PHF, including residential care, board and care facilities, outpatient programs, substance abuse treatment, housing resources and self-help and peer-run services. From the beginning of his or her stay, the individual works with a social worker on the aftercare plan so that all necessary resources are arranged and confirmed by discharge. The social worker coordinates with the family and other natural supports as well as system of care resources and other community points of referral. Whenever possible we create a "warm hand-off" by inviting representatives of receiving programs onto the unit to meet individuals prior to their discharge date.

d. Describe how the organization's staffing plan and personnel model is sufficient to meet all legal requirements and fulfill all needs associated with the provision of services in the PHF (Proposers may use their staffing model for reference supporting their response to this portion of the narrative);

STAFFING MODEL APPROACH

As the incumbent provider of services at the El Dorado PHF, Telecare has already accomplished the challenging task of forming a qualified and experienced staff team and developing a staffing model that meets and exceeds the staffing requirements for Psychiatric Health Facilities specified in CCR Title 22, Division 5, Chapter 9, Article 3. The following chart addresses key highlights of our staffing model and how it meets or exceeds licensing requirements. Our full staffing model is provided below.

STAFFING REQUIREMENT	TELECARE STAFFING MODEL
• The facility shall have a clinical director who shall be a licensed mental health professional and qualified in accordance with §77093 of these regulations.	• *Met.* Telecare's staffing includes an Administrator who is a Licensed Marriage and Family Therapist (LMFT). The Administrator also serves as the Clinical Director.
• Required 24-hour Full Time Equivalent (FTE) staff to census ratio (census of 11-20): o 2 FTE Psychiatrist, Clinical Psychologist, Clinical Social Worker or Marriage, Family and Child Counselor	• *Exceeded.* Telecare's staffing includes: o A licensed (LCSW) Director of Social Services as well as 2 FTE licensed Social Workers Monday-Friday and .4 FTE licensed Social Workers Saturday and Sunday.

STAFFING REQUIREMENT	TELECARE STAFFING MODEL
o 5 FTE Registered Nurse or Licensed Vocational Nurse or Psychiatric Technician o 5 FTE Mental Health Workers	o 7 FTE Nursing staff (RNs and LVNs) Monday-Friday and 2.4 FTE Saturdays and Sundays o 8.4 FTE Recovery Specialists (Mental Health Workers)
• Registered Nurse shall be employed 40 hours per week.	• *Exceeded.* RN on duty 24 hours a day, 7 days a week
• There shall be a registered nurse, a licensed vocational nurse, or a psychiatric technician awake and on duty in the facility at all times.	• *Exceeded.* At least 2 nursing staff awake and on duty at all times.
• The psychiatric nursing service shall be under the direction of a registered nurse who shall meet at least the following qualifications: o Master's degree in psychiatric nursing or related field with experience in administration o Baccalaureate degree in nursing or related field with experience in psychiatric nursing and two years of experience in nursing administration o Four years of experience in nursing administration or supervision and with experience in psychiatric nursing.	• *Exceeded.* Director of Nursing is an RN with more than 15 years of nursing administration/supervision experience and additional psychiatric nursing background.
• Social services shall be organized, directed and supervised by a licensed clinical social worker.	• *Met.* Full Time Director of Social Services is an LCSW.

WEEKLY STAFFING PATTERN

Position	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total Shifts	Total FTEs
AM									
Administrator/Clinical Director	1.00	1.00	1.00	1.00	1.00	-	-	5.00	1.00
Regional Director of Operations	0.20	0.20	0.20	0.20	0.20	-	-	1.00	0.20
Director of Nursing	1.00	1.00	1.00	1.00	1.00	-	-	5.00	1.00
Director of Social Services	1.00	1.00	1.00	1.00	1.00	-	-	5.00	1.00
Rehabilitation Therapist	1.00	1.00	1.00	1.00	1.00	-	-	5.00	1.00
Licensed Social Worker	2.00	2.00	2.00	2.00	2.00	1.00	1.00	12.00	2.40
Social Worker	1.00	-	-	-	1.00	1.00	1.00	4.00	0.80
RN Supervisor	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
LVN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
Peer Support Specialist	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
Recovery Specialist I	2.00	2.00	2.00	2.00	2.00	2.00	2.00	14.00	2.80
Cook	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
Office Coordinator II	1.00	1.00	1.00	1.00	1.00	-	-	5.00	1.00
Medical Records Technician	1.00	1.00	1.00	1.00	1.00	-	-	5.00	1.00
Unit Clerk	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
Regional IT Analyst	0.03	0.03	0.03	0.03	0.03	-	-	0.15	0.03
HR Generalist	0.30	0.30	0.30	0.30	0.30	-	-	1.50	0.30
Subtotal AM	16.53	15.53	15.53	15.53	16.53	9.00	9.00	97.65	19.53
PM									
Housekeeper	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
RN Supervisor	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
LVN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
Recovery Specialist I	2.00	2.00	2.00	2.00	2.00	2.00	2.00	14.00	2.80
Unit Clerk	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
Subtotal PM	6.00	6.00	6.00	6.00	6.00	6.00	6.00	42.00	8.40
NOC									
RN Supervisor	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
LVN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7.00	1.40
Recovery Specialist I	2.00	2.00	2.00	2.00	2.00	2.00	2.00	14.00	2.80
Subtotal NOC	4.00	4.00	4.00	4.00	4.00	4.00	4.00	28.00	5.60
Total Facility Staffing	26.53	25.53	25.53	25.53	26.53	19.00	19.00	167.65	33.53

Contracted psychiatry staff are not included in the staffing pattern above. The facility has a full-time prescriber and additional in-person psychiatry coverage on the weekends, in addition to on-call psychiatrists and telepsychiatry available 24 hours a day, 7 days a week.

To enhance the description of our staffing plan, the following are included for reference:

PHF Staffing Plan, including all RFP requirements for Staffing Plan: "E. PHF Staffing Plan"
Job descriptions for all positions: Attachment 4
Resumes for current leadership staff: Attachment 5

The following sections provide a summary overview of staff roles as currently implemented at the El Dorado PHF.

Program Administration: Telecare's Program Administrator, who also serves as the facility's Clinical Director, oversees day-to-day service delivery (including clinical, fiscal, operational, and management functions), manages staff, develops policies and procedures in compliance with standards, monitors program performance, participates in committees and forums established by the County, leads quality improvement efforts, builds relationships with other agencies and service providers who provide services to the same population served at the PHF, and provides consultation on complex cases, as needed. The Program Administrator reports to a Regional Director of Operations who provides broad program oversight and marshals corporate resources as necessary to support high quality services. The following support roles report to the program's Administrator:

- The Medical Records Technician is responsible for the maintenance, storage and processing of all clinical records. This involves performing a variety of clerical duties associated with clinical records including assembling, recording, processing, data entry, data collection, preparation of reports, and documentation monitoring.

- The Office Coordinator provides general administrative support and office management support to the Administrator. S/he plans, organizes and coordinates the financial operations of the program and coordinates fiscal reporting to the Corporate Finance Department, performs bookkeeping functions, and maintains related reports and records.

Nursing Services: The Director of Nursing oversees all activities and functions related to nursing services, including supervision of all nursing staff. Responsibilities include developing departmental goals, standards of performance, and policies and procedures; serving in an advisory capacity to the Program Administrator in evaluating procedural changes as they relate to patient care; and directing the implementation of and ensuring compliance with standards of nursing practice that promote optimal health care delivery and meet regulatory requirements. Additional nursing services are provided by RNs, LVN/LPTs, Recovery Specialists (Mental Health Workers) and Unit Clerks. RNs are in charge of each shift 24 hours a day, 7 days a week. They assess and monitor patient medical and physical health status on an ongoing basis and deliver direct patient care, including medication assessments and administration. LVN/LPTs provide medication administration and conduct educational sessions with patients. Recovery Specialists (Mental Health Workers) monitor patients, co-lead therapeutic activities and provide direct client care services.

Rehabilitation Services: The Rehabilitation Therapist collaborates with nursing staff to provide rehabilitation services and recreational activities. This position organizes and controls the weekly program of group treatment, including rehabilitation programming, recreational activities, and group therapies.

Social Services: In accordance with regulations, an LCSW serves as the PHF's Director of Social Services. The Social Workers assist with intake procedures, complete social histories, assess family and support systems including potential discharge settings, and take an active role on the multidisciplinary treatment team. The Social Workers may also provide one-on-one counseling and family therapy. The Social Workers also arrange all aftercare services in collaboration with the patient, his or her family, the county of and the programs and services to which we refer patients for step-down care.

Physicians and Medical Services: The medical staff includes Psychiatrists, Internal Medicine licensed providers, a Pharmacist, a Psychologist, and a Registered Dietician. We are pleased to be able to offer direct psychiatric care by a Board certified Psychiatrist seven days per week, with on-call coverage 24 hours a day, seven days per week. Each patient is assigned an attending Psychiatrist, who is responsible for overseeing that patient's Treatment Plan. Each attending Psychiatrist is responsible for conducting an initial psychiatric assessment for each patient within 24 hours of admission and for documenting a progress note following each patient contact. The attending psychiatrist also oversees the pharmacological treatment for each patient and coordinates the overall care of the patient with the multidisciplinary Treatment Team. Attending psychiatrists provide court testimony as required for various legal status hearings and initiate the petition for Temporary Conservatorship applications. Per our understanding of DHCS regulations and survey requirements, we do not use mid-level practitioners (NPs and PAs) to provide any aspect of psychiatric care (assessment, diagnosis, rounding, prescribing, evaluation for holds and medical necessity) or documentation at the PHF. In addition, we utilize Board certified Medical Doctors (MDs) to provide physical healthcare, including histories and physicals.

e. Describe the organization's plan for meeting physical health needs including whether or not the organization will use subcontractors to assist in meeting these needs;

A contracted Board certified Medical Doctor (MD) provides history and physical exams at admission, and all known health conditions are noted for follow-up and coordination in the treatment plan both during the inpatient stay and at discharge. Telecare's staffing for PHF includes nursing staff on each shift who ensure that all health conditions are monitored and noted in the patient's chart. We strive to ensure that all individuals leave the program with a primary care physician relationship in place and an appointment with that provider.

Telecare has implemented a company-wide Whole Person Care initiative to ensure that individuals with complex needs are supported to achieve overall health and wellness. Telecare's Whole Person Care model includes a range of evidence-based and best practice interventions, routine screening for health and mental health indicators (BMI, blood pressure, HbA1C, PHQ-9, AUDIT, GAD-7), enhanced training for staff, and a suite of wellness clinical care resources to promote enhanced physical health integration. At Telecare El Dorado PHF, we also utilize biofeedback with systems including HeartMath, a tool that allows an individual learn how to self-regulate their emotions and behaviors to reduce stress, increase resilience, and unlock their natural intuitive guidance for making more effective choices to achieve balance, insight and health. Our multidisciplinary staff and contracted medical providers help

us to be able to discern when physical health symptoms may be contributing to challenging behaviors and be able to provide proper attention to such issues before they exacerbate. We have found that training our staff on common health conditions and health screening indicators enriches the treatment we provide and improves communication and coordination with other providers.

Telecare has agreements in place with local community hospitals for transfer of care in the case of emergent medical needs, and coordinates with local outpatient providers for other routine and specialty medical services as needed.

f. Describe the organization's plan for providing for pharmaceutical services including how pharmaceuticals will be distributed and how the plan meets statutory and regulatory requirements;

Telecare's plan for providing pharmaceutical services at El Dorado PHF adheres to all requirements outlined in §77079.1-13 of CCR Title 22, Division 5, Chapter 9, Article 3. Telecare contracts with PharMerica for pharmacy services. Consistent with § 77079.12, a pharmacist performs a review of patient drug regimens on a monthly basis. The review of the drug regimen of each patient includes all drugs currently ordered, information concerning the patient's condition relating to drug therapy, medication administration records, and where appropriate, physician's progress notes, nurse's notes, and laboratory test results. The pharmacist is responsible for reporting, in writing, irregularities in the dispensing and administration of drugs and other matters relating to the review of the drug regimen to the Administrator/Clinical Director and the Director of Nursing.

PharMerica delivers medications three times per day. Drugs ordered "Stat" that are available in our emergency drug supply are administered immediately. Drugs that are not available in our facility emergency drug supply are available within one hour of the time ordered during normal pharmacy hours. For those hours during which the pharmacy is closed, drugs ordered "Stat" shall be available and administered within two hours of the time ordered. Anti-infectives and drugs used to treat severe pain, nausea, agitation, diarrhea or other severe discomfort are available and administered within four hours of the time ordered.

Medication orders are written only by authorized prescribers. Verbal orders for drugs and treatment are received only by licensed nurses, physicians and physician's assistants from their supervising physicians only. Such orders are recorded immediately in the patient's health record by the person receiving the order and include the date and time of the order. The order is signed by the prescriber within 24 hours excluding weekends and holidays.

Telecare maintains a Medication Management Policies and Procedures manual at each of our PHF programs that address the following:

MM 1.0   Pharmacy Services
MM 1.1   Procurement of Medications
MM 1.11   Patient-Specific Information

MM 7.1	Documenting Delivery of Medication
MM 7.2	Returning Drugs and Unused Medication
MM 7.3	Accounting for Administered Medication
MM 7.4	Accounting for Wasted/Destructed Medication
MM 7.5	Research, Investigation, and Clinical Trials
MM 7.6	Medication Reconciliation
MM 8.0	Patient Counseling on Drug and Food Interactions
MM 8.1	Self-Administered Medication for Discharge Education
MM 8.2	Discharge Medications

At El Dorado PHF we have revised our discharge medication policy to order discharge medications (14-30 day supply) and have them delivered to the facility for providing to patients being discharged. We found that providing prescriptions only often led to patients not being able to secure their medications for lack of funds, which left patients at high risk for recidivism. Under the new system, our facility covers the cost of the discharge medication and is reimbursed.

g. Describe the organization's plan for meeting all quality improvement and billing reporting requirements identified in the RFP;

The following table outlines the deliverables Telecare will produce to receive payment, as well as approaches and strategies for ensuring each deliverable meets HHSA's quality standards:

DELIVERABLES	APPROACHES AND STRATEGIES
Documentation/Medical Records • Contractor shall implement and maintain an Electronic Medical Record (EMR) system with the ability to interface with HHSA's Avatar (or subsequent replacement) system that meets standards of "meaningful use." • Contractor shall be responsible to enter all Client services information, admission data and billing information into the county approved data system and will be responsible for all audit exceptions pertaining to the delivery of services. • Contractor will be responsible for "release of information" requests for the PHF and shall adhere to applicable Federal and State regulations. • Contractor shall ensure that the medical record includes all Intake Information, Initial Assessments, History and Physical, Laboratory Work, Legal Authorizations for admissions, consultation reports, treatment plans, physician's orders, nursing assessment	• Telecare is thoroughly familiar with all applicable documentation standards for PHF settings, having continuously operated such programs for several decades. Telecare PHF facilities maintain extensive policies and procedures related to the medical records process and the management of information. Staff receive initial training as well as ongoing support in documenting medical necessity with the goal of minimizing denials. Additional support and training is available from Telecare's Quality team as needed. • Telecare's Netsmart Avatar Electronic Health Record (EHR) Practice Management (PM) software system is in use at all Telecare PHFs. Netsmart Technology is the leading provider of EHR solutions for the mental health industry by market share and is the first mental health software provider to achieve ARRA meaningful use system certification. • Telecare El Dorado PHF staff enters all Client services information, admission data and billing information into the County's Avatar data system.

DELIVERABLES	APPROACHES AND STRATEGIES
and progress notes, physician's progress notes, social service evaluation and progress notes, and other documents as required by Title 9 and Title 22 of the California Code of Regulations. • Contractor shall ensure compliance with documentation requirements, including a Physician Program Note at least every twenty-four (24) hours, at least one Nursing Progress Note per shift, and a Registered Nurse Progress note every day on all Clients admitted on 5150 status. • Contractor shall ensure that Clients in seclusion and/or restraints shall have documented observation at least every fifteen (15) minutes. • Contractor shall ensure that all medications administered and any unusual responses to medications are documented in the Clients' charts and if appropriate, in the log of Unusual Occurrences.	• Our PHF staffing includes a full time Medical Records Technician whose duties are limited to the proper maintenance, storage and processing of clinical records. Telecare Medical Record Technicians are credentialed as Registered Health Information Technicians (RHITs) or Registered Health Information Administrators (RHIAs), through the American Health Information Management Association (AHIMA). • All medical records are audited daily by assigned nursing staff using the Daily Medical Record Audit Tool, with deficiencies and remedies documented. Telecare completes the required concurrent review of treatment authorizations following the first day of admission through discharge, per new DHCS requirements that went into effect on July 1, 2018.
Mandatory Meetings and Training • The Contractor and the County shall convene a monthly Administrative Meeting of key management staff to review services and operational issues.	• The PHF will continue to participate actively in monthly Administrative Meetings with El Dorado County Behavioral Health and the County Medical Director, including presentation of monthly CQI reporting data. • Twice a week El Dorado County Behavioral Health participates in an interdisciplinary treatment team with PHF staff. • Telecare participates in a monthly meeting with Marshall ED and El Dorado County Behavioral Health. • We also have a normal scheduled monthly telephone call with El Dorado County Behavioral Health to ensure issues are being addressed timely and continued collaboration on difficult cases.
Reporting Requirements • Client Grievances • Incident Reports • OSHPD • Reporting of Core Measures • Continuous Quality Improvement Reports • Report on Cultural Competency of Services Provided	• Telecare has a comprehensive Clinical Quality Management System (CQMS) for ensuring highest quality of clinical care, patient safety, and clinical outcomes. Telecare has extensive data collection and information systems in place for meeting all HHSA reporting requirements. As with all Telecare acute facilities, our proposed program will collect required data and report on through its Continuous Quality Improvement (CQI) process. Our standard

DELIVERABLES	APPROACHES AND STRATEGIES
• Report Specifying Recovery Orientation of Services Delivered • Report on the Results of the Client Satisfaction Survey	CQI reports look at key indicators of a quality acute care program (e.g. seclusion and restraint incidents, assaults, elopements, utilization, infection control and medication errors). Telecare also requires all its programs to complete an annual quality improvement plan. Progress on quality initiatives is reviewed during ongoing quality and safety committee meetings. Each program is subject to internal Quality Reviews which involve peer Administrators and other clinical staff and senior leadership as well as Clinical Quality staff. • Cultural Competence Plan: Telecare's Cultural Humility, Equity and Inclusion Committee is tasked with developing the organization's Cultural Competence plan, which we will submit to El Dorado County HHSA for review. Telecare adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, which are intended to promote health care services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. HRIS is used to track and monitor how well staff reflects backgrounds and language needs of clients. Relias will be used to track compliance with annual cultural competence training requirements. • Recovery Centered Measure: Telecare's Recovery Centered Measure (RCM) is a validated tool that our programs use to measure their recovery-centered culture. Staff as well as individuals served give feedback on how the culture impacts them and services being delivered. Results are used to identify and grow strengths within a program as well as provide an opportunity for culture improvement initiatives. • Client Satisfaction Survey: Telecare distributes the Mental Health Statistical Improvement Program (MHSIP) Consumer Satisfaction Survey to all PHF patients, reporting results to the County on a quarterly basis. The MHSIP measures concerns that are important to consumers of publicly funded mental health services in the areas of Access, Quality/Appropriateness, Outcomes, Overall Satisfaction and Participation in Treatment Planning.

h. Describe the organization's plan for creating and maintaining a schedule of active therapies that will be provided as a part of the clinical treatment program; and

TREATMENT AND ACTIVITIES

Master Schedule of Active Therapies: The master schedule of active therapies is prepared by the PHF's clinical staff in consultation with the County. The schedule includes wellness and recovery focused individual treatment, group therapies, skill development, education activities, family therapy, scheduled community meetings, and recreational and exercise programs. We offer specific groups and therapies that address the needs of individuals with co-occurring substance use disorders. The treatment team schedules individual participation activities tailored to each individual's unique needs. Telecare's current schedule of group therapies and other activities at El Dorado PHF is provided as Attachment 6.

Formal scheduled activities are provided by mental health professionals, such as rehabilitation therapists, who are specifically trained to provide those therapies. A licensed psychiatrist or social worker provides individual and group therapeutic work and family education, and supervises other activities and psycho-educational groups. Social services staff enter regular notes reflecting face-to-face patient contact. Notes also document all collateral contacts with family, agencies and others contacted on the patient's behalf.

Nursing staff is largely responsible for attending to the milieu, passing medications, monitoring the individual's physical condition, providing for the individuals' safety, activities of daily living and supporting the individual throughout treatment. Nursing staff also provides medication education both on an individual basis and in groups. Nursing staff enters a note summarizing patient activity that occurred during the shift.

Psychiatry: The program's prescribers are Board certified psychiatrists (or Board eligible, at a minimum), serve as members of the Medical-Clinical staff of the facility, and deliver psychiatric individual care services to all individuals served. Psychiatrists provide active psychiatric treatment to patients in the facility seven days a week/ 24 hours per day. Psychiatric care includes the following services:

- Direction of the treatment team
- Psychiatric assessments
- Medication prescribing and monitoring
- Daily face-to-face visits that generate a progress note
- Supportive patient counseling
- Coordination of overall patient health care needs
- Coordination of services with outpatient services as needed
- Documentation of continued need for services based on medical necessity

Telecare El Dorado PHF is proud to report that the attending psychiatrist facilitates a weekly group open to clients and staff on a topic relevant to the population that is educational.

Medication Services: The psychiatrist directs the pharmacotherapy of each patient. Medication documentation is provided in each patient's medical records as necessary to meet facility rules and regulatory standards. Registered Nurses and Licensed Vocational Nurses/Licensed Psychiatric Technicians administer medication as prescribed and complete all documentation regarding medication.

Peer Support: A Peer Support Specialist is on staff seven days per week. Peer Support roles can include the following:

- Welcoming individuals to the facility, providing tours, program information and introducing them to other staff
- Peer support and counseling
- Individual education in areas like symptom management, community integration, and life skills
- Resource sharing and linkages
- Facilitating Wellness and Recovery Action Plan (WRAP) groups in which individuals develop a self-designed plan for staying well, feeling better when they are not feeling well, and increasing responsibility and control over their own lives
- Facilitating other recovery-oriented groups (the recovery process, goals setting, symptoms management, etc.)
- Working with individuals to identify and secure step-down housing prior to discharge
- Working with other staff on appropriate groups and discussions
- When appropriate, attending Treatment Team with patient

Co-Occurring Interventions: Our screening procedures identify the presence of co-occurring issues so that the treatment plan can integrate appropriate interventions (and address the need for immediate medical attention, if indicated). Once the individual is stable, staff can help set the stage for working on longer-term goals, employing principles from SBIRT, Motivational Interviewing and Harm Reduction. We train our line staff extensively in these models and skills, and strive to recruit as many staff as possible with backgrounds in dual diagnosis.

- Screening, Brief Intervention, Referral to Treatment (SBIRT) is an intervention designed for community health settings where problematic substance use is encountered. It offers clinicians a range of assessments and brief treatment interventions according to the individual's level of readiness to take action. As implemented by Telecare, screening includes two kinds of substance use screenings (AUDIT and DAST). Brief Intervention includes a "Brief Negotiated Interview" designed to enhance motivation. Referral to Treatment can describe any commitment to action by the client from a minor modification of behavior to reduce harm caused by substance use to a request for a referral for residential treatment.
- Motivational Interviewing is a SAMHSA-recognized evidence-based practice for promoting positive behavioral change. Motivational interviewing uses an open and neutral style of inquiry and active/reflective listening to explore the discrepancy between current behaviors and desired outcomes. Telecare has several certified Motivational Interviewing trainers and motivational interviewing training is offered during orientation and regularly each year.

- Telecare has developed a formal, manualized 16-week Co-Occurring Education Group (COEG) that is available to patients at all stages of change readiness. Each session includes a psychoeducational component, followed by interactive activities designed to increase motivation. Clients can join the sequence at any point and attend as many groups as they wish.
- Harm Reduction accepts that not all persons who use substances are prepared to embrace abstinence. Harm reduction techniques are strategies employed to mitigate the harmful consequences of substance abuse, such as overdose, injury, HIV infection, and arrest.

Family Involvement: Telecare routinely involves patients' family members (whether by birth or choice) in treatment planning. Our social work staff request patient consent to contact family members and involve them in the treatment process. With the individual's knowledge and consent, staff engage the family to obtain valuable insight on the issues that are important to the individual, determine whether the service plan adequately addresses the individual's goals, and collaborate on how the service delivery system can integrate the needs and interests of families. Individuals with serious mental illness are sometimes disconnected from their families. Thus, reconnection, reunification and building stronger connections are often the first steps to promoting family involvement. We are as flexible as possible with visitation to encourage family involvement.

Our regular collaboration with peer and family-led agencies like NAMI ensure that we draw on best practices in integrating peers and family in our programs and services.

Initiation of benefit applications: We offer on-site benefits assistance to PHF patients who are uninsured, working in partnership with County staff.

Certification Review Hearings: As an LPS-designated facility, the PHF manages legal holds, onsite hearings (including Riese medication capacity petitions), and applications for temporary conservatorship, as needed. Staff follows County procedures and coordinates with the Hearing Officer. Staff is trained in the law regarding involuntary holds, required hearings, and how to assist individuals in exercising their rights. The facility provides adequate staffing and appropriate space for required hearings, and clinical staff are available to testify in hearings as well as in court for conservatorships filed by the staff. As a testament to our professional coordination with the County's Hearing Officer, please see letter of support from California Hearing Officers (Attachment 1).

