PROGRAM INFORMATION:			
Program Title:	Cultural Specific Services-Living Well Center-OP/ICM	**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.

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:	$ 1,465,173	**Program Actual Amount:**	$1,417,791.77
Number of Unique Clients Served During Time Period:	308		
Number of Services Rendered During Time Period:	6805		
Actual Cost Per Client:	$1,417.791.77/308=$4.603.22		

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:	Medium Intensity Treatment (caseload 1:22)		
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.

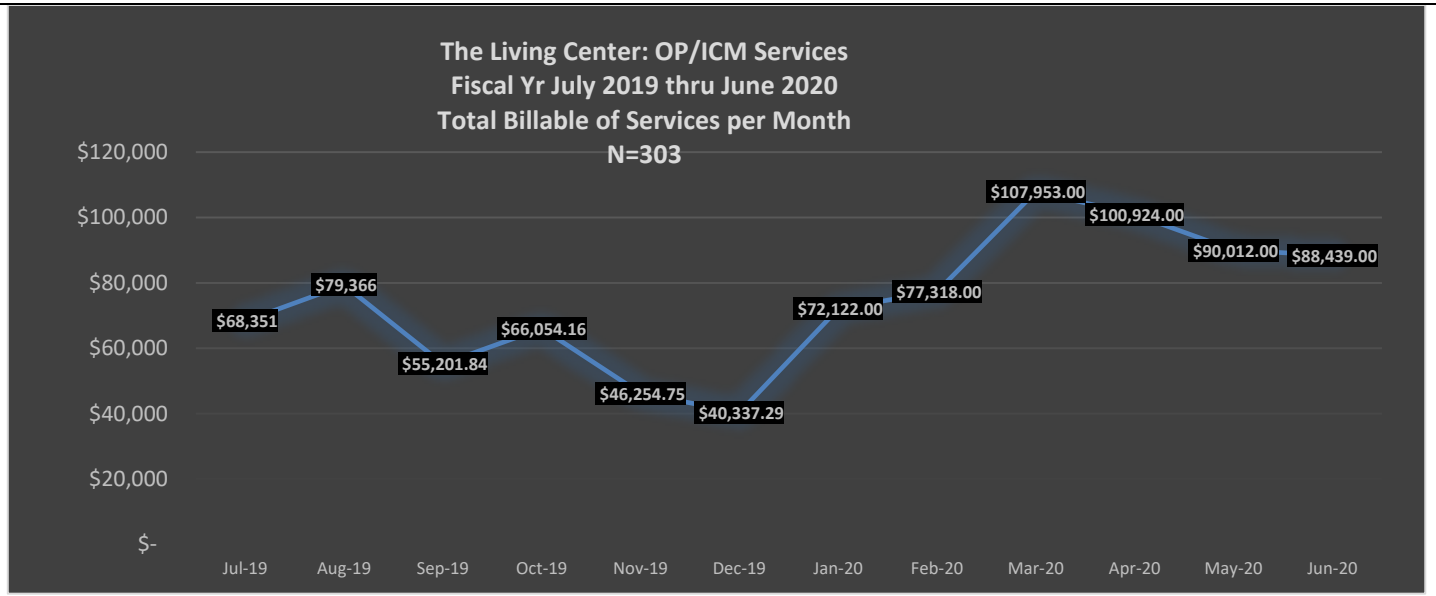
Outcome Measures:

1. 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=303) 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 individual has a primary care or been linked to a primary care physician. Overall, 100% (n=303) 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 of the 303 clients that we saw this fiscal year, we have zero (0) client that reported they were homeless.

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 and billable service
            1. *Result:*
            Based on attendance sheets from various physical activities (California Reducing Disparities Project, community garden, cross cultural therapeutic exploration learning activities, Kaiser activities…etc) that we have conducted throughout this fiscal year, we estimated that approximately 95 percent of our consumers have had at least engaged in one or more physical types activities throughout this fiscal year. Those individuals that have not been able to participate were due to chronic physical health problems, scheduling conflicts, or severity of psychological problems.



