PROGRAM INFORMATION:			
Program Title:	Medium Intensity Team	Provider:	Department of Behavioral Health
Program Description:	The Fresno County Department of Behavioral Health (DBH) Medium Intensity Team provides support to clients who are at moderate risk of returning to LPS (Lanterman Petris Short) Conservatorship or are at moderate risk of re-hospitalization. This population may have recently been released from conservatorship, referred to Medium Intensity for a lower level of care or may have been referred due to the need of more intensive services at a moderate level. The team promotes self-sufficiency, culturally relevant services, and uses a client/family- centered approach. Services that are provided include intensive case management, rehabilitative services, therapeutic services, and collaboration. Services are meant to provide support in order to assist with instilling a sense of dignity, empowerment and respect. Services are individualized in relation to each client's need for their own recovery towards wellness. Staffing for the program consists of 3 Mental Health Clinicians, 2 vacant Mental Health Clinician positions, 3 Community Mental Health Specialists, 2 vacant Community Mental Health Specialists, and 1 Peer Support Specialist.	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1: Age Group Served 2:	ADULT TAY	Dates Of Operation: Reporting Period:	September 2016-Current July 1, 2016-June 30, 2017
Funding Source 1:	Realignment	Funding Source 3:	Choose an item.

Funding Source 2:	Medical FFP		Other Funding:		
FISCAL INFORMATION:					
Program Actual Amount:	\$414,291				
Number of Unique Clients So	erved During Time Period:	56			
Number of Services Rendered	ed During Time Period:	1,021			
Actual Cost Per Client:	\$7,398				
TARGET POPULATION INFORMATION:					
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Target Population:The Medium Intensity Team provides services to adults ages 18 and above who have been identified as having a diagnosed
Serious Mental Illness, SMI. This population is at moderate risk of returning to conservatorship and/or are at moderate risk of
rehospitalization due to danger to self, danger to others and/or grave disability.

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:

(May select more than one)

Community collaboration

Please describe how the selected concept (s) embedded :

The Medium Intensity Team is a community-based program that maintains an on-going collaborative relationship with various support systems in the community. These include collaborative partner agencies, medical team, caregivers, educators, clergy, employers, residential facilities, and animal rescue groups. There is a continuum of care provided by multiple delivery systems that involve communication, planning, and execution of services and support for clients. These support systems are both formal and informal. By Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Cultural Competency

maintaining continued collaboration, it ensures continued relationship building and continued integrated support for the clients that we serve. It serves both the individual as well as the identified population being served due to the increase of awareness and knowledge of available services. The Medium Intensity Team continues to work collaboratively with other support systems to decease hospitalizations, decrease the utilization of crisis services and to maintain adequate/timely service delivery.

The Medium Intensity Team utilizes a client/family centered strengths based approach to treatment. This allows each client the opportunity to make their own informed decisions about their treatment as it related to their recovery and wellness. The client's needs and preferences in relation to their wellness are the motivating factors that drive the treatment. Family members are encouraged to be a part of the client's treatment. Medium Intensity Team staff are viewed as an ally and a support within this treatment process. A harm-reduction approach is used in relation to clients who have co-occurring issues related to substance use. There is an understanding that total abstinence may not occur. However, the client is not penalized and/or viewed negatively due to this issue. It is conveyed and understood that temporary setbacks are a part of recovery towards wellness. Clients identify what wellness is for themselves (i.e., employment, stable health, housing, etc.) This approach empowers the client and it assists with motivation due to the fact that it has been identified as a goal by the client themselves. Clients are able to identify with their own resiliency by recalling past goals that were achieved and past setbacks that they were able to overcome.

Cultural awareness has been an on-going focus within Fresno County DBH and the Medium Intensity Team. The Medium Intensity Team's staff attend cultural trainings, are encouraged to do research related to culture and to embrace person's culture individually. Each client's treatment is guided by the culture in which the client identifies. The Medium Intensity Team collaborates with various partners in relation to gaining greater insight and awareness of appropriate interventions/engagement. i.e., cultural brokers. Clinicians are trained to view culture and the mind as inseparable. They are trained to complete psychosocial assessments from a developmental, social and

cognitive perspective that includes cultural differences that may not include traditional theoretical approaches/interventions.

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 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. Time of Measure: FY 16-17
- v. Data Source: Avatar and Financial Records
- vi. <u>Target Goal Expectancy</u>: To keep within departmental budgeted costs for the program.
- vii. <u>Outcome</u>: The Medium Intensity Team was created in FY 16-17. The program actual amount includes ramp up costs such as new staff onboarding, training and building of caseloads. Data for FY 16-17 will be the baseline for future comparison.

Cost per Client

	FY 15-16	FY 16-17
Unique Clients		56
Program Actual Amount		\$414,291
Cost per Client		\$7,398

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.