Dietary Services: Telecare provides three meals and snacks for residents daily based on monthly menus that meet licensing and certification requirements. Snacks are available throughout the day and food is available for after-hours admissions. Our program has a contract dietician available as needed, and makes nutritional consults available when an individual's nutritional needs require specialized attention. Patient food preferences are taken into consideration, including arrangement for alternative meals consistent with religious or cultural requirements. Telecare El Dorado PHF has its own cook, which enables us to serve homemade meals that comfort those who stay with us.

i. Describe the organization's plan for ensuring the terms and conditions of the facility use agreement are consistently met and facility problems are consistently reported to the County on a timely basis.

As a broad-scope behavioral health company, Telecare oversees management and maintenance of more than 100 distinct program facilities. Some of these facilities are owned by Telecare while many more are leased or, like El Dorado PHF, occupied through use agreements with our County customers. These facilities include inpatient (acute), residential and outpatient services. Our Facilities Services Department uses a centrally managed and automated computer-based work order tracking system to address capital items, and to schedule routine and preventive maintenance. In some cases, we contract for housekeeping services, and in others these services are provided by Telecare staff. As part of our quality program, all facilities are inspected on a regular basis.

In terms of maintenance, minor, preventive and routine maintenance items are addressed to the extent possible by our staff, and more major and capital items are coordinated with the County. Telecare's staffing for the PHF includes a housekeeper seven days a week, who provides all cleaning services for the PHF.

As a testament to our reputation as a good neighbor and steward of County property, we are attaching a letter of support from our co-tenant, The Club at Placerville (Senior Day Care/Dementia Care). Please see Attachment 1.

3. Capabilities and Experience: The Capabilities and Experience section should clearly identify any organizational history, experience, and ability that make the organization the most qualified to perform the services solicited in this RFP. Specifically, Proposer's should:

a. Describe the organization's experience and capacity to providing timely and accurate clinical documentation;

As the incumbent provider at the El Dorado PHF and an operator of six additional licensed PHF facilities, Telecare is extensively experienced at meeting the Medical Record Content requirements for a PHF, as detailed in 22 CCR § 77141, as well as timeliness standards for clinical documentation.

CLINICAL DOCUMENTATION STANDARDS FOR A PSYCHIATRIC HEALTH FACILITY

Telecare maintains documentation policies and procedures for reference by staff as follows:

1. Staff is to be instructed on the importance of documentation and to recognize the medical record as a legal document.
2. Documentation must be legible, concise, dated, and timely.
3. Must support/justify medical necessity of the treatment rendered throughout the patient's stay.
4. All documentation (initial psychiatric evaluation, master treatment plan, clinical progress notes, biweekly updates) must include:
    a. Identification of symptoms/impairments currently being addressed.
    b. Description of focus of care and how each treatment ordered will address the identified symptoms/impairments that caused admission.
    c. Description of progress per problem identified and/or lack thereof.
    d. Justification for continued stay when no progress is made and there is no documentation of medication /treatment changes.
5. The following assessments and documentation are required:
    a. A physician's daily note that assesses the patient's response to the milieu and the treatment provided.
    b. A licensed nurse assessment evaluating the patient's progress every twenty-four hours.
    c. A nursing note by a nursing staff member evaluating the progress of the treatment plan goals every shift.
    d. Progress notes on individual and family therapy sessions.
    e. A review and update of the multidisciplinary treatment plan at least every 5-7 days and as needed and a discharge summary completed within two weeks after discharge signed by the attending physician.
6. Notes are required for each treatment group. Each entry must be signed and dated.
7. Documentation of non-participation and/ or periods of intervention without progress are essential.

8. Progress notes clearly document the course of the patient's treatment and the patient's response to treatment. The entries provide information for review, analysis, and modification of the treatment plan. Progress notes, in narrative format, include:
   a. Patient/family subjective progress toward the achievement of goals and objectives.
   b. Observations and assessments of behavior.
   c. Professional assessment of responses to treatment.
   d. Future plans to deal with responses to treatment, interactions, or changes.
   e. Justification, implementation, and interpretation of the effectiveness of interventions for behavior management.
   f. Justification for changes in medication, and a description of any side effects and adverse reactions.
   g. Date and length of the therapy session.
   h. Date and time of entry.
   i. Name, credentials, and signature of person making note.
   j. Progress notes correlate with problems on the treatment plan and document interventions whenever possible.

DOCUMENTATION TRAINING

Staff receive initial training as well as ongoing support in documenting medical necessity with the goal of minimizing denials. Telecare uses new employee training checklists as well as rigorous job-specific competencies checklists to assess subject area competency, including documentation. Subject area competency review also allows program management and employees to identify areas needing additional training. Additional support and training on documentation is available from Telecare's Quality team as needed. Telecare PHF denials are currently averaging under 5% of claims.

CLINICAL DOCUMENTATION AUDITING AND QUALITY CONTROL

All medical records are audited daily by assigned nursing staff using the Open Record Chart Audit Tool (please see Attachment 7) with deficiencies and remedies documented. Each month a random sample of closed charts equal to 10% of all discharges from the previous month are reviewed by management and clinical staff to assure closed records contain all required documentation and that documentation is complete.

Monthly and quarterly delinquency rates and results of the closed chart audits are reported to and placed into meeting minutes of the Quality Assurance Performance Improvement Committee and the Medical Staff Committee monthly report as well as the facility's Governing Body quarterly report.

Telecare's Clinical Quality Department has nine full-time employees who conduct regular program audits and provide hands-on assistance managing quality issues as needed, including clinical documentation. Each program must have a Quality Management Plan that details how the program will conduct quality assurance and meet applicable accreditation standards. Each program must also have a formal plan to address issues identified during

internal or external quality audits, and may also have a voluntary quality improvement initiative that is self-initiated or suggested by the corporate CQMS process.

UTILIZATION REVIEW

All Telecare programs develop and implement a Utilization Review (UR) program to assure that each patient receives appropriate treatment, including meeting medical necessity criteria for admission, continued stay and discharge. The UR program consists of a system of policies and procedures designed to ascertain medical necessity and need for ongoing treatment at the current level of care. The committee responsible for the performance of the UR program consists of the Administrator/Clinical Director, attending Psychiatrist, the Director of Social Services, and the Director of Nursing.

In addition to an organized utilization review process, most clinical monitoring is completed through concurrent review. In concurrent monitoring, reviewers are involved in monitoring provision of care from the beginning. This allows them to decide whether care is appropriate and necessary before it has been rendered and to provide immediate feedback to the clinician.

ELECTRONIC HEALTH RECORD

Telecare's Netsmart Avatar Electronic Health Record (EHR) software system is in use at all Telecare Psychiatric Health Facilities. Netsmart Technology is the leading provider of EHR solutions for the mental health industry by market share and is the first mental health software provider to achieve ARRA meaningful use system certification.

DEDICATED MEDICAL RECORDS TECHNICIAN (REGISTERED MEDICAL RECORD ADMINISTRATOR)

Our PHF staffing always includes a full time Medical Records Technician whose duties are limited to the proper maintenance, storage and processing of clinical records.

b. Describe the organization's experience and success managing and operating programs or projects of similar size and scope to the services identified in the RFP;

Telecare has delivered acute inpatient mental health services for more than five decades. Our acute inpatient programs serve individuals who pose a danger to themselves and/or others and require stabilization in a locked setting. We offer intensive support for persons in crisis, including medical and psychiatric assessment, risk assessment, treatment planning, medication evaluation and support, individual, group and family therapy, natural supports mobilization, case management and discharge planning. The typical length of stay is at or below ten days. Telecare currently operates seven facilities licensed in the State of California as Psychiatric Health Facilities (PHFs). We are the largest provider of PHF services in the state with 122 licensed beds. Three additional Telecare PHFs are in development: one in San Joaquin County projected to open in 2020, and two newly constructed PHFs in Kern County projected to open in 2022. Telecare has additionally operated three other California licensed Psychiatric Health Facilities: Gladman, which opened in 1965 as the first freestanding acute

psychiatric hospital in Northern California and transitioned to a Mental Health Rehabilitation Center (MHRC) in 1997; Solano Psychiatric Health Facility, which Telecare operated from 1996 until 2010; and Placer Psychiatric Health Facility, which Telecare operated from 2001 until 2018.

Along with being licensed by the State, four of Telecare's PHFs received Joint Commission accreditation and CMS/Medicare Certification. These additional accreditations and certifications are as follows:

- Heritage Psychiatric Health Center: Joint Commission Hospital Accreditation (2008) and Centers for Medicare and Medicaid Services (CMS) Certification (2010)
- Willow Rock Center: Joint Commission Hospital Accreditation (2007) and CMS Certification (2011)
- Solano Psychiatric Health Facility: Joint Commission Behavioral Health Accreditation/CMS Certification (facility closed in 2010)
- Santa Cruz Psychiatric Health Facility: Joint Commission Hospital Accreditation (2014) and CMS Certification (2014)

In addition to our California acute inpatient programs, Telecare also operates six additional acute inpatient programs licensed as Evaluation and Treatment Centers (the equivalent of a PHF) in Washington State. Two additional E&T facilities will open later in 2019. The following is a comprehensive list of our currently operating acute inpatient psychiatric facilities, including location and year opened.

PROGRAM NAME	LOCATION	BED COUNT	YEAR OPENED
La Casa PHF	Long Beach, CA	16	1997
Heritage PHF (Joint Commission Accredited)	Oakland, CA	26	2005
Willow Rock PHF (Adolescents – Joint Commission Accredited)	Oakland, CA	16	2007
Santa Cruz County PHF (Joint Commission Accredited)	Santa Cruz, CA	16	2013
Stanislaus County PHF	Ceres, CA	16	2013
Riverside County PHF	Indio, CA	16	2013
El Dorado County PHF	Placerville, CA	16	2015
San Joaquin County PHF	Stockton, CA	16	Opening 2020
Kern County PHF	Bakersfield, CA	16	Opening 2022
Kern County PHF (Minors)	Bakersfield, CA	16	Opening 2022
Pierce County E&T	Milton, WA	16	2010
Clark County E&T	Vancouver, WA	12	2010
North Sound E&T	Sedro Woolley, WA	16	2015
Thurston Mason Crisis Triage E&T	Tumwater, WA	10	2016
King County E&T	Federal Way, WA	16	2017
Thurston Mason E&T	Olympia, WA	15	2017
Mark Reed E&T	McCleary, WA	16	Opening August 2019
Mason County E&T	Shelton, WA	16	Opening October 2019

SUCCESSES

In FY 2018-19 YTD, our PHFs maintained an average length of stay of 7.5 days and a 9.2% 30 day readmission rate (note: this excludes La Casa PHF in Los Angeles County, which typically has longer lengths of stay based on specific local system needs). An organization-wide focus on safety and trauma-informed de-escalation techniques has yielded a consistently low rate of seclusions and restraints and declining incidence of assaults in all of Telecare's acute and subacute inpatient programs. Many programs have put in place Performance Improvement Plans in a concerted effort to reduce assaults. Specific strategies have included:

- Ensuring that staff at all levels are involved in group programming (not just group leaders) to reinforce positive relationship building between the patients and staff.

- Conducting a systematic review of any problem incident and providing targeted training to help staff identify areas for improvement and implement improvements.

- Increasing the use of highly individualized treatment approaches and adding staff (1 to 1) when needed to carry out these treatment approaches. These highly individualized treatment approaches have helped to decrease repetition of behaviors that lead to problem incidents.

The chart below shows the downward assault trend at our PHFs (excluding La Casa) since January of 2018.

Assault Events Per 1000 Bed Days
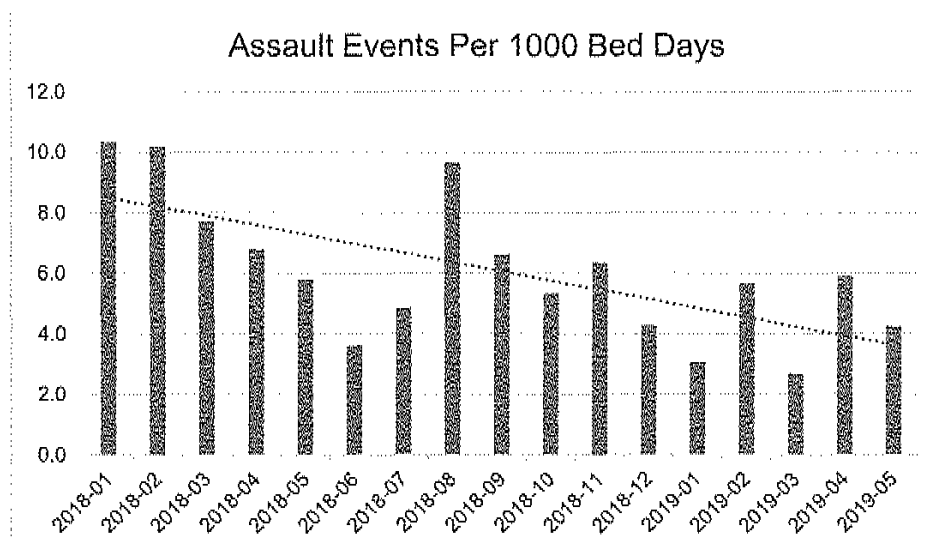
INNOVATION

Telecare continues to introduce innovations to further enhance safety and quality of care in our acute inpatient programs.

- We are testing the use of electronic observation and rounds system utilizing electronic wristbands. This process supports accuracy of rounding and ensures that rounds are completed within designated timeframes.

- Our Risk Assessment instruments have been revised to include evidence-based Columbia Risk Severity Scale and Safe-T screening components.

- We formed a Patient Safety and QAPI Committee to actively engage our senior leadership and Board of Directors in clinical risk and quality improvement governance and initiatives. The committee is comprised of two Board Members, the President and CEO, the Chief Medical Officer, the Senior Vice President of Operations, and the VP of Quality/Risk Management. The committee meets quarterly to review adverse event data, risk assessment updates, environmental safety assessments, proposed facility safety improvements, and ongoing improvement activities.

- Program leaders have access to real-time data on their programs using the Integrated Operations Report (IOR). This report provides a cross-functional view into the health of each of our programs using metrics from HR, Payroll, Finance, outcomes, and adverse events as leading indicators of performance. The IOR has been especially powerful in improving clinical practice by helping us identify and rapidly address root causes of adverse events: by providing visibility into when, where, and how such events occur, the IOR allows us to develop highly targeted risk mitigation strategies that reduce their future frequency.

- Additional measures to enhance patient and staff safety at our Psychiatric Health Facilities include initial and annually updated training in Crisis Prevention Institute (CPI) crisis de-escalation and management of assaultive behavior, a comprehensive Employee Assistance Program (EAP), and our Shoes for Crews program, which provides slip resistant footwear for all employees in an effort to reduce slip and fall injuries and maintain a safe work environment.

c. Describe the organization's knowledge and experience related to treatment modalities based in recovery principles and psycho-social rehabilitation skill building;

Telecare's commitment to recovery principles is best illustrated by our Recovery-Centered Clinical System (RCCS), a clinical framework which we have incorporated in all our acute inpatient programs. RCCS was specifically designed to maximize individuals' strengths to promote independence and recovery. RCCS includes a number of recovery-centered conversations that clinical staff can use as part of the individualized assessment and recovery planning process to stimulate individuals' thoughts about their hopes and dreams, help them understand their unique strengths, clarify their future goals, and strategize how to achieve them. In an acute inpatient setting, RCCS focuses on self-control, self-responsibility, and then

self-determination, allowing the individual to steer their choice making toward their hopes and dreams.

We believe RCCS is a critical aspect of our approach and a core strength we bring as a provider, allowing us to gather key information from the individual in a manner that respects his or her specific circumstances. Telecare is an expert in creating acute inpatient settings that are safe, welcoming, and healing. Our recovery culture is observable to anyone who visits our facilities; patients are engaged and interact easily and frequently with staff. Staff always approach individuals with respect, favoring conversational tones and open questions rather than orders and directives. The individuals we serve are full partners in decision making, even when treatment is being provided on an involuntary basis. Through our recovery-centered approach, we enhance motivation, self-determination, and hope regardless of voluntary/involuntary status or length of stay.

Below are additional examples of how our recovery-centered approach informs our services:

Trauma Informed Care: Key to Telecare's recovery orientation is our integration of the principles of trauma informed care, and the resulting impact this has on creating programs that are free from violence and assault. Trauma informed services are reflective of the role that trauma plays in the lives of people seeking mental health services, including recognition of the traumatic effect of coercive treatment. Telecare services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization.

Individuals receiving services are given opportunities to be involved as partners in the planning and evaluation of services offered. They are given the opportunity to invite and include family and significant others in their treatment processes. Our trauma-informed policies and practices include but are not limited to:

- Power-with practices that emphasize partnership with individuals served
- Trauma informed screening and assessments
- Referral to, or provision of trauma-specific services, as indicated
- Physical environments that support power-with relationships
- Staff training and education, and patient and family education about trauma
- Supporting the use of self-care and "personal medicines" for staff
- Use of evidence based practices (e.g., DBT, Seeking Safety)
- Program assessment of trauma informed policies and practices
- Trauma informed champions
- Trauma informed clinical supervision
- Peace statements for patient communities
- Data analysis to inform practices and outcomes

Creating Healing Environments Workgroup: Telecare has a Creating Healing Environments (CHE) workgroup that was first developed in 2010 as a forum to more effectively address the problem of violence in our programs. The work group has been focusing on ways to create

healing environments that are non-violent, anticipating that a greater focus on understanding trauma informed care and looking for ways to create a "sanctuary model" of care as developed by Dr. Sandra Bloom will further reduce assaults, and support a healing environment that is consistent with the RCCS's cultural awarenesses, thus supporting recovery. The group has worked to do this by:

- Developing a more robust system of adverse event reporting
- Sharing best practices from existing programs
- Making safety plans a standardized practice
- Supporting experimentation with promising interventions: calming rooms; advanced safety plans; detailed incident reviews; ASAP for staff trauma; screening for trauma and violence against others; elements of Sanctuary model; conflict resolution.
- Developing a Creating Healthy Environments Toolkit for use at all Telecare programs
- Continuing to develop and support advanced training in de-escalation to reduce use of seclusion and restraint

Telecare has employed Ginnie Knight Ph.D., a national consultant experienced in the six core strategies to prevent program conflict and violence (listed in the SAMHSA National Registry of Evidence-Based Programs and Practices). We have piloted these strategies in Telecare inpatient programs. The learnings and best practices from our pilot sites are being shared through our Acute and Sub-Acute standardization groups. Some of these learnings include:

- The daily community meeting, with the majority of staff and patients attending, should set the tone for the day with recovery themes. Each staff and patient is prompted to express an intention for the day related to that recovery theme, reinforcing community commitment to taking part in a healing environment. For example, "Safety: One of the things I value is being aware of how people are feeling, being responsive to the environment around me ... we want to know if anyone is feeling unsafe so we can help."
- Colorful "peace treaty" posters should be ubiquitous around the facility.
- Staff should be quick to attend to easy requests (e.g. "Can I get into my locker," "Can I get a snack") to reduce feelings of frustration and powerlessness that can escalate into violence.
- Staff should use "recovery friendly" language and attitudes: more listening, less unsolicited advice; asking, not telling or demanding; giving choices and referring to "partnership" on the recovery path.
  - o We value kindness and respect.
  - o What happened to you? (Not: What's your diagnosis? What's wrong with you?)
  - o We understand you've been through a crisis and are still dealing with it.
  - o We want this to be a healing environment and a helpful time for you.
  - o Let any of us know if you need anything – we're here for you.
- Drop-in hours should be scheduled for psychiatrists and other staff so that they can be more accessible to patients on a regular and more predictable basis.
- Staff should have access to a posted list, updated every shift, identifying anyone with violence potential and any specific concerns.

- High risk patients and any intervention plans should be highlighted in all shift reports.
- Regular treatment team meetings should be used to highlight residents with potential for violence and identification of specific staff to approach the patient for a verbal or written Personal Safety Plan.

Peer Support: Our proposed staffing pattern includes Peer Support Specialists seven days a week. Peer staff instill hope and serve as role models as they interact with individuals in the treatment milieu. They are fully integrated with the multidisciplinary team—assisting with treatment planning, mentoring, support and advocacy on behalf of patients/families during their time at the facility. Peer staff also assist with discharge planning and transitions to the appropriate lower level of care. Telecare has formed relationships with peer organizations and peer training and certification programs in all the communities we serve. We now have more than 170 employees in peer-designated staff roles in programs throughout Telecare. Telecare has also created a peer support staff career ladder so that peers have an incentive to stay with Telecare and further develop clinical skills. We now have full time peer support staff in every role on the career ladder, including five Peer Team Leads.

Integrated Care: Understanding the importance of integrated care, Telecare has undertaken several company-wide initiatives to enhance our co-occurring capabilities. These include a Substance Abuse 101 training for every direct service staff member, the introduction of our Screen & Intervene Protocol modeled on the evidence-based Screening, Brief Intervention, Referral to Treatment (SBIRT) model, and a 16-week manualized Co-Occurring Education Group (COEG). On the physical health side, our Whole Person Care initiative is designed to help patients improve self-management of chronic conditions and understand the interrelationship of physical and mental well-being.

No Force First: Telecare promotes a "No Force First" policy, and utilizes seclusion and restraint only as a safety intervention of last resort when the patient has lost so much control that they are at imminent risk of harming themselves or someone else and no less intrusive forms of intervention are effective or appropriate. During the extremely rare occasions when seclusions and restraints are utilized, we document, analyze, and debrief each use exhaustively, with the goal of better understanding how such incidents can be avoided in the future.

Recovery Centered Measure: We developed a Recovery Centered Measure (RCM)—a validated tool that our programs use to measure their recovery-centered culture. Staff as well as individuals served give feedback on how the culture impacts them and services being delivered. Results are used to identify and grow strengths within a program as well as provide an opportunity for culture improvement initiatives. In 2013, the *Journal of Behavioral Health Services and Research* published an article on the Recovery Centered Measures coauthored by Telecare's then Chief Medical Officer, Stephen Wilson.

Psychosocial Rehabilitation: Psychosocial rehabilitation services help individuals build skills and become increasingly self-confident in their ability to function independently in the community. It includes both individual and group interactions with staff. The needs of the

individual determine the type, content, quantity and duration of rehabilitative services, which are provided through 1:1 supportive counseling as well as in formal group formats. Telecare offers structured rehabilitative services throughout the day, seven days a week in its inpatient settings. Rehab Therapists, Recovery Specialists and Peer Support Specialists offer individual supportive counseling, pre-vocational and vocational counseling, wellness and leisure activities, and assistance in building confidence with independent living skills. Group activities offer supported opportunities for rehab, socialization, and to exposure to the wider community.

Typical categories of rehabilitative services include:

- Skills Building: Regularly offered skills-building groups and one-on-one support focus on topics such as stress management, coping skills, social skills training, problem solving, impulse control, and goal setting.

- Assistance with Independent Living/Community Functioning Skills: Staff assist and/or monitor residents with basic living skills (grooming, hygiene, care of personal belongings, laundry, and keeping living areas clean and functional).

- Symptom Management: Staff support residents by helping them to recognize early signs of relapse and offering methods of relapse prevention. Staff train and encourage residents to use appropriate coping mechanisms to prevent relapse.

d. Describe the organization's expertise and organizational capability for providing cultural competent services, including the organization's experience working with bicultural and bilingual populations as well as other cultural groups prevalent in the County of El Dorado.

As the existing contracted provider of services at the El Dorado PHF and a partner with the County in meeting the needs of people in mental health crisis, we strive to be aware of and responsive to the needs of bicultural and bilingual populations as well as other cultural groups prevalent in the County of El Dorado. For example, we know that the County has highlighted outreach efforts to specific target communities in the current MHSA Three-Year Plan, including Native-Americans, the Latino population, veterans, and the LGBTQ community. Specific to the Spanish-speaking population, the County is using a Promotora services program to provide bilingual/bicultural Spanish-speaking outreach, engagement, screening, integrated service linkage, interpretation services and peer/family support for Latino individuals and families. This strategy is intended to promote mental health and reduce the stigma regarding and barriers to mental health services thereby decreasing the mental health/health disparities experienced by the Latino population. Specific to the County's Native American population, we know that the Native American Resource Collaborative has been funded to provide the Wennem Wadati to support the community with culturally-specific healing approaches and decrease health disparities experienced by this population.

Telecare shares the County's commitment to cultural competency. Our programmatic approach is grounded in providing culturally and linguistically competent, effective and

appropriate services for individuals and families, inclusive of all racial and ethnic groups, genders and sexual orientations. We recognize that only through services that are sensitive and tailored to individuals' diverse needs can we begin to positively impact outcomes and the communities we serve. Our approach to cultural competency is not limited to recognizing ethnic identity, but also recognizes the uniqueness of each individual, and accounts for such factors as gender, sexual orientation, disability, and other non-ethnic aspects of identity. Staff work within each individual's specific cultural and linguistic framework to deliver services and foster hope for the future. Our person-centered clinical approach is designed to elicit information about issues of identity using open-ended questions (e.g. "How can we make sure that our services honor your culture?") and by doing as much listening and observing as possible to learn about the culture of the person we are serving. For example, different cultures have different expectations about how an individual is addressed, respecting personal space, and the types of personal information they might feel comfortable divulging. We make every attempt to follow the lead of each individual in respecting these cultural elements. Additional strategies for ensuring that our services are responsive to the cultural, gender, and linguistic needs of our patients include:

- Incorporating cultural and linguistic needs in assessment tools
- Tailoring the treatment plan to incorporate culture-specific practices such as traditional healers
- Hiring staff or securing other resources (e.g. translation services) with the necessary linguistic capabilities and cultural knowledge to capably serve our population
- Recruiting and retaining staff that have experience serving and are knowledgeable about the target population
- Developing parity between the cultural composition of staff and the patients they serve
- Monitoring cultural competency and linguistic capabilities of staff on an ongoing basis
- Measuring patient satisfaction regarding issues of cultural competence
- Providing comprehensive cultural competency training and in-service trainings for all Telecare employees on an ongoing basis (minimum of four hours annually), with an emphasis on how to sensitively address the needs of diverse populations; in addition to our internal training, Telecare staff frequently attend cultural awareness trainings sponsored by local systems of care.
- Tracking race, ethnicity, language, and other demographics in our clinical information systems
- Developing linkages with a full range of providers (e.g., primary care, community-based organizations) that have the cultural and linguistic expertise to serve the target population

At El Dorado PHF, we strive to have our staff mirror the demographics and linguistic needs of our clients and the larger community. Clients report that this is beneficial. The following chart compares the demographics of clients served and current staff at the PHF. Staff non-English language capacity currently includes Spanish (the County's threshold language). We maintain a contract for language line services and use Monterey Language services when other language needs are presented.

