PROGRAM INFORMATION:	

Program Title: RISE (Recovery with Inspiration, Support and Empowerment)

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. Each client is encouraged to define wellness and develop a plan to maintain their recovery. The team promotes self-sufficiency, culturally relevant services, and uses a client/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 client. 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 natural supports to increase overall wellness and reduce recidivism back to LPS

MHP Work Plan: 4-Behavioral health clinical care

Conservatees and placement in locked
treatment facilities.

Staffing for the program consists of 5 Mental
Health Clinicians, 9 Community Mental
Health Specialists and 1 Peer Support
Specialist.

Age Group Served 1:	ADULT	**Dates Of Operation:**	January 2014 - Current
Age Group Served 2:	OLDER ADULT	**Reporting Period:**	July 1, 2016 - June 30, 2017
Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	Choose an item.
Funding Source 2:	Medical FFP	**Other Funding:**	Click here to enter text.

FISCAL INFORMATION:

Program Actual Amount: $1,238,761
Number of Unique Clients Served During Time Period: 276
Number of Services Rendered During Time Period: 7,907
Actual Cost Per Client: $4,488

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

Please describe how the selected concept (s) embedded :

RISE works from an approach that includes Wellness and Recovery, and empowers the client to identify their own resiliency in maintaining their independence. This is practiced by supporting each client 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 client/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 client's goals driving the direction of treatment. Clients 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 clients 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 client may also be referred to services for increased wellness, as appropriate, in order to support the family system in which the client is responsive to, as a part of their recovery environment.

Cultural Competency

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

Community collaboration

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

e. **Client's Level of Care at Discharge and 6 Months Post Discharge**
   Self-sufficiency and empowerment are emphasized in the RISE program. The measurement of client's level of care at discharge and 6 months post discharge will depict client's stability or recidivism.
   i. Objective: To move clients to the appropriate level of care or sustain stability after discharge.
   ii. Indicator: Client's level of care at discharge and 6-month post discharge.
   iii. Who Applied: Clients served by the program who falls within the 6-month post discharge timeframe in FY 16-17.
   iv. Time of Measure: FY 16-17
   v. Data Source: RISE Database
   vi. Target Goal Expectancy: The Department is developing target goals for program.
   vii. Outcome: 54% of clients were initially discharged to a lower level of care and 46% were discharged to a higher level of care from RISE. At 6-month post discharge follow-up, the percentage of clients in the respective levels of care remained consistent. This indicates that the clients were discharged into the appropriate level of care.

Note:
Higher level of care at discharge as defined by RISE Database: IMD and Conservatorship.

Lower level of care at discharge as defined by RISE Database: Full Service Partnership (FSP) and any DBH Adult program excluding Conservatorship.

Client Status at Discharge

	Percentage
Lower Level of Care	46%
Higher Level of Care	54%
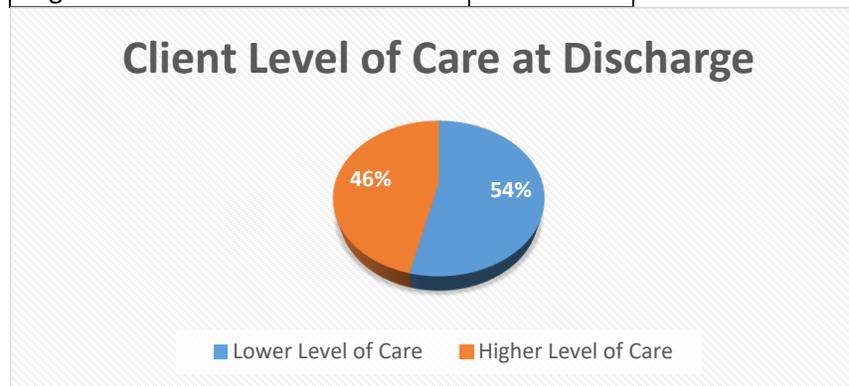
Client Status at 6-Month Post Discharge

