

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Living Well Program	<b>Provider:</b>	Fresno Center for New Americans
<b>Program Description:</b>	<p>The Living Well Program provides two distinct services under this Agreement and the Living Well Program. Services are provided in traditional SEA languages and therapeutic methods are adapted appropriately to respond to the diverse mental health needs of SEA consumers.</p> <p><i>Outpatient Mental Health Services:</i> The goals of the Outpatient component are primarily to provide culturally and linguistically competent outpatient mental health services to 120 adult (minimum) Southeast Asian (SEA) community members in Fresno County and to link clients to community resources such as Medi-Cal, SSI, GR, housing and food.</p> <p><i>Clinical Training Services:</i> The Clinical Training component serves as a training/practicum site for SEA graduate and post-graduate SEA students (post Master’s or post-Doctorate Degrees) to work toward completing requirements necessary to take the licensure exams to become a licensed mental health clinicians. This serves to achieve diversification in the mental health workforce, and to provide cross-cultural training for health care professionals.</p>	<b>MHP Work Plan:</b>	<p>3-Culturally and community defined practices                  2-Wellness, recovery, and resiliency support                  4-Behavioral health clinical care</p>
<b>Age Group Served 1:</b>	ADULT	<b>Dates Of Operation:</b>	07/01/2009 - present
<b>Age Group Served 2:</b>	OLDER ADULT	<b>Reporting Period:</b>	July 1, 2016 - June 30, 2017
<b>Funding Source 1:</b>	Com Services & Supports (MHSA)	<b>Funding Source 3:</b>	Other, please specify below

# FRESNO COUNTY MENTAL HEALTH PLAN

# OUTCOMES REPORT- Attachment A

Funding Source 2: Medical FFP

Other Funding: California Reducing Disparity Project (MHSA)

## FISCAL INFORMATION:

Program Budget Amount: \$695,121

Program Actual Amount: \$692,569.02

Number of Unique Clients Served During Time Period: 142

Number of Services Rendered During Time Period: 4,120

Actual Cost Per Client:  
\$4,877.25

## CONTRACT INFORMATION:

Program Type: Contract-Operated

Type of Program: Outpatient

Contract Term: July 1, 2013 – June 30, 2018

For Other: Clinical Training Services

Renewal Date: July 1, 2018

Level of Care Information Age 18 & Over: Medium Intensity Treatment (caseload 1:22)

Level of Care Information Age 0- 17: Choose an item.

## TARGET POPULATION INFORMATION:

Target Population: Southeast Asians

## 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)*

Cultural Competency

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

Access to underserved communities

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

**Cultural Competency**

At the heart of our program is having the ability to provide cultural, ethnic, linguistically sensitive mental health services. As a result LWP’s staff and student interns are all unique because of their language capability, background experiences, and knowledge, training, and skills in working with Southeast Asian consumers. At the present time, we have staff who are providing psychotherapy and psychoeducation in Hmong, Lao, and Cambodian. Also, all rehabilitation service, activities, and psychoeducation have been adapted to the experiences and knowledge of our Southeast Asian consumers. Furthermore, we welcome our consumers, their family, and their community to our program through outreaching efforts like ethnic media and cultural community events. We want to bring mental health awareness to the Southeast Asian community and help to destigmatize mental health problems.

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

Since the Vietnam war, Southeast Asian consumers have not return to their homeland; instead, they are trying to survive every day in America. They struggle with acculturating to the new culture, and as a result are faced with an array of mental health problems. Therefore, LWP exists to help Southeast Asian consumers confront these mental health problems.

The services and activities are driven by the needs of individuals and their family members that come for help. For example, our community gardens, cultural arts and crafts, and the utilization of alternative healers. These are things the SEA consumers can do and utilize to cope with their problems in this country.

To help our consumers to adapt and cope with their mental health problems, LWP utilizes a Southeast Asian Cross Cultural Counseling Model. This model

focuses on promoting wellness, recovery and resiliency in the consumers. It utilizes adapted basic techniques and concepts from cognitive-behavioral therapy and positive psychology, teaches skills building, and emphasizes the consumer's cultural strengths into the therapy and into the rehabilitation activities and education workshops.

When SEA consumers are in the program, our counselors and peer specialists work to help them to develop skills like communication skill, assertiveness skills, parenting skills, problem solving skills, and relaxation techniques. These are essential skills for them to thrive. At the same time, our clinicians work with the consumers, either individually, and/or in group therapy setting to address deeper personal beliefs and issues that need more specialized attention and time. Finally, whenever appropriate, counselors and clinicians will share with them about positive aspect of themselves and include in cultural practices that can help with their resiliency and recovery. This may include traditional healing techniques and methods and the services of alternative healers.

### **Access to Underserved Communities**

Mental health equity and inequality is big issues in the underserved community. There is a tremendous disparity, and recently, state legislative efforts like the Mental Health Services Act (MHSA) has attempted to address this issue. As result, the Living Well Program was created to address issues of accessibility and availability of cultural appropriate mental health services in the community. LWP offers the community a family and friendly approach to receiving mental health services that is positive, warming, and welcoming. This year we have served a total of 142 unique Southeast Asian consumers and offered over 4,000 units of services, and billed Medi-Cal totaling over \$537,000.

At the same time, LWP is preparing 5 staff for licensure and continuing to serve as a training site for graduate and undergraduate students. This year we served as an internship site for 3 graduate students, and practicum site for 2 undergraduate students. All together about a total over 4,000 hrs. of supervision hours is earned at the Living Well Program.

Therefore, LWP is not only an access location for Southeast Asian consumers to receive cultural, ethnic, linguistically sensitive mental health services, but also a training site for graduate and undergraduate Southeast Asian students to train and become licensed mental health clinicians.