Telecare El Dorado PHF
Client & Staff Demographics

Legend: Client Demographics   Staff Demographics
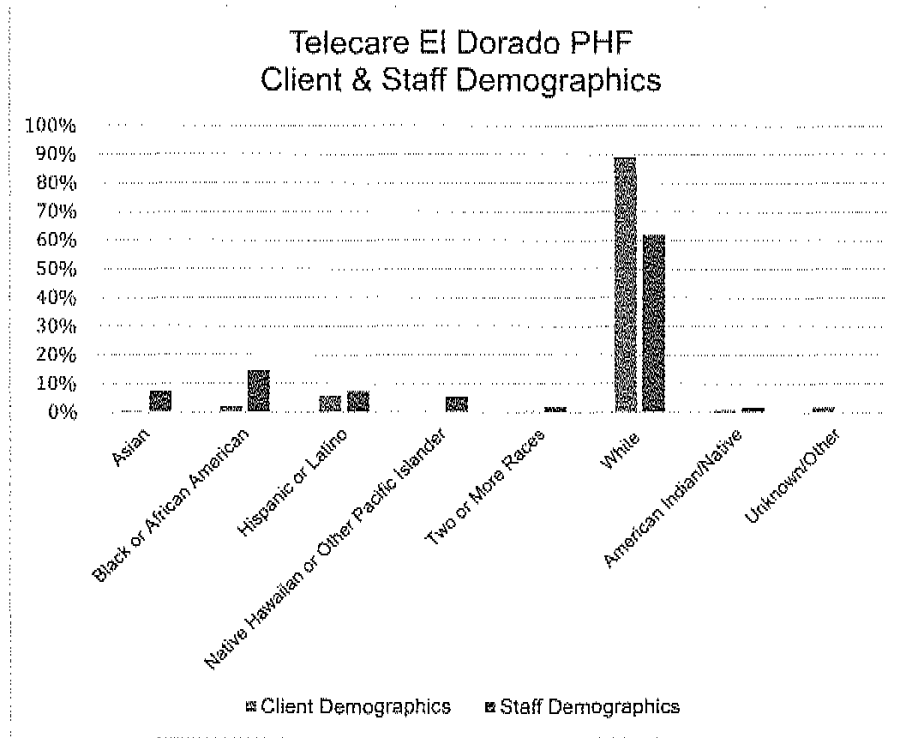
We know that being able to meet the cultural needs and preferences of our patients plays an important role in creating a welcoming and healing environment. Having our own chef on staff, for example, gives us increased flexibility to cater to the dietary needs of our patients.

The following are examples of how we have integrated external resources to expand and enhance our cultural responsiveness:

- The Shingle Springs Band of Miwok Indians, Shingle Springs, CA has assisted our clients who request a spiritual guide
- Sacramento LGBT Community Center in Sacramento, CA has provided resources, groups and a community of support.
- The Center for Violence-Free Relationships in Placerville, CA, has provided us resources and housing options for those involved in DV.
- Bipolar Insights in Placerville helps educate families and friends and provides resources.
- AA/NA provides groups to our clients to build support networks and educate.

As an organization, Telecare strives to follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, which are intended to promote health care services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. There are 15 standards in all, addressing Governance, Leadership, and Workforce; Communication and Language

Assistance; and Engagement, Continuous Improvement, and Accountability. Standard 1 is considered the Principle Standard, given that it frames the essential goal of all the standards: "Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs." Our Cultural Humility Equity and Inclusion (CHEI) Committee is tasked with reviewing our progress in adopting, implementing, advancing, and sustaining CLAS policy and practices, and making recommendations to our Executive Committee on priorities to guide our ongoing efforts in this area. Our CHEI Committee and Executive Team work in tandem to finalize these priorities and establish a clear working road map for moving them forward.

4. Administrative and Fiscal Capacity: The Administrative and Fiscal Capacity section should clearly identity the organization's administrative and fiscal background, experience, and capabilities. Proposer's should specifically:

a. Describe the organization's fiscal, organizational, and administrative expertise including the organizational structure and why the administrative personnel are qualified to manage the agreements resulting from this RFP process; and

ADMINISTRATIVE AND FISCAL CAPACITY

Established in 1965, Telecare is one of the nation's largest public sector behavioral health providers with more than 120 programs in California, Arizona, Nebraska, North Carolina, Oregon, Pennsylvania, and Washington through which we serve nearly 30,000 individuals per year. Our spectrum of services includes: Inpatient Acute; Inpatient Non-Acute; 23-Hour Crisis Stabilization; Residential (Crisis, Transitional); Assertive Community Treatment; Full Service Partnerships; Case Management; Care Coordination; and Prevention/Early Intervention. Our mission is to deliver excellent and effective behavioral health services that engage individuals with complex needs in recovering their health, hopes, and dreams.

We will continue to leverage our significant corporate capacity to benefit El Dorado County and the clients we serve at the PHF.

Clinical Initiatives: As one of the nation's largest and most experienced behavioral health providers, Telecare has the resources to develop leading edge tools, trainings, and initiatives that are shared across the organization so all our programs can benefit. For example, our company-wide Whole Person Care initiative to ensure that clients with complex needs receive comprehensive recovery support. This holistic approach incorporates a range of evidence - based and best practice interventions, routine screening for physical and behavioral health indicators, enhanced training for staff, and a suite of wellness clinical care resources to promote integrated care. We are also actively implementing a three-year strategic plan to enrich and expand our substance use treatment services (SUTS) capabilities, with a specific focus on individuals with SMI and co-occurring substance use issues. Key components of our SUTS plan are highlighted below:
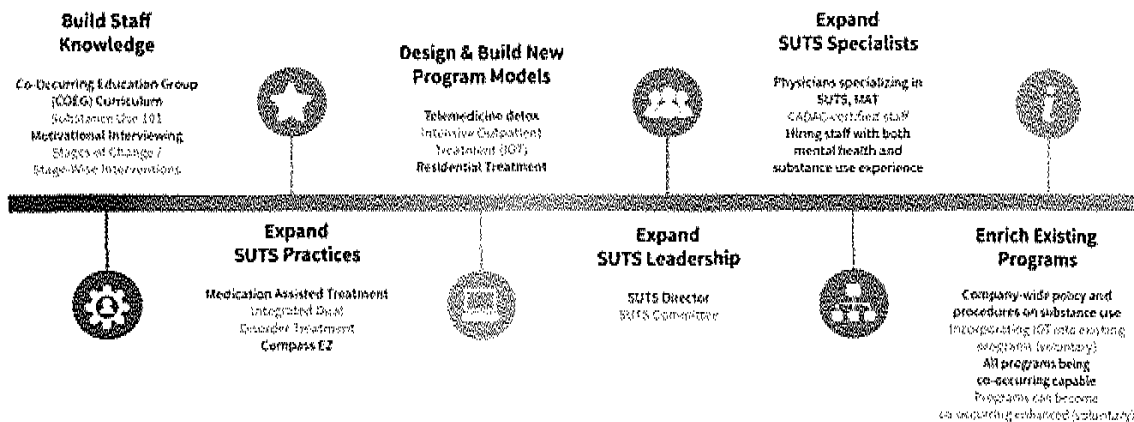
Continuous Quality Improvement: At the corporate level, our Clinical Quality Management System (CQMS) supports continuous improvement of clinical services in all Telecare programs. Its specific processes measure, evaluate, and improve clinical practices and protect the rights of individuals. Also at the corporate level, Telecare has a Standardization Committee for each of the various program types we operate, including Acute Inpatient programs. These committees develop and maintain clinical and program operations standards by service type to meet the requirements of licensing and accrediting bodies. The standardization process strengthens Telecare's high involvement culture by encouraging participation from a broad range of program leaders in developing clinical and operations practices.

**Data-Driven Decision Support:** Telecare's company-wide Data Management Initiative delivers cutting edge tools and training that allow us to use data to reduce risk, improve outcomes, and ensure quality and value to those we serve. One such tool is the Integrated Operations Report (IOR), which provides a cross-functional view into the health of each of our programs. Using metrics from HR, Payroll, Finance, outcomes, and adverse events as leading indicators of performance, the IOR establishes operational performance benchmarks based on program type, and creates a continuous improvement process using tracked data to drive change across all levels of care that we provide. The IOR has been especially powerful in improving clinical practice by helping us identify and rapidly address root causes of adverse events: by providing visibility into when, where, and how such events occur, the IOR allows us to develop highly targeted risk mitigation strategies that reduce their future frequency.

Program Monitoring and Evaluation: Telecare has sophisticated data systems and technologies in place, as well as extensive experience with process and outcome evaluation, data collection, and reporting. All processes, data collection, and reporting standards are subject to quality assurance measures. The sophistication of our data systems allows us flexibility about how data is collected and shared, according to the needs of the County. We currently use Netsmart Avatar as our enterprise Electronic Health Record (EHR). Netsmart Avatar is the leading provider of EHR solutions for the behavioral health industry by market share and is the first behavioral health software provider to achieve ARRA meaningful use system certification. Avatar allows staff efficient access to client records and enables program leadership to produce a robust array of aggregate reports to demonstrate program outcomes.

Customer Care Platform: To complement the high touch relationship management provided by our local and regional operations leaders, Telecare recently implemented a robust Customer Care System that allows us to efficiently track, prioritize, categorize, assign, and resolve customer care issues. The system incorporates data from multiple customer touch points and cross-functional Telecare teams (i.e., Operations, Development, Finance, Quality, HR, IT) to keep senior leadership apprised of any emerging issues so appropriate resources can be deployed for quick resolution.

Telecare Customer Care System

Case Management | **Service Management** | **Customer Information**
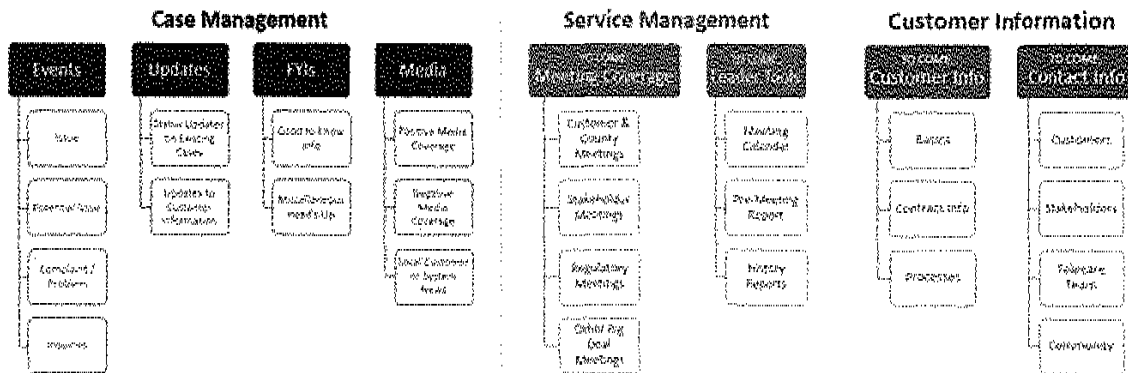
Fiscal Infrastructure: Telecare has a system of fiscal policies and procedures designed to account for revenues and expenditures in accordance with generally accepted accounting principles and which provide internal controls to prevent errors and minimize the risk of fraud. Telecare utilizes financial software from Lawson for all accounting and financial reporting functions. We recently implemented new Oracle budgeting software to improve our ability to model scenarios and better manage financial projections. Budgets are included in Lawson for each program, with cost center detail, for the purpose of reviewing and managing expenditures. Expenses and revenues are allocated to the relevant cost center(s) at the time of payment, and identified to the relevant contract. Financial statements for each program operated by Telecare under a county contract are prepared and reviewed on a monthly basis. Contract-specific and organizational accounting records are retained according to internal fiscal policies and procedures and are in accordance with generally accepted accounting principles. Accounting records identifying revenues and expenses are available upon request. Additional ad hoc reporting is available to provide more information as needed.

Corporate Compliance Program: To ensure legal compliance and provision of services that meet the highest ethical standard, Telecare continually monitors compliance through our comprehensive Corporate Compliance Program. Compliance policies and procedures ensure reporting, investigation, and ongoing follow-up on any allegations of fraud or abuse. This helps us to comply with all laws and standards that impact our business, and to provide services that meet the highest moral, ethical, and legal standards. For Telecare employees, this might mean a variety of things, from upholding client rights and accurately documenting client charts, to making sure that billing is accurate and that business relationships are ethical.

KEY PERSONNEL

Telecare offers the advantage of being the current operator of the El Dorado County PHF, with a trained experienced leadership team and staff. The following sections describe the qualifications and experience of our PHF leadership team as well as individuals who oversee and support the PHF as senior leaders at Telecare over specific functional areas. PHF leadership staff resumes are included as Attachment 5.

PHF LEADERSHIP

Chandra Thomas, LMFT, Administrator/Clinical Director: Ms. Thomas has been the Administrator/Clinical Director of the El Dorado PHF since March 2018, prior to which she served as an Administrator and Clinical Director for Crestwood Sacramento Psychiatric Health Facility (PHF) and Administrator of Crestwood Sacramento Mental Health Rehabilitation Center (MHRC). In her Administrator capacity, Ms. Thomas ensures Title 22 and LPS regulatory compliance and DHCS licensure requirements compliance, and oversees the clinical, operational, administrative and financial management of the PHF. Ms. Thomas directly supervises the Director of Nursing and Director of Social Services, along with facility administrative staff, and works closely with the County's Medical Director and Telecare's Chief Medical Officer in the administration of Psychiatry services at the PHF. Ms. Thomas facilitates facility leadership team meetings, Operations meetings and other administrative meetings with County directors, psychiatrists, and other stakeholders and conducts critical communications with the State licensing board, Telecare's Corporate Leadership, County Counsel, Patient's Rights, the Public Guardian's office, and County Directors to ensure proper patient care.

Cathryn Stoffan, RN, Director of Nursing: Ms. Stoffan has served as the El Dorado County PHF Director of Nursing since 2017. Ms. Stoffan has a career in mental health, hospital and corrections nursing that spans more 30 years. Ms. Stoffan leads the PHF's Nursing Department, reviewing and approving all nursing policies and procedures, directly supervising the RNs on all shifts, and ensuring compliance with all standards related to the provision of nursing care. Prior to joining Telecare, Ms. Stoffan also worked in the El Dorado County Jail as a correctional nurse, at California Department of Corrections and Rehabilitation (CDCR) as a registered nurse and peace officer, and at Charter Hospital as a supervising nurse in mental health and chemical dependency care of adolescents.

Maátisák A. Gipson, LCSW, Director of Social Services: Ms. Gipson has been at El Dorado PHF since 2018, having served in the same role at Telecare's Placer County PHF since 2015. In her capacity as Director of Social Services, Ms. Gipson oversees the Social and Rehabilitation Services departments, including direct supervision of all licensed and unlicensed clinicians and rehabilitation therapists and maintaining social services staff coverage scheduling. Additional duties include consulting with staff on legal and clinical issues, reviewing legal holds, developing audit tools and conducting chart reviews, adverse event reporting and review, staff training, and participating in continuous quality improvement efforts. Prior to coming to Telecare, Ms. Gipson has served as a mental health clinician and psychiatric social worker in diverse settings for more than 20 years, including more

than 10 years with Sacramento County Mental Health. Ms. Gipson has also served as a consultant for the California Institute of Behavioral Health Solutions and an adjunct professor of Master's level mental health courses.

John Motl, MD, Psychiatrist: Dr. Motl joined TLC, Telecare's Physician Services Organization, in January of 2019. Dr. Motl brings significant experience in acute psychiatry and has served as a Staff Psychiatrist at Sacramento VA Medical Center and on the clinical faculty of the Department of Psychiatry at UC Davis School of Medicine.

Jatinder Chana, MD, and Pritpal Randhawa, MD, On-Call Primary Care Physicians: As the PHF's on-call primary care physicians, Drs. Chana and Randhawa provide required patient histories and physicals and follow-up medical care as needed. Dr. Chana is a Hospitalist at Sutter Medical Center in Sacramento. Dr. Randhawa is a Hospitalist at Marshall Medical Center.

Shannan Taylor, LMFT, Regional Director of Operations: As the new Regional Director of Operations with oversight of the El Dorado PHF, Ms. Taylor will join with Vice President of Operations Mary Thrower to oversee the contract and monitor clinical and financial operations of the PHF. Ms. Taylor has served as a Regional Director of Operations in Northern California with Telecare since December 2018. Prior to this, she served as a Regional Administrator of Telecare's Assertive Community Treatment program (SOAR) in Sacramento as well as a Social Worker as Telecare's Solano County PHF. Ms. Taylor joined Telecare in 2009.

TELECARE LEADERSHIP

Anita Barnas, MS, MBA, Senior Vice President of Operations: As Senior Vice President of Operations, Ms. Barnas oversees operations and clinical quality in all of Telecare's programs. Before coming to Telecare in 2013, Ms. Barnas previously served as Vice President of Clinical Operations at Southwest Network, Inc., based in Phoenix, and Regional Director at ValueOptions. She has more than 20 years of experience in program operations, management and oversight related to persons with serious mental illness.

Leslie Davis, MBA, Chief Financial Officer, Senior Vice President of Finance: Ms. Davis joined Telecare in 2016. In her capacity, she is in charge of all aspects of Telecare's financial operations and fiscal compliance activities. She formerly served as Chief Financial Officer of Optum Specialty Networks from 2007-2015. While at Optum, Ms. Davis oversaw financial operations for a $3.5 billion healthcare insurance and services business, managing over 130 professional staff responsible for commercial and public sector risk.

Kent Eller, MD, Chief Medical Officer, Senior Vice President: Dr. Eller joined Telecare as our Chief Medical Officer in 2016. He has approximately 20 years' clinical experience in adult psychiatry, working primarily with adults with serious mental illness. Over the past decade, he has held various leadership roles in behavioral health and, prior to joining Telecare, Dr. Eller was Chief Medical Officer of a large behavioral health organization in Arizona.

Faith Richie, MBA, Senior Vice President of Development: Ms. Richie is responsible for all business development, customer relationships, strategic growth, start-up operations, and government relations. Prior to joining Telecare in 2010, Ms. Richie held executive positions with behavioral health organizations in Washington State, including West Seattle Psychiatric Hospital (now known as Navos), Mentor Health Northwest, and most recently, was CEO of Valley Cities Counseling and Consultation in Seattle. Before moving to the Northwest, her career was based in San Mateo County, where she held several roles including: Deputy Director of Administration/Chief Financial Officer, San Mateo County Mental Health Services, Executive Director of the North County Health Center, and finally, Assistant Director of the San Mateo County Mental Health Program.

Sharon Heckel, Chief Human Resources Officer, Senior Vice President of Human Resources: As CHRO/SVP of Human Resources, Ms. Heckle is responsible for executing the strategic and operational plan for Telecare's talent management, workforce planning, Total Rewards, organizational development, employee relations, and workers compensation/safety and wellness. Prior to joining Telecare in 2019, Ms. Heckel held senior management level Human Resources positions at Clorox, SolarCity, and Kaiser Permanente.

Chin Chao, Chief Information Officer, Senior Vice President of Information Service: Chin oversees Telecare's Information Systems Department. In this role, Mr. Chao is responsible for leading all aspects of technology at Telecare, including Electronic Health Records (EHR), enterprise applications, business intelligence, networking and infrastructure, and technical support.

Jeff Gould, MD, Chief Physician, TLC Physician Services Organization, Vice President: Dr. Gould is responsible for Telecare's Physician Services Organization (PSO), TLC, which he helped Telecare launch in 2016. Dr. Gould brings his many years of experience in clinical quality, risk management, and education and training to lead our physician group, which currently employs or contracts with over 200 physicians and mid-level clinicians. Dr. Gould completed fellowship training in Forensic Psychiatry at UCSF's Psychiatry and the Law Program and has served as a Psychiatrist in correctional settings.

Mary Thrower, Vice President of Operations: Ms. Thrower has been with Telecare since 2004. In her capacity, Ms. Thrower provides operational oversight to multiple behavioral health programs, including Acute Psychiatric Facilities, Crisis Residential programs, Assertive Community Treatment programs, Crisis Stabilization Units and Skilled Nursing Facilities specializing in behavioral health. Responsibilities include regulatory and contract compliance, fiscal oversight, quality assurance, policy and procedure development, and project improvement programs. Ms. Thrower is a Licensed Nursing Home Administrator.

Roberta Naughtin, RN, MSN, Vice President of Clinical Quality, Risk Management and Nursing: Ms. Naughtin has been with Telecare in various capacities since 1991. In this position, Ms. Naughtin is responsible for oversight of Telecare's Clinical Quality Management System (CQMS), including regulatory interpretation, oversight and compliance as well as

management of our internal quality review process, policy and procedure development, and quality improvement initiatives.

Cameron Coltharp, Vice President of Facilities and Real Estate: With Telecare since 2001, Mr. Coltharp's responsibilities include planning and implementation of real estate management issues, construction and capital improvement projects, building operations and maintenance activities, and assuring compliance with all applicable Federal and State regulatory agencies and related health care accreditation organizations. Mr. Coltharp is a Certified Healthcare Facilities Manager (CHFM) and is extensively familiar with the Joint Commission's Comprehensive Accreditation Manual for Hospitals (CAMH) as well as the National Fire Protection Association's Life Safety Code 2000. Mr. Coltharp oversees all facility related functions for the El Dorado PHF site in collaboration with El Dorado County staff.

b. Describe the organization's financial history and how that history is indicative of sound fiscal management principles.

Telecare's current financial condition is very positive. As of June 30, 2018, Telecare's Assets exceeded Liabilities by $24.2 million. Additionally, Telecare has seen a compound annual growth rate (CAGR) of 7.1% over the past ten years. This includes the period of the recession, when government spending was reduced and there was a general contraction in the industry. Telecare also has very stable executive leadership. Our President and CEO has been in place since 1987, leading the organization through a period of exponential expansion.

Telecare offers an Employee Stock Ownership Program (ESOP) so that employees may participate as company owners. As a testament to the company's sound fiscal management, Telecare's share price increased by 18% in the latest valuation, and as of December 31st, 2017, is valued at $64.70 per share. Since the inception of our ESOP in 1997, the share price has increased 1008%.

As further evidence of Telecare's sound fiscal management policies, Telecare is audited annually by many Federal, State, and County agencies and Telecare has not been found to have any audit deficiencies during any of these audits.

D. Cost Proposal

Telecare Corporation
El Dorado County PHF RFP (Basic PHF)
RFP 19-918-083
Projected Operating Budget
Exhibit 6

Fiscal Year	2020/2021
Date:	7/9/2019
Program:	El Dorado County - PHF

Capacity 16 beds; Utilization 78% Per RFP

Projected Expenditures and Revenues

Expenditures

Budget
Period
7/1/20-6/30/21

Personnel Costs:

Title:	FTE	Salary	Benefits	Total
Acute Director of Nursing	1.00	$ 147,054	$ 45,412.29	$ 192,467
Acute - RN Supervisor	4.20	404,903	125,039	529,942
Acute - LVN	4.20	297,215	91,784	388,999
Peer Support Specialist	1.40	48,793	15,068	63,860
Recovery Specialist I	8.40	294,002	90,792	384,794
Unit Clerk/Trans Coord.	2.80	92,077	28,435	120,512
Rehab Therapist I	1.00	61,161	18,887	80,049
Director of Social Services	1.00	98,599	30,449	129,047
Social Worker (Licensed)	2.40	203,103	62,721	265,823
Social Worker	0.80	43,518	13,439	56,957
Housekeeper	1.40	43,930	13,566	57,496
Cook	1.40	49,071	15,154	64,224
Administrator/Clinical Director	1.00	151,609	46,819	198,428
Regional Director - Operations	0.20	33,125	10,229	43,355
Office Coordinator II	1.00	64,882	20,036	84,919
Reg IT Analyst	0.03	2,545	786	3,331
HR Generalist	0.30	23,878	7,374	31,252
Medical Records Tech	1.00	39,002	12,044	51,046
Total Personnel Costs	33.53	$ 2,098,468	$ 648,034	$ 2,746,502

Direct Operating Costs:	
Ancillary Expenses	$ 66,254
Dietary Expenses	80,437
G&A Expenses	353,521
Maintenance Expenses	49,264
Medical Records	10,514
Nursing Expenses	34,980
Other Rehabilitation Expenses	18,141
Professional Fees - Psychiatrist	867,109
Property Expenses	20,347
Total Direct Operating Costs	$ 1,500,566
Indirect Expenses	679,531
Total Operating Costs	$ 2,180,097

TOTAL PROJECTED EXPENDITURES	$ 4,926,599

Revenue

REVENUE:	
El Dorado County Funding	$ 3,765,638
El Dorado County Other Funding	$ -
Subtotal El Dorado County Funding	$ 3,765,638
Medi-Cal FFP Funding	1,160,961
Outside County / Private Funding	
TOTAL REVENUE	$ 4,926,599

Estimated Average Daily Census	12.48
Total Days	4,555
Cost Per Bed Day	$ 1,081.58

Note: Please refer to the attached budget narrative for additional information.