	Percentage
Lower Level of Care	46%
Higher Level of Care	54%
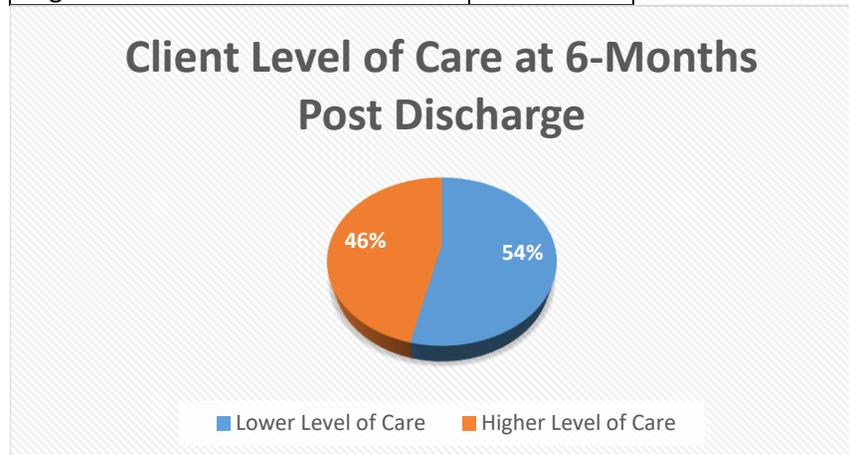
f. Client's Housing Status at Intake and Discharge

Housing is an important part of a client's recovery. RISE will track client's housing status at intake and discharge.

  i. Objective: To improve client long-term housing and increase stability.
  ii. Indicator: Percentage of clients in long-term and temporary housing.
  iii. Who Applied: Clients served by the program who were discharged in FY 16-17 with complete data.
  iv. Time of Measure: FY 16-17
  v. Data Source: RISE Database
  vi. Target Goal Expectancy: The Department is developing target goals for program.
  vii. Outcome: At initial intake, 37% of clients were in a type of long-term housing. At discharge, clients in long-term housing increased by 32% while temporary housing decreased by 39%. RISE is designed to assist clients stepping down from a locked temporary term facility into the local community and into unlocked residences with greater independence. Structured therapeutic residential centers are considered transitional and temporary housing because the goal is skills building that will lead to greater independent living with a high level of support, prior to stepping down to long-term housing.

Note:

Long-term, temporary and other housing status as defined by RISE Database: Long-term housing includes living with family, licensed room & board, board & care, skilled nursing facility (SNF). Temporary housing includes Transitional Residential Services Program (TRSP) and IMD level of care. Other housing includes jail, homeless shelter and unknown status.

Client Housing Status at Intake

	Percentage
Long-term Housing	37%
Temporary Housing	63%

Client Housing Status at Intake
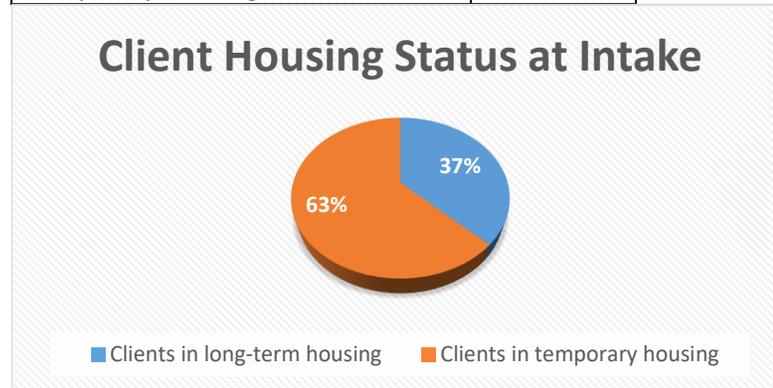
Client Housing Status at Discharge

|	Percentage
Long-term Housing	69%
Temporary Housing	24%
Other Housing	7%

Client Housing Status at Discharge
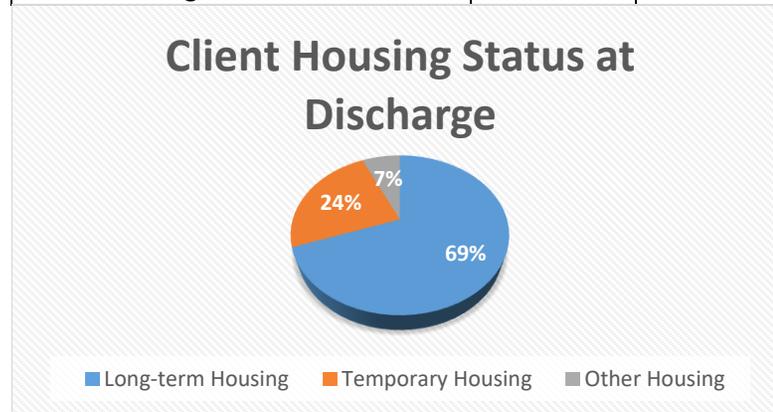
g. **Clients with Identified Primary Medical Doctor (PMD)**
Getting clients connected to primary care reduces the risk of needed crisis intervention or crisis stabilization. The regular treatment and monitoring of physical health has a positive effect on a client's ability to manage their mental health symptoms.
   i. Objective: To increase client's connection to PMD.
   ii. Indicator: Percentage of clients without PMD.
   iii. Who Applied: Clients served by the program who were discharged in FY 16-17.
   iv. Time of Measure: FY 16-17
   v. Data Source: RISE Database
   vi. Target Goal Expectancy: The Department is developing target goals for program.
   vii. Outcome: At intake, 75% of clients served had a PMD. At discharge, clients with PMD increased by 18%. This is due to RISE being able to assist clients in obtaining PMD.

