PROGRAM INFORMATION:

Program Title:	Cultural Specific Services – Living Well Center_OP/ICM	**Provider:**	The Fresno Center (TFC)
Program Description:	The Living Well Center (LWC) is an organizational provider contracted to provide four distinct services: *(1) Outpatient mental services (OP), (2) Intense Case Management (ICM), (3) Full-Service Partnership (FSP), and (4) Clinical training services.* 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. 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. LWC's goal for the Outpatient and Intensive Case Management (OP/ICM) program is to serve 220 individuals of all ages; children/youths (ages 0-18), adults (19-64), and older adults (ages 65 and older).	**MHP Work Plan:**	2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices
Age Group Served 1:	ALL AGES	**Dates Of Operation:**	October 1, 2018 - Present
Age Group Served 2:		**Reporting Period:**	October 1, 2018 - June 30, 2019
Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	
Funding Source 2:	Medical FFP	**Other Funding:**	California Reducing Disparity Project (Office of Health Equity: Kaiser Permanente)

FISCAL INFORMATION:

Program Budget Amount: $1,496,950.00
Program Actual Amount: $1,496,032.65
Number of Unique Clients Served During Time Period: 236
Number of Services Rendered During Time Period: 5426
Actual Cost Per Client: $6,339.12

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: Clinical Training Site, Cultural Specific
Renewal Date: July 1, 2021
Level of Care Information Age 18 & Over: Enhanced Outpatient Treatment (caseload 1:40)
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, Laotain, 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

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 CCCM) 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 offerred 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 illiteracty 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 Rehabilitiation Services
- ✓ Educational Groups
- ✓ Peer Support Groups
- ✓ Housing Support
- ✓ Collateral Services
- ✓ Referral/Linkages

We understand the experiences and challenges our consumers have encourntered 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 assesshis/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. Within 30 days of an individual's enrollment in the program, provide evidence of a plan of care developed in the individual's preferred language, approved, authorized and signed by the individual.
    a. *Indicator*: Number of individuals with a plan of care created within 30 days.
        i. *Data Source:* Clients file Log
            1. *Result:*
            We reviewed our internal individual files from when individuals were enrolled into the program or from when they were re-assessed and compared those to when individuals signed their plan of care (POC), and 100% (n=236) of POCs were authorized and signed by the individuals and our bilingual and bicultural clinicians within 30 days.

2. Within six months of being enrolled in the program, 100% of persons served will have documented linkages to a Primary Care Physician.
    a. *Indicator*: Number of persons served with linkages services to a Primary Care Physician.
        i. *Data source*: Clients file Log
            1. *Result*:
            We reviewed our individual files from 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=236 of the individuals have been linked with or have already had a PCP identified during enrollment.

3. 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.

4. 90% of those receiving services will become more physically active through participating in healthy walking and exercising and other therapeutic arts and crafts activities.
    a. *Indicator:* Number of persons served actively participating in physical activities.
        i. *Data Source:* Clients attendance sheets
            1. *Result:*
            Based on attendance sheets from various physical activities we have conducted throughout this fiscal year (CRDP, community garden, cross cultural therapeutic exploration learning activities, Kaiser activities) 90 percent of our 231 individuals have participated in at least one or more of these more physical activities. Those individuals that have not been able to participate were due to chronic physical or severe psychological related problems and/or other barriers.

5. 75% of those engaged in services will show stabled or improvement in their well-being.
    a. *Indicator 1*: Number of persons served who self-reported their condition stabilized or improved.
        i. *Data source:* Clients file log
            1. *Result:*
            At present, we do not have a well-being instrument. We are seeking permission to adapt and translate the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) https://www.nefconsulting.com/our-services/strategy-culture-change/well-being-at-work/

            Also, all staff are in the process of doing their training on using the Reaching Recovery Tool to help monitor individual's progress at the Center. This tool will be implemented in the 2nd fiscal year.

            However, through clinical observations staff noted significant number of individuals with more mental stability and they are actively participating in the therapeutic activities, or show improvement of their mental health condition and their diagnosis have changed from severe to moderate or mild after 6 months or more of receiving specialty mental health services.

b. *Indicator 2*: Number of persons served that show decrease on the Hmong Adaptive Beck Depression Inventory Scale.
   i. *Data Source*: Number of clients that completed an initial HABDI and reassessment.
      1. *Result:*
         We are creating a database and have began inputing the data. We will complete all entries by the semi-annual reporting in January 2020.

6. Within 180 days of being enrolled in the program, 100% of individuals who did not have SSI will have completed applications to receive SSI.
   a. *Indicator:* Number of individuals enrolled who has not have a completed SSI application.
      i. *Data source:* Client file log
         1. *Result*:
            For our SSI application processing, we informed individuals of the pros and cons of applying within the 6-month period. We educated them on the importance of their psychological treatments in helping them with their case.

            At present, 61 percent (n=141) of our clients are identified as been disabled and are receiving some forms of SSI disability income, while 28 percent (n=65) have began their application process or in the process of waiting for decision, and 12 percent (n=27) have been identified as been declined or denied.

7. Increase the number of mental health professionals of SEA descent qualified for licensure through hours earned. A minimum of four (4) student interns shall enter and complete, or show satisfactory progress towards completion of, required clinical hours or completion of the intern program.
   a. *Indicator:* Number of hours accumulated by students and by the number of students that obtain valid California licensure in their respective field that have completed the required hours within the clinical training/supervision program.
      i. *Data Source:* Intern/Staffing File Log
         1. *Result:*
            This fiscal year, we had a total of 6 students that completed over 3,300 hours at our internship training. 1 undergraduate and 5 graduate social worker students.