Graph 1: LWC Billable Services per Month for 2019-2020

Graph 1 shows LWC's revenue billing from July 1, 2019 to June 30, 2020. This billing directly reflects the services and activities that were implemented during this fiscal period. With better weather condition in the Spring, we were able to implement more rehabilitation services that are more physical in nature. They included more outdoor types of activities and therapeutic arts and crafts that requires physical ability. Thus, there was a significant increased in our revenue billing during the second half of this fiscal year.

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. *Result:*

LWC has an approximately overall 95% or greater participation rate in all of our different services. Using our own internal consumer satisfactory survey, we surveyed 55% (n=157) of our consumers. Overall, regardless of age groups, program services, or gender, 82% (n=129) of the participants reported agreeing that the services we provided have helped them: (1) to deal more effectively with their daily problems, (2) to better able to control their life better, (3) to report that their symptoms/problems are not bothering them as much, and (4) to become more knowledgeable about their illness. The only exception was in the ethnicity groups. We have 14% of the Cambodian (n=22) participants and 4% of the Lao participants (n=6) reported feeling neutral about how our services have helped them to manage their daily problems and ability to control what is going on in their life.

better deal with their daily problems and control their life.

Table 1: Living Well Center Consumer Satisfactory Survey Average Scores by Ethnicity, Age, Gender, and Services (N=157).

	Deal Better Daily Problems	Control Life	Improved Symptoms	Increased Knowledge
Cambodian (N=22)	3	4	3	4
Hmong (N=129)	4	4	4	4
Laos (N=6)	4	3	4	4
Adults (N=120)	4	4	4	4
Older Adults (N=37)	4	4	4	4
FSP (N=22)	4	4	4	4
OPICM (N=135)	4	4	4	4
Male (N=45)	4	4	4	4
Female (N=112)	4	4	4	4
Overal Avg Score	4	4	4	4

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

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:

      The Beck Depression Inventory (BDI)-long form is a 21 item self- report inventory[i] that evaluates the level of depression in adolescents (aged 13 andolder) and adults. The items include cognitive, affective, somatic, and vegetative aspects of depression. The subject is asked to rate each item on a 4-point scale of severity. A total score is determined by aggregating the item responses and may rangefrom 0 to 63 (normal-severe). BDI scores above the 9 cutoff may indicate the presenceof depression.

      The mean score for the all men was 43.96 (SD = 9.18) and for all women was 48.6 (SD=10.15). The mean score for non-depressed adults was 39.11 (SD=7.76) and for the depressed group was 55.46 (SD=5.50)

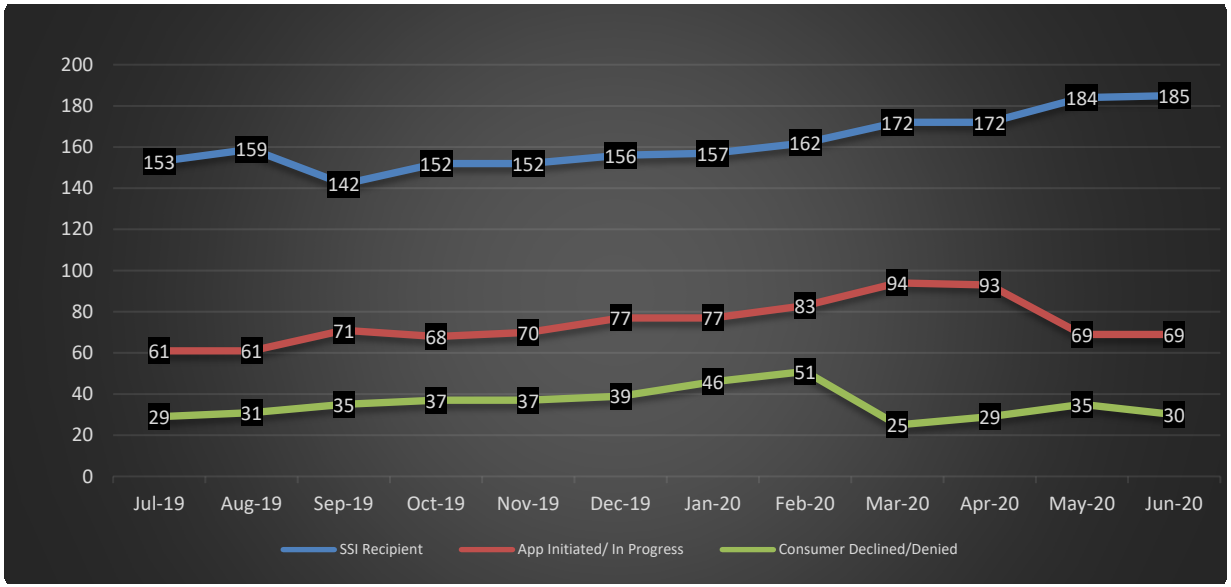
      We are continuing to obtain more pre and post HABDI scale scores from all of our clients. However, based on the individuals (n=46) that we have pre and post HABDI scale scores for, 80% (n=37) of the consumers'

