

Program Overview

The Mental Health Center of Denver Growth and Recovery Opportunities for Women (GROW) program was established to meet the unique needs of the Denver-Metro female homeless population. These needs led to the establishment of a unique treatment team designed to provide a combination of treatment services including, Assertive Community Treatment to address mental health issues, Integrated Dual Disorder Treatment for substance abuse, and Trauma Recovery and Empowerment Model for trauma informed therapy. Although the foundation of all GROW treatment involves the aforementioned evidence-based treatment modalities, GROW provides other services including, but not limited to housing and residential treatment opportunities, assistance with employment opportunities/job coaching, healthcare linkage, income and health insurance benefit planning, and access to education programs. This is due in large part to the fact that GROW is established within a much larger mental health center, which provides all these services to all its consumers. Finally, completion of the GROW program does not mean the end of mental health services and other supports for our consumers; rather, consumers may choose to participate in other mainstream services within MHCD when appropriate, thus promoting the opportunity for receiving on-going mental health treatment and minimizing mental health and substance abuse relapses.

Developing the GROW Program

The GROW treatment program was developed as a collaboration of multiple community stakeholders. These stakeholders include local homeless shelters, community indigent medical treatment clinics, MHCD clinicians, and mental health consumers. Through this collaboration the needs of the female homeless population with co-occurring mental illness and substance abuse disorders were identified. Beyond the ACT and IDDT treatment programs for mental illness and substance abuse typically provided by MHCD, special areas of concern were identified for this population by the stakeholders. The foremost concern was anticipation of a traumatic background resulting in the consumer's homelessness and symptoms of mental illness. This concern led to the adoption of the TREM therapy program, providing an optimal evidence based practice, specifically tailored for those with traumatic background and stress related mental illness. Other areas of need that have been identified by the stakeholders include housing of consumers with children, medical care, and assistance with acquisition of benefits, i.e. SSDI, TANF, AND, and Medicaid/Medicare. Though the stakeholders have played an important role in the development of the program, they also have played a role in developing the evaluation process.

The GROW evaluation involves a combination of program fidelity reviews and both quantitative and qualitative consumer outcome measures. The GROW stakeholders helped to identify areas that need to be consistently reported for the consumers. These included basic demographics regarding substance abuse, mental illness status, age, number of children, and housing status. These items were considered of interest as they help the stakeholders to determine where the highest need exists so resources can be found or allocated as necessary. Beyond the demographics the stakeholders have also been involved in the development of MHCD's Recovery Marker Indicators, which act as an objective measure of factors related to a consumer's mental health recovery. MHCD created a recovery committee consisting of consumers, clinicians, program managers, and researchers, which are charged with the task of developing reliable and valid measures of mental health recovery. Through this collaboration the Recovery Marker Inventory (RMI), along with other measures were developed and implemented system-wide at MHCD. Through these measures, developed in collaboration with our stakeholders, we were able to implement an effective evaluation process that not only measures program outcomes, but also information that is beneficial to the stakeholders in implementing and continuing the GROW program.

Evaluation Overview

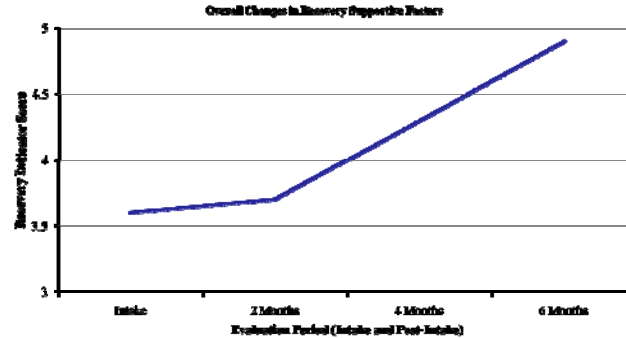
GROW's evaluation design has both Formative and Summative quasi-experimental pre-post components. Data on all areas is collected at admission and at discharge, with follow-up provided 6 months after admission. In-House measures are collected every 2 months for the RMI and 3 months for the consumer fidelity review. All program fidelity reviews are done on a 6 month basis. Consumer level data is collected by the case managers, and program level data is collected by the evaluator and research assistant. Qualitative data is also collected through individual interviews with consumers and staff to validate outcomes data.

