

PROGRAM INFORMATION:

Program Title:	RISE (Recovery with Inspiration, Support and Empowerment)	Provider:	Department of Behavioral Health
Program Description:	<p>The Department of Behavioral Health (DBH) RISE Team provides support for LPS (Lanterman Petris Short) Conserved beneficiaries and those who were recently released from conservatorship adjusting to a less structured living environment, as a step-down from IMD (Institution for Mental Disease) /MHRC (Mental Health Rehabilitation Center) level of care. Each client is encouraged to define wellness and develop a plan to maintain their recovery. The team promotes self-sufficiency, culturally relevant services, and uses a client/family-centered approach. The team provides services that include intensive case management, rehabilitation and therapeutic services in a way that supports and helps to restore dignity, supports the empowerment of each individual, demonstrates respect, and is individualized to the expressed need of each client. Staff utilizes integrative approaches in collaboration with medical health, substance abuse services, regional services, spiritual organizations, educational institutions, cultural brokers, and other mental health partners to provide an integrated care experience. The team ensures the use of best practices and seamless care. The goal of RISE is to increase stability and wellness in the community through the use of natural supports to increase overall wellness and reduce recidivism back to LPS Conservatees and placement in locked treatment facilities.</p>	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	ADULT	Dates Of Operation:	January 2014 - Current
Age Group Served 2:	OLDER ADULT	Reporting Period:	July 1, 2015 - June 30, 2016
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	
Funding Source 2:	Medical FFP	Other Funding:	

FISCAL INFORMATION:

Program Actual Amount: \$987,588.49
Number of Unique Clients Served During Time Period: 184
Number of Services Rendered During Time Period: 6,519
Actual Cost Per Client: \$5,367.33

TARGET POPULATION INFORMATION:

Target Population: The RISE team provides services to locally placed LPS Conserved adults, adults recently released but identified as high risk for receding to LPS Conservatorship, those diagnosed with a Serious Mental Illness (SMI) and adults returning from out of town locked 24-hour supervised IMD/MHRC facilities to a less restricted and supervised environment. The LPS Conserved adult is identified as unable to provide a plan for self-care including meals, clothing, and shelter due to their behavioral health symptoms.

MHSA CORE CONCEPTS:

Please select MHSA core concepts embedded in services/ program:

(May select more than one)

Recovery/Resiliency Orientation

Cultural Competence Orientation

Please describe how the selected concept (s) embedded :

Recovery/Resilience: RISE works from an approach that includes Wellness and Recovery, and empowers the client to identify their own resiliency in maintaining their independence. This is practiced by supporting each client to reflect and identify their goals and strengths, to build upon. Each person is then entrusted to maintain their strength and resilience, with the ongoing support of RISE staff, and then utilized to navigate the process toward recovery of self-care.

Cultural Competence: The RISE team works to support cultural traditions and social practices for each person served and acknowledge the impact this may have on each person’s ability to socially regulate and express themselves, with their mental health. Each client’s treatment is guided by the culture the client identifies with. Staff research, consult and collaborate with various partners, including cultural brokers, to support this value and as a resource in the recovery process. RISE clinicians are trained to embrace the idea that culture and mind are inseparable, and are trained to provide psycho-social assessments from a developmental, social and cognitive perspective that include cultural differences that may go beyond traditional theoretical approaches.

Community Collaboration

Community Collaboration: As a community-based program, it is imperative that RISE maintains a collaborative working relationship with the people we serve, including, but not limited to; our partnering agencies, our care givers, the medical team, educators, clergy, employers, residential facilities and animal rescue groups. A continuum of care with multiple service delivery systems through communication, planning, execution and support for our clients ensures they receive the highest quality of integrated care, thus decreasing stressors and multiple contacts for our clients. RISE is continuing to work toward mainstreaming services through collaboration for easier access and utilization of services, which can impact greater wellness in areas of all life domains.

