

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

**PROGRAM TITLE:** Cultural-Based Access/Navigation and Peer Support Specialist Program (CBANS)

**PROVIDER:** Mental Health America of the Central Valley (MHACV) (Lead) in partnership with: (Subcontractors) Centro la Familia Advocacy Services, Fresno American Indian Health Project, Fresno Interdenominational Refugee Ministries, and West Fresno Family Resource Center (formerly West Fresno Health Care Coalition).

**PROGRAM DESCRIPTION:** The CBANS program is a prevention and early intervention program aimed at reducing risk factors and stressors, building protective factors and skills, and increasing social supports across all age groups, through individual and group peer support, community awareness, and education provided in culturally sensitive formats and contexts.

The overall goal of this program is to promote better mental health in communities that have traditionally been unserved or underserved including: African American; Latino/Hispanic; Native American; Southeast Asian; and Homeless populations, with program activities delivered by MHACV and its partner agencies (subcontractors), each specializing in one or more of the target groups. In addition to annual outcomes tracking, MHACV submits monthly activity reports, staffing reports, and quarterly reports to the Department of Behavioral Health.

**AGES SERVED:**

☒ Children  
☒ Adult

☒ TAY  
☒ Older Adult

**DATES OF OPERATION:** Oct. 11, 2011-Current

**DATES OF DATA REPORTING PERIOD:** Oct. 11, 2011-May 31, 2012

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

**OUTCOME GOAL**

Outcome Goal 1: Increase healthy behaviors among service participants.  
Outcome Goal 2: Reduce social and environmental stressors.  
Outcome Goal 3: Increase social supports.  
Outcome Goal 4: Improve attitudes & outlook.

**OUTCOME DATA**

As per the attached “CBANS Outcomes” chart (see Appendix A), outcome data will be extracted from “intake sheets” and “pre/post” scaled measures administered at 3-month intervals to participants engaged on an ongoing basis (i.e., receiving “one-to-one peer support” or “group peer support”) as well as agency reports and the resource directory. Data for Outcome Goals 1-4 is not yet available due to the first interval of peer support service just being completed.

The Master Agreement was signed October 11, 2011; Subcontractor agreements were signed October 31-December 2, 2011.

Rollout of the peer support component of the program was contingent upon approval of Contractor’s/Subcontractors’ insurance policies by the County’s Risk Management Department (RMD). Specifically, RMD had to review all insurance policies in order to determine whether existing insurance coverage met the County’s newly required sexual misconduct coverage.

As per RMD’s recommendations, additional insurance was required and obtained as recommended, with the five agencies receiving final approval on the following dates: 2/3; 2/8; 2/17; 3/3; and 4/2. Initiation of peer support services followed the approval date for each agency.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

## Outcome Goal 5: Promote Community Leadership

Community leadership is a protective factor both for the individual in the leadership position and the community at large which benefits from an infusion of new programming. Four examples of how CBANS is promoting community leadership are:

1) West Fresno Family Resource Center is working with the West Fresno Ministerial Alliance to initiate health ministries and health leadership teams within its affiliated churches;

2) MHACV's Faith Peer Support Program is providing support and technical grant writing assistance to expand a weekly church-based dance instruction program serving at risk children and TAYs in West Fresno at no cost to participants.

3) MHACV's Faith and Homeless Peer Support Programs are providing mentoring and support to a West Fresno church endeavoring to start a parent education/support group, adult peer support group, and transitional living center for homeless veterans in the surrounding community.

4) MHACV has provided for two additional staff to receive Mental Health First Aid (MHFA) certified instructor training, augmenting its capacity to aggressively roll out MHFA classes to community leaders and clergy. The goal is to empower community leaders with the information and skills needed to better address issues of mental health prevention and early intervention within their own communities.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

## Outcome Goal 6: Deepen the County's social &amp; human services networks

CBANS is making progress in deepening the County social and human services networks. We have connected with a broad range of organizations tied to our specific target populations, including, but not limited to, mental health and social service providers community and faith-based organizations, child/youth serving organizations, universities/colleges, etc. (See Appendix B). These relationships are providing the opportunity to exchange information about our programs and services, develop a compendium of current local mental health resources, and initiate a conduit for referrals in all directions.

## Outcome Goal 7: Community Based Contact

CBANS strives for community based contact, delivering the majority of its services in community based settings. Presentations (see Appendix C) have been carried out in local schools, community centers, Boys & Girls Clubs, places of worship and many other community sites where the target populations already gather.

Educational materials have been developed in English, Spanish, Hmong and Laotian and (in addition to formal presentations) have been distributed door-to-door and at health fairs throughout Fresno County (see Appendix D). Information has also been shared via Spanish, Hmong, and English radio.

**DEPARTMENT RECOMMENDATION(S):**

Based on outcome and measurements reported, the Department recommends continued MHSA Funding for the Cultural Based Access Navigation Specialist and Peer Support program for FY 2012-13.

## APPENDIX A: CBANS OUTCOMES

The primary activities (from SOW) undertaken by the CHW's and PSS's will include the provision of:

- **Health & Mental Health Education** (planned learning experiences leading to acquisition of information & skills leading to better health decisions)
- **Health & Mental Health Promotion** (enabling people to increase control over their health by increasing access to basic needs)
- **(Self) Advocacy** (empowering people to recognize and reduce their stressors thereby increasing their sense of self efficacy)
- **Community Leadership/Advocacy** (efforts to develop new or enhanced resources within the individual's community)

	OUTCOMES	INDICATORS	DATA SOURCE (PRE/POST MEASURES) (Internal)
1	<b>Increase healthy behaviors among service participants</b>	Increased number of self reported and staff observed positive behaviors (i.e. person was isolating; now attends support group; etc.)	Intake Sheet and Follow-Up
2	<b>Reduce social &amp; environmental stressors</b>	a) Reduced of number of self reported stressors (i.e., domestic violence, gang activity, finances) b) Positive change in perceived stress level	a) Intake Sheet and Follow-Up b) Pre/Post Scaled measure
3	<b>Increase social support</b>	Increased number of people, groups, community resources, and/or mental health services accessed	Intake Sheet and Follow-Up
4	<b>Improve attitudes &amp; outlook</b>	a) Increased confidence in meeting own needs b) Increased sense of hope.	a) Pre/Post Scaled measure b) Pre/Post Scaled measure
5	<b>Promote community leadership</b>	Increased number of participants taking on leadership roles in their family, neighborhood, school, worship center, etc.	Intake Sheet and Follow-Up
6	<b>Deepen the County's social &amp; human service networks</b>	Increased number of organizations/groups collaborating with CBANS for cross-training, referrals, and supportive services	Agency reports and additions to resource directory.
7	<b>Community Based Contact</b>	70% of the contacts made through this project will occur in the target communities.	Agency reports

## APPENDIX B: COMMUNITY CONNECTIONS

### Non-faith-based Groups/Organizations

1. Alliant International University
2. Big Sandy Rancheria
3. \*Blue Sky Wellness Center
4. California State University Fresno Counseling Department
5. Carver Middle School
6. Central Library
7. \*Children's Hospital of Central California Social Work Department
8. Circles of Care Community Meeting: Youth Council and Advisory Council
9. Clovis Senior Center
10. Community Connections at Community Regional Medical Center
11. Cooper Middle School
12. CUSD Family Resource Center
13. \*CUSD Gateway Alternative High School
14. Department of Behavioral Health—Poverello Station
15. Edison Bethune Academy
16. Exceptional Parents Unlimited
17. Fresno County Parks and Recreation
18. \*FUSD Mentoring Program
19. Gay Central Community Center
20. Greenberg Elementary
21. Heald College
22. Heart Healthy Workshop
23. Hinton Community Center
24. Homeless Coalition
25. Housing Authorities
26. Inter-Tribal Council of California Area Meeting
27. Jack and Jill of America Foundation
28. King Elementary
29. Kings View Behavioral Health
  - i. \*PATH Program
  - ii. \*Suicide Prevention Program
  - iii. Youth Empowerment Program
30. Kingsview Estates and Summerset Village
31. "Man in the Mirror" Program
32. Mary Ella Brown Community Center
33. Mosqueda Community Center
34. Native American Intertribal Students Association (N.A. I.S. A.)
35. Northfork Tribal TANF
36. Cold Springs Rancheria Tribal TANF
37. Options Center

38. Owens Valley Career Development Center
39. Raisin City Preschool Parent Club (and other school-based sites)
40. Roeding Elementary Parent Coffee Club
41. San Joaquin Elementary
42. Slater Elementary School
43. Summer Park Apartments
44. \*The Sanctuary
45. Tehipite Middle School
46. UEI College
47. Veteran's Outreach Services Program
48. West Fresno Boys & Girls Club
49. Zimmerman Boys & Girls Club

#### Faith-based Groups/Organizations

50. \*Bethany Innercity Church
51. \*Bishop Steinbock's Homeless Advocacy Committee
52. \*Bringing Broken Neighborhoods Back to Life
53. Calvary Worship Center
54. \*Catholic Diocese of Fresno
55. Corinth Baptist Church
56. Easton Presbyterian Church
57. Ecclesia University
58. \*ESA, Love Inc.
59. First Baptist Church
60. \*First Congregational Church
61. First Presbyterian Church
62. Fresno Pacific University
63. Greater Faith Missionary Baptist Church
64. Holy Cross Clinic/Day Program
65. \*Mennonite Community Church
66. Mount Olive Missionary Baptist Church
67. Poverello House
68. \*Rescue Mission
69. Saint John Missionary Baptist Association Visitation Workshop
70. St. Therese Catholic Church
71. Tranquility First Baptist Church
72. \*Unitarian Universalist Church
73. \*United Christian Church
74. \*West Fresno Ministerial Alliance
75. Westside Church of God

*\*Denotes a meaningful and ongoing collaborative partnership*

## APPENDIX C: PRESENTATIONS

### December 2011

1. Holiday Mental Health Service — MHACV Faith Peer Support Program at United Christian Church (English)

### February 2012

2. “Hmong Suicide Prevention”— FIRM (Hmong)
3. “Mental Health and Cultural Diversity”— FIRM (Laotian)
4. “Post-Traumatic Stress”—presented in several locations by CLFA (Spanish/English)
5. “Stress and Mental Health”—presented in several locations by CLFA(Spanish/English)
6. “Managing Stress”—presented to several parent clubs/groups by CLFA (Spanish/English)
7. “Depression and Mental Health Awareness” WFFRC (English)
8. “Healthy Eating and Mental Health”— CLFA sessions at the Health and Wellness Health Fair at Manchester Center (Spanish/English)
9. “Stress and Types of Mental Illness”— WFFRC presented at the Body and Soul United Health Fair at Manchester Center (English)

### March 2012

10. “Faith and Mental Health Testimonial — MHACV Faith Peer Support Program (English) presented United Christian Church
11. “Mental Health”— presented at the Fresno County Economic Opportunities Commission (FCEOC) County-wide Parent Conference at the Convention Center (Spanish/English).
12. “Bullying and Mental Health”— presented at First Presbyterian Church (Spanish)
13. “Bullying and Mental Health”— presented at Wishon Elementary Parent Coffee Hour (Spanish/English)
14. “Domestic Violence in the Hmong Community”— FIRM (Hmong)
15. “Mental Health Problems in the U.S.” FIRM (Laotian)
16. “Anxiety and Depression in Older Adults”— presented at Kingsview Manor Coffee Hour (English)
17. “Body and Soul United”— presented at West Fresno Boys and Girls Club (English)

### April 2012

18. “Mental Health”— presented at Centro la Familia (Spanish)
19. “Spirituality & Mental Health Keynote Speech” — MHACV Faith Peer Support (English), presented at Blue Sky Wellness Center Spirituality Week
20. “Mental Health”— presented at a parent education class in Huron (Spanish)
21. “Mental Health”— presented at WFFRC (English)
22. “Mental Health”— presented at Mt Olive Baptist Church (English)
23. “Mental Health”— presented to the Cultural Brokers Program staff (English)



24. “Mental Health”—presented at CLFA (Spanish)
25. “Mental Health”—presented at Fresno County Tobacco-free Coalition (English)
26. “Mental Health”—presented at a parent education class in Mendota (Spanish)
27. “Stress”—presented at Wishon Elementary School (Spanish/English)
28. “Mental Health”—presented at Mary Ella Brown Center (English)
29. “Anxiety”—presented at Wishon Elementary School (Spanish/English)
30. “Mental Health”—presented to “Man in the Mirror” at Yosemite Village Educational Center in West Fresno (English)
31. “CBANS: Overview”—FAIHP, Circles of Care Community Meeting (English)
32. “How to Access Fresno County Mental Health Services”—FIRM (Hmong)
33. “Integrating Faith and Mental Health”—MHACV Faith Peer Support Program, Bringing Broken Neighborhoods Back to Life Block Party, at United Christian Church (English)

## **May 2012**

34. “CBANS: Overview and Rationale”—MHACV, presented to First 5 Fresno County Sustainability Cohort (English)
35. “Bullying and Mental Health”—presented at San Joaquin Elementary (Spanish/English)
36. “Mental Health”—presented at the Hinton Community Center (English)
37. “Mental Health”—presented at King Elementary (English)
38. “American Indian Elder Mental Health” presented twice at FAIHP (English)
39. “Mental Health”—FAIHP (English)
40. “Is Depression a Serious Problem?”—FIRM (Laotian)
41. “Bullying and Mental Health”—presented at Wishon Elementary (English)
42. “Mental Health”—presented at Slater Elementary Parent Coffee Club (English)
43. “Hmong Mental Health”—FIRM (Hmong)
44. “Mental Health”—FAIHP, Circles of Care Youth Meeting (English)
45. “Mental Health Issues in the Southeast Asian Community”—presented to UCSF at FIRM (English)

## APPENDIX D: COMMUNITY OUTREACH

(Health/Wellness/Resource Fairs and Events)

### **February 2012**

1. Health and Wellness Health Fair
2. Body and Soul United Health Fair
3. Univision Health Fair
4. Boys and Girls Club Health Fair
5. Heald College Resource Fair
6. Health Insurance Enrollment Fair

### **March 2012**

7. Heald College Resource Fair
8. “Aim for a Healthier Me” Health Fair at West Fresno Boys & Girls Club
9. Tzu Chi Clinic at Fresno City College
10. N.A. I.S. A. Event at Fresno City College
11. “We Connect” Health Fair at the Fresno Fairgrounds
12. 22<sup>nd</sup> Annual Migrant Parent Conference at San Joaquin Elementary
13. Health fair at Zimmerman Boys & Girls Club
14. FCEOC “Stop the Violence”
15. Mennonite Community Church Food Pantry (every other week)

### **April 2012**

16. Community Resource Day at Kaplan College
17. Bringing Broken Neighborhoods Back to Life Block Party at Boys and Girls Club
18. Outreach at Lao New Year Celebration
19. First Nations Powwow at CSU Fresno
20. Tzu Chi Community Health Fair at the Mosqueda Center
21. Openhouse at Kirk Elementary
22. Liberty Roadside Party Community Fair in West Fresno
23. OVCD Career/Resource Fair
24. Community Health and Safety Information Fair at Catholic Charities
25. Community Block Party at United Christian Church
26. Hmong Cancer Coalition Fair
27. West Hills “Week of the Young Child” at Huron Educational Center
28. Healthfair “Ventanilla de Salud” at the Mexican Consulate
29. Community Food Bank Distribution at West Fresno Baptist Church
30. Mennonite Community Church Food Pantry (every other week)
31. Bethany Innercity Church Food Pantry (weekly)

**May 2012**

32. Seventh Day Adventist Block Party
33. Heald College Resource Fair
34. Family Education Day at Summer Park Apartments
35. Mosqueda Community Resource Center Resource Fair
36. Health and Wellness Fair at Slater Elementary
37. Bringing Broken Neighborhoods Back to Life Block Party
38. Understanding Health Care Reform Educational Forum
39. Big Sandy Powwow at Big Sandy Rancheria
40. Mennonite Community Church Food Pantry (every other week)
41. Bethany Innercity Church Food Pantry (weekly)
42. Hope Lutheran Church Pantry & Homeless Support (weekly)
43. Women's Wellness Conference at Tule River Reservation
44. California Lao Church Convention

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

**PROGRAM TITLE:** Prevention and Early Intervention –Positive Behavior Intervention and Supports (PEI-PBIS) Kindergarten through 8th Grade

**PROVIDER:** Fresno County Special Education Local Plan Area (SELPA) Positive Behavior Interventions & Supports (PBIS) Fresno County Office of Education (FCOE)

**PROGRAM DESCRIPTION:** Positive Behavior Interventions and Supports (PBIS) is a proven approach to early identification and prevention of behavioral/emotional problems. The prevention framework allows children and youth early access to evidence-based academic and behavioral practices prior to onset of severe behavior/emotional challenges. PBIS is not an intervention, curriculum, or program, rather, PBIS is a decision making framework established to guide select, integrate, and implement evidence-based practices to achieve positive outcomes for all students.

