

PROGRAM INFORMATION:

Program Title:	Culturally Specific Services – Living Well Center-Full Service Partnership (FSP)	Provider:	The Fresno Center
Program Description:	<p>The Fresno Center utilizes culturally and linguistically capable, qualified mental health practitioners to provide three levels of care, outpatient (OP), intensive case management (ICM), and Full Service Partnership (FSP) services, to the Southeast Asian (SEA) community, particularly those of Hmong, Laotian, Vietnamese or Cambodian descent, through the “Living Well Center” (LWC). Program services are designed to serve SEA persons served that have serious emotional disturbances (SED) or serious mental illness (SMI) and are in need of on-going community-based services.</p> <p>The Fresno Center uses SEA non-licensed/waivered mental health clinicians, under clinical direction and oversight by licensed clinicians, to increase capacity of persons served and the volume of specialty mental health services to the SEA population.</p> <p>The LWC serves Fresno County Medi-Cal-eligible youth, adults and older adults with mental health treatment focusing on persons served with SED or SMI, and those having problems coping with the assimilation process. The mental health services are provided in appropriate SEA languages accordingly to serve targeted population.</p>	MHP Work Plan:	2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices Choose an item.

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

This is the FSP services of LWC. It provides comprehensive, intensive cultural specific mental health services for youth and their family in their homes and community. The foundation of FSP is doing "whatever it takes" to help persons served on their path to recovery and wellness. FSPs embrace persons served driven services and supports with each person choosing services based on individual needs. Unique to FSP programs are a low staff to consumer ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and persons served.

Age Group Served 1:

ALL AGES

Age Group Served 2:

Choose an item.

Funding Source 1:

Com Services & Supports (MHSA)

Funding Source 2:

Medical FFP

Dates Of Operation:

October 1, 2018 to present

Reporting Period:

July 1, 2021 - June 30, 2022

Funding Source 3:

Choose an item.

Other Funding:[Click here to enter text.](#)**FISCAL INFORMATION:**

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

Program Budget Amount: \$452,989
Number of Unique Consumers Served During Time Period: 37
Number of Services Rendered During Time Period: 1490
Actual Cost Per Consumer: $\$399,763/37=\$10,804$

Program Actual Amount: \$399,763

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	October 1, 2018-June 30, 2021 (with 2 optional 12-month renewals)	For Other:	MH clinical training site, Culturally Specific Services
		Renewal Date:	July 1, 2021
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

Target Population: Southeast Asian children/youth (ages 0-18), adults (19-64) and older adults (ages 65 & older). Note: The Fresno Center works closely with Exceptional Parent Unlimited (EPU) for their youth (0-5) referrals.

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult consumers and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for consumers and families are seamless. Consumers and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Please describe how the selected concept (s) embedded :

Cultural Competency

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

Access to underserved communities

Choose an item.

Cultural Competency

To work effectively and cross culturally with the Southeast Asian population, the Living Well Center's program structure, staffing and services are reflective of the diverse cultural values, beliefs, and practices of their persons served. The staff and student interns are all from the Hmong, Lao, or Cambodian communities. They all speak the above languages and have first-hand experiences, knowledge, and skills to effectively work with Southeast Asian persons served of all ages. Currently we have peer support specialists, case managers, rehabilitation counselors, clinicians, and a psychiatrist who are either Hmong, Lao, and Cambodian.

Our services are specifically tailored to meeting the needs, acculturation level, and experiences of our SEA persons served. Our interventions do not always take place in a traditional therapy setting and our therapeutic activities are sometimes "outside-of-the-box" to reflect the unique experiences, acculturation levels, and needs of our SEA persons served. For example, our *Ncig Teb Chaw* or Cross-Cultural Therapeutic Learning, which was borrowed from the Hmong Helping Hand Intervention in our California Reducing Disparities Project (CRDP), is a type of therapeutic activity that was implemented to help persons served gain knowledge of resources and places in the community.

Furthermore, when a person is assessed into the program and an individualized Plan of Care (POC) is created, we include the options of seeking alternative healers from the person's served own community as part of their treatment of plan.

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

For SEA people, the wellness of the person served does not depend solely on the individual person, but equally important is his/her family and clan members. Sometimes positively changing the person served can have negative consequences to the family unit. For example,

helping the wife to build a strong sense of identity, empowerment, and self-esteem could in turn cause the husband to worry and become angry, thus affecting the whole family unit and their functionality.

Our work and services with our persons served is individualized and is inclusive of other family members from the time of intake and throughout the therapy process. To make sure our SEA persons served can take part in creating their treatment plans and have a sense of ownership and responsibility, we educate them and their family members about confidentiality, HIPAA, the purpose of the assessment, POC, and therapy processes. These are foreign concepts to many persons served.

Our services embody the value of recovery and resiliency. This is reflective in our Southeast Asian Cross Cultural Counseling Model (SEA CCCM). The SEA CCCM utilizes four approaches to having a balanced and satisfactory life: Cognitive Behavioral Therapy (CBT) Approach, Skill Building, Positive Psychology, and Cultural Strength.

