

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Cultural Specific Services – Living Well Center-FSP	Provider:	The Fresno Center (TFC)
Program Description:	<p>The Living Well Center (LWC) is an organizational provider contracted to provide four distinct services: (1) <i>Outpatient mental services (OP)</i>, (2) <i>Intense Case Management (ICM)</i>, (3) <i>Full Service Partnership (FSP)</i>, and (4) <i>Clinical training services</i>. These services are designed to serve SEA individuals that have serious emotional disturbances (SED) or serious mental illness (SMI), and are in need of on-going community-based services.</p> <p>The services are provided in traditional Southeast Asian (SEA) languages and the therapeutic methods are adapted to respond to the diverse mental health needs of SEA individuals.</p> <p>LWC's goal for the Full Service Partnership (FSP) program is to serve 30 children/youths (ages 0-18), adults (19-64), and older adults (ages 65 and older).</p>	MHP Work Plan:	2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices Choose an item.
Age Group Served 1:	ALL AGES	Dates Of Operation:	October 1, 2018 - Present
Age Group Served 2:	Choose an item.	Reporting Period:	October 1, 2018 - June 30, 2019
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Choose an item.
Funding Source 2:	Medical FFP	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$178,377.00	Program Actual Amount:	\$178,377.00
Number of Unique Clients Served During Time Period:	4 (<i>the program was only operational effective May 2019 due to construction delays</i>)		
Number of Services Rendered During Time Period:	19		

Actual Cost Per Client: \$44,594.25 (*this number is not a true representative of the actual cost per client, as 35% of the budget went to finalize start-up construction of the program, and the program was only operational effective May 2019 for two months in FY 18/19*)

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	October 1, 2018 – June 30, 2021 (with two optional 12 month renewals)	For Other:	Full Service Partnership
		Renewal Date:	July 1, 2021
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

Target Population: The target population of this program are, Fresno County Medi-Cal eligible children, adults, and older adults with an SMI or SED mental health diagnosis, who are of Southeast Asian (Hmong, Laotian, Vietnamese, and Cambodian) descent, all ages (0 to 65+) in a need of culturally competent, linguistically accessible specialty mental health services.

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)

Cultural Competency

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

Access to underserved communities

Choose an item.

Please describe how the selected concept (s) embedded :

Cultural Competency

To work effectively and cross culturally with the Southeast Asian population, the Living Well Center's program structure, staffing and services are reflective of the diverse cultural values, beliefs, and practices of their consumers. The staff and student interns are all from the Hmong, Lao, or Cambodian communities. They all speak the languages and have first hand experiences, knowledge and skills to effectively work with Southeast Asian consumers of all ages. At present, we have peer support specialist, case managers, rehabilitation counselors, clinicians and psychiatrist that are either Hmong, Lao, and Cambodian.

Also, our services are specifically tailored to meeting the needs, acculturation level, and experiences of our SEA consumers. Our interventions do not always take place in a traditional therapy settings, and our therapeutic activities are sometimes "outside-of-the-box" to reflect the unique experiences, acculturation levels, and needs of our SEA consumers. For example, our *Ncig Teb Chaw* or Cross Cultural Thereapeutic Learning, which is borrowed from the Hmong Helping Hand Intervention in our California Reducing Disparities Project (CRDP), is a type of thereapeutic activities that we do on the weekend to help our consumers gain knowledge of resources and places in the community they can do to help them better manage and cope with their mental health problem.

Furthermore, when a person is assessed into the program and an individualized Plan of Care (POC) is created, we include the options of seeking alternative healers from their own community as part of their treatment of plan.

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

In the SEA people, the wellness of the person does not depend solely on the individual person, but equally important is his/her family and clan members. Sometimes, positively changing the person can have negative consequences to the family unit. For example helping the wife to build a strong sense of identity, empowerment, and self-esteem can in term cause the husband to worry and become angry thus affecting the whole family unit and their functionality.