Client/Family Driven Program

Client/Family Driven Program: The RISE team has practiced and utilized a client/family centered approach in treatment with our intensive services, in our treatment team meetings and in the community. Family members and caretakers are included in the treatment team meetings, with the client's goals driving the direction of treatment. Clients on the RISE team are the first to share their goals and wants, at each treatment team meeting, followed by the family and ending with mental health/residential/legal and other teams. RISE approaches treatment, by reaching out to families and includes the insight of clients and their families that can help to direct treatment services by noting what is and is not effective, based on experience. Services may be provided in a family service context, in family homes and in the community. A family member of a RISE client may also be referred to services for increased wellness, as appropriate, in order to support the family system in which the client is responsive to, as a part of their recovery environment.

PROGRAM OUTCOME GOALS:

The goal of this program is to increase stability and wellness in an outpatient treatment setting thereby reducing the need for conservatorship. Rehabilitative and therapeutic services are provided to adult beneficiaries during the adjustment back to the community to develop the skills needed to provide for their basic needs.

PROGRAM OUTCOME DATA/INDICATORS:

- Note: This reporting period is 12 calendar months compared with the previous reporting period of 18 months. Therefore, values from this period may not directly correlate with the previous reporting period. Data in this report was pulled from Avatar and program database. Program was unable to capture all data points for all clients.*

1. Crisis Services- Number of clients with crisis services increased by 7% and the number of clients with recurrence of crisis services decreased by 10% when compared to last year’s outcomes. The RISE team caseload has increased from 75 participants in previous reporting period to 184 served this year.

2. Hospitalization- The percentage of clients hospitalized decreased to 29% and consecutive period of hospitalization dropped to 12% this year. The RISE team encourages people served to participate in identifying their own safety level and stabilize, while in the hospital, instead of possible repeat trauma of repeated hospitalization, resulting in longer stays during a crisis.

The RISE team offers intensive outpatient series utilizing components of the Assertive Community Treatment (ACT) model. This model is an Evidence Based Practice (EBP) that was originally designed as an alternative to hospitalization. The clients treated by RISE are on LPS conservatorship and have been stepped down from a locked inpatient setting. The number of hospitalizations following intervention has declined significantly. The lives of these clients are still characterized by great instability and they are in the beginning phases of recovery. It would be expected that there may be a continued need for crisis stabilization services as stability continues to increase. The decrease in hospitalization and hospital days suggests that although clients need some continued crisis stabilization services, these episodes are not resulting in the transfer to acute inpatient units; that the clients are able to stabilize and return to their home with brief crisis stabilization services.

Crisis Services

RISE	FY 15-16 (07/15-06/16)	Monthly Average	Percent of Clients	14-15 (01/14-06/15)	Monthly Average	Percent of Clients
# of Clients w/Crisis Services	50	4	27%	15	1	20%
# of Clients with recurrence of crisis services	21	2	11%	16	1	21%
# of Unique Clients Served	184			75		