Telecare Corporation
El Dorado County RFP # 19-918-083
Psychiatric Health Facility (PHF) - Basic
Operations Cost Proposal Narrative

The Operational Cost Proposal is submitted for El Dorado County's planned 16-Bed Psychiatric Health Facility (PHF) Program. Included is a twelve-month operational budget for the period July 1, 2020 through June 30, 2021.

The cost proposal is prepared in accordance to Generally Accepted Accounting Principles as applicable to the health services industry. Staffing schedules, position descriptions, and organization charts are presented in the narrative and attachments of the proposal as supporting detail for salary and benefit expenses. Telecare's experience in operating PHF programs provides us with practical and detailed assumptions upon which to build the cost proposals.

The estimated annual operating cost of the program is $4,926,599 with a cost per bed day of $1,081.58 based on a projected average daily census of 12.48 which is made up of 10.50 clients estimated to be Medi-Cal clients. This cost would be offset by projected State Medi-Cal FFP revenues of $1,160,961

Meeting the cost per day estimate is dependent on the utilization of the program. The budget assumptions are based on an average daily census (ADC) of 12.48 at the PHF. The budget proposal also includes costs that are not allowable through Medi-Cal reimbursement (such as Board and Care costs at the PHF) and a portion of indirect expenses that are described further in this narrative.

Salaries & Benefits

Salary costs include replacement and an estimate for overtime for applicable staff, based on previous experience with staffing 24-hour facilities. If alternative interpretations of staffing requirements are available and acceptable for the County and Telecare, we are receptive to necessary changes and program costs will be adjusted accordingly.

Please refer to the proposal narrative and attachments for a detailed description of staffing assumptions including scheduling and organization structure.

Services & Supplies

Direct operating, facility and program costs are as follows:

- **Ancillary Expenses**
  Pharmacy Services – includes providing prescription medication to clients based on clinical needs and as required by contract (e.g. # of days for discharge medications).

- **Dietary Expenses**
  Food – Includes costs of meals and other food costs for snacks, beverages, and condiments.

- **G&A (General & Administrative) Expenses**
  Includes telephone, data line, and cell phone; rental and lease costs for program equipment, office supplies and equipment expense; computers & software maintenance and supplies. Also includes postage, general liability insurance, costs for annual external audit, legal services, and payroll processing and benefits administration and in-service training and outside training for program staff as well as business taxes and licenses required for operations of the facility. Includes advertising and recruitment, costs of print

ad and online advertisement of open positions, employee pre-employment and background check costs, employee program meeting costs, program office staff temporary replacement costs.

- **Maintenance Expenses**
  Includes costs for janitorial services, fire protection, pest control, minor equipment, repairs and maintenance costs. Also includes utilities and other costs as designated in the facility use agreement.

- **Medical Records Expenses**
  Includes costs for consulting and medical records supplies and services.

- **Nursing Expenses**
  Includes medical supplies and minor equipment.

- **Other Rehabilitation Expenses**
  Includes supplies, minor equipment, and services.

- **Professional Fees -- Psychiatrist**
  The calculation for total MD costs ($867,109) includes a Telecare provided psychiatrist (1.0 FTE) @ $167.94/hour plus benefits of 25% ($476,709 total), weekend coverage at $3,700/weekend ($192,400), on-call services for week night at $900/week ($46,800), and Health and Physical (H&P) at $400/day for 28 days/month ($151,200).

- **Property Expenses**
  Per the RFP, there are no facility costs included in this proposal. The budget includes property taxes and insurance and depreciation for capitalized equipment including some computers and a phone system.

  This budget does not include the cost of improvements to the facility. It is understood that any changes to the physical plant would require approval through County facilities.

Indirect Expenses

Indirect Allocation Methodology

The indirect allocation methodology utilized by Telecare Corporation adheres to the Medicare Home Office functional allocation methodology. This methodology is employed for our annual Medicare Home Office cost report.

Indirect Expense allocation is comprised of the following two components: Corporate Allocation and Operating Income.

Corporate Allocation

Corporate Allocation includes allocated costs for Information Systems and IT Support, Human Resources, Fiscal Services, and Operations and Quality Management using an established model that allocates allowable costs to Telecare programs based on identifiable criteria based on the Medicare Home Office model. An outline of the allocation model is as follows:

- Information Systems/IT Support expenses which includes helpdesk costs, database costs, network costs, and IS management costs are allocated to a

program based on the number of user IDs at the program as a percentage of total user IDs.

- Human Resources allocation is based on FTEs at the program as a percentage of total FTEs.
- Fiscal Services are allocated to a program based on program size measured by direct expenses and type of program (SNF, PHF, MHRC, ACT/FSP).
- Operations and Quality management is allocated to a program based on program size measured by direct expenses and type of program (SNF, PHF, MHRC, ACT/FSP).

Operating Income

Operating Income includes costs incurred for the purpose of administration and operations of the company. These costs include income taxes, development activity and profit. These are shown separately from Corporate Allocation based on the Medicare Allowable Cost Guidelines.

E. PHF Staffing Plan

El Dorado County Telecare Corporation Psychiatric Health Facility

Vice President of Operations
Mary Thrower, LNHA

Total FTE: 33.53

Regional Director of Operations
Shannan Taylor, LMFT
0.20 FTE

Administrator/Clinical Director
Chandra Thomas, LMFT
1.0 FTE

Psychiatrist:
Dr. John Motl, MD 1.0 FTE (M-F)
Dr. Lee (On-call weekdays)
Dr. Singh, MD and Dr. Sran, MD (Sat & Sun)
Dr. Balaramen, MD (telepsychiatry, as needed)
On-Call Medical Physicians:
Dr. Chana, MD and Dr. Randhawa, MD

Medical Staff

Office Coordinator II
1.0 FTE

Medical Records Technician
1.0 FTE

Regional IT Analyst
0.03 FTE
Regional HR Generalist
0.30 FTE

Administrative Staff M-F

Director of Nursing, RN
1.0 FTE*

Director of Social Services, LCSW
1.0 FTE*

RN Supervisor, RN
1.4 FTE

RN Supervisor, RN
1.4 FTE

RN Supervisor RN
1.4 FTE

Recovery Specialist I
2.8 FTE

LVN
1.4 FTE

Unit Clerk
1.4 FTE

Peer Support Specialist
1.4 FTE

Rehab Therapist
1.0 FTE*

Social Workers (Licensed), LCSW or LMFT
2.4 FTE
(2.0 M-F, 1.0 Sat & Sun)

Social Worker, MS
0.8 FTE
(1.0 FTE Fri-Mon)

Cook
1.4 FTE

Recovery Specialist I
2.8 FTE

LVN
1.4 FTE

Unit Clerk
1.4 FTE

Housekeeper
1.4 FTE

Recovery Specialist I
2.8 FTE

LVN
1.4 FTE

AM Shift (7 days/week), 7am-3:30pm
*Monday-Friday

PM Shift (7 days/week), 3pm-11:30pm

NOC Shift (7 days/week)
11pm-7:30am

Our budget includes an estimate for DOR costs, which includes shift differential, overtime, and replacement. This fulfills the need for "on-call" or "backup" staff to fill absences or vacancies in shifts to ensure service continuity 24/7.

Attachments

Attachment 1
Letters of Support

- **Marshall Medical Center's Director of Emergency and Trauma Services**
- **California Hearing Officers**
- **The Club at Placerville**

Kady Leitner, Senior Department Analyst
County of El Dorado
Procurement and Contracts
2850 Fairlane Court
Placerville, CA 95667

Re: El Dorado County Psychiatric Health Facility (PHF) Management and Operation RFP –
Letter of Support for Telecare Corporation

Dear Ms. Leitner,

I am writing in support of Telecare's proposal to renew their contract to provide services at the
El Dorado PHF facility. I have seen the impact that Telecare's program has had on clients' lives
and I would not hesitate to recommend Telecare as the continued provider of this service. We are
confident that Telecare will continue to be an invaluable asset to the community.

Marshall Hospital Emergency Department is staffed by physicians, nurses and other personnel
prepared to provide exceptional care for the most critical of life's moments. In this mission, we
have developed a strong collaboration and coordination with Telecare's El Dorado PHF to best
serve our patients who are experiencing a mental health crisis. Telecare's program staff have
been available, energetic and knowledgeable of the client population. Through frequent and
regular communication, we have developed efficient and effective referral protocols that ensure
clients are able to access the help they need quickly. We are confident that clients are in good
hands when they are referred to Telecare's El Dorado PHF.

Thank you for your attention to this matter. Please do not hesitate to contact me via email
[cschmidt@marshallmedical.org] or via phone [530-626-2759], if I can be of any further
assistance.

Sincerely,

Larry Schmidt RN, BSN, MSA
Director Emergency and Trauma Services
Marshall Medical Center
1100 Marshall Way | Placerville, CA | 95667

June 27, 2019

Kady Leitner, Senior Department Analyst
County of El Dorado
Procurement and Contracts
2850 Fairlane Court
Placerville, CA 95667

Re: **El Dorado County Psychiatric Health Facility (PHF) Management and Operation RFP – Letter of Support for Telecare Corporation**

Dear Ms. Leitner:

It is my understanding that Telecare Corporation will be submitting a response to El Dorado County's RFP for Psychiatric Health Facility (PHF) services. Based on my knowledge and experience working with them, I am writing to express California Hearing Officer, LLP's support for Telecare's proposal and their continued operation of the facility.

California Hearing Officers, LLP provides the certification review hearing officers for patients involuntarily held in the El Dorado County PHF. Telecare's staff have been consistently professional and organized when our hearing officers come to the PHF to conduct probable cause hearings for those patients.

Our hope is that we continue to work with Telecare to bring these services to persons in mental health crisis in El Dorado County. We are confident that Telecare will continue to be an invaluable asset to the community.

Thank you for your attention to this matter. Please do not hesitate to contact me via email at DAthwal@CAHearingOfficers.com or via phone at 916.306.0980 if I can be of any further assistance.

Sincerely,

Deep Athwal
Partner / Hearing Officer

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Don Semon
Director

Community Services Division
Daniel Del Monte
Deputy Director

Older Adult Services
935A Spring Street
Placerville, CA 95667
530-621-6180 Phone / 530-663-8418 Fax

990 Lassen Lane
El Dorado Hills, CA 95762
916-358-3560 Phone / 530-663-8418 Fax

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6/24/19

Kady Leitner, Senior Department Analyst
County of El Dorado
Procurement and Contracts
2850 Fairlane Court
Placerville, CA 95667

Re: El Dorado County Psychiatric Health Facility (PHF) Management and Operation RFP –
Letter of Support for Telecare Corporation

Dear Ms. Leitner,

It is my understanding that Telecare Corporation will be submitting a response to El Dorado County's RFP for Psychiatric Health Facility (PHF) services. I am writing to express my support for Telecare's proposal and their continued operation of the facility based on my knowledge and experience of working with them.

As the Program Supervisor for Senior Day Care (The Club), we are next door to the Psychiatric Health Facility. I have had the pleasure of working with the great staff at Telecare on many occasions. We were able to work together to solve many problems in a professional and friendly way including solving to parking shortage, conducting joint fire drills since our alarm is in their side of the building, and recently I was most impressed with how Chandra and Cathy handled a problem with a contracted janitorial staff member who became extremely angry and inappropriate with a family member of one of our dementia clients. Chandra took swift and decisive action to have him forever removed from this site. I was very pleased with how she handled the problem, looking out for my clients and their families. We both work with clients who need extra help and supervision during their time with us, be it a mental health issue or a brain ravaged by dementia. We understand each other. Additionally, we are working together to beautify the area in the near future.

We are confident that Telecare will continue to be a valuable asset to the community and all of us on Spring Street. Please feel free to contact me at 530-621-6198 if you have any questions.

Sincerely,

Nancy Wilson
Program Supervisor
The Club at Placerville

Vision Statement:

Telecare Corporation :: El Dorado County *Transforming Lives and Improving Futures*
RFP #19-918-083: Psychiatric Health Facility (PHF) Management and Operation

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Attachment 2
El Dorado PHF MHSIP Consumer Satisfaction Survey & Physician Client Satisfaction Survey (Blank)

EL DORADO PHF
MHSIP SATISFACTION SURVEY
JUNE 1, 2018 — MAY 31, 2019

MEMBER SATISFACTION (MHSIP RESULTS)			Agree/ Strongly Agree	Neutral	Disagree/ Strongly Disagree
SURVEY COMPLETION RATE					
# COMPLETED	# ELIGIBLE	% COMPLETION RATE			
373	426	88%			
Recovery Oriented Questions					
Staff and I worked together to plan my treatment			84%	11%	5%
I felt comfortable asking questions about my treatment and medications			88%	8%	4%
Staff told me what side effects to watch for			70%	18%	12%
Staff believed that I could grow, change and recover			90%	8%	2%
I felt safe to raise questions or complain			84%	12%	4%
Staff helped me so that I could manage my life and recover			85%	13%	2%
Staff were willing to help as often as I felt it was necessary			91%	6%	3%
I, not staff, decided my treatment goals			72%	22%	6%
I was able to get all the services I thought I needed			82%	12%	6%
Member Reports Improved Functioning					
As a result of services I received:					
I am getting along better with my family			76%	20%	4%
I do better in social situations			76%	20%	4%
I am better able to deal with crisis			82%	15%	3%
I deal more effectively with daily problems			83%	13%	4%
I am better able to control my life			82%	14%	4%
My symptoms are not bothering me as much			81%	14%	5%
Privacy					
Staff respected my wishes about who is and is not to be given information about my treatment			88%	10%	2%
I was given written information that I could understand			87%	9%	4%
Cultural Competency					
Staff were sensitive to my cultural and ethnic background			85%	13%	2%
Member Satisfaction with Services					
I liked the services I received here			85%	12%	3%
Given other choices, I would still choose to get services from this agency			74%	17%	9%
I would recommend this program to a friend or family			79%	15%	6%

Client satisfaction with doctor

We are interested in receiving your feedback about the care provided during your stay with us. Please take a few moments to complete this questionnaire about your doctor. Your responses are strictly confidential and we will not ask you to include your name.

1. Enter today's date:

2. Please select the doctor you are reviewing (if you are unsure of your doctor's name, please ask a staff member to assist you):

○ Yokesh Balaraman, MD   ○ Ravinderjit Singh, MD

○ John Motl, MD   ○ Manjit Sran, MD

○ Other doctor not listed above:

3. Please rate your agreement with each of these statements about this doctor
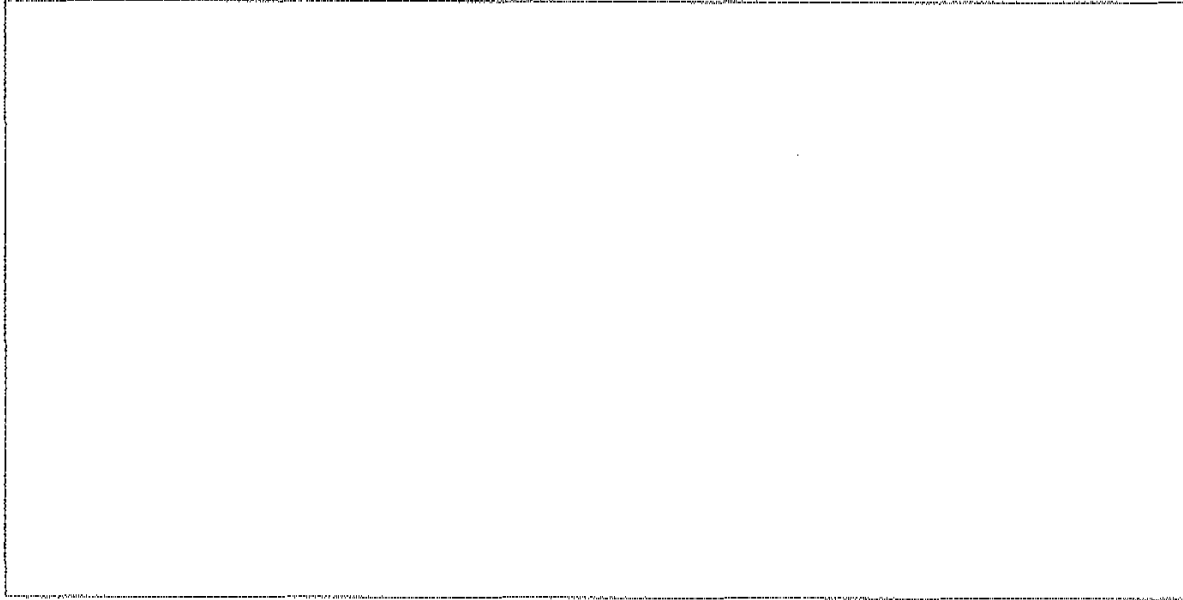
	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure/don't know
The doctor carefully listened and seemed genuinely interested in me as a person	○	○	○	○	○
The doctor took time to explain things to me	○	○	○	○	○
The doctor valued my opinion and allowed me to help decide what was best for me	○	○	○	○	○
The doctor treated me with respect	○	○	○	○	○
The doctor seemed prepared and was familiar with my case	○	○	○	○	○
The doctor answered all my questions fully	○	○	○	○	○
I feel comfortable with this doctor	○	○	○	○	○
I would recommend this doctor to a friend or family member	○	○	○	○	○

4. Please indicate if you were admitted to the El Dorado PHF voluntarily or involuntarily:

○ Voluntary (it was my choice to be admitted)

○ Involuntary (it was NOT my choice to be admitted)

Turn page over to continue...

5. Any additional comments about this doctor?

Attachment 3
Clinical Decision Support Tool (Acute Programs) & Danger to Self/Others Risk Assessment Instruments

Acute Programs: Risk Stratification & Triage

Guidelines to Determine Level of Risk and Develop Interventions to REDUCE Risk Level

"The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential clinical judgment, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior".

From the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.

SUICIDE RISK STRATIFICATION	VIOLENCE RISK STRATIFICATION	ACUTE TRIAGE
LOW SUICIDE RISK Wish to die or Suicidal Ideation WITHOUT method, intent, plan or behavior. (C-SSRS Suicidal Ideation #1 or #2) OR Modifiable risk factors and strong protective factors OR No reported history of Suicidal Ideation or Behavior	**LOW VIOLENCE RISK** Wish to harm others or Violent Ideation WITHOUT method, intent, plan or behavior. (Violent Ideation #1 or #2) OR Modifiable risk factors and strong protective factors OR No reported history of Violence Ideation or Behavior	• Routine Observation Status • Check person and room for unsafe items • Review in Treatment Team Meeting • Document assessment, rationale for level of care and plan
MODERATE SUICIDE RISK Suicidal Ideation with method, WITHOUT plan, intent or behavior in past month. (C-SSRS Suicidal Ideation #3) OR Suicidal behavior more than 3 months ago. (C-SSRS Suicidal Ideation Lifetime) OR Multiple Risk Factors and few protective factors	**MODERATE VIOLENCE RISK** Violent Ideation with method, WITHOUT plan, intent or behavior in past month. (Violent Ideation #3) OR Violent behavior more than 3 months ago. (Violent Ideation Lifetime) OR Multiple Risk Factors and few protective factors	• Consult with Physician and obtain Order for Level of Observation • Check person and room for unsafe items • Engage Support System if applicable • Evaluate elopement risk • Address risk reduction in care plan • Document assessment, rationale for level of care and plan
HIGH SUICIDE RISK Suicidal Ideation with intent or intent with plan in past month. (C-SSRS Suicidal Ideation #4 or #5) OR Suicidal behavior within past 3 months. (C-SSRS Suicidal Ideation Lifetime)	**HIGH VIOLENCE RISK** Violent Ideation with intent or intent with plan in past month. (Violent Ideation #4 or #5) OR Violent behavior within past 3 months. (Violent Ideation Lifetime)	• Place on LOS immediately • Consult with Physician and obtain Order for Level of Observation • Check person and room for unsafe items • Address risk reduction in care plan • Not eligible for leaving unit • Evaluate elopement risk • Document assessment, rationale for level of care and plan

Adult Risk Screening: DTS/DTO
Part 1: Columbia – Suicide Severity Rating Scale (C-SSRS)

Name: _____

Date: _____ Time: _____ : _____ ○ AM ○ PM

☐ Initial Assessment   ☐ Re-assessment

Ask questions that are **bolded** and **underlined**.	Past Month		Notes
Ask Questions 1 and 2	YES	NO	
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*	☐	☐	
2) *Have you actually had any thoughts of killing yourself?*	☐	☐	
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6			
3) *Have you been thinking about how you might do this?* e.g. *"I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it… and I would never go through with it."*	☐	☐	
4) *Have you had these thoughts and had some intention of acting on them?* As opposed to *"I have the thoughts but I definitely will not do anything about them."*		☐	
5) *Have you started to work out or worked out the details of how to kill yourself?* *Do you intend to carry out this plan?*		☐	
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: *Was this within the past three months?* In addition to direct questioning, review all available sources, including referral information, for evidence of this behavior.	**Lifetime** ☐ ☐ **Past 3 Months** ☐		

Name: _____

Date: _____ Time: ___ : ___ ○ AM ○ PM

☐ Initial Assessment ☐ Re-assessment

Ask questions that are **bolded** and **underlined**.	Past Month		Notes
Ask Questions 1 and 2	YES	NO	
1) *Have you wished or fantasized that you could hurt someone else?*	☐	☐	
2) *Have you actually had any thoughts of hurting or killing someone?*	☐	☐	
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6			
3) *Have you been thinking about how you might do this?* e.g. "I thought about 'getting even' with my roommate but never actually considered what I would do to him... and I would never go through with it."	☐	☐	
4) *Have you had these thoughts and had some intention of acting on them?* As opposed to "I have the thoughts but I definitely will not do anything about them."		☐	
5) *Have you started to work out or worked out the details of how to hurt or kill someone?* *Do you intend to carry out this plan?*		☐	
6) *Have you ever done anything, started to do anything, or prepared to do anything to harm someone else?* Examples: Began following someone to figure out where and how to get them alone to harm them, secured a weapon, began making threats or engaged in intimidation; or actually got into a physical fight or altercation with the intent to hurt someone. If YES, ask: *Was this within the past three months?* In addition to direct questioning, review all available sources, including referral information, for evidence of this behavior.	**Lifetime** ☐ **Past 3 Months**	☐ ☐	

This is a non-validated screening tool adapted from the Columbia Suicide Severity Rating Scale (C-SSRS) to assess thoughts, plan, intent and behaviors related to violence.

Intervention based on VSRS alone (prior to full assessment)

Yellow (low risk): Follow intervention procedure for Orange (medium risk)	Orange (medium risk): Place on line of sight, determine if there is an identified victim(s), notify supervisor for assessment, maintain line of sight until completion of assessment.	Red (high risk): Place on line of sight, determine if there is an identified victim(s), notify supervisor of priority for assessment, maintain line of sight until completion of assessment

Adult Risk Assessment: DTS/DTO
Part 3: SAFE-T Five Step Assessment

Name: _____

Date: _____ Time: ___ : ___ ☐ AM ☐ PM

☐ Initial Assessment ☐ Re-assessment

STEP 1: Identify Risk Factors	Lower Risk	Medium Risk	Higher Risk
Assess each symptom and rate severity			
• Depression	☐ Depression in remission	☐ Mild Depression	☐ Mod-Severe Depression
• Mania	☐ Bipolar in remission	☐ Hypomanic	☐ Manic
• Anxiety	☐ Mild Anxiety	☐ Moderate Anxiety	☐ Severe Anxiety
• Irritability/aggression		☐ Anger/Frustration	☐ Extreme agitation
• Psychosis	☐ Psychosis in remission	☐ Psychosis	☐ Risk-congruent Psychosis
			☐ Command hallucinations
• Impulsivity			☐ Impulsivity
• Cognitive Impairment			☐ DD/Cognitive Impairment
• Insomnia			☐ Severe Insomnia
• Intolerable emotional pain			☐ Intolerable emotional pain
Connectedness	☐ Stable relationships	☐ Social withdrawal	☐ Social isolation
	☐ Free of interpersonal conflict	☐ Mild/mod interpersonal conflict	☐ Severe interpersonal conflict
		☐ Perceived burden to others (S)	☐ Antisocial symptoms/behavior (V)
Physical Health (S)			
• Health Status	☐ No significant medical problems	☐ Short term/stable medical problems	☐ Terminal diagnosis
• Pain	☐ Bearable pain		☐ Intolerable chronic pain
Stressors	☐ Minor or coping well	☐ Events leading to shame, despair or humiliation	☐ Current loss and trauma
			☐ Recent hospitalization
		☐ Physical and/or sexual abuse (past or present)	☐ Shame/humiliation with antisocial symptoms/behavior (V)
Substance Use	☐ None	☐ H/O alcohol/drug use	☐ Problematic alcohol/drug use

Static Demographic Factors:
☐ **Race:** White; Native American; Alaskan Native   ☐ **Age:** 50+; 20-24 (S); <25 (V)   ☐ **Gender:** Male   ☐ **Unemployed**
☐ **Marital Status:** Separated, divorced, widowed   ☐ **LGBT** (with perceived discrimination or harassment)   ☐ **Armed forces/Veteran:** (exposure to combat trauma)

STEP 2: Identify Protective Factors		
☐ Immediate supports and/or social supports	☐ Ambivalence (not yet decided to harm self, open to alternatives)	☐ Ability to acknowledge the consequences of the action
☐ Responsibility to children/pets		☐ Inspired or motivated by hopes and dreams
☐ Planning for future	☐ Core value beliefs (spirituality)	☐ Has compassion for others (V)
☐ Positive therapeutic relationships	☐ Sense of purpose	☐ Respectful of authority figures (V)
	☐ Ability to cope with stress/frustration	

(S) Suicide risk only; (V) Violence risk only   Adapted from "Arizona Programmatic Suicide Deterrent System Project," Magellan Health Services of Arizona, 2012.

