FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title: Cultural-Based Access Navigation and Peer

Support Services

To provide culturally sensitive and **Program Description:**

linguistically appropriate mental health

education, referrals, and early

intervention treatment services utilizing

individual/group peer support,

community awareness, and education through culturally sensitive discussion

and activities.

Age Group Served 1: ALL AGES

Age Group Served 2: Choose an item. **Funding Source 1:** Prevention (MHSA)

Funding Source 2: Early Intervention (MHSA) Provider: Centro La Familia Advocacy Services, INC

MHP Work Plan: 3-Culturally and community defined practices

Click here to enter text.

Dates Of Operation: November 2011 – Current

Reporting Period: July 1, 2015 - June 30, 2016

Funding Source 3: Choose an item.

Other Funding: Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount: \$98,027.67 **Program Actual Amount:** \$98,027.67

Number of Unique Clients Served During Time Period: 162 One-on-One services

Number of Services Rendered During Time Period: 1,682

Actual Cost Per Client: \$52.43

CONTRACT INFORMATION:

Type of Program: **Program Type: Contract-Operated** Other, please specify below For Other:

July 01, 2015 – June 30, 2016 Prevention and early intervention Contract Term:

Renewal Date:

Level of Care Information Age 18 & Over: Choose an item.

Level of Care Information Age 0-17: Choose an item.

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TARGET POPULATION INFORMATION:

Target Population: Low income, Hispanic/Latino families residing in urban and rural Fresno county communities.

MHSA CORE CONCEPTS:

Please select MHSA core concepts embedded in services/ program:

(May select more than one)

Cultural Competence Orientation

Community Collaboration

Choose an item.

Choose an item.

Please describe how the selected concept (s) embedded:

The program is designed to provide culturally sensitive and linguistically appropriate mental health education, referrals, and early intervention treatment services utilizing peer members of the community and occurring in the community itself. (Promotora Model)

PROGRAM OUTCOME GOALS:

The program is designed to provide culturally sensitive and linguistically appropriate mental health education, referrals, and early intervention treatment services. Outcomes: Reduce Stress Factors, Increase Access to Community Resources, Education (Educational Trainings, Support groups, Outreach) and Deepening Social Networks.

PROGRAM OUTCOME DATA/INDICATORS:

At the initial contact, consumers share their uncertainty on mental health and services. Through the interview process advocates provide education and support to build rapport and help foster the process to wellness. At the entry of the program advocates assess the consumer's concern/level of need. In FY 2015 – 2016, **162 consumers** were served on a one-on-one basis. **93 consumers** were walk-ins consumers who came in at a stress state needing support and guidance. The situation/need was assessed. At this point the consumer may self-identify that his/her need was met with one visit receiving support/referral. In FY 2015 – 2016, **69 consumers** entered the program, developed an empowerment plan, and received case management. In addition to the plan, advocates utilize the Needs (Stressors) tool and provided referrals and linkages as needed or desired. **OUTCOME: Reduce Stress Factors** The Needs (Stressors) tool is used to measure the number of needs (stressors) consumers have when they first arrive for services. The tool identifies four primary areas, which are: Client's Basic Needs, Client's Physical & Mental Health

Needs, Needs Related to Client's child(ren) and Client's Other Needs. 69 consumers received the Needs (Stressors) assessment. As a result of the services provided and referrals/linkages made: 39 percent had a decrease in needs (stressors) and/or resolved their initial concerns by the second/exit of the program. 36 percent of consumers remain active in their empowerment plan and are scheduled for a follow-up; empowerment plans were reviewed and adjusted if needed. 4 percent identified the same number in needs (stressors), however, needs at the initial visit were met and at the second visit new needs were identified. 1 percent increased in needs (stressors). Needs at the initial visit were met and new needs were identified at the second assessment. 19 percent contact was lost due to a disconnected number, consumers work schedule or other factors. In addition to the empowerment plan, referrals and linkages are made as needed or desired. OUTCOME: Increase Access to Community Resources These efforts are made to help decrease the concern/needs that are identified and increase wellness stabilization. In difficult times, the ability to connect consumer's to services that are located in the same agency makes for a seamless provision of services, reducing the stress to navigate through the mainstream venues. Referrals to CLFA departments/programs include but are not limited to: Victim Services (victims of domestic violence, sexual assault, human trafficking), Immigration (U-Visa, Citizenship), Health and Wellness (health insurance enrollment), Policy and Leadership (advocacy projects) and Family Strengthening (parenting classes, home visitation).

Other referrals included but are not limited to: Department of Behavioral Health (Urgent Care Wellness Center, Turning Point), Fresno Family Counseling Center, United Health Centers Behavioral Health, Clinica Sierra Vista Behavioral Health, food and housing (Mutli-Agency Access program, food distributions programs), Legal Services (Central California Legal Services, Paralegal Services), Fresno Court Facilities, and Alcohol and Drug treatment providers (Promesa Behavioral Health, West Care).

The empowerment plan is developed jointly with the consumer. Referrals are made as needed. **75 percent consumers** utilized the referral and/or were linked to an appropriate service. In addition, empowerment plans were reviewed and adjusted as needed. Consumer's that remain active in their empowerment plan/referrals will have a follow-up assessment. **25 percent** contact was lost due to change in telephone number or work schedule.

OTHER OUTCOME: Education (Educational, Community Outreach, Support Groups) The program is designed to provide mental health awareness and education; moreover, to promote wellness overall. To reach consumers, advocates conducted educational trainings (presentations, workshops), support groups and community outreach in Fresno County reaching over 1,682 consumers. Through 39 community outreach events in various communities 995 consumers were reached. In addition, with media events at: Univision Arriba Valle Central, Radio Bilingue and Mexican Consulate radio program these activities yield over 26,000 in viewership and listeners. 66 Educational Trainings (Presentations/Workshops had 585 participants. Support groups had an overall of 102 consumers in attendance. Groups were held in Fresno, Firebaugh and Orange Cove. CLFA held conferences/trainings to increase self-advocacy and self-efficacy. Consumers attended: Parent Conference and Dia de Liderazgo y Accion.

<u>OUTCOME: Deeping Social Networks</u> To expand the reach to consumers and communities, CBANS have partnered/collaborated with other community organizations/groups that include but are not limited to: Univision Television, Fresno Housing Authority (various rural and urban sites), Fresno County Office of Education/Migrant Education program (rural sites), United Health Centers, Fresno Economic Opportunities Commission, Faith Based programs, schools, parent groups and leadership groups. For instance, advocates presented to United Health Center staff on services and take part of the Binational taskforce.

DEPARTMENT RECOMMENDATION(S):