PROGRAM INFORMATION:

Program Title:	Cultural Specific Services – Living Well Center-FSP	**Provider:**	The Fresno Center
Program Description:	The Fresno Center utilizes culturally and linguistically capable, qualified mental health practitioners to provide three levels of care, outpatient (OP), intensive case management (ICM), and Full Service Partnership (FSP) services, to the Southeast Asian (SEA) community, particularly those of Hmong, Laotian, Vietnamese or Cambodian descent, through the "Living Well Center" (LWC). Program 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 Fresno Center uses SEA non-licensed/waivered mental health clinicians, under clinical direction and oversight by licensed clinicians, to increase capacity of persons served and the volume of specialty mental health services to the SEA population. The LWC serves Fresno County Medi-Cal-eligible children, adults and older adults with mental health treatment focusing on individuals with SED or SMI, and having problems coping with the assimilation process. The mental health services are provided in appropriate SEA languages accordingly to serve targeted population. In addition, The Fresno Center's Living Well Center maintains a clinical supervision/training program for SEA	**MHP Work Plan:**	2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices Choose an item.

graduate, post-graduate, doctoral and post-doctoral students. The goal of program's mental health training is to increase the number of licensed mental health professionals of SEA descent whose bi-lingual and bi-cultural capacity will allow greater accessibility to mental health services for those who are of Hmong, Laotian, Vietnamese or Cambodian descent.

LWC's FSP program provides comprehensive, intensive cultural specific mental health services for children and their family in their homes and community. The foundation of Full Service Partnership is doing "whatever it takes" to help individuals on their path to recovey and wellness. Full Service Partnerships embrace client driven services and supports with each client choosing services based on individual needs. Unique to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

Age Group Served 1:	ALL AGES	**Dates Of Operation:**	October 1, 2018 to present
Age Group Served 2:	Choose an item.	**Reporting Period:**	July 1, 2019 - June 30, 2020
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: $347,306.00
Program Actual Amount: $322,930.06
Number of Unique Clients Served During Time Period: 32
Number of Services Rendered During Time Period: 1140
Actual Cost Per Client: $322,931/32=$10,091.59

CONTRACT INFORMATION:

Program Type: Contract-Operated
Type of Program: Outpatient
Contract Term: October 1, 2018-June 30, 2021 (with 2 optional 12 month renewals)
For Other: MH clinical training site, Cultural Specific Services
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: Southeast Asian children/youths (ages 0-18), adults (19-64) and older adults (ages 65 & older). Note: The Fresno Center works closely with Exceptional Parent Unlimited (EPU) for youths 0-5 referrals.

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 specialists, 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. 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 (Conservatorship)
        i. Data source: Clients File log
            1. Result:
            Our FSP is a high level of care. For this fiscal year, we did not have any of our clients (N=32) that went into conservatorship, as a result of needing 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 no prior in-patient psychiatric hospitalization data to compare our current client with. We will monitor this outcome in the coming year. However, this year we have 3 clients that were hospitalized for psychiatric need.

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:
            Of the 32 clients that we saw during this fiscal year, 100% of them received an individualized service plan within 30 days.

FSP Outcomes

1. Youths-There were no youth FSP. Youths with severe mental health needs are being referral to other WRAPS program.

2. Adults and Older Adults
    a. Results (N=31)

Adult (N=4)	
Indicator 1 – Living situation: homeless or shelter; justice system placement; independent; number of moves; hospitalization	9% (n=3) in shelter.
Indicator 2 – Employment, if applicable	3% (n=1) was employed
Indicator 3 – Number of arrests	3% (n=1) was arrested
Indicator 4 – Number of emergency room visits; physical health and mental health	9% (n=3) sought ER services
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)	See graph 7 below.

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

Adult (N=4)	
Indicator 1 – Living situation: homeless or shelter; justice system placement; independent; number of moves; hospitalization	0
Indicator 2 – Employment, if applicable	0
Indicator 3 – Number of arrests	0
Indicator 4 – Number of emergency room visits; physical health and mental health	0
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)	0

(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 2019-2020 All FSP Counts

Count of Services:	**1140**				
Count of Unique Clients:	**32**				
Sum of Units:	**58846**				
Sum of Cost of Service:	**$172,282.35**				
Count of Unique Provider:	**21**				

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. $172,282/1140=**$151.12**

2. Length of Stay in the Program.

	FSP N=32)		
	Days	**Months**	**Years**
Shortest	6		
Longest	403	13.4	1.1
Average	186	6.2	0.5

3. Direct hours of clinical staffing:
   To calculate the total hours for clinical staff, the total Sum of Units divided by an average of 60 minutes time staff usually spend with clients. 73,486 minutes/60 minutes=1225 total clinical hours.