            Additionally, we have one unlicensed clinician who completed her clinical hours and recently was licensed. Then we have 5 unlicensed clinicians who are currently collecting their hours and/or are in the process of passing their licensing test. Each unlicensed clinician has been collecting about an average of 30 hours a week.

(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 Counts

Count of Services:	**5475**				
Count of Unique Clients:	236				
Sum of Units:	260,917				
Sum of Cost of Service:	$671,822				
Count of Unique Provider:	18				

Note*: Estimation

1. Cost per service unit: $671,822/5,475**=$122.71**

2. Length of Stay in the Program.

	Days	Years
Average	924	2.5
Longest	3888	10.7
Shortest	1	0

3. Direct hours of clinical staffing

   To calculate the total hours for clinical staff, the total Sum of Units subtracted the Sum Units for medical staffing and that number is then divided by 60 minutes. (202,629 minutes) – (681 min)=201,948 minutes/60=**3,366 Hours**

4. Direct hours of medical staffing: 1050 min/60 min=**18 hours.**

(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. Service timeliness is 10 business days from the initial service request to first service for Outpatient and 15 for psychiatry appointment.
    a. *Indicator*: Average length of time from initial request to first clinical assessment/psychiatry
        ii. *Data Source*: Clients File Log
            1. *Result*:

Of those that were referral to our program for specialty mental health services, 80 percent of the 122 referrals were seen and assessed within the 10 days. Of those 20 percent that we did not meet within the 10 days, the main reason for the delays were due to lost of contact with clients during the transition and other barriers. However, after regaining contacts with them through following up phone calls and/or house visits, all were assessed and received services.

Due to delays in getting LWC-North and LWC-South approved for medication support services, there were a total only 12 psychiatry appointments made within this fiscal year. 100 percent (n=12) of the psychiatry appointments were made within the 15 days. The average day for a psychiatry appointment for the 12 patients were 9 days.

2. Increase access to outpatient/intensive case management specialty mental health services from 120 SEA persons served to 220 persons served in the preferred language of the person served.
    a. *Indicator:* Number of persons served per month that were treated; track the preferred languages of the mental health services that are provided to each SEA individual.
        iii. *Data Source*: Clients File Log
            1. Result:

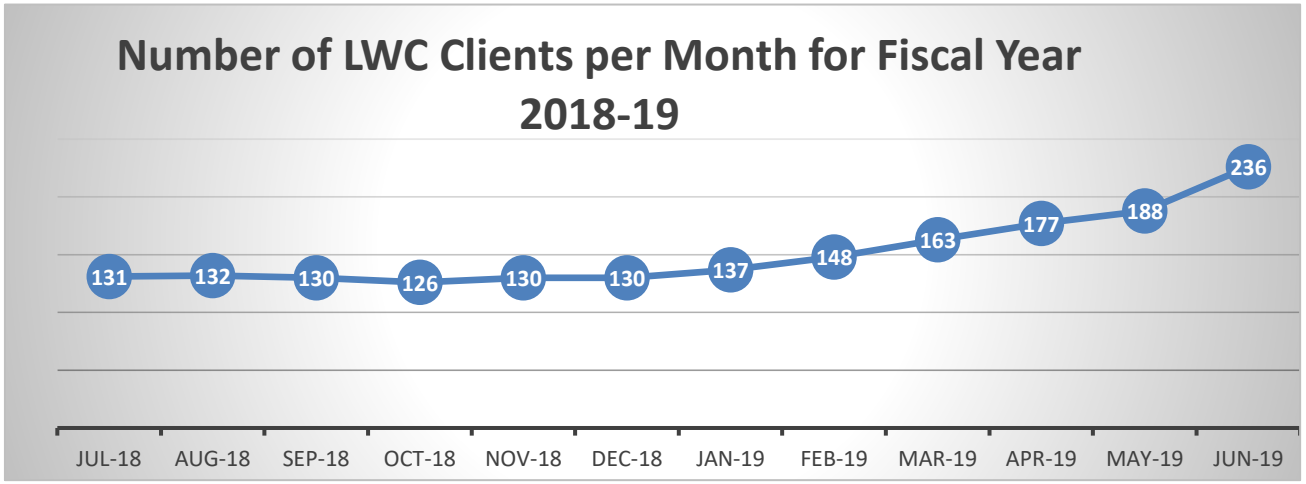
Chart 1 below shows the increased in the numbers of clients in fiscal year 1 (2018-2019). Fiscal year 1 was a combination of a 3 month extension from the prior contract from July 1, 2018 to September 30, 2018. Then a start-up period for hiring and training staff and building out the 4,200 square feet facility from October 2018 to December 31, 2019.

The new contract included children and youths, as well as Full Service Partnership, Crisis Services, and Medication Support Services. These services were pro-rated from January 2019 to June 30, 2019, but FSP, crisis, and medication support services were all significantly delayed until the middle of May 2019 for

the LWC-North site and June 2019 for LWC-South site.

Despite these challenges, the Living Well Center managed to successfully reach and exceeded both OP/ICM number of consumers and its FFP billable goal at the end of year 1.

Services were provided in Hmong, Lao, and Cambodian.



3. Evidenced 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).
      iv. *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. Therefore, 100% (n=236) of the individuals have been linked with or have already had a PCP identified during enrollment.

Other linkage services included our Kaiser project, community garden, and California Reducing Disparities Project. We have approximately 120 (51%) of clients participating in at any time in these small projects during this 2018-2019 reporting.

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.

DEPARTMENT RECOMMENDATION(S):

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