PROGRAM INFORMATION:			
Program Title:	Culturally Specific Services-Living Well Center-Outpatient (OP)/Intensive Case Management (ICM)	**Provider:**	The Fresno Center
Program Description:	The Fresno Center utilizes culturally and linguistically capable, qualified mental health practitioners to provide three levels of care, outpatient (OP), intensive case management (ICM), and Full-Service Partnership (FSP) services, to the Southeast Asian (SEA) community, particularly those of Hmong, Laotian, Vietnamese or Cambodian descent, through the "Living Well Center" (LWC). Program services are designed to serve SEA persons served that have serious emotional disturbances (SED) or serious mental illness (SMI), and are in need of on-going community-based services. The Fresno Center uses SEA non-licensed/waivered mental health clinicians, under clinical direction and oversight by licensed clinicians, to increase capacity of persons served and the volume of specialty mental health services to the SEA population. The LWC serves Fresno County Medi-Cal-eligible children, adults and older adults with mental health treatment focusing on individuals with SED or SMI, and having problems coping with the assimilation process. The mental health services are provided in appropriate SEA languages accordingly to serve targeted population.	**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.

Age Group Served 1:	ALL AGES	**Dates Of Operation:**	October 1, 2018 to present
Age Group Served 2:	Choose an item.	**Reporting Period:**	July 1, 2021 – June 30, 2022
Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	Choose an item.
Funding Source 2:	Medical FFP	**Other Funding:**	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	1,446,856	**Program Actual Amount:**	$1,441,307
Number of Unique Consumers Served During Time Period:	315		
Number of Services Rendered During Time Period:	5410		
Actual Cost Per Consumer:	$1,441,307/315= $4,576		

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: Medium Intensity Treatment (caseload 1:22)

Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

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

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services**: adult 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)

Cultural Competency

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

Access to underserved communities

Choose an item.

Please describe how the selected concept (s) embedded :

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

Also, our services are specifically tailored to meeting the needs, acculturation level, and experiences of our SEA consumers. Our interventions do not always take place in a traditional therapy settings and our therapeutic activities are sometimes "outside-of-the-box" to reflect the unique experiences, acculturation levels, and needs of our SEA consumers. For example, our *Ncig Teb Chaw* or Cross-Cultural Therapeutic Learning, which was borrowed from the Hmong Helping Hand Intervention in our California Reducing Disparities Project (CRDP), is a type of therapeutic activities that we implement to help our consumers 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 their own community as part of their treatment of plan.

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

In the SEA people, the wellness of the person does not depend solely on the individual person, but equally important is his/her family and clan members. Sometimes, positively changing the person can have negative consequences to the family unit. For example, helping the wife to build a strong sense of identity, empowerment, and self-esteem could in term cause the husband to worry and become angry, thus affecting the whole family unit and their functionality.

So, our work and services with our consumers is individualized, as well as inclusive of other family members from the time of intake and throughout the therapy process. Furthermore, to make sure our SEA consumers can take part in helping to plan their treatment plans and to have a sense of ownership and responsibility, we educate them and their family members about confidentiality, HIPAA, the purpose of the assessment, POC, and therapy processes. All of these are foreign concepts to them.

Also, our services embody the value of recovery and resiliency. This is reflective in our Southeast Asian Cross Cultural Counseling Model.

This Southeast Asian Cross Cultural Counseling Model (SEA CCCM) utilizes 4 approaches to having a balance and satisfactory life: CBT Approach, Skill Building, Positive Psychology, and Cultural Strength.

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

Access to underserved communities

LWC has offered cultural and linguistic mental health services to the Southeast Asian community in Fresno County for the last 10 plus years. Given their multiple barriers and challenges, high illiteracy rates, and different cultural beliefs and values system, accessibility and utilization of mental health services is very low. Our program offers the following mental health services.