Outcomes

Program Goals/Measures

Outcomes	Indicators
Reduction of substance use/prevention of relapses	<ul style="list-style-type: none"> GPRAs section on drug and alcohol use Recovery Markers section on substance abuse Recovery Markers section on Detox Facility Days
Obtain and maintain permanent residence	<ul style="list-style-type: none"> Recovery Markers section on residence
Improved psychiatric wellbeing and physical health	<ul style="list-style-type: none"> GPRAs section on mental and physical health problems Recovery Markers section on symptom interference Recovery Markers section on psychiatric and physical hospitalizations
Decrease in the use of restrictive environments (Jail/Inpatient/Acute Tx)	<ul style="list-style-type: none"> Recovery Markers section on restricted residence
Improved access to medical services, including prenatal care, breast cancer screening, and reproductive services.	<ul style="list-style-type: none"> Consumer Fidelity Review

Selected Findings



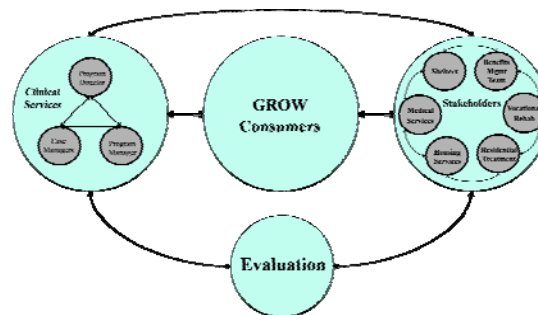
Housing :

	Homeless	Sheltered	Housed
Intake:	100%	0%	0%
6-mo:	3%	17%	80%

Substance Abuse :

	Abstinent	Reported Substance Abused if not Abstinent			
		Alcohol	Marijuana	Cocaine/ Crack	Heroine
Intake:	37%	63%	39%	32%	2%
6-mo:	67%	61%	25%	12%	2%

Information Cycle



Incorporation of Stakeholders

Quarterly Stakeholder Meetings

- Primary venue for all stakeholders to meet and discuss issues relevant to logistics and goals of the program.
- Administrative, Clinical, and Evaluation reports are provided to the stakeholders

Direct Interaction with Clinical Staff

- Clinical staff work with stakeholders to coordinate resources for shelters, housing, medical care, and social benefits.

Coordination within Stakeholders

- Stakeholders often work with each other to expand resources for the program, especially in the areas of housing and shelters.

Consumer Feedback

Outcomes

"The thing that has been helpful in this program is the housing and staff at MHCD."

"The thing that has been helpful is housing and medication for me and my son... and my case manager."

"This program has helped me out very much. It has changed my life. It's great!"

"Relationships are everything and the GROW program has helped me change my life."

Fidelity

"...they let people work at their own pace."

"MHCD has been helpful in terms of my relationship with case manager, due to her support and help and that has allowed me to be more honest with myself. Housing at XXXXXXX Apartments has provided warmth and independence."

"I have a case manager that cares and that listens. I feel like I am worth her time. I had difficulty going to mental health centers before because they made me feel I was disabled and crazy but now I work with Mental Health staff that are friendly and make me feel normal."

Defining Success

"My successes have been finding affordable housing, having a support system, and learning to bond with people."

Conclusions/Implications

Through our evaluation process we continue to demonstrate that even early in the program great strides are being made to help the GROW consumers establish stable housing, primary healthcare, income and insurance, and promotion of involvement in program activities and services. Throughout the evaluation an overall view of program performance is provided back to the program managers, case managers, and stakeholders. This helps to identify areas where consumers are showing improvement and also those areas where consumers are stagnate or not progressing or relapsing. In the latter case this gives the program director and manager the ability to identify problems and acquire solutions efficiently. On the individual level the evaluation process allows the clinical staff to identify specific areas of difficulty for a consumer and help coordinate services that promote and support that area. In the second year, the GROW staff and stakeholders continue to tackle challenges associated with providing optimal services and support to the consumers, including assisting with health and income benefits, finding housing or shelters for GROW consumers with young children, and ensuring continued consumer involvement with program services and supports.

"We would like to thank Kate DeRoche and Kim Foust for their support to this research"

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For more information about research on mental health and Recovery/Resiliency at MHCD, or to access our conference presentations and/or publications, please visit our website at <http://www.outcomesmhd.com>