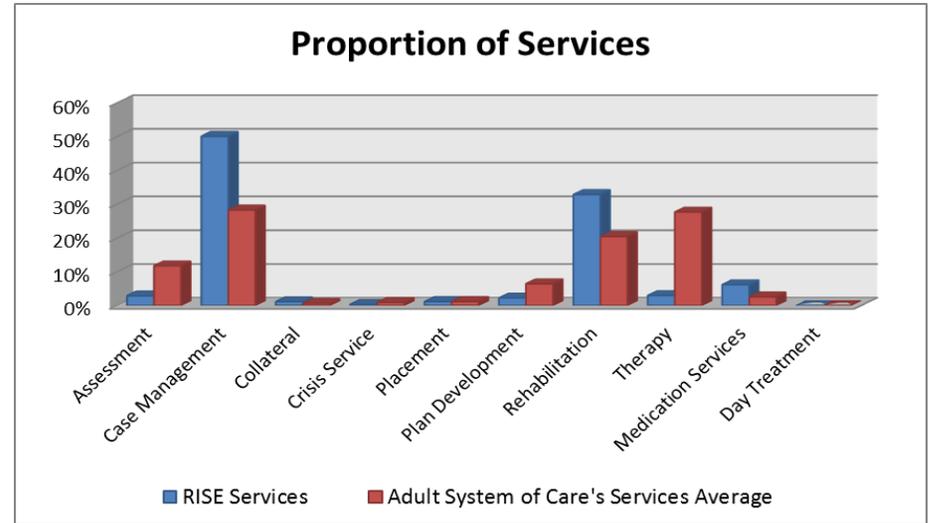
Hospitalization

RISE	FY 15-16 (07/15-06/16)	Monthly Average	Percent of Clients	14-15 (01/14-06/15)	Monthly Average	Percent of Clients
# of Clients Hospitalized	53	4	29%	43	2	57%
# of Days of Hospitalization	1898	158		2978	165	
# of Clients with more than one consecutive period of hospitalization	22	2	12%	27	2	36%
# of Unique Clients Served	184			75		

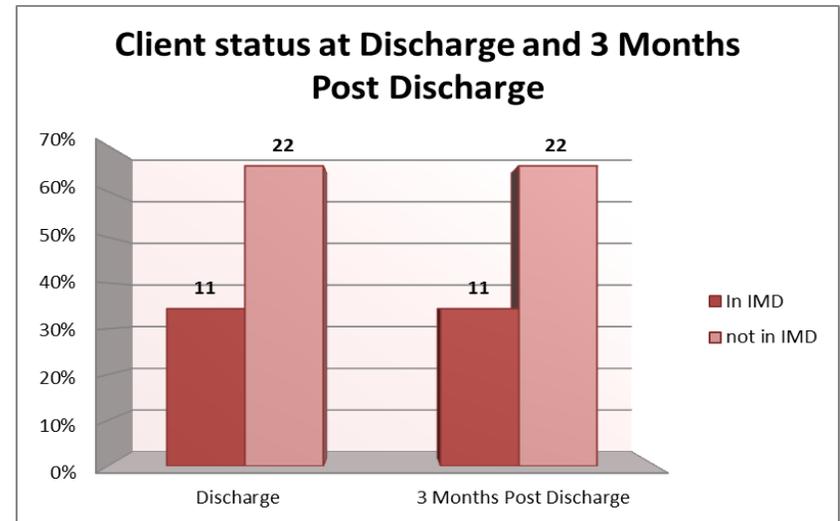
- The RISE team predominately provides case management and rehabilitation which is consistent with client need at higher levels of care. All services are culturally supportive and are able to be provided in the community. The majority of services are field-based.

Crisis services were pulled from Exodus cost center in Avatar from July 2015 through June 2016. This data was pulled on July 27, 2016 and reflects real time data. Crisis reoccurrence is defined as more than one 23 hour period visit at those locations.

Hospitalization data was pulled on July 27, 2016 and reflects real time data. Client counts may have changed due to Avatar corrections. Data was pulled from Crestwood PHF, Exodus PHF and hospitals in Avatar.

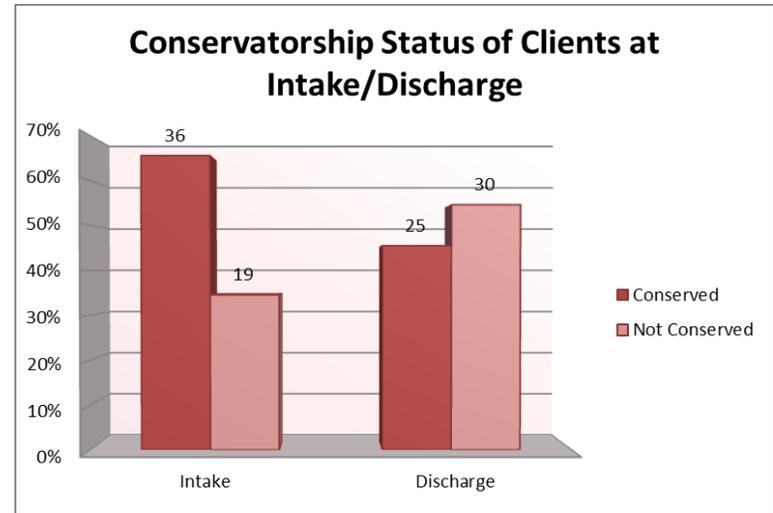


- Client status at discharge and 3 months post discharge- Total clients discharged with countable data is 33. Of those 33 clients who were tracked and discharged, 66% were placed at a lower level of care and transitioned from RISE without a disruption in services and 34% relapsed to IMD level. During the 3 months post discharge period, 66% sustained stability with their recovery in the community, at the lower level of care and 34% remained in IMD.