STEP 3: Suicide/Violence Inquiry	Lower Risk	Medium Risk	Higher Risk
Enter Results from Page 1: Columbia Suicide Severity Rating Scale *(C-SSRS)*	☐ Denies Q1 & Q2 of C-SSRS ☐ Q1. Wish to be Dead ☐ Q2. Non-Specific Active Suicidal Thoughts	☐ Q3. Active Suicidal Ideation with Any Method (Not Plan) without Intent to Act ☐ Q6. Suicidal behaviors more than 3 months ago	☐ Q4. Active Suicidal Ideation with Some Intent to Act without Specific Plan ☐ Q5. Active Suicidal Ideation with Specific Plan and Intent ☐ Q6. Suicidal behaviors in past 3 months
Additional Risk Factors: • Suicidal Behaviors in family or significant others • Access to means (firearms, etc.)	☐ No behavior in significant others	☐ Friends/family with H/O behavior	☐ Significant other has recently committed suicide ☐ Access to means (firearms, etc.)
Enter Results from Page 2: Violence Severity Rating Scale *(VSRS).*	☐ Denies Q1 & Q2 of VSRS ☐ Q1. Wish to harm others ☐ Q2. Current violent thoughts	☐ Q3. Active Violent Ideation with Any Method (Not Plan) without Intent to Act ☐ Q6. Violent behaviors more than 3 months ago	☐ Q4. Active Violent Ideation with Some Intent to Act without Specific Plan ☐ Q5. Active Violent Ideation with Specific Plan and Intent ☐ Q6. Violent behaviors in past 3 months

STEP 4: Stratify Risk

Danger to Self:
☐ None apparent   ☐ Lower Risk   ☐ Medium Risk   ☐ Higher Risk

Danger to Others
☐ None apparent   ☐ Lower Risk   ☐ Medium Risk   ☐ Higher Risk

☐ Check if there is an identified victim   ☐ Police/authorities notified   ☐ Intended victim notified

STEP 5: Document

Document factors that most influenced formulation and details of suicide/violence thoughts, plan, intent and behaviors. Indicate actions taken to maintain safety.

Adapted from "Arizona Programmatic Suicide Deterrent System Project," Magellan Health Services of Arizona, 2012

Clinician or Staff / Credentials: _____   Signature: _____   Date: _____

Supervisor / Credentials: _____   Signature: _____   Date: _____
(if required)

Program: _____

Attachment 4
Job Descriptions

TELECARE CORPORATION
JOB DESCRIPTION

JOB TITLE: Regional Director – Operations
SUPERVISOR: Vice President – Operations
FLSA Status: Exempt

POSITION SUMMARY
The Regional Director manages facilities within the assigned geographical region and/or product line, ensuring achievement of clinical program objectives, quality care, mutually supportive County and State relationships, and budgetary expectations.

QUALIFICATIONS
Required:
- Ten (10) years' experience in healthcare administration
- Master's Degree in Hospital Administration, Mental Health Administration or related field
- Strong knowledge of labor relations
- Strong team management skills
- Excellent verbal and written communication skills and experience managing multiple sites
- Must be at least 18 years of age
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply.

Preferred:
- Knowledge and experience in a psychiatric treatment milieu preferred

ESSENTIAL FUNCTIONS
- Demonstrates the Telecare mission, purpose, values and beliefs in everyday language and contact with internal and external stakeholders
- Responsible for the administrative functioning of facilities in the assigned geographical region and/or product type
- Makes use of management practices that include empowerment of staff, the provision of clear and concise expectations regarding duties assigned employees, frequent feedback focusing on both positive and problematic aspects of work performance and other management practices that are consistent with Continuous Quality Improvement
- Supervises facility Administrators, including:
    - Establishing operational objectives with all Administrators and SVP-Ops
    - Developing communication linkages between the Administrators and the SVP-Ops
    - Monitoring the performance of Administrators and facility department heads and reviewing these assessments with the SVP-Ops on a quarterly basis
    - Continuously monitoring the financial performance of each Administrator and reporting the findings to the SVP-Ops
- Collaborates with other administrative staff in strategic planning activities with the goal of ensuring ongoing effectiveness of the company
- Ensures that personnel objectives are met, including:
    - Monitoring, on a monthly basis, personnel standards for attendance, turnover, recruitment and Workers' Compensation claims at all facilities
    - Monitoring personnel office functions at all facilities, identifying problems and recommending corrective action

- Ensuring that all facilities are in compliance with federal and state labor laws including affirmative action, EEOC, OSHA and others as applicable
- Develops and maintains a collaborative relationship with State and County officials, including:
  - Regularly contacting county officials for the purpose of gathering feedback on program performance and maintaining an excellent community reputation
  - Providing county officials with information needed (research and other data) to support effective Telecare performance
  - Informing all Telecare managers of legislative changes affecting operations
- Maintains a continuous analysis of market conditions, state and county policy directives, political changes and shifts in patient needs to respond to changes in a timely fashion
- Submits a semi-annual written plan to the SVP-Ops containing objectives and schedules related to patient care, finance, county/payer relations and personnel
- Travels to Telecare facilities and the corporate office frequently
- Manages county contracts, including:
  - Ensuring that all facilities are in compliance with state and county licensing and monitoring requirements on an ongoing basis
  - Monthly program monitoring resulting in problem identification and corrective action plans for review by executive management staff (as needed)
- In collaboration with facility management staff, manages the clinical programs, including:
  - Developing and monitoring each facility's clinical program on a monthly basis, identifying problems and recommending corrective action
  - Ensuring that a safe, clean and therapeutic environment is maintained at all facilities
  - Recommending program staffing changes in response to changes in members served needs or market conditions
  - Annually evaluating program needs and clinical objectives with facility administration and county officials
  - Recommending topics for annual research reports to the Research and Evaluation department
- In collaboration with facility Administrators, assumes responsibility for fiscal objectives, including:
  - Monitoring, on a monthly basis, facility expenditures, ensuring that expenses are within the budget and reporting significant variances
  - Monthly monitoring of FTE reports to ensure that facility staffing is in line with the budget
  - Reviewing with facility administration all financial requests that are beyond the limits of the facility budget and making recommendations regarding approval or disapproval to the Executive Committee
- Establishes and defines standards which ensure safe and therapeutically effective care
- Assesses the quality of care rendered by each facility and ensures sound practice
- Supports and facilitates the comprehensive Quality Assurance/Quality Improvement program, including frequent collaboration with facility staff, employee education and a focus on monitoring standards and actively removing barriers to the provision of high quality care
- Actively participates in meeting members served needs and adapting to changing customer needs at all times
- Represents the corporation professionally in community, state and national hospital associations to create a clear and positive understanding of the corporation's programs
- Market program to current and new customers

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

PHYSICAL DEMANDS

The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to stand, walk, twist, bend, squat, kneel and lift and carry items weighing 10 pounds or less as well as to frequently sit and to do simple grasping. The position requires manual deviation, repetition and dexterity and to occasionally drive.

EOE AA M/F/V/Disability

TELECARE CORPORATION
JOB DESCRIPTION

JOB TITLE: Administrator (Licensed)/Clinical Director
SUPERVISOR: Regional Director of Operations
FLSA Status: Exempt

POSITION SUMMARY

The Administrator manages all aspects of the day to day operations of the Program. This involves ensuring regulatory compliance and actively overseeing quality assurance performance improvements. Additionally, the Administrator collaborates with all corporate departments and outside consultants and represents the Program to State/County agencies, community partners, and consumer groups.

QUALIFICATIONS

Required:

- Master's Degree and licensed mental health professional
- Four (4) years of experience in an administrative management position in a health care setting
- Two (2) years of responsibility for supervision of professional staff, budgeting, program planning, and licensing
- In the situation where an Administrator of a Psychiatric Health Facility is also serving as the facility's Clinical Director, the Administrator must, per 22 CCR § 77093, be a licensed mental health professional and have "at least three years of post-graduate direct clinical experience with the mentally disordered." "Licensed mental health professional" means licensed physicians, licensed psychologists, licensed clinical social workers, licensed marriage and family therapists, registered nurses, licensed vocational nurses, and licensed psychiatric technicians.
- Understanding of community mental health services, psychiatric rehabilitation concepts, and the recovery philosophy
- Must be at least 21 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual or local requirements may apply

Preferred:

- A successful track record working with, and sensitivity to, multi-cultural populations and issues in urban settings are highly desirable

ESSENTIAL FUNCTIONS

- Demonstrate the company mission, purpose, values, and beliefs in everyday language and contact with internal and external stakeholders
- Plans, organizes, directs, and controls the Program responsible for the Program's administrative functioning
- Acts as the privacy contact for the Program, maintaining all required records, logs, and systems in compliance with HIPAA regulations
- Implements all Program policies and procedures through the appropriate assignment of duties to the administrative staff
- Manages all strategic planning activities of the Program with the primary goal of ensuring ongoing effectiveness of the Program
- Develops and maintains a productive work relationship with State and local agency representatives; actively participates in meeting customer needs and adapting to changing customer and community needs at all times; acts as liaison between the Program and State/County customers and community partners

- Establishes staffing requirements for all departments, directing the recruitment, selection, and when necessary, disciplinary action within the Program
- Manages the Program within allocated budgetary parameters and collaborates in the development of the fiscal budget
- Supervises all department managers and maintains supervisory authority over personnel assigned to the departments Ensures that the Program complies with all applicable laws and regulations and keeps informed about changes in regulations
- Ensures compliance with Telecare's policies and procedures
- Establishes the vision for the Program
- Manages all strategic planning activities of the Program
- Demonstrates an understanding of Telecare's stakeholders, including members served, families, and customers in all interactions and conduct
- Establishes the culture of the Program and creates initiatives that reinforce the culture
- Acts as the Program's liaison to the Corporate office, ensuring corporate initiatives are implemented and maintained
- Reviews other licensed staff as required by staffing needs
- Provides Clinical supervision
- If employed at inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training
- If employed at outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training

Duties and responsibilities may be added, deleted, and/or changed at the discretion of management.

SKILLS
- Knowledgeable about budgeting, HR, and applicable program regulations
- Good communication, team building, and problem-solving skills
- Familiarity with psychiatric conditions and recovery principles
- Good customer relations skills
- Skilled at identifying and removing barriers to change
- Knowledge and experience using the American Society of Addiction Medicine (ASAM) criteria

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to stand, twist and lift and carry items weighing 25 pounds or less as well as to frequently sit, walk, reach, bend, and do simple and firm grasping occasionally. The position requires manual deviation, repetition, and dexterity and to occasionally drive.

EOE AA M/F/V/Disability

JOB TITLE: Director of Nursing
SUPERVISOR: Administrator, Clinical Director
FLSA Status: Exempt

POSITION SUMMARY
The Director of Nursing (DON) is responsible for activities and functions related to the administration of member care systems and member care in nursing areas and departments.

QUALIFICATIONS
Required:
- Must be a graduate of an accredited school of nursing and have four (4) years of experience - two (2) in psychiatric nursing and two (2) years in a supervisory capacity; OR a baccalaureate degree in nursing or a related field and two (2) years of experience and one (1) year in a supervisory capacity
- Current valid licensure as an RN in the state of operation
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply.

Preferred:
- An MSN degree and administrative experience in long term care

ESSENTIAL FUNCTIONS
- Demonstrates the Telecare mission, purpose, values and beliefs in everyday language and contact with internal and external stakeholders.
- Plans, organizes, directs and controls nursing services
- Develops departmental goals, objectives, standards of performance, policies and procedures; organizes the department to meet legal, organizational and medical staff guidelines; functions in an advisory capacity to the Administrator in evaluating procedural changes as they relate to care of members served
- Makes use of management practices that include empowerment of staff, the provision of clear and concise expectations regarding duties assigned employees, frequent feedback focusing on both positive and problematic aspects of work performance, and other management practices that are consistent with Continuous Quality Improvement
- Promotes and maintains professional and effective relationships and communications within the department and with other departments
- Collaborates with other administrative staff in strategic planning activities with the goal of ensuring ongoing effectiveness of the facility
- Is available to assist at other Telecare facilities, which may involve travel
- Establishes staffing requirements and recommends to administration the numbers and classifications of personnel to be employed
- Directs the recruitment, selection and when necessary disciplinary action within the Nursing Department

- Implements the safety program and actively participates in reducing Workers Compensation
- Establishes standards for procurement of supplies and equipment for the department
- Manages the Nursing Department within allocated budgetary parameters and participates in the development of the fiscal budget
- Ensures that the nursing department is in compliance with all related state, federal and local licensing regulations and requirements
- Oversees and ensures medication management and infection control standards
- Collaborates with leadership team and all department on quality initiatives
- Coordinates nursing services with other clinical and ancillary services. In the process of accomplishing this, promotes the cost-effective use of personnel, supplies and equipment
- Participates and encourages participation from staff in activities, including professional and trade organizations, that promote mental health services
- Establishes and defines standards which ensure safe and therapeutically effective care
- Assesses the quality of care rendered by the Nursing Department and ensures sound practice
- Establishes and maintains a comprehensive Quality Assurance/Quality Improvement program within the Nursing Department which includes frequent collaboration with other departments, employee education, and a focus on monitoring departmental standards and actively removing barriers to the provision of high quality care
- Is an active participant of all committees involving members served safety, nursing policies, practices and procedures
- Assumes responsibility for her/his professional growth and the ongoing professional development of the nursing staff
- If employed at Inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training.
- If employed at Outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training.

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

SKILLS
- Excellent communication
- Attention to detail
- Critical thinking to aid decision-making
- Flexibility and ability to adapt
- Commitment to development

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to stand, twist, squat, kneel and lift and carry items weighing 25 pounds or less as well as to frequently sit, walk, reach, bend and do simple and firm grasping. The position requires manual deviation, repetition and dexterity and to occasionally drive.

EOE AA M/F/V/Disability

TELECARE CORPORATION
JOB DESCRIPTION

JOB TITLE: Director – Social Services
SUPERVISOR: Administrator/Clinical Director
FLSA Status: Exempt

POSITION SUMMARY

The Director of Social Services plans, implements and directs the Social Services Department, which provides casework services to members served and their families. The Director of Social Services also manages a team of social workers and discharge planners. Additional responsibilities include: coordination of the admission and discharge processes and maintaining a liaison with local hospitals and agencies.

QUALIFICATIONS

Required:

- Two (2) years of direct service experience with persons with mental illness and two (2) years of supervisory experience with both professional and non-professional staff in an inpatient or outpatient setting
- A Master's degree in Social Work from an accredited college or university, a Licensed Clinical Social Worker or MFCC license from the State of California and a valid California driver's license and insurability
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply.

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values and beliefs in everyday language and contact with internal and external stakeholders
- Plans, organizes, directs, and controls the Social Services Department
- Responsible for the administrative and clinical functioning of the Social Services Department
- Makes use of management practices that include empowerment of staff, the provision of clear and concise expectations regarding duties assigned employees, frequent feedback focusing on both positive and problematic aspects of work performance, and other management practices that are consistent with Continuous Quality Improvement
- Promotes and maintains harmonious and effective relationships and communications within the department and other departments
- Thoroughly understands the legal/conservatorship system and provides inservice training to facility staff as needed
- Coordinates the Utilization Review Committee and assists in the development of associated procedures
- Supervises and coordinates student intern placements within the Social Services Department. Provides leadership and clinical training to the facility staff and interns
- Collaborates with other administrative staff in strategic planning activities with the goal of ensuring ongoing effectiveness of the facility
- Is available to assist at other Telecare facilities, which may involve limited travel
- Establishes on-going relationships with local agencies and other resources necessary to affect a continuum of care for members served returning to the community. In doing so, assists Social Services staff in the assessment of members served readiness for discharge

- Establishes staffing requirements and recommends to administration the number and classification of personnel to be employed. Directs the recruitment, selection and when necessary disciplinary action within the Social Services Department
- Establishes and maintains the job specifications and descriptions for department personnel
- Coordinates and consults with county Mental Health Services and staff of acute and long term in-patient psychiatric hospitals to facilitate admission and discharge of members served
- Evaluates, by telephone and/or in person, prospective members served for admission. Consults with the department managers as necessary regarding the appropriateness of the admission
- Manages the Social Services Department within allocated budgetary parameters and participates in the development of the fiscal budget
- Ensures that the facility is in compliance with all related state, federal and local licensing regulations and requirements
- Establishes and defines standards which ensure safe and therapeutically effective care
- Assesses the quality of care rendered by the Social Services Department and ensures sound practice
- Establishes and maintains a comprehensive Quality Assurance/Quality Improvement program within the Social Services Department which includes frequent collaboration with other departments, employee education and a focus on monitoring departmental standards and actively removing barriers to the provision of high quality care
- If employed at Inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training
- If employed at Outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

SKILLS
- Demonstrated understanding of psychiatric illness, the ability to identify symptoms and the severity of illness
- Ability to predict with reasonable accuracy a client's appropriateness and ability to respond to treatment
- Demonstrated ability to develop and write policies and procedures related to the care of persons with serious mental illness

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to bend, push, pull, squat, climb and lift and carry items weighing 25 pounds or less as well as to frequently sit, stand, walk, reach, twist and do simple and power grasping. The position requires manual deviation, repetition and dexterity and to occasionally drive.

EOE AA M/F/V/Disability

TELECARE CORPORATION
JOB DESCRIPTION

JOB TITLE: Registered Nurse (RN) Supervisor
SUPERVISOR: Director Of Nursing (DON), Administrator/Clinical Director
FLSA Status: Non – Exempt

POSITION SUMMARY

The Registered Nurse (RN) Supervisor provides recovery-focused services related to the safe and appropriate administration of medical treatment (including medications) as prescribed by the physician. The RN Supervisor provides safe, effective, and efficient implementation of direct care in accordance with established policies, procedures, and standards of care. Supervision responsibilities include prioritizing and delegating work for designated staff on assigned shift and coordinating admissions to ensure accurate medical record documentation and timely referral to the medical physician.

QUALIFICATIONS

Required:
- Licensure as a Registered Nurse in the state of program operations
- Valid CPR (Cardio Pulmonary Resuscitation)/BLS (Basic Life Support) certificate
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual or local requirements may apply

Preferred:
- BSN degree
- Two (2) years of RN experience
- One (1) year of supervisory experience

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with the internal and external stakeholders
- Organizes, prioritizes, and delegates work on the assigned shift
- Supervises designated staff
- Provides orientation and training; directs the recruitment, selection and, when necessary, disciplinary action for designated direct reports
- Oversees and provides nursing care
- Completes nursing assessments
- Assists in the welcoming, admissions, and discharge process
- Establishes and maintains a therapeutic relationship with members served
- Attends and participates in community meetings and groups
- Actively participates in multidisciplinary team meetings and treatment planning meetings
- Coordinates and supervises admissions to assure accurate and complete documentation in the medical record and timely referral to the medical physician
- Coordinates and participates in counting medications and giving report at the beginning and end of each shift
- Reviews and maintains the amount, accuracy, and quality of documentation included in the medical record

- Demonstrates knowledge of crisis management and intervention
- Transcribes physician orders accurately and in a timely manner
- Administers medication and treatments to members served
- Receives and presents change of shift report as assigned
- Adheres to medication management policies and procedures
- Notifies the prescriber and supervisor of any changes in behavior or condition
- Documents the progress of members served toward their Recovery Plan goals
- Develops and implements nursing care plans
- If employed at Inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training.
- If employed at Outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

SKILLS
- Excellent listening skills and ability to take detailed notes
- Ability to concisely repeat back instructions provided by Supervisor
- Excellent attention to detail
- Ability to quickly understand new concepts and integrate into daily routine
- Ability to prepare succinct summary reports

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to sit, squat, kneel, twist, push, pull and lift and carry items weighing 25 pounds or less as well as to frequently walk, stand, bend, reach and do simple and power grasping. The position requires manual deviation, repetition and dexterity as well as Hazardous Exposure (Blood Borne Pathogens, Hospital Waste, Chemical & Infectious).

EOE AA M/F/V/Disability

JOB TITLE: Social Worker Clinician III (Licensed)
SUPERVISOR: Director of Social Services, Administrator/Clinical Director
FLSA Status: Exempt (Less than 1.0 FTE status is Non-Exempt)

POSITION SUMMARY
The Social Work Clinician III independently provides clinical and casework services to members served and natural supports. This involves person centered recovery planning and collaborating with other services and agencies. May act in the role of a clinical supervisor of unlicensed staff.

QUALIFICATIONS
Required:
- Master's Degree in Social Work, psychology, or equivalent from an accredited college or university
- Two (2) years of direct service experience in a behavioral health setting
- Licensure (LMFT, LCSW, Licensed Psychologist, LMFT, LPCC, QMHP, QMHA)
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply.

Preferred:
- Previous experience with population to be served and/or work in a similar program setting
- Two (2) years of post-licensure experience in order to provide clinical supervision to license eligible staff

ESSENTIAL FUNCTIONS
- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with internal and external stakeholders
- Conducts psychosocial assessments, treatment planning, group and individual clinical service, case coordination, and documentation
- Independently completes clinical assessments
- Establishes and maintains a therapeutic relationship with members served
- Ensures provision of needed clinical services to assigned members served
- Coordinates ongoing treatment within the program and with outside agencies
- Provides individual and group therapy
- Documents all treatment provided in a thorough and consistent manner
- Collaborates with other staff in the discharge planning process and makes linkages to community services for members served
- Actively participates in multidisciplinary team meetings and recovery planning meetings
- Demonstrates knowledge of de-escalation techniques and crisis communication and management
- Serves as a clinical consultant to recovery team members

- If employed at Inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training
- If employed at Outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training

Duties and responsibilities may be added, deleted, and/or changed at the discretion of management.

SKILLS

- Ability to complete social histories, risk assessments, mental health status exams, and plans of care
- Ability to work collaboratively with physicians, nurses, and rehabilitation therapists
- Ability to form a therapeutic alliance with members served and families
- Sufficient medical knowledge to assess the needs of members served
- Skills in conducting group therapy
- Ability to advocate for the members served in other health delivery systems

PHYSICAL DEMANDS

The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to sit, stand, walk, bend, push, pull, squat, kneel, and lift and carry items weighing 25 pounds or less as well as to frequently reach, twist, and do simple and power grasping. The position requires manual deviation, repetition and dexterity.

EOE AA M/F/V/Disability

TELECARE CORPORATION
JOB DESCRIPTION

JOB TITLE: Social Worker Clinician II
SUPERVISOR: Director of Social Services
FLSA Status: Exempt (Less than 1.0 FTE status is Non-Exempt)

POSITION SUMMARY
Under supervision of a licensed clinician, the Social Work Clinician II provides clinical and casework services to members served and natural supports. This involves person centered recovery planning and collaborating with other services and agencies.

QUALIFICATIONS
Required:
- A Master's Degree from an accredited graduate school and working towards licensure and registered with the Board of Behavioral Science
- One (1) year of direct service experience with individuals with severe mental illness in an inpatient or outpatient setting is required
- Criminal justice clearance and education verification
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply.

Preferred:
- Previous experience with population to be served and/or work in a similar program setting
- One (1) year experience in drug and alcohol setting preferred; internship, employment, or volunteer work
- CADAC or similar certification
- Knowledge and experience with SBIRT
- Knowledge and experience with ASAM
- Familiar with mental health screening tools i.e. GAD-7, PHQ-9

ESSENTIAL FUNCTIONS
- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with internal and external stakeholders
- Provides safe, effective, and efficient implementation of direct care in accordance with established policies, procedures, and standards of care
- Works with members served and multidisciplinary treatment teams to design, implement, and evaluate the Recovery Plan
- Under clinical supervision, establishes and maintains a therapeutic relationship with members served
- Ensures provision of needed clinical services to assigned members served; coordinates ongoing treatment within the program and with outside agencies
- Provides individual and group therapy
- Documents all treatment provided in a thorough and consistent manner

- Collaborates with other staff in the discharge planning process and makes linkages to community services for members served
- Actively participates in multidisciplinary team meetings and recovery planning meetings
- Demonstrates knowledge of de-escalation techniques and crisis communication and management
- Serves as a clinical consultant to recovery team members
- If employed at Inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training
- If employed at Outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training

Duties and responsibilities may be added, deleted, and/or changed at the discretion of management.

SKILLS
- Ability to complete social histories, risk assessments, mental health status exams, and plans of care
- Ability to work collaboratively with physicians, nurses, and rehabilitation therapists
- Ability to form a therapeutic alliance with members served and families
- Sufficient medical knowledge to assess the needs of members served
- Skills in conducting group therapy
- Ability to advocate for the members served in other health delivery systems

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to sit, stand, walk, bend, push, pull, squat, kneel, and lift and carry items weighing 25 pounds or less as well as to frequently reach, twist, and do simple and power grasping. The position requires manual deviation, repetition, and dexterity.

EOE AA M/F/V/Disability

JOB TITLE: Rehabilitation Therapist
SUPERVISOR: Director of Social Services, Administrator/Clinical Director
FLSA Status: Non - Exempt

POSITION SUMMARY
Under supervision, the Rehabilitation Therapist provides rehabilitation therapy services to members served, both on an individual and group basis.

QUALIFICATIONS
Required:
- B.S./B.A. in Occupational, Recreational, Music, Dance, Drama or Art Therapy, or Vocational Counseling (Must meet any regulatory requirements for the use of these titles, specific to the program type or location)
- For Community Crisis Homes:
    - Must obtain a Registered Behavior Technician credential within one (1) year of initial employment and maintain credential through employment
- Six (6) months of experience in behavioral health setting
- Discipline certification or licensure may be required per program licensure or accrediting body requirements
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual or local requirements may apply.

