

**PROGRAM INFORMATION:**

**Program Title:** Asian Pacific Islander Team (API)      **Provider:** Department of Behavioral Health  
**Program Description:**      **MHP Work Plan:** 4-Behavioral health clinical care

The Department of Behavioral Health Adult Outpatient Asian Pacific Islander program provides culturally competent, strength-based, wellness & recovery focused treatment services. Services include mental health assessments, case management, crisis intervention, psychiatric evaluation, medication management, individual and group rehabilitation interventions, peer-to-peer support groups, and individual and group therapy. The services are geared toward reducing psychiatric hospitalization, improving support systems, strengthening socialization and coping skills, linking persons to services within our department and the community, and teaching and promoting Wellness & Recovery. The outpatient programs serve adults who have been diagnosed with a serious and persistent mental health condition. Services are provided by mental health clinicians, community mental health specialists, licensed vocational nurses, psychiatrists, nurses, and peer support specialists who have specialized cultural training and linguistic skills. Oversight is provided by a clinical supervisor that also provides culturally appropriate training and supervision of this specialty staff. The majority of the persons served are refugees suffering from war trauma and the complications of acculturating into a society vastly different from their own.

The allocated positions for the program consist of 1 Mental Health Clinician and 3 Community Mental Health Specialists. The

program operated at an average vacancy rate of 0% throughout FY 17-18.

<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	2007 - Current
<b>Age Group Served 2:</b>	OLDER ADULT, TAY	<b>Reporting Period:</b>	July 1, 2017 - June 30, 2018
<b>Funding Source 1:</b>	Realignment	<b>Funding Source 3:</b>	Choose an item.
<b>Funding Source 2:</b>	Medical FFP	<b>Other Funding:</b>	Click here to enter text.

**FISCAL INFORMATION:**

<b>Program Actual Amount:</b>	\$543,578
<b>Number of Unique Persons Served During Time Period:</b>	363
<b>Number of Services Rendered During Time Period:</b>	3,296
<b>Actual Cost Client:</b>	\$1,497

**TARGET POPULATION INFORMATION:**

**Target Population:** Asian (Asian & English-Speaking) age 18-59 diagnosed with chronic mental health disorders. This includes, but is not limited to: Schizophrenia, Bipolar Disorder, and other diagnosis that include psychotic features, as well persons with co-occurring disorders.

**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, Cognitive Behavioral Therapy for psychosis (CBTp), Motivational Interviewing (MI), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization & Reprocessing (EMDR), Wellness Recovery Action Planning (WRAP), Shared Decision Making and the mobilization of persons’ 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 (in the field) monitored practice and coaching, and the pairing of clinicians with case management staff to provide on-going consultation and training.

Cultural Competency

The API 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.

Community collaboration

The API staff strives to link persons with appropriate community resources in a collaborative effort to meet person needs, such as housing, food, clothing, substance use programs, primary care medical providers, spiritual resources, and other specialty mental health services for adult persons and their children via case managers, clinicians, and medical staff.

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

The API Team 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 ‘Person Strengths Assessment’ tools to focus on person’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-**

**a. Hospitalizations**

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

**b. Inpatient Crisis Stabilization Services**

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

**c. 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. 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 person at the right time.

***Consumer Recovery Measure (CRM):*** A quarterly person rating of his/her perception of recovery. It is a 16-question tool that explores the person'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 person's progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the person'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 Person**

Costs include all staffing and overhead costs associated with operation 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 persons served.
- iii. Who Applied: Persons served by the program. Persons served represents persons who received any specialty mental health service in FY 17-18.
- iv. Time of Measure: FY 17-18
- 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 person for FY 17-18 decreased by 3%. The number of unique persons served increased by 7%. The actual program cost increased by 5% due to increased salary and benefit costs and operational expenses.

**Cost per Person**

	FY 16-17	FY 17-18
Unique Persons	338	363
Program Actual Amount	\$520,027	\$543,578
Cost per Person	\$1,539	\$1,497

**3. Access:**

**a. Urgent and Non-Urgent Timeliness**

Data for timeliness of access was collected and combined for all programs within the Adult System of Care and can be found on the Outcomes Report-Adult System of Care.

**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 completing 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 2017.

**a. Consumer Perception Survey**

- i. Objective: To gauge satisfaction of persons and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of persons 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: Persons who completed the survey in November 2017 for the program.
- iv. Time of Measure: November 2017
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The Department would like to see a majority of persons satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.
- vii. Outcome: Majority of persons were satisfied in all seven domains. General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, and Perception in Treatment Planning indicated that more than 70% of persons surveyed were satisfied.

