

PROGRAM INFORMATION:

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|-----------------------------|---|-----------------------|-----------------------------------|
| Program Title: | Pathways Mental Health and REACH Team | Provider: | Department of Behavioral Health |
| Program Description: | <p>The Pathways Mental Health program serves referred clients from the Department of Social Services (DSS) Welfare to Work (WTW) or Child Welfare programs. Clients are referred whenever there is a concern that mental health or substance use issues interfere with the individual’s ability to participate in work or school activities and/or when they are having difficulty parenting due to their thinking, feeling, behavior, and/or substance use challenges.</p> <p>The program includes two 90-day phases: Phase I focuses on reducing or eliminating their symptoms, developing a wellness and recovery plan to use at work/school or home and learning other life skills. Phase II focuses on re-entering school and/or work and how to apply their wellness and recovery in those settings.</p> <p>The REACH team is comprised of DSS and DBH staff and was created to address barriers for DSS clients. The goal of the team is to provide a multidisciplinary approach to clients with domestic abuse, substance use disorders, and/or mental health issues by triaging, referring/linking, monitoring, and conducting home calls to clients until stabilized in services to meet their needs. This is an effort to reduce barriers to employment and stabilize families so that they can remain as a family unit and move towards self-sufficiency.</p> | MHP Work Plan: | 4-Behavioral health clinical care |

Staffing for the Pathways Mental Health program consists of 4 Mental Health Clinicians, 1 vacant Mental Health Clinician and 6 Community Mental Health Specialists.

DBH Staffing for the REACH Team consists of 1 Senior Substance Use Specialist, 2 Substance Use Specialists, 1 vacant Substance Use Specialist and 1 Licensed Mental Health Clinician

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| Age Group Served 1: | ADULT | Dates Of Operation: | 1999 - Current |
| Age Group Served 2: | OLDER ADULT, TAY | Reporting Period: | July 1, 2016 - June 30, 2017 |
| Funding Source 1: | Other, please specify below | Funding Source 3: | Choose an item. |
| Funding Source 2: | Choose an item. | Other Funding: | Department of Social Services Welfare to Work funds |

FISCAL INFORMATION:

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| Program Actual Amount: | REACH: \$387,205 | Pathways MH: \$1,928,469 |
| Number of Unique Clients Served During Time Period: | | Pathways MH: 153 |
| Number of Services Rendered During Time Period: | | Pathways MH: 6,139 |
| Actual Cost Per Client: | Pathways: \$12,604 | |

TARGET POPULATION INFORMATION:

Target Population: Pathways- DSS referred clients by DSS who are active in DSS Welfare to Work or Child Welfare programs.
 REACH- DSS clients in need of mental health and substance use services.

CORE CONCEPTS:

- **Community collaboration:** Individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** Adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** Services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

Please describe how the selected concept (s) embedded :

Integrated service experiences

Integrated services are achieved and maintained through the implementation and consistent application of the following evidence based practices, Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization & Reprocessing (EMDR), Wellness Recovery Action Planning (WRAP), Seeking Safety, Shared Decision Making, Grief and Loss, domestic violence, illness management, recovery skills and the mobilization of clients' strengths in the service of their recovery goals. Implementation and consistent application of these practices is monitored and encouraged by means of individual and team consultations and trainings in the office, on-site monitored practice and coaching.

Cultural Competency

The staff has been trained in various cultural competencies and attend ongoing trainings to broaden their knowledge, increasing their level of cultural sensitivity; resulting in more effective culturally specific treatment. Staff have various backgrounds and are willing to share and support the team.

Community collaboration

The staff strive to link clients with appropriate community resources in a collaborative effort to meet client needs, such as housing, food, clothing, substance use programs, primary care medical providers, spiritual resources,

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

and other specialty mental health services for adult clients and their children via case managers, clinicians, and medical staff.

The staff are utilizing a Recovery/Resiliency approach after having been trained in the 'Reaching Recovery' model and are currently incorporating this into mental health assessments and treatment planning by utilizing the 'Recovery Needs Level' and 'Client Strengths Assessment' tools to focus on client's recovery and wellness.

PROGRAM OUTCOME & GOALS

- Must include each of these areas/domains: (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- Include the following components for documenting each goal: (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

1. Effectiveness-

e. Hospitalizations

Hospitalization data for all adult programs is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

f. Inpatient Crisis Stabilization Services

Data on inpatient crisis stabilization services is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

g. Hospitalizations and Crisis Services by Follow-Up Status

Data on follow up for hospitalizations and crisis services is reported in aggregate in the report titled, Outcomes Report-Adult System of Care.

