

PROGRAM INFORMATION:

Program Title:	Recovery with Inspiration, Support and Empowerment (RISE)	Provider:	Department of Behavioral Health
Program Description:	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, without a disruption in services. Each person served is encouraged to define wellness and develop a plan in collaboration with their practitioner to maintain their recovery. The team promotes self-sufficiency, culturally relevant services, and uses a person/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 person served. 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 using	MHP Work Plan:	4-Behavioral health clinical care

natural supports to increase overall and independent wellness, while reducing recidivism back to LPS Conservatorship and placement in locked treatment facilities.

The allocated positions for the program consists of 5 Mental Health Clinicians, 7 Community Mental Health Specialists and 2 Peer Support Specialist. The program operated at an average vacancy rate of 20% throughout FY 17-18.

Age Group Served 1: ADULT
Age Group Served 2: OLDER ADULT
Funding Source 1: Com Services & Supports (MHSA)
Funding Source 2: Medical FFP

Dates Of Operation: [January 2014 - 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: [\\$1,273,828](#)
Number of Unique Persons Served During Time Period: [308](#)
Number of Services Rendered During Time Period: [6,122](#)
Actual Cost Per Person Served: [\\$4,136](#)

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.

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:

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

Cultural Competency

Please describe how the selected concept (s) embedded :

RISE works from an approach that includes Wellness and Recovery, and empowers the person served to identify their own resiliency in maintaining their independence. This is practiced by supporting each person served to reflect and identify his or her 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. The RISE team has practiced and utilized a person/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 person's served goals driving the direction of treatment. Persons served 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 persons served 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 person served may also be referred to services for increased wellness, as appropriate, in order to support the family system in which the person served is responsive to, as a part of their recovery environment.

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 person's treatment is guided by the culture the person identifies with. Staff research, consult and collaborate with various partners, including

Community collaboration

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 psychosocial assessments from a developmental, social and cognitive perspective that include cultural differences that may go beyond traditional theoretical approaches.

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 caregivers, 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 persons served ensures they receive the highest quality of integrated care, thus decreasing stressors and multiple contacts for our persons served. 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.

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 served at the right time.

Consumer Recovery Measure (CRM): A quarterly person served rating of his/her perception of recovery. It is a 16-question tool 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 persons'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 overhead costs associated with operation of the program.

- i. Objective: To efficiently use resources for each and maintain or minimize cost per person served.
- 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 services 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 8% due to increased unique persons served and slight increase in actual program costs. The number of unique persons served increased by 12%. Actual program cost increased by 3%. Although there were increased salary and benefit cost, the vacancy rate for this program was higher than the previous year.

Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	276	308
Program Actual Amount	\$1,238,761	\$1,273,828
Cost per Person Served	\$4,488	\$4,136

3. Access:

a. Urgent and Non-Urgent Timeliness

The Department is currently developing a process for admissions and discharges. Data for access was collected and combined for all programs within the Adult System of Care and can be found on the "Aggregate Outcomes Report-ASOC".