

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

| | | | |
|-----------------------------|---|----------------------------|---|
| Program Title: | Consumer/Family Advocacy Services | Provider: | Centro La Familia Advocacy Services (CLFA)/Fresno Interdenominational Refugee Ministries (FIRM) |
| Program Description: | The Consumer/Family Advocacy Services program includes the provision of advocacy, client and family support, community-based behavioral health support and stigma reduction education services. | MHP Work Plan: | 2-Wellness, recovery, and resiliency support Choose an item. Choose an item. |
| Age Group Served 1: | ALL AGES | Dates Of Operation: | July 1, 2011 – Current |
| Age Group Served 2: | Choose an item. | Reporting Period: | July 1, 2016 - June 30, 2017 |
| Funding Source 1: | Com Services & Supports (MHSA) | Funding Source 3: | |
| Funding Source 2: | | Other Funding: | |

FISCAL INFORMATION:

| | | | |
|--|--|-------------------------------|---|
| Program Budget Amount: | \$113,569 A-11-338-1 (Jul – Dec 2016): \$56,785 A-16-691 (Jan – Jul 2017):\$56,784 | Program Actual Amount: | \$105,130.13 A-11-338-1 (Jul – Dec 2016): \$50,399.38 A-16-691 (Jan – Jul 2017):\$54,730.75 |
| Number of Unique Clients Served During Time Period: | 1,704 | | |
| Number of Services Rendered During Time Period: | 10,313 | | |
| Actual Cost Per Client: | \$61.70 | | |

CONTRACT INFORMATION:

| | | | |
|---|--|-------------------------|-----------------------------------|
| Program Type: | Contract-Operated | Type of Program: | Other, please specify below |
| Contract Term: | A-11-338-1 (July 1, 2016 – December 31, 2016 extension) A-16-691 (January 1, 2017 – June, 30, 2019 with two twelve-month renewal periods) | For Other: | Consumer/Family Advocacy Services |
| Level of Care Information Age 18 & Over: | Choose an item. | Renewal Date: | July 1, 2021 |

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:

Unserved and underserved children/youth, transitional age youth, adults and older adults and their families residing in rural and metropolitan areas of Fresno County who may be experiencing a first break in mental illness or experiencing early onset of a crisis.

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

Please describe how the selected concept (s) embedded :

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 for in order 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 Light-House Recovery Program, United Health Centers and Fresno Housing Authority to host groups at rural sites. Also, CLFA met with Fresno County Board of Supervisors District 3 Supervisor Sal

Cultural Competence

Quintero and State 31st District Assembly Member Joaquin Arambula, along with Kings View, Children's Valley Hospital, Poverello House, California State University, Fresno, and Community Regional Medical Center. CLFA continues such activities on a regular basis.

CLFA advocates are bilingual (Spanish/English/Hmong) and bi-cultural with a background similar to 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 highlighting 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 allows us to converse 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 bilingual literature;
- And culturally appropriate media outreach through trusted, linguistically appropriate outlets such as Univision, Hmong Radio, and Radio La Missionera.

CLFA ensures that the cultural competency approach is reinforced through monthly Family Advocacy Training provided by Dr. Juan Garcia, PhD from California State University, Fresno. Advocates are provided reinforced training on holistic approaches relevant to mental health service delivery for targeted populations. 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. This approach leads to trust/confianza, key to service delivery.
- Proper social etiquette for ethnic populations.
- Hmong Cultural Competency.
- Lao Cultural Competency.
- Cambodian Cultural Competency.
- Southeast Asian Mental Health Stigma Challenges.

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

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

This multi-faceted approach combines strategies, resources and community knowledge acquired through CLFA’s work, which allows for effective services and support. “The Full Approach” includes

utilization of 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 our role as the trusted messenger. Another key element is maintaining consistency with clients and continually acknowledging the clients' plight and allowing them to know that CLFA is here to help them.

Access to underserved communities

CLFA works to ensure that underserved communities are reached by utilizing 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 serves 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 bilingual literature
- Media interviews

To access underserved communities, CLFA implements a "roving advocacy" component to the scope of work of our advocates. Roving advocacy is when advocates travel to rural areas on a set weekly 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 our advocates to work from, including health clinics,

Integrated service experience

County Department of Social Service satellite offices, rural police departments, churches, and libraries. Advocates are fully equipped with internet-ready laptops, cell phones, tablets, printers, and locked file boxes. This allows the advocates 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 this program.

CLFA employs a key advocacy strategy, sustained contact over a prolonged period of time, which allows clients and families to build trust through interactions centered on their specific needs, and provides multiple wraparound services to the client and family members. 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 and consist of: 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. FIRM's internal referrals include the Foster Care System, legal documents, housing and homeless assistance. This allows clients to receive services internally, preventing the need to access multiple agencies to meet their needs.

Additionally, CLFA operates the Multi-Agency Access Point (MAP) program with partners Kings View Behavioral Health and the Poverello House. The MAP program provides a 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. Educate and increase public awareness of impact of mental illness to family members and clients to minimize stigma.

