

MHBG Independent Peer Review

RSN: Spokane County RSN
Date: 9/29/06
Reviewers: Linda Johann
Martha Ekhoﬀ

Provider Agency: Spokane Mental Health
Program Title: Homeless Outreach
Final Score: 82

Brief Program Description:

Homeless Outreach is a service that focuses on the adult marginalized population with severe and persistent mental illness who are generally resistant to treatment. A team of mental health specialist, co-occurring specialist, chemical dependency specialist and others as needed focus on community-based services in an effort to provide services early and then support the client as they receive services. The RSN assists with linkages and resources to many area agencies (Salvation Army, SPARK, Jobs First, Evergreen Club) to provide a safety net to community service providers and agencies. The program is very consumer driven and intended outcomes are to focus on the short term; finding individuals, supporting links to services and reducing hospitalizations.

Bulleted Strengths:

- Focus on treatment of symptoms and restoring client dignity
- Consumer driven; encouraging/supporting consumer to make decisions and keep them in control
- Extensive use of safety net to other community providers and agencies
- Community-based focus on outreach
- Ombuds office available for consumer use.
- Use of emerging best practice: focus on relationship building in service delivery
- Energetic, positive attitude of staff at meeting and demonstrate an empathetic attitude towards those they serve.
- Use of emerging best practice: Cross training of their staff for optimal results
- Provides training to community partners in the areas of mental health, substance abuse and co-occurring disorders
- Standardized data collection with PDA and appropriate software

Bulleted Program Opportunities for Improvement:

- Large groups of non-Medicaid consumers that are not served well
- Program under-funded
- Outreach to rural and outlying areas doesn't exist; staff in rural/outlying areas needed
- Develop ACT Team to fidelity with national ACT Team model
- Develop a tool that will measure consumer satisfaction that is specific to the consumer group that is served in addition to the standardized Washington State Satisfaction Survey.

Scoring:

1. Quality: 85 – Focus on consumer voice and choice; case management linkages to the community; adults primarily served others are directed to age appropriate services; clients are served where they are i.e.; shelters, the streets. Focus in on early intervention and build support services; cultural competence good in regards to age, ethnic origin, racial, religion and culture of poverty; holistic in terms of accessibility.

2. Appropriateness: 85 – Client served where they are; relationship building seen as best practice Focus is on providing services that are chosen by the consumer; it is clearly understood that treatment needs to be voluntary.

3. Efficacy: 75 – Services are short-term but directed at consumer needs. Outreach team has great focus on early intervention but serves only Medicaid eligible clients. Development of linkages to services with other agencies is good and includes substance use focus.

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Provider Agency: Spokane Mental Health
Program Title: Evergreen Club
Final Score: 92

Brief Program Description:

The Evergreen Club is a community based non-profit 501(3)(c) center for persons with mental illness to help bring patient-hood to person-hood by providing work opportunities, meaningful relationships and a place to go and belong. The Evergreen Club is a voluntary, consumer-driven center; organized, run and directed by the members. The Evergreen Club Advisory Board is active in promoting and overseeing transitional employment programs, engages in fundraising and budget setting. The focus of the club to welcome, train, support and empower individuals in all aspects of their daily lives; and offering programs to support employment, housing, relationships and education.

Bulleted Program Strengths:

- Membership is gained by consumer choice and referral from mental health provider
- Evergreen Club is founded on the promising best practice of the Fountain House model and is certified by the International Center for Clubhouse Development
- Quality standards are maintained through the ICCD certification standards
- Club membership is voluntary and the center is run by members in partnership with an administrative team.
- Transitional Employment is the backbone of the program; members and staff develop the rules and programs
- Focus employment skills development - there is a restaurant unit or business unit to choose
- Member satisfaction is very high, measured regularly in duration continually
- Program outcomes are positive and effective in reducing frequency of hospitalizations

Bulleted Program Opportunities for Improvement:

- Need to find more employers for the Transitional Employment Program
- Provide more education to the public about mental health from the member perspective
- Provide the Evergreen Club with additional funding to impact their improvement
- Advocate for the Clubhouse Model (Fountain House) to become an evidenced based practice as a result of the research done at the national data collection site

Scoring:

1. Quality: 90 – Quality of program is exceptional; nationally and state certified; staff is well trained and motivated; the building is welcoming; facility is run by the combined efforts of the members and staff. The services are gender, age, ethnically competent and reflect the community. Members of the Evergreen Club promote recovery and resiliency.

2. Appropriateness: 95 – Programs are chosen by members; best practice model used; goals and services reflect members' choice.

3. Efficacy: 90 – Services result in positive outcomes for consumers; positive outcomes include support to build employment skills, and a transitional employment program. Members who are in Transitional Employment Program earn wages and have financial guidance available to them. Relationship skills taught and supported (responsibility and accountability). Peer support very effective with staff playing a supportive role; consumers manage their symptoms in conjunction with PSR assistance. Expansion housing plans near Evergreen Club site is an exceptional opportunity for members. Clean and sober rules are enforced; and the Club's vegetable and flower garden reflects normal life.

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Provider Agency: Spokane Mental Health
Program Title: REM Hope Partners
Final Score: 92

Brief Program Description:

REM Hope Partners is a store front private non-profit agency started in 1997 and functions as a social service, detox, counseling and housing agency for individuals with co-occurring disorders of mental illness and substance use. Block grant monies are largely used for psychological services, primarily outpatient services for non-Medicaid consumers. The number of consumers served was been reduced drastically in 2005. The intended service outcome is to keep individuals out of the hospital and provide a 24 hour – 7 day week recovery supports to help individuals stay clean and sober. REM Hope Partners is a small agency that engages individuals in the services it provides.