Preferred:
- MA/MS in Occupational, Recreational, Music, Dance, Drama or Art Therapy or Vocational Counseling

ESSENTIAL FUNCTIONS
- Demonstrate the Telecare mission, purpose, values, and beliefs in everyday language and contact with internal and external stakeholders
- Coordinates and provides rehabilitation treatment services for assigned members served, including leading and co-leading therapeutic groups, developing therapeutic activities and writing group descriptions, and scheduling therapeutic activities in collaboration with members served when possible
- Coordinates outings for members served and supervises them on outings; may require driving van on outings
- Coordinates special events
- Facilitates community meetings and groups
- Provides clinical supervision for Rehabilitation Activity Leaders, interns, and volunteers, as directed
- Participates in the planning of the Rehabilitation Program
- Participates in the development of Recovery Plans
- Completes assigned sections of the Minimum Data Set (MDS), annual comprehensive assessments, and assessments that accompany changes of condition

- Documents observations and assessments, as required
- If employed at inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training
- If employed at outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training

Duties and responsibilities may be added, deleted, and/or changed at the discretion of management.

SKILLS
- Ability to observe, assess, record and report social, ADL, and psychiatric behavior of members served

PHYSICAL DEMANDS

The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to sit, squat, kneel, push, pull, lift, and carry items weighing 25 pounds or less as well as to frequently walk, stand, bend, twist, reach, and do simple and power grasping. The position requires manual deviation, repetition, and dexterity, as well as to occasionally drive and be exposed to uneven walking ground.

EOE AA M/F/V/Disability

TELECARE CORPORATION
JOB DESCRIPTION

JOB TITLE: Recovery Specialist I/Behavioral Health Specialist/ Mental Health Specialist I (Mental Health Worker)
SUPERVISOR: RN Supervisor, Director of Nursing
FLSA Status: Non-Exempt

POSITION SUMMARY
The Recovery Specialist I/Behavioral Health Specialist/Mental Health Specialist I provides care that responds to the physical and psychological needs of members served, and is consistent with recovery-centered care principles.

QUALIFICATIONS
Required:
- High school or G.E.D.
- Demonstrated sensitivity to behavioral health issues and multi-cultural populations (e.g., exposure through family relationships, volunteering, or other previous experience(s) or coursework)
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual or local requirements may apply

Preferred:
- Previous experience with population to be served and/or work in a similar program setting

ESSENTIAL FUNCTIONS
- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with the internal and external stakeholders
- Assists in the welcome, admission, and discharge processes
- Supports and coaches members served in activities of daily living
- Ensures safety of members served through monitoring and observation; completes related documentation
- Monitors and assists members at mealtime
- Attends and participates in community meetings and groups
- Participates in and facilitates rehabilitation therapy groups and activities, as needed
- Implements treatment of care plans
- Helps to create a recovery environment through interactions with staff and members served
- Collects stool, urine and other specimens, as requested on assigned members served
- Obtains vital signs and weights, as assigned
- Practices standard precautions at all times
- Participates actively in multidisciplinary team meetings and treatment planning meetings
- Demonstrates knowledge of PART principles and techniques
- Informs the charge nurse of observed behaviors and conditions

- Observes, records, and reports client social, psychiatric, and physical behavior; demonstrates the ability to recognize changes in client milieu and makes modifications in care giving methods
- Reviews admission documentation and assists in collecting assessment data
- If employed at inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training
- If employed at outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

PHYSICAL DEMANDS

The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to stand, walk, twist, push, pull, bend, squat, kneel and lift and carry items weighing 25 pounds or less as well as to frequently sit, reach and do simple and power grasping. The position requires manual deviation, repetition and dexterity.

EOE AA M/F/V/Disability

TELECARE CORPORATION
JOB DESCRIPTION

JOB TITLE: Peer Support Specialist
SUPERVISOR: Director of Social Services, Administrator/Clinical Director
FLSA Status: Non-Exempt

POSITION SUMMARY

Peer Support Specialists engage, inspire, and facilitate meaningful conversations with members served that assist the person to explore, create, and meet their own recovery goals. Peer Support Specialists provide consultation to the team to promote and reinforce Telecare's Recovery Culture as defined by the Telecare Recovery Centered Clinical System (RCCS), in which each member's point of view and preferences are recognized, understood, respected, and integrated into services and self-help programming. Additionally, Peer Support Specialists respond to critical situations with high level engagement and de-escalation skills which support a least restrictive environment for individuals experiencing an emergency related to a mental health/addiction challenge.

QUALIFICATIONS

Required:
- High School Diploma or GED required
- Successful completion of Peer Support Training / Certified Peer Specialist or Peer Employment Training within one (1) year of hire
- Experience as a beneficiary of the Behavioral Health system of care
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply.

Preferred:
- Bilingual a plus
- Bicultural background/experience preferred

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with internal and external stakeholders
- Draws upon own personal recovery experience with mental health/addiction challenges as a basis for engagement with members as a peer, and to validate members' own lived experiences
- Assists members with voicing their strengths, interests and goals throughout their services including: goal plans, crisis plans and other methods of expressing individual preferences
- Utilizes a comprehensive resource guide and educates members served about local community supports and resources
- Supports members served in developing strategies to reduce self-stigma
- Engages and communicates with a wide range of members served especially those who are struggling to be active in their own recovery
- Assists members served in all needs including Activities of Daily Living (ADLs)
- Actively participates in multidisciplinary team meetings

- Participates in verbal de-escalation and physical interventions in emergent situations and is willing and able to assist other staff as needed to maintain a safe, healing environment for all
- Travels locally to provide outreach to members served in the community (program specific)
- If employed at Inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training
- If employed at Outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

SKILLS
- Knowledge of and ability to use public transportation
- Knowledge of the mental illness process
- Knowledge of recovery focused, strengths-based work in mental health/addiction recovery
- Willing to understand each member's unique circumstances, personal preferences, and goals and incorporate them into daily work as well as any needed crisis response to help the member regain a sense of control
- Strong understanding of recovery and resilience, the value of partnerships with members and member choice, and the balance between protection from harm and personal dignity
- Strong knowledge of relevant community resources and methods for accessing them
- Strong communication, writing, and typing/computer skills

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to stand, twist, squat, kneel and lift and carry items weighing 25 pounds or less as well as to frequently sit, walk, reach, bend and do simple and firm grasping. The position requires manual deviation, repetition and dexterity.

EOE AA M/F/V/Disability

JOB TITLE: Licensed Vocational Nurse (LVN)/Licensed Psychiatric Technician (LPT)
SUPERVISOR: RN Supervisor, Director of Nursing
FLSA Status: Non-Exempt

POSITION SUMMARY

The Licensed Vocational Nurse (LVN)/Licensed Psychiatric Technician (LPT) provides recovery focused services related to the safe and appropriate administration of medical treatment (including medications) as prescribed by the physician. The LVN/LPT provides safe, effective, and efficient implementation of direct care in accordance with established policies, procedures and standards of care.

QUALIFICATIONS

Required:

- Graduation from an accredited Licensed Vocational Nurse (LVN) /Licensed Psychiatric Technician (LPT) program and current licensure
- Current CPR/BLS certificate
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply.

Preferred:

- Previous experience with population to be served and/or work in a similar program setting preferred
- One (1) year of experience
- Understanding of psychiatric illness and its treatment, and knowledge of psychotropic medication

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with internal and external stakeholders
- Establishes and maintains a therapeutic relationship with members served
- Provides nursing care and assists in the welcoming, admission, and discharge process
- Collects data relevant to care of members served; develops and implements nursing care plans
- Demonstrates knowledge of crisis management and intervention
- Transcribes physician orders accurately and in a timely manner
- Administers medication and treatments to members served
- Receives and presents change of shift report as assigned
- Adheres to medication management policies and procedures
- Notifies the prescriber and nursing supervisor of any changes in behavior or condition
- Documents the progress of members served toward their Recovery Plan goals
- Attends and participates in community meetings and groups

- Actively participates in multidisciplinary team meetings and treatment planning meetings
- Coordinates and participates in counting medications and giving report at the beginning and end of each shift
- If employed at inpatient program, must assist with restraint of members served in the event of assaultive behavior and pass assault crisis/crisis prevention training
- If employed at outpatient program, must evade members served in the event of assaultive behavior and pass assault crisis/crisis prevention training

Duties and responsibilities may be added, deleted, and/or changed at the discretion of management.

SKILLS
- Ability to review and implement Recovery/Treatment plans
- Ability to support medical and psycho-social care for members served
- Ability to administer oral and injectable medications
- Ability to act as a team member and provide input via reporting observations and concerns and asking appropriate questions
- Ability to review and implement recovery treatment plans for members served
- Demonstrated ability to implement physical crisis and de-escalation techniques

PHYSICAL DEMANDS

The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to sit, squat, kneel, twist, push, pull and lift and carry items weighing 25 pounds or less as well as to frequently walk, stand, bend, reach and do simple and power grasping. The position requires manual deviation, repetition and dexterity as well as Hazardous Exposure (Blood Borne Pathogens, Hospital Waste, Chemical & Infectious).

EOE AA M/F/V/Disability

JOB TITLE: Unit Clerk
SUPERVISOR: RN Supervisor, Director of Nursing
FLSA Status: Non - Exempt

POSITION SUMMARY

The Unit Clerk provides support services to the nursing, clinical, and medical staff. Duties are typically clerical and technical in nature and will involve contact with members served.

QUALIFICATIONS

Required:

- High school graduation or a G.E.D. equivalent
- Six (6) months experience as a unit clerk or administrative support staff in a health care environment
- Knowledge of basic medical terminology and Electronic Health Record (EHR)
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual or local requirements may apply

Preferred:

- Experience working with the general public in a health care environment
- Completion of unit clerk certification program

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with the internal and external stakeholders
- Completes a variety of documentation tasks, including maintaining accurate records, filing, and assembling medical records
- Prepares materials and performs admissions, discharges, and transfers in medical records/E.H.R.
- Schedules members served appointments
- Orders and maintains the appropriate level of supplies
- Answers the telephone, taking messages and screening calls as assigned
- Provides families of members served and other staff members with requested information, using excellent communication skills
- Participates as a team member and provides input via reporting observations, concerns and asking appropriate questions
- Provides high quality clerical assistance to nursing and medical department staff members, as requested
- Manages routine maintenance of Electronic Medical Records
- Completes basic data entry of clinical billing

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

SKILLS
- Highly developed organizational skills, knowledge of the operation of copy machines, basic computer skills, basic typing proficiency (45 wpm) and knowledge of medical terminology
- The ability to read, write, speak English and excellent communication skills is essential, as is the willingness to work with disabled members served

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to stand, walk, twist, bend and lift and carry items weighing 10 pounds or less as well as to frequently walk, sit, reach and to do simple grasping. The position requires manual deviation, repetition and dexterity.

EOE AA M/F/V/Disability

JOB TITLE: Office Coordinator II
SUPERVISOR: Administrator/Clinical Director
FLSA Status: Exempt

POSITION SUMMARY

The Office Coordinator II plans and organizes a variety of administrative and financial operations functions to support business operations.

QUALIFICATIONS

Required:
- High School or GED
- Two (2) years of Office Administration or one (1) year experience with an Associate degree
- One (1) year experience in a healthcare field
- Knowledgeable and proficient in MS Office programs
- Experienced entering data into computer systems
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual or local requirements may apply

Preferred:
- Working knowledge of Social Security, Medicaid and other Government assistance programs
- Experience in Healthcare field

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with the internal and external stakeholders

Finance driven Job Duties:
- Performs insurance verification
- Provides support and direction for financial requests for staff and members served
- Provides Training and direction to ensure compliance with fiscal policies and procedures
- Facilitates Rep Payee services
- Facilitates Trust Banking services
- Prepares and validates payroll
- Enters AP batches weekly into accounting software
- Monitors client eligibility at admission/enrollment and throughout stay
- Prepares and reviews credit card entries
- Provides and maintains revenue information; provides billing information to A/R department and County agencies
- Records and deposits cash receipts
- Determines monthly journal entries required and confirms correct information is on reports
- Organizes, secures and maintains all files, records, cash, cash dispensing and cash equivalents in accordance with policies and procedures

Medical Records driven job duties:
- Closes Charts per procedures
- Sets up Charts per checklists
- Basic chart preparation and following checklists for charts to assure compliance with standards (notes deficiencies)
- Orders medical records forms and supplies
- Safeguards confidential information per policies and requirements

Human Resources driven job duties:
- Runs compliance reports in systems including TOP/Relias and makes strategies to assure compliance
- Plans recruitment efforts for open positions with Administrator
- Provides back up regarding HR related duties to other locations when required
- Maintains personnel files per standard and checklist
- Distributes HR information to program personnel as directed by Corporate HR
- Assists in promoting open positions
- Schedules Interviews, prescreens potential candidates, checks references, schedules physicals, creates conditional offer packets and coordinates the conditional offer process
- Tracks new hire paperwork and documentation including credentialing
- Enters information into TOP/Relias
- Runs and tracks MVR reports
- Processes Shoes for crew's orders
- Maintains OSHA logs and completes Workers' Compensation Reports, completes incident reports. Participates and helps coordinate Safety Meetings
- Close out terminated files

Information Technology driven job duties:
- Acts as point of contact between program and IT for maintenance of phones, computers, hardware, and software
- Provides limited computer systems support to staff

Program/Department driven job duties:
- Inventory and purchasing for program related supplies/equipment
- Coordinate work events
- Assist with staff scheduling
- Order supplies (food, office, maintenance)
- Assist with events
- Prepares correspondence, agendas, meeting minutes/notes
- Assists leadership with special projects
- May serve as a relief or back up for the receptionist or other Administrative positions
- Calendars administrative tasks including MOU expirations, safety meetings, drills, etc.
- Helps coordinate and address maintenance requests
- Helps facilitate staff scheduling

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to stand, walk, reach, twist, bend, squat, kneel and lift and carry items weighing 25 pounds or less as well as to frequently sit, and do simple grasping occasionally. The position requires manual deviation, repetition and dexterity and to occasionally drive. Visual requirements include computers and books exposure and close eye work (small figures)

EOE AA M/F/V/Disability

JOB TITLE: Medical Records Technician (MRT)
SUPERVISOR: Administrator/Clinical Director
FLSA Status: Non-Exempt

POSITION SUMMARY

The Medical Records Technician is responsible for the maintenance, storage and processing of all medical records and EHR data. This involves performing a variety of clerical and technical duties associated with the management and oversight of a program's medical records including, but not limited to: assembling, analysis, release of information, data processing, collection, reconciliation and preparation of reports in a manner consistent with medical, administrative, ethical, legal and regulatory requirements of a mental health care system. Must be able to work independently and have the ability to interact and communicate both verbally and in writing with clients, family members, the public and physicians and staff.

QUALIFICATIONS

Required:

- One (1) year of EHR or healthcare information system experience in a psychiatric inpatient or outpatient program or acute hospital setting AND
- Credentialed as a Registered Health Information Technician (RHIT) or Registered Health Information Administrator (RHIA), through American Health Information Association (AHIMA) OR
- Two (2) years of EHR or healthcare information system experience in a psychiatric inpatient or outpatient program or acute hospital setting AND
- Completion of an approved Health Information/Medical Record Certificate Program OR
- Three (3) years of EHR or management of a paper medical record systems experience in a outpatients or community based healthcare program environment.
- Working knowledge of managing a hybrid medical record system
- EHR System experience, Caminar, Avatar, Anasazi (desired)
- Knowledge of local, state and federal regulations, survey process, accreditation standards, and psychiatric requirements.
- Knowledge and application of appropriate coding systems; ICD-10 CM, DSMV
- Knowledge of documentation and legal issues pertaining to HIPAA, PHI and other health information.
- Proficiency in Microsoft Office 365
- Sensitivity to multi-cultural populations and issues.
- Ability to communicate effectively with staff and County representatives
- Ability to read, write and speak English is crucial, as is the willingness to work with mentally impaired adults.
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual or local requirements may apply

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with the internal and external stakeholders

- Assists in the development of and compliance with the policies and procedures to ensure that medical records are complete and processed according to governmental regulations and standard professional and medical record keeping practices
- Monitors and tracks compliance with legal documents and correspondence with conservators/guardians
- Prepares and processes the clinical records of members served who are admitted/discharged in the Program
- Audits clinical records for completeness and adherence to standards
- Ensures that data is collected accurately and on time
- Ensures that clinical staff understands the significance of inputting key data elements
- Verifies accuracy of EHR data
- Ensures that members served demographic and episodic information is documented within specified timeframes
- Interfaces with Program and County staff and confirms accuracy of all system data and ensures procedures are completed per established requirements
- Generates reports to confirm accuracy of data and makes corrections per Program and County requirements
- Participates in required system trainings and meetings to stay up-to-date on current system changes
- Participates as a team member and provides input via reporting observations, concerns and asks appropriate questions
- Works cooperatively with Managers and Program Administrators
- Demonstrates good judgment, decision making, and initiative while performing daily tasks
- Demonstrates knowledge and proper use of equipment and supplies within budgetary parameters
- Reports concerns about issues at programs to the Vice President, Human Resources
- Demonstrates a good rapport and cooperative working relationships with all members of the team; responds to co-workers with concern and promotes group morale
- Continually focuses on assigned tasks
- Seeks and implements improvements as necessary
- Understands and demonstrates the safety program in all activities
- Demonstrates a knowledge of Telecare's customers including clients/residents, families and governmental agencies in all interactions and conduct
- Acts in a professional manner, always demonstrating respect for and understanding of the community when representing Telecare in the community
- Completes and follows through with tasks and assignments, meeting expected deadlines
- Understands and demonstrates knowledge of all policies associated with attendance
- Attends all assigned in-service education classes

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

SKILLS
- Able to type 50 WPM
- Possess basic computer skills
- Have knowledge of general office duties
- Have excellent communication skills

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to stand, walk, bend, push, pull, and lift and carry items weighing 25 pounds or less as well as to frequently reach, twist, squat, kneel and do simple grasping occasionally. The position requires manual repetitions, deviations and dexterity.

EOE AA M/F/V/Disability

TELECARE CORPORATION
JOB DESCRIPTION

JOB TITLE: Regional Information Technology (IT) Support Analyst
SUPERVISOR: Regional IT Support Manager
FLSA Status: Exempt

POSITION SUMMARY

The Regional IT Support Analyst will provide hardware, software, project, start-up, and solutioning support to end-users in designated Regional IT Support regions.

The position is responsible for four key functions:

    (1) Provides regional IT support to address project and operational demands
    (2) Provides high-impact IT solutioning to identify and address short-term/high-value program needs
    (3) Provides on-site IT troubleshooting and break/fix support for select (high priority) program issues
    (4) Provides IT support for regional start-up/move activities.

QUALIFICATIONS

Required:

- Minimum undergraduate degree in Computer Science, Management Information Systems (MIS), or a related technology field
- College, professional, or trade school credential that reflects the appropriate and desired academic background
- Minimum five (5) years' experience working as an IT Support Analyst
- Ability to troubleshoot multifaceted problems
- Ability to provide Project Lead or Project Management support for small or medium sized cross-functional initiatives
- Ability to maintain a calm demeanor, be well organized, take initiative, and work independently
- Expert knowledge of Windows OS and Microsoft products consistent with years of experience (e.g., Expert = >5 years WinOS and Microsoft product experience)
- Expert troubleshooting of OS, application, and network issues
- Ability to regularly and frequently travel within a geographically defined territory
- Ability to stay within all local or site specific client standard operating procedures and work policies
- Valid driver's license, proof of insurance, and motor vehicle record clearance
- Must be at least 18 years of age
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with internal and external stakeholders
- Promptly addresses all assigned service level work requests within agreed upon time
- Proactively monitors the performance and capacity requirements of the systems (as assigned) and makes recommendations to avoid issues
- Ensures proposed solutions are developed in accordance with sustainable and existing/ reliable practices and standards
- Develops and implements detailed testing plans for work validation
- Works with vendor and internal support to implement user and functional requirements
- Under the direction of his/her supervisor, monitors and targets key performance indicators (KPI) to ensure effective/efficient delivery of IT services and support in the relevant RITS region

- Provides leadership and support for regional issues related to hardware, software, telephony, and wireless communication devices
- Engages and embeds with applicable IT project roll-out teams, in support of key projects/initiatives; develops subject matter expertise on key IT systems/applications (e.g. Electronic Health Record); Provides regional project support, which may include deployment support, training support, post go-live support and troubleshooting, and regional IT point of escalation
- Identifies, analyzes, and operationalizes short term high value projects in support of program needs
- Proposes policies and procedures for relevant areas of responsibility, e.g., policies around tablet use, regional E-Waste processes
- Provides computer and application usage guidance to end-users

Duties and responsibilities may be added, deleted, and/or changed at the discretion of management.

SKILLS
- Demonstrated experience with depth and breadth of technology tools and solutions to drive business value
- Ability to learn new computer applications and technologies quickly
- Interpersonal skills include ability to deal with diverse personalities, clear and concise oral and written communications, and comfort with interacting with all levels of management

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to sit, stand, reach, walk, twist, bend, squat, kneel and lift and carry items weighing 10 pounds or less as well as to frequently do simple grasping. The position requires manual deviation, repetition and dexterity and to occasionally drive.

EOE AA M/F/V/Disability

TELECARE CORPORATION
JOB DESCRIPTION

JOB TITLE: HR Generalist
SUPERVISOR: Regional HR Manager
FLSA Status: Exempt

POSITION SUMMARY
The Human Resources Generalist is responsible for performing Human Resources related duties on a professional level and works closely with the Regional Human Resources Managers and Director of Human Resources.

QUALIFICATIONS
Required:
- A Bachelor's degree in Human Resources or related business field and two (2) years' experience as an HR Generalist with emphasis in employee relations and 'Leave of Absence'; OR
- Five (5) years' experience as an HR Generalist with emphasis in employee relations and 'Leave of Absence', and current HR certification such as; PHR, SPHR, SHRM-CP, SHRM-SCP
- Experience entering data into computer systems
- Experience presenting to small groups
- Knowledgeable and able to use MS Office programs.
- A valid Driver's License in the state located and a driving record acceptable to Telecare's insurers
- Applicant must be finger printed and receive clearance from the Department of Justice
- Must be at least 18 years of age
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply.

ESSENTIAL FUNCTIONS
- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with internal and external stakeholders
- Distributes and explains Employee relations policies
- Conducts exit interviews
- Conducts annual File Desk Audit
- Introduces new HR policies at All Staff Meetings
- Follows the termination checklist and be present during termination if needed
- Participates in CCR or Written warning discussions
- Conducts HR New Hire Orientation and onboarding
- Assists in providing documents requested by legal
- Follows up on past due performance evaluations
- Responds to basic CBA questions
- Conducts Benefit Enrollment meetings
- Trains program Administrative Staff on Corporate Systems
- Acts as a witness in investigations

- Provides information to employees regarding Leaves of Absence
- Maintains personnel files in compliance with applicable legal requirements
- Compiles HR reports as needed from HRIS
- Processes new hire forms and ensures proper approvals
- Keeps employee records up to date by processing employee status changes in a timely manner
- Assists with conducting investigations
- Responds to inquiries regarding employee information and general HR procedures
- Manages and processes Leave of Absence paperwork
- Participates in developing goals, objectives, and systems
- Participates in facilitating HR related trainings and New Hire Orientation
- Assists with projects as needed

Duties and responsibilities may be added, deleted, and/or changed at the discretion of management.

SKILLS
- Excellent communication skills

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to walk, stand, bend, squat, kneel, twist, reach, lift and carry items weighing 10 pounds or less, lift and carry items overhead up to 10 pounds, and do simple grasping occasionally, drive as well as frequently sit.

EOE AA M/F/V/Disability

JOB TITLE: Housekeeper
SUPERVISOR: Administrator/Clinical Director
FLSA Status: Non - Exempt

POSITION SUMMARY

The Housekeeper cleans and services the building areas of the facility and performs a variety of housekeeping duties to maintain the facility in an orderly, sanitary, and attractive condition.

QUALIFICATIONS

Required:

- One (1) year of relevant experience in hotel, motel, health care, or a similar work environment
- Ability to read, write, and speak English in order to follow written and verbal directions
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply

Preferred:

- Experience in a health care setting
- High school graduation or G.E.D. equivalent

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values, and beliefs in everyday language and contact with internal and external stakeholders
- Performs tasks correctly and according to policies and procedures
- Thoroughly and consistently performs the following cleaning tasks:
  - Sweeps, mops, vacuums, buffs, strips, washes, and shampoos floor surfaces
  - Cleans and dusts furniture, closets, telephone areas, and vents
  - Scours, polishes, and sanitizes sinks, counters, stainless steel surfaces, and waste receptacles
  - Empties waste receptacles and cleans solid waste containers and transports medical waste to outside storeroom, as directed
  - Washes windows and walls, which may involve removing draperies and rugs, as directed
  - Washes mops, rags, and linen, as directed
  - Gathers and returns needed cleaning supplies and equipment daily to support rooms, as directed
  - Distributes the clean laundry, from the clean linen closet to the nursing staff, as directed
  - Collects dirty laundry from the nursing areas and moves it to the loading area for pickup as directed
- Demonstrates knowledge and proper use of equipment and supplies
- Reports defective equipment or needed repairs to supervisor
- Executes, as required, the facility Fire, Disaster, and Safety procedures
- Assists with the management of assaultive behavior upon request by the clinical staff
- Reports fire and accident hazards to supervisor

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Duties and responsibilities may be added, deleted, and/or changed at the discretion of management.

SKILLS
- Good communication skills and a desire to work with adults with mental illness

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to sit, squat, kneel, crawl, climb and lift and carry items weighing 50 pounds or less as well as to frequently walk, stand, bend, twist reach, push, pull and do simple and power grasping. The position requires manual deviation, repetition and dexterity and to occasionally be exposed to uneven walking ground as well as Hazardous Exposure (Blood Borne Pathogens, Hospital Waste, Chemical & Infectious).