initial scores indicated the presences of depression, then a year later, only 43% (n=20) still indicated the presences of depression. For these individuals, the highest decrease in their scores from the pre to post assessment was 21 points and the highest increase was 11 points. The overall average score difference was a decrease of 5.5 points.

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. 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.

Graph 2: LWC SSI Breakdown Status for 2019-2020 (N=284)



At present, 100 percent (n=284) of our clients been assisted with SSI. To date, 66 percent (n=185) of our clients are identified as being disabled and are receiving some forms of SSI disability income, while 24 percent (n=69) have began their application process or is in the process of waiting for decision, and 11 percent (n=30) have been identified as being 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 year we have a total of 3 graduate students that completed a cumulative total of 1,410 hours with our Center. At the same time, we have 5 staff who are continuing to collect their hours towards their licensure requirements. They each have completed approximately 1,000 hours for this fiscal year.

STUDENT INTERNS						**HOURS COMPLETED 2019-2020**
1	VANG, BAO	MS-Rehab-Intern	2019	2020	CSU, FRESNO	600
2	VANG, MELANIE	MSW-Intern	2019	2020	CSU, STANISLAUS	401
3	VUE, PANG	MSW-Intern	2019	2020	CSU, STANISLAUS	409
UNLICESNED STAFF						HOURS COMPLETED
1	GUISTI, LYNN	ASW	2017	Current	CSU,FRESNO	Already completed
2	LEE, KA YENG	APCC	2017	Current	CSU,FRESNO	Aproximately 1000
3	LEE, MAYNONG	APCC	2018	Current	CSU,FRESNO	Aproximately 1000
4	VANG, DAISY	ASW	2019	Current	CSU,FRESNO	Aproximately 1000
5	VANG, SAI	AMFT	2018	Current	GOLDEN GATE UNI	Aproximately 1000
6	XIONG, ARICK	AMFT	2019	Current	UNIV PHOENIX	Aproximately 1000

(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: Estimated Fiscal Year 2019-2020 All Counts

Count of Services:	**6805**	
Count of Unique Clients:	**308**	
Sum of Units:	319,583	
Sum of Cost of Service:	$911,133.78	
Count of Unique Provider:	22	

1. Cost per service unit: $911,134/6805=$133.89

2. Length of Stay in the Program.

	OP (169)			ICM (N=78)			Youth (N=10)		
	Days	**Months**	**Years**	**Days**	**Months**	**Years**	**Days**	**Months**	**Years**
Shortest	4			0	0.0		152	5.1	
Longest	4254	141.8	11.8	0	0.0	0.0	616	20.5	1.7
Average	1193	39.8	3.3	901	30.0	2.5	289	9.6	

For our OP/ICM program, our most recent client was seen about 4 days ago and longest client with our program is 11.8 years. Overall, the average number of years clients have been in our OP/ICM services is 3.3 years. All of our clients are reassessed annually to ensure they continue to meet criteria. We have a number of clients with chronic long term mental health illnesses, like PTSD and depression that require continuous mental health services and support.