Indicator: CLFA and FIRM staff participated in fifty-four **(54)** community outreach events in various communities throughout Fresno County and thirty-seven **(37)** media events. These communities include: Fresno, Mendota, Firebaugh, Parlier and Fowler. The outreach and media events were utilized to increase public awareness of the impact of mental illness to family members and clients.

Target goal/Effectiveness/Access: The purpose of the community and media outreach is to further expand services to the unserved and underserved clients who reside in the rural and metropolitan areas of Fresno County, as well as, collaborate with local organizations and partners to bring further awareness of mental health services.

This reporting period, CLFA/FIRM provided information to eight thousand seven hundred eighty **(8,780)** individuals and families, and collaborated with several local organizations. These organizations included: Fresno County Binational Taskforce, Mexican Consulate of Fresno, West Fresno Family Resource Center, United Health Centers, and various schools, (Olmos Elementary School, Lawless Elementary School, Roosevelt High School, Fresno Adult School, and Firebaugh Middle School).

Flyers and publication material were distributed in Spanish, Lao, Hmong, and English. Each family and individual approached was addressed from a culturally sensitive perspective and understanding that each person's personal needs and beliefs of mental illness may differ. In addition, brochures and literature were available at all events, in order to increase awareness about mental illness and reduce the associated stigma.

Also, CLFA hosted the yearly "Live Well, Vive Bien" event, promoting mental health awareness in the month of May. CLFA staff coordinated and partnered with the Cultural-Based Access Navigation Services (CBANS) program, Alzheimer's Association, The American Heart Association, and the Cultural Holistic and Education Wellness Center. The event featured educational presentations, informational booths, and a Zumba demonstration. Presentations focused on mental health and stigma/barriers, self-care techniques, and 10-steps to a better heart health.

These educational presentations expanded clients' understanding about mental health and wellness. As a result, staff and vendors were able to interact with family and individuals through a soft systematic approach. During the event, staff would build rapport with each client to gain their trust prior to providing them with additional support and/or information about mental

health. If an individual or family wanted further information, staff would schedule a follow-up for further assessment and support. CLFA staff would have clients sign the sign-in sheet and track the number of people who would request a follow-up.

Overall, the outreach events provided CLFA/FIRM with an opportunity to follow-up with clients to provide additional support, help complete a warm handoff in person and/or direct involvement with scheduling an appointment with a mental health provider.

Further, CLFA/FIRM participated in thirty-seven (37) **media events**. Both agencies were able to reach over 438,000 viewers/listeners through television and radio. CLFA participated in five (5) Univision Television (Channel 21) events, providing-presentations on the morning talk show “Arriba Valle Central,” with Lupita Lomeli about mental health, depression and suicide prevention. FIRM participated in thirty-two (32) Lao Radio and Hmong TV interview about mental health and wellness.

Who applied: Target population includes unserved and underserved in rural areas and non-English speaking. Advocates provided information to families and individuals who may be experiencing a first break in mental illness or experiencing an early onset of a crisis.

Time of measure: Outreach activities were completed twice a month and media outreach was completed on a quarterly basis.

Data Source: CLFA and FIRM tracked the number of clients reached with sign-in sheets. A monthly event log tracked the number of events and clients reached.

| Indicator | | Year 1 | |
|--|-------------------------|--------|---------|
| | | Target | Outcome |
| Outreach Events with attendance of more than 500 | <i>Number of Events</i> | 2 | |
| | <i>Number Reached</i> | 450 | |
| Outreach Events with attendance of 500 or less | <i>Number of Events</i> | 36 | 54 |
| | <i>Number Reached</i> | 1,225 | 8,780 |
| Media Outreach – Television or Radio Interviews | <i>Number of Events</i> | 8 | 37 |
| | <i>Number Reached</i> | 20,000 | 438,000 |

2. Increase client and family members’ confidence, functioning and coping skills.

Indicator: CLFA/FIRM provided a total of **59** educational presentations to community members, schools, clinics and community-based organizations to increase family member’s levels of functioning, confidence and coping skills to reduce

stigma/discrimination of mental health. CLFA and FIRM collaborated with Fresno Housing Authority sites, elementary schools, Mexican Consulate of Fresno, Edwin Blyney Senior Center, and Light-House Recovery Program.

Effectiveness/Access: The purpose of the educational presentations is to educate the community on mental health, wellness and recovery, available support and treatment resources, anti-stigma, stress management, life safety and suicide prevention. The target goal for the first year is to provide at least three presentations monthly. Together, CLFA and FIRM educated **1,446** individuals and families in their native language: Hmong, Lao, Spanish, and English. Presentations/workshops were provided in English, Spanish, Hmong and Lao and targeted the Hispanic, Southeast Asian, Caucasian and African-American communities.

Staff also provided continuous presentations to organizations and community representatives ensuring they are aware of the services provided by CLFA/FIRM. For example, CLFA staff provided a presentation to California Assembly Member, Joaquin Arambula, a California Emergency Physicians (CEP), who is familiar with the medical health services in the Central Valley. CLFA staff was given the privilege to further expand his knowledge of rural community services for mental health, thus gaining a champion to help in stigma reduction of mental illness.