EOE AA M/F/V/Disability

JOB TITLE: Cook
SUPERVISOR: Administrator/Clinical Director
FLSA Status: Non-Exempt

POSITION SUMMARY

The Cook is responsible for the ordering, preparation, cooking and serving of food to members served. This includes seasoning and cooking meat, fish, vegetables, soups, salads and desserts.

QUALIFICATIONS

Required:

- Two (2) years of experience in food production and knowledge of therapeutic diets
- High School graduation or a G.E.D. equivalent
- Experience in the use of institutional kitchen equipment such as steam tables, stoves, refrigerators and freezers
- Knowledge of nutritional principles in the preparation of regular and therapeutic diets
- Must be at least 18 years of age
- Must be CPR, Crisis Prevention Institute (CPI), and First Aid certified on date of employment or within 60 days of employment and maintain current certification throughout employment
- All opportunities at Telecare are contingent upon successful completion and receipt of acceptable results of the applicable post-offer physical examination, 2-step PPD test for tuberculosis, acceptable criminal background clearances, excluded party sanctions, and degree or license verification. If the position requires driving, valid driver's license, a motor vehicle clearance, and proof of auto insurance is required at time of employment and must be maintained throughout employment. Additional regulatory, contractual, or local requirements may apply.

Preferred:

- Experience in a health care setting

ESSENTIAL FUNCTIONS

- Demonstrates the Telecare mission, purpose, values and beliefs in everyday language and contact with internal and external stakeholders
- Performs tasks correctly and according to policies and procedures
- Creates menus and orders necessary food supplies to accommodate a variety of dietary requests
- Participates in and supervises the following food preparation activities: washing, trimming, cooking and seasoning
- Prepares food for special therapeutic diets
- Receives and monitors food deliveries against requisitions and invoices
- Takes active steps to avoid food waste
- Solely responsible for the efficient running of the dietary program
- Ensures that the cleaning and maintenance program is consistently adhered to
- Confers and collaborates with the Nursing Department regarding both regular and modified diet preparation
- Demonstrates knowledge of CPI principles and uses CPI concepts to manage aggressive behavior
- Plans and facilitates cooking schedules to ensure that food is ready at the specified time
- Monitors food items, storage rooms, refrigerators and other equipment to ensure that appropriate sanitary conditions are consistently adhered to

Duties and responsibilities may be added, deleted and/or changed at the discretion of management.

SKILLS

- The ability to read, write and speak English is essential, as is the willingness to work with disabled adults

PHYSICAL DEMANDS
The physical demands here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee is occasionally required to stand, twist, squat, kneel and lift and carry items weighing 50 pounds or less as well as to frequently sit, walk, reach, bend and do simple and firm grasping. The position requires manual deviation, repetition and dexterity.

EOE AA M/F/V/Disability

Attachment 5
Resumes for Current Leadership Staff

Telecare Corporation
RESPECT. RECOVERY. RESULTS.

Shannan Taylor, LMFT

Regional Director of Operations

Education & Credentials

Master of Arts in Counseling Psychology, 2003, National University, Sacramento, CA
Bachelor of Arts in Psychology, 2001, California State University, Sacramento, CA

Licensed Marriage Family Therapist
License Number: LMFT 46081

Professional Experience

Telecare Corporation
Regional Director of Operations
December 2018-Present

- Serves as the Regional Director for a team of Administrators in 5-6 counties in Northern California.
- Oversees all aspects of County contracts in the northern California region, including monitoring clinical and financial performance.
- Maintains collaborative relationships with County and state partners.
- Establishes and monitors operational contract objectives.
- Develops and updates policies and procedures and ensures that all facility operations are safe and functional while meeting required federal, state and local standards.

Telecare Corporation
Regional Administrator
February 2014-December 2018

- Head of operations for an Assertive Community Treatment program serving 300 participants in Sacramento and Stockton, CA. Lead a team of Psychiatrists, Clinical Directors, Team Leaders, Licensed Clinicians and Personal Service Coordinators who provide outpatient rehabilitation for psychotic spectrum disorders.
- Duties as Regional Administrator included: Head of operations for TEIR (Telecare Early Intervention & Recovery) and Jeremy House-Crisis Residential.
- Oversaw all clinical and administrative operations. Ensure contract standards and Telecare standards of excellence are met.

Telecare Corporation
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Center Unified School District
Clinical Supervisor
March 2014-December 2014

- Independently contracted by the school district to provide clinical oversight and supervision of experience hours to dually certified school counselor/s who provide individual and family therapy for students. Students are referred to counseling as indicated in an IEP.

Telecare Corporation, Sacramento SOAR
Clinical Director
January 2010-February 2014

- Coordinated clinical services, ensured medical records met or exceeded corporation/county standards.
- Worked closely with the Administrator to implement policies, procedures and services.
- Collaborated on a weekly basis with county stakeholders and other agencies such as Public Administrator/Public Guardian/Conservator offices, DBHS, MHSA, Probation Department and other Health Service Providers.

Telecare Corporation, Solano PHF
Social Worker
November 2009-January 2010

- Provided Psychosocial History/Assessment, treatment planning, coordination and monitoring of service delivery, family education and therapy as needed, patient education, group therapy and discharge/aftercare planning and referrals

Stanford Youth Services (Formerly known as Stanford Home for Children)
Clinical Program Manager, FOCUS Program (Family Outreach Community Support)
July 2006-November 2009

- Provided administrative supervision and clinical consultation in an intensive mental health program that serves at-risk children and families.
- Supervised nine (9) direct care staff consisting of Licensed Therapists, Registered Therapist Interns and High Fidelity Wraparound-Trained Family Facilitators.

Stanford Home for Children
Clinical Program Manager, Wraparound & Therapeutic Behavioral Service (TBS)
December 2003-July 2006

- Provided administrative supervision and clinical consultation for two intensive mental health programs serving at-risk children and families.
- Supervised 8-10 direct care staff consisting of Wraparound Family Facilitators and TBS Behavioral Analysts.

Triad Family Services
On-Call Clinician, Special Programs Unit – Foster Care
September 2003-February 2005

Stanford Home for Children
Family Facilitator, Wraparound
July 2003-December 2003

Stanford Home for Children
Family Specialist, Wraparound
August 2001-July 2003

California Youth Authority
MFT Trainee
February 2002-May 2002

Accreditations, Licenses and Professional Memberships

Licensed Marriage and Family Therapist, MFT# 46081
Dialectical Behavior Therapy Certification
Certified *Common Ground Specialist* by Pat Deegan and Associates
Certified Administrator for Trauma-Focused Cognitive Behavioral Therapy.
Certified Novice Facilitator of High Fidelity Wraparound.
Certified Therapeutic Crisis Intervention trainer through Cornell University.
Certified trainer of *Leadership Development* through Achieve Global. www.achieveglobal.com
Certified *California Wraparound* trainer.
Active CAMFT member.
Active Contractors Behavioral Health Association Member- Sacramento Chapter

CALIFORNIA BOARD OF BEHAVIORAL SCIENCES

LICENSING DETAILS FOR: 46081

NAME: TAYLOR, SHANNAN NATALIE
LICENSE TYPE: LICENSED MARRIAGE AND FAMILY THERAPIST
PRIMARY STATUS: LICENSE RENEWED & CURRENT

ISSUANCE DATE

JULY 18, 2008

EXPIRATION DATE

APRIL 30, 2020

CURRENT DATE / TIME

JULY 10, 2019
9:37:01 AM

Telecare Corporation
RESPECT. RECOVERY. RESULTS.

Chandra Thomas, MA LMFT

Education & Credentials

Master of Arts – Counseling with a concentration in marriage and family counseling, University of San Francisco, June 1998
Bachelor of Arts – Psychology, University of California at Santa Barbara, August 1995

Licensed Marriage Family Therapist
License number MFC41447, NPI 1841380201

Professional Experience

Telecare El Dorado Psychiatric Health Facility, Placerville, CA
Administrator
March 2018 to Present

- Supervises 40 staff members.
- Conducts assessments of inpatient clients in a timely manner.
- Represents the facility in certification review hearings.
- Facilitates interdisciplinary team meetings.
- Facilitates groups, including dialectical behavior therapy (DBT) distress tolerance and emotion regulation.
- Provides case management, outreach, and coordination of mental health services for discharge.
- Assists clients to form linkages to community services and ensure that community linkages are in place.
- Works with the department of justice regarding firearms reporting.

Crestwood Behavioral Health INC.
Administrator & Clinical Director
June 2012 – February 2018

Managed the operation of two CARF-certified facilities, a psychiatric health facility, and a mental health rehabilitation center.

- Ensured Title 22 and Title 9 regulations were upheld in both facilities.
- Managed a total of nine department heads and oversaw one hundred staff members.
- Promoted wellness among staff to achieve the best possible work environment.
- Reported quarterly outcomes to state.
- Assisted in the maintenance of the census.
- Managed the department within allocated/budgeted parameters.
- Ensured that all program staff met required continued education and training.
- Assisted with coordination and facilitation of monthly staff meetings for employees to provide. information and facilitate communication.
- Conducted satisfaction surveys.
- Responsible for grievance resolution.

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Telecare Corporation: El Dorado County
RFP #19-918-083: Psychiatric Health Facility (PHF) Management and Operation

122

- Worked with the department of justice regarding firearms reporting.
- Individual therapy with clients.
- Facilitated DBT skills training groups.

Telecare Placer Psychiatric Health Facility, Roseville, CA
Social Worker
2011 – 2017

- Conducted assessments of inpatient clients in a timely manner
- Represented the facility in certification review hearings
- Facilitated interdisciplinary team meetings
- Facilitated groups, including DBT distress tolerance and emotion regulation
- Provided case management, outreach, and coordination of mental health services for discharge
- Assisted clients to form linkages to community services and ensure that community linkages are in place
- Worked with the department of justice regarding firearms reporting

Certifications

Dialectical Behavioral Therapy (DBT) certified skills trainer
Wellness Recovery Action Plan (WRAP) trainer
SacPORT certified trainer
Specialized training in trauma-informed care
5150 site supervisor and trainer
ProACT (Professional Assault Crisis Training) certified instructor
Provide supervision for interns gaining hours toward licensure

XBBS

Board of Behavioral Sciences

CALIFORNIA BOARD OF BEHAVIORAL SCIENCES

LICENSING DETAILS FOR: 41447

NAME: THOMAS, CHANDRA AMBER

LICENSE TYPE: LICENSED MARRIAGE AND FAMILY THERAPIST

PRIMARY STATUS: LICENSE RENEWED & CURRENT ⑦

LICENSE RENEWAL FEES HAVE BEEN PAID AND CONTINUING EDUCATION REQUIREMENTS (IF APPLICABLE) HAVE BEEN MET.

ADDRESS OF RECORD

MAP

ISSUANCE DATE

DECEMBER 31, 2004

EXPIRATION DATE

1

OCTOBER 31, 2020

CURRENT DATE / TIME

JUNE 17, 2019
4:30:22 PM

Maátisák A. Gipson, LCSW
Director of Social Services

Education & Credentials

Master of Social Work, California State University, Sacramento, 1995
> Graduated, Suma Cum Laude
> 3.92 GPA, graduated at top 2.3% in the state and top 10% nationwide

Bachelor of Arts – Communication (minors in Psychology, Religion, and Business), Azusa Pacific University, 1992
> GPA 3.3, worked 25-35 hours per week

Licensed Clinical Social Worker, California, LCS 19290

Professional Experience

Telecare El Dorado Psychiatric Health Facility, Placerville, CA (2015 to Present)
Telecare Placer Psychiatric Health Facility, Roseville, CA (2015 – 2018)
Director of Social Services

- **Statistical reporting**: Develops monthly, quarterly, and ongoing statistical reports to county, patients' rights advocate, DHCS state licensing board, and corporate office.
- **Clinical oversight**: Recruits, interviews, hires, evaluates, coaches, disciplines, terminates, trains, supports, and provides clinical oversight and supervision of nursing and (primarily) social services staff; acts as a resource to staff to consult on legal, clinical, and ethical issues; provides after-hours administrator on-call coverage.
- **Treatment team meetings**: Facilitates daily meetings with psychiatrists, county liaison, don, and nursing and clinical staff to assess and document medical necessity of each patient and develop and update patient treatment plans.
- **Legal and safety**: As risk assessment champion for the program, trains all nursing and clinical staff on how to assess the acuity and risk level of suicidal, homicidal, and gravely disabled patients upon admission and prior to discharge; reviews involuntary legal holds, monitors daily census, and ensures hearings and expiration dates are not missed; completes and finalizes adverse incident reports; manages staffing to meet state guidelines for patient to staff ratios.
- **Staff development**: Develops protocol, implements corporate initiatives, and trains staff accordingly; conducts weekly trainings to reinforce respect and dignity and strategically shift the work culture; initiates and conducts staff debriefings to encourage team cohesion after adverse incidents; meets daily with social services staff to improve communication, hone skills, and promote best client care.
- **Quality improvement**: Participates in continuous quality improvement, operations, and external quality review organization meetings; develops audit tools; conducts monthly seclusion and restraint audits, risk assessment audits, and internal chart reviews; provides staff training to improve clinical documentation; and assists with plan of correction development and implementation post state/corporate audit.

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RFP #19-918-082: Psychiatric Health Facility (PHF) Management and Operation

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Cirby Hills Behavioral Health Psychiatric Facility, Roseville, CA
Consultant, Auditor, and Trainer
2018 – 2019

- **Clinical oversight:** Provided weekly clinical oversight of social services department as mandated by the state for continued program licensure.
- **Chart auditing and monthly reports:** Conducted weekly utilization review of patients' charts; generated monthly reports to program administrator with review of audit findings and suggested changes to clinical documentation.
- **Consultant and trainer:** Trained social services and nursing staff on medical necessity and basic documentation requirements; provided consultation and feedback of audit findings to staff to improve documentation and allow staff to self-correct.

Telecare Placer County Psychiatric Health Facility, Roseville, CA
Acting Administrator
2015 – 2018

- Provided program oversight to 47 employees in absence of administrator.
- Co-developed memorandum of understanding for county adult system of care, sheriffs' department heads and telecare to clarify roles in forensic patient care.
- Conducted critical communications with state licensing board, corporate office, county council, patient's rights, public guardian's office, county directors & managers, psychiatrists, hospitals, sheriff's department and other stakeholders to problem solve, make critical program decisions and ensure proper patient care.
- Provided budget management and oversight including payroll, accounts payable receipts, purchase orders, bonuses & other program expenditures.

Elica Health Centers, Midtown & West Sacramento Clinics, Sacramento, CA
Licensed Clinical Social Worker (LCSW)
2014 – 2015

- Designed behavioral health programs within a medical setting, funded through a Kaiser grant.
- Developed and implemented all group clinical programming and group curricula and created statistical reports for continued program funding.
- Facilitated weekly psychoeducation and process groups.
- Delivered comprehensive whole-person care into homeless communities.

Creative Solutions, Sacramento, CA
Psychotherapist, Trauma Specialist, and Life Coach
2003 – 2015

- Specialized in peak performance, trauma recovery, pain management and addiction utilizing various treatment modalities including eye movement desensitization and reprocessing (EMDR), hypnosis, neurological deprogramming (NDR), neuro-linguistic programming (NLP), and traditional therapies in private practice setting.

- Summoned to workplace violence situations to debrief and help staff process stressful critical incidents, such as murder or suicide of a colleague (CISD/CISM).
- Submitted insurance claims for payment of service rendered.

California Institute for Mental Health, Sacramento, CA
Consultant
2013 –2014

- Content expert, researcher, writer, event planner, facilitator, and moderator.
- Responsible for orchestrating a forum, selecting and interviewing leading experts in clinical theory, addiction recovery and treatment interventions for racial and ethnic minorities with behavioral and mental health needs who were justice-involved (AB109).

Consulting, Educational Units & Seminars (CEUS)
Auditor, Consultant, and Trainer
2013 –2014

- Provided comprehensive objective auditing services of confidential patient's health records throughout the state for government and private community-based organizations to help them mitigate their risks for disallowances.
- Provided agency-specific feedback and clinical documentation training to assist service providers in proactively reducing their risks of regulation non-compliance, resulting in cost savings and continued business operations.
- Navigated electronic health record systems such as Anasazi, Avatar, etc., for specialty Medi-Cal mental health services, drug Medi-Cal, and other funding streams.

Professional School of Psychology, Sacramento, CA
Adjunct Professor
2012 –2014

- Taught core courses for licensure in the masters and doctoral clinical programs at the Professional School of Psychology (e.g. domestic violence, child endangerment, and elder abuse).

University of Phoenix, Sacramento, CA
Adjunct Professor
2007 –2011

- Taught masters-level courses in the marriage and family therapy program, and undergraduate courses in the behavioral science and health services program.
- Courses taught include psychopharmacology, law and ethics, cultural diversity and special populations, theory, and methodology, and group therapy.

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Various positions held with Sacramento County Mental Health, Sacramento, CA
1999 –2010

Sacramento County Mental Health Treatment Center (SCMHTC) Aug. 2006 – Aug. 2010
Treatment Center Program Coordinator

- Managed clinical programs and provided direct clinical supervision to 27 licensed and unlicensed clinical and nursing staff for the children's crisis unit MERT (minor emergency response team), adult crisis unit, and inpatient adult unit respectively.
- As administrator of the day (AOD) every 2-3 days. Ran a 100- bed psychiatric health facility, a 25-bed adult crisis unit, and a children's crisis unit (MERT); managed census and patient flow; and made critical clinical decisions regarding patient admissions, discharges, and diverts to other mental health and medical facilities.
- As PMAB coordinator, trained trainers in the prevention and management of assaultive behavior of chronically acute mentally ill patients.

Sacramento County Mental Health and Red Cross Sept. 2005 – Aug. 2010
Disaster Relief Worker

- Conducted assessments and provided crisis intervention to evacuees; oriented new arrivals on how to access services and provided them with community resources, referrals, and necessities.
- Assisted in developing triage/assessment forms; trained other disaster relief workers in appropriate and culturally sensitive crisis interviewing skills; worked closely with other community agents to coordinate client care.
- First responder for various crises, disasters, and emergencies.

Sacramento County, Quality Management May 2001 – Aug. 2006
Utilization Review Coordinator

- Developed curricula for documentation and utilization review trainings; trained providers monthly on clinical documentation standards based on state and federal guidelines.
- Facilitated monthly client chart audits for all county and contracted providers; created and updated audit tools; provided consultation for agency-specific documentation concerns.
- Developed and institutionalized policies and procedures; created clinical documents and forms; authored quarterly and annual statistical reports to the state as evidence of compliance with state government requirements.

SCMHTC Feb. 1999 – Aug. 2006
Senior Mental Health Counselor, Licensed (On-Call)

- Performed triages, 5150's, crisis intervention, complete assessments, diagnoses, treatment planning, dispositions, and diverts of children and adult patients, and managed crisis hotline
- Connected clients with community resources and referrals upon discharge.
- Maintained legal documentation and conducted clinical case presentations.

Day Reporting Center Mar. 1999 – Aug. 2000
Senior Mental Health Counselor, Licensed

- Delivered mental health services within a grant funded program comprised of a centrally located multidisciplinary team with multiple services to youth on probation.
- Developed policies on the exchange of confidential information within an MDT; clarified mental health's role within an MDT setting; designed a confidential mental health records system, which Medi-Cal certified.
- Performed extensive mental health evaluations on all students in ten major life areas; developed and instituted a rites of passage program/curriculum for young women; organized events and activities that promoted pro-social behavior.

Lonnie Fae & Associates, Sacramento, CA
Group Facilitator
2004 – 2005

- Facilitated domestic violence, sex offender, and child endangerment groups.
- Developed curricula for 52-week batterers' treatment program and 52-week child endangerment program.

California State University, Sacramento, Sacramento, CA
Adjunct Professor
2000 – 2003

- Taught second year master's courses in diagnostic & statistical manual of mental disorders.
- As graduate advisory committee member, redesigned graduate social work program from individual concentrations to generalist educational curricula.

Geriatric Counseling Services, Sacramento, CA
Psychotherapist (Independent Contractor)
2001 – 2002

- Provided psychotherapy to geriatric patients in skilled nursing facilities in Roseville, CA.
- Performed assessments, diagnoses, and treatment planning.
- Maintained required paperwork for Medicare billing utilizing IDC-9 diagnostic codes.

California Department of Corrections
Psychiatric Social Worker (Independent Contractor)
2000 – 2001

- Provided mental health services and parole planning to prison inmates.
- Assisted in the organization of new enhanced outpatient program; designed, instituted, and maintained resource library of therapeutic materials for clinical programs.

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RFP #10-918-093: Psychiatric Health Facility (PHF) Management and Operations

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Solano County Health and Social Services, Mental Health
Mental Health Clinician
1995 – 1999

Outpatient clinic and school-based services:

- Managed a caseload of 44 children, ages four to eighteen; provided therapy to children in four SED (severely emotionally disturbed), and one LH (learning handicapped) classrooms; ran seven therapy groups at three elementary schools.
- Screened, assessed, and authorized requests for services (access line).
- Participated on administrative committee to develop job performance standards.

The anchor program:

- Developed and single-handedly ran a youth diversion program aimed at helping high-risk youth, ages 7-17, stay at home, in school, out of psychiatric hospitals, and out of juvenile hall.
- Provided intensive case management to youth and their families while maintaining 90% average productivity (expected average was 65%).
- Authored statistical reports to continue grant funding.

Certifications And Training

CPI & CPR Certified, 2019

PHF Secure Exchange/Sharing of PHI & Electronic PHI, 2019

Motivational Interviewing – Screening, Brief Intervention & Referral to Treatment, 2019

Seclusion & Restraint Training, 2019; Legal Holds & Patients' Rights Training, 2019

Risk Assessment: Suicide/Violence Prevention, Risk Factors, Screening/Assessment 2019

Management of Assaultive Behaviors, 2019

5150 Recertification for Placer County, 2018

Mindfulness Practice, 2018

Patient Abuse, Neglect & Exploitation, 2018; Workplace Violence, 2018

Creating Welcoming Environments, 2018

Inpatient Documentation, 2018

Mandated Reporting California Law: Reporting Elder & Dependent Adult Abuse, 2018

Law & Professional Ethics for Social Workers, (6.25Hrs), 2018

Recovery-Centered Clinical System (RCCS) for leaders, 2018

Co-Occurring Education Group (COEG) Facilitator Training, 2017 - 2018

Leadership Success Series (20 hours), 2016 – 2018

Whole Person Care (WPC) Implementation Workshop, 2017

Critical Communications: Leadership Workshop, 2017

Creating a Restraint-Free Environment, 2016

Understanding Borderline Personality Disorder, 2016

DSM-5: Diagnosis & Treatment of Substance Use Disorder, November 2015

Certified Meditation Teacher & Ericksonian Hypnotherapist, 2012

Certified NLP & NDR (Neurological Deprogramming) Practitioner, 2012

EMDR practitioner since 1999

Awards & Activities

Fulbright Scholarship
Phi Kappa Phi, National Honor Society for Academic Excellence
Phi Alpha, National Social Work Honor Society
William D. James Academic Scholarship
Music scholarships
Character Award for Integrity and Leadership
Booker T Awards for Valuable Service to Students, Parents, and the Community
California Cares FEMA Grant Award for Valuable Service to Hurricane Katrina Evacuees
American Red Cross Award for Valuable Service to Hurricane Katrina / Rita Evacuees
Perfect Scents Aromatherapy Naturals, business owner
Vocalist/Performing Artist, Northern & Southern California
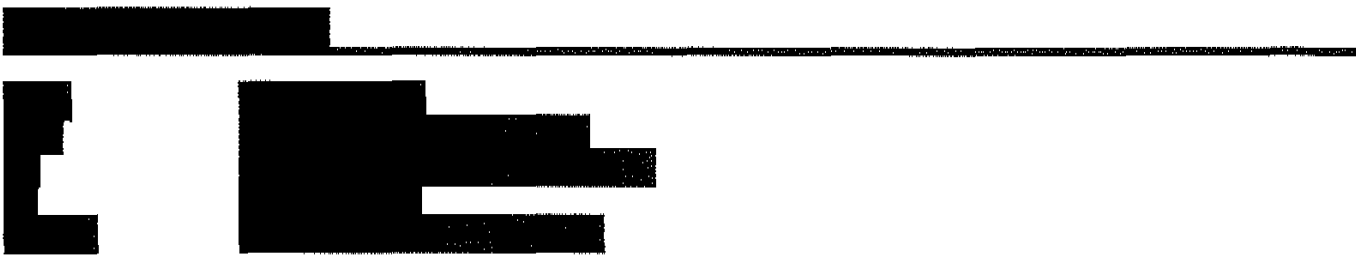
CALIFORNIA BOARD OF BEHAVIORAL SCIENCES

LICENSING DETAILS FOR: 19290

NAME: GIPSON, MAATISAK AMENHETEP
LICENSE TYPE: LICENSED CLINICAL SOCIAL WORKER

PRIMARY STATUS: LICENSE RENEWED & CURRENT ⑦
PREVIOUS NAMES: AMENHETEP, MAATISAK SAUAT NERA
ADDRESS OF RECORD

MAP

ISSUANCE DATE
JUNE 1, 1999

EXPIRATION DATE
JULY 31, 2020

CURRENT DATE / TIME
JUNE 17, 2019

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Cathryn M. Stoffan
Director of Nursing

Summary of Qualifications
Experienced supervisor and nurse in the medical and correctional fields, providing psychiatric, substance abuse, chronic, and acute care.

License
Active California Registered Nurse License 515286

Professional Experience

Telecare El Dorado Psychiatric Health Facility, Placerville, CA
Director of Nursing
March 2017 to Present

Responsible for activities and functions related to the administration of member care systems and member care in nursing areas and departments at El Dorado Psychiatric Health Facility (PHF).