- ✓ 24/7 Crisis Response
- ✓ Daily Program Rehabilitation/Support
- ✓ Intensive Case Management
- ✓ Social/Recreational Activities
- ✓ Assessment/Treatment Planning
- ✓ Individual/Group Therapy
- ✓ Individual/Group Rehabilitation Services

- ✓ Educational Groups
- ✓ Peer Support Groups
- ✓ Housing Support
- ✓ Collateral Services
- ✓ Referral/Linkages

We understand the experiences and challenges our consumers have encountered in utilizing mainstream services. Therefore, it is our goal that our services to our Southeast Asian (SEA) consumers and their families are seamless and with minimal delays. Every SEA consumer that is referred or walk-in into seeking our services is greeted by a bilingual and bicultural staff, who quickly assess his/her situations. If the consumer's conditions warrant further help, he/she will then complete all necessary paperwork at the intake and an assessment appointment schedule ASAP within 10 days. We also make referrals and linkages services to other culturally linguistically and appropriate services within the organization and/or community.

PROGRAM OUTCOME & GOALS

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

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

A. Effectiveness:

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

Outcome Measures:

1. Within 30 days of a person's served enrollment in the program, provide evidence of a plan of care developed in the person's preferred language, approved, authorized and signed by the person served. [Met]
    a. Indicator: Number of persons served with a plan of care created within 30 days.
        i. *Data Source:* Consumers File Log

1. *Result:*
   After review of our internal individual files of persons served enrolled into the program and/or data from re-assessments was compared to documentation of individuals who signed their plan of care (POC). 100% (n=246) of POCs were authorized and signed by the persons served and our bilingual and bicultural clinicians within 30 days.

2. Within six months of being enrolled in the program, 100% of persons served will have documented linkages to a Primary Care Physician. [Met]
   a. Indicator: Number of persons served with linkages services to a Primary Care Physician.
      i. Data source: Consumers File Log
         1. *Result:*
            After review of individual files of when persons served were enrolled into the program and then after 6 months The Fresno Center checked to see if the person served has primary care or has been linked to a primary care physician. Overall, 100% (n=246) of persons served were linked with or have already had a PCP identified during enrollment.

3. Persons served receiving services shall have zero (0) days of homelessness after being enrolled in the program, unless the person served declined 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:*
            After review of our log and of the 246 persons served that we saw this fiscal year, we have one (1) person served that reported they were homeless. This individual was linked to Housing resources.

4. 90% of those receiving services will become more physically active through participating in healthy walking, exercising and other therapeutic arts and crafts activities. [Did not meet, due to COVID-19 Pandemic]
   a. Indicator: Number of persons served actively participating in physical activities.
      i. *Data Source:* Persons served attendance sheets and billable services
         1. *Result:* Due to observing COVID-19 Pandemic precautions, we limited the number of therapeutic arts and crafts activities and had less than 50% of persons served participate in them.

5. 75% of those engaged in services will show stabled or improvement in their well-being. [Met]
   a. Indicator 1: Number of persons served who self-reported their condition stabilized or improved.
      i. *Result:*

Table 1: Living Well Center Consumer Satisfactory Survey Average Scores by Ethnicity, Age, Gender, and Services (N=127).

	Deal Better w Daily Problems	Control Life	Improved Symptoms	Increased Knowledge
Cambodian (n=15)	3.53	3.13	3.07	3.87
Hmong (n=120)	4.12	3.97	3.35	4.03
Lao (n=2)	4	4.5	4	4
FSP (n=12)	4.00	3.75	3.17	4.17
OP/ICM (n=125)	4.06	3.88	3.33	3.99
Youth (n=2)	0	0	0	4
Adults (n=100)	4.07	3.87	3.41	4.06
Older Adults (n=25)	4.00	3.83	3.03	3.86
Female (n=71)	4.61	4.50	4.54	4.73
Male (n=56)	4.61	4.64	4.63	4.54