4. Direct hours of medical staffing: 1050 min/20 min=53 hours x 0.75=40 hours

(c) Access:

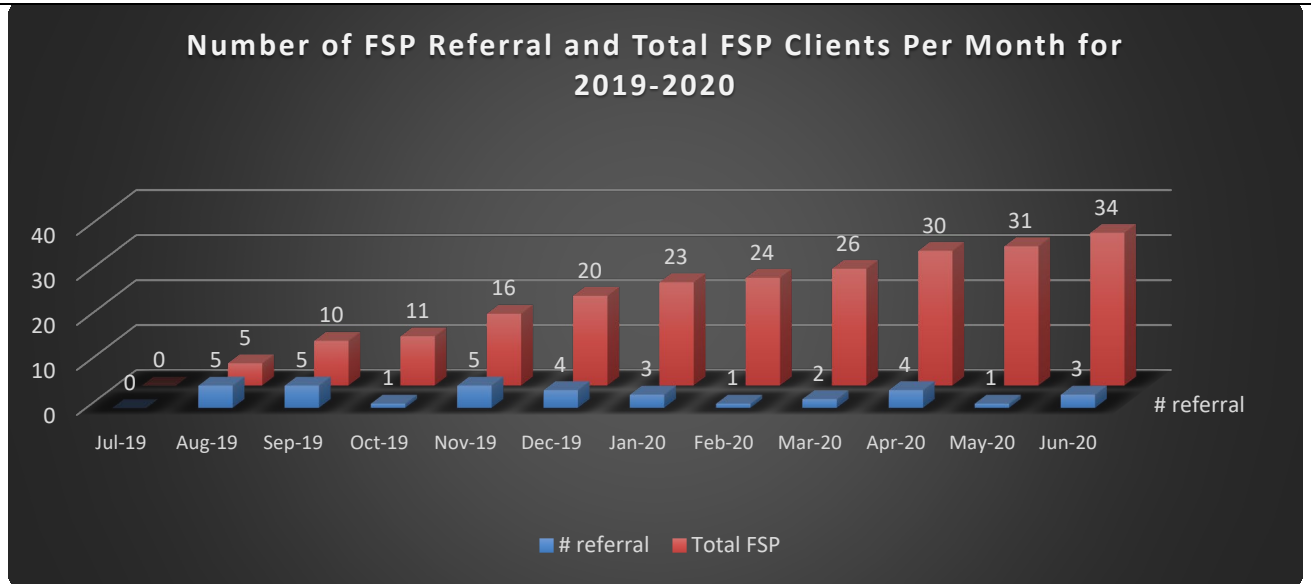
A performance dimension addressing the degree to which a person needing services is able to access those services. Timeliness of program entry (from first request for service to first service), ongoing wait times/wait lists, minimizing barriers to getting services, convenience of service hours and locations,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

Outcome Measures:

1. 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=32) of the individuals have been linked with or have already had a PCP identified during enrollment.

