

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES - Attachment A

PROGRAM TITLE: CBANS

PROVIDER: Kings View

PROGRAM DESCRIPTION: Kings View provides outreach, engagement, and linkage to resources in Fresno to people who are homeless and mentally ill, and works with faith-based communities to reduce stigma of mental illness and provide education on mental illness, wellness and recovery.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION:

DATES OF DATA REPORTING PERIOD: 7/15/15-6/30/16

OUTCOME GOAL

Yearly:

Contact 400 individuals (100 Rural):

Link 20% to Mental Health, Social Services,
Health Clinics, Social Security, or Housing
Services:

Collaborate with other CBANS providers:

Participate in the PIT survey:

75 presentations on Mental Health to Faith
Communities to 1,500 attendees:

100 Individual Faith-based individual contacts:

OUTCOME DATA

490 Contacted Individuals

96 linkages

Collaborated with other CBANS at
different outreach activities. Sent
and received referrals to and from
other CBANS providers

Participated in PIT surveys

46 Faith Based Presentations Made
With 10,673 Attendees

228 individual Faith Based

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Set up support groups at churches:

Per CBANs Outreach personnel:

- Only about 1% of clergy were interested in information about support groups focusing on mental health issues.
- Pastors reported that mental health treatment is considered “of the world” or secular and as such they are too uncomfortable to allow support groups, as such, in the church.
- Many churches already had active ministries related to feeding the homeless, providing groups or special worship services and funding/referring to well known agencies such as Love Inc, and Poverello House.
- Pastors verbalized a preference for clinicians running groups at their church to be of their particular faith.
- Even though churches tend to have outreach programs they do report that they do not have a working knowledge of how to deal with individuals that have severe mental illness. This has created some fear regarding drawing more individuals from the streets into the church arena. Some church workers have found that once the mentally ill individual presents at the church for assistance following the initial contact that problematic

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behavior occurs which makes the church workers feel unsafe.

Use Needs Surveys to gauge effectiveness:

38 Needs Surveys completed
3 Follow-Up Surveys Completed

FAITH-Based Outreach Component:

This portion of the CBANS grant was useful for our agency to reach out to many religious communities and provide them with information and resources on how to address the mental health needs they face. The outreach workers went through the Fresno Metropolitan area and met with religious leaders of different denominations. We also did presentations at big gatherings, food give aways, and other faith based activities in Reedley, Sanger, Selma and Parlier.

It was clearly identified that the faith based communities are interested in more information and assistance on learning to identify mental illness and to find resources to connect people to get the proper help. The outreach worker in our program was generally welcomed however the religious leaders wanted to utilize their own resources for support groups as they wanted to drive a particular faith based model although they admit that they are not well equipped to work with the severely mentally ill or co-occurring. Many churches appear to be at the Contemplation stage and some at the Preparation-Action stages however at this time, there was no substantial interest for starting support groups.

We would like to see this portion of CBANS continue as this is a great time to maintain and foster the relationships created with these churches and to continue working on fighting stigma and opening doors for people to exercise and access proper mental health care.

Homeless Outreach Portion:

Outreach workers were able to meet and surpass the 400 homeless individual goal. They were able to provide basic information and linkages to about 20% of those individuals. Many were in need of assistance to medical and mental health services as well as there was a great number of

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individuals with substance abuse issues. Unfortunately, because of the nature of homelessness and poverty, outreach to these individuals is difficult, time consuming and expensive since it is difficult to locate them; many of them struggle to keep appointments; developing trust and a good working relationship takes much time, resources and efforts on the part of the outreach workers.

The idea behind the outreach and engagement with the homeless is a great one and there are instances in which the outcomes are amazing. It is our observation based on experience doing this grant, that there is a need for more time and funding in order to assist these individuals with practical services in order to link them to existing services. Perhaps targeting a smaller number (200 instead of 400) and spending more time and resources in order to help engaged individuals to attain referrals, linkages and to receive services. Many of these individuals need weekly follow up and practical support to get to appointments, keep up with treatment, complete forms and documentation, read information, engage in treatment, etc.

DEPARTMENT RECOMMENDATION(S):

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