This also helped strengthen communication between agencies so that CLFA can better serve clients and provide linkages. For instance, CLFA provided an education/services presentation to the staff at California State University, Fresno Student Health and Counseling Center, informing them about mental health and wellness. The Center staff provided CLFA with positive feedback and requested additional brochures and flyers about CLFA's mental health services, thus gaining an additional ally to further link families and individuals in the educational realm.

Who applied: Advocates provided educational workshops/presentation to community-based organizations, families and individuals of all age groups.

Time of measure: Educational activities were completed twice a month within a span of 12-months.

Data Source/**Satisfaction & Feedback of Persons Served & Stakeholder**: Client satisfaction and feedback of persons served was tracked through pre/post evaluations and number of participants reached was tracked through sign-in sheets. The feedback received from each client would help staff prepare for future workshop/presentations by implementing the suggestions and topics requested such as mindfulness, healthy/protective boundaries, healthy eating, etc. Event logs and sign-in sheets were used to track quantitative data.

3. Receive, log and provide advocacy services as initiated by calls to office.

Indicator: Clients utilize CLFA/FIRM as a two-way communication/linkage to mental health services by receiving referrals to County and other mental health providers.

Effectiveness/Access: The goal of CLFA/FIRM is to routinely engage with clients and collaborate with organizations and programs in order to work together more efficiently in linking individuals and families to the appropriate mental health services. This reporting period, CLFA/FIRM received a total of **488** calls from clients seeking mental health and supportive services for community members.

As part of CLFA/FIRM's action plan, advocates provided families and individuals with internal/external referrals to the appropriate agencies to further assist them with their immediate need depending on their circumstance. The internal/external referrals provided to clients were given simultaneously. Advocates provided referrals to Urgent Care Wellness Center, Exodus Recovery, Inc. and the Suicide Prevention Hotline for critical/at-risk individuals and families. Clients who requested referrals for individuals and families who needed assistance with domestic violence restraining orders, sexual assault intervention, and immigration services for clients seeking immigration remedies and legal documents were referred to CLFA's Victim Services and FIRM. Clients who were seeking psychological and family and marriage counseling services were referred to ALPHA Behavioral Counseling Center, United Health Centers and Turning Point of Central California for rural communities.

In addition, referrals were also provided to clients seeking parent education classes and parent/child development skills to CLFA's family strengthening program and for medical, CalFresh food stamps, telecommunications, and housing assistance (Section 8, Shelter, and MAP Program) to CLFA/FIRM's health and wellness programs. Further, substance use referrals were given to the following agencies: Central California Recovery, Inc., Fresno New Connections, Inc., WestCare California, Inc., Kings of Kings Community Center and Turning Point of Central California (rural communities).

As a result of calls received, **212** home visits were completed. Home visits were completed to further assess/screen client needs due to their limited access to personal/public transportation, child-care and health concerns. These barriers make it a challenging task for clients to seek and be linked to mental health services. For example, advocates provided one-on-one peer support services to a family at their home due to their limited access to personal/public transportation from financial limitations. Although the family was facing personal/public transportation and health concerns, their priority was to be linked to mental health services. Advocates worked towards meeting clients' needs at their home by completing warm handoffs to mental health and wrap around services.

Who applied: General public, community members

Time of measure: Calls received were tracked on a monthly basis.

Data Source: Calls received were tracked on a monthly call log. The call log included details about the disposition of each call received within the reporting period, such as: total number of internal and external referrals made, the type of referral, and the name of the agency client was referred to.

4. Increase family support and awareness. Increase awareness of relapse prevention.

Indicator: Support group facilitations served to increase family support and awareness of mental health relapse prevention, as well as peer-to-peer support and motivation during difficult times. Each support group member would utilize group meetings to encourage, build, and expand their knowledge and understanding about mental health.

Effectiveness/Access: CLFA/FIRM had a goal to provide **18** support groups in the first year; total provided in this reporting period was **32** support group meetings in the rural and metropolitan cities of Fresno County: Riverdale, Sanger, Fresno and Mendota. There were a total of **238** participants between CLFA/FIRM combined. The purpose of the support group sessions was to provide a safe/confidential space for families and individuals to openly discuss their feelings and concerns about mental health issues. Support group sessions provided awareness of mental health issues to minimize stigma/discrimination by increasing familial support and coping skills through self-care and relaxation/mindfulness activities. The sessions covered topics of mental health, wellness and recovery, awareness of community resources for loved ones with a mental illness, depression and suicide prevention, stress, anxiety, etc. Further, these groups were facilitated to meet participants' linguistic needs and were conducted in Lao, Hmong, Spanish, and English.

Who applied: General public, community members

Time of measure: Support group meetings were facilitated biweekly.

Data Source/**Satisfaction & Feedback of Persons Served & Stakeholder**: Sign-in sheets tracked attendance. Client satisfaction and feedback of persons served was tracked through pre/post evaluations that included further details about participants' response about the topics discussed, meeting times, and any recommendations for new topics/activities. The feedback received from support group members helped advocates provide culturally sensitive educational material to new or existing group members.

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.