Clients with Primary Medical Doctor at Intake and Discharge

	Percentage
Clients with PMD at Intake	75%
Clients with PMD at Discharge	93%

Clients with PMD at Intake and Discharge
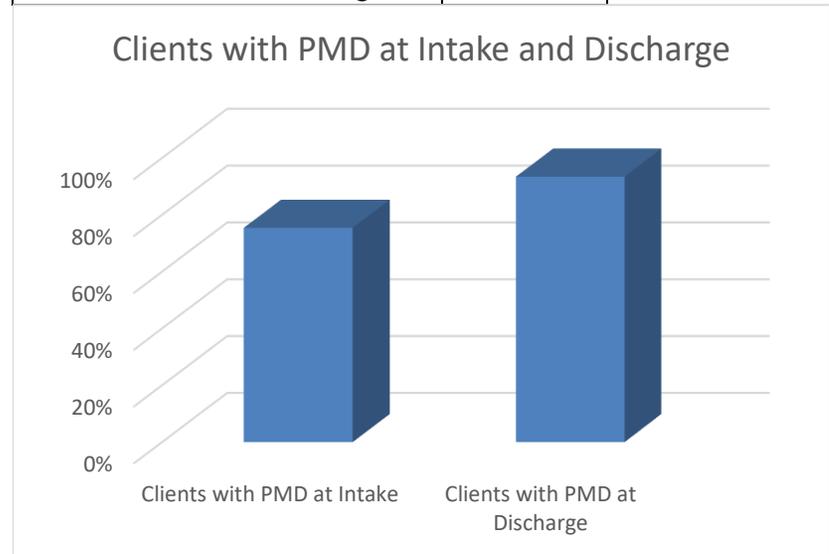
h. Support Persons

Clients obtaining or identifying a support person is the first step in developing natural supports that can assist the client in maintaining their recovery outside of the mental health system. These relationships help create meaningful growth and healing within the context of the client's natural community. Positive involvement by significant a person is a protective factor in re-hospitalization. The goal is to increase the amount of clients with a support person.

  i. Objective: To increase the amount of clients with a support person.
  ii. Indicator: Percentage of clients with a support person.
  iii. Who Applied: Clients served by the program who were active for at least 6 months in FY 16-17.
  iv. Time of Measure: FY 16-17
  v. Data Source: RISE Database
  vi. Target Goal Expectancy: The Department is developing target goals for program.
  vii. Outcome: At intake, 90% of clients had a support person. At 6-months active, clients with a support person increased by 8%. RISE was able to increase the amount of clients with support persons 6 months after intake.

Clients with Support Persons at Intake and 6-Months Active

	Percentage
Clients with Support at Intake	90%
Clients with Support, 6-Months Active	98%