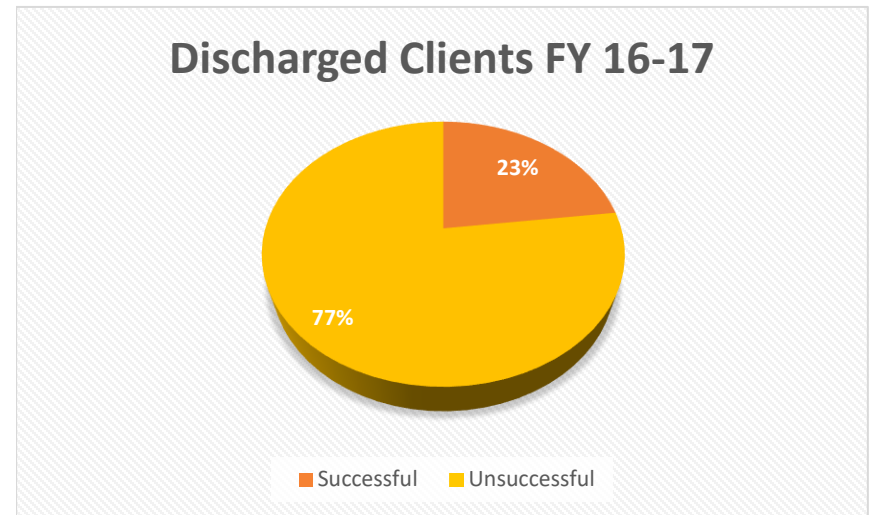
d. Pathways Program Discharges

The goal is for the client to complete the program and remove mental health barriers that prevent clients from obtaining employment or education.

- i. Objective: To have clients complete the program and/or assist client in reducing mental health symptoms and obtain employment.
- ii. Indicator: Percent of clients who complete the program or are discharged due to obtaining employment/education.
- iii. Who Applied: Clients who were discharged from the program during FY 16-17.
- iv. Time of Measure: FY 16-17
- v. Data Source: Monthly Activity Reports
- vi. Target Goal Expectancy: The Department is developing target goals for program completions.
- vii. Outcome: 23% of clients served were discharged due to completing the program and/or obtaining employment or education that interfered with participation in the program.

Pathways Program Discharges

| | | |
|----------------------------------|----|-----|
| Completed Program | 15 | 15% |
| Obtained Emp/Ed Unable to Attend | 8 | 8% |
| Non-compliant | 75 | 77% |
| Total | 98 | |



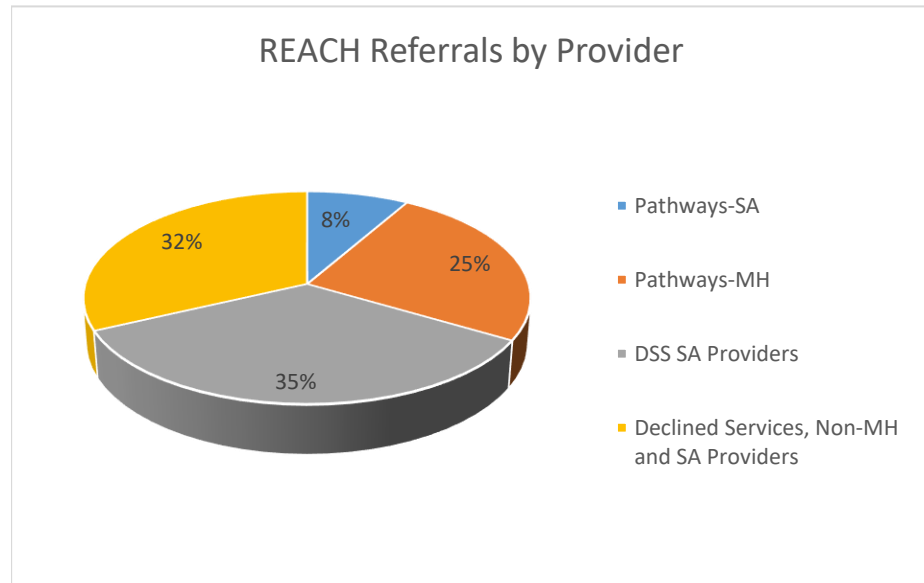
e. REACH Team Referrals

The role of the REACH team is to provide services to all clients referred by DSS staff. Clients are referred through ES 103 forms, crisis calls, walk-ins and as a result of presentations by staff. REACH team referral data reported on a monthly basis for clients with an ES 103 referrals.

- i. Objective: To provide referrals to DSS referred clients.
- ii. Indicator: Percent of clients who received a screening and a referral was provided.
- iii. Who Applied: DSS clients for whom an ES 103 referral to REACH team was provided.
- iv. Time of Measure: FY 16-17
- v. Data Source: Monthly Activity Reports submitted by program
- vi. Target Goal Expectancy: The Departments will develop target goals.
- vii. Outcome: 67% of clients referred by DSS received a screening and a referral.