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

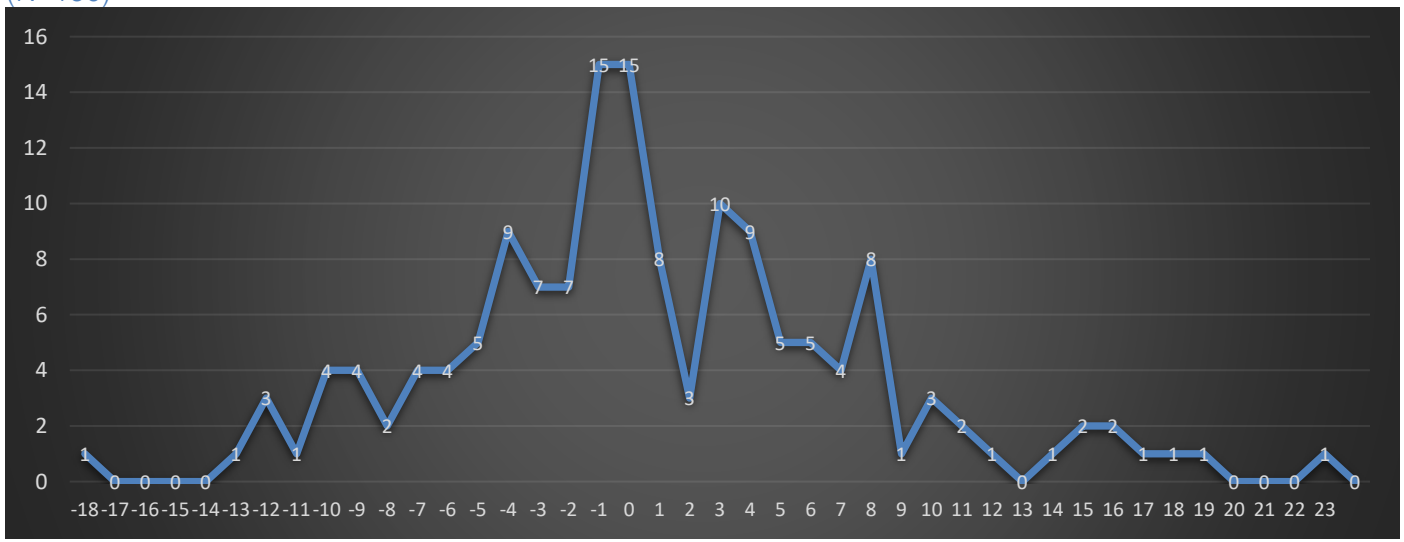
b. Indicator 2: Number of persons served that show decrease on the Hmong Adaptive Beck Depression Inventory Scale.
   i. Data Source: Number of persons served that completed an initial HABDI and reassessment.
      1. Result:

The Beck Depression Inventory (BDI)-long form is a 21 item self- report inventory[i] that evaluates the level of depression in adolescents (aged 13 and older) and adults. The items include cognitive, affective, somatic, and vegetative aspects of depression. The subject is asked to rate each item on a 4-point scale of severity. A

total score is determined by aggregating the item responses and may range from 0 to 63 (normal-severe). BDI scores above the 9 cut off may indicate the presence of depression.

Chart 1 shows the frequencies distribution of score difference between Consumers' HABDI pre and post score for 150 consumers in our OP/ICM for 2021-2022.

Chart 1: Frequencies Distribution of Score Difference between Consumers' HABDI pre and post scores 2021-2022 (N=150)



The average pre-HABDI scores was 49.5, and post score was 48.8. This is a slight decrease of about 1 point.

