

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Cultural-Based Access Navigation and Peer/Family Support (CBANS) Services	Provider:	Centro La Familia Advocacy Services (CLFAS)
Program Description:	To provide culturally sensitive and linguistically appropriate mental health education, referrals, and early intervention treatment services utilizing individual/group peer support, community awareness, and education through culturally sensitive discussion and activities.	MHP Work Plan:	3-Culturally and community defined practices Choose an item. Choose an item.
Age Group Served 1:	ALL AGES	Dates Of Operation:	October 11, 2011 - present
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2016 - June 30, 2017
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:	\$115,921	Program Actual Amount:	\$98,593.44
Number of Unique Clients Served During Time Period:	1,970 (178 + 1,792)		
Number of Services Rendered During Time Period:	1,970		
Actual Cost Per Client:	\$50.05		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Other, please specify below
Contract Term:	July 1, 2016 – June 30, 2021	For Other:	Prevention and Early Intervention (PEI)
		Renewal Date:	July 1, 2021
Level of Care Information Age 18 & Over:	Choose an item.		
Level of Care Information Age 0- 17:	Choose an item.		

The Level of Care information above does not apply to this contracted program.

TARGET POPULATION INFORMATION:

Target Population: Low income Hispanic/Latino families and immigrants residing in urban and rural areas of Fresno County.

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 clients 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 clients and families are seamless. Clients 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)

Community collaboration

Cultural Competency

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

Access to underserved communities

Integrated service experiences

Please describe how the selected concept (s) embedded :

Community collaboration: CLFA coordinates community activities and collaborates with key stakeholders to work together to accomplish a shared vision. CLFA routinely provides presentations to organizations to provide information on services to help build a two-way communication loop to meet client needs. Also, in each community served, CLFA collaborates with organizations to provide group locations and/or to host educational trainings. For example, CLFA partnered with United Health Centers and Fresno Housing Authority to host groups. Also, CLFA met with Fresno County Board of Supervisors, District 3 Supervisor Sal Quintero, Valley Children’s Hospital, Kings View Behavioral Health, Poverello House and Community Regional Medical Center to promote services. CLFA continues such activities on a regular basis.

Culture Competency: CLFA advocates are bilingual (Spanish/English/Hmong) and bi-cultural with a background similar to our clients; “we are whom we serve” is the operating motto. Staff members are first-generation Americans connected to their immigrant

roots, community and cultural traditions, allowing for connectedness and the ability to provide a more sensitive, efficient and effective service.

- In 2012, CLFA was designated as a “Promising Practice” by the California Reducing Disparities Project, which highlighted that, “CLFA establishes trusting relationships with community members by showing a respect for culturally specific ways of accomplishing goals.” CLFA exercises its cultural awareness by providing services that are sensitive to the client’s cultural background through the following ways: trusted messenger approach - utilizing CLFA staff to provide information in a culturally competent manner that is sensitive to the needs of the client;
- promotora model - an evidence based approach targeting the Latino community through a grassroots efforts (comadre to comadre) and encouraging positive health;
- platicas - support groups that allow CLFA to conversate and build trust with participants through casual dialogue with the goal of reducing stigma and promoting positive mental health;
- Culture Competence Training provided by Dr. Juan Garcia, professor from California State University, Fresno;
- bilingual services and literature;
- and culturally appropriate media outreach through trusted, linguistically appropriate outlets such as Univision, Hmong Radio, Radio La Missionera.

This cultural competency approach is reinforced through monthly Family Advocacy Training provided by Dr. Juan Garcia from California University State, Fresno. Navigators are engaged and provided reinforced training on holistic approaches relevant to mental health

service delivery for the targeted population. Through this training, staff is engaged in Mindfulness (Centering Prayer), Johari Window (personal and group self-awareness), facilitation of support groups using cultural competency approaches among other strategies. This training allows staff to better facilitate service delivery using cultural approaches such as:

- Family/Familismo - emphasizes the importance of having family contribution during wellness and recovery.
- Respect/Respecto - having respect between provider and the client. This also includes having the understanding of respecting the hierarchical structure such as “the male” and respecting the “elder’s” authority. Failing to understand this can create a barrier to treatment or terminate service delivery.
- Close relationship value/Personalismo - uses a personal approach as a way to relate with families and build rapport with clients. Using this approach leads to trust/confianza, key to service delivery.
- Proper social etiquette for ethnic populations.

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

Services: CLFA uses a family centered, wellness approach which emphasizes the strengths of the individual and family to help cope with stressors and areas of need. Techniques emphasize relationship development and support working with the family.

The multi-faceted approach combines strategies, resources and community knowledge acquired through CLFA’s work, which allows for effective services and support. “The Full Approach” utilizes bilingual/bicultural staff who work as promotoras and cultural brokers in the community to create a supportive environment and foster empowerment with the clients and families served. This allows CLFA to engage with the community in urban and rural areas and better understand the needs and issues they face. Access to the community is

conducted through roving advocacy services, maintaining outstation sites, and providing ongoing support to clients. Engagement with clients is further supported by attending outreach events and utilizing culturally appropriate tools such as fotonovelas and telenovelas that are linguistically appropriate. Taking into consideration the client's cultural norms helps to establish respect and trust and continue CLFA's role as the trusted messenger.

Access to underserved communities: CLFA works to ensure that underserved communities are reached by utilizing our established trusting relationships with community members, organizations, and local governments. The "promotora" (cultural broker) model is used for program implementation. With this approach, CLFA is focused on outreach at the grass-roots level and serve as an important link between support services and underserved communities in need of such support. The approach is modeled throughout the program including:

- Direct services
- Platicas
- Culture Competency Training
- Bilingual services and literature
- Media interviews

To access underserved communities, CLFA implements a "roving advocacy" component to the scope of work. . Roving advocacy is when staff travel to rural areas on a set schedule to meet with and serve clients and their families. As a means to facilitate this additional service, CLFA has developed a collaborative network of rural organizations that provide confidential office space for staff to work from, including health clinics, County Department of Social Service satellite offices, rural police departments, churches, Fresno Housing Authority community rooms and libraries. Staff are fully equipped with internet-ready laptops, cell phones, tablets, printers, and locked file

boxes. This allows staff to complete note taking and report rendering in the field when information is fresh in their minds thereby reducing the time and cost of case management and improving the quality/accuracy of case file information. Roving advocacy is implemented with all CLFA programs including CBANS.

Integrated service experience: CLFA provides sustained contact over a prolonged period of time, which allows clients and families to build trust through interactions centered on their specific needs and also provides multiple wraparound services. Clients and families are assessed and linked with internal services provided by CLFA. Internal linkages for clients with needs outside of mental health are made to CLFA's different departments, including and Victim Services for individuals and families who need assistance with the domestic violence restraining orders and sexual assault intervention; Immigration Services for clients seeking immigration remedies; Family Strengthening for parent education classes and parent/child development skills; and Health and Wellness for medical, CalFresh food stamps, telecommunications, and housing assistance. Additionally, CLFA operates the Multi-Agency Access Point program (MAP Program) with partners Kings View Behavioral Health and the Poverello House. The MAP program provides single point entry for Fresno County residents to access linkage to multiple behavioral, social and health services to promote their wellness. Cross referrals are provided through this program to further support clients and provide strong linkages.

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

1. Reduce Stress Factors

The CLFA CBANS program provides prevention and early intervention services to clients, consisting of assessments/screenings in order to identify their needs (stressors) and make a linkage to the appropriate source for an array of services that may including behavioral health treatment (therapy/counseling, substance abuse), parent education (parenting classes) and housing (Section 8 concerns, searching for an apartment, lease application assistance, and MAP program referrals). In order to identify needs and make an appropriate linkage, the CBANS program utilizes the Needs (Stressors) Survey Tool.

(Indicator) The Needs (Stressors) Survey screens client's "needs" in the areas of basic needs (food, shelter, immigration and education), physical & mental health and needs related to their children.

(Effectiveness) The purpose of the survey is to identify and measure the needs (stressors) a client is facing. (Target Goal Expectancy)The goal is to reduce their needs by assisting them with appropriate support, resources, and services in order to satisfy the need.

(Who applied) 83 consumers received a Needs Survey. The survey also measures if the number of needs decreased, increased or stayed the same. (Time of Measure) In this reporting period:

(Effectiveness)

56% of consumers who received a pre and post Needs survey had a decrease in the number of needs.

(15%) – of consumers identify the same number of needs from the pre to the post survey. Some consumers stated that their initial needs were satisfied and at the follow-up visit consumers identified new needs. Others chose to put certain needs on hold and focus on other priorities such as work and family.

(29%)- of consumer's needs increased at the time of the post survey. For some consumers, their initial needs were met and other new needs were identified due to other life changes.

(50) consumers remain active in their Individualized Empowerment Plan. For others if needed, the referrals were adjusted. Also, support services continue in order to assist consumers satisfy their need. For example, advocates provide follow-ups, placed home visits as needed, provide court accompaniment and advocacy.

(32) of consumers did not receive a post survey due to loss of contact. Consumers did not stay in communication with advocates (failed to attend appointments and/or failed to return calls) and/or consumers did not provide updates on changes to their contact information (telephone numbers and address change). Some telephone numbers were disconnected. For other consumers, they chose to exit the program before receiving the post survey. Before exiting, advocates reviewed their Empowerment Plan. These consumers self-reported that their needs were met or their situation positively changed and they did not wish to continue with referrals or with their case at the time.

(Data Source) This data was tracked in internal Excel spreadsheets and case management. Also, the results of the Needs Survey were inputted in the monthly Excel log sent to the Department of Behavioral Health.

(Access) An important component of streamline access is being available to the client and to provide support services to help consumers overcome barriers in order to access services. Support services include, conducting one-on-one meetings, these can be in the office or in the home. For example, some consumers do not have access to transportation (limited funds, do not have a driver license or are unable to access public transportation on their own). Other consumers do not have child care or adult care. Also, some consumers have health conditions preventing them from accessing services. CBANS advocates provide roving advocacy services which consist of traveling to rural areas on a set schedule to meet with and serve clients and their families.

(Satisfaction & Feedback)

By developing strong peer support, the family becomes extended and even stronger. Thus, an intake assessment has the potential to become the beginning of a relationship that last. The interview/screening process allows enough time for their consumer to share their story, and together with the advocate a plan is developed. This process is useful to help build trust to guide the message and ensure linkage. Individuals seeking support such as, behavioral health were able to receive services and met their need. Therefore, their needs decreased.

2. Increase Access to Community Resources

(Indicator) Referrals/Linkages are made to help decrease consumer's needs (stressors) that are identified at the interview and to increase wellness stabilization. In difficult times, the ability to connect consumer's to services that are located in the same agency makes for a seamless provision of services, reducing the stress to navigate other venues. Referrals to CLFA departments/programs include: Victim Services Department (domestic violence, sexual assault, restraining orders, and immigration/visa); Health and Wellness (health insurance, public benefits, MAP program/housing); Family Strengthening (parenting classes); and Immigration. Depending on the need, internal referrals to CLFA can be made in combination to an external organization/program.

CLFA routinely engages and collaborates with external organizations and programs in order to work together more efficiently to meet the needs of the consumers. The collaboration strengthens the relationship for an appropriate referral and/or linkage to be made to help reduce stress and meet the needs of the individual. Referrals to external organizations included: Urgent Care Wellness Center, Fresno County Children Services, Clinica Sierra Vista, United Health Centers, Turning Point, Nuestra Casa, and Fresno Family Counseling Center.

(Who applied) In this reporting period, advocates met with a total of (177) consumers. At the time of the interview, needs, concerns, strengths, resources and next steps are identified with all consumers.

Advocates met with (95) of consumers for a one-time service. These consumers stated they were able to handle the referral on their own, others stated the information they were seeking was for someone else, and others stated they were unable to continuously met with advocates due to

work schedules and chose the one-time service. From these consumers a total of (102) Referrals/Linkages were made to CLFA and/or to other organizations (Effectiveness).

(27) Internal
(75) External

(Data Source) Information was tracked internally on Excel spreadsheets and on the monthly log provided to the Department of Behavioral Health.

In this reporting period, advocates also assisted a total of (82) consumers (consumers had a case open). An Individualized Empowerment Plan was jointly developed with the consumer and tracked through case management. Depending on the need, advocates were able to assist consumers with internal and/or external resources.

(Effectiveness)

A total of (261) referrals were provided (89 to internal resources and 167 external resources). From those (145) of the referrals were utilized. (50) of consumers remain active in their plan and referrals were adjusted as needed. Also, support services continue in order to assist the consumer to reach all their needs. For example, advocates provide follow-up, place home visits as needed, provide court accompaniment, accompanied client to appointments and advocacy.

(23) of consumers did not maintain in contact with staff. Consumers had disconnected telephone numbers and/or or wrong address. Other consumers failed to stay in contact with advocates or attend appointments. Due to loss of contact the outcome of the referrals are unknown.

(9) of consumer's chose to close their case. Consumers stated their needs were met or at the time they chose not to follow-up on referrals due to other priorities such as work schedules. Also, some stated their situation positively changed and did not need to follow-up on the referrals or continue with a case. However, they expressed their gratitude for the support and stated their awareness on available resources increased.

(Time of measure) & (Data Source) (Target Goal Expectancy)

At each follow-up with consumers, progress is tracked through case management and Excel spreadsheets. Some needs (stressors) needing external support such as, housing (finding an apartment that meets the needs of the consumer) and behavioral health services (seeing a clinician) prolong the target goal expectancy since each case/service is different. For one consumer housing may take several months and for another client seeing a clinician may take two to three months.

(Access) Some consumers meet with staff for the first time and CLFA is the first entry point to access services. Some consumers due to stigma, lack of confidence, or uncertainty do not feel capable of contacting agencies say to schedule a counseling appointment. During the interview process, it allows enough time to talk, giving the consumer an opportunity to talk about their situation and together a plan of action is developed.

This process helps establish rapport, provide support, which then helps guide the message. As a support/intervention advocates are able to assist with placing a call to another agency to initiate the road to recovery.

(Satisfaction & Feedback) One client was seeking housing assistance. He was in need of finding a place that accepted Section 8. One of the interventions involved, collaborating with other agencies such as the Fresno Housing Authority and Central Valley Independence Resources. Other interventions included, assisting in apartment search, placing phone calls to agencies, accompany client to view apartments, speaking with property managers, reading/filling out applications and accompanying client to appointments. . Staff also worked with his family. The family provided support (transportation and financial) and encouragement throughout the process. The length of time to assist this client to find and move into an apartment was over a five-month period.

3. Education (Outreach, Educational Trainings/Presentations/Workshops)

(Indicator) (Access) CBANS provides outreach through various activities such as community events and educational trainings (presentations/workshops) in urban and rural communities on a monthly basis. Such events took place on weekdays, weekends, mornings, afternoons, and evenings. Also, these activities are provided in English and Spanish. These events are attended by staff on a monthly basis (Time of Measure). (Who Applied) These services are open to all community members and are targeted to the unserved and underserved population).

(Data Source) These events are tracked in the internal Excel Spreadsheets and logged on the monthly log provided to the Department of Behavioral Health.

(Effectiveness) The goal is to raise mental health awareness, reduce stigma, and increase wellness stabilization. Also, it is to build capacity to better deliver services.

(Effectiveness) Linguistically, CLFA translates flyers and publications material into English and Spanish, carefully providing appropriate equivalent concepts. Brochures and literature are available at all events in order to increase awareness. Participants are also provided with information about the organization and program services.

At each outreach event and educational training advocates engage in conversations about wellbeing and services with attendees. Through these conversations, advocates provide information and identify those needing further assistance/assessment. Advocates then collect basic contact information and follow-up with these individuals.

(Community Events) Staff participated in (32) community events such as Día Del Niño, Senior Spring Fling, Fresno Aids Walk, Feria de Salud, Sabatino, United Health Centers, Regional Migrant Conference and Back to School Health Fairs. An audience of (934) community members was reached. (Target Goal)

(Educational Trainings)

CBANS provided (37) educational trainings with an overall attendance of (668) consumers. Some topics included mental health wellness, stigma, cultural barriers, stress, self-care and others. Some educational trainings were provided at Parent Conferences, Aspiranet, The Mexican Consulate in Fresno, Parent Coffee Hours and at various Fresno Housing Authority Sites.

The topics promote wellness and include messages of hope and recovery. (Target Goal)

Our wellness approach includes activities that help promote wellbeing and provide opportunities to weave in mental health concepts that helps reduce stigma. Providing education and support groups are entry points to understanding mental health as a “safe” issue, opening the door for future education on more serious mental illnesses or asking for help for the first time.

For example, CLFA implements placitas; a cultural approach to support groups engaging participants in conversations about mental health issues. This softer approach allows staff to slowly create relationships so that eventually more serious issues can be addressed.

(Satisfaction & Feedback)

One individual stated that attending such activities over time helped her socialize and build relationships with others. Another individual stated that at the beginning she was not emotionally stable to interact with others. After attending sessions, she was able to be more open and participate.

(Media) For this reporting period, staff provided education through trusted messengers on Spanish Television and radio to raise awareness and reduce stigma. Such activities were provided on Univision Channel 21 Arriba Valle Central, Mexican Consulate’s radio program and La Presiosa radio program.

Arriba Valle Central is hosted by TV personality, Lupita Lomeli who has been referred by many in the Latino Community the Opera Winfrey for the Latinos. CBANS reached an estimated audience of (42, 000) through media activities. (Target Goal)

(CLFA’s annual Vive Bien/Live Well event)

CLFA hosted its annual Vive Bien/Live Well event for mental health awareness month. The goal of the event was to provide to raise awareness, promote wellness and provide wellness support. At the time, the community needs/stressors were around issues on health insurance changes and immigration changes. In response, this year the event featured educational presentations on Mental Health, Self-Care, Health Insurance, Know Your Rights: Immigration, 10 Steps to better heart Health, Alzheimer Signs and a Zumba demonstration. In addition, the event featured informational booths. CLFA collaborated with American Heart Association, Holistic Cultural and Education Wellness Center, Alzheimer’s

Association, Mexican Consulate, and Clinica Sierra Vista. To further reach the community this event was also in collaboration with CLFA's Consumer/Family Advocacy program.

4. Deepening Social Networks

CLFA routinely collaborates with organizations making sure they are aware of services that will provide a two-way communication loop to address client needs. Also, in each community served, CLFA collaborates with organizations to provide group locations and/or to host educational trainings. For example, CLFA partnered with United Health Centers and Fresno Housing Authority to host activities (support groups and educational trainings).

In this reporting period, staff was able to provide (Indicator) presentations to (Who Applied) organizations such as Kings View, California State University Fresno Health Careers Opportunity Program, the Poverello House, Community Regional Medical Center, Saint Agnes Medical Center, Valley Children's Hospital and to the Alzheimer Association. In March, Fresno County Board of Supervisors District 3 Supervisor Sal Quintero visited CLFA's offices to learn about the programs we provide and clients we reach. This provided CLFA and the CBANS program an opportunity to provide information on the program and how we serve clients.

Such presentations occur throughout the year (Time of Measure). In addition, advocates attend meetings and trainings and other opportunities that help establish connections with other organizations. For example, staff is a part of the Fresno County Bi-National Taskforce and the Latino Health Workgroup.

The goal is to continue to expand collaboration across various fields.

(Data Source) These types of activities are tracked internally on Excel spreadsheets.

CLFA will work with the Department to develop outcomes in the efficiency domain as well as target goal expectancies for all outcomes in the next reporting cycle.