In general, School Wide Positive Behavior Supports (SWPBS) emphasizes four integrated elements: (a) data for decision making, (b) measurable outcomes supported and evaluated by data, (c) practices with evidence that these outcomes are achievable, and (d) systems that efficiently and effectively support implementation of these practices.

## AGES SERVED:

☒ Children  
☐ Adult

☐ TAY  
☐ Older Adult

## DATES of OPERATION

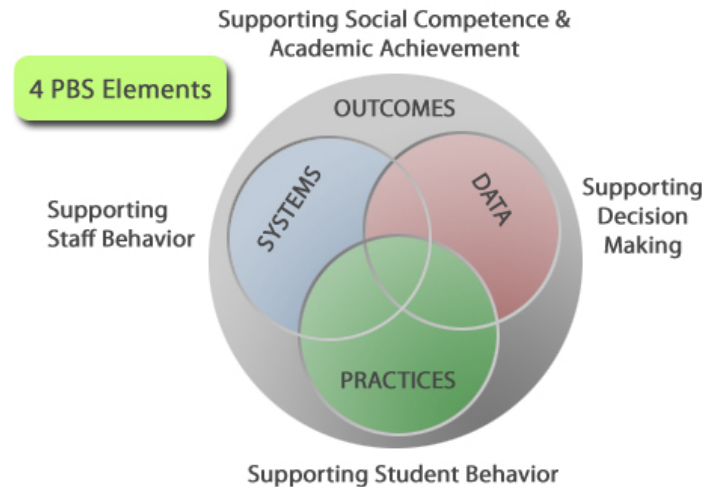
May 2010-Present (MHSA County Agreement – May 3, 2011- present)

## DATES of DATA REPORTING PERIOD

May 2010 - May 2012

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---



These four elements are guided by six important principles:

- Develop a continuum of scientifically based behavior and academic interventions and supports
- Use data to make decisions and solve problems
- Arrange the environment to prevent the development and occurrence of problem behavior
- Teach and encourage pro-social skills and behaviors
- Implement evidence-based behavioral practices with fidelity and accountability
- Screen universally and monitor student performance & progress continuously

## **Expected Outcomes:**

Schools that establish systems with the capacity to implement SWPBS with integrity and durability have teaching and learning environments that are

- Less reactive, aversive, dangerous, and exclusionary, and
- More engaging, responsive, preventive, and productive
- Address classroom management and disciplinary issues (e.g., attendance, tardies, antisocial behavior),

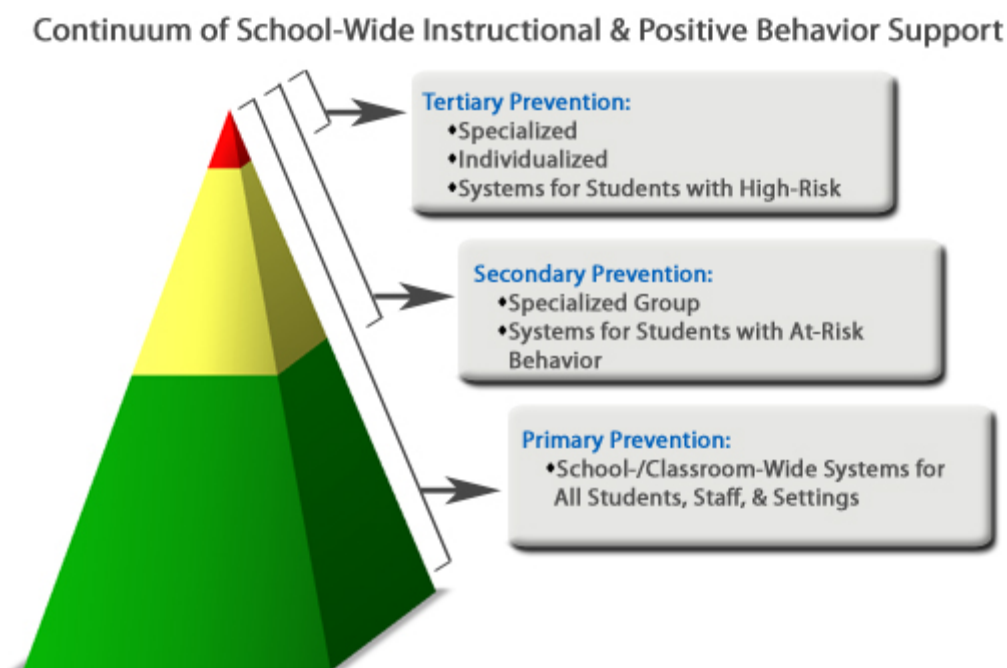
# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

- Improve supports for students whose behaviors require more specialized assistance (e.g., emotional and behavioral disorders, mental health), and
- Most importantly, maximize academic engagement and achievement for all students.

## **PBIS Continuum:**

PBIS schools organize their evidence-based behavioral practices and systems into an integrated collection or continuum in which students experience supports based on their behavioral responsiveness to intervention. A three-tiered prevention model requires that all students receive supports at the first level. If the behavior of some students is not responsive, more intensive behavioral supports are provided at the secondary level or a highly individualized intensive behavior plan at the third level.



# **FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES**

---

When schools implement primary prevention practices which include establishing school wide expectations clearly posted throughout the school site, 85% of students will respond positively and schools will see an increase in positive behavior and a decrease in discipline referrals. In spite of these implemented practices, approximately 15% of students will need support at the secondary prevention level. This will include extra support and time with an adult daily. Within this 15% of students, schools can expect that 5% of students will need additional supports and will require a specific behavior plan be written to address their behavior needs.

## **PROGRAM DEMOGRAPHICS:**

- Cohort I has 18 schools
- Cohort II has 16 schools (Figure 1 and Table 1)

### **Adults Receiving Training:**

- Average enrollments:
  - Cohort I had 785 Adult staff members attend trainings
  - Cohort II had 285 Adult staff members attend trainings

### **Children:**

- Students between ages five to fourteen

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

- All students enrolled in the thirty-four schools implementing PBIS are positively affected by this program. As school culture improves, negative student behavior decreases, achievement and safety increases, and academic and behavioral supports are more accessible to students with intensive needs.

## OUTCOME GOAL

**A) SELPA of FCOE will provide quality trainings on the implementation of PBIS framework to Cohort 1 & 2 schools.** The PBIS Training Evaluation Tool is being used to assess the perceived training effectiveness of schools and coaches. The measure includes 9 items rated on a four-point scale (1 = Strongly Disagree to 4 = Strongly Agree).

## OUTCOME DATA

For the 2010-2011 academic year, Cohort 1 received 8 trainings regarding implementation of universal/school-wide supports. This included 3 school teams and 5 coaches' trainings. For the 2011-2012 academic year, Cohort 1 received 8 trainings on the implementation of Secondary (Tier 2) supports. This included 4 school teams and 3 coaches training. For the 2011-2012 academic year, Cohort 2 received 9 trainings on implementation of universal/school-wide (Tier 1) supports. This included 6 school teams and 3 coaches' trainings.

According to the PBIS Training Evaluation Tool, Cohort 1 and 2 average training evaluation scores across schools and coaches exceeded 3.00, indicating a high level of agreement of training effectiveness. More than 90% of collected evaluations reported participants agreed (rating #3) or strongly agree (rating #4) that the trainings were effective in helping schools change to a more positive culture and implement the components of PBIS. (Figure 2)



# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

**B) Does training and technical assistance increase knowledge of risk and protective factors?** The PBIS-based School Safety Survey (SSS) assesses training and support needs pertaining to school safety and violence prevention. The scale includes 22 items rated on a four-point scale (0 = Not at All to 3 = extensively) that yield a risk and protective factor score. Higher protective scores indicate that a school has or is implementing factors to prevent and respond to school violence. A sense of connection at school is a protective factor; therefore truancy rates for districts with schools participating in PBIS training were also analyzed.

Cohort 1 baseline data was collected the 2010-2011 academic year, with post-test data collected the 2011-2012 academic school year. Across K-8 schools, the SSS results suggests that the average percentage of school-wide features in place to support effective behavior support was 38.76%, indicating that just over 1/3 of school-wide features in-place. Post-test scores increased to 47.46%, indicating an 8.69% increase in the number of school-wide features in-place to support effective behavior support of students.

Truancy rates from 2009 (Baseline Year) to 2011 (Post) were reported for districts with PBIS schools. Results indicate a decrease and stabilization of truancy rates for all participating districts (Figure 14).

**C) Does PBIS implementation enhance resilience and protective factors?** The Self-Assessment Survey (SAS), also known as the Effective Behavior Support (EBS) Survey, assesses a school's implementation of effective behavior support systems. Systems addressed include: School-Wide Systems (18-items); Non-classroom Settings (9 items); Classroom Systems (11 items); and, Individual Student Systems (8-items). For research purposes, only a total school-wide in-place score is used to assess schools' implementation of effective behavior support systems.

According to the SAS, Cohort 2 baseline data collected over the 2011-2012 academic year indicated that they had 39.27% of school-wide features in-place to provide effective behavior support to students. Post-test data will be gathered during the 2012-2013 academic year.

**1) To increase safe learning environments by decreasing bullying and aggressive behavior.** The School-Wide Information System (SWIS) is being used to measure school-wide problem behaviors, including: office discipline referrals and suspension rates. SWIS is an electronic data management system used by schools to track and monitor school-wide problem behaviors. Data can

100% of Cohort 1 & 2 schools have been trained to use SWIS to track and monitor school-wide problem behaviors. Baseline data for the 2011-2012 academic year indicated that Cohort 1 schools reported a total of 798 major office discipline referrals. The top three

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

be disaggregated by student (e.g., sex, race/ethnicity) and school-wide (e.g., location, time of day) characteristics. Overall total suspension rates obtained from California Department of Education are also used to analyze the safety patterns in schools and districts.

referrals included: 211 for Skipping, 142 for disruption, and 94 for fighting.

Baseline data for Cohort 2, based on 2011-2012 academic year data, indicated a total of 479 major Office Discipline Referrals (ODRs). The top three ODRs were: 83 for abusive language, 93 for physical aggression, and 68 for fighting. Data collection is ongoing and totals for the 2011-2012 academic year SWIS data will be available July 2012. (Figure 9)

Overall suspensions for districts with participating PBIS schools indicate that suspension patterns are stabilizing and decreasing (Figure 10). When suspension rates for PBIS schools are analyzed, results indicate that schools can make significant improvements in reducing problem behaviors (Figure 11 & 12). An example of one school reported a decrease in suspensions from over 1,400 to 220 suspensions (Figure 13).

**2) Do training and technical assistance provided by SELPA of FCOE increase mental health status, early-age attachment, social support, and academic achievement?** Schools' Academic Performance Index (API) scores obtained from CA Department of Education Data Quest are being used to monitor potential influence of PBIS implementation on school-wide academic achievement. Increased API scores indicate improvements in students' academic achievement.

Data collection is ongoing. Schools are collecting and imputing data more consistently as they gain experience. Upon reviewing process, FCOE learned that schools were addressing level one/ tier I interventions and improving school culture, yet were not comfortable with recording on the SWIS program and more training was required. FCOE PBIS Coordinator and Program Manager went to individual districts in the Spring to provide support and training.

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

This supportive measure led to an increase in data collection. FCOE is currently in the process of collecting end of the year data from schools.

To answer this outcome question, we used school on average, API scores for Cohort 1. This data shows an increase by 8 points from one year prior to and after PBIS implementation, indicating improved learning conditions within schools. The average API score for Cohort 2 schools was 804 for the 2010-2011 academic year (one year prior to PBIS implementation).

**3) To analyze the school workplace and develop strategies to improve the climate and health of schools.** The Organizational Health Inventory (OHI) was administered as a baseline measure at the beginning of the 2011-2012 academic year. It is comprised of 37-item that measure five domains of organizational health: Institutional Integrity, Collegial Leadership, Resource Influence, Teacher Affiliation, & Academic Emphasis. The OHI provides scores across each sub-domain and a total score.

The overall average OHI score across the K-8 Fresno County schools was 367.22, with the following sub-domain scores: Institutional Integrity = 147; Collegial Leadership = 311; Resource Influence = 320; Teacher Affiliation = 319; and, Academic Emphasis = 328. The lowest score was for Institutional Integrity, whereas the highest score was for Academic Emphasis. These baseline scores will be compared to post-test scores that will be obtained after the 2011-2012 academic year.

## DEPARTMENT RECOMMENDATION(S)

Based on outcomes and measurements reported, the Department recommends continued MHSA Funding for the PEI School Based – Kindergarten through 8th Grade program for FY 2012-13.

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

Please see data analysis/charts below

## Figures and Tables

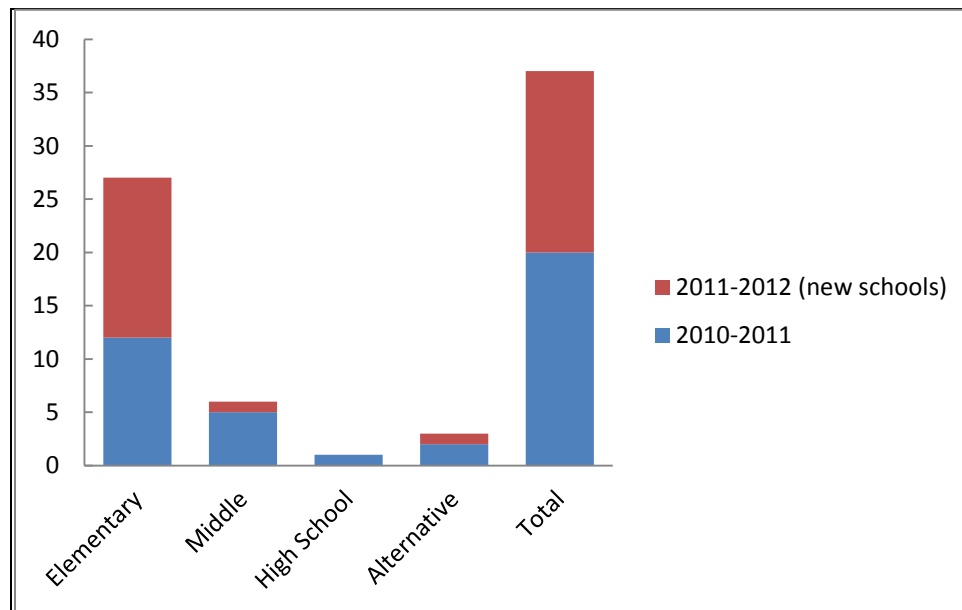


Figure 1. Number of Fresno County Schools Adopting PBIS by Academic Year  
From 2010-2011 through 2011-2012

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

Table 1

*Fresno County Schools Receiving PBIS Training and PEI funds*

	School Year		
	2010-2011	2011-2012	2012-2013
Schools			
Elementary	11	26	
Middle	7	8	
Total	18	34	
New Schools	18	16	
Coaches	51	97	

Thirty-four, K-8 schools participated across Fresno County from eight districts. Schools were grouped by cohort depending on the year they began training and implementation of PBIS approaches.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

Table 2

*Cohort 1 2010 – 2012, Fresno County Schools Participating:*

<b>District</b>	<b>School</b>	<b>Grades</b>
Caruthers Unified	Caruthers Elementary	K-8
Central Unified	El Capitan Middle School	7-8
	McKinley Elementary	K-6
	Rio Vista Middle School	7-8
	Steinbeck Elementary School	K-7
	Teague Elementary School	K-6
Firebaugh-Las Deltas	Bailey Primary School	K-3
	Mills Intermediate School	4-5
	Firebaugh Middle School	6-8
Fresno County Office of Ed.	Kermit Koontz Education Center	Alternative
Kings Canyon Unified	Citrus Middle School	6-8
	Silas Bartsch School	K-7
Parlier Unified	Benavidez School	K-6
	Brletic Elementary School	K-6
	Chavez Elementary School	K-6
	Martinez Elementary School	K-6
	Parlier Junior High School	7-8
Selma Unified	Wilson Elementary School	K-6

*N* = 18

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

Table 3

*Cohort II 2011 – 2012, Fresno County Schools Participating:*

District	School	Grade
Central Unified	Harvest Elementary School	K-6
	Herndon Elementary School	K-6
	Madison Elementary School	K-6
	Norman Liddell Elementary School	K-6
	Polk (James K.) Elementary School	K-6
	River Bluff Elementary School	K-6
	Roosevelt Elementary School	K-6
	Saroyan (William) Elementary School	K-6
	Glacier Point Middle School	Middle
Selma Unified	Garfield (James) Elementary School	K-6
	Indianola Elementary School	K-6
	Terry Elementary School	K-6
	White (Eric) Elementary School	2-6
Kings Canyon Unified	Dunlap Elementary	K-8
	McCord Elementary	K-5
	Reed Elementary	K-8

*N* = 16

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

## PBIS Training Evaluation Form

Directions: Circle the response that best reflects your opinion	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The training goals were clearly defined and reviewed frequently with checking for understanding.				
2. Trainers were adequately prepared to present the content.				
3. The trainers were knowledgeable about the content and were able to respond to participant's questions, and share experiences to support understanding.				
4. Materials and technology were organized well and in good working condition.				
5. The trainers presented the content in such a way that promoted active engagement, opportunities for processing, working and/or learning the content.				
6. The pacing of the presentation and amount of material presented was appropriate for the time allocated.				
7. As a result of this training, school leadership teams have a good understanding of the expectations for next steps of implementation.				
8. The trainers were sensitive to the need for differentiation toward schools at differing levels of implementation.				
9. I would recommend this professional development activity to my colleagues.				
The highlight of the training was?				
How could future trainings be improved?				

