

## PROGRAM INFORMATION:

Program Title:	Family Advocacy Services	Provider:	Kristi Williams
Program Description:	Family Advocacy and Support	MHP Work Plan:	2-Wellness, recovery, and resiliency support
Age Group Served 1:	ALL AGES	Dates Of Operation:	December 2013 - Current
Age Group Served 2:	ALL AGES	Reporting Period:	July 1, 2015 - June 30, 2016
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Choose an item.
Funding Source 2:	Choose an item.	Other Funding:	Click here to enter text.

## FISCAL INFORMATION:

Program Budget Amount:	\$74,967	Program Actual Amount:	\$74,967
Number of Unique Clients Served During Time Period:	417		
Number of Services Rendered During Time Period:	876		
Actual Cost Per Client:	\$179.77		

## CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Other, please specify below
Contract Term:	Dec. 2013-June 2018	For Other:	Family Advocacy and Support
		Renewal Date:	July 1, 2018
Level of Care Information Age 18 & Over:	Choose an item.		
Level of Care Information Age 0- 17:	Choose an item.		

## TARGET POPULATION INFORMATION:

Target Population:	Families and care providers of those receiving mental health services or who are experiencing first on-set of symptoms.
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## MHSA CORE CONCEPTS:

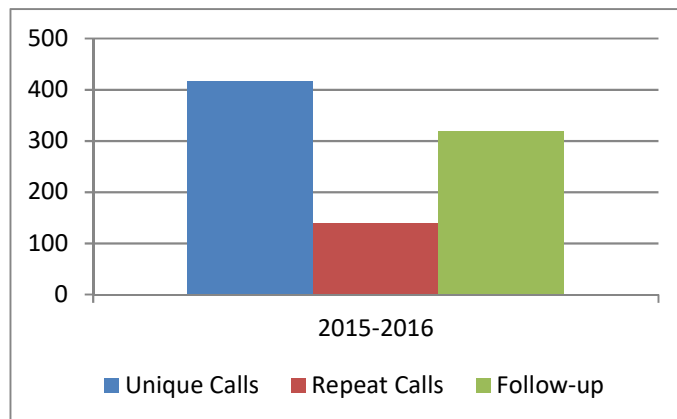
Please select MHSA core concepts embedded in services/ program: (May select more than one)	Please describe how the selected concept (s) embedded :
Community Collaboration	Family Advocacy Services has embedded Community Collaboration into the program by working with families, DBH, agencies, and organizational providers to share information and resources in order to accomplish a shared vision of wellness and recovery. Family Advocacy Services has also embedded the client/family driven core concept into this program by working closely with families in hope of helping them identify their own needs and preferences which can lead to the
Client/Family Driven Program	
Recovery/Resiliency Orientation	
Integrated Service Experience	

services and supports that are most effective to them and their loved ones. The Family Advocate encourages families and care providers to take an active role in the community planning process and to attend the monthly Behavioral Health Board meetings so they can influence services and the system of care. Wellness and recovery is the main focus of the Family Advocacy program and is the main approach taken when working with families and the community as a whole.

#### PROGRAM OUTCOME GOALS:

1. **Provide advocacy services as initiated by incoming requests, document disposition including referrals/linkages and follow-up including duration.**
  - Family Advocate logs all incoming and outgoing calls. These calls include initial contact and all follow up calls thereafter. During this reporting period **Family Advocate logged 876 calls**. Of these calls 417 were from unique family members, 139 were repeat callers, and 320 were follow up calls made by advocate. (see graph A)
  - **73% of calls were for advocacy and support.** 36% resulted in referrals or linkages. Average of service duration is 2 days.
  - In a survey to see how referrals were being received the following was the outcome. (see Table 1)

**Graph A**



**Table 1**

Referred By	Count	Percentage
Family/Friend	7	17%
Mental Health Provider: Children's, LEFC, or UCWC	16	39%
Contracted/Community Provider	1	2%
NAMI/NAMI Support Group	10	24%
Other/Not Reported	7	17%
<b>Total Surveys Submitted:</b>	<b>41</b>	<b>100%</b>