- ✓ *CBT Component:* Helping persons served identify and replace unhealthy thinking/beliefs and to avoid engaging in miserable and negative thoughts and behaviors.
- ✓ *Positive Psychology Component:* Helping persons served focus on positive emotions, thoughts and wellness. Examples of this is being grateful, having hope, having happiness, having inspiration, practicing wellness, empowering self and having inner peace.
- ✓ *Skills Building Component:* Skills like assertiveness, effective communication, working effectively with others, problem solving, and relaxation techniques are taught to persons served.
- ✓ *Cultural Strengths Component:* Help persons served with their own cultural values, practices, and beliefs to help them with their daily life changes and challenges. We focus on showing respect (Filial Piety!), practicing fairness (Relationship!), having compassion (i.e. exchanging knowledge/labor, having empathy & kindness, doing good deeds, and maintaining continuity with relatives and neighbors) (Happiness!), cultural identity, and celebrating their culture (A Sense of Belonging!).

Access to underserved communities

LWC has offered cultural and linguistic mental health services to the SEA community in Fresno County for the last 10 plus years. Given this population's multiple barriers and challenges, (high illiteracy rates and different cultural beliefs and values system) accessibility and utilization of mental health services is very low. Our program offers the following mental health services:

- ✓ 24/7 Crisis Response
- ✓ Daily Program Rehabilitation/Support
- ✓ Intensive Case Management
- ✓ Social/Recreational Activities
- ✓ Assessment/Treatment Planning
- ✓ Individual/Group Therapy
- ✓ Individual/Group Rehabilitation Services
- ✓ Educational Groups
- ✓ Peer Support Groups
- ✓ Housing Support
- ✓ Collateral Services
- ✓ Referral/Linkages

We understand the experiences and challenges our persons served have encountered utilizing mainstream services. It is our goal that our services to our SEA persons served and their families are seamless and with minimal delays. Every SEA person served that is referred or walks-in seeking our services is greeted by a bilingual and bicultural staff, who quickly assess the person's served situation. If the person's served condition warrants further help, he/she will then complete all necessary paperwork at intake and an assessment appointment is schedule as soon as possible within ten days. We also make referral and linkage services to other culturally linguistically and appropriate services within the organization and/or community.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder

- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

A. Effectiveness:

A performance dimension that assesses the degree to which an intervention or services have achieved the desired outcome/result/quality of care through measuring change over time. The results achieved and outcomes observed are for persons served. Outcomes in following address the quality of service and care provided to the persons served. Reduction in Homelessness, Incarceration, probation attendance, hospitalization, psychiatric hospitalization, increase in employment and improvement in education.

Outcome Measures:

1. **Persons served receiving services shall have zero (0) days of homelessness after being enrolled in the program, unless the person declines housing assistance. [Met]**
 - a. Indicator: Number of persons served, enrolled and received services, that were homeless at intake, during, or after engaging in services.
 - i. Data source: Consumers File Log
 1. Result:
This fiscal year we had a total of 37 unduplicated persons served. After review of person served files there were no persons who reported homeless for fiscal year 2021-22.
2. **90% of those receiving services will not access higher level of care. [Met]**
 - a. Indicator: Number of persons served enrolled and have received services that have not required a higher level of care (Conservatorship)
 - i. Data source: Consumers File Log
 1. Result:
During fiscal year 2021-22 we had a total of 37 unduplicated persons served. After review of person served files no persons reported going into conservatorship.
3. **90% reduction in days of in-patient psychiatric hospitalizations for persons served after being enrolled in FSP compared to the year before being enrolled in the FSP. [Not met]**
 - a. Indicator: Number of FSP persons served that were not admitted to in-patient psychiatric hospitals.
 - i. Data Source: Consumers File Log
 1. Result:
In Fiscal Year 2021-2022, The Fresno Center had 16 reported occurrences of persons served being admitted to inpatient psychiatric hospitals.

4. Within 30 days enrollment in the FSP, 100% of persons served will have participated in forming their individualized service plan.
[Met]
 - a. Indicator: Number of FSP persons served involved in writing their individualized service plan.
 - i. Data Source: Consumers File Log
 1. Result:
Of the 37 persons served admitted to the program during Fiscal Year 2021-22, 100% of them received an individualized service plan within 30 days.

FSP Outcomes

1. Youths - There were no youth FSP. Youths with serious emotional disturbance (SED) needs are being referred to other Wellness Recovery Action Plan (WRAP) program.
2. Adults and Older Adults
 - a. Results

Adult (N=37)	
Indicator 1 – Living situation: homeless or shelter; justice system placement; independent; number of moves; hospitalization	16% (n=6) of our FSP persons served in shelter.
Indicator 2 – Employment, if applicable	8% (n=3) of persons served are being assisted with employment
Indicator 3 – Number of arrests	7 reported arrests
Indicator 4 – Number of emergency room visits; physical health and mental health	There were a total of 23 ER visits and 16 inpatient psychiatric and/or hospitalization.
Indicator 5 – Self rating on improvement in functioning (symptoms, housing situation, school or work, social situations, relations with family, dealing with crises, control over life, dealing with problems)	See table 1 below