So, our work and services with our consumers is individualize, as well as inclusive of other family members from the time of intake and throughout the therapy process. Furthermore, to make sure our SEA consumers can take part in helping to plan their treatment plans and to have a sense of ownership and responsibility, we educate them and their family members about confidentiality, HIPAA, the purpose of the assessment, POC, and therapy processes. All of these are foreign concepts to them.

Also, our services embody the value of recovery and resiliency. This is reflective in our Southeast Asian Cross Cultural Counseling Model. This Southeast Asian Cross Cultural Counseling Model (SEA CCM) utilizes 4 approaches to having a balance and satisfactory life: CBT Approach, Skill Building, Positive Psychology, and Cultural Strength.

- ✓ *CBT Component.* Helping consumers to identify and replace unhealthy thinking/beliefs, and for them to avoid engaging in miserable and negative thoughts and behaviors.
- ✓ *Positive Psychology Component.* Helping consumers to focus on positive emotions, thoughts, and wellness. For example being grateful, having hope, having happiness, having inspiration, practicing wellness, empowering self and having inner peace.
- ✓ *Skills Building Component.* Skills like assertiveness, effective communication, working effectively with others, problem solving, and relaxation techniques, will be taught to consumers.
- ✓ *Cultural Strengths Component.* Help consumers with their own cultural values, practices, and beliefs to help them with their daily life changes and challenges. We focus on showing respect (Filial Piety!), practicing fairness (Relationship!), having

compassion (i.e. exchanging knowledge/labor, having empathy & kindness, doing good deeds, and maintaining continuity with relatives and neighbors) (Happiness!), cultural identity, and celebrating their Culture (A Sense of Belonging!).

Access to underserved communities

LWC has offered cultural and linguistic mental health services to the Southeast Asian community in Fresno County for the last 10 plus years. Given their multiple barriers and challenges, high illiteracy rates, and different cultural beliefs and values system, accessibility and utilization of mental health services is very low. Our program offers the following mental health services.

- ✓ 24/7 Crisis Response
- ✓ Daily Program Rehabilitation/Support
- ✓ Intensive Case Management
- ✓ Social/Recreational Activities
- ✓ Assessment/Treatment Planning
- ✓ Individual/Group Therapy
- ✓ Individual/Group Rehabilitation Services
- ✓ Educational Groups
- ✓ Peer Support Groups
- ✓ Housing Support
- ✓ Collateral Services
- ✓ Referral/Linkages

We understand the experiences and challenges our consumers have encountered in utilizing mainstream services. Therefore, it is our goal that our services to our Southeast Asian (SEA) consumers and their families are seamless and with minimal delays. Every SEA consumer that is referred or walk-in into seeking our services is greeted by a bilingual and bicultural staff, who quickly assesses his/her situations. If the consumer's conditions warrant further help, he/she will then complete all necessary paperwork at the intake and an assessment appointment schedule ASAP within 10 days. We also make referrals and linkages services to other culturally linguistically and appropriate services within the organization and/or community.

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

A. Effectiveness:

A performance dimension that assesses the degree to which an intervention or services have achieved the desired outcome/result/quality of care through measuring change over time. The results achieved and outcomes observed are for persons served. Outcomes in following address the quality of service and care provided to the persons served. Reduction in Homelessness, Incarceration, probation attendance, hospitalization, psychiatric hospitalization, increase in employment and improvement in education.

Outcome Measures:

1. Individuals receiving services shall have zero (0) days of homelessness after being enrolled in the program, unless the individual declined housing assistance.
 - a. Indicator: Number of persons served, enrolled and received services, that were homeless at intake, during, or after engaging in services.
 - i. Data source: Clients file Log
 1. Result:
We reviewed our log and there were zero clients reported being homeless this fiscal year.
2. 90% of those receiving services will not access higher level of care.
 - a. Indicator: Number of persons served, enrolled and received services, that have not required a higher level of care.
 - i. Data source: Clients File log
 1. Result: We reported none of the 4 FSPs have not required a higher level of care.
3. 90% reduction in days of in-patient psychiatric hospitalizations for persons served after being enrolled in FSP compared to the year before being enrolled in the FSP
 - a. Indicator: Number of FSP persons served that were not in in-patient psychiatric hospital.
 - i. Data Source: Clients file log
 1. Result:
We have 4 FSP individuals. None reported to be in in-patient psychiatric hospitalization.