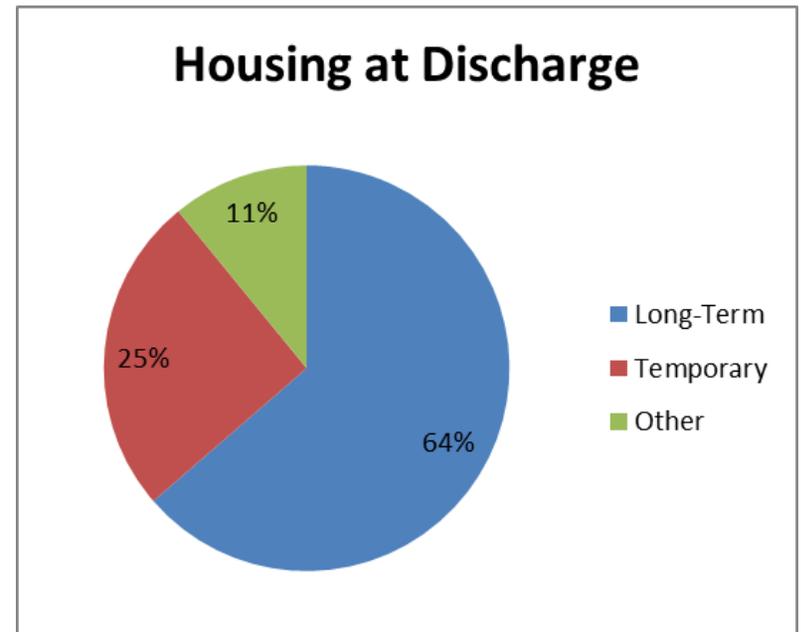
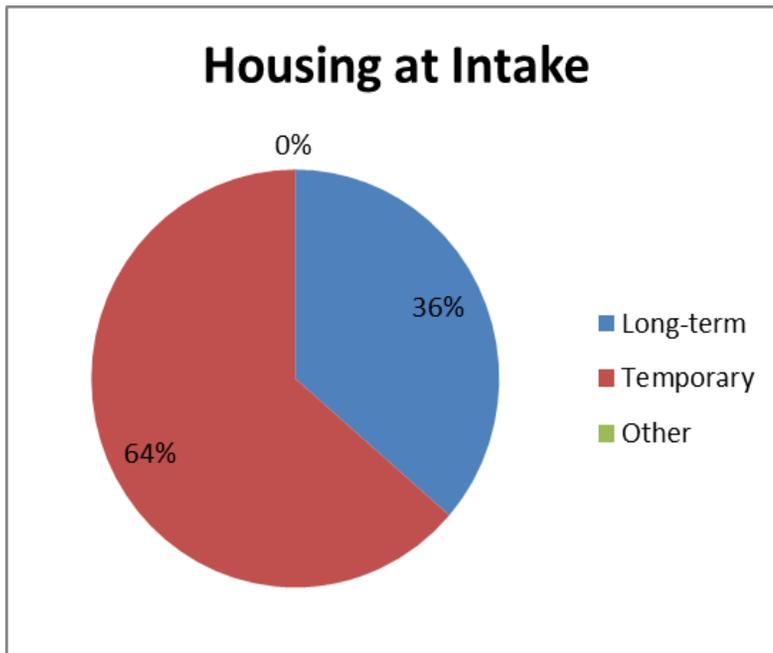
5. Conservatorship status of clients at intake and discharge- Total number of clients for whom their conservatorship status was tracked from intake to discharge is 55. 36 of the 55 clients were on a LPS conservatorship. Of these 36 clients who were LPS conserved at intake, 12 were discharged from LPS conservatorship and 24 remained conserved for long term-care in a SNF or returned to the IMD level for more than 30 days. 19 clients were not on conservatorship when admitted to the program. 18 of those clients were discharged as not conserved and 1 was discharged as conserved.