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.
355,974 minutes/60 minutes=5,933 total clinical hours.

4. Direct hours of medical staffing: 1050 min/20 min=53 hours x 0.25=13 hours

(c) Access:

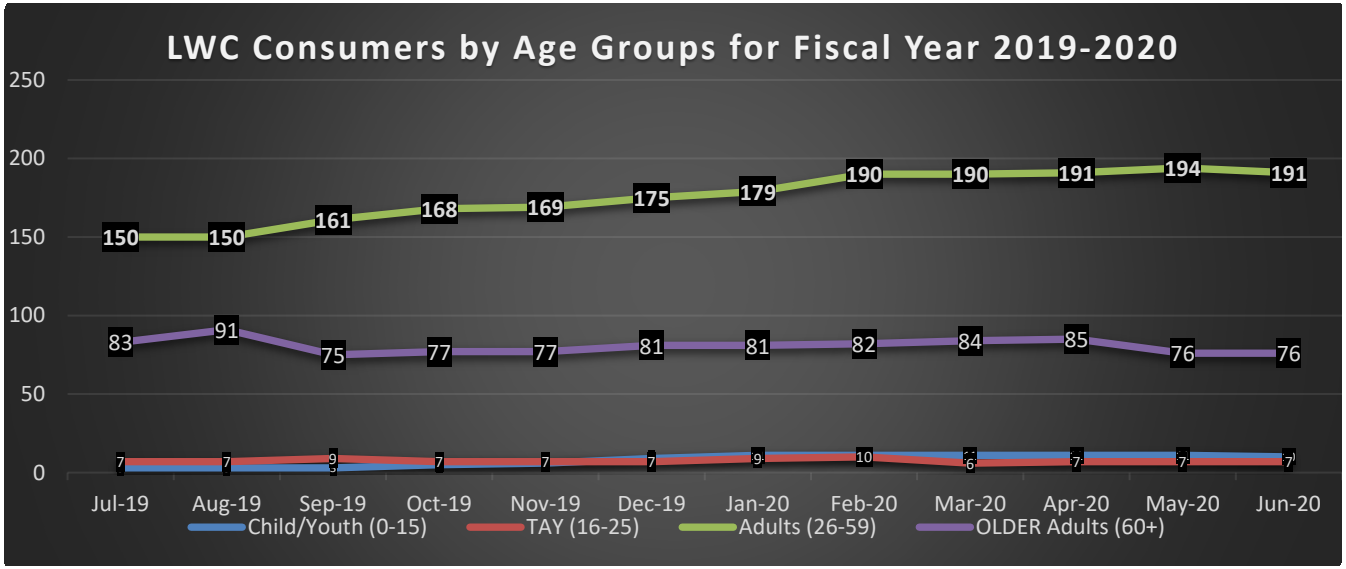
A performance dimension addressing the degree to which a person needing services is able to access those services. Timeliness of program entry (from first request for service to first service), ongoing wait times/wait lists, minimizing barriers to getting services, convenience of service hours and locations, 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:*
            This fiscal year we have approximately 127 referrals to our Center. All of these clients were contacted to gather background information and to set-up of appointments within 3-5 days. All were within the 10 days.

            Of the approximately 13 referrals from OP/ICM to psychiatry, all were were seen within the 15 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:*
            Graph 3 below shows an overall steady increased in the numbers of clients in fiscal year 2 (2019-2020). Both our adults and older adult groups are the two larger groups, while our child/youth and TAY groups are the smaller group and has been steady throughout the year.



Our services are provided in Hmong, Lao, and Cambodia.