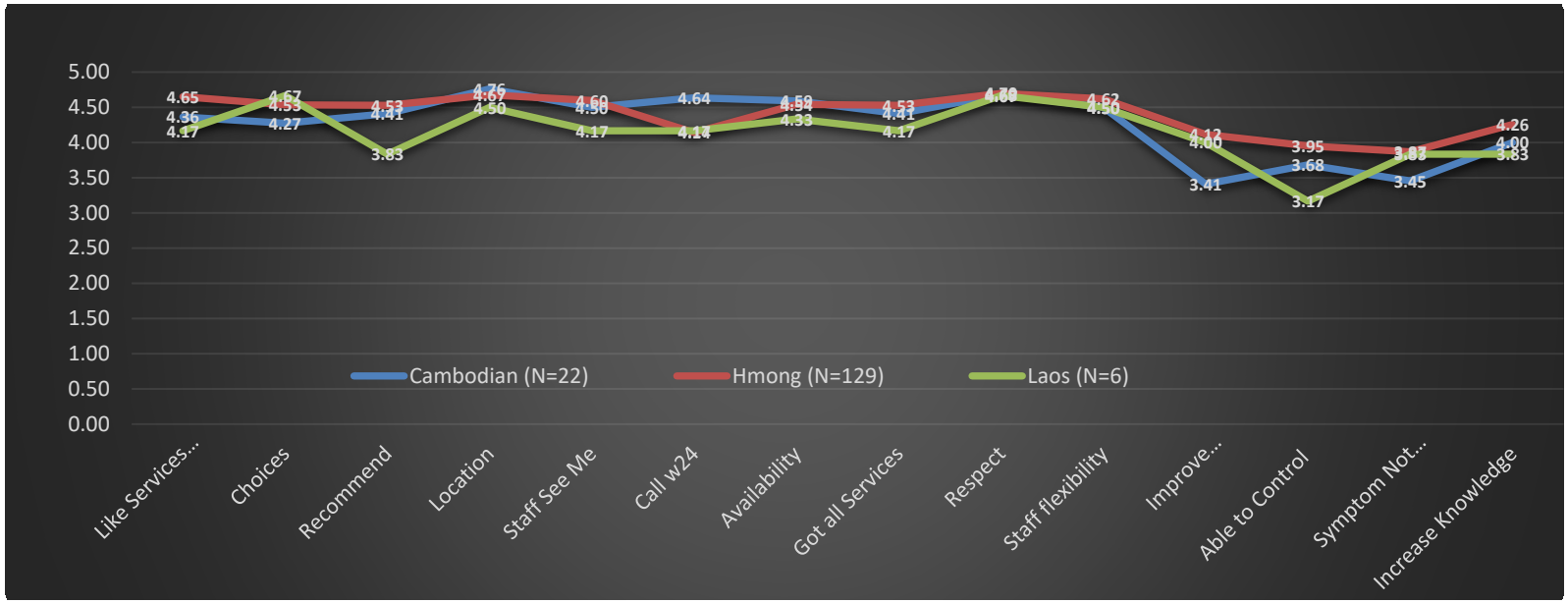
Furthermore, we had a steady increase of FSP referrals with at least 1 FSP referral each month to our FSP service.


Number of FSP Referral and Total FSP Clients Per Month for 2019-2020
40
30
20
10
0
0
0
5
5
5
10
1
11
5
16
4
20
3
23
1
24
2
26
4
30
1
31
3
34
referral
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
referral
Total FSP

D. Satisfaction and Feedback from Persons Served and Stakeholders

Regarding satisfaction and feedback from our consumers, Graph 4 above shows the average scores of how each of our Southeast Asian groups (Cambodia, Hmong, Lao) reported about our Center and services. In all areas, with exception to the Lao and Cambodia groups, who all reported feeling more neutral to the questions, "I deal more effectively with my daily problems" and "I am better able to control my life," all reported agreeing to strongly agree about our program and services.

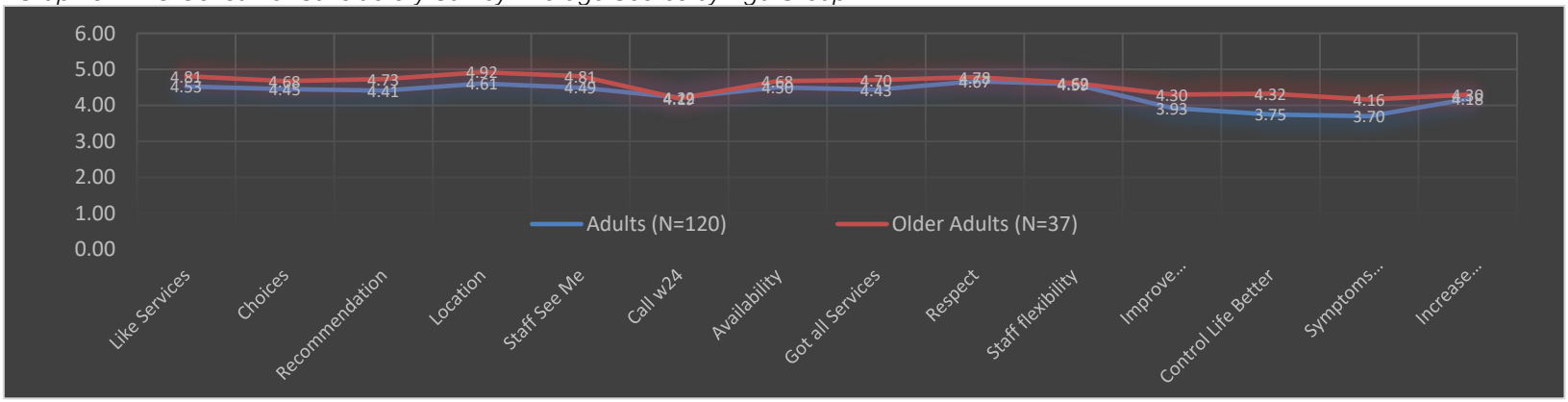
Graph 4: LWC Consumer Satisfactory Survey Average Scale Scores by Ethnicity