REACH Team

| | | |
|---|-----|-----|
| # of Clients Referred by DSS | 920 | |
| # of Completed Screenings | 613 | 67% |
| Referrals To the Following: | | |
| Pathways-Substance Use | 51 | |
| Pathways-Mental Health | 154 | |
| DSS Substance Use Providers | 212 | |
| Declined Services, Non-Metal Health/Substance Use Providers | 196 | |



e. Reaching Recovery: Consumer Recovery Measure and Recovery Marker Inventory

The Department implemented Reaching Recovery in July 2016 for county operated programs. Reaching Recovery is a tool that was developed by Mental Health Center of Denver; its major focus is tracking change across multiple domains of wellness. With Reaching Recovery in place, the Department began to utilize several tools designed to measure recovery for individuals: the Recovery Needs Level Marker, Consumer Recovery Measure and Recovery Marker Inventory.

Recovery Needs Level (RNL): Assigns the right level of service intensity to a client at the right time.

Consumer Recovery Measure (CRM): A quarterly client rating of his/her perception of recovery. It is a 16-question tool that explores the client's perception of their recovery across 5 dimensions:

1. Hope
2. Symptom Management
3. Personal Sense of Safety
4. Active Growth Orientation
5. Satisfaction with Social Networks

Recovery Marker Inventory (RMI): A quarterly practitioner rating of client's progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the client's on 8 objective factors associate with recovery:

1. Employment
2. Education
3. Active/Growth
4. Level of Symptom Management
5. Participation of Services
6. Housing
7. Substance Abuse
8. Stage of Change

Together the tools measure recovery from multiple perspectives. These tools measure changes in recovery across multiple domains and provide a structure for holistic care. The Department has begun to gather and analyze preliminary data from the CRM and RMI. The goal is to continue to gather data, establish baseline measurements and standards of measure.

2. Efficiency

a. Cost per Client

Costs include all staffing and operational costs of the program.

- i. Objective: To maximize the use of resources allocated to this program.
- ii. Indicator: Total program costs compared to number of unique clients served.
- iii. Who Applied: Clients served by the program. Clients served represents clients who received any specialty mental health service in FY 16-17.
- iv. Time of Measure: FY 16-17
- v. Data Source: Avatar and Financial Records
- vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.
- vii. Outcome: Compared to prior year, the cost per client for FY 16-17 increased by 28%. The number of unique clients served decreased by 32%. Costs for the program decreased due to increased vacancies. Decrease in clients served is due to low number of referrals received, which has affected the cost per client. The program is limited to serving clients referred by DSS.

Cost per Client

| | FY 15-16 | FY 16-17 |
|-----------------------|-------------|-------------|
| Unique Clients | 225 | 153 |
| Program Actual Amount | \$2,218,754 | \$1,928,469 |
| Cost per Client | \$9,861 | \$12,604 |

3. Access:

The Department of Social Services refers clients to the Pathways program. Referred clients must attend an orientation prior to admission.

a. Length of Time from Referral to Orientation

- i. Objective: To provide orientation in within 10 days of referral
- ii. Indicator: Average number of days from referral to first appointment.
- iii. Who Applied: Any client who requested services and was referred to the program.
- iv. Time of Measure: FY 16-17 (excludes April 2017 as data was not available)
- v. Data Source: Orientation logs from program
- vi. Target Goal Expectancy: Provide orientation within 10 days
- vii. Outcome: The average time for an orientation offered from referral was 5 days for 216 referrals.

Length of Time from Referral to Orientation

| Number of Referrals | Average Number of Days to Orientation |
|---------------------|---------------------------------------|
| 216 | 5.43 |

4. Satisfaction & Feedback of Persons Served & Stakeholders

Consumer Perception Surveys (CPS) are conducted every six (6) months over a one-week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys that are available to consumers and family members at County and contracted provider organizations. The data is provided in arrears and the most current data available is from November 2016.

a. Consumer Perception Survey

- i. Objective: To gauge satisfaction of clients and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of clients who complete the survey and response was ‘Agree’ or ‘Strongly Agree’ for the following domains: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Treatment Participation, Perception of Outcomes of Services, Perception of Functioning and Perception of Social Connectedness.
- iii. Who Applied: Clients who completed the survey in November 2016 for the program.
- iv. Time of Measure: November 2016
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The Department would like to see a majority of clients satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.
- vii. Outcome: Majority of clients were satisfied in all seven domains. General satisfaction, perception of access, perception of quality and appropriateness, and perception of participation in treatment planning indicated that more than 80% of clients surveyed were satisfied.