	Pre	Post	Difference
Avg	49.5	48.8	0.7
Min	22	22	0
Max	66	68	2

6. Within 180 days of being enrolled in the program, 100% of persons served who did not have Supplemental Secutiy Income (SSI) will

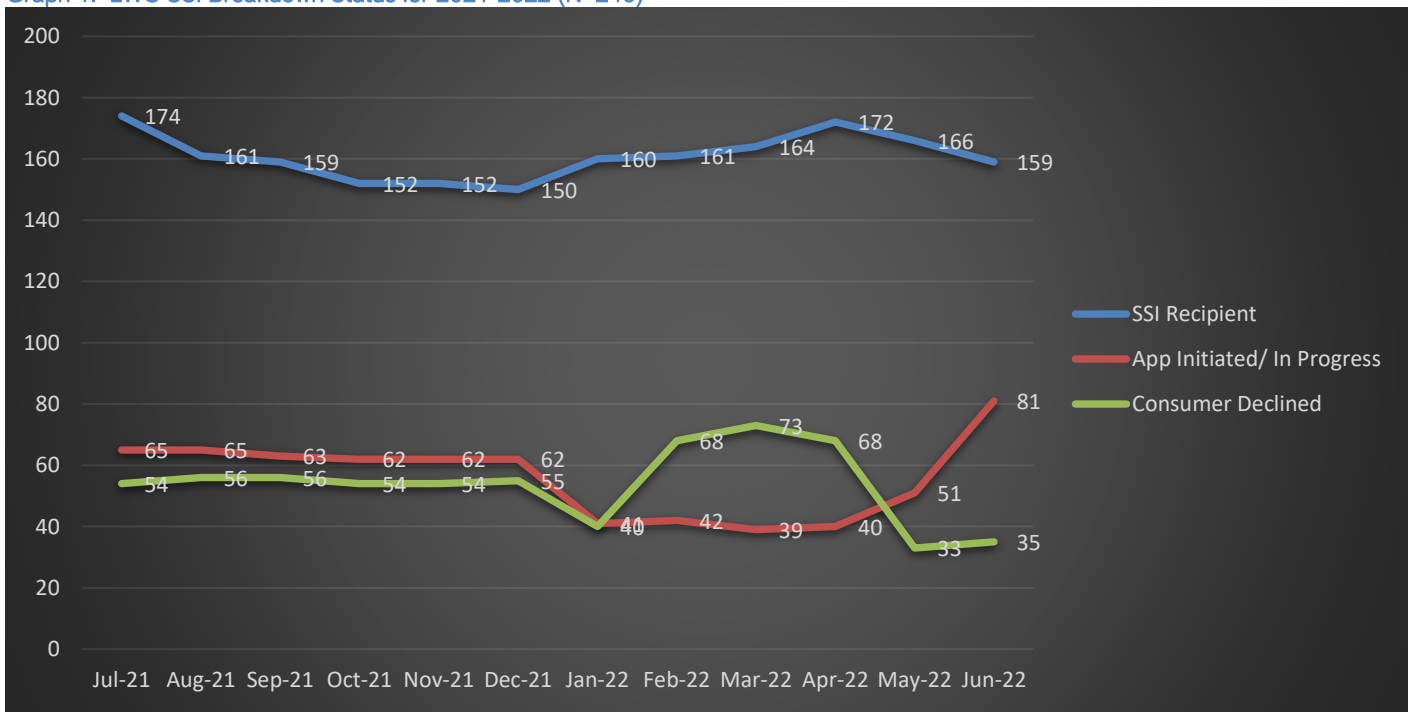
have completed applications to receive SSI. [Met]

a. Indicator: Number of persons served enrolled who has not completed a SSI application.

i. Result.

For our SSI application processing, we informed persons served of the pros and cons of applying within the 6-monthperiod. Persons served were educated on the importance of their psychological treatments in helping them with their case.

Graph 1: LWC SSI Breakdown Status for 2021-2022 (N=246)



At present, 100 percent (n=275), including FSP, of our persons served have been assisted with SSI. To date, 65 percent (n=159) of our persons served are identified as being disabled and are receiving some forms of SSI disability income, while

33 percent (n=81) have begun their application process or are in the process of waiting for decision.14 percent (n=35) have been identified as declining or denied.

