

PROGRAM INFORMATION:

Program Title:	Self Healing & Improvement thru Nurturing & Engagement (SHINE)	Provider:	Department of Behavioral Health
Program Description:	<p>The Fresno County Department of Behavioral Health (DBH) SHINE team, previously known as Medium Intensity Team (MIT), provides support to persons served 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 SHINE 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 person/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 person’s served need for their own recovery towards wellness.</p> <p>The allocated positions for the program consists of 5 Mental Health Clinicians, 6 Community Mental Health Specialists and 1 Peer Support Specialist. The program operated at an average vacancy rate of 31% throughout FY 17-18.</p>	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	ADULT	Dates Of Operation:	September 2016-Current

Age Group Served 2: TAY
 Funding Source 1: Realignment
 Funding Source 2: Medical FFP

Reporting Period: July 1, 2017-June 30, 2018
 Funding Source 3: Choose an item.
 Other Funding:

FISCAL INFORMATION:

Program Actual Amount: \$808,888
 Number of Unique Persons Served During Time Period: 150
 Number of Services Rendered During Time Period: 3,118
 Actual Cost Per Person Served: \$5,393

TARGET POPULATION INFORMATION:

Target Population: The SHINE 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 SHINE 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

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

involve communication, planning, and execution of services and support for persons served. These support systems are both formal and informal. By maintaining continued collaboration, it ensures continued relationship building and continued integrated support for the persons served 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 SHINE team continues to work collaboratively with other support systems to decrease hospitalizations, decrease the utilization of crisis services and to maintain adequate/timely service delivery.

The SHINE team utilizes a person/family centered strengths based approach to treatment. This allows each person served the opportunity to make their own informed decisions about their treatment as it related to their recovery and wellness. The person’s served 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 person’s served treatment. SHINE staff are viewed as an ally and a support within this treatment process. A harm-reduction approach is used in relation to persons served who have co-occurring issues related to substance use. There is an understanding that total abstinence may not occur. However, the person served 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. Persons served identify what wellness is for themselves (i.e., employment, stable health, housing, etc.) This approach empowers the person served and it assists with motivation due to the fact that it has been identified as a goal by the person themselves. Persons served 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 Competency

Cultural awareness has been an on-going focus within Fresno County DBH and the SHINE team. The SHINE staff attend cultural trainings and are encouraged to do research related to culture and to embrace person’s culture individually. Each person’s served treatment is guided by the culture in which the person served identifies. The SHINE 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 person served at the right time.

Consumer Recovery Measure (CRM): A quarterly person served rating of his/her perception of recovery. It is a 16-question tool explores the person's served 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 person's served progress in recovery in areas that tend to correlate with an individual's recovery. It provides practitioner's rating of the person's served 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 Person Served

Costs include all staffing and overhead costs associated with operation of the program.

- i. Objective: To maximize resources allocated to the program.
- ii. Indicator: Total program costs compared to number of unique persons served.
- iii. Who Applied: Persons served by the program. Persons served represents persons served who received any specialty mental health services in FY 17-18.
- iv. Time of Measure: FY 17-18
- v. Data Source: Avatar and Financial Records
- vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.
- vii. Outcome: The Medium Intensity Team was created in FY 16-17 and was renamed to SHINE in FY 17-18. Year over year, the cost per person served by this program decreased by 27%. Unique persons served increased by roughly three times the amount of last year’s, as did services provided this reporting period. The program actual amount increased by 195% and includes ramp up costs such as new staff onboarding, building of caseloads and a 74% increase in hours served.

Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	56	150
Program Actual Amount	\$414,291	\$808,888
Cost per Person Served	\$7,398	\$5,393

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.