PROGRAM INFORMATION:

Program Title:	First Onset Team (FOT)	**Provider:**	Department of Behavioral Health
Program Description:	The Department of Behavioral Health (DBH) First Onset Team provides mental health services to adult with severe mental illness (SMI) populations who have been identified as experiencing a first onset of mental illness with psychosis within the last 365 days. The program consists of a team that provides psychiatry, therapy, case management, and peer support services in a collaborative manner with an appropriate collaborative client driven model that seeks to engage the client in a way that is meaningful and relevant to him/her. Referrals are generated through and received from various agencies, programs, hospitals and individuals. Outreach efforts involve educating the public in the availability of First Onset Program services, reducing stigma via education and presentations, and program explanation to potential referring sources and consumer contact.	**MHP Work Plan:**	4-Behavioral health clinical care

Staffing for the program consists of 4 Mental Health Clinicians, 3 Community Mental Health Specialists, and 1 Peer Support Specialist.

Age Group Served 1:	ADULT	**Dates Of Operation:**	March 2010-Current
Age Group Served 2:	TAY	**Reporting Period:**	July 1, 2016-June 30, 2017
Funding Source 1:	Prevention (MHSA)	**Funding Source 3:**	Medical FFP
Funding Source 2:	Early Intervention (MHSA)	**Other Funding:**	

FISCAL INFORMATION:

Program Actual Amount: $493,346
Number of Unique Clients Served During Time Period: 217
Number of Services Rendered During Time Period: 1,854
Actual Cost Per Client: $2,273

TARGET POPULATION INFORMATION:

Target Population: The First Onset team serves adults and transition age youth.

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

Please describe how the selected concept (s) embedded :

A recovery/resiliency orientation is embedded in all aspects of program delivery. This is reinforced in the evidence supported and evidenced based treatment models that are utilized in all aspects of service delivery.

Embedded in service delivery to all clients are initial and ongoing collateral and family sessions with clients. Also included is a once a month collateral group for family members/caregivers that provides both education and support.

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 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. <u>Objective:</u> To maximize the use of resources allocated to the program.

     ii. <u>Indicator:</u> Total program costs compared to number of unique clients served.

     iii. <u>Who Applied:</u> Clients served by the program. Clients served represents clients who received any specialty mental health services in FY 16-17.

     iv. <u>Time of Measure:</u> FY 16-17

     v. <u>Data Source:</u> Avatar and Financial Records

     vi. <u>Target Goal Expectancy:</u> To keep within departmental budgeted costs for the program.

     vii. <u>Outcome:</u> Compared to prior year, the cost per client for FY 16-17 decreased by 19%. The number of unique clients served increased by 44%. Program costs increased in FY 16-17 due to hiring of staff. Staffing increased in proportion to anticipated client flow and referrals.

Cost per Client

	FY 15-16	FY 16-17
Unique Clients	151	217
Program Actual Amount	$423,933	$493,346
Cost per Client	$2,808	$2,273

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, which 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. <u>Objective:</u> To gauge the satisfaction of clients and collect data for service planning and quality improvement.
- ii. <u>Indicator:</u> 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. <u>Who Applied:</u> Clients who completed the survey in November 2016 for the program.
- iv. <u>Time of Measure:</u> November 2016
- v. <u>Data Source:</u> Consumer Perception Survey data
- vi. <u>Target Goal Expectancy:</u> 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. <u>Outcome:</u> Majority of clients were satisfied six out of seven domains. General Satisfaction, Perception of Access, Perception of Quality and Appropriateness and Perception of Participation in Treatment Planning indicates that more than 80% of clients surveyed were satisfied.

Consumer Perception Survey: Nov 2016

Domain	Percent
General Satisfaction	100%
Perception of Access	86%
Perception Quality and Appropriateness	91%
Perception of Participation in Treatment Planning	83%
Perception of Outcome of Services	50%
Perception of Functioning	54%
Perception of Social Connectedness	67%