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. Client file log

1. Result.

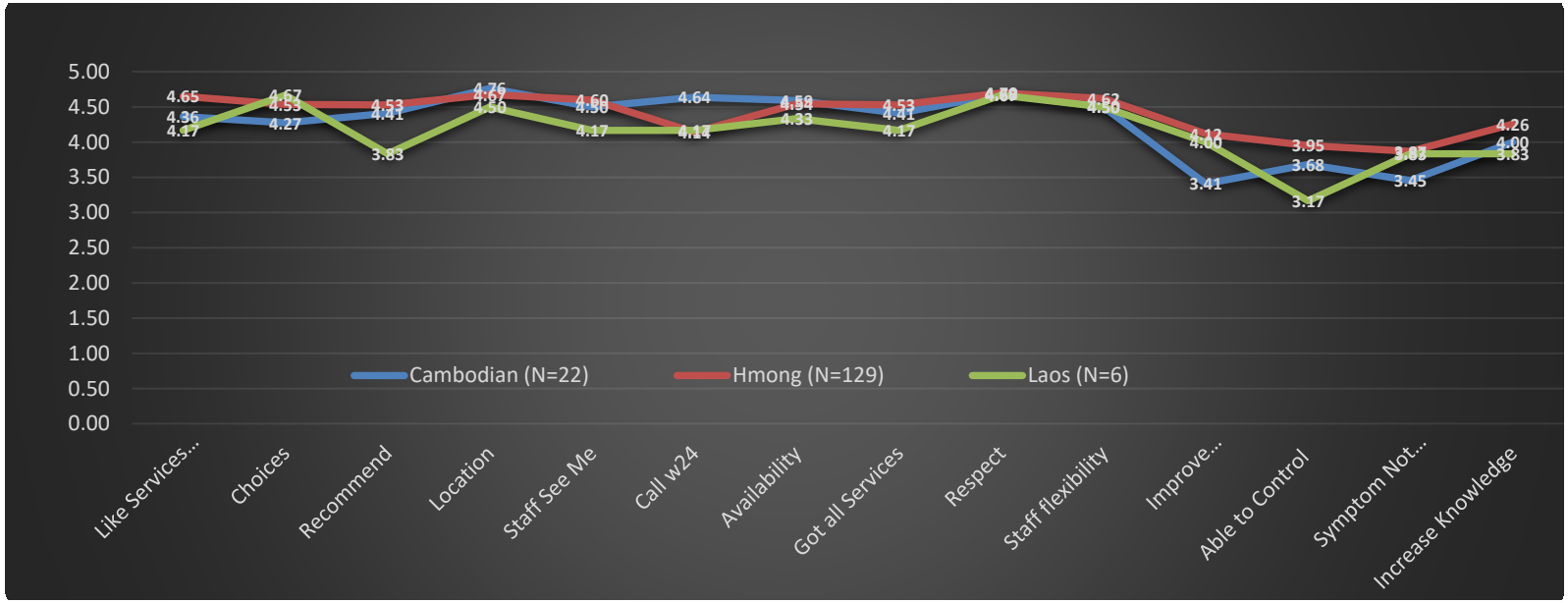
We reviewed our clients' file when individuals were enrolled into the program and then after 6 months, and we checked to see if the individuals have been linked to a primary care physician. Therefore, 100% (n=303) of the individuals have been linked with or have already had a PCP identified during enrollment.

Other linkage services included our Kaiser project, community garden, Sierra Health Foundation, Community Food bank giving out, and California Reducing Disparities Project. We have approximately 245 (81%) of clients participating in at any time in these small projects during this 2019-2020 reporting.

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.