- Manages the nursing department within allocated budgetary parameters and participates in the development of the fiscal budget.
- Develops departmental goals, objectives, standards of performance, policies and procedures; organizes the department to meet legal, organizational and medical staff guidelines; functions in an advisory capacity to the administrator in evaluating procedural changes as they relate to care of members served.
- Establishes and maintains a comprehensive quality assurance/quality improvement program within the nursing department which includes frequent collaboration with other departments, employee education, and a focus on monitoring departmental standards and actively removing barriers to the provision of high-quality care.

Supervising Nurse
September 2015 – March 2017

Provided recovery-focused services, including safe and appropriate administration of medical treatment as prescribed by the physician.

- Supervised and provided all aspects of acute nursing care; completed nursing assessments; completed the admission and discharge process.
- Attended and participated in multidisciplinary team meetings and county meetings.
- Supervised support staff on the unit including recovery specialists, peer support specialists, unit clerks, licensed vocational nurses (LVN), and licensed psychiatric technicians (LPT).
- Provided direct observation of patients; participated in verbal de-escalation and physical intervention in emergent situations.
- Assisted in the restraint of patients in the event of assaultive behaviors.

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Total Wellness
Registered Nurse
2014 – 2017

- Provided nursing services for wellness and flu clinics.

California Department of Corrections and Rehabilitation (CDCR)
Correctional lieutenant/Correctional Captain
March 2006 – November 2013

Supervisor for the CDCR, Office of Correctional Safety, Emergency Planning and Management Unit, including supervision of the senior management coordinator, emergency analyst, and CDCR lead fire chief.

- Directed policies and procedures for inmate psychiatric care.
- Assisted in the writing of the CDCR Pandemic Emergency Operations Plan and the CDCR All Hazards Emergency Operations Plan which included providing input related to medical/correctional issues of the CDCR Emergency Operations Plan pandemic section.
- Worked closely with the California Department of Health Care Services, California Office of Emergency Services, and the California Center for Disease Control.
- Member of the Joint Emergency Operations Center during the swine flu outbreak in California.
- Wrote and provided training venues, including tabletop and functional exercises for the CDCR institutions, paroles, Division of Juvenile Justice, incident command support teams, institution emergency management coordinators, Supervisor Academy, and the new correctional cadets on emergency situations with a majority of the training based on pandemic scenarios

Correctional Sergeant: RN, Medical Officer
May 2003 – March 2006

Supervisor of correctional officers in various settings including supervision of the PLATA officers in the medical department.

- Determined plan of care for inmates to include psychiatric services: suicide watch, counseling, preventive health, and direct observation.
- Responded verbally and in writing to 602 medical complaints, staff complaints by offenders, etc. Worked closely with the associate warden of Health Care Services and the chief medical officer to Coleman, dental, and mental health issues.
- Provided several types of training to the medical staff.

Registered Nurse (Medical Technical Technician)
June 1992 – October 2002

Registered nurse at Folsom State Prison (FSP) and the California State Prison Sacramento (CSP).

- Provided nursing care to incarcerated patients. When the two prisons became separate institutions, was assigned solely to FSP.
- Duties included all aspects of care in a clinical setting including, psychiatric, emergency, acute, chronic, diabetic, wound care, and dispensing of medications. The position also included the dental and mental health care of the patients.

Previous Nursing Positions

- El Dorado County Jail - Correctional Nurse
- Charter Hospital - Mental Health and Chemical Dependency Care of Adolescents -Supervising Nurse
- Amador County Hospital- Medical Surgical Unit

Certifications

Current CPR
Peace Officer/CCW
Master Exercise Practitioner - FEMA

BOARD OF REGISTERED NURSING - BRN

LICENSING DETAILS FOR: 515286

NAME: STOFFAN, CATHRYN MARY
LICENSE TYPE: REGISTERED NURSE
PRIMARY STATUS: CURRENT
ADDRESS NOT DISCLOSED

ISSUANCE DATE
AUGUST 31, 1995

EXPIRATION DATE
APRIL 30, 2021

CURRENT DATE / TIME
JUNE 17, 2019
5:54:33 PM

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John M. Motl, M.D.

Attending Psychiatrist

Education & Credentials

Residency, Neuropsychiatry, Letterman Army Medical Center, San Francisco, CA

Psychosomatic Medicine and Biofeedback, 1979
Psychiatry, 1976-1978
Neurology, 1974 – 1976

Internship, Straight Internal Medicine, Fitzsimmons Army Medical Center, Aurora, CO, 1973-1974
Doctor of Medicine, Creighton University School of Medicine, 1969-1973
Graduate School, Department of Anatomy, Creighton University of Medicine, 1967- 1969, Neuroanatomy and Neurophysiology
Bachelor of Science – Biology (minors in Chemistry and Philosophy), Creighton University Omaha, Nebraska, 1967

California State License – G 28956 (current)
Arizona State License – 17657 (current)
Colorado State License – 22144 (previous)

Professional Experience

Telecare El Dorado Psychiatric Health Facility, Placerville, CA
Attending Psychiatrist
January 2019 to Present

Flagstaff Medical Center and Verde Valley Medical Center, Cottonwood, AZ.
Staff Psychiatrist
2016 – 2019

Southwest Behavioral Health Center, Prescott Valley, AZ
Medical Director
2012 – 2015

Southwest Behavioral Health Services, Bullhead City, AZ
Psychiatrist (Locum Tenens)
2012-2015

Sacramento Veterans Affairs Medical Center, Sacramento, CA
Staff Psychiatrist
2009-2011

Cheyenne Veterans Affairs Medical Center, Cheyenne, WY
Chief, Department of Psychiatry/Mental Health
2006-2009

Additional Positions & Appointments

President, Medical Staff and Medical Director Outpatient Services, Heritage Oaks Hospital, Sacramento, CA

Medical Director, Amen Clinic Neuropsychiatry Brain Scanning, Fairfield, CA

Clinical Associate Faculty, Department of Psychiatry, U.C. Davis School of Medicine, Instructor, Integrative Medicine for Psychiatry Residents, Davis, CA

Affiliate Faculty, Colorado State University Department of Psychology, Fort Collins, CO

Supervisor, behavioral medicine, for psychology post-doctoral counseling psychology

Affiliate Faculty, Department of Electrical Engineering, Colorado State University (research on biological effects of electromagnetic fields), Fort Collins, CO

Assistant Clinical Professor, Department of Family Medicine, University of Colorado Health Sciences Center, Psychiatry Instructor for Family Practice Residents

Medical Director, Inpatient Unit, Poudre Valley Hospital, Fort Collins, CO

Medical Director and Founder, Inner Health, First Integrative Medicine Clinic in Fort Collins, CO

Chairman, Psychiatry Committee, Poudre Valley Hospital, Fort Collins, CO

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Chairman, Medical Education Committee, Poudre Valley Hospital, Fort Collins, CO

Chairman, Grievance Committee, Larimer County Colorado Medical Society, Colorado State Medical Society, delegate, Larimer County

Staff Psychiatrist, Student Health Center, Colorado State University, Fort Collins, CO

Medical Director, Rocky Mountain Regional Pain Management Center, Fort Collins, CO

Medical Director, Employee Assistance Program Poudre School District, Fort Collins, CO

Certifications

Certified, American Board of Psychiatry and Neurology, Psychiatry, April 1982 Psychiatry (#23369)

Board Eligible in Neurology

Certified, Biofeedback Certification Institute of America, 1982

National Board of Medical Examiners: Certificate (Part III), 1974.

Suboxone Certification, 2012

Honors & Awards

Alpha Omega Alpha (AOA), National Honorary Medical Society Creighton University School of Medicine, 1973

President, Student American Medical Association, Creighton University, 1972

President, Creighton University Medical Student Government, 1973

Representative, Creighton University, American Association of Medical Colleges, 1973 Distinguished Military Graduate, R.O.T.C. Creighton University, 1967

Pioneer Clinician Award, Colorado Association of Applied Psychophysiology and Biofeedback, 2001

Residents Teaching Award, Department of Family Medicine, University of Colorado Health Sciences Center (Ft. Collins) 1982

Specialized Additional Training & Experience

Psychopharmacology: With graduate school training in Neuroanatomy and Neurophysiology, and Neurology training in addition to a psychiatry residency, I have a unique perspective to utilize psychopharmacological agents. I completed a training program in psychopharmacology sponsored by U.C. San Diego. I have 25 years of clinical practice experience in both inpatient and outpatient settings.

Medical Acupuncture and Traditional Chinese Medicine: Training at the Colorado School of Traditional Chinese Medicine and completed Physician Acupuncture Program at U.C.L.A. Medical School in 1998. Member, American Association of Medical Acupuncture. Private practice, acupuncture and Chinese medicine integrated with behavioral medicine. The first physician to receive acupuncture privileges at Poudre Valley Hospital, Fort Collins, CO. Has co-utilized TCM and acupuncture with mental health treatments.

Psychosomatic Medicine: Director of the Biofeedback Program at Letterman Army Medical Center, San Francisco CA. Private practice included Biofeedback for 12 years, Certified by the Biofeedback Certification Institute of America. Supervised Biofeedback therapists in private practice and supervised the behavioral

medicine section of psychology internship at the Colorado State University counseling center. Private practice in psychosomatic medicine including consultation-liaison psychiatry.

Hypnosis: Trained at the San Francisco Academy of Hypnosis and received clinical training at the Department of Psychosomatic Medicine, Letterman Army Medical Center, and U.C.S.F. Moffitt Hospital. Completed 30 years private practice clinical experience with hypnosis with a variety of clinical applications.

Functional Neuroimaging: Training and clinical experience in spect scanning at the Amen Clinic and combined PET-CT fusion, computerized EEG, and neuropsychological testing in behavioral neurology private practice in Sacramento, CA. Sees this integrative approach as the future of mental health.

Suboxone Certification: Worked at Opiate Replacement Service and Southwest Behavioral Health Services in Bullhead City, AZ, and Prescott Valley, AZ., and at Alternative to Meds Center in Sedona, AZ.

MEDICAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: G 28956

NAME: MOTL, JOHN MICHAEL
LICENSE TYPE: PHYSICIAN AND SURGEON G

PRIMARY STATUS: LICENSE RENEWED & CURRENT
SCHOOL NAME: CREIGHTON UNIVERSITY SCHOOL OF MEDICINE
GRADUATION YEAR: 1973
ADDRESS OF RECORD (REQUIRED)

MAP

ISSUANCE DATE
DECEMBER 31, 2018

EXPIRATION DATE
DECEMBER 31, 2020

CURRENT DATE / TIME
JUNE 17, 2019
5:58:00 PM

1

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Jatinder S. Chana, M.D

Primary Care Physician (On-Call)
Hospitalist/Internal Medicine

Education & Credentials

Internal Medicine Residency, University of Illinois at Urbana, IL, July 1999 – June 2002
M.B.B.S. (MD) – Government Medical College, Patiala, Punjab, India, August 1989 – February 1995

California State License, July 2002 to present

Professional Experience

Telecare El Dorado Psychiatric Health Facility, Placerville, CA
Primary Care Physician (On-Call)
February 2018 to Present

Responsible for providing medical services for patients.
- Develops treatment plans based on data gathered during assessment and input from patient as well as other sources.
- Ensures that the plan for treatment is in accordance with evidence-based standards and practice guidelines.
- Works in collaboration with multidisciplinary team to implement plan for treatment.
- Prescribes medications based on clinical indicators and results of diagnostic and laboratory testing.
- Monitors and documents patient response to medications and adjust as appropriate.
- Works in collaboration with the multidisciplinary team to conclude treatment when clinically indicated and transition patient to other levels of care as appropriate.
- Assists in establishing medical policies, quality improvement procedures and evaluating current practices, policies, and procedures.
- Directs and supervises the clinical staff, as appropriate.

Sutter Medical Center, Sacramento, CA
Hospitalist
July 2003 to Present

Sutter Medical Center, Roseville, CA
Hospitalist
January 2011 – September 2011

Internal Medicine Residency, University of Illinois at Urbana, Urbana, IL
Chief Resident
July 2002 – June 2003

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VA Illiana Healthcare, Danville, IL
Triage Physician (Moonlighting Position)
July 2002 – June 2003

Certifications

Certification – American Board of Internal Medicine, August 2002 – 2012

Committee Memberships

Critical Care Committee – Sutter Medical Center, Sacramento, January 2014 to present
Hospitalist Compensation Committee – Sutter Medical Center Sacramento, January 2015 to present
Shareholder Transition Committee – Sutter Medical Group, January 2015 to present
Quality Assurance Committee – Sutter Medical Center Sacramento, 2009-2010
Section Chair Dept. of Internal Medicine (elected position) – Sutter Medical Center, Sacramento, 2008-2009
Infection Control Committee – Sutter Medical Center, Sacramento, 2006-2008
Teaching faculty – Family practice residency program at Sutter Medical Center, Sacramento, July 2003 to present
Code and Unplanned Transfer Committee – Carle Clinic, Urbana, IL, July 2002 to June 2003
Clinical Advisory Committee – Carle Clinic, Urbana, IL, July 2002 to June 2003

MEDICAL BOARD OF CALIFORNIA
LICENSING DETAILS FOR: A 79913
NAME: CHANA, JATINDER SINGH
LICENSE TYPE: PHYSICIAN AND SURGEON A
PRIMARY STATUS: LICENSE RENEWED & CURRENT
SCHOOL NAME: PUNJAB UNIVERSITY, GOVERNMENT MEDICAL COLLEGE
GRADUATION YEAR: 1995
ADDRESS OF RECORD (REQUIRED)

███████████

ISSUANCE DATE
JULY 24, 2002
EXPIRATION DATE
NOVEMBER 30, 2019
CURRENT DATE / TIME
JULY 10, 2019
9:41:17 AM

PUBLIC RECORD ACTIONS

> ADMINISTRATIVE DISCIPLINARY ACTIONS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> MALPRACTICE JUDGMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

PUBLIC DOCUMENTS
> DOCUMENTS (NO RECORDS)

SURVEY INFORMATION
THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

Telecare Corporation :: El Dorado County
RFP #19-918-083: Psychiatric Health Facility (PHF) Management and Operation
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ARE YOU RETIRED?	NO
ACTIVITIES IN MEDICINE	ADMINISTRATION - NONE
	TELEMEDICINE - NONE
	RESEARCH - NONE
	OTHER - NONE
	TEACHING - NONE
	PATIENT CARE - 40+ HOURS
PATIENT CARE PRACTICE LOCATION	ZIP - 95667
	COUNTY - EL DORADO
PATIENT CARE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
CURRENT TRAINING STATUS	NOT IN TRAINING
AREAS OF PRACTICE	INTERNAL MEDICINE - SECONDARY
	INTERNAL MEDICINE - PRIMARY
BOARD CERTIFICATIONS	AMERICAN BOARD OF INTERNAL MEDICINE - INTERNAL MEDICINE
POSTGRADUATE TRAINING YEARS	4 YEARS
CULTURAL BACKGROUND	DECLINED TO DISCLOSE
FOREIGN LANGUAGE PROFICIENCY	DECLINED TO DISCLOSE
GENDER	MALE

Telecare Corporation

RESPECT. RECOVERY. RESULTS.

Pritpal S. Randhawa, M.D.

Primary Care Physician (On-Call)

Internal Medicine

Education & Credentials

Doctor of Medicine – Government Medical College, Guru Nanak Dev University, Amritsar, Punjab, India, 1985 – 1990

Pre-Medical – Khalsa College, Guru Nanak Dev University, Amritsar, Punjab, India, 1982 – 1984

California State License: A83324

Professional Experience

Telecare El Dorado Psychiatric Health Facility, Placerville, CA

Primary Care Physician (On-Call)

February 2018 to Present

Responsible for providing medical services for patients.

- Develops treatment plans based on data gathered during assessment and input from patient as well as other sources.
- Ensures that the plan for treatment is in accordance with evidence-based standards and practice guidelines.
- Works in collaboration with multidisciplinary team to implement plan for treatment.
- Prescribes medications based on clinical indicators and results of diagnostic and laboratory testing.
- Monitors and documents patient response to medications and adjust as appropriate.
- Works in collaboration with the multidisciplinary team to conclude treatment when clinically indicated and transition patient to other levels of care as appropriate.
- Assists in establishing medical policies, quality improvement procedures and evaluating current practices, policies, and procedures.
- Directs and supervises the clinical staff, as appropriate.

Marshall Medical Center, Placerville, CA

Hospitalist

November 2016 to Present

Sutter General and Sutter Memorial Hospitals, Sacramento, CA

Hospitalist

August 2003 – November 2016

Hospital of Saint Raphael, Yale University, New Haven, CT

Residency

Admitting House Physician of the day for HSR hospitalist service and as ER admitting resident (Moonlighting Position)

2001 – June 2003

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Norwalk Hospital, Yale University, Norwalk, CT
Intern
2000 – 2001

Yale University, New Haven, CT
Sub-Intern
1999 – 2000

Kino Medical Center, Tucson, AZ
Observership
1997 – 1998

Muni Lal Chopra Hospital, Amritsar, Punjab, India
Medical Officer
1991 – 1995

Government Medical College, Guru Nanek Dev University, Amritsar, Punjab, India
Intern
1990 – 1991

Certifications

Certification – American Board of Internal Medicine

Professional Memberships

Punjab Medical Council, Punjab, India

Indian Medical Association

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MEDICAL BOARD OF CALIFORNIA
LICENSING DETAILS FOR: A 83324
NAME: RANDHAWA, PRITPAL SINGH
LICENSE TYPE: PHYSICIAN AND SURGEON A
PRIMARY STATUS: LICENSE RENEWED & CURRENT
SCHOOL NAME: GURU NANAK DEV UNIVERSITY MEDICAL COLLEGE
GRADUATION YEAR: 1991
ADDRESS OF RECORD (REQUIRED)

ISSUANCE DATE
MAY 30, 2003
EXPIRATION DATE
APRIL 30, 2021
CURRENT DATE / TIME
JULY 10, 2019
9:42:55 AM

PUBLIC RECORD ACTIONS

> ADMINISTRATIVE DISCIPLINARY ACTIONS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> MALPRACTICE JUDGMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

> MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

PUBLIC DOCUMENTS
> DOCUMENTS (NO RECORDS)

SURVEY INFORMATION
THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

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ARE YOU RETIRED?	NO
ACTIVITIES IN MEDICINE	TEACHING - NONE
	ADMINISTRATION - 1-9 HOURS
	RESEARCH - NONE
	PATIENT CARE - 40+ HOURS
	TELEMEDICINE - NONE
PATIENT CARE PRACTICE LOCATION	ZIP - 95667
	COUNTY - EL DORADO
PATIENT CARE SECONDARY PRACTICE LOCATION	ZIP - 95630
	COUNTY - SACRAMENTO
TELEMEDICINE PRACTICE LOCATION	NOT IDENTIFIED
TELEMEDICINE SECONDARY PRACTICE LOCATION	NOT IDENTIFIED
CURRENT TRAINING STATUS	NOT IN TRAINING
AREAS OF PRACTICE	INTERNAL MEDICINE - PRIMARY
BOARD CERTIFICATIONS	NONE
POSTGRADUATE TRAINING YEARS	NOT IDENTIFIED
CULTURAL BACKGROUND	INDIAN
FOREIGN LANGUAGE PROFICIENCY	HINDI
	PANJABI (PUNJABI)
GENDER	MALE

Attachment 6
Current Schedule of Group Therapies

Daily Group Schedule

THEME	IDENTITY	HARM REDUCTION	CHOICES	EMPOWERMENT	HOPE	CONNECTIONS	RECOVERY
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:00-9:00	*BREAKFAST*	*BREAKFAST*	*BREAKFAST*	*BREAKFAST*	*BREAKFAST*	*BREAKFAST*	*BREAKFAST*
8:30-9:00	Community Mtg (RT)	Community Mtg (RT)	Community Mtg (RT)	Community Mtg (RT)	Community Mtg (RT)	Community Mtg (RS/Peer)	Community Mtg (RS/Peer)
9:00-9:30	Hygiene Group (RS/RT/Peer=2 staff)	Hygiene Group (RS/RT/Peer=2 staff)	Hygiene Group (RS/RT/Peer=2 staff)	Hygiene Group (RS/RT/Peer=2 staff)	Hygiene Group (RS/RT/Peer=2 staff)	Hygiene Group (RS/Peer)	Hygiene Group (RS/Peer)
9:30-10:00	Self-Care	Self-Care	Self-Care	Self-Care	Self-Care	Self-Care	Self-Care
10:00-10:15	Midmorning Snack	Midmorning Snack	Midmorning Snack	Midmorning Snack	Midmorning Snack	Midmorning Snack	Midmorning Snack
10:15-10:30	Personal Time	Personal Time	Personal Time	Personal Time	Personal Time	Personal Time	Personal Time
10:30-11:15	Exercise (RT)	Discovery (RT)	Spirituality/ Mindfulness Practice (Yoga, Meditation, Guided Visualization, PMR) (RT)	Coping Skills (RT)	Social (RT)	Community Resources (SW)	Mindfulness (SW)
11:15-11:45	*Discharge, Self-Care & Safety Planning Group (SW)*	*Intro to DBT (SW)*	*Understanding Mental Ill./WPC (SW)*	*Stress Management (SW)*	*Mindfulness (SW)*	*Emotion Mgnt (SW)*	*Support Systems (SW)*
11:45-12:30	*LUNCH*	*LUNCH*	*LUNCH*	*LUNCH*	*LUNCH*	*LUNCH*	*LUNCH*
12:30-1:30	*Rest/Journal*	*Rest/Journal*	*Rest/Journal*	*Rest/Journal*	*Rest Journal*	*Rest/Journal*	*Rest/Journal*
1:30-2:15	RCCS -Identity, hope, choice, harm reduction, connection (SW or RT)	Co-Occurring Education Group (COEG Trained Staff)	Co-Occurring Education Group (COEG Trained Staff)	Symptom Management, Recovery & Mental Wellness (SW or RT)	Co-Occurring Education Group (COEG Trained Staff)	Bingo or Games (Peer)	Bingo or Games (Peer)
2:15-3:00	*Discovery (RT)*	*Outdoor/Nature Appreciation (RT)*	*Coping Skills (RT)*	*Wise Mind Social (RT)*	*Exercise (RT)*	*Art/Music (SW or Peer)*	*Art/Music (SW or Peer)*
3:00-3:30	Afternoon Snack	Afternoon Snack	Afternoon Snack	Afternoon Snack	Afternoon Snack	Afternoon Snack	Afternoon Snack
3:30-4:00	Wrap Up Group (Peer)	Wrap Up Group (Peer)	Wrap Up Group (Peer)	Wrap Up Group (Peer)	Wrap Up Group (Peer)	Wrap Up Group (Peer)	Wrap Up Group (Peer)
4:00-4:30	*Fresh Air Break*	*Fresh Air Break*	*Fresh Air Break*	*Fresh Air Break*	*Fresh Air Break*	*Fresh Air Break*	*Fresh Air Break*
4:30-5:30	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
5:30-7:00	*PM Recreation (RS)*	*Medication Education (nurse)*	*Recovery Group (nurse or outside contractor)*	*Medication Management (nurse)*	*PM Recreation (RS)*	*PM Recreation*	*PM Recreation*
7:00-8:00	*Visiting Hour*	*Visiting Hour*	*Visiting Hour*	*Visiting Hour*	*Visiting Hour*	*Visiting Hour*	*Visiting Hour*
7:30-8:00	Evening Snack	Evening Snack	Evening Snack	Evening Snack	Evening Snack	Evening Snack	Evening Snack

*Schedule subject to change see board for updates.

*Groups Are Strongly Encouraged Never Forced

*Groups Facilitated By Peers Are Added As Able

Attachment 7
Open Record Chart Audit Tool

Telecare Open Record Chart Audit   PATIENT NAME/LABEL

Audit Item	Time Frame	Date Audited	Compliant	Non-Compliant	Staff Initials (Auditor)	Comments
Admission Orders and Assessments						
Physician Admission Order Med Consent signed Noted and transcribed	Admission					
RN Admission Assessment & Initial Nursing Treatment Plan	Admission					
Psychiatric Admission Evaluation	Within 24 hrs.					
History and Physical Examination	Within 24 hrs.					
Psychosocial Assessment	Within 72hrs.					
Rehab Assessment	Within 72 hrs.					
Interdisciplinary Treatment Plan	Within 72 hrs.					

Ongoing Chart Audit Items	Time Frame	Date of Audit (Write "√" for Compliant and "X" for Non-Compliant or "NA" for not applicable.)										
		Date/	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Med order: Indication for use	Each med order											
New Psych med order with Consent signed	Each med order											
MD Progress Notes	Daily											
RN Assessment	Q shift											
Change of Condition Treatment Plan: (reviewed or updated)	When required by condition											
Med Administration Documentation Routine & PRN (Reason & Results)	Each med time											
Legal Status, if applicable	5150 by day 3		☐									
Treatment Plan Review (updated & signed by all)	Every 3rd day		☐		☐		☐					
STAFF INITIALS completing Ongoing Audit												
Emergency Meds; Seclusion Physical & Mechanical Restraint												
MD Order: Emergency meds Seclusion , Physical and or Mechanical Restraint	Every Each episodes											
Documentation: LIP/RN face to face Assessment	Within 1 hour											
RN re-assessment	Q 1 Hour											
Nursing Interventions	Q 15 min.											
Discharge Process												
After care complete (SW and RN)	At time of D/C											

Please LOG all incomplete ITEMS on the <u>RUNNING AUDIT LOG</u> for follow-up & completion of respective staff.
CLOSING CHART AT DISCHARGE : File audit record in front of the Discharge Records.

Program Name _____

Street Address _____ City _____ State _____ Zip _____