The RISE team discharges clients that return to a locked facility after 30 days. Additionally, the 19 clients accepted on intake that were not conserved, had recently been released from LPS conservatorship and were identified as high risk for being placed on conservatorship again. Eighteen of those clients successfully remained off of conservatorship and were able to continue their treatment on an outpatient setting.



IMD and legal status of clients at intake/discharge were pulled from RISE Outcomes Database from July 2015 through June 2016.

- *Note: Long-term, temporary and other housing status as defined by RISE Database: Long-term housing includes living with family, licensed room & board, board & care and skilled nursing facility (SNF). Temporary housing includes IMD and Transitional Residential Services Program (TRSP). Other includes jail, homeless and shelter.*
6. Client’s Housing Status at Intake and Discharge- A total of 55 clients were discharged from the program during this reporting period and data on housing status was available for all discharged clients. At intake, 36% of the clients were living in long-term housing and 64% were in temporary housing. At discharge, clients living in a long-term housing had increased to 64% while those living in temporary housing decreased to 25%. 11% of clients at discharge were placed into other housing.



Housing status was pulled from RISE Outcomes Database from July 2015 through June 2016.

- Note: 113 of 184 (61%) clients serviced reported drug use. Of the 113 that reported drug use, 67 were successfully tracked from intake to 3 months to 6 months while active in the RISE program. Severity is measured on a level of 1-4. Severity level 1 is defined as: Client is abstaining from drug use during this time interval. Severity level 2 is defined as: Use of drugs without dependence. Severity level 3 is defined as: Abuse of drugs with client showing psychological/physical problems related to drug use. Severity Level 4 is defined as: Client is dependent on substance and meets criteria for drug dependency.

- Use of alcohol and other drugs (AOD) at intake- Total number of tracked clients with reported use of substances measured during this period is 67. At intake, 75% of clients were at a severity level 1, 6% were at a severity level of 2, 13% at severity level 3 and 1% at severity level 4. Clients with reported drug use but with unknown severity is 4%
- Use of AOD at 3 months (after entrance into the program)- Clients at level 1 severity decreased to 67%, level 2 increased to 12%, level 3 dropped down to 7% and level 4 stayed at 1%.
- Use of AOD at 6 months- Clients with severity level 1 shifted to 73%, level 2 remains consistent at 12%, level 3 remains at 7% and level 4 severity increased to 3%. Clients with unknown severity decreased to 4%.

Client History of alcohol and other drug use were pulled from RISE Outcomes Database from July 2015 through June 2016.

¹ Only 67 clients had complete data set from intake to 3 months to 6 months after initial enrollment into program. Due to clients entering the program at different times of the FY, many of the clients have not reached the 3 and 6 months mark to have complete data set.

Client use of alcohol and other drugs at Intake

Substance	Severity Lvl 1	Severity Lvl 2	Severity Lvl 3	Severity Lvl 4	N/A or Unknown
Alcohol	11	1	2	0	0
Cannabis	3	1	0	0	0
Opiates	5	0	0	0	0
Cocaine	30	2	7	1	3
Prescription Drugs	1	0	0	0	0
Total	50	4	9	1	3
Percentage	75%	6%	13%	1%	4%

Client use of alcohol and other drugs at 3 months after intake

Substance	Severity Lvl 1	Severity Lvl 2	Severity Lvl 3	Severity Lvl 4	N/A or Unknown
Alcohol	12	3	0	0	1
Cannabis	3	3	0	0	0
Opiates	5	0	0	0	1
Cocaine	24	2	5	1	6
Prescription Drugs	1	0	0	0	0
Total	45	8	5	1	8
Percentage	67%	12%	7%	1%	12%