Figure 2. Sample Evaluation Form from PBIS Trainings



## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

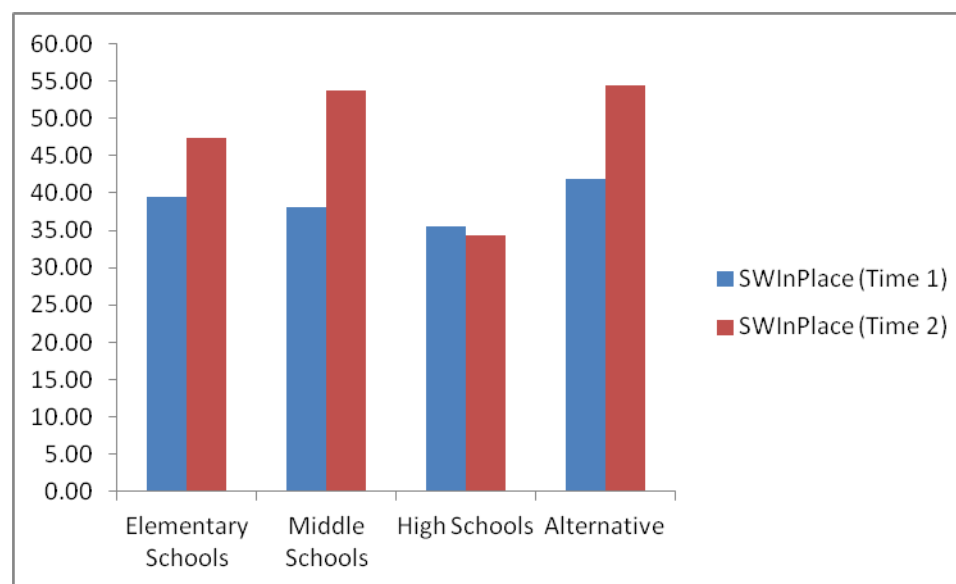


Figure 3. Cohort 1 SAS Scores for Percent of School-Wide Features In-Place

The Self-Assessment Survey (SAS) is designed to support school teams with annual action planning, progress monitoring and decision-making. The survey consists of four subscales that correspond to areas in which effective behavior supports may be needed. These areas include: School-wide discipline, non-classroom management systems, classroom management systems, and systems for individual students engaging in chronic problem behaviors. The survey is completed the first year by all staff and, subsequently, by selected individuals (e.g., individuals from representative group). Each question is rated on a 3-point scale for the *Current Status* of feature (e.g., behavior expectations taught in non-classroom settings) and on *Priority for Improvement*. Scores are reported as percentages indicating extent to which features are in place and areas of priority for improvement. For evaluation purposes, the percentages of the school-wide features rated as in-place are reported.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

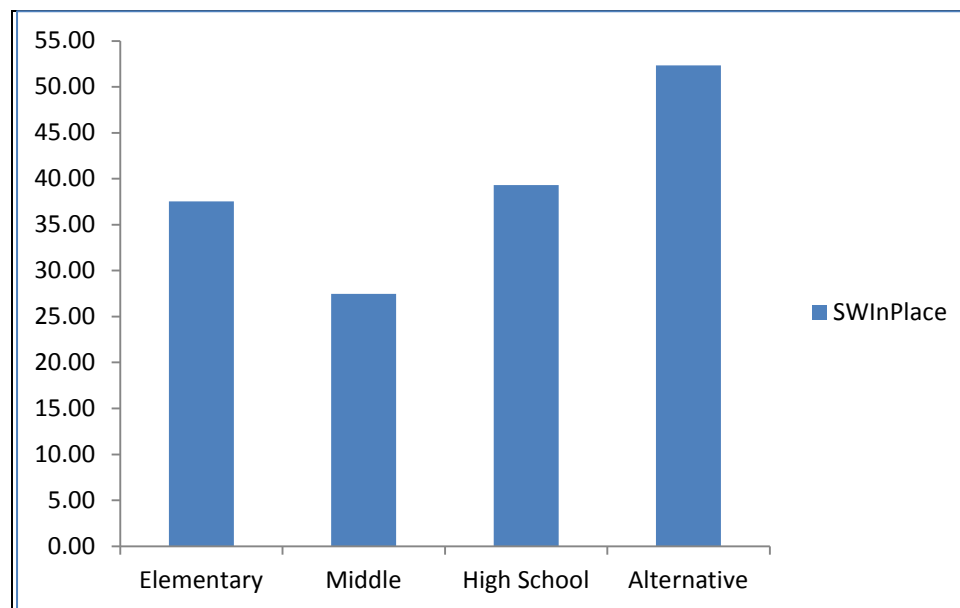


Figure 4. Cohort 2 SAS Scores for Percent of School-Wide Features In-Place

The TIC is a 22 item measure for school teams to complete to guide progress monitoring and action planning during phases of PBIS implementation. Scores are reported as percentages to indicate extent to which activities have been achieved across the following seven domains: Establish Commitment (2 items); Establish & Maintain Team (3 items); Self-Assessment; Establish School-wide Expectations: Prevention Systems (6 items); Classroom Behavior Support Systems (3 items); and, Build Capacity for Function-based Support (3 items). School teams complete the survey periodically (e.g., quarterly) until a score at or above 80% is attained, indicating an acceptable level of fidelity for PBIS implementation.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

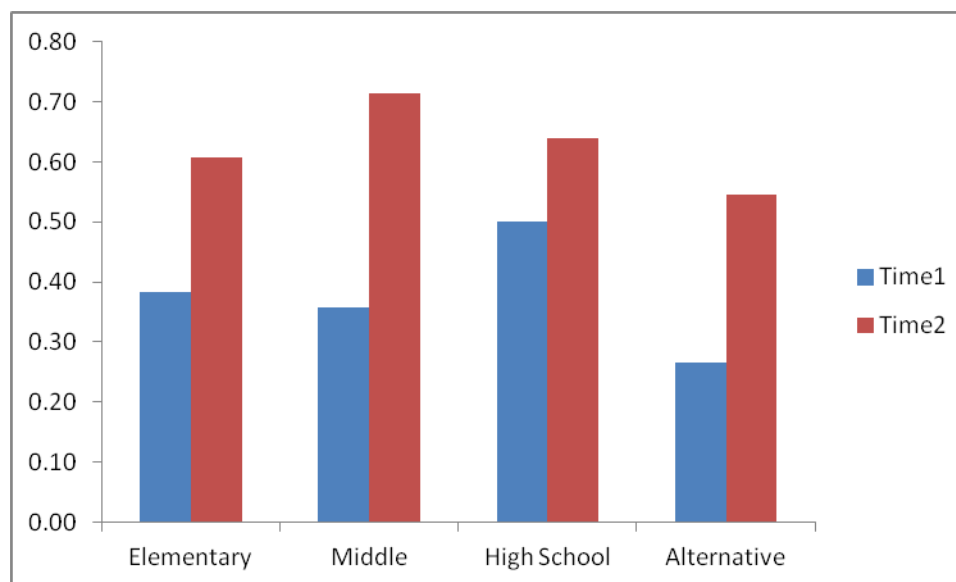


Figure 5. Cohort 1 Years 1 (Time 1) and 2 (Time 2) TIC Total Scores

Figure 5 reports Cohort 1 Year 1 (Time 1) and Year 2 (Time 2) TIC total scores across schools. Initial Year 1 scores ranged from approximately 25% to 50%. Most recent Year 2 scores rose across school types. In particular, scores increased by 22% for elementary, 39% for middle schools, 14% for high schools, and 30% for alternatives. Such increases on overall TIC scores indicates school teams are actively engaged in progress monitoring and action planning regarding PBIS implementation at their respective school sites.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

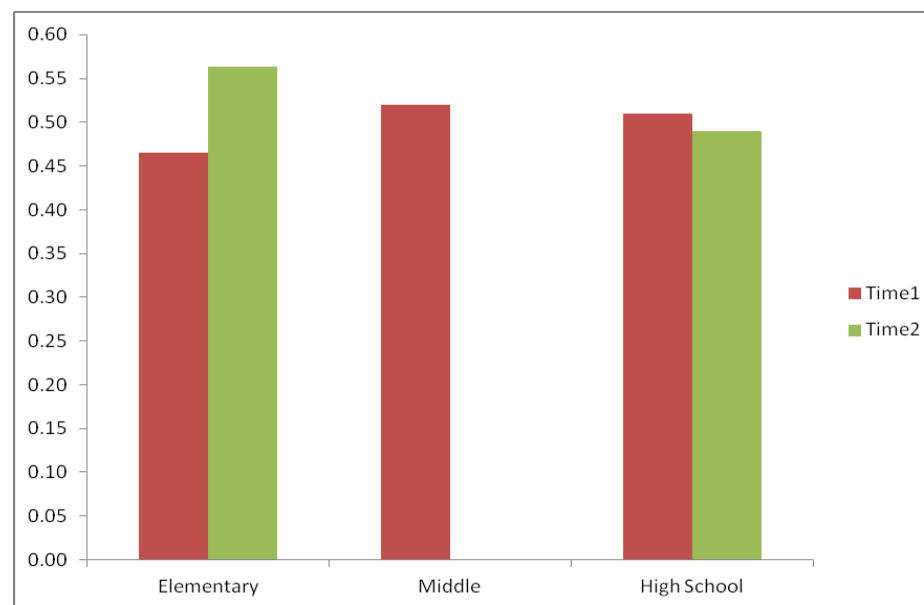


Figure 6. Cohort 2 Year 1 TIC scores for Time 1 and Time 2

Figure 6 reports Cohort 1 Year 1 (Time 1) and Year 2 (Time 2) percentages of school-wide features in place. Year 1 score was based on initial completion of the SAS, whereas Year 2 scores were based on the most recent completion of the survey. With the exception of high schools, the percentage of school-wide features reported as “In-Place” rose by approximately 17%. On the other hand, high schools reported a slight decrease (-1.13%) in the percentage of features in place.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

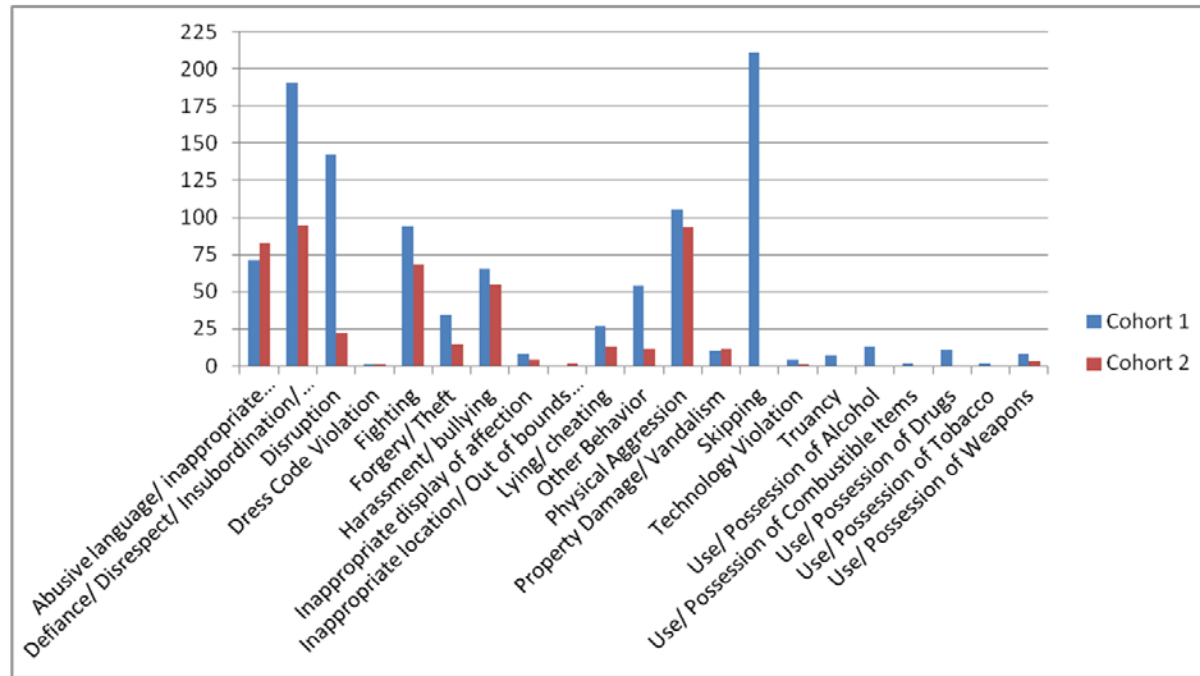


Figure 7. Cohort 1 & 2 Total Office Discipline Referrals

Cohort 1 and 2 SWIS data submitted by eight schools in January, 2012, is reported in Figures 7 and 8. Figure 7 indicates the frequency of ODRs by type, such as: abusive language; disruption; fighting; and, skipping. For Cohort 1, the top three ODRs were: skipping, defiance/disrespect, and disruption. For Cohort 2, the top three ODRs were: physical aggression, defiance/disrespect, and abusive language.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

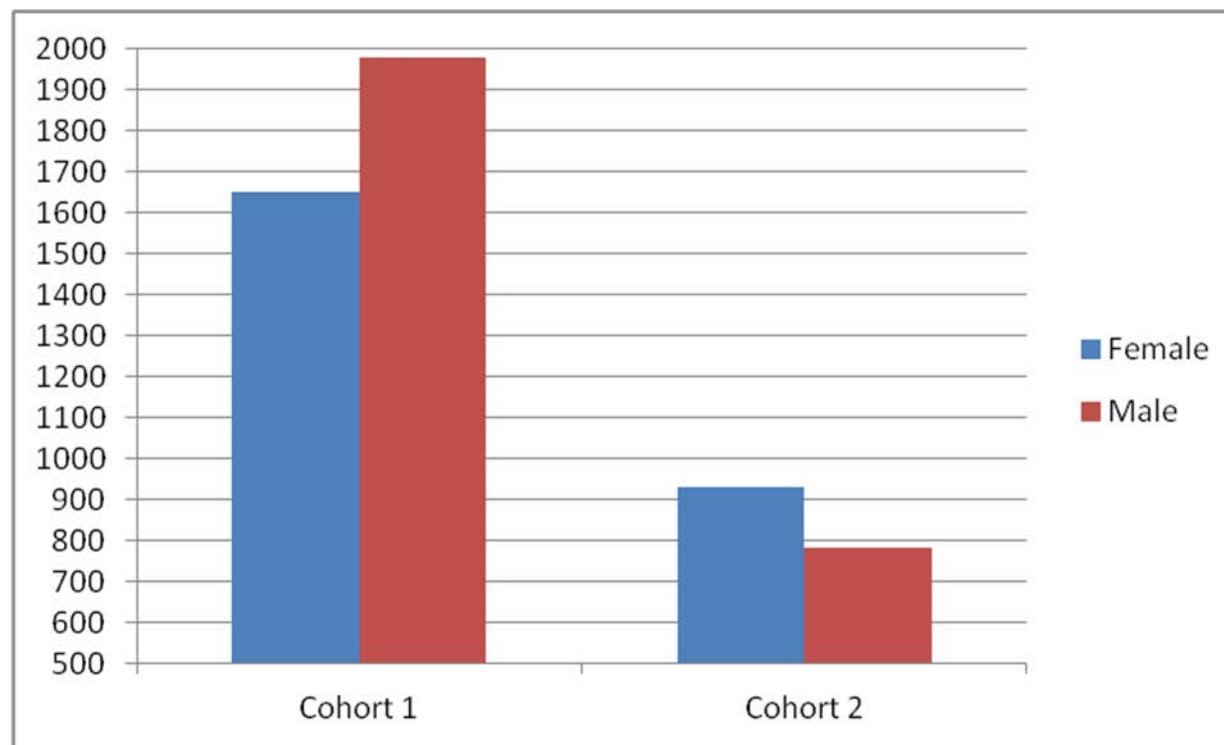


Figure 8. Cohort 1 & 2 Total Office Discipline Referrals by Gender

Figure 8 reports the total number of ODRs across gender groups. For Cohort 1, males had a higher number of ODRs than females. Contrary, for Cohort 2, females had more ODRs than males.