Note: *5=Strongly Agree; 4; Agree; 3=Neutral;2=Disagree;1=Strongly Disagree*

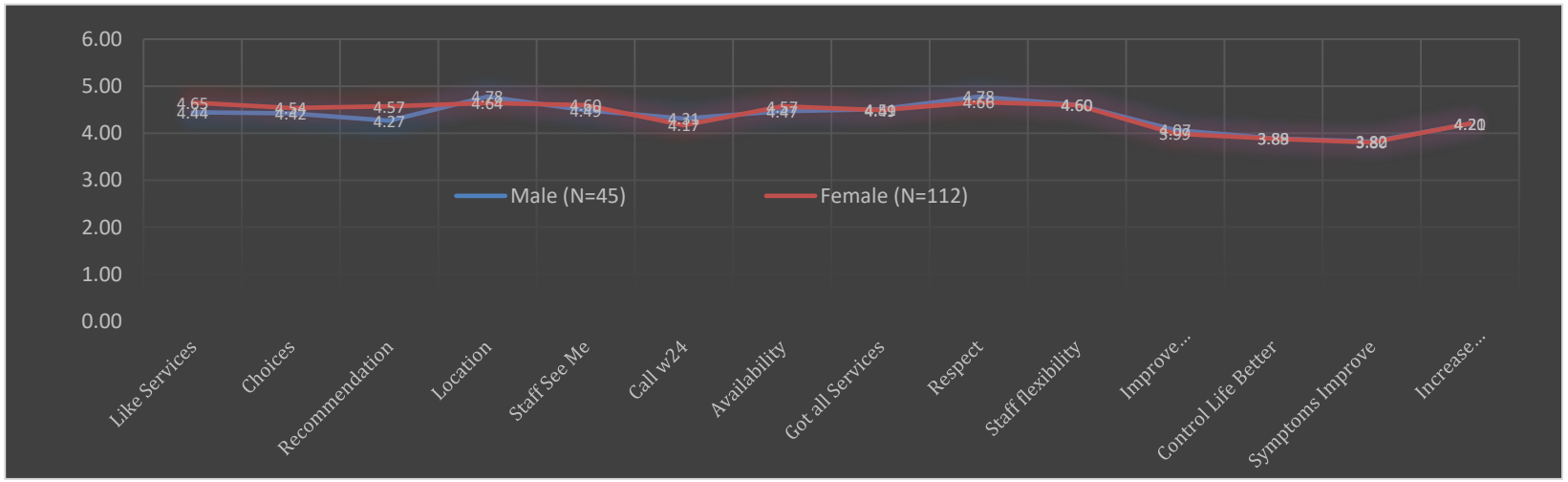
Also, by age groups (See graph 5), gender (See graph 6) and by services (see graph 7) all reported agreeing to strongly agree about the work that LWC is doing.

