

PROGRAM INFORMATION:

Program Title:	Latino Team	Provider:	Department of Behavioral Health
Program Description:	The Department of Behavioral Health Adult Outpatient Latino program provides culturally competent, strength-based, wellness & recovery focused treatment services. This includes 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, increasing and improving socialization skills, developing and improving 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 who can deliver services in Spanish or English with an emphasis on working with the family, Oversight is provided by clinical supervisor staff who also provide culturally appropriate training and supervision of this specialty staff. The majority of persons served has a Latino background and identify with the Hispanic	MHP Work Plan:	4-Behavioral health clinical care

culture. Some speak Spanish only, some speak both Spanish and English but prefer Spanish or have a family member or caregiver in their support system that needs help in Spanish.

The allocated positions for the program consists of 1 Mental Health Clinician, 3 Community Mental Health Specialists and 1 Peer Support Specialist. The program operated at an average vacancy rate of 0% throughout FY 17-18.

Age Group Served 1: ADULT
Age Group Served 2: OLDER ADULT, TAY
Funding Source 1: Realignment
Funding Source 2: Medical FFP

Dates Of Operation: 2007 - Current
Reporting Period: July 1, 2017 - June 30, 2018
Funding Source 3: Choose an item.
Other Funding: Click here to enter text.

FISCAL INFORMATION:

Program Actual Amount: \$416,794
Number of Unique Persons Served During Time Period: 273
Number of Services Rendered During Time Period: 2,460
Actual Cost Per Client: \$1,527

TARGET POPULATION INFORMATION:

Target Population: Latino adults (English and Spanish-Speaking) age 18-59 diagnosed with chronic mental health disorders. This includes, but 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:

Integrated service experiences

Please describe how the selected concept (s) embedded :

Integrated services are achieved and maintained through the implementation and consistent application of the following evidence based practices, Cognitive Behavioral Therapy for psychosis (CBTp), Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI), 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 Latino Team 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 Latino Team staff strive to link persons with appropriate community resources in a collaborative effort to meet person needs, such as housing,

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

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.

The Latino 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 'Client 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 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 overhead costs associated with operation of the program.

- i. Objective: To maximize the use of resources allocated to the 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 client for FY 17-18 increased by 13%. The number of unique persons decreased by 4%. The program actual cost increase of 8% is due to to increased salary and benefit costs and operational expenses; staffing remained consistent throughout the year.

Cost per Client

	FY 16-17	FY 17-18
Unique Persons	285	273
Program Actual Amount	\$384,783	\$416,794
Cost per Client	\$1,350	\$1,527

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 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 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 seven of seven domains. General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Participation in Treatment Planning and Perception of Social Connectedness indicates that more than 80% of persons surveyed were satisfied.