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

## McKinley Elementary, Central Unified

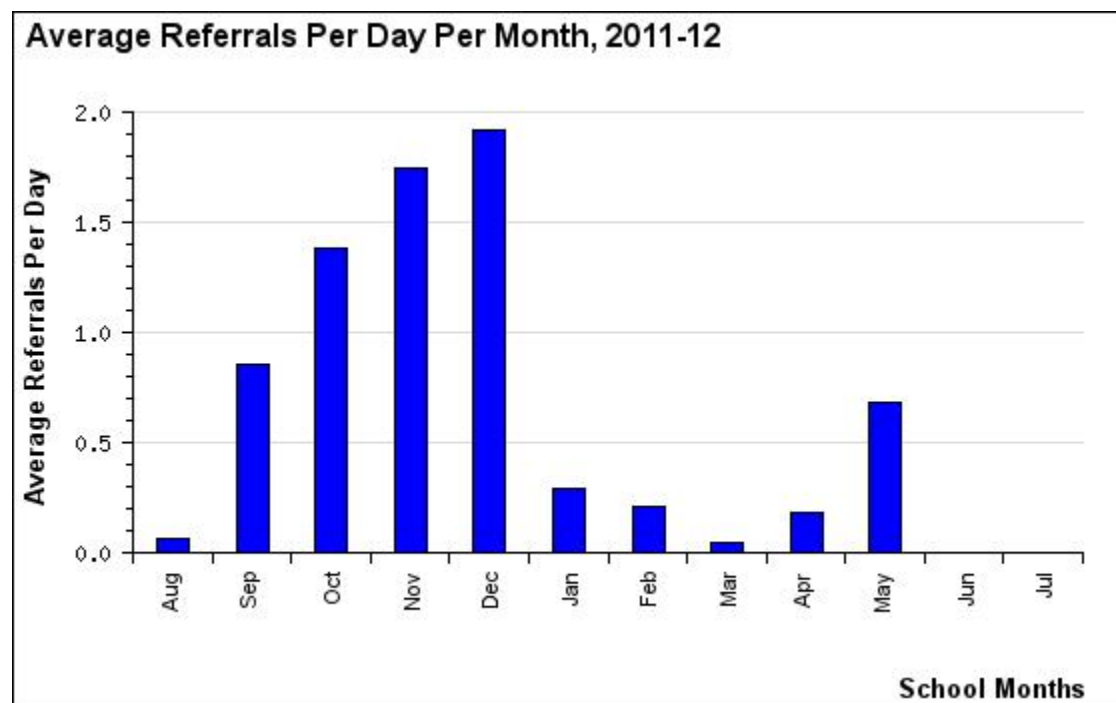


Figure 9. Example of Elementary tracking of Office Discipline Referrals over the Academic Year

Figure 9 shows how elementary schools are using the SWIS program to monitor office discipline referrals each month throughout the year. PBIS coaches and school teams meet each month to review the types of referrals and discuss possible school wide changes to encourage positive behavior.

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

## Suspensions from PBIS Districts: 2008 – 2011

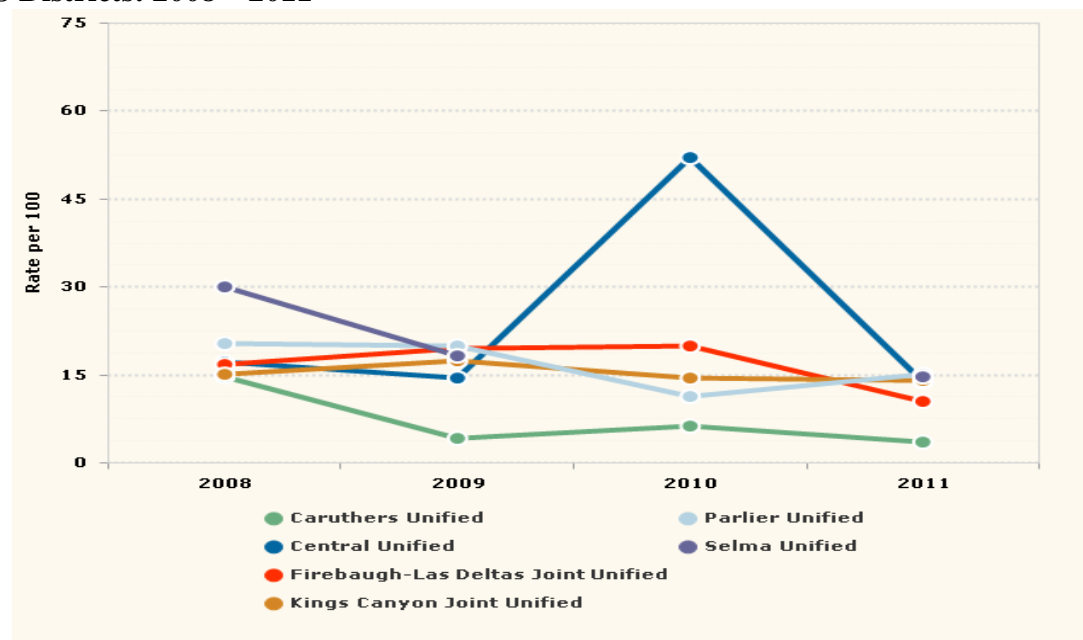


Figure 10. Definition: Number of suspensions per 100 K-12 public school students.

Data Source: As cited on kidsdata.org, California Department of Education, DataQuest website. Accessed online at <http://data1.cde.ca.gov/dataquest> (November 2011).

Figure 10 reports overall suspensions per 100 students in districts with schools participating in scaling-up PBIS. All schools receiving PEI-MHSA funds are from districts indicated in figure 10. Overall, there appears to be a positive trend in decreasing suspensions among the districts with participating schools receiving training in the PBIS framework. Figure 10 provides suspension data for entire districts including schools who have received PBIS training and those who have not been trained. Therefore, this data should be reviewed with caution. Most districts show a favorable decrease in overall suspensions which may be attributed to changes in district policy, shift in alternative responses to discretionary problem behavior, establishing positive school climates, and/or proactively teaching positive expectations for all students. As more schools establish PBIS frameworks, the number of suspensions should be expected to decrease over time in a consistent manner.



# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

## Cohort 1 Sample Group: Overall Suspensions, 2009-2011

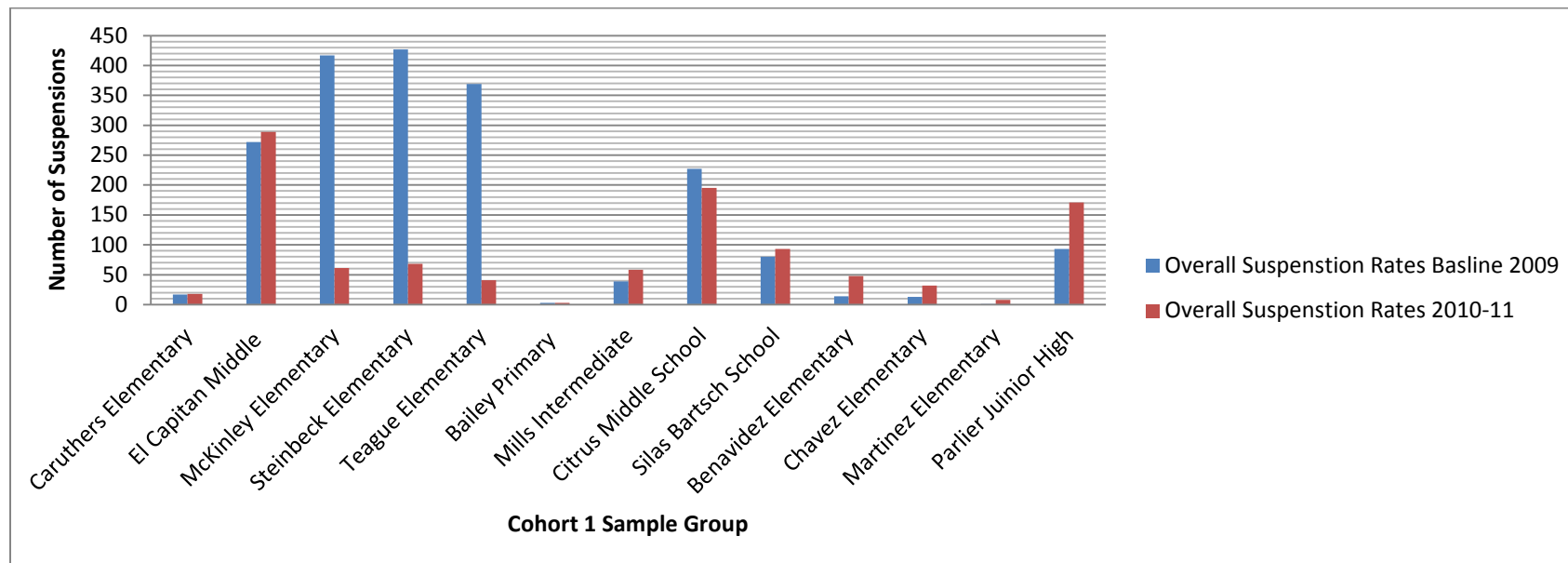


Figure 11. Cohort 1, overall total suspension rates by school.

Data Source: California Department of Education, Data Quest Website. Accessed online at <http://dq.cde.ca.gov/dataquest> (July 2012).

Sample group of schools participating in training from cohort 1 showed progress in reducing their overall total suspension rates from 2009 to 2011. The school showing the most significant progress was McKinley Elementary, Steinbeck Elementary and Teague Elementary. Schools from Kings Canyon Joint Unified and Parlier Unified School District showed a marginal increase in overall suspension rates (e.g., Parlier Junior High School). Figure 11.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

### Cohort 2 Sample Group: Overall Suspensions, 2009-2011

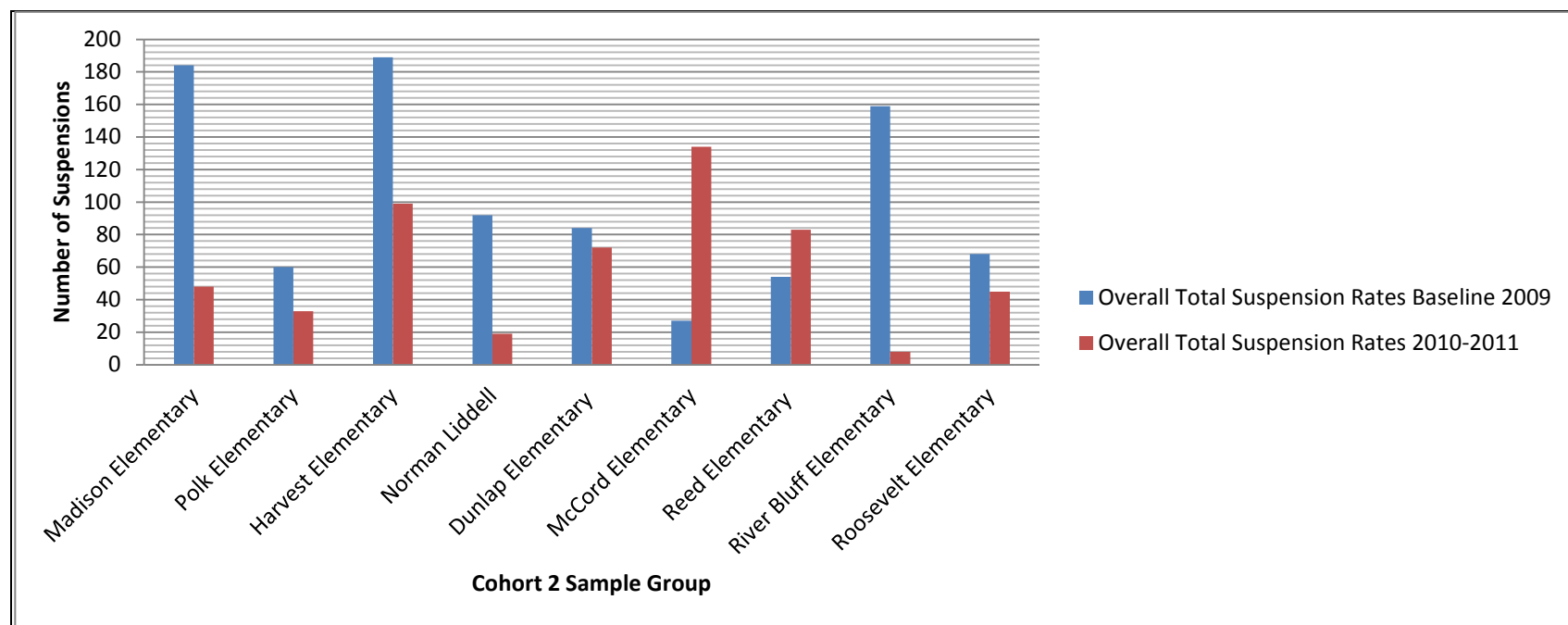


Figure 12. Overall total suspension rates by school. Data Source: California Department of Education, Data Quest Website. Accessed online at <http://dq.cde.ca.gov/dataquest> (July 2012).

Sample group of schools participating in training from Cohort 2 showed favorable progress in reducing their overall total suspension rates from 2009 to 2011 (See Figure 12). Findings suggest that most schools are applying their alternative discipline flowcharts learned from training, applying evidence-based practices in responding to misbehavior, and teaching socially appropriate alternative behaviors. PBIS Schools that showed the most significant decrease in overall total suspensions was Madison Elementary (184 to 48), Harvest Elementary (189 to 99), and River Bluff Elementary (159 to 8). McCord and Reed Elementary from Kings Canyon Joint Unified showed an increase in overall total suspension rates.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

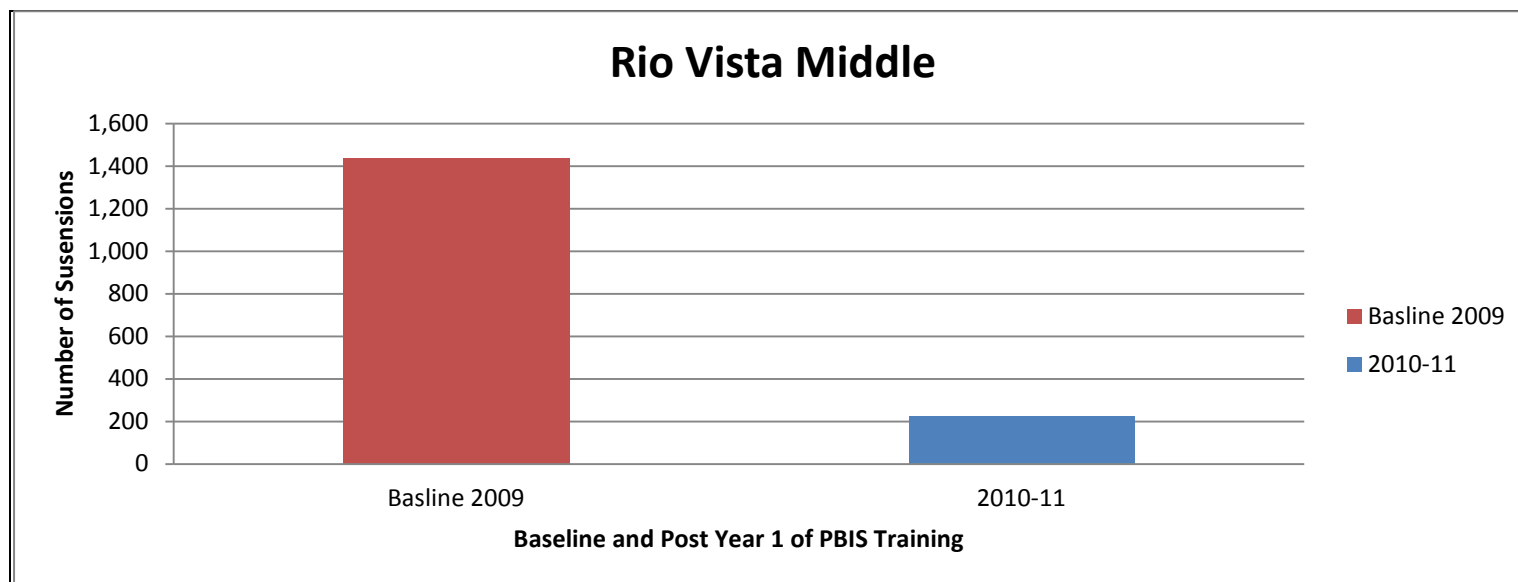


Figure 13. Rio Vista Overall Suspension Rates Baseline and Post PBIS Training Comparison.