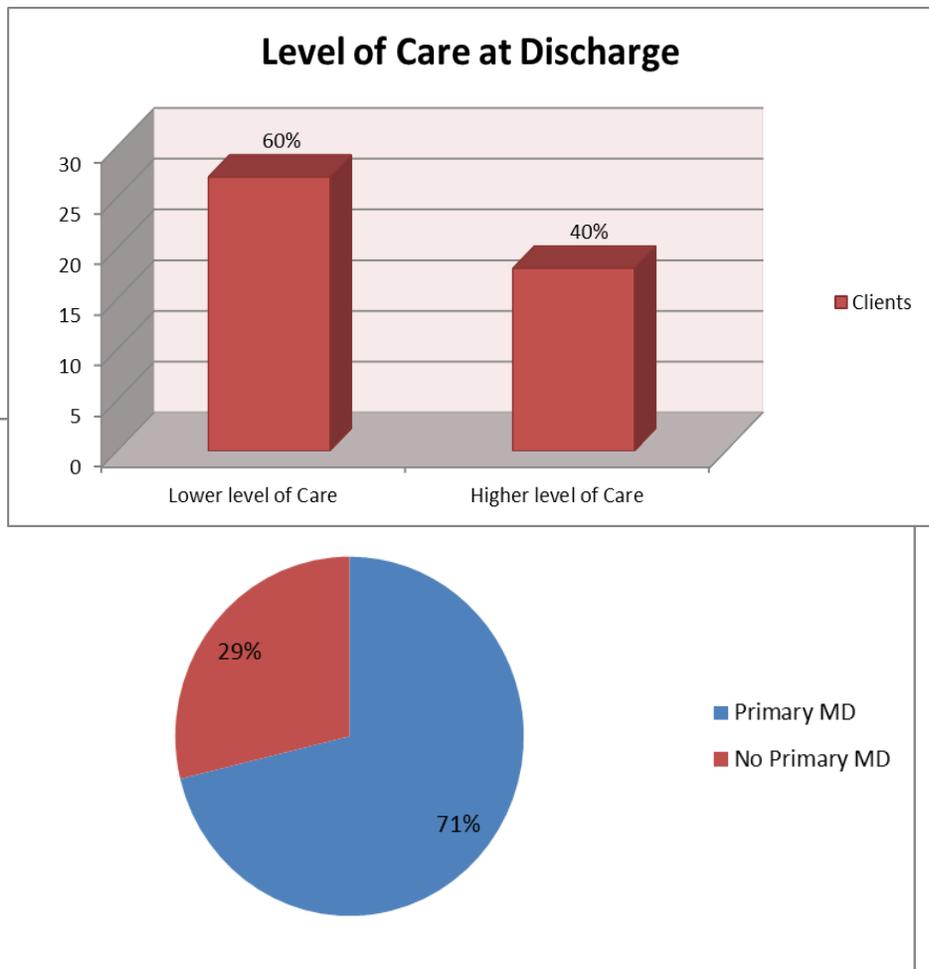
Client use of alcohol and other drugs at 6 months after intake

Substance	Severity Lvl 1	Severity Lvl 2	Severity Lvl 3	Severity Lvl 4	N/A or Unknown
Alcohol	16	4	0	0	0
Cannabis	2	2	0	0	0
Opiates	5	0	0	0	1
Cocaine	25	2	5	2	2
Prescription Drugs	1	0	0	0	0
Total	49	8	5	2	3
Percentage	73%	12%	7%	3%	4%