4. Within 30 days enrollment in the FSP, 100% of persons served will have participated in forming their individualized service plan.
 - a. Indicator: Number of FSP persons served with individualized service plan.
 - i. Data Source: Clients file log
 1. Result:
4 FSP were approved during this fiscal year. All four individuals participated in their POC and were informed and have agreed to receive additional support and services to help them with their mental health problems.

FSP Outcomes

1. Youths-There were no youth FSP
2. Adults and Older Adults
 - a. Results (N=4)

Adult (N=4)	
Indicator 1 – Living situation: homeless or shelter; justice system placement; independent; number of moves; hospitalization	None reported
Indicator 2 – Employment, if applicable	None reported
Indicator 3 – Number of arrests	None reported
Indicator 4 – Number of emergency room visits; physical health and mental health	None reported
Indicator 5 – Self rating on improvement in functioning (symptoms, housing situation, school or work, social situations, relations with family, dealing with crises, control over life, dealing with problems)	Pending training on Reaching Recovery Tools

3. Older Adults-There were no older adults (+65) on FSP

(B). Efficiency:

Relationship between results and resources used, such as time, money, and staff. The demonstration of the relationship between results and the resources used to achieve them. A performance dimension addressing the relationship between the outputs/results and the resources used to deliver the service. For example service delivery cost per service unit, length of stay in the program, and direct service hours of clinical and medical staff. These can be calculated internally on a monthly basis.

Outcome measures

Reference Table: Fiscal Year 2018-2019 All FSP Counts

Count of Services:	19				
Count of Unique Clients:	4				
Sum of Units:	1295				
Sum of Cost of Service:	\$3,397				
Count of Unique Provider:	4				

1. Cost per service unit:

To calculate the cost per service unit, the Sum of Cost of Service was divided by the Count of Services. $\$3,397/19=\179

2. Length of Stay in the Program.

	Days	Years
Average	12	0
Longest	42	0
Shortest	2	0

3. Direct hours of clinical staffing

There were a total of 1 Case Manager/PSC and 2 Unlicensed clinicians that provided over 21 hours of FSP billable hours during this short period.

4. Direct hours of medical staffing: Dr. Michael Thao provided 21 minutes of billable services during this short period of FSP.

(C). Access:

A performance dimension addressing the degree to which a person needing services is able to access those services. Timeliness of program entry (from first request for service to first service), ongoing wait times/wait lists, minimizing barriers to getting services, convenience of service hours and locations, and number of persons served.

Outcome Measures

1. Evidence of improved access to mental health services of all persons engaged

a. Indicator: Number/Percentage of individuals being linked/engaged to services (i.e., PCP, Medi-Cal, SSI).

i. Data Source: Client file log

1. Result.

We reviewed our clients' file when individuals were enrolled into the program and then after 6 months, and we checked to see if the individuals have been linked to a primary care physician. Overall, 100% (n=4) of the individuals have been linked with or have already had a PCP identified during enrollment.

Additionally, none of these 4 FSP were appropriate for our other projects like the Kaiser project, California Reducing Disparities Project, and/or Therapeutic Horticultural Community Center (Community Garden).

(D). Satisfaction and Feedback from Persons Served and Stakeholders

At the present moment, LWC does not have a satisfaction survey. The Center will develop one and utilize in their next yearly report.

Individuals are informed at intake of the protocol and procedure to address grievances and concerns. These are places where they can share their thoughts and opinion of the services.

No grievances or concerns were reported this fiscal period.

For the upcoming fiscal year, The Fresno Center (TFC) will work diligently with Fresno County, Department of Behavioral Health to increase our FSP caseload to maximum capacity as appropriate. The late start-up of the program due to construction delays had a major effect in providing services.

DEPARTMENT RECOMMENDATION(S):

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