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

Adult (N=0)	
Indicator 1 – Living situation: homeless or shelter; justice system placement; independent; number of moves; hospitalization	0
Indicator 2 – Employment, if applicable	0
Indicator 3 – Number of arrests	0
Indicator 4 – Number of emergency room visits; physical health and mental health	0
Indicator 5 – Self rating on improvement in functioning (symptoms, housing situation, school or work, social situations, relations with family, dealing with crises, control over life, dealing with problems)	0

Table 1: 2021-2022 Consumer Average Self-Reported Scores on Improvement in Functioning by Services from Consumer Perception Survey (N=127)

	Deal Better w Daily Problems	Control Life	Improved Symptoms	Increased Knowledge	Now Feel Health
FSP (n=12)	4.00	3.75	3.17	4.17	3.42
OP/ICM (n=125)	4.06	3.88	3.33	3.99	3.38

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

B. Efficiency:

Relationship between results and resources used, such as time, money, and staff. The demonstration of the relationship between results and the resources used to achieve them. A performance dimension addressing the relationship between the outputs/results and the resources used to deliver the service. For example, service delivery cost per service unit, length of stay in the program, and direct service hours of clinical and medical staff. These can be calculated internally on a monthly basis.

Outcome measures:

Reference Table: Fiscal Year 2021-2022 All FSP Counts

Count of Services:	1490
Count of Unique Consumers:	37
Sum of Units:	91,395
Sum of Cost of Service:	\$251.698
Count of Unique Provider:	17

1. Cost per service unit:

To calculate the cost per service unit, the Sum of Cost of Service was divided by the Count of Services. $\$251,698/1490=\168.92

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

	Children-Youth (n=15)	ICM (n=138)	OP (n=96)	FSP (n=29)
Max	3.7	17.3	9.6	3.1

Min	0.1	0.1	0.0	0.1
Avg	1.3	5.4	1.7	1.7

FSP services the maximum amount of time is 3.1 years with an average of 1.7 years. The maximum amount of time for our children-youth is 3.7 years with an average of 1.3 years.

3. Direct hours of clinical staffing:

To calculate the total hours for clinical staff, the total Sum of Units divided by an average of 60 minutes time staff usually spend with persons served.
 $91,395 \text{ minutes} / 60 \text{ minutes} = 1,315.7 \text{ total clinical hours.}$

4. Direct hours of medical staffing: $3,448 \text{ minutes} / 60 \text{ min} = 57.5 \text{ total medical staffing hours.}$ **Note:** Medical staff was only .20% FTE here.

C. Access:

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

Outcome Measures:

1. Evidence of improved access to mental health services of all persons engaged. [Met]

- a. Indicator: Number/Percentage of persons served being linked/engaged to services (i.e., Primary Care Physician (PCP), Medi-Cal, Supplemental Security Income (SSI)).

- i. Data Source: Consumer File Log

1. Result.

After review of person's served files in which individuals were enrolled in the program who were linked to a primary care physician after six month it was determined that 100% (n=37) of person served have been linked or already have a PCP identified and Medi-Cal during enrollment.

Other linkage services included our Community Food bank and Adult Day Health Care (ADHC). Due to the COVID-19 pandemic, these services were limited.

D. Satisfaction and Feedback from Persons Served and Stakeholders

Regarding satisfaction and feedback from our persons served, Table 2 above shows the average scores of how each of our Southeast Asian

groups (Cambodia, Hmong, Lao) reported about our Center and services. Regardless of ethnicities, types of services, age groups, or gender, all persons served reported agree to strongly agree to all measures of our program.

	Like Services Received	Choices	Recommend	Location	Staff See Me	Call w24	Availability	Got all Services	Respect	Staff flexibility
Cambodian (n=15)	4.80	4.33	4.20	4.80	4.60	4.60	4.73	4.27	4.60	4.73
Hmong (n=120)	4.58	4.58	4.62	4.63	4.64	4.16	4.54	4.47	4.37	4.54
Lao (n=2)	5	5	5	5	5	5	5	5	5	5
FSP (n=12)	4.83	4.58	4.75	4.42	4.75	4.33	4.67	4.25	4.83	4.67
OP/ICM (n=125)	4.60	4.56	4.56	4.69	4.64	4.21	4.56	4.46	4.35	4.56
Youth (n=2)	3.5	4.5	4.5	4	4	4	4.5	4.5	4.5	4.5
Adults (n=100)	4.65	4.46	4.5	4.67	4.69	4.22	4.64	4.44	4.65	4.64
Older Adults (n=25)	4.54	4.83	4.77	4.63	4.51	4.23	4.34	4.43	3.69	4.34
Female (n=71)	4.61	4.50	4.54	4.73	4.70	4.48	4.65	4.48	4.56	4.65
Male (n=56)	4.61	4.64	4.63	4.54	4.55	3.84	4.45	4.39	4.16	4.45

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

No grievances or concerns were reported this fiscal period.

DEPARTMENT RECOMMENDATION(S):

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