Data Source: California Department of Education, Data Quest Website. Accessed online at <http://dq.cde.ca.gov/dataquest> (July 2012).

In 2009, Rio Vista reported an overall total suspension rate of approximately 1,400 suspensions. In 2011, Rio Vista's overall total suspension rates were reduced to slightly over 200.

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

## Truancy Rates: 2009-2011

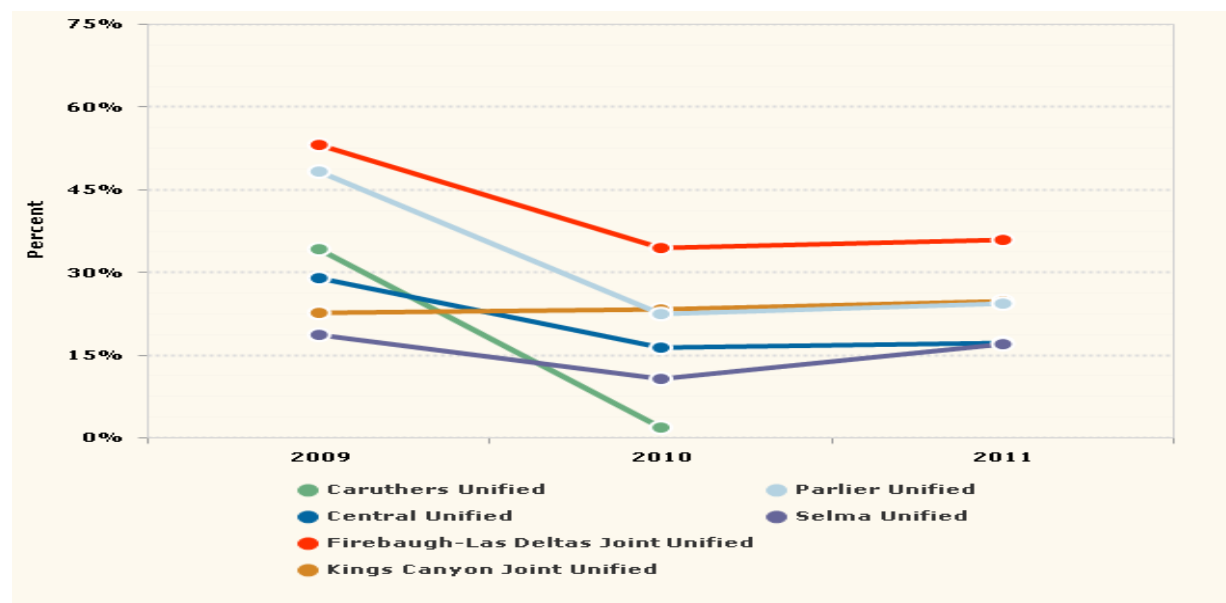


Figure 14. Definition: Percentage of K-12 public school students missing more than 30 minutes of instruction without an excuse three or more times during the school year.

Data Source: As cited on kidsdata.org, California Department of Education, DataQuest website. Accessed online at <http://data1.cde.ca.gov/dataquest> (November 2011).

Truancy rates from 2009 to 2011 indicate that there is a salient decrease, or, tempered suppression of students who have missed more than 30 minutes of instruction without an excuse three or more times during the academic year. As with the overall suspension rates in figure 10, truancy rates should be viewed with caution as this data includes both schools who are being trained in establishing a PBIS framework, and schools who are not receiving training. Over time, truancy rates should be expected to consistently decline as more schools implement PBIS with fidelity.

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

## Conclusions/Recommendations

The SELPA of Fresno County Office of Education (FCOE) has provided continuous PBIS training to two cohorts of Fresno County schools. Cohort 1 training began in the 2010-2011 academic year, whereas Cohort 2 training began in the 2011-2012 academic year. Cohort 3 schools are scheduled to begin training at the beginning of the 2012-2013 academic year. Schools receiving training and PEI/MHSA funds only include elementary and middle schools.

Cohorts 1 and 2 comprise a total of 34 Fresno County schools. Ongoing data collection on school-wide indicators will provide a basis to examine trends overtime on the characteristics of schools implementing School-Wide Positive Behavior Supports (SWPBS). Data to be gathered annually includes: enrollment rates, suspension rates, and academic achievement (e.g., API). The behavioral and academic indicators will provide a basis to examine questions pertaining to the impact of SWPBS implementation on student and school outcomes.

PBIS training evaluation scores indicate that school teams and coaches perceive the trainings as valuable and effective. The general trend in evaluation scores over time is that they increased. This indicates that trainers are improving in the ability to conduct well-organized and effective trainings. Notably, structured interviews were conducted with PBIS school coaches through the end of February and into March, 2012. While analyses are ongoing, the general feedback was that (a) participants felt trainings were improving to meet their needs, (b) time was the major barrier for PBIS implementation, and (c) schools were experiencing positive outcomes associated with the implementation of SWPBS.

Cohort 1 and 2 schools have received training on entering and using PBIS assessment data for progress monitoring and action planning. PBIS assessment data completed includes the SAS and TIC. Cohort 1 SAS scores indicate an overall increase in the percentage of school-wide features identified by school teams as “in-place.” Cohort 2 SAS scores indicate that school teams have entered data for Year 1 and have a baseline to examine fidelity of implementation as they begin Tier 2 training over the 2012-2013 academic year. In terms of the TIC, Cohort 1 scores increased substantially from initial completion to the most recent submission of scores. Cohort 2 has completed the TIC multiple times over Year 1 implementation, indicating that school teams are adhering to the use of PBIS assessments for progress monitoring and action planning activities.

Overall suspension rates by district and per PBIS schools indicate a reduction in problem behaviors. This provides additional evidence with respect to the effectiveness of the training and Technical Assistance provided by FCOE-SELPA to scale-up a PBIS framework. Truancy rates from 2009 (Baseline) to 2011 (Post Training) also show a decline for school districts with participating PBIS schools.

In conclusion, there is an increase in Fresno County schools receiving PBIS training from the SELPA of FCOE. This currently includes 34 schools which will increase in the 2012-2013 academic year with the inclusion of Cohort 3. Continued documentation of school-wide implementation indicating behavioral and academic outcomes, perceived effectiveness of PBIS trainings, and PBIS assessment data will provide additional measures to evaluate the fidelity of implementation of SWPBS across Fresno County schools.

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

**PROGRAM TITLE:** Community Gardens-HTCC    **PROVIDER:** (FIRM) Fresno Interdenominational Refugee Ministries

**PROGRAM DESCRIPTION:** Geographically dispersed existing or new enhanced Horticultural Therapeutic Community Centers (HTCC) throughout Fresno County serving approximately 80 families/520 individuals annually who suffer from symptoms of early onset non-serious mental illness (non-SMI) and who are un-served/under-served.

**AGES SERVED:**

☒ Children  
☒ Adult

☒ TAY  
☒ Older Adult

**DATES OF OPERATION:** March 8, 2011-present

**DATES OF DATA REPORTING PERIOD:** Mar 2011-April 2012

## OUTCOME GOAL

- 1) Covered Shelter Development, including seating and Bulletin Boards/Displays
- 2) Land Preparation & Farming/Gardening of traditional Crops generational/family gardening
- 3) Designated Liasion/Coordinator

## OUTCOME DATA

- 1) Each of FIRM's 5 sites has completed construction of covered shelters, including seating and bulletin displays. Security, lighting, parking, and restroom facilities are available at all sites.
- 2) Each site is an operational garden at various stages of planting and harvesting traditional crops, such as various greens, onions, tomatoes, squash, and herbs.
- 3) Each site has a designated Coordinator to oversee garden/site operations and activities. Coordinators meet regularly with Program Managers and County staff to discuss operational issues, progress and events involving the HTCC gardeners and community outreach/education/awareness.

# **FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES**

---

## **OUTCOME GOAL**

- 4) Community Engagement & Linkage; tours; Social Supports for underserved families
- 5) Community Outreach; knowledge of and access to Care options
- 6) Community Activities (e.g.: informal peer-to-peer Discussions regarding stigmatization; informal support/ Rehab groups; cultural activities/practices)
- 7) Community leaders' participation

## **OUTCOME DATA**

- 4) See the following Attachments:
  - A: HTCC FIRM Outcome Summary Report
  - B: HTCC Growing Hope Community Garden Events
  - C: HTCC Community Garden Survey
- 5) See the following Attachments:
  - A: HTCC FIRM Outcome Summary Report
  - B: HTCC Growing Hope Community Garden Events
  - C: HTCC Community Garden Survey
- 6) See the following Attachments:
  - A: HTCC FIRM Outcome Summary Report
  - B: HTCC Growing Hope Community Garden Events
  - C: HTCC Community Garden Survey
- 7) See the following Attachments:
  - A: HTCC FIRM Outcome Summary Report
  - B: HTCC Growing Hope Community Garden Events
  - C: HTCC Community Garden Survey

## **DEPARTMENT RECOMMENDATION(S):**

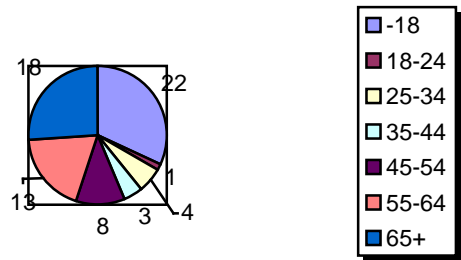
Based on outcomes and contract measurements reported, the Department recommends continuing MHSA funding for this program for FY 2012-13.

Please see charts on pages 3-8 below

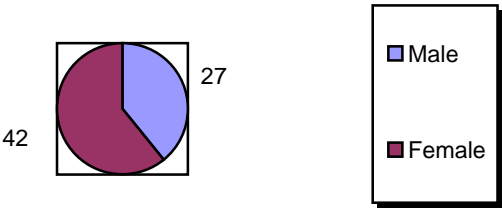
# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

The following charts depict feedback obtained from 69 surveyed (see Attachment C) HTCC garden participants regarding the impact of the HTCC program on their lives and garden logistics.

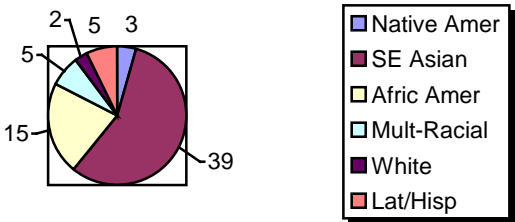
Age of Participants Surveyed



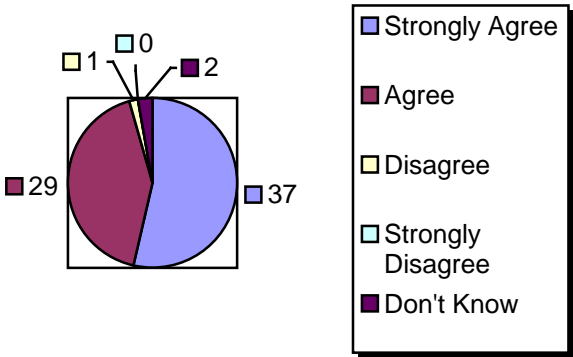
Gender of Participants Surveyed



Ethnicity of Participants Surveyed



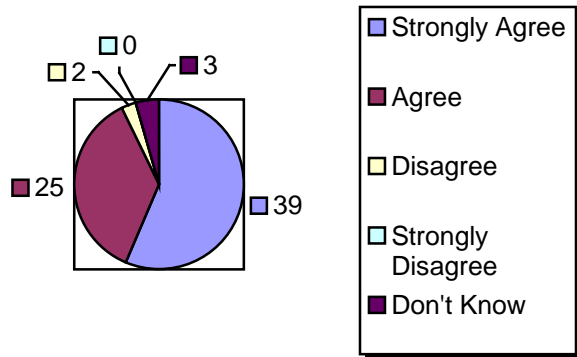
I have more confidence.



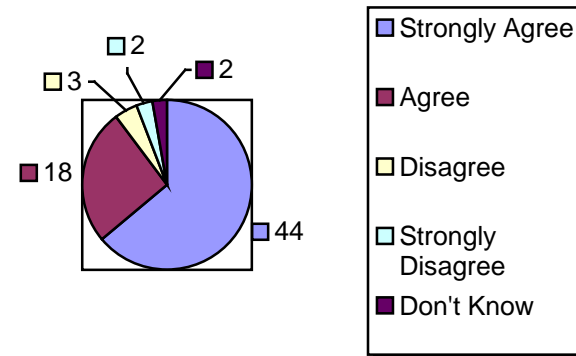


# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

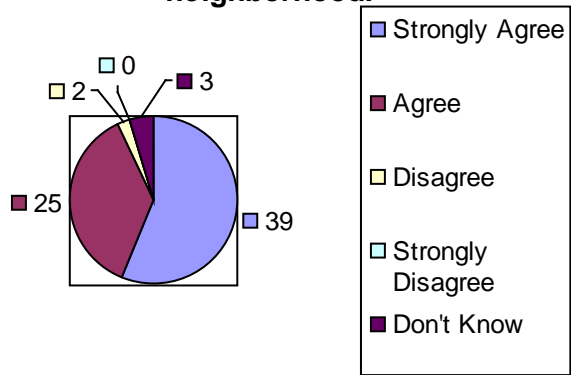
**I feel more involved in my neighborhood.**



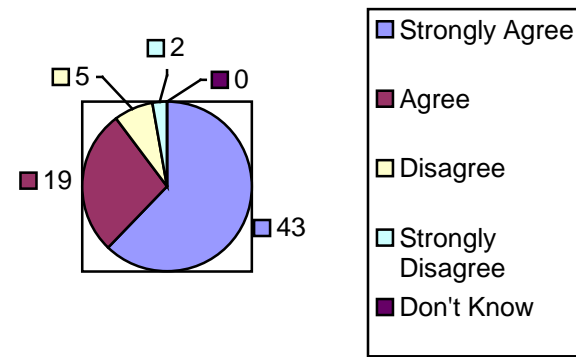
**I spend more time with my family.**



**I feel more involved in my neighborhood.**



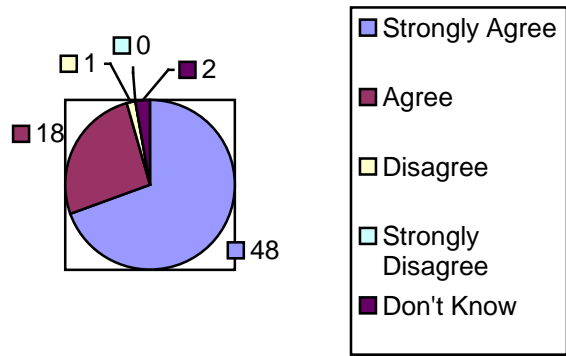
**I don't feel alone.**



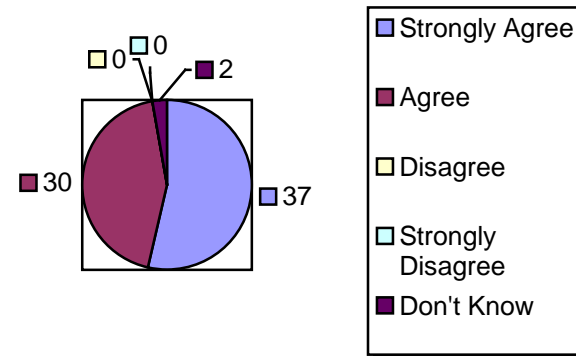
# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