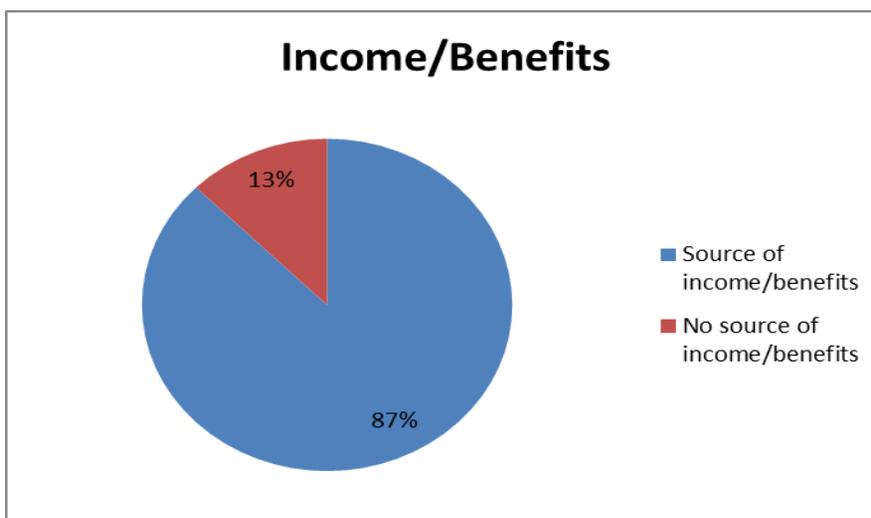
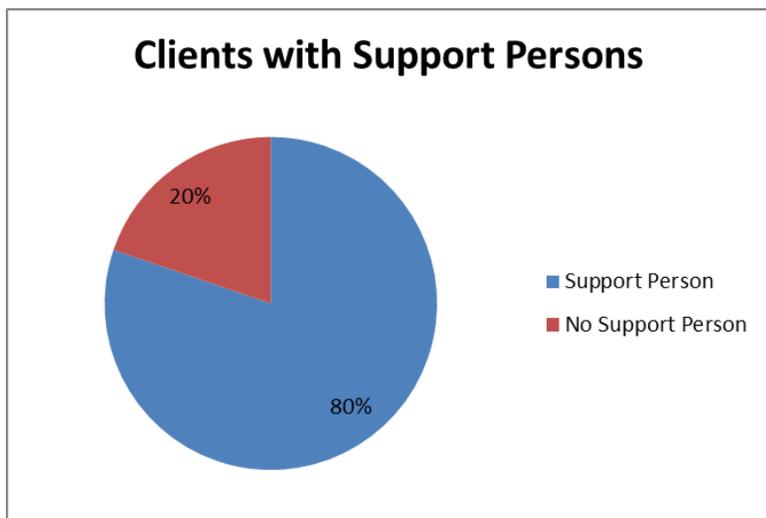
10. Client’s levels of care at discharge- Data on level of care was available for only 45 out 55 discharged clients. Calculations and analysis reflects only those 45 clients.. 60% of those clients were discharged to a lower level of care. 40% returned to a higher level of care. Lower level of care includes Outpatient services offered by the Department of Behavioral Health Outpatient and Full Service Partnership (FSP). Higher level of care includes IMD and state hospital.

11. Clients with identified PMD (Primary Medical Doctor)- Of the 184 clients that were served by RISE, 131 were connected to a Primary MD, within the first month of engagement for services. Connection to primary care reduces the risk of needed crisis intervention or crisis stabilization. Additionally, the regular treatment and monitoring of physical health has a positive effect on the management of mental health symptoms.

Clients with level of care, primary MDs, support persons and income/benefits were pulled from RISE Outcomes Database from July 2015 through June 2016.



- 12. Support persons- Of the 184 clients served by RISE, 146 (79%) identified a significant support person by the end of treatment. Within the first week of admission the RISE Team assists clients in identifying and developing supportive relationships. An identified support person is the first step in developing natural supports that can assist the client in maintaining their recovery, outside of the mental health system. These natural supports create meaningful growth and healing within the context of the client’s natural community and outside of the formal mental health care system.
- 13. Income and benefits received- 161 of 184 clients, (88%), had a source of income and that income source was maintained through discharge from the program. Income is a primary variable in securing basic necessities like food and clothing and is essential for establishing long term housing. RISE helped beneficiaries stay linked to, and maintain, financial and medical benefits.



Clients with level of care, primary MDs, support persons and income/benefits were pulled from RISE Outcomes Database from July 2015 through June 2016.

DEPARTMENT RECOMMENDATION(S):

The Department recommends continuing funding for the RISE program for FY 2016-2017.