



Mission-Critical Behavioral Health Support Technology

Helping Detect First Responder Stress Indicators to Save Lives and Preserve Duty Readiness

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openPhoenix is available for Federal Government purchase through the Solutions for Enterprise-Wide Procurement (SEWP) contracting vehicle.

TALUS  360

1001 Pacific Avenue, Suite B
Tacoma, WA 98402
206-905-9721
www.talus360.com

Executive Summary

First Responders in Need

Those who protect and serve put their lives on the line every day. But too often they don't get the support they need to deal with that stress. They have some of the most stressful jobs in America. And they pay.

- PTSD - 2.5 times the national average.
- Suicide - 3 times the national average.
- Divorce - 3 times the national average.
- Alcoholism - 2 times the national average.

Suicide attempts, divorce and alcoholism are often co-occurring symptoms of PTSD, and successful recovery involves diagnosing and treating all conditions. Research shows that current solutions aren't enough.

PTSD and resulting deaths and dysfunctions for first responders are on the rise and in the news all the time. First responder and community leadership are scrambling to find solutions.

Richard Duffy, Assistant to the General President of the International Association of Fire Fighters says, "The real issue is encouraging fire departments to initiate a wellness program that includes a behavioral health component."

This is exactly what our product, openPhoenix, does.

How many are at risk?

The first responder community is made up of firefighters, police, sheriff, state troopers, border agents, marshals, emergency medical technicians, paramedics as well as correction officers and jailors. In the United States, these figures include:

1,148,100	Career and volunteer firefighters
683,396	Non-federal law enforcement
120,000	Federal law enforcement
210,700	EMTs and Paramedics
454,500	Corrections officers and Jailors
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2,616,696	Total First Responders

There are also approximately 500,000 first responders in Canada with similar issues. Veterans and the National Guard are also struggling with this issue, as are emergency room personnel across the country.

openPhoenix can help

openPhoenix is a behavioral health diagnostic tool that provides a suite of assessments to uniformly assess each first responder during their yearly physical. The assessments help to pinpoint PTSD, depression, anxiety, substance abuse, anger problems, suicide risk, risky behavior, family and financial issues, etc. These assessments provide a crucial head start to primary care physicians and behavioral health staff who can then more easily and accurately provide support. Currently the first responder community relies on Critical Incident Stress Debriefing (CISD) after a traumatic event for PTSD, and a yearly physical with a general practitioner to diagnose mental health conditions. However, research indicates that these debriefing sessions fall short of a complete solution, and general practitioners are not reliable in diagnosing mental health issues.

What we have accomplished

openPhoenix is already used by the US Army at Fort Lewis in Washington, Tripler Army Medical Center in Hawaii, and Fort Richardson and Fort Wainwright in Alaska. Over a quarter of a million troops returning from active duty in the Middle East have been processed using the system.

First responders are our next audience. A pilot program in Spokane is launching on May 12th, 2011 with a formal press conference put on by the Spokane first responder leadership. The pilot program will begin with the Spokane fire fighting community and will be expanded to include police, sheriffs, state trooper and emergency medical staff.

The firefighters in Phoenix and Glendale, Arizona are considering pilot programs, and the International Association of Firefighters are watching the pilot programs closely.

The Criminal Justice Training Center in Washington State is considering how to implement the program for all incoming police officer trainees.

Leadership within the National Guard and Veteran Affairs offices are also asking for trials of the software to assess options, as the measures used are already those recommended by the Veteran Affairs office.

What is our strategic goal?

Our goal is to have this software assessment tool be integrated into each first responder's yearly physical. Our hope is this is mandated or strongly recommended by both the national first responders associations and their respective unions.

To ensure a stigma-free environment, we stress that all first responders take this assessment at their yearly physical and also after any traumatic event that might trigger PTSD. Experience with the US Army shows that this should not be a voluntary, self-assessment integration. The pilot projects being started follow this model.

openPhoenix is a web application that resides on the Talus360 servers behind well-secured firewalls. We follow HIPAA compliance regulations to ensure the protection of personal information.

We follow a subscription-based business model. Our goal pricing is \$60 per person per year for enterprise level contracts. The price is higher for smaller groups.

Our first target group are firefighters. They have experienced a large surge in suicides. Many firefighters have been previously deployed in military arenas, and research is showing that PTSD is cumulative. They are less concerned with the stigma of mental health that the police are experiencing.

1,148,100 firefighters x \$60/year = \$68,886,000

How much do we need to get there?

The software is already built and battle tested. We are seeking funding to advance the sales efforts and grow server capacity as responders are added. First responders can fund this via grants, union dues, earmarks and possibly through insurance avenues, should data mining of the pilot programs prove that such a system lowers absenteeism, medical claims, worker's compensation claims, disability claims, etc. But we estimate that this will take several years to go through the pilot projects and implement fully.

We are seeking \$500,000 per year to grow the company for this first three year period. We would like to see an exit strategy to sell to a larger quasi governmental agency within 5 to 7 years.

About Talus360 Leadership

T. Elizabeth Atteberry, CEO

Liz Atteberry has over twenty-five years of professional experience in managing technical projects including over 10 years managing increasingly complex web application and e-commerce development projects, including sites for customers as diverse as Pearl Jam, Avocent, and DHL Global, as well as speaking at industry conferences, writing articles, user guides, online course material, and video scripts. Liz has extensive experience in communication and personnel supervision and managing interdisciplinary planning and project teams. She has also had extensive experience with "high visibility" projects requiring coordination with numerous agencies, stakeholders, and the public.

Marti Wagner, CBDO

Marti brings more than twenty-five years of management and sales experience as well as a wealth of business leadership, sales and customer service excellence initiatives. Prior to joining Talus360, Marti served as Vice President of Enterprise Sales at Prepared Response, a Crisis Management technology company that provided data analysis tools to first responders across the country. She served as Director of Supply Chain Sales for EssentialMarkets, an e-commerce company. She managed a team of supply-chain sales personnel that provided electronic commerce services for prestigious customers such as Deutsche Bank, Cargill, and Paccar.

Gary Affonso, CTO

Gary has over 20 years of experience leading programming teams developing a wide variety of increasingly complex web application including e-commerce sites for Pearl Jam and Cameron Crowe; Salmon Restoration and Preservation tools (such as EDT, APRE, HGMP, and AHA web applications) for various management organizations in the Pacific Northwest including local municipalities, county governments and Federal agencies such as NOAA. He also led the development of the Automated Behavioral Health Clinic for the US Army. Gary has also taught computer programming at the University of Washington.