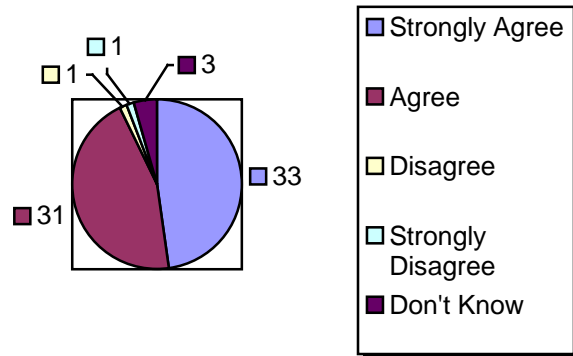
**I feel better about myself.**



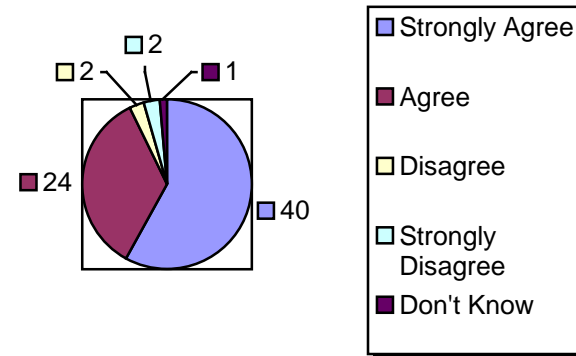
**I know where to go for help.**



**I am better able to express myself to others.**

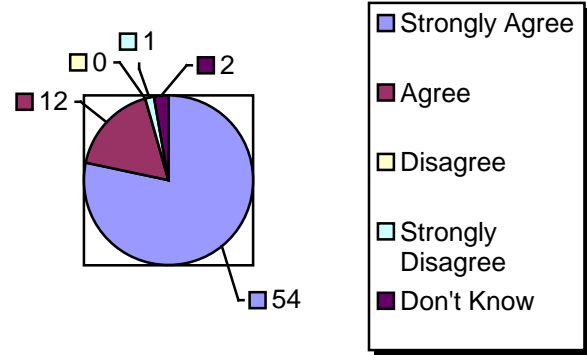


**I learned ways to cope with stress.**

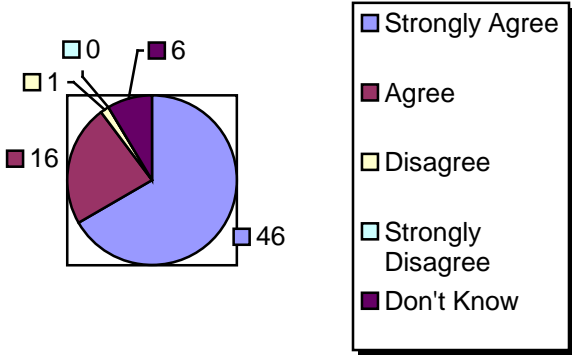


**FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES**

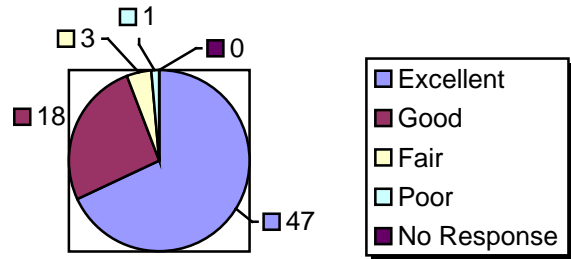
**I am more physically active.**



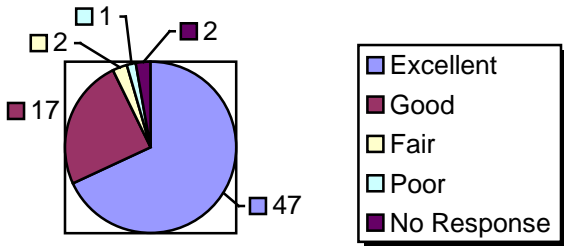
**I think less about suicide.**



**The location of the garden**



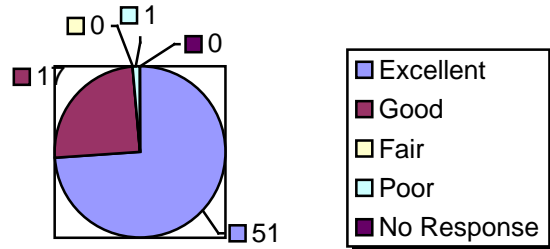
**The gardening equipment provided**



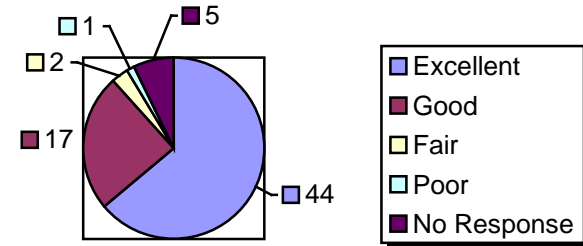
# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

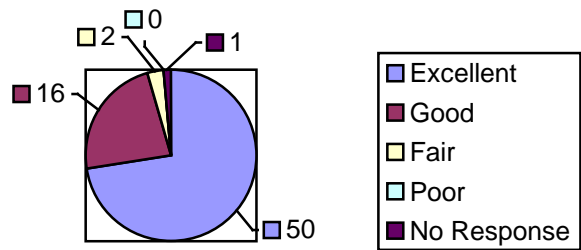
**The quality of the garden resources (soil, water, etc)**



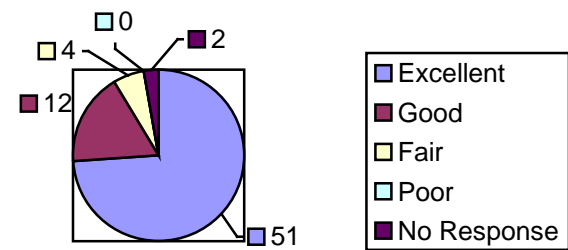
**The variety of food produced**



**Organization/Management of the garden**

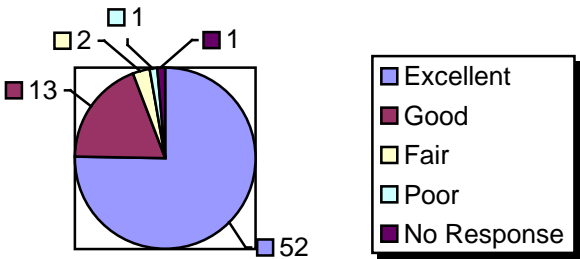


**The helpfulness of staff/volunteers**

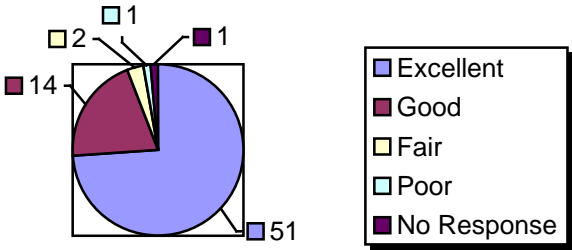


FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

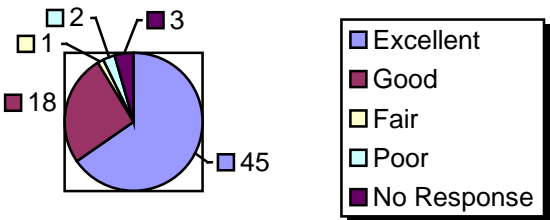
The knowledge of staff/volunteers



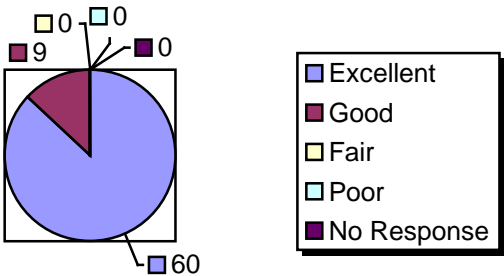
The social atmosphere of the garden



I eat more foods that are traditional for my culture/family background.



Rate your overall experience working in the HTCC Garden.



Horticultural Therapeutic Community Centers  
Fresno Interdenominational Refugee Ministries  
“Growing Hope” Community Gardens – Outcome Summary Report

**Report Period: March 2011 – March 2012**

Number of Gardens: 5

Populations Served: Slavic, Lao, Hmong, Mien, Cambodian, Hispanic, African American, and Anglo

Ages Served: All ages (pre-school children through seniors)

Number of Events: 44+ (9,000+ community members reached)

Types of Events: Gardening (73+ single garden participants/438+ family members)

- Planting/Harvesting the Garden (ongoing)
- Misc Garden Meetings
- USDA/FIRM Gardening Workshops

Community Meetings & Conferences

- Various Community Meetings (w/Mayor, City Counsel, Neighborhood, etc)
- Metro Ministries Community Garden Conference
- American Horticultural Therapeutic Association National Conference
- Family/Consumer Mini-Forum (MH Testimonies)
- PICO Community Organizing & Leadership Conferences
- Cultural Diversity Committee
- BHC City Planning, Education, and Community Strategy
- 4 Conferences for Community Values re: City’s General Plan

Community Outreach

- KBIF Radio Spot (weekly)
- Site Tours
- Garden Festivals
- Garden Open House
- Christmas Festival
- Community Leadership Celebration
- Multi-cultural Friendship Day
- Outreach Trips to Nevada and Sacramento
- We Connect Health Event
- Lao New Year Outreach

Mental Health Services

- Anxiety Disorders Workshops
- Depression Workshops
- Hmong Marriage Training Seminar
- 1 on 1 Participant Interviews
- Hmong Suicide Prevention
- Lao Cultural Understanding Workshop
- Hmong Domestic Violence Workshop
- Mental Health in the USA Workshop
- Mental Health Services, Home Workshop
- Yang Clan MH Workshop on Medicare Fraud, Drugs/Alcohol, Child Abuse, City General Plan

Surveys

- Mental Health Housing Survey
  - 23 surveyed (DBH has survey results)

- Community Garden Outcomes Survey
  - 69 surveyed
    - 4.3%/3 Native American
    - 56.5%/39 South East Asian
    - 21.7%/15 African American
    - 7.2%/5 Mult-Race
    - 2.9%/2 White
    - 7.2%/5 Hispanic
  - Of the 69 surveyed the average of those who believe the HTCC Program has improved their life skills/outlook:
    - 61%/42.1 “Strongly Agree”
    - 32.2%/22.2 “Agree”
    - 2.3%/1.6 “Disagree”
    - 1.2%/0.8 “Strongly Disagree”
    - 3.3%/2.3 “Don’t Know”

## HTCC GROWING HOPE COMMUNITY GARDEN EVENTS—FIRM EVENTS (as of 5/1/12)

[illegible]



22/12	Nat'l Conf.									
11/1/11	Garden Festival Prep Crafts with Neighborhood Children	Sharon, Christine	17	15 Hm, 2 Lao	-					+17
11/1/11	Garden Festival Prep Crafts with Preschool Children	Sharon, Preschool Staff	24	15 Hm, 3 Lao, 1 Slav, 4 Hisp, 1 Anglo	15 Hm, 3 Lao, 1 Slav, 4 Hisp, 1 Anglo	24				--
11/2/11	FIRM Site Garden Opening Festival	Tony, Franklin, Sharon + others	62	40 Hm, 8 Lao, 14 Slavic	23 Hm, 2 Lao	10	5	10		+4
12/13/11	CommMtg w/ Downtown Neigh Comm Advisory Council	Franklin, Sharon, Sophia, Christine	9	9 Hm	4 Hm	-	1	3		
12/17/11	FIRM Family Christmas Festival	All FIRM Staff, plus avail. Interns	397	247 Hm, 75 Hisp, 33 Lao, 20 Slav, 7 AfAm, 15 Anglo	15 Hm	10	5	-		(Not entered in database.)
12/21/11	Depression Workshop	Franklin, Tony	37	27 Hm 10 Lao	9 Hm	6	2	1		+18
1/15/12	Family/Consumer Mini-Forum, Fr Co Mental Health- Testimonies	Franklin, Sharon, Sophia, Mai, Tony, Tout Tou	8	6 Hm, 2 Lao	6 Hm	2	4			--
1/21/11	PICO Leadership Training, Fresno	Franklin, Sophia	5	4 Hm, 1 Mien	2Hm		1	1		+3
1/23/12	Comm Lunch Education about City	Franklin, Christine, Sharon, Sophia	30	22 Hm, 8 Lao	8 Hm	5	2	1		Not counted.
1/26/12	Lao Health & Anxiety Workshop	Tony, Tout Tou, Franklin	21	21 Lao	2 Lao	2				+9
2/1/12	Share about Garden Project at state CRDP Mtg. for API Group	Sharon, Sophia								--
2/3/12	PICO Community Organizing	Sharon	3	3 Hm	3 Hm	3				--

	Training, Modesto									
2/4/12	Hmong Marriage Training Seminar	Franklin, Tony, Sharon, Mai, Paula, Teng	Not counted (150 partic.)	147 Hm						Not counted.
2/17/12	Community Leadership Celebration	Franklin, Sharon, Sophia, Christine	22	12 Hm, 10 Hisp	8 Hm	2	2	4		Not counted.
2/21/12	Comm. Mtg. All BHC @ Christian Temple	Franklin, Sharon, Sophia, Christine	23	15 Hm, 8 Lao	9 Hm	2	3	4		Not counted.
2/22/12	Fr. Co. MH Cult. Diversity Comm.	Staff	Not Counted.							Not counted.
2/25/12	Multi-Cultural Friendship Day, West Fresno	Sharon, Tout Tou	68	12 Slavic, 8 Lao						(prev. counted)
2/27/12	Hmong Suicide Prevention	Franklin, Sam, Paula, Mai, Haylee (I), Zang (I), Peter Vang (Speaker)	39	39 Hm	12 Hm	5	1	6		+10
2/28/12	Lao Cultural Understanding Workshop	Tony Bounthapanya, Tout Tou B., John Bosavanh	12	12 Lao	2 Lao	2				+5
3/3/12	Sac'to Trip to Sell Pa'Ndau and Speak about Projects	Sharon	56	1 Hm 55 Anglo	1 Hm			1		Not counted
3/7/12	CCouncil Visits with Xiong, Baines re: Gardens/Parks	Franklin, Sharon	2	2 Hmong	--					--
3/12-14/12	Nv. Trip to Sell Pa'Ndau and Speak about Projects	Sharon	92	1 Hm 91 Anglo	1 Hm			1		Not counted
3/21/12	Hmong Domestic Violence Workshop	Franklin, Teng, Mai, 2 interns	15	15 Hm	4 Hm	2	2			+8
3/24/12	We Connect Health Event @ Fairgrounds	Franklin, Sharon, Sophia, Teng, Paula	46	6 Hm, 2 AfAm, 29 Hisp, 9 Anglo	--					Not counted
3/29/12	Fresno Co. MHSA Housing Surveys	Tony, John, Franklin	23	23 Lao	2 Lao	2				Not counted.

