

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Pathways Mental Health and REACH Team	<b>Provider:</b>	Department of Behavioral Health
<b>Program Description:</b>	<p>The Pathways Mental Health program assists referred persons served from the Department of Social Services (DSS) Welfare to Work (WTW) or Child Welfare programs. Persons served 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 persons served. The goal of the team is to provide a multidisciplinary approach to persons with domestic abuse, substance use disorders, and/or mental health issues by triaging, referring/linking, monitoring, and conducting home calls to persons served 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>	<b>MHP Work Plan:</b>	4-Behavioral health clinical care

The allocated positions for the Pathways Mental Health program consist of 6 Mental Health Clinicians and 6 Community Mental Health Specialists. The program operated at an average vacancy rate of 18% throughout FY 17-18.

The allocated positions for the REACH Team consists of 1 Mental Health Clinician and 5 Substance Abuse Specialists. The program operated at an average vacancy rate of 15% throughout FY 17-18.

<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	1999 - 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>	Other, please specify below	<b>Funding Source 3:</b>	Choose an item.
<b>Funding Source 2:</b>	Choose an item.	<b>Other Funding:</b>	Department of Social Services funds

**FISCAL INFORMATION:**

<b>Program Actual Amount:</b>	REACH: \$425,993	Pathways MH: \$1,680,359
<b>Number of Unique Persons Served During Time Period:</b>	Pathways MH: 136	
<b>Number of Services Rendered During Time Period:</b>	Pathways MH: 6,266	
<b>Actual Cost Per Person Served:</b>	Pathways: \$12,356	

**TARGET POPULATION INFORMATION:**

<b>Target Population:</b>	Pathways- DSS referred persons served who are active in DSS Welfare to Work or Child Welfare programs. REACH- DSS referred persons served in need of mental health and substance use services.
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**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 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 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 persons served with appropriate community resources in a collaborative effort to meet persons served needs, such as housing, food, clothing, substance use programs, primary care medical providers,

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

spiritual resources, and other specialty mental health services for adult persons served 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 person's served 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.

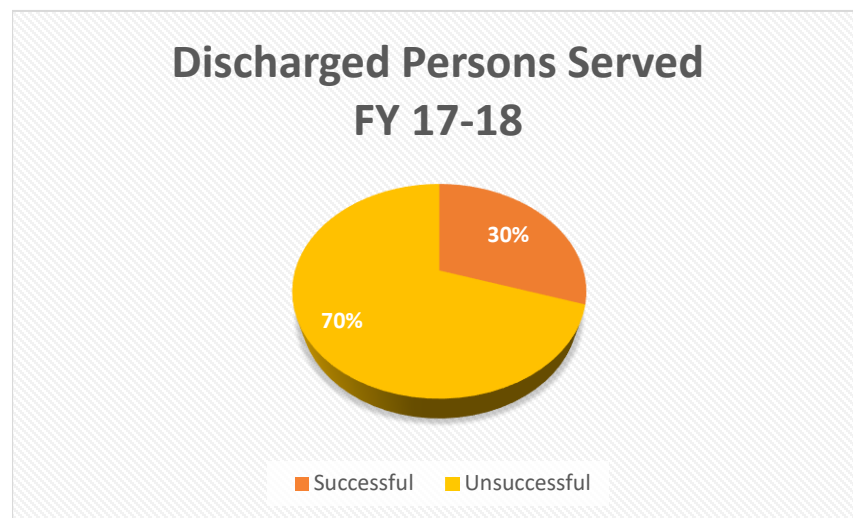
**d. Pathways Program Discharges**

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

- i. Objective: To have persons served complete the program and/or assist persons served in reducing mental health symptoms and obtain employment.
- ii. Indicator: Percent of persons served who complete the program or are discharged due to obtaining employment/education.
- iii. Who Applied: Persons served who were discharged from the program during FY 17-18.
- iv. Time of Measure: FY 17-18
- v. Data Source: DSS/DBH MOU Monthly Activity Reports
- vi. Target Goal Expectancy: The Department is developing target goals for program completions.
- vii. Outcome: 30% of persons 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	13	15%
Obtained Emp/Ed Unable to Attend	13	15%
Non-compliant	61	70%
Total	87	



