

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Family Advocacy Services	Provider:	Reading and Beyond, Inc.
Program Description:	Family Advocacy and Support	MHP Work Plan:	Choose an item. Choose an item. Choose an item.
Age Group Served 1:	ALL AGES	Dates Of Operation:	July 1, 2020 - Current
Age Group Served 2:	ALL AGES	Reporting Period:	July 1, 2020 - June 30, 2021
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Choose an item.
Funding Source 2:	Choose an item.	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$250,000	Program Actual Amount:	\$213,337
Number of Unique Clients Served During Time Period:	174		
Number of Services Rendered During Time Period:	872		
Actual Cost Per Client:	\$1,226		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Other, please specify below
Contract Term:	5/1/2020 - 6/30/2023	For Other:	Family Advocacy and Support
		Renewal Date:	7/1/2023
Level of Care Information Age 18 & Over:	Choose an item.		
Level of Care Information Age 0- 17:	Choose an item.		

TARGET POPULATION INFORMATION:

Target Population: Families and Support-Individuals of individuals who are receiving or need to receive 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)

Community collaboration

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

Cultural Competency

Choose an item.

Please describe how the selected concept (s) embedded:

Family Advocacy Services has embedded the core concept of Community Collaboration into the program by working closely with community agencies, organizations, Fresno County Department of Behavioral Health, and families. The Family Advocacy program also took several opportunities to participate in over 15 local outreach events in order to further embed into the community. These events included food distributions, vaccine drives, and resource fairs. Family Advocacy Services is completely family-driven, and focused on wellness, education, advocacy, and support. Family Advocates put forth great effort to establish rapport and trust with each contact and family. The program creates a safe place for families to express their concerns and questions regarding their loved one's mental health treatment. Family Advocates work with the families to get the answers they need to support their loved one's recovery, and also provide them with the tools and resources they need to work on their personal wellness also. This can, at times, include referrals to family support groups or NAMI. The Family Advocacy program aims to ensure the

families/support individuals feel validated and cared for, ensure they are linked to appropriate services, and ensure that their concerns are heard. In addition to lived experiences, Family Advocates have attended cross-cultural awareness trainings in order to better meet the needs of the diverse community in Fresno County. Services are readily offered in three main County threshold languages- English, Spanish, and Hmong.

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. Increase Family member/support system level of functioning and understanding of client's behavioral health services and advocate with family member/support system for common/shared goals
 - a. Family Advocates documented all conversations (Contacts) with families and support individuals. These contacts include initial and follow up contacts thereafter. These contacts are a combination of face-to-face, in-office, off-site meetings, telephone, email, and text message conversations. During this reporting period, the Family Advocacy program recorded 646 contacts. Of these contacts, 174 were from unique family members or support individuals, and 472 were follow-up conversations with repeat families or support individuals.
 - b. Over half of services rendered consisted of Family Advocates providing support to families/support individuals, as well as advocating on their behalf, and acting as a liaison between service providers and the families (see Table 1). Support can include active and empathetic listening, validation, hearing out concerns, and assistance with determining/establishing family's goals for their loved one receiving mental health services.
 - c. Of the services rendered, 35% included requests for mental health services, and community resources (see Table 1).
 - d. Family Advocates averaged 3.7 contacts per family, and an average duration of 19 minutes per contact. The contacts recorded during this reporting period varied in duration, with the shortest being 1 minute, and the longest being 155 minutes.
 - e. Behavioral Health System of Care navigation and education make up the remaining 14% of services rendered to families/support individuals during this reporting period (see Table 1). Education includes informing families about patient and family rights, HIPAA laws, level of care explanations, symptoms that their loved one is experiencing, the LPS conservatorship process, and information/assistance regarding grievances.

Type of Service Requested	Services Rendered	Percentage
Support and Advocacy	440	51%
Request for Mental Health Services/Resources	308	35%
Education/Navigation	124	14%
Total	872	100%

Table 1: This table shows the breakdown of what types of services were rendered during each contact with a family member/support individual. Some contacts included multiple services.

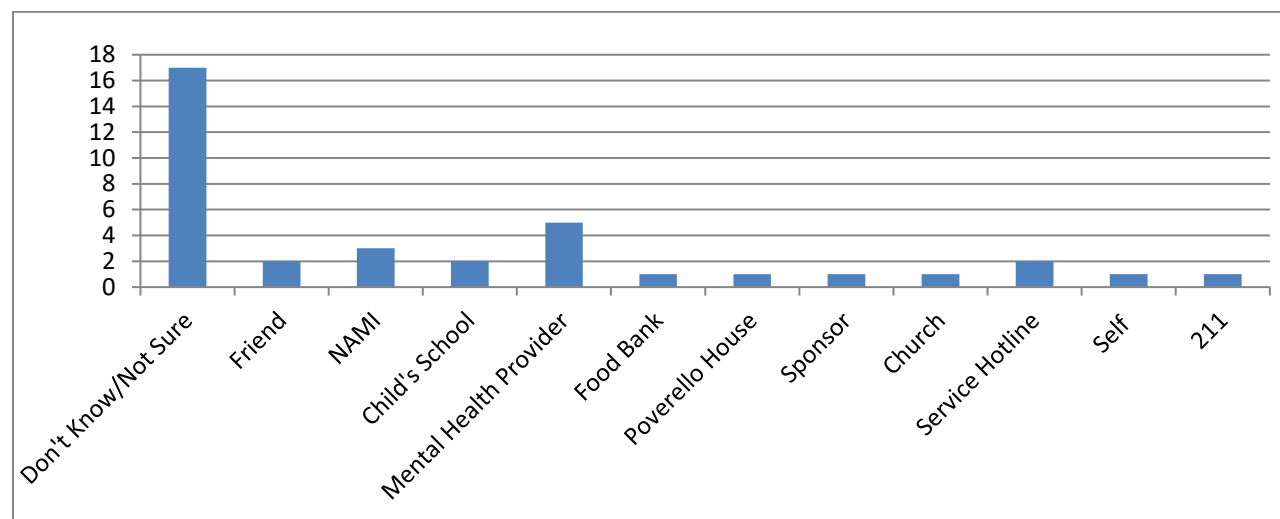
Family Member	Count	Percentage
Parent/Guardian	318	46%
Spouse	29	4%
Other Family Member	142	20%
Self	198	28%
Other	12	2%
Total	699	100%

Table 2: This table shows the breakdown of family members that utilized Family Advocacy Services. This table also includes services/contacts in which an individual called about multiple loved ones. For example, an individual may have been calling because they had concerns about both their spouse, and child. This would include them in both the spouse and parent category. The Other Family Member category commonly included siblings and grandparents.

2. Increase family member/support system awareness and access to resources including community organizations, government benefits, self-help programs, and support groups.
 - a. In the reporting period, 51% of contacts made were from families/support individuals in need of support and advocacy (see Table 1).
 - i. Family Advocates work to ensure that each family feels heard, validated, and supported in their concerns regarding their loved one's mental health care. Family Advocates assist families in connecting their loved ones to mental health services, and also assist with connecting the family to support groups, self-help programs, and any other community or government assistance that they may need to improve the family's overall wellbeing.
 - ii. Family Advocates often act as a liaison between the families and the mental health service providers, per the family's request. As an example, this can include calling mental health facilities and reiterating the family's

concerns about their loved one's conditions, and assisting the family with sending over Mental Health History and Symptoms forms to the appropriate providers, to fulfill their AB1424 rights. Family Advocates also attended Child and Family Team Meetings to provide support/advocacy, when requested by family members.

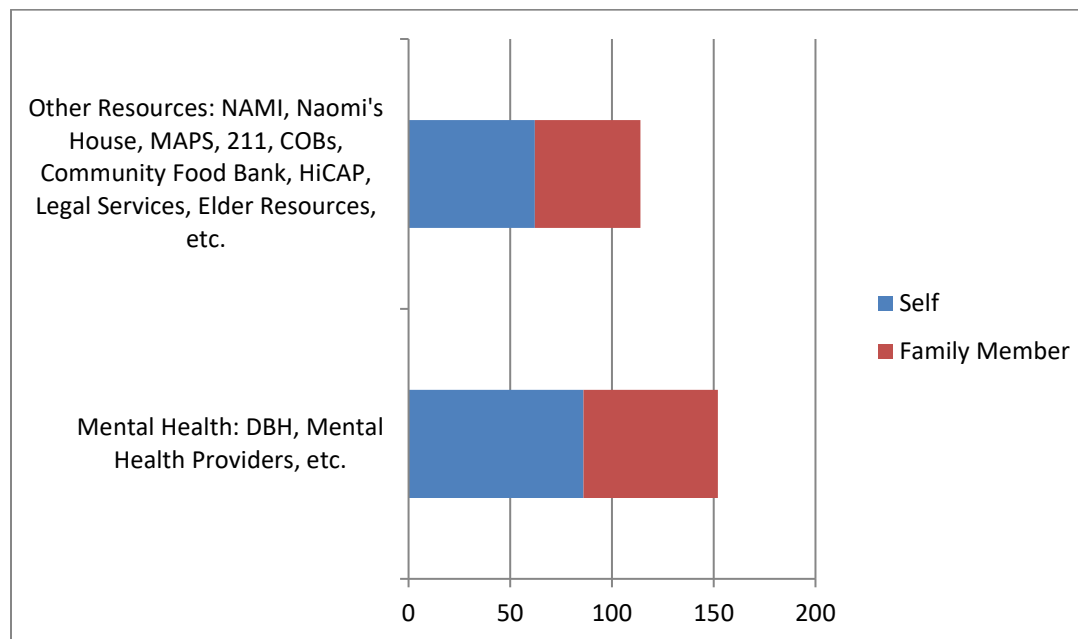
- iii. Per survey results, 47% of respondents state that without Family Advocacy Services, they would not know who or where to turn to for their questions and concerns regarding their loved one's mental health (see Graph 1).



Graph 1: This graph shows the responses provided by families/support individuals when asked who they would call if Family Advocacy Services were not available.

- b. 35% of contacts made were from individuals seeking mental health services for themselves for the first time or returning to services (see Table 1).
 - i. Family Advocates connect both families and individuals to services that they are seeking. If an individual is needing mental health services, the advocates work to vet each resource or referral before providing it to the individual. Advocates then follow up to ensure the referrals worked out for the family or individual, and if not, assist them in finding another appropriate resource. For example, if an individual is seeking a therapist that specializes in working with LGBTQ populations in the 93711 area code, who accepts Medi-Cal, Family Advocates will reach out to providers who meet these criteria, and ensure they are accepting new patients. Then, this resource, plus more, will be given to the individual.

- c. In this reporting period, 100% of families/individuals referred to Family Advocacy Services were contacted, or a contact attempt was made, within 24 hours of the referral being received.
- d. 266 referrals were given out during the reporting period to families/support individuals (see Graph 2).

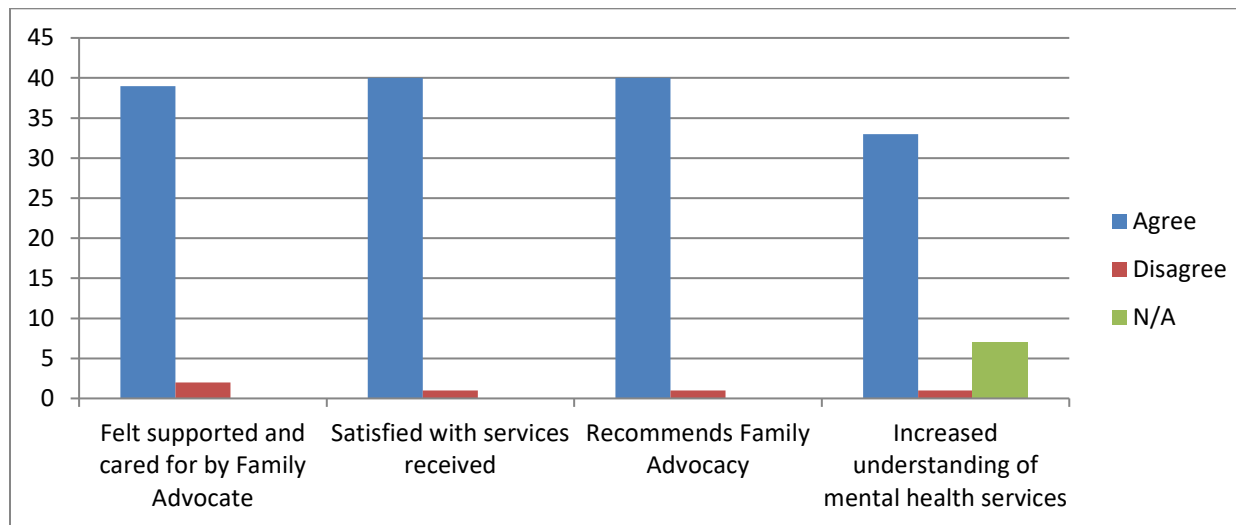


Graph 2: This graph shows the comparison between what types of referrals were provided, and who they were provided to.

- 3. Pre and post evaluation of family member/support system to determine level of satisfaction through surveys to determine progress included on monthly reports to MHSA.
 - a. A survey was conducted to determine the level of satisfaction families/support individuals had with Family Advocacy Services in the reporting period. (see Graph 3). Of the 41 completed surveys:
 - 95% of respondents feel that the Family Advocate was caring and supportive of their concerns.
 - 98% of respondents were satisfied with the services they received from Family Advocacy Services.
 - 98% of respondents surveyed say they would recommend Family Advocacy Services to friends or families with similar questions or concerns.
 - 81% of respondents feel that their understanding of the System of Care increased, as well as knowledge of the resources available to them as care providers.

■ Family Testimonials:

- *"I have been dealing with the county's mental health system for many years through my mother (Name Redacted) who's deceased now, but I tell you if it wasn't for Katrina and staff at Family Advocacy, I would have gone totally insane myself. This program has been long time coming, should have been here before to save lives of the Clients & Family Members."* - A Grandmother and Daughter
- *"I'm appreciative of the assistance that I received from the Family Advocacy program, and being connected to the appropriate people to get my grandson the services he needs."* - A Grandparent
- *"I did refer a couple of family members to resources that were identified by Family Advocacy Services."* - A Family Member
- *"The Family Advocates explained everything to me so I could understand it very clearly."* - A Family Member
- *"I would refer anyone and everyone to Diana with Family Advocacy. She is such a sweetheart and she has helped me and my son so much. Without her I would have had no one, and my son too. She has been a blessing to us and I am thankful for her patience, kindness, and willingness to stand up for me and my son during this hard year."* - A Mother



Graph 3: This bar graph demonstrates the results of survey questions asked to those who received services with Family Advocacy.

DEPARTMENT RECOMMENDATION(S):

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