

PROGRAM INFORMATION:

Program Title:	CBANS	Provider:	FAIHP
Program Description:	Prevention Early Intervention	MHP Work Plan:	3-Culturally and community defined practices
Age Group Served 1:	ADULT	Dates Of Operation:	Click here to enter text.
Age Group Served 2:	TAY	Reporting Period:	July 1, 2015 - June 30, 2016
Funding Source 1:	Prevention (MHSA)	Funding Source 3:	Choose an item.
Funding Source 2:	Early Intervention (MHSA)	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$62,702.78	Program Actual Amount:	\$63,202.07
Number of Unique Clients Served During Time Period:	1025		
Number of Services Rendered During Time Period:	2,699		
Actual Cost Per Client:	\$23.23		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	2015-16	For Other:	Click here to enter text.
		Renewal Date:	Click here to enter text.
Level of Care Information Age 18 & Over:	Traditional Outpatient Treatment (caseload 1:80)		
Level of Care Information Age 0- 17:	Choose an item.		

TARGET POPULATION INFORMATION:

Target Population:	American Indian/Alaska Native
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MHSA CORE CONCEPTS:

Please select MHSA core concepts embedded in services/ program:

(May select more than one)

Recovery/Resiliency Orientation

Cultural Competence Orientation

Community Collaboration

Client/Family Driven Program

Please describe how the selected concept (s) embedded :

Each aspect of the CBANS program is community driven including community members that plan, educate and execute various cultural and traditional practices and demonstrations. By including culture in all support groups and outreach activities it promotes family and community engagement. Traditionally American Indian tribes were considered to be interdependent and are inclusive of all community members including service providers. Recovery/Resiliency is promoted through various activities such as the Elders Support Group, Stress Management Groups, and Cultural Activities (i.e. Native Wellness Gatherings, Pow Wows, Traditional Gatherings, and Elders Gatherings) provided throughout the year. Elders are provided the space to share past and present experiences on a peer-to-peer basis although the group is for elders there is always an attendance of family members and or caregivers. The Elders Group is not exclusive to Elders, it includes the attendance of those who assist elders or have relatives who attend. Grandchildren are present at most, if not all, the beading classes that are held. The Elders Group also participates in community activities such as local Pow wows, Gatherings, and the CBANS cultural event. At these events they display their Native art work, basketry and some story-telling and always connect with the community. In addressing the AI/AN population, community collaboration is vital. CBANS thrives to maintain relationships with the tribes from this area as well as connecting to urban AI/AN with local and inter-tribal traditions. By connecting urban and rural communities there is an increase in engagement and access to mental health services. CBANS participates in providing education and information at local tribal and community outreach events. CBANS outreach efforts allow staff and services to be further available and familiar to those consumers who have limited access and disparities. CBANS attends community meetings (i.e. Owens Valley Career Development Center roundtable meetings, American Indian Veterans Association meetings, Fresno

County BH meetings, Fresno-Madera County Continuum of Care meetings and monthly CBANS meetings) that serve similar populations and provides different resources. CBANS consistently engages consumers to review needs (i.e. having discussion at outreach booths with consumers and at roundtable meetings with service providers) to see how the CBANS program can be integrated into local services for the AI/AN population. An example would be discussing how mental health prevention can tie into substance and alcohol treatment with treatment facilities such as Sierra Tribal Consortium and West Care inpatient/outpatient programs. Finally, CBANS keeps a steady flow of information and education through a monthly newsletter in an effort to keep a constant relationship with all consumers and community members.

PROGRAM OUTCOME GOALS:

Goal 1: Reduction in Consumers Stressors (define measuring tool and results in Outcomes #1) Needs and Stressors

Goal 2: Increase in Consumer Wellness (define measuring tool and results in Outcomes #2) Wellness Score

Goal 3: Reduction in Consumer Depression Questionnaire (define measuring tool and results in Outcomes #3) PH-9

PROGRAM OUTCOME DATA/INDICATORS:**Outcome 1:**

The Needs and Stressor tool is used to measure the number of stressors consumers have when they arrive for services. The tool identifies four primary areas which are; Basic needs, Physical and Mental needs, Environmental/Social needs and Other Needs (related to participant's family, friends, work, etc...).

