## FRESNO COUNTY MENTAL HEALTH PLAN

## **OUTCOMES REPORT- Attachment A**

**PROGRAM INFORMATION:** 

Program Title: Family Advocacy Services

Program Description: Mental health advocacy, support, and

other services to unserved and underserved populations, clients and

families.

Age Group Served 1: ALL AGES

Age Group Served 2: Choose an item.

Funding Source 1: Com Services & Supports (MHSA)

**Funding Source 2:** Choose an item.

Provider: Kristi Williams

MHP Work Plan: 2-Wellness, recovery, and resiliency support

Choose an item. Choose an item.

Dates Of Operation: December 3, 2013 – December 31, 2017

\$35,496,69

Reporting Period: July 1, 2017 - June 30, 2018

Funding Source 3: Choose an item.

**Other Funding:** Click here to enter text.

**FISCAL INFORMATION:** 

Program Budget Amount: \$74,967

Number of Unique Clients Served During Time Period: 190
Number of Services Rendered During Time Period: 467

Actual Cost Per Client: \$76.01

**CONTRACT INFORMATION:** 

Program Type: Contract-Operated

Contract Term: December 3, 2013 – June 30, 2018

Provider services concluded January 21,

- TOVIUET SELVI

2018.

Type of Program:

For Other:

**Program Actual Amount:** 

Other, please specify below

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.

The Level of Care information above does not apply to this contracted program.

**TARGET POPULATION INFORMATION:** 

Target Population: Families and care providers of those receiving mental health services or who are experiencing first on-set of

symptoms.

#### **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

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

Integrated service experiences

Choose an item.

## Please describe how the selected concept (s) embedded:

Family Advocacy Services has embedded community collaboration into the program by working with families, the Department of Behavioral Health, 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 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**

- 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. Access

A. Objective: Provide advocacy services as initiated by incoming requests, document disposition including referrals/linkages, follow-up, and duration.

- <u>Indicator:</u> Family Advocate logs incoming and outgoing calls. These calls include initial contact and follow-up calls thereafter.
- Who Applied: Any family member/caregiver who requested services and was referred. Referrals were made by family members, Mental Health Providers, Community Providers, and NAMI Fresno.
- <u>Time of Measure:</u> July 1, 2017 December 31, 2017
- <u>Data Source:</u> Call Log/Family Advocate Timesheet
- <u>Target Goal Expectancy:</u> To be established with the Department.
- Outcomes: Family Advocate logged 322 calls. Of these calls, 190 were from unique family members, 27 were repeat callers, and 105 were follow-up calls made by the Family Advocate. 75% of calls were for advocacy and support. 25% of calls were for linkages and resources. Average duration of service is 1 day. These services were provided between July 1, 2017 and December 31, 2017.

B. Objective: Increase family member/caregiver access to resources including community organizations, government benefits, self-help programs, support groups, and other appropriate referrals and linkages.

- <u>Indicator:</u> Number of referrals, linkages, trainings and support groups provided by the Family Advocate.
- Who Applied: Any family member/care provider who requested services and was referred.
- <u>Time of Measure:</u> July 1, 2017 December 31, 2017
- <u>Data Source:</u> Family Advocate Timesheet
- Target Goal Expectancy: To be established with the Department.
- Outcomes: Family Advocate was able to increase access to resources by linking 40 families to NAMI Support Groups and trainings, 2 families to Al-Anon, and 23 families to First On-set Family meetings. The Family Advocate also provided two 6-week training courses of, "NAMI Basics", to 27 family members/caregivers. This evening class is specific to families with a young child experiencing a mental health challenge. The Family Advocate also co-facilitated 7 Family Support Groups at the local NAMI Fresno office.

C. Objective: 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.

- <u>Indicator:</u> Number of orientation contacts provided by Family Advocate.
- Who Applied: Family members/care providers of clients enrolled in and referred by Fresno County Behavioral Health System of Care. Also, any family member/care provider who requested services and was referred.
- <u>Time of Measure:</u> July 1, 2017 December 31, 2017

- <u>Data Source:</u> Family Advocate timesheet
- <u>Target Goal Expectancy:</u> To be established with the Department.
- Outcomes: The Family Advocate assisted in orientation of 8 new families while working closely with the Fresno County DBH Law Enforcement Field Clinicians. The Family Advocate is also included as a first contact for families when seeking answers and help with conservatorship questions. The Family Advocate assisted 15 families/caregivers with orientation to the conservatorship process. The Family Advocate is also included in the RISE Team transition plan for families and assisted 2 families. The Family Advocate is a resource offered to family members by the Exodus 24-7 Access Line and received 9 referrals. The Family Advocate assisted these referrals with the orientation to Urgent Care Wellness Center. The 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 to help reduce stigma.

#### 2. Effectiveness

Objective: Increase family member/caregiver level of functioning, confidence, and awareness of relapse prevention.

- <u>Indicator:</u> Percent of family members/care providers reporting increase in objective categories.
- <u>Data Source:</u> Family Advocate Service Survey.
- Who Applied & Time of Measure: Surveys were not collected during this reporting period.
- <u>Target Goal Expectancy:</u> To be established with the Department.
- Outcomes: None Reported.

## 3. Satisfaction & Feedback of Persons Served and Stakeholders

Objective: Obtain feedback to better serve families and care providers.

- <u>Indicator:</u> Percent of families/care providers who were satisfied with the help and support received from the Family Advocate.
- <u>Data Source:</u> Family Advocate Service Survey
- Who Applied & Time Measure: Surveys were not collected during this reporting period.
- Outcomes: None Reported.

## 4. Efficiency

Due to the nature of this job, the Family Advocate works with a family member or care provider for a short period of time usually in times of crisis. This does not allow for ample opportunity to capture outcomes unless the Advocate works with the family for an extended period of time, in which she then uses the Family Advocate Program Survey. During this reporting period, the Family Advocate worked with families on a short-term basis while in a crisis situation and therefore did not administer the survey.

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## **DEPARTMENT RECOMMENDATION(S):**

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