

PROGRAM INFORMATION:

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| Program Title: | Cultural Specific Services – Living Well Center-FSP | Provider: | The Fresno Center |
| Program Description: | <p>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.</p> <p>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.</p> <p>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.</p> | MHP Work Plan: | 2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices Choose an item. |

In addition, The Fresno Center's Living Well Center maintains a clinical supervision/training program for SEA 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.

This is the FSP services of LWC. It 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 recovery 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
Age Group Served 2: Choose an item.
Funding Source 1: Com Services & Supports (MHSA)
Funding Source 2: Medical FFP

Dates Of Operation: October 1, 2018 to present
Reporting Period: July 1, 2020 - June 30, 2021
Funding Source 3: Choose an item.
Other Funding: Click here to enter text.

FISCAL INFORMATION:

| | | | |
|-----------------------------------------------------|-------------------------|------------------------|-----------|
| Program Budget Amount: | \$356,110 | Program Actual Amount: | \$356,044 |
| Number of Unique Clients Served During Time Period: | 40 | | |
| Number of Services Rendered During Time Period: | 1471 | | |
| Actual Cost Per Client: | \$356,044/40=\$8,901.10 | | |

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: | Choose an item. | | |

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 their 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 persons served 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 their 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. Including the husband in the process, the program would work to alleviate his concerns and increase support for his wife without sacrificing services to her. 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 persons served 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 persons served to identify and replace unhealthy thinking/beliefs, and for them to avoid engaging in miserable and negative thoughts and behaviors.
- ✓ *Positive Psychology Component.* Helping persons served 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 persons served.

- ✓ *Cultural Strengths Component.* Help persons served 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 of persons served have encountered in utilizing mainstream services. Therefore, it is our goal that our services to our Southeast Asian (SEA) persons served and their families are seamless and with minimal delays. Every person served 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 person's served 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 (N=40) 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=40) 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:

In 2019-2020, we have 3 consumers who reported needing inpatient psychiatric hospitalization. This year, there were a number of severe individuals that were referred to our FSP and as a result, we have 16 persons served who reported having sought inpatient psychiatric hospitalization services for 2020-2021.

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 40 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 WRAP program.

2. Adults and Older Adults

a. Results

| Adult (N=40) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Indicator 1 – Living situation: homeless or shelter; justice system placement; independent; number of moves; hospitalization | 20% (n=8) in shelter. |
| Indicator 2 – Employment, if applicable | 15% (n=5) was being assisted with employment services. |
| Indicator 3 – Number of arrests | 5% (n=2) was arrested |
| Indicator 4 – Number of emergency room visits; physical health and mental health | 30% (n=3) sought ER services; 40% (n=16) sought inpatient psychiatric and/or hospitalization. |
| 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 table 1 and chart 1 and 2 below. |

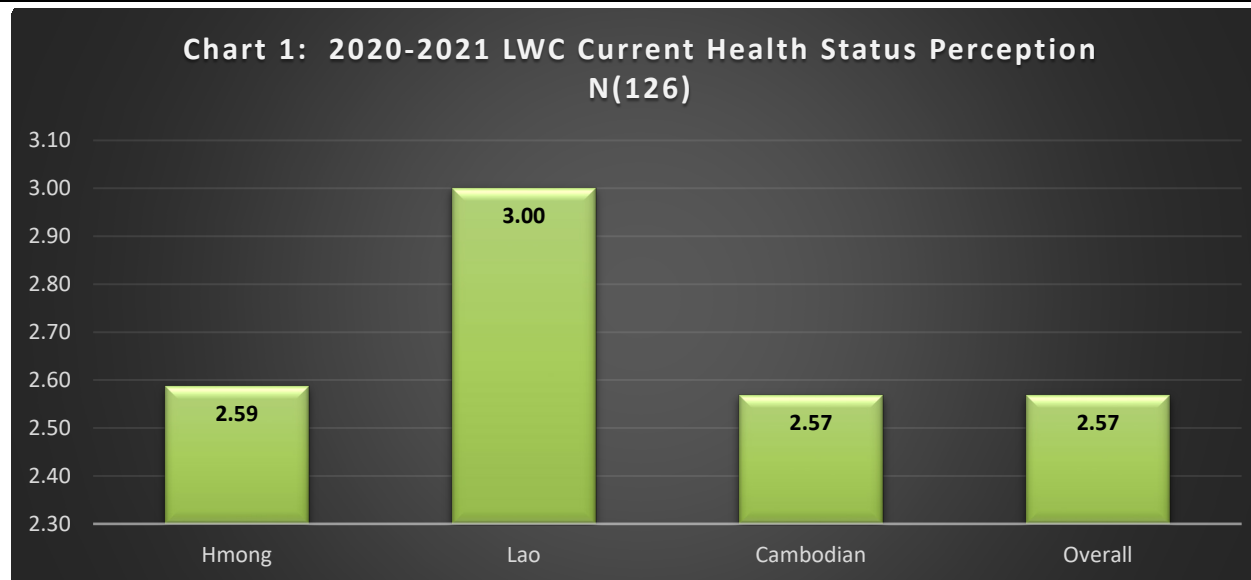
3. Older Adults-There were no older adults (+65) on FSP

| 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 |

Table 1: 2020-2021 Consumer Self-Reported on Improvement in Functioning by Services from Consumer Perception Survey (N=126)

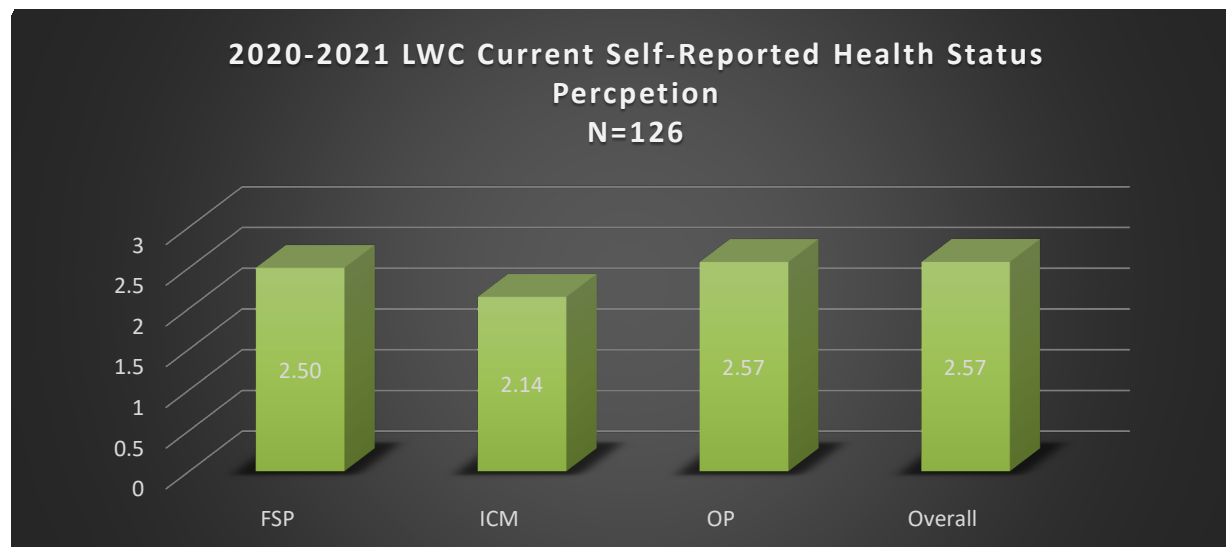
Note: 5=Strongly Agree; 4; Agree; 3=Neutral;2=Disagree;1=Strongly Disagree

| | Better Management of Problems | Better Control of Life | Symptoms/ Problems Reduction |
|------------|-------------------------------|------------------------|------------------------------|
| FSP | 4.43 | 4.07 | 3.79 |
| ICM | 3.43 | 3.79 | 3.64 |
| OP | 3.81 | 4.10 | 3.81 |



3=Good; ;2=Fair;1=Poor

Note: 4=Very good;



3=Good; ;2=Fair;1=Poor

Note: 4=Very good;

(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 2020-2021 All FSP Counts

| | |
|---------------------------|---------------------|
| Count of Services: | 1471 |
| Count of Unique Clients: | 40 |
| Sum of Units: | 78,940 |
| Sum of Cost of Service: | \$210,270.62 |
| Count of Unique Provider: | 18 |

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. $\$210,271/1471=\142.12

2. Length of Stay in the LWC's Living Well Center.

| | FSP N=40) | | |
|-----------------|------------------|---------------|--------------|
| | Days | Months | Years |
| Shortest | 1 | 0 | 0 |
| Longest | 752 | 25.1 | 2.1 |
| Average | 412 | 6.2 | 1.1 |

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.

$78,940 \text{ minutes}/60 \text{ minutes}= 1315.7 \text{ total clinical hours.}$

4. **Direct hours of medical staffing:** 2,529 minutes/60 min= **42.15 total medical staffing hours.** *Note: Medical staff was only .20% FTE here.*

(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.

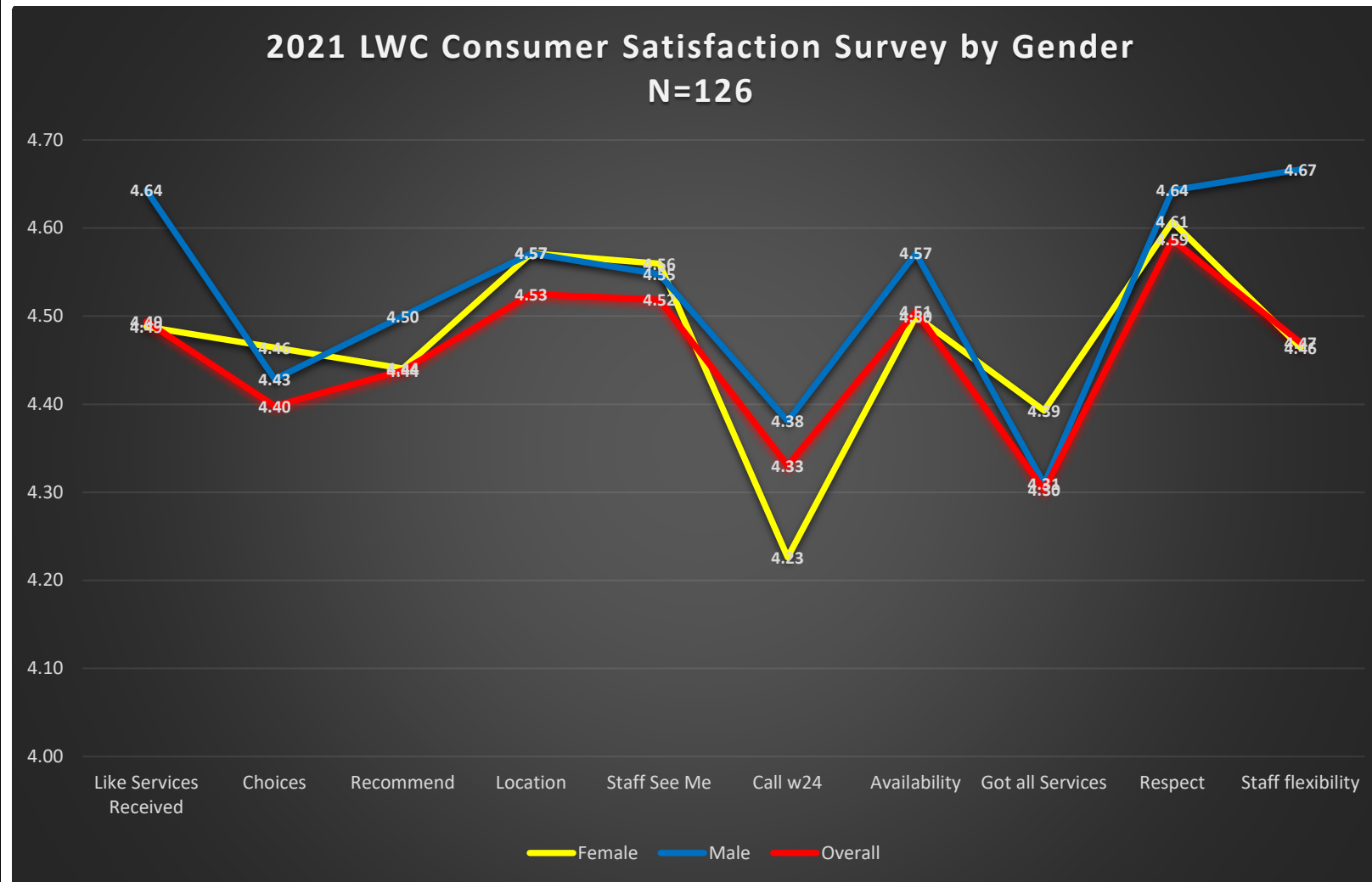
Due to the COVID-19 Pandemic restrictions, all of our services were over the telephone. Therefore, our linkage services were severely impacted. Linkages/engagements services to other other resources and services were very limited. Nearly, 100% of our FSP consumers were informed about our weekly and monthly food distribution, however, about 10 consumers were only able to actively engage in came out to receive the food. Additionally, we helped linked 8 of our consumers to housing need.

D. Satisfaction and Feedback from Persons Served and Stakeholders

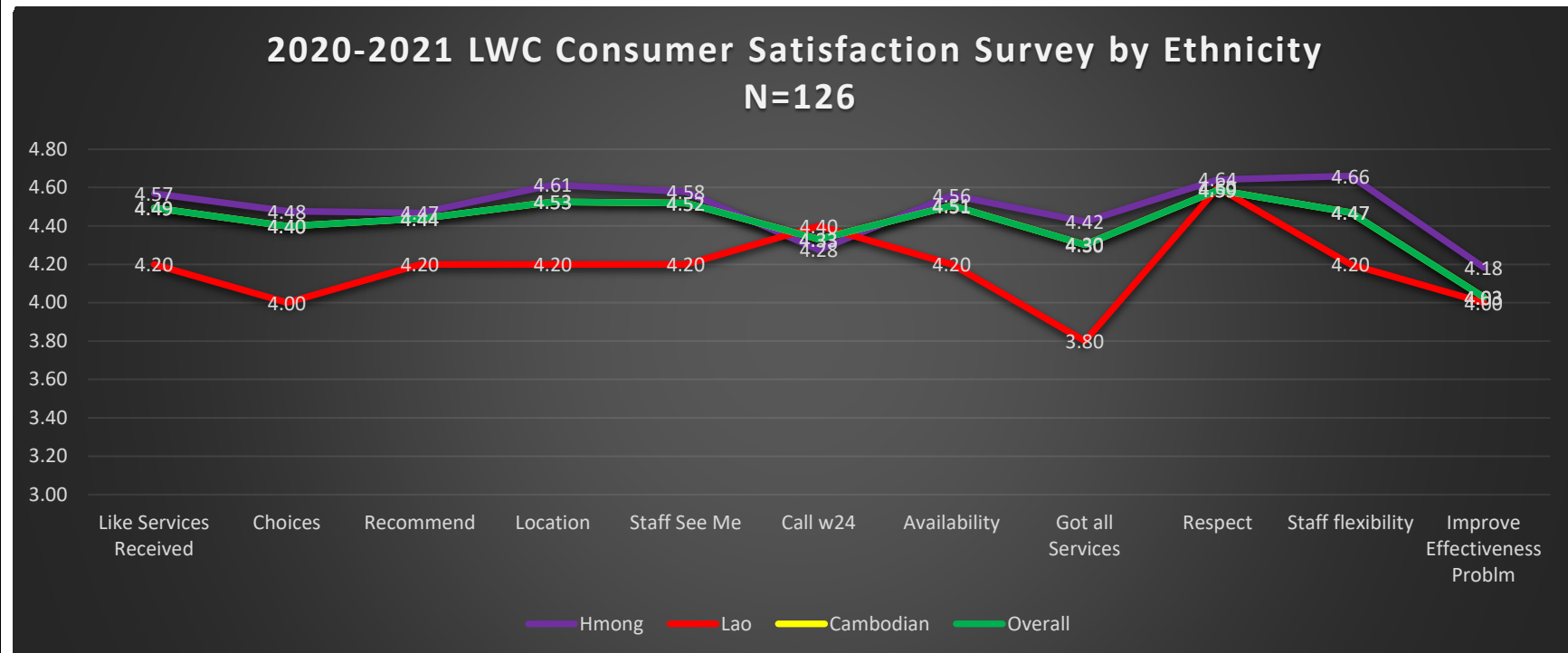
No grievances or concerns were reported this fiscal period.

As indicated in the graphs below, LWC consumers, regardless of ethnicity, gender, or services, all reported agreeing to strongly agree on the following areas:

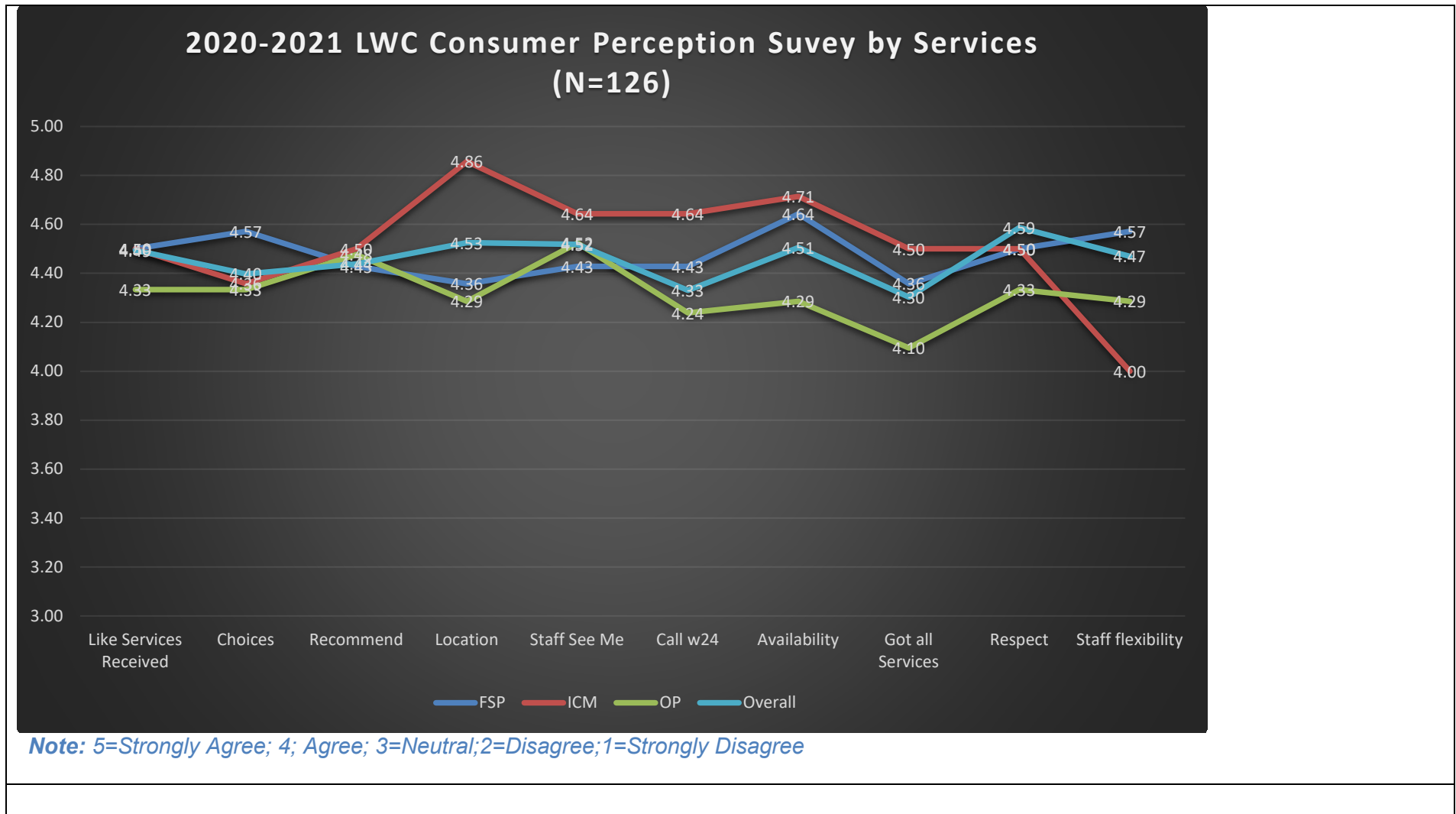
- I like the services that I received here.
- If I had other choices, I would still get services from this agency.
- I would recommend this agency to a friend or family
- The location of services was convenient (parking, public transportation, distance. etc.
- Staff were willing to see me as foten as I felit was necessary.
- Staff returned my call within 24 hours
- Services were available at tiems that were good for me
- I was able to get all of ther services I thought I needed.
- Staff here treat me with respect.
- Staff are willing to be flexible and provide alternative approaches or services to meet my needs.



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



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

**DEPARTMENT RECOMMENDATION(S):**

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