7. Increase the number of mental health professionals of SEA descent qualified for licensure through hours earned. A minimum of four (4) student interns shall enter and complete, or show satisfactory progress towards completion of required clinical hours or completion of the intern program. [Met]
    a. Indicator: Number of hours accumulated by students and by the number of students that obtain valid California licensure in their respective field that have completed the required hours within the clinical training/supervision program.
        i. *Data Source:* Intern/Staffing File Log
            1. *Result:*
            This year we have a total of 8 graduate students that completed a cumulative total of 3,060 hours with our Center. At the same time, we have 8 staff who are continuing to collect their hours towards their licensure requirements. They each have completed approximately 1,000 hours for this fiscal year.

STUDENT INTERNS					HOURS COMPLETED 2021-2022
VUE, SUSAN	MFT, INTERN	2021	2021	UNVI, PHOENIX	450
VUE, PAZONG	MFT, INTERN	2021	2021	UNVI, PHOENIX	450
VANG, LOUA	APCCI, INTERN	2021	2021	CSU, FRESNO	600
TRAN, THAO	NP, INTERN	2021	2021	UNVI, MICHIGAN	260
HER, TANG	MSW, INTERN	2021	2021	UNVI, RENO	450
XIONG, DONNA	MSW, INTERN	2021	2021	UNIV, RENO	450
THAO, JOSHUA	MSW, INTERN	2022	2022	UNVI, RENO	200
VANG, AMY	MSW, INTERN	2022	2022	UNIV, RENO	200
UNLICESNED STAFF					**HOURS COMPLETED**
LEE, KA YENG	APCC	2017	Current	CSU, FRESNO	**Approximately 1000**
LEE, MAYNONG	APCC	2018	Current	CSU, FRESNO	**Already Completed**
VANG, DAISY	ASW	2019	Current	CSU, FRESNO	**Already Completed**
VANG, SAI	AMFT	2018	Current	GOLDEN GATE UNI	**Approximately 1000**
VANG, BAO	APCC	2020	Current	CSU, FRESNO	**Approximately 1000**
VANG, MELANIE	ASW	2020	Current	CSU, STANISLAUS	**Approximately 1000**
VANG, BAO	ASW	2021	Current	CSU, FRESNO	**Approximately 1000**

XIONG, ARICK	AMFT	2019	Current	UNIV PHOENIX	**Already Completed**

(B). Efficiency:

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

Outcome measures

Reference Table: Estimated Fiscal Year 2021-2022 All Counts

Count of Services:	**5,410**	
Count of Unique Consumers:	**315**	
Sum of Units:	301,982	
Sum of Cost of Service:	$793,600.30	
Count of Unique Provider:	25	

1. Cost per service unit: $793,600/5,410= $146.69

2. Length of stay in program in years.

	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

The maximum length of stay in our LWC program is in our ICM where we have one person served who has been receiving services for 17 years. The average length of time persons served are receiving ICM mental services is 5.4 years. For OP mental services, the Maximum length of stay is 9.6 years with average of 1.7 years The longest person served in 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. 301,982 minutes/60 minutes=5,033 total clinical hours.

4. Direct hours of medical staffing: 6,777 min/ 60 minutes=113 hours *Note:* Medical staff was only 0.05 FTE.

(c) Access:

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

Outcome Measures

1. Service timeliness is ten business days from the initial service request to first service for Outpatient and fifteen business days for psychiatry appointment. [Not Met]
    a. Indicator: Average length of time from initial request to first clinical assessment/psychiatry
        ii. Data Source: Consumers File Log
            1. *Result:*