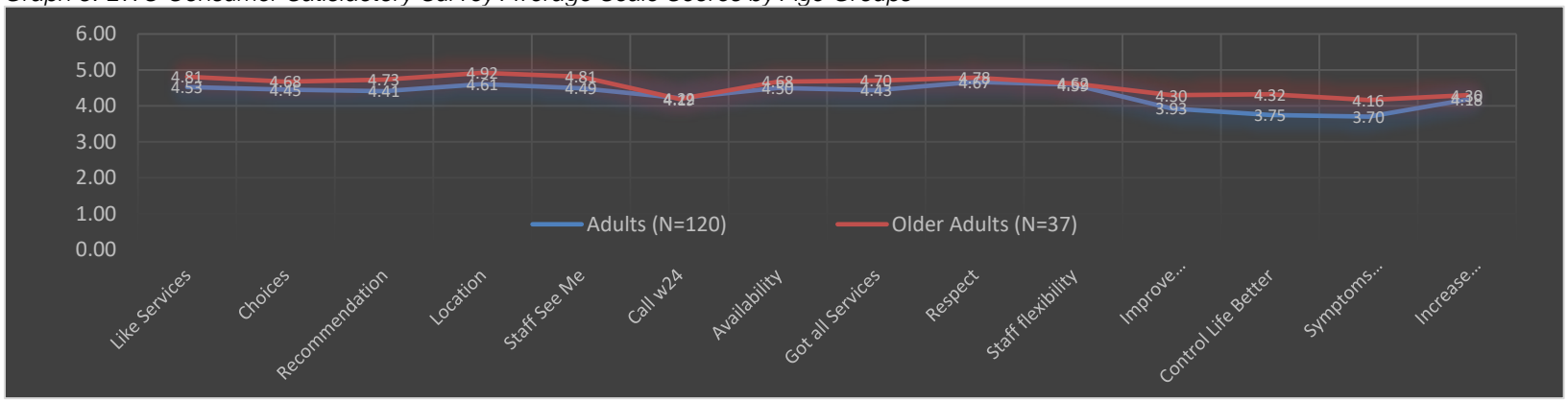
Graph 4: LWC Consumer Satisfactory Survey Average Scale Scores by Ethnicity



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

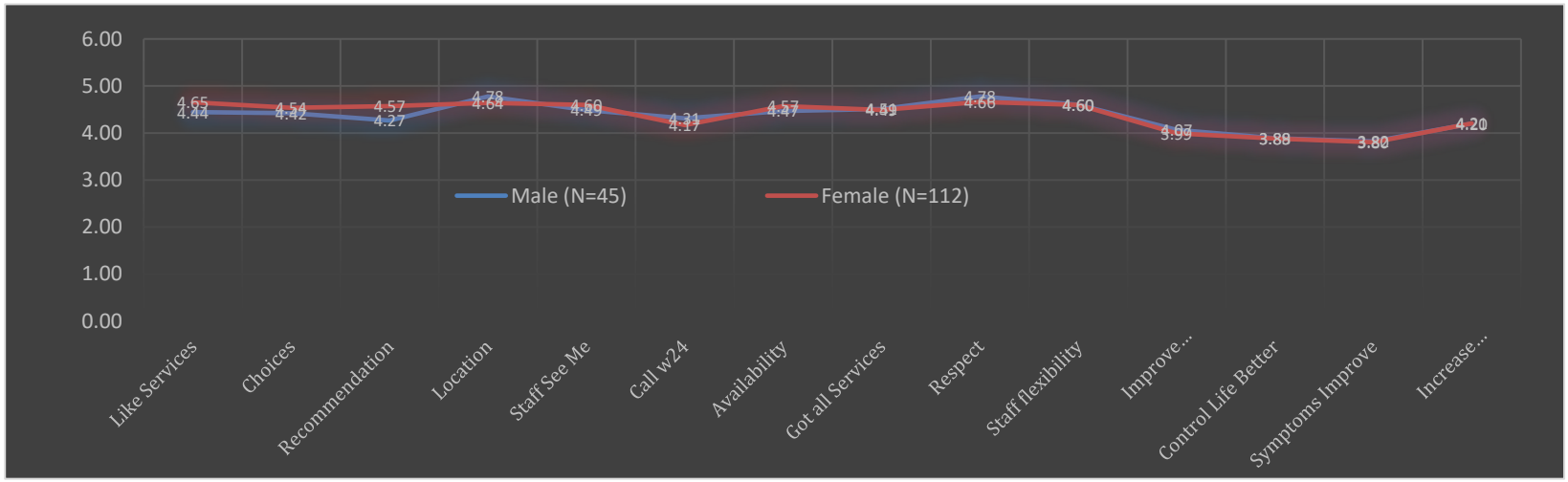
Also, by age groups (See graph 5), gender (See graph 6) and by services (see graph 7) all reported agreeing to strongly agree about the work that LWC is doing.