As part of the consumer's action plan, The Community Health Worker and Peer Support Specialist work to provide linkage to appropriate services, which include but are not limited to: counseling (family, Individual and children), legal (divorce and child custody), food, housing, support advocates, spiritual leaders and tribal resources. The linkage services are provided within Fresno County and include Fresno County Department of Behavioral Health, Fresno Family Counseling Center, Central California Legal Services, Exceptional Parents Unlimited, California Indian Manpower Consortium, Central Valley Indian Health, Catholic Charities, Fresno Rescue Mission, Friendship House Association of American Indians, food distribution sites, Westcare, Sierra Tribal Consortium, Tribal Temporary Aid to Needy Families, and other American Indian service programs.

In total, twenty-two consumers received one-on-one clients between July 2015- June 2016; of those 59% were successfully linked to appropriate services. In the initial assessment, the average number of stressors a consumer had was just above nine. As a result of services provided and linkage to necessary resources, stressors were reduced to an average of five. Also, 46% percent of those clients indicated a score of three or less stressors, as identified in a follow-up assessment.

Outcome 2:

The wellness score identifies the consumer's overall wellness; which includes their present support system and stress state, confidence level in asking for help, and knowledge of community resources. This tool uses a scale of zero to thirty-seven, the higher the points the better overall wellness of the consumer.

The initial assessment indicated

- 8% of consumers rated themselves between the scale of zero to ten,
- 46% are in the scale of eleven to twenty,
- 38% are in the scale of twenty-one to thirty,
- 8% are in the scale of thirty-one to thirty-seven.

Second assessment is conducted after services have been provided. Overall, consumers revealed improvement:

- 0% are in the scale of zero to ten,
- 8% are in the scale of eleven to twenty,
- 54% are in the scale of twenty-one to thirty,
- 38% are in the scale of thirty-one to thirty-seven.

Many of the consumers continue to attend FAIHP's support groups as well as using one-on-one meetings to increase consumer wellness.

Outcome 3:

The PHQ-9 Patient Depression Questionnaire is a multipurpose instrument utilized for screening, diagnosing, monitoring, and measuring the severity of depression, from minimal depression to severe depression. The level of depression ranges are scored, added up, and tallied. The tool measures the frequency of depression which is then factored into the scoring severity index. Consumers are then provided assistance as determined by their responses.

The assessment is again conducted after 6 months or sooner based on the severity of the case. When compared to the initial assessment the consumers reduced their tallied score by an average of 7. With many of the consumers decreasing the level of stressors and no increase of depression risk factors.

Other Outcomes:

Outreach was conducted to recruit and engage clients in services. Staff attends outreach activities each month at different events/sites throughout Fresno County such as FAIHP's Health Fair, American Indian events, and other outreach opportunities in Fresno County. The CBANS program consistently takes advantage of any opportunity to collaborate with other community-based organizations, as well as other local AI/AN programs. As a result of outreach efforts, staff have been able to reach an average of 104 consumers monthly and raise consumers awareness on their overall health. There was a total of 20 community outreach booths and 13 presentations provided throughout the year.

DEPARTMENT RECOMMENDATION(S):

All staff will receive annual trainings on delivering services and reporting. CBANS partners can collaborate on outreach/engagement strategies and to improve overall outcomes. More trainings on the MHSA core concepts and how to create more opportunities for integrated services. Updates on the MHSA planning and the progression that has been happening throughout the process. A system that allows the CBANS staff to capture one-on-one encounters through networking and outreach to allow prevention opportunities. Not only count those who are being served but also those who are collaborating with CBANS. Have pre and post surveys for presentations and surveys available at outreach booths and activities. By administering surveys CBANS will be able to survey the community on an ongoing basis to identify any needs that are not being met.