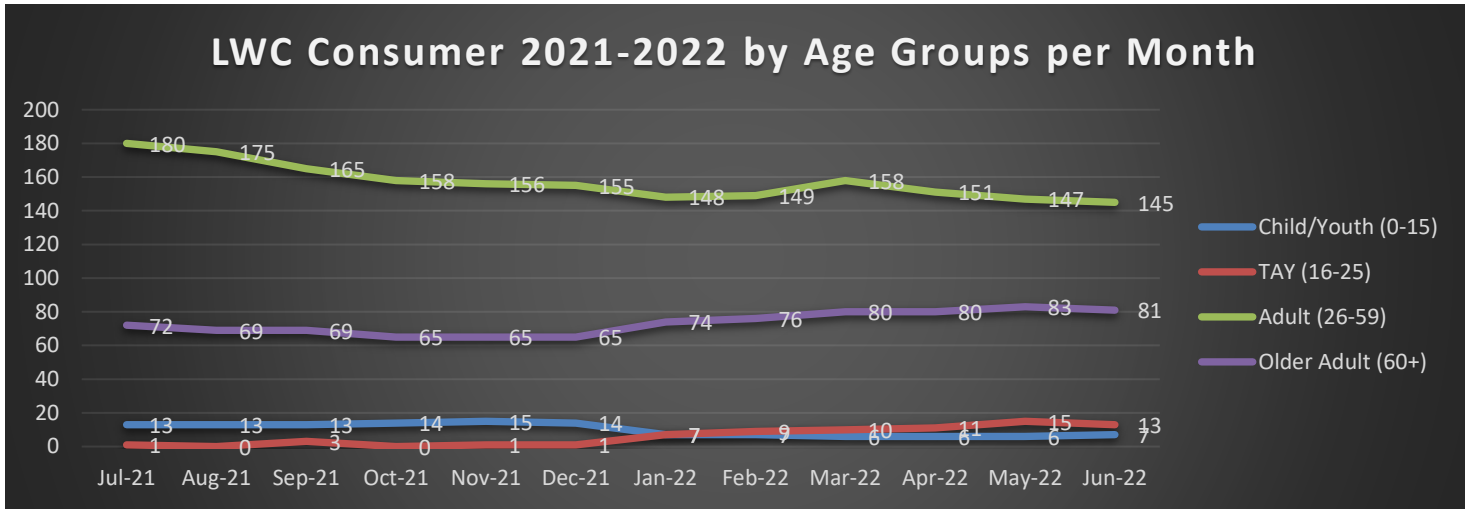
During the reporting period approximately 80 referrals to our Center. All of them were contacted to come in to complete the initial intake and to set-up an assessment appointment within 3-5 days. However, only sixty-nine percent (n=55) managed to come in on time to complete initial assessment within the 10 days period. The remainder either cancelled their appointment and we had to reschedule, or we had challenges contacting them to come back for the initial assessment.

Of the approximately 58 referrals from OP/ICM to psychiatry for this fiscal year, eighty-three percent (n=48) were seen within the 15 days. The remainder either cancelled their appointment and we had to reschedule, or we had challenges contacting them to come back for the assessment.

2. Increase access to outpatient/intensive case management specialty mental health services from 120 SEA persons served to 220 persons served in the preferred language of the person served. [Met]
    a. Indicator: Number of persons served per month that received services; track the preferred languages of the mental health services that are provided to each SEA person served.
        iii. Data Source: Consumers File Log
            1. *Result:*

Graph 3 shows an overall steady increased in the numbers of persons served in fiscal year (2021-2022).

Both our adults and older adult groups are larger groups, while our child/youth and TAY groups represent the smaller group. Our services are provided in Hmong, Lao, and Cambodia.



3. 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., PCP, Medi-Cal, SSI).

iv. Consumer File Log

1. Result.

After review of persons served files in which individuals were enrolled into the program who were linked to a primary care physician after six months it was determined that 100% (n=246) of persons served have been linked or already have a PCP identified and Medi-Cal during enrollment.

Other linkage services included our Community Food bank and California Reducing Disparities Project. Due to COVID-19, we did not have as many persons served engaged in these additional services.

D. Satisfaction and Feedback from Persons Served and Stakeholders

Regarding satisfaction and feedback from our persons served, the Table below shows the average scores of how each of our Southeast Asian groups (Cambodia, Hmong, Lao) reported about our Center and services.

	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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