Graph 5: LWC Consumer Satisfactory Survey Average Scores by Age Group



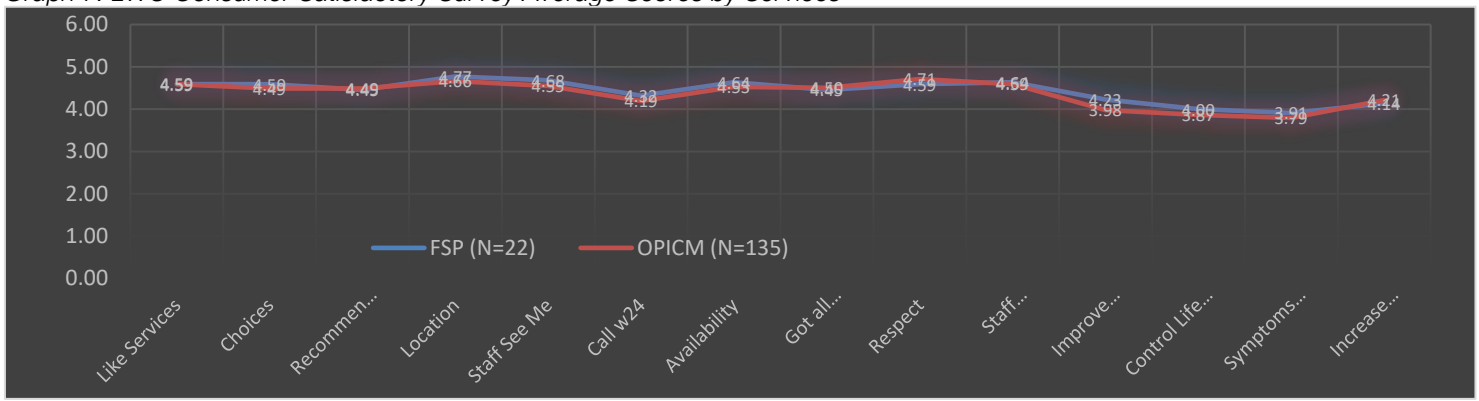
Note: *5=Strongly Agree; 4; Agree; 3=Neutral;2=Disagree;1=Strongly Disagree*

Graph 6: LWC Consumer Satisfactory Survey Average Scores by Gender



Note: *5=Strongly Agree; 4; Agree; 3=Neutral;2=Disagree;1=Strongly Disagree*

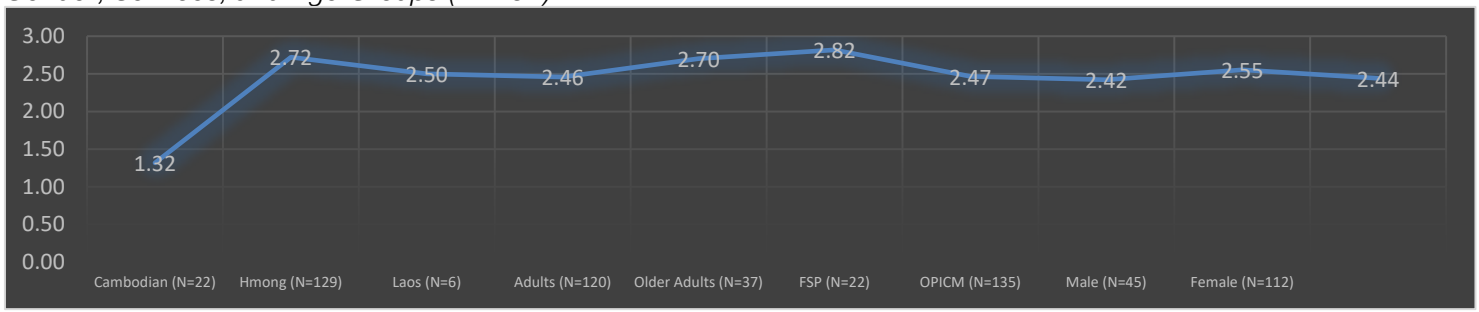
Graph 7: LWC Consumer Satisfactory Survey Average Scores by Services



Note: *5=Strongly Agree; 4; Agree; 3=Neutral;2=Disagree;1=Strongly Disagree*

Furthermore, in our consumer satisfaction survey, we also asked our clients to rate their current health as being very good, good, fair or poor. Graph 8 shows how our clients rated their current health by groups, age, services, and gender. Overall, average score is 2.44, with highest reported score in FSP clients and lowest in our Cambodian groups.

Graph 8: Current Health Perception by LWC Consumers for 2019-2020 by Ethnicity Gender, Services, and Age Groups (N=157)



Note: 4=Very good; 3=Good; 2= Fair; 1=Poor

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):

Click here to enter text.