**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

**OUTCOMES**

A. Increase access to outpatient specialty mental health services from 95 SEA clients to 120 clients monthly during the term of this Agreement and in the preferred language of the client. This shall be measured by the number of clients per month that are treated by FCNA and tracking the preferred languages of the mental health services that are provided to each SEA client.

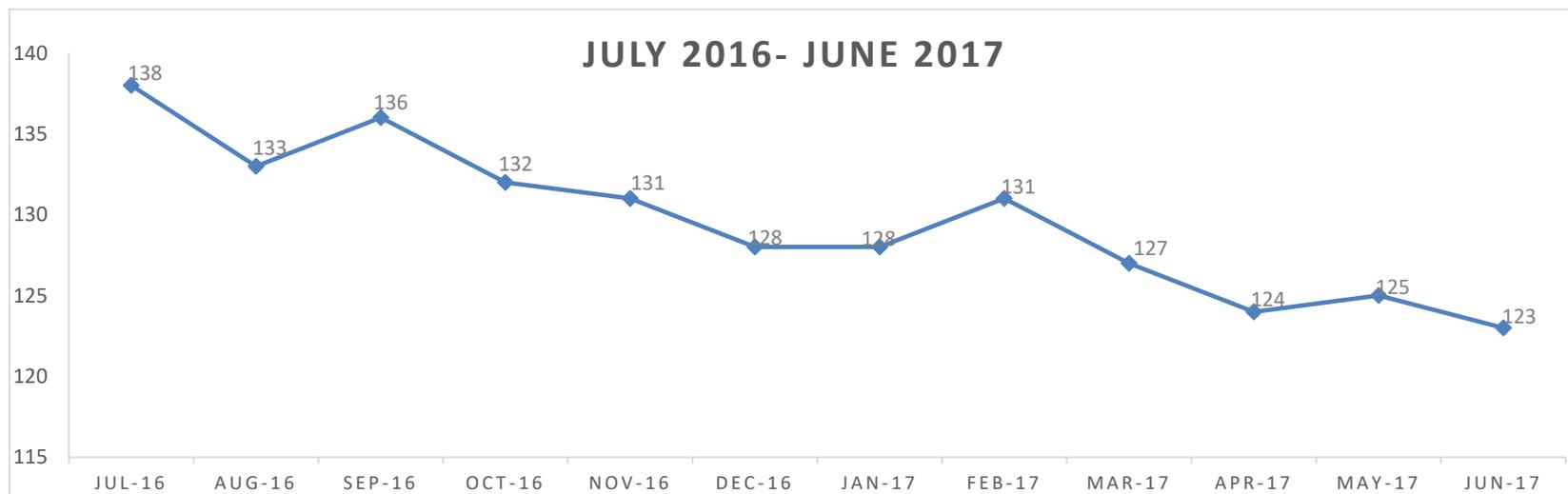


Table 1: LWP Consumers by Month July 2016 to June 2017

Year 1 (2013-14) to Year 3 (2015-16) LWP was contracted to serve 95 Southeast Asian consumers. Year 4 (2016-2017) and Year 5 (2017-2018) LWP increased their consumers to 120. Table 1 shows the number of consumers for each month from beginning of July 2016 to the end of June 30, 2017. Our highest number of consumers was at 138 and lowest was at 123, with an average of 130 consumers for the whole 12 months. This represent an 8% percent increase.

Preferred language of consumers:

Approximately 95% Hmong; Less than 4% is Cambodian; and Less than 1% is Laotian. These percentages depending on number of discharges and intake of our consumers.

Overall, we have met this outcome goal, and are continuing to exceed our number of consumers served.

- B. Increase number of mental health professionals of SEA descent qualified for licensure through hours earned within FCNA's clinical training/supervision program. During each of the five (5) annual terms of this Agreement, a minimum of four (4) student interns shall enter and complete, or show satisfactory progress towards completion of, required clinical hours or completion of the intern program. This shall be measured by the number of hours accumulated by students and by the number of students that obtain valid California licensure in their respective field that have completed the required hours within FCNA's clinical training/supervision program.

**Post Graduate/Staff:**

1. *Ghia Xiong, Psy.D* (Hours completed, process of completing other required courses; studying to take licensure)
2. *Lang Fang, MSW ASW*
  - a. Total Hrs. to Date\*:2,000 (since 10/2015)
  - b. Year 2016-2017 Hrs. Earned\*: 1,000 hrs.
  - c. Passed ethical portion of the licensure
3. *Maynong Lee, MS PCCI*
  - a. Total Hrs. to Date\*: 2,000 (since 8/1/2014)
  - b. Year 2016-2017 Hrs. Earned\*: 1,000
4. *Mary Vang, MS MFTI*
  - a. Total Hrs. to Date\*: 480 (since 2017)
  - b. Year 2016-2017\*: 480
  - c. Preparing for the ethical portion of the licensure
5. *Choeun Giusti, MSW ASW*
  - a. Total Hrs. to Date:
  - b. Year 2016-2017:

**Graduate Student Intern/Other Graduate Intern:**

1. *Mao Ovalle, MFT-intern*
  - a. 9/2016-5/2017\*\*: 700 hrs.
2. *Arick Xiong, MFT-intern*
  - a. 3/2016-5/2017\*\*: 700 hrs.

- 3. *Mai Feng Yang, Dietician Intern*
  - a. 1/2017-2/2017: 80 hrs.

**Undergraduate Intern:**

- 1. *Maly Thao*
  - a. 08/2016 to 05/15/2017\*\*: 500 hrs.
- 2. *Joua Vue*
  - a. 08/2016 to 05/15/2017\*\*: 500 hrs.

Overall, we have met this second outcome goal, and are continuing to