Graph 5: LWC Consumer Satisfactory Survey Average Scale Scores by Age Groups



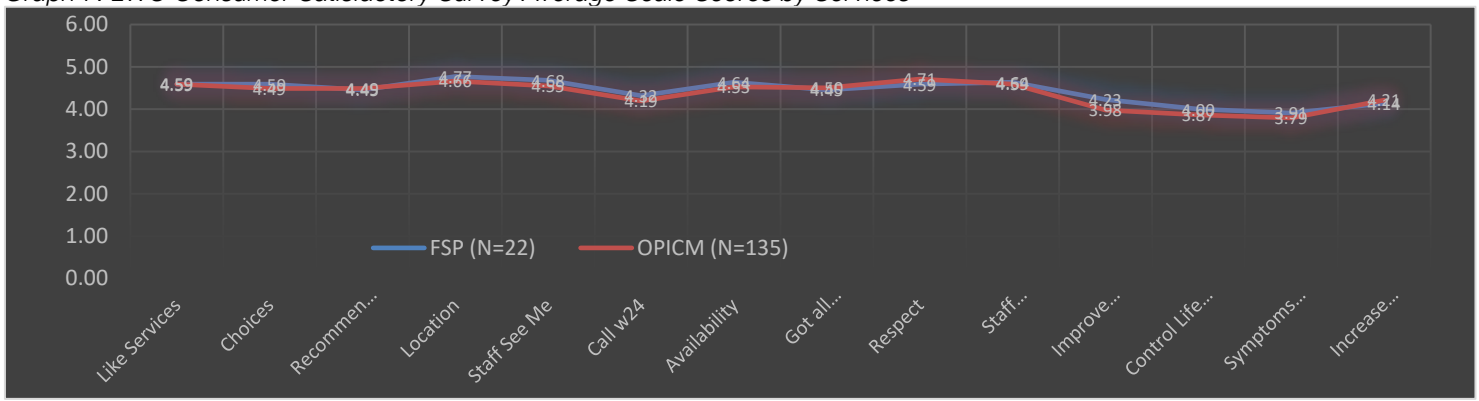
Note: *5=Strongly Agree; 4; Agree; 3=Neutral;2=Disagree;1=Strongly Disagree*

Graph 6: LWC Consumer Satisfactory Survey Average Scale Scores by Gender



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

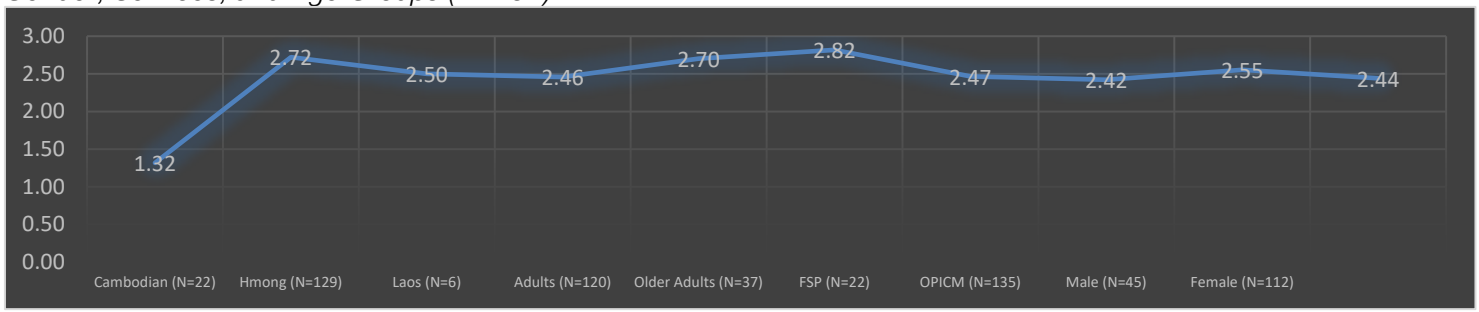
Graph 7: LWC Consumer Satisfactory Survey Average Scale Scores by Services



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.