Bulleted Program Strengths:

- Focus during intake process is to meet individuals where they are – outreach to clients in shelters and on the streets
- Currently using 6 best practices: developing ACT Teams, co-occurring practices, consumer driven
- Services are consumer driven; the individual is seen as the expert regarding knowing what they need. The model in use is “let’s make it work” rather than the “I have been there” model.
- Services focus on the individual responsibility and to take a look at life in the ‘real’ world and not to become dependent on services provided and those providing the services. The consumer voice is used in their crisis plan, consumer initiates their goals and the outcomes are largely positive.
- Consumers report satisfaction with services received and are educated about the complaint/grievance process. A consumer advisory board is working.
- Referrals are given to link services with Vocational Rehabilitation, Veterans Administration, state hospitals, SEER program, Evergreen Club
- Cultural competence is expressed at two levels; cultural proficiency and/or understanding of the culture of the streets and substance abuse and the cultural awareness of ethnic groups (language, religion, ethnicity). Gender specific services are under development.
- *QA and QI* are ongoing processes along with consumer satisfaction surveys. RSN maintains a database – they collect such data, being connected to Spokane Mental Health is an asset from this perspective

Bulleted Program Opportunities for Improvement:

- Reestablish a one-stop triage visit utilizing mental health services, medical care, housing, employment assistance, the VA
- Institute linkage with the correctional system for referrals from jails, prisons and detention
- Make more accommodations for those with physical disabilities such as wider doors, elevators, wheelchair access on all levels
- Develop intakes and referrals for youth in transition from youth to adult services
- Develop a consumer satisfaction survey that is specific to the services provided at REM Hope Partners as well as the Washington State Consumer Satisfaction Survey
- Cultural proficiency could be improved especially in the area of gender specific issues

Scoring:

1. Quality: 92 – Culturally competent on two levels: racial, ethnic, religious and social; accessible to target population but doesn’t link to correction system. Very focused on treatment support and recovery; clearly and strongly fosters resiliency in the consumer and is driven by consumer voice.

2. Appropriateness: 95 – Individuals are sought out by outreach teams and referred directly at discharge from state hospitals; primarily utilizes determined best practices; services rendered are ones chosen by the individual during the case management process; services are provided when they are needed

3. Efficacy: 90– Services rendered result in positive outcomes for individuals. Data to support outcomes is weak but there is 90% retention in the treatment program. Working store-front program is close to where consumers live and there is also a great outreach effort. All focus is on consumer driven, positive recovery outcomes; individuals served treatment plans reflect personal goals and identify personal strengths and needs. Focus on cross training staff in the areas of case management, co-occurring disorders, etc.

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Provider Agency: Spokane Mental Health
Program Title: Camas Institute
Final Score: 88

Brief Program Description:

The Camas Institute is administered by the Kalispell tribe in 2 locations – Airway Heights and Cusick, WA. The Camas Institute serves Native American individuals as well as all persons with a faith based program (ATF grant). They also serve persons from all ethnicities, races, genders, ages as well as those with mental illnesses and those with addiction issues related to substance use and gambling. The focus is on love and maintaining the individual in the community; imbedding persons into the community and continuing natural supports. Block Grant monies are used for educational and training programs.

Bulleted Program Strengths:

- Major emphasis is placed on education. School based programs focus on drug and alcohol use and mental health. Conferences are many topics relating to mental health and issues such as methamphetamine use are also offered to all interested persons. Gatekeeper education is emphasized.
- Outreach is a very important aspect of education; schools are a means of outreach to the community. Use of websites, electronic information and linkages is state of the art and engaging
- Education is strengths based, focus on the whole individual – spirit, body, mind
- Motivational therapy treatment program as well as Rogarian therapy
- Education and programs are culturally competent. Ethnic minority interventions are targeted as well as the general population. Excellent sensitivity training.
- Programs and topics are chosen based upon the request from schools, boards, individuals
- Training and program focus is on long term resolution not just brief treatment. Multidisciplinary teams and peer specialist models are used.
- Process is in place for review of programs; a grievance policy for clients, and ongoing daily satisfaction checks

Bulleted Program Opportunities for Improvement:

- Integrate standard definition of best practices/promising models into educational programs in addition to faith-based programs i.e.; supportive services vs clinical services
- Focus educational and training opportunities on specialty issues law enforcement relations
- Expand use of Block Grant dollars to provide other faith-based services to the community. Stress relationships between elders, youth, adults and the natural world.
- Utilize an evaluation process to indicate skill acquisition and satisfaction of training.

Scoring:

1. Quality: 90 – For this report only education/training is using the Block Grant monies. Choice of topics is based on consumer voice but consumer does not control presentation and content of program. Cultural competency is faith-based and exceptional with emphasis on minority viewpoint; focus is on long term resolution and building natural community supports.

2. Appropriateness: 90 – Education and training is provided relative to consumer request and need. Monies are very well used with emphasis on long term results.

3. Efficacy: 85 – Education and training conferences do promote recovery and resiliency; services provided are relevant to the consumer. Topics reflect family and consumer voice and emphasize training is available to all especially gatekeepers. Education and training does reflect the types of services Camas Institute provides and it values cultural competencies because they believe this produces the best outcomes; the Camas Institute provides services, outreach and education based on a *Washington faith-based model*.