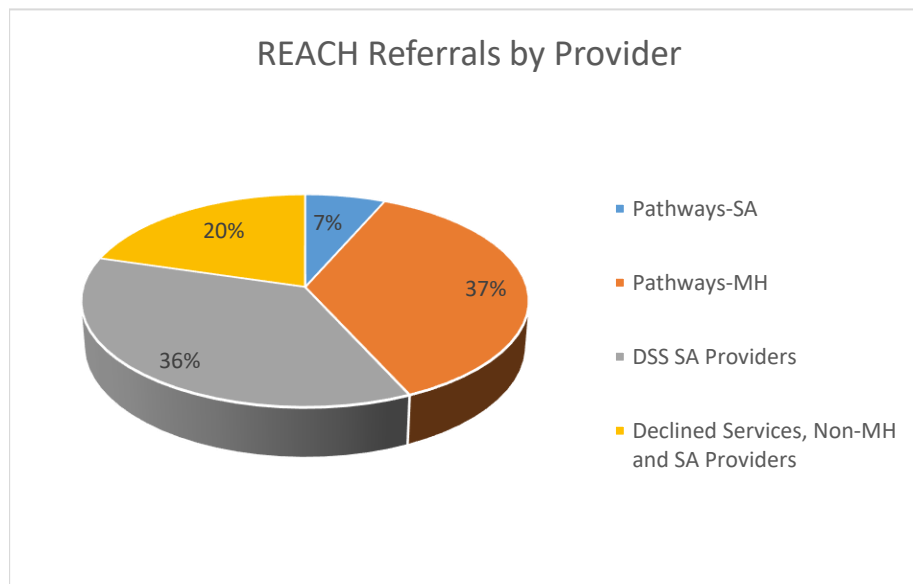
**e. REACH Team Referrals**

The role of the REACH team is to provide services to all persons referred by DSS staff. Persons served 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 persons served with an ES 103 referrals.

- i. Objective: To provide referrals to DSS referred persons served.
- ii. Indicator: Percent of persons served who received a screening and a referral was provided.
- iii. Who Applied: DSS persons served for whom an ES 103 referral to REACH team was provided.
- iv. Time of Measure: FY 17-18
- v. Data Source: Monthly Activity Reports submitted by program
- vi. Target Goal Expectancy: The Departments will develop target goals.
- vii. Outcome: 50% of persons served referred by DSS received a screening and a referral.

**REACH Team**

# of Person Served Referred by DSS	663	
# of Completed Screenings	382	58%
<b>Referrals To the Following:</b>		
Pathways-Substance Use	25	
Pathways-Mental Health	140	
DSS Substance Use Providers	139	
Declined Services, Non-Metal Health/Substance Use Providers	78	



**f. 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 served at the right time.

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

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 persons served.
- iii. Who Applied: Persons served by the program. Persons served represents persons served 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 served for FY 17-18 decreased by 2%, due to decreases in program costs and in unique persons served. The number of persons served is dependent upon referrals from DSS and was 11% lower than the previous year. Costs for the program decreased by 13% due to staff vacancies and decreases in program expenses such as facility operations and maintenance.

Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	153	136
Program Actual Amount	\$1,928,469	\$1,680,359
Cost per Person Served	\$12,604	\$12,356



**3. Access:**

The Department of Social Services refers persons served to the Pathways program. Referred person served 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 person who requested services and was referred to the program.
- iv. Time of Measure: FY 17-18
- 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 3.67 days for 110 referrals.

**Length of Time from Referral to Orientation**

Number of Referrals	Average Number of Days to Orientation
110	3.67