3/29/12	Mental Health in the U.S.A. Workshop	Tony, John, Tout Tou	26	26 Lao	2 Lao	2				+17
4/3/12	BHC City Planning Education & Comm Strategy	Sharon, Sophia, Christine, Franklin	45	12 Hm, 2 Lao, 16 Hisp, 4 AfAm, 2 Anglo	7 Hm	1	2	4		Not counted.
4/4/12	Press Conf. for Comm. Values re: City's General Plan	Sharon, Sophia, Christine, Franklin	33	11 Hm, 2 AfA,, 4 Anglo, 16 Hisp	6 Hm					Not counted
4/11/12	Press Conf. #2 for Comm's Gen. Plan Choice	Sharon, Sophia, Christine, Franklin	25	10 Hm	6 Hm					Not counted
4/5/12	Civic Eng., GP Mtg. w/CCouncil	Franklin, Sophia, Christine	30	11 Hm, 15 Hisp, 3 AfAm, 7 Anglo	5 Hm	1		4		Not counted
4/12/12	Civic Eng., GP Plan Choice w/CCouncil	Sharon, Franklin, Sophia, Christine	22	22 Hm	9 Hm	3	2	4		Not counted
4/14/12	Lao New Year Outreach	Tony, Tout Tou	45	35 Lao, 3 Hisp, 3 Camb, 1 Mien, 3 Anglo	--					+36
4/24/12	Mental Health Services, HmWksh	Franklin, Mai, Teng, Zang, Haylee	52	52 Hm	22 Hm	6	4	12		+28
4/28/12	Yang Clan MH Workshop on Medicare Fraud, Drugs/Alcohol, Child Abuse, GPlan	Franklin	32	32 Hm	--					Not yet entered on data base

	A	B	C	D	E	F	G	H	I	J
1	<u>Horticultural Therapeutic community center</u>									
2	<u>Growing Hope" Community Garden Survey</u>									
3										
4			-18	18-24	25-34	35-44	45-54	55-64	65 +	Total
5	Age		22	1	4	3	8	13	18	69
6			31.9%	1.4%	5.8%	4.3%	11.6%	18.8%	26.1%	100.0%
7			Male	Female	Total					
8	Gender		27	42	69					
9			39.1%	60.9%	100.0%					
10			Amer Indian	Asian	Black/ African American	Multi-Racial/ Multi-Ethnic	Native Hawaiian or Pacific Islander	White	LAT/ HISP	Total
11	Ethnicity		3	39	15	5	0	2	5	69
12			4.3%	56.5%	21.7%	7.2%	0.0%	2.9%	7.2%	100.0%
13										
14	Questionnaire									
15				STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	Total	
16	<u>A</u>	I have more confidence		37	29	1	0	2	69	
17				53.6%	42.0%	1.4%	0.0%	2.9%	100.0%	
18	<u>B</u>	I feel more involved in my neighborhood		39	25	2	0	3	69	
19				56.5%	36.2%	2.9%	0.0%	4.3%	100.0%	
20	<u>C</u>	I spend more time with my family		44	18	3	2	2	69	
21				63.8%	26.1%	4.3%	2.9%	2.9%	100.0%	
22	<u>D</u>	I don't feel alone		43	19	5	2	0	69	
23				62.3%	27.5%	7.2%	2.9%	0.0%	100.0%	

	A	B	C	D	E	F	G	H	I	J
24				<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>	<b>DON'T KNOW</b>	<b>Total</b>	
25	<u>E</u>	<b>I feel better about myself</b>		<b>48</b>	<b>18</b>	<b>1</b>	<b>0</b>	<b>2</b>	69	
26				69.6%	26.1%	1.4%	0.0%	2.9%	100.0%	
27	<u>F</u>	<b>I know where to go for help</b>		<b>37</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>2</b>	69	
28				53.6%	43.5%	0.0%	0.0%	2.9%	100.0%	
29	<u>G</u>	<b>I am better able to express myself to others</b>		<b>33</b>	<b>31</b>	<b>1</b>	<b>1</b>	<b>3</b>	69	
30				47.8%	44.9%	1.4%	1.4%	4.3%	100.0%	
31	<u>H</u>	<b>I learned ways to cope with stress</b>		<b>40</b>	<b>24</b>	<b>2</b>	<b>2</b>	<b>1</b>	69	
32				58.0%	34.8%	2.9%	2.9%	1.4%	100.0%	
33	<u>I</u>	<b>I am more physically active</b>		<b>54</b>	<b>12</b>	<b>0</b>	<b>1</b>	<b>2</b>	69	
34				78.3%	17.4%	0.0%	1.4%	2.9%	100.0%	
35	<u>J</u>	<b>I think less about suicide</b>		<b>46</b>	<b>16</b>	<b>1</b>	<b>0</b>	<b>6</b>	69	
36				66.7%	23.2%	1.4%	0.0%	8.7%	100.0%	
37										
38				<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>Total</b>		
39	<u>A</u>	<b>The location of the garden</b>		<b>47</b>	<b>18</b>	<b>3</b>	<b>1</b>	<b>69</b>		
40				68.1%	26.1%	4.3%	1.45%	100.00%		
41	<u>B</u>	<b>The equipment provided to do the work</b>		<b>47</b>	<b>17</b>	<b>2</b>	<b>1</b>	<b>67</b>		
42				70.1%	25.4%	3.0%	1.5%	100.0%		
43	<u>C</u>	<b>The quality of the garden resources (soil, water, ect)</b>		<b>51</b>	<b>17</b>	<b>0</b>	<b>1</b>	<b>69</b>		
44				73.9%	24.6%	0.0%	1.4%	100.0%		
45	<u>D</u>	<b>The variety of the food produced at the garden</b>		<b>44</b>	<b>17</b>	<b>2</b>	<b>1</b>	<b>64</b>		
46				68.8%	26.6%	3.1%	1.6%	100.0%		

	A	B	C	D	E	F	G	H	I	J
47				<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>Total</b>		
48	<b><u>E</u></b>	<b>The organization/ management of the garden</b>		50	16	2	0	68		
49				73.5%	23.5%	2.9%	0	100.0%		
50	<b><u>F</u></b>	<b>The helpfulness of staff/ volunteers</b>		<b>51</b>	<b>12</b>	<b>4</b>	0	67		
51				76.1%	17.9%	6.0%	0	100.0%		
52	<b><u>G</u></b>	<b>The knowledge of staff/ volunteers</b>		52	13	2	1	68		
53				76.5%	19.1%	2.9%	1.5%	100.0%		
54	<b><u>H</u></b>	<b>The social atmosphere of the garden</b>		51	14	2	1	68		
55				75.0%	20.6%	2.9%	1.5%	100.0%		
56	<b><u>I</u></b>	<b>I eat more foods that are traditional for my culture/ family background</b>		<b>45</b>	<b>18</b>	<b>1</b>	<b>2</b>	<b>66</b>		
57				68.2%	27.3%	1.5%	3.0%	100.0%		
59		<b>How would you rate your overall experience working in the HTCC "Growing Hope" Community Garden?</b>		60	9	0	0	69		

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

**PROGRAM TITLE:** Community Gardens - HTCC    **PROVIDER:** Fresno Center for New (FCNA)

**PROGRAM DESCRIPTION:** Geographically dispersed or new enhanced Horticultural Therapeutic Community Centers (HTCC) throughout Fresno County serving approximately 35 families/210 individuals (average of 6 per family) annually who suffer from symptoms of early onset non-serious mental illness (non-SMI) and who are un-served/under-served.

**AGES SERVED:**

☐ Children  
☒ Adult

☐ TAY  
☒ Older Adult

**DATES OF OPERATION:** March 8, 2011-present

**DATES OF DATA REPORTING PERIOD:** Jan 2011-Mar 2012

## OUTCOME GOAL

- 1) Covered Shelter Development, including seating and Bulletin Boards/Displays
- 2) Land Preparation & Farming/Gardening of traditional Crops generational/family gardening
- 3) Designated Liaison/Coordinator

## OUTCOME DATA

- 1) A covered 24 ft by 40 ft shelter was completed on August 8, 2011, with parking around the shelter. The shelter can seat over 50 people and has a bulletin board inside with mental health information and emergency contact numbers. (See Picture 1)
- 2) The 1.5 acres of land was plowed and prepared for planting from March through July 2011. Participants have farmed a number of traditional crops such as green mustard, lettuce, onions, cilantro, garlic, and baby bok choy. Currently consumers are farming rice, beans, various traditional peppers, pumpkins and corn. (See Pictures 3, 7-9).
- 3) Project Director, Dr. Ghia Xiong  
Project Coordinator, Mr. Jeff Xiong  
Liaison, Ms. Neng Yang

# **FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES**

---

## **OUTCOME GOAL**

- 4) Community Engagement & Linkage; tours; Social Supports for underserved families
- 5) Community Outreach; knowledge of and access to Care options
- 6) Community Activities (e.g.: informal peer-to-peer Discussions re stigmatization; inform support/ Rehab groups; cultural activities/practices)
- 7) Community leaders' participation

## **OUTCOME DATA**

- 4) See Attachments:  
A: HTCC Outcome Summary FCNA  
B: FCNA Garden Activity Report
- 5) See Attachments:  
A: HTCC Outcome Summary FCNA  
B: FCNA Garden Activity Report  
C: Community Garden Data Survey
- 6) See Attachments:  
A: HTCC Outcome Summary FCNA  
B: FCNA Garden Activity Report
- 7) See Attachment C: Community Garden Data Survey. Additionally, we have elders and clan leaders that visit the garden to talk with consumers about coping and adjusting to new life in America. (See picture2). Mr. Lee Tria, a respected clan leader in the Hmong community participated in blessing the garden.

## **DEPARTMENT RECOMMENDATION(S)**

Based on outcomes and measurements reported, the Department recommends continued MHSA Funding for the FCNA – HTCC program for FY 2012-13.

Please see pages 3-16 for data analysis and charts



# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

## Attachment A: HTCC Outcomes Summary Page -FCNA

Horticultural Therapeutic Community Centers  
Fresno Center for New Americans  
Hmong Community Garden Village – Outcome Summary Report

**Report Period: March 2011 – March 2012**

Number of Garden: 1

Populations Served: Hmong

Ages Served: 18 to 65

Number of Events: 59+ (10,000+ community members reached)

Types of Events: Gardening (35+ single garden participants/210+ family members)

- Planting/Harvesting the Garden (ongoing)
- Farming Safety Training workshops
- Farming Pesticide Training workshops

Community Events, Mental Health Services & Activities

- Parents Resource Fair
- Back to School Night
- Living Well Program (LWP) Outing Activities
- Sunshine Day
- Resource Fair
- Food and Nutrition Education
- Promote Outdoor Activities and healthy eating
- Access to Community Affordable Green Food
- Maintain healthy lifestyle Outlook
- Network Resource Meeting
- Health Education Workshop
- Health Fair
- Rest, Shade and Water Information
- Prevention Health Education Workshop
- Group Depression-Exploring activities at farm to deal with depression
- Safety: First Aide Education Workshop

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

- Safety: Chemical Use Educational Workshop
- Group Anxiety-Things to worry about when Farming?
- Senior Day
- 2<sup>nd</sup> Annual Community “Friends and Family”
- Thanksgiving Harvest
- Workshop: Chronic and Mental Health Illnesses Prevention
- LWP Hmong New Year Celebration
- Diabetes Prevention Education
- Presentation to Hmong Cancer Coalition
- Meditation/Relaxation Workshop at the Farm
- Food Handling Education Workshop
- HERO Health Fair
- Mental Health Education
- We Connect Health Fair and Resources
- Mental Health in the USA Workshop

### Community Outreach

- KBIF Radio Spot
- Site Tours
- Hmong T.V Network
- Hmong TV USA
- Hmong New Year
- Health Fairs
- Community Events

### Surveys

- Mental Health Housing Survey
  - 50 surveyed (DBH has survey results)

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

## Attachment B: FCNA Garden Activity Report 1

### HTCC HMONG COMMUNITY GARDEN VILLAGE EVENTS, OUTREACH, AND WORKSHOPS - FCNA EVENTS (as of 5/1/12)

DATE	EVENT	STAFF/ INTERNS	ATTENDEES (not including staff)	TOTAL PER ETHNICITY	TOTAL GARDENERS	Cumulative Total Unduplicated
3/8/11	KBIF Radio Program on mental health and garden	Jeff Xiong Dr. Ghia Xiong	9,000 listeners on radio & internet	9,000 Hmong	33	9000 +
3/24/11	Parents Resource Fair	Neng Yang	500+	150 Hmong 350+ Other SEA	15	500
3/26/11	Health Fair	Neng Yang Dr. Xiong	300+	125 Hmong 175+ Other SEA	20	300
3/28/11	Back to school Night	Neng Yang	300+	210 Hmong 90+ Other SEA	10	300
4/16/11	LWP outing	Neng Yang Dr. Ghia Xiong Jeff Xiong	64	64 Hmong	33	
4/16/11	Sunshine Day	Neng Yang	10,000+	620 Hmong 9,380+ Other SEA	23	10000+
4/30/11	Health Fair	Neng Yang	450+	215 Hmong 235+ Other SEA	?	?
6/2/11	Resource Fair	Neng Yang	300+	120 Hmong 180 Other SEA	14	300+
6/8/11	Food and nutrition education	Jeff Xiong	14	14 Hmong	6	14
6/14/11	Promote outdoor activities and healthy eating	Jeff Xiong	14	14 Hmong	14	14
06/15/11	Promote outdoor activities & healthy eating	Jeff Xiong	11	11 Hmong	11	11
6/23/11	Access to community affordable green food	Jeff Xiong	17	17 Hmong	17	17

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

7/09/11	Maintain healthy life style outlook	Jeff Xiong	9	9 Hmong	9	9
7/12/11	Safety : Equipment usage	Neng Yang	50	50 Hmong	33	50
7/14/11	Meeting (networking/ resources)	Neng Yang	25	25 Hmong	15	25
8/2/11	Health education	Jeff Xiong	10	10 Hmong	10	10
8/8/11	Health Fair	Neng Yang	200+	97 Hmong 103+ Other SEA	8	200+
8/17/11	Rest, Shade and Water Information	Neng Yang	75	75 Hmong	33	75
8/20/11	Back to School Night	Neng Yang	150+	45 Hmong 105+ Other SEA	6	150+
8/23/11	Preventive Health Education	Jeff Xiong	13	13 Hmong	13	13
8/25/11	Safety: water and shade	Neng Yang	46	46 Hmong	33	46
8/30/11	Preventive Health Education	Jeff Xiong	10	10 Hmong	10	10
9/2/11	Group Depression- Exploring activities at farm to deal with depression	Dr. Ghia Xiong Yer Yang	10	10 Hmong	5	10
9/6/11	Safety: first aide	Neng Yang	35	35 Hmong	35	35
9/9/11	Resource meeting	Neng Yang	65	25 Hmong 40 Other SEA	13	65
9/10/11	Safety: Chemicals	Neng Yang Jeff Xiong	46	46 Hmong	46	46
9/20/11	Meeting (house keeping)	Neng Xiong Jeff Xiong	45	45 Hmong	33	33
9/26/11	Safety: Fire Hazardous	Neng Yang Jeff Xiong	31	31 Hmong	31	31
9/30/11	Meeting(reinforce house keeping rules)		33	33 Hmong	33	33
10/3/11	Group Anxiety-Things to worry about when Farming?	Dr. Ghia Xiong Yer Yang	10	10 Hmong	5	10
10/10/11	Senior Day	Neng Yang	2000+	750 Hmong 1,250 Other SEA	24	2000+
10/15/11	2 <sup>nd</sup> Annual Community "Friends and Family"	Neng Yang	150	135 Hmong 15 Other SEA	18	150

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

10/21/11	Meeting (information and resource)	Neng Yang Jeff Xiong	145	125 Hmong 20 Other SEA	12	145
10/22-23/11	Mental Health First Aid	Ghia Xiong Jeff Xiong	25	8 Hmong 17 Other SEA	2	25
10/28/11	Grand Opening of AVCG	Jeff Xiong Neng Yang Dr. Ghia Xiong	80	70 Hmong 10 Other SEA	33	80
10/28/11	Meeting (gearing toward winter crops)	Neng Yang Jeff Xiong	30	30 Hmong	30	30
11/10/11	Thanksgiving Harvest Sharing at HCGV	Jeff Xiong Neng Yang Dr. Ghia Xiong	85	85 Hmong	33	85
11/15/11	Preventive Health	Jeff Xiong	11	11 Hmong	11	11
11/16/11	Brian Bishop: document of community garden	Jeff Xiong Neng Yang Dr. Ghia Xiong	64	56 Hmong 8 Other SEA	33	64
11/17/11	Safety: first aide	Dr. Ghia Xiong Jeff Xiong Neng Yang	25	25 Hmong	21	25
11/21/11	Therapeutic gardening environment finding	Dr. Ghia Xiong Jeff Xiong	15	4 Hmong 11 Other SEA	2	15
11/28/11	Safety: chemicals	Jeff Xiong Neng Yang Dr. Ghia Xiong	33	33 Hmong	33	33
12/1/11	Clean up day	Neng Yang Jeff Xiong	23	23 Hmong	23	23
12/15/11	LWP Hmong New Year	Neng Yang Jeff Xiong Dr. Ghia Xiong	94	94 Hmong	33	94
12/29/11	Hmong New Year	Neng Yang Jeff Xiong Dr. Ghia Xiong	10,000+	9550 Hmong 450+ Other	33	10,000+
1/4/12	Present to college students/ interns	Neng Yang	12	4 Hmong 8 Other SEA	2	12
1/10/12	Preventive health education	Jeff Xiong	10	10 Hmong	8	10
1/21/12	Health fair	Neng Yang	250	124 Hmong 126 Other SEA	6	250
2/4/12	Resource fair	Neng Yang	30	18 Hmong 12 Other SEA	9	30