## 2. Increase family member/caregiver level of functioning, Confidence, and awareness of relapse prevention.

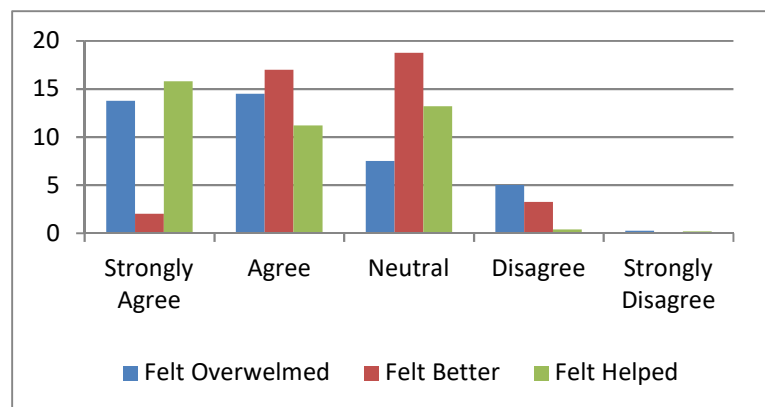
- A survey was conducted to find out how services provided by the Family Advocate were being received. There was a total of 41 survey completed. (see table 2)

**Table 2**

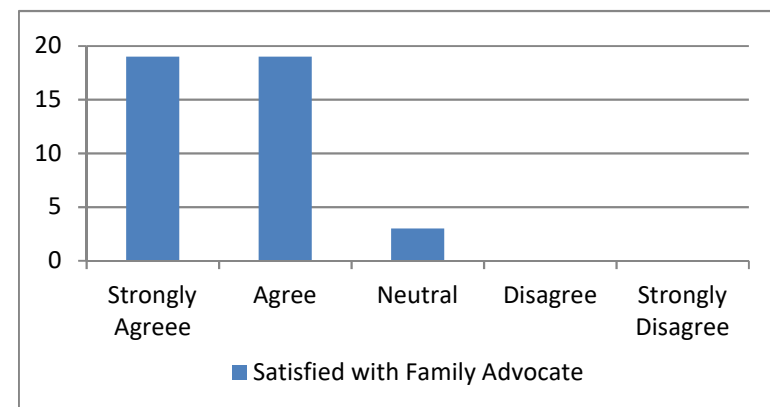
Care Provider	Count	Percentage
<b>Spouse/Partner</b>	2	5%
<b>Parent</b>	27	66%
<b>Other Family Members</b>	10	24%
<b>Non-Relative</b>	2	5%
Total Care Providers:	41	100%

- Before receiving help from the Family Advocate (see graph B) **69% of Care Providers Strongly Agreed/Agree** that their care giving responsibilities led to a feeling of depression, anxiety, hopelessness, that being care provider was a burden that they couldn't handle, had conflict with their family, and prevented them from taking care of their needs.
- After receiving help from the Family Advocate (see graph B) **46% of Care Providers Strongly Agreed/Agree** that their responsibilities were less likely to lead them to feeling of depression, anxiety, hopelessness, that being care provider was less of a burden, better able to handle conflict with their family, and less likely to prevent them from taking care of their needs.
- The help that was received from the Family Advocate **66% of Care Providers Strongly Agreed/Agree** that they had a level of confidence and awareness of Relapse prevention, had knowledge on how to access resources, referrals/linkage to services, awareness of the impact of mental illness on family members, and a minimizing stigma surrounding mental issues. (see graph B)
- 92% of Care Providers** surveyed reported that they **Strongly Agree/Agree** that they are **Satisfied** with the help and support they received from the Family Advocate. (see graph C)

**Graph B**



**Graph C**



3. **Increase family member/caregiver access to resources including community organizations, government benefits, self-help programs, support groups, and other appropriate referrals and linkages.**
  - *Advocate was able to increase access to resources by linking families to NAMI Support Groups and trainings, Ala-Non, and First On-set Family meetings. Advocate also provided training to family members/caregivers in NAMI Basics including in the rural areas. This class is specific to families with a young child experiencing a mental health challenge. She also co-facilitates a Family Support group once a month at Blue Sky Wellness Center.*
4. **Assist in orientation of new families entering the mental health system by educating and increasing awareness of the impact of mental illness on family members and minimizing stigma surrounding mental health issues**
  - *Family Advocate assists in orientation of new families while working closely with the Fresno County Law Enforcement Field Clinicians. Advocate is also included as a first contact for families when seeking answers and help with Conservatorship, her contact information is on their brochure. Advocate is also included in the RISE Team transition plan for families.*
  - *Family Advocate attends the adult and children's team meetings once a month to integrate family advocacy and support into the system of care and help reduce stigma.*

**PROGRAM OUTCOME DATA/INDICATORS:**[Family Advocate Program Survey](#)**DEPARTMENT RECOMMENDATION(S):**

Click here to enter text.