Clients with Support Persons at Intake and 6-Month Active
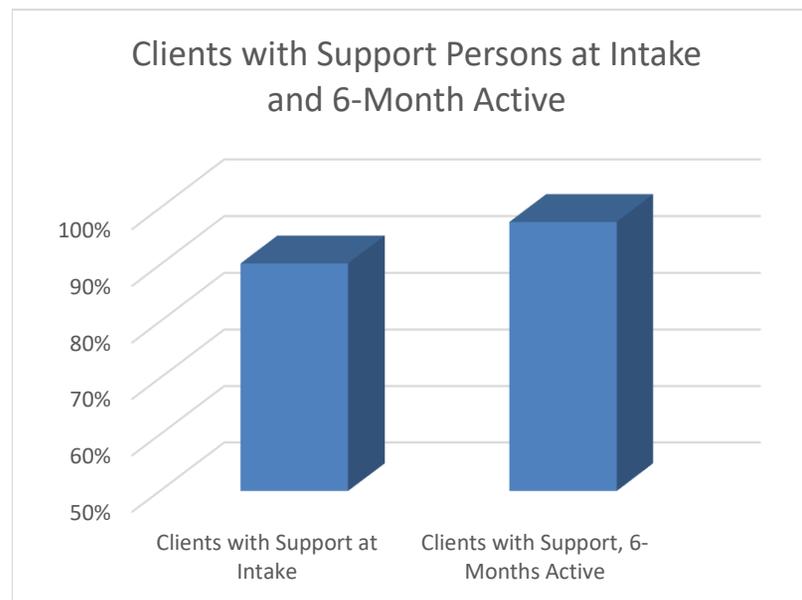
i.　**Income and Benefits Received**

Income is a primary variable in securing basic necessities such as food and clothing and is necessary for establishing long-term housing. RISE strives to assist beneficiaries maintain their financial and medical benefits.

- i.　Objective: To link clients or assist them with maintaining their income and/or benefits.
- ii.　Indicator: Percentage of clients with income and/or benefits.
- iii.　Who Applied: Clients served by the program that were discharged in FY 16-17.
- iv.　Time of Measure: FY 16-17
- v.　Data Source: RISE Database
- vi.　Target Goal Expectancy: The Department is developing target goals for program.
- vii.　Outcome: RISE assisted 95% of clients in either maintaining or gaining income and or benefits at discharge.

Clients Income and Benefits Status at Discharge

	Percentage
Clients with Income/Benefits	95%
Clients without Income/Benefits	5%

Client's Income/Benefits Status at Discharge

■ Clients with Income/Benefits　　■ Clients with out Income/Benefits
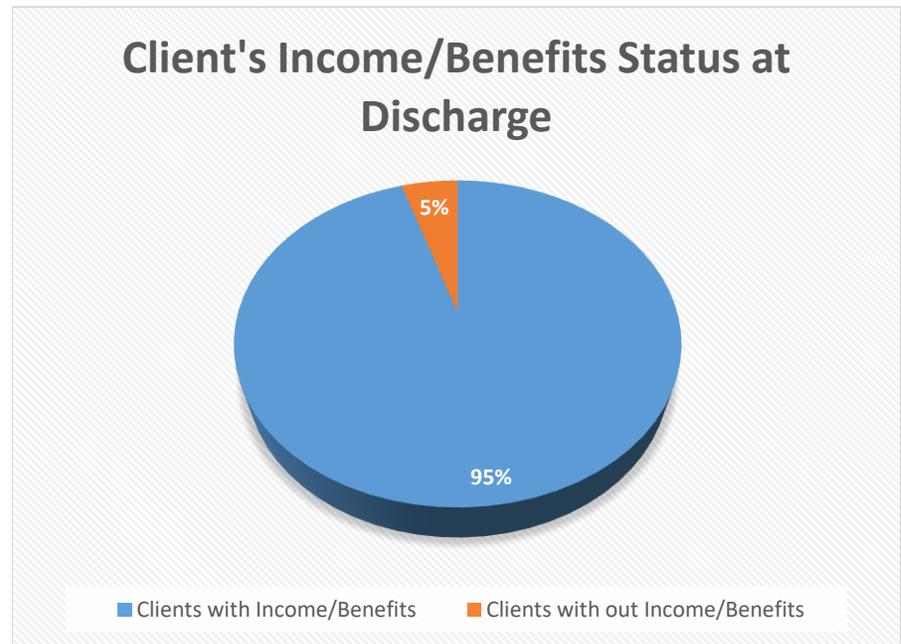
j. **Use of Alcohol and Other Drugs 6 Months Post Discharge**
Reducing alcohol and other drugs usage for clients is an important factor in their recovery. The goal is to reduce maladaptive coping skills with positive pro social activities that increase self-worth, reduce problematic use of alcohol and other drugs and decrease negative life outcomes relating to abuse and misuse of substances.

    i. Objective: To reduce problematic use of alcohol and other substances.
    ii. Indicator: Percentage of clients with no substance use or is in abstinence.
    iii. Who Applied: Clients served by the program who falls within the 6-month post discharge timeframe in FY 16-17.
    iv. Time of Measure: FY 16-17
    v. Data Source: RISE Database
    vi. Target Goal Expectancy: The Department is developing target goals for program.
    vii. Outcome: At intake, 88% of RISE clients were abstaining or had no substance use. At 6 months post discharge follow up, 74% of those RISE clients continued to abstain or had no substance use. Recidivisum is part of the Recovery process. Most clients entering the RISE program are commonly leaving a highly controlled locked facility. Placement in an unlocked residence increases access to drugs and alcohol and requires active practice of recovery skills vs the lack of, or decreased access that exists in locked inpatient facilities. Clients are provided harm-reduction model and replacement behavior approaches to proactively address maladaptive coping skills of substance use prior to discharge to lower level of care and exposure to increased access to substances.

Substance Use at Intake and 6-Month Post Discharge

	Percentage
Clients at Intake with no Substance Use or Abstaining	88%
Clients at 6-Months Post Discharge with no Substance Use or Abstaining	74%

Client Substance Use at Intake and 6-Months Post Discharge
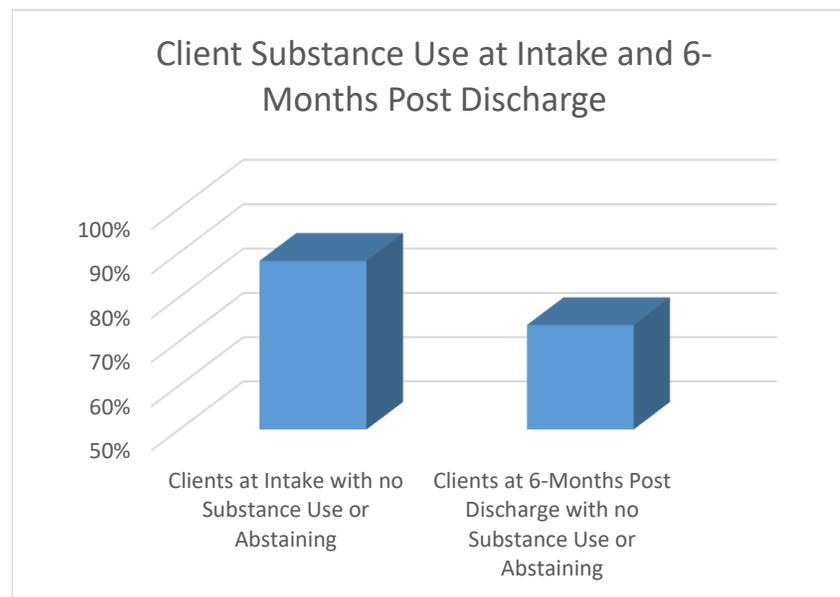
2. *Efficiency*
   a. **Cost per Client**
      Costs include all staffing and overhead costs associated with operation of the program.
      i. Objective: To efficiently use resources and maintain or minimize cost per client.
      ii. Indicator: Total program costs compared to number of unique clients served.
      iii. Who Applied: Clients served by the program. Clients served represents clients who received any specialty mental health services in FY 16-17.
      iv. Time of Measure: FY 16-17
      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 16-17 decreased by 16%. The number of unique clients served increased by 50%. The RISE team has become more efficient and as they complete their 2nd year, maintained staffing stability, experience and consistency.

Cost per Client

|	FY 15-16	FY 16-17
Unique Clients	184	276
Program Actual Amount	$987,588	$1,238,761
Cost per Client	$5,367	$4,488

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 "Aggregrate Outcomes Report-ASOC".

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. Objective: To gauge satisfaction of clients and collect data for service planning and quality improvement.
   ii. Indicator: 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. Who Applied: Clients who completed the survey in November 2016 for the program.
   iv. Time of Measure: November 2016
   v. Data Source: Consumer Perception Survey data
   vi. Target Goal Expectancy: 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. Outcome: Majority of clients 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 clients surveyed were satisfied. The RISE Team has embraced a true client centered/driven treatment approach that values self-determination and supports self-identification on the path to recovery. The team is fully integrated into the community and provides services within the context of natural supports system.

Consumer Perception Survey: Nov 2016

General Satisfaction: 80%
Perception of Access: 80%
Perception Quality and Appropriateness: 82%
Perception of Participation in Treatment Planning: 83%
Perception of Outcome of Services: 79%
Perception of Functioning: 79%
Perception of Social Connectedness: 80%