

# FRESNO COUNTY MENTAL HEALTH PLAN

# OUTCOMES REPORT- Attachment A

## PROGRAM INFORMATION:

<b>Program Title:</b>	Cultural-Based Access Navigation and Peer/Family Support (CBANS) Services	<b>Provider:</b>	Fresno American Indian Health Project (FAIHP)
<b>Program Description:</b>	The CBANS Program is a mental health awareness, prevention and early intervention program. The program is aimed at reducing risk factors and stressors, building protective factors and skills, and increasing social supports access for all age groups, through individual and group peer support, community awareness, and education provided in culturally sensitive formats and contexts.	<b>MHP Work Plan:</b>	3-Culturally and community defined practices Choose an item. Choose an item.
<b>Age Group Served 1:</b>	ADULT	<b>Dates of Operation:</b>	October 2011 - present
<b>Age Group Served 2:</b>	Choose an item.	<b>Reporting Period:</b>	July 1, 2016 - June 30, 2017
<b>Funding Source 1:</b>	Prevention (MHSA)	<b>Funding Source 3:</b>	Choose an item.
<b>Funding Source 2:</b>	Early Intervention (MHSA)	<b>Other Funding:</b>	Click here to enter text.

## FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$75,206.00	<b>Program Actual Amount:</b>	\$73,675.51
<b>Number of Unique Clients Served During Time Period:</b>	982		
<b>Number of Services Rendered During Time Period:</b>	2,704		
<b>Actual Cost Per Client:</b>	\$75.03		

## CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	Other, please specify below
<b>Contract Term:</b>	July 1, 2016 - June 30, 2021	<b>For Other:</b>	Prevention and Early Intervention (PEI)
		<b>Renewal Date:</b>	July 1, 2021

**Level of Care Information Age 18 & Over:**

**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:** American Indian/Alaska Native

**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)*

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

Cultural Competency

Community collaboration

Choose an item.

**Please describe how the selected concept (s) embedded:**

The CBANS program applies all core concepts in all areas of service. An area of emphasis is working with, and for families and individuals. Helping parents become better leaders and focus on the wellness of the family unit. This is addressed in many different domains. Some include but are not limited to parenting classes that focus on traditional values and beliefs. Connecting elders and youth to bridge the generational gap and allow for cultural teachings and activities; such as basket making, beading, storytelling, and talking circles. All of which are held in high regard to culture, mental health, and resiliency. CBANS also works to create a social/community network for all its consumers. By linking individuals who have little to no connection with the Native American community or population. In result community members are able to create social bonds while building and strengthening their sense of belonging and identity. All in which either address or promote mental wellness and recovery. The Native American community has a strong

belief and value that culture is prevention. It is this value that CBANS and the Fresno American Indian Health Project (FAIHP) keep at the forefront of how all services are developed and implemented. By staying family and individual focused the CBANS program is able to provide trainings and activities that make an effort to increase the cultural competence of the community members and service providers. CBANS has been included in multiple cultural gatherings and trainings throughout this year. These events and gatherings include working with the Department of Social Services (DSS), educating on cultural values and principles, Crisis Intervention Trainings, focused on community engagement and cultural norms, Local Tribal TANF offices, raising awareness on mental health and stigma reduction. Not only is stigma reduction a key element in the delivery of service, CBANS also works to educate on how mental health impacts and creates barriers to access mental health services. CBANS ensures this by creating opportunity for service providers to join in on any and all activities. An example would be working with and inviting clinical staff and or other service providers to participate in cultural activities and trainings. Community Collaboration is essential to the success of the CBANS program and the health of the American Indian community. The effort here is to create and mobilize the American Indian community. CBANS instills this value in its service delivery and the result has been community members and service providers have been initiating more programs. Keeping a close relationship with the Owens Valley Career Development Center (OVCDC), North Fork TANF, Big Sandy Rancheria, Cold Springs Rancheria, Fresno County DSS, Westcare, Sierra Tribal Consortium, and The Discovery Center have resulted in many inclusive events and activities. CBANS has been working with the local TANF offices providing support for the clients who either show signs of stress factors or failing to navigate service systems. The partnership has improved the access and awareness of mental health stigma. CBANS provides direct peer support for the Tribal TANF' that do not have the service to offer, creating a seamless entry to peer support services and mental health prevention and/or linkage. CBANS has also geared in on promoting leadership within the community. Which in turn has been a success in having community members

partner in outreach, lead support groups, plan and execute community gathering and become advocates of wellness and recovery.

## 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

### Goal 1: Reduction in Consumers Stressors

#### Outcome 1:

The Needs and Stressor tool is used to measure the number or stressors that a consumer may have when they first access services. The tool identifies four primary areas which are; basic needs, physical and mental needs, environment/social needs and other (related to participant's family, friends, work, etc.). CBANS attempts to follow up with all consumers 3-6 months after initial service received.

The needs and stressor tool are used as a part of the CBANS intake process along with other surveys that aid the Community Health Worker (CHW) and Peer Support Specialist (PSS) in developing a baseline of the consumers' needs. Of the 35 surveys, shelter appeared to be the most common stressor with 14 listed as the priority. Consumers were linked to the Fresno Rescue Mission and MAP for homelessness. Others were referred to the California Indian Manpower Consortium (CIMC) eviction prevention and relocation programs. The second priority was financial stressors, in which clients were linked to community LIHEAP services, CIMC, and local food banks when necessary. Other common stressors included cultural connectedness, physical health, education, and mental health needs.

60% of the consumers were able to lower their top 3 stressors by 68% showing that either their need had been met and changed or the need was fulfilled. FAIHP collects annual client satisfaction surveys for all services including CBANS referral and linkage.

### Goal 2: Increase in Consumer Wellness

#### 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 the 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:

- 3% of consumers rated themselves between the scale of zero-ten
- 57% rated in the eleven to twenty range
- 35% rated in the twenty-one to thirty range
- 5% rated in the thirty-one to thirty-seven range

The second assessment is conducted after services have been provided. Overall, consumers revealed improvement.

- 0% are in the scale of zero to ten
- 13% are in the scale of eleven to twenty
- 67% are in the scale of twenty-one to thirty
- 13% are in the scale of thirty-one to thirty-seven

Many of the clients continue to attend support groups and community events. Each client who attends and participates in support groups take part in the wellness survey among others. Clients have responded to the CBANS services through various qualitative surveys.

### **Goal 3: Reduction in Consumer Depression**

#### **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 aided as determined by their responses. The PHQ-9 is 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 11 points. With 35% of consumers reducing their tally by at least 20, three consumers stayed at the same level of depression with none of them have a higher score of one. Two consumers were able to reduce their score down to zero with a previous score of at least nine points.

**FAIHP 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.**