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

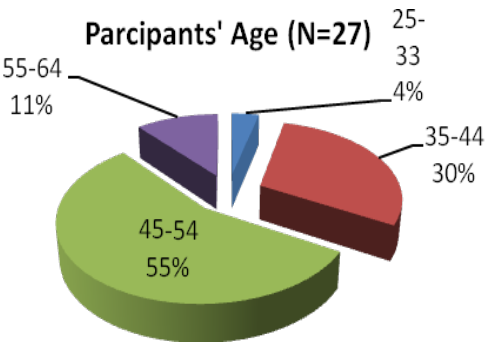
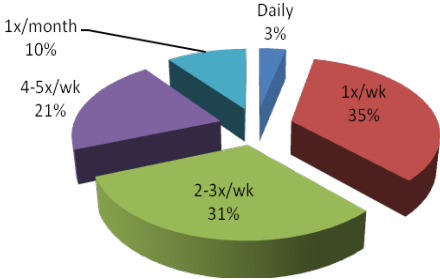
2/7/2012	Diabetes Prevention Education	Jeff Xiong	12	12 Hmong	8	12
2/9/12	Present to Hmong Cancer Coalition	Neng Yang Dr. Ghia Xiong	18	6 Hmong 12 Other SEA	2	18
02/20/12	Practiced meditation/relaxation training	Jeff Xiong Dr. Ghia Xiong	45	45 Hmong	20	45
2/25/12	Enrollment Day	Neng yang	20	20 Hmong	4	20
2/28/12	Food Handling Education	Jeff Xiong	12	12 Hmong	12	12
3/17/12	HERO health fair	Neng Yang Dr. Ghia Xiong	3000	2500 Hmong 500 Other SEA	25	3000
03/18/11	Group Depression- Exploring activities at farm to deal with depression	Dr. Ghia Xiong Yer Yang	8	8 Hmong	5	8
3/20/12	Mental Health Education (reduction of stigma)	Jeff Xiong	13	13 Hmong	11	13
3/24/12	We Connect Health fair and resource	Neng Yang Dr. Ghia Xiong	650	245 Hmong 405 Other	10	650
03/29/12	Hmong T.V Network	Lue N. Yang Neng Yang Dr. Ghia Xiong	10,000+	10,000+ Hmong	33	10,000+

# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

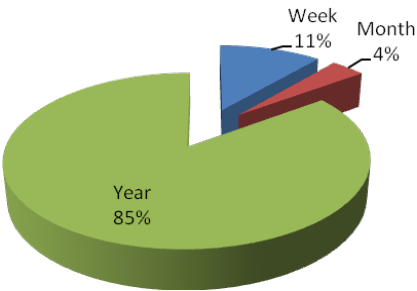
## Attachment C: Community Garden Data Survey

### HORTICULTURAL THERAPEUTIC COMMUNITY CENTER HMONG COMMUNITY GARDEN VILLAGE (HCGV) SURVEY (27 Surveyed)

Activity Participation in the HCGV  
(N=27)



Length of Participation in the HCGV  
with FCNA (N=27)



# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

Table 1: Psychological Perception of the Benefit of Hmong Community Garden Village (N=27)

	Strongly Agree		Agree		Disagree		Strongly Disagree		Don't Know	
I have more confidence	3	11%	24	89%	0	0%	0	0%	0	0%
I feel more involved in my neighborhood	1	4%	24	89%	2	7%	0	0%	0	0%
I spend more time with my family	1	4%	23	85%	0	0%	0	0%	0	0%
I don't feel alone	15	56%	5	19%	2	7%	0	0%	0	0%
I feel better about myself	21	78%	3	11%	2	7%	0	0%	0	0%
I know where to go for help	15	56%	10	37%	2	7%	0	0%	0	0%
I am better able to express myself to others	1	4%	23	85%	3	11%	0	0%	0	0%
I learned ways to cope with stress	17	63%	19	70%	1	4%	0	0%	0	0%
I am more physically active	22	81%	5	19%	0	0%	0	0%	0	0%
I think less about suicide	23	85%	4	15%	0	0%	0	0%	0	0%

Table 2: Consumer's Self Rating of the Hmong Community Garden village (N=27)

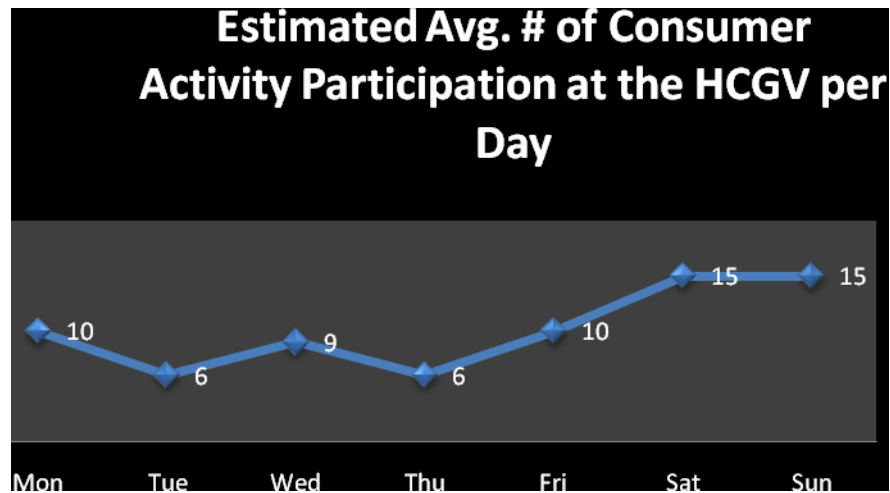
	Excellent		Good		Fair		Poor	
Overall experience working in HTCC Hmong Community Garden Village	9	33%	15	56%	2	7%	0	0%
The Location of the garden	0	0%	4	15%	10	37%	12	44%
The equipment of the garden resources	4	15%	11	41%	10	37%	0	0%
The quality of the garden resources	5	19%	16	59%	4	15%	0	0%
The variety of food produced at the garden	17	63%	7	26%	1	4%	0	0%
The organization/management of the garden	17	63%	6	22%	2	7%	0	0%
The helpfulness of staff/volunteers	17	63%	7	26%	0	0%	0	0%
The knowledge of staff/volunteers	7	26%	16	59%	3	11%	0	0%
The social atmosphere at the garden	24	89%	2	7%	0	0%	0	0%



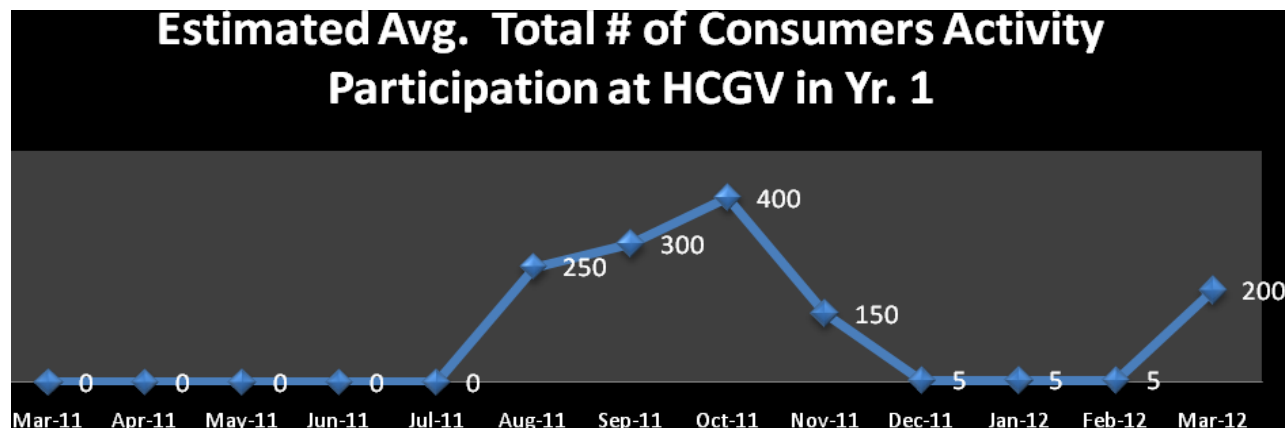
# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

I eat more foods that are traditionally for my culture	19	70%	7	26%	0%	0	0%
--	----	-----	---	-----	----	---	----

Graph 1: Shows estimated average number of consumer each day on the HCGV.



Graph 3: Shows the estimated average number of consumers that participated monthly at Hmong Community Garden Village in Yr. 1



## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

Video on our Garden:

ABC News Hmong Community Garden:

<http://abclocal.go.com/kfsn/video?id=8410333>



[Dale Yurong](#)

More: [Bio](#), [E-mail](#), [Articles by Dale Yurong](#), [News Team](#)

FRESNO, Calif. (KFSN) -- Three years ago Fresno's Hmong farmers lost their community garden to make room for a planned police sub-station which was never built.

A new community garden has now been established at McCall and McKinley in Sanger. This one brings more therapeutic value.

Farming is hard work but very rewarding on several levels. Many elders in the Hmong community have found it difficult to assimilate into the American culture. But they have found the garden in Sanger offers them the familiarity of a life they left behind in Laos.

Registered psychologist Dr. Ghia Xiong explained, "Many of our elders have a lot of depression, anxiety. Unlike the mainstream they can go to the movies or they can go shopping. Many of the Hmong elders really don't have a place to go."

Now they can come to the Hmong community garden. Here some seniors can use farming as a way to dig out of a deep depression. Fresno County Mental Health Services provided \$45,000 to establish the garden and a shelter for cultural gatherings.

Ger Thao is clinical director at the Center for New Americans. Thao said, "They tend to stay home all the time so this place they'll come to hang out, to do some exercise, to do some activities here so they can improve their self-esteem and feel like they are contributing to the community."

35 families are already involved with the farm. They divvy up chores among the rows of onion, lettuce, lemongrass and corn and share the vegetables with family and friends.

Family members of all ages benefit. Thao said, "As they go the farm, walk on the farm, work on the farm. It becomes very therapeutic and when they come home they feel relieved." They also come home with food for a healthy meal.

The Hmong community garden is the first of six therapeutic gardens planned. African-American, Hispanic and Slavic communities will also have their own gardens.

## **FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES**

---

PICTURE 1: Hmong Community Garden Village Shelter 24ft wide by 40ft long, 12 ft tall from roof.



## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

PICTURE 2: Community meeting with consumers regarding coping with daily stressors from a community leader



PICTURE 3: Consumers Gardening on the Hmong Community Garden Village





## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

Pictures 4 and 5 show a consumer and her crops at the Hmog Community Garden Village



PICTURE 6: Dr. Ghia Xiong and Ms. Neng Yang touring folks at the Hmong Community Garden Village.



## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

Pictures 7, 8, and 9 show Dr. Ghia Xiong and Garden Project Coordinator Jeff Xiong working with consumers to prepare the land and water irrigation ditch.



# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

**PROGRAM TITLE:** Integrated Mental Health Services at Community Primary Care Clinics

**PROVIDERS:** United Health Centers of the San Joaquin Valley and Valley Health Team

**PROGRAM DESCRIPTION:** The intent of this project is to provide mental health prevention and early intervention services in primary care settings as part of an effort to integrate mental health and physical health care services at community primary care clinics. Mental health services will be provided at health centers to people who are starting to get overwhelmed with everyday stressors and go to their primary care physician with their symptoms (anxiety, depression, sleep deprivation, etc.). Co-location of primary care and mental health services fosters effective use of expertise in overlapping fields of knowledge and practice.

The specific activities to be delivered include screening, assessment, and short-term therapeutic treatment for individuals who are early in the manifestation of a mental health concern or disorder, as well as referrals to appropriate community resources and services as needed.

**AGES SERVED:**

☒ Children  
☒ Adult

☒ TAY  
☒ Older Adult

**DATES OF OPERATION:** 1/1/12 – Current

**DATES OF DATA REPORTING PERIOD:** Jan-Mar 2012

---

**OUTCOME GOALS:**

Ensure individuals shall be seen for an initial appointment within a maximum of 10 working days of initial request for service.

Appropriate and early identification of mental health issues in underserved cultural and linguistic populations who frequently use health centers.

**OUTCOME DATA:**

Of the 97 individuals served from January thru March, 100% have been seen by the primary care clinics' mental health teams within 10 working days of the initial request for mental health prevention and early intervention (PEI) services.

Initial baseline scores on PHQ-9 screenings and LOCUS have been established for individuals that have received mental health PEI services since program inception and will be evaluated against individuals' scores after they have been engaged with mental health PEI services for an extended period (beyond 6 months). It is anticipated that aggregated performance will exceed baseline.



## **FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES**

---

Linkages to appropriate mental health prevention and early intervention activities offered at the CONTRACTOR(S)' health centers and throughout the underserved communities.

A Health and Lifestyle Assessment Tool will be administered on an annual basis along with ongoing monitoring of the percentage of patients seen for medical/primary care services that are referred to the primary care clinics' behavioral health program and seen for mental health PEI services.

Linkages to appropriate long term mental health services outside the scope of mental health prevention and early intervention.

Individuals in need of help outside the scope of mental health PEI services based on client's condition have been linked with County Mental Health providers or other community-based mental health providers. Successful linkages will be measured using the percentage of individuals referred to the primary care clinics' mental health teams that are referred out for services that are outside of the scope of services that the clinics provide.

---

### **DEPARTMENT RECOMMENDATION(S):**

Based on outcome and contract measurements reported, the Department recommends to continue MHSA funding for this program for FY 2012-13.



# FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

**PROGRAM TITLE:** PEI Crisis Field Clinician

**PROVIDER:** Department of Behavioral Health

**PROGRAM DESCRIPTION:**

The role of the PEI Crisis Field Clinician is to assist law enforcement in responding to mental health crisis calls through on site support, phone consultation, and linkage to mental health resources and training. On-Site support is designed to assist with de-escalation, the writing of 5150 holds, and mental health resource identification that can be used in place of criminal justice interventions. The goal being increased safety, quick resolution of the crisis, and appropriate, timely mental health intervention for the consumer and family in crisis.

The Department has implemented an updated satisfaction survey that will explore the officer and family anticipated outcomes with and without field clinician involvement. The department is testing a family survey that seeks to identify the perceived benefit from the perspective of the family related to family outcomes.

**AGES SERVED:**

☒ Children  
☒ Adult

☒ TAY  
☒ Older Adult

**DATES OF OPERATION:** June 10, 2009- Current

**DATES OF DATA REPORTING PERIOD:** Jan 2011-Dec 2011

**OUTCOME GOAL**

- The Department of Behavioral Health's participation with law enforcement will increase justice system resources for response to safety and criminal behavior.

**OUTCOME DATA**

- 100% of the 2011 officer satisfaction surveys report that the Law Enforcement Field Clinician (LEFC) arrived promptly, was "helpful," and decreased the length of time the officer spent on the mental health call.
- 83% of calls where the LEFC responded to a crisis with law enforcement resulted in increased communication across agencies.

## FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

---

- Individuals with mental illness who engage with law enforcement will have more efficient access to crisis services, receive treatment more sensitive to their mental condition, experience fewer legal concerns and costs related to the encounter with law enforcement, have improved safety and experience less discrimination.
- Anticipated outcomes for family supporting a loved one with mental illness during a law enforcement interaction includes: Improved safety of the loved one, fewer financial burdens due to legal consequences related to the crisis, and decreased family distress.
- In 8% of the cases the individual with mental illness was able to be diverted from the jail.
- Public safety during a crisis call was not affected by the presence of the LEFC.
- 67% of calls where the LEFC responded to a call with law enforcement resulted in more efficient access to crisis treatment for the individual with mental illness.
- Of the calls where the LEFC accompanied law enforcement the LEFC was able to assist in the de-escalation of the consumer.
- In 12% of the calls where the LEFC accompanied law enforcement in the field the client received more sensitive treatment compared to when only law enforcement was present, i.e. the client/family perceived that the situation was handled with more sensitivity when the LEFC was present with law enforcement.
- 44% of the calls resulted in improved safety for the loved one.
- In 30% of the calls the families experienced less distress than if the crisis call had been answered by law enforcement alone.
- Of the calls where the LEFC accompanied law

## **FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES**

---

- Responses to indicate satisfaction of services provided by the Crisis Field Clinician and less law enforcement time spent on scene (cost savings).
- enforcement in the field 20% resulted in less financial burden for the family due to the legal consequences of the crisis call.
- 100% of the 2011 officer satisfaction surveys report that the Law Enforcement Field Clinician (LEFC) arrived promptly, was “helpful,” and decreased the length of time the officer spent on the mental health call. 100% of the surveys identified that the officers would use the LEFC in future calls and would recommend this service to their colleagues.
- Additional comments include: “ would have committed 5150 if not response from [LEFC],” “without clinician’s help we would have placed a hold and the patient would not have got the right type of services,”

### **DEPARTMENT RECOMMENDATION(S):**

Based on outcomes and measurements reported, the Department recommends continued MHSA Funding for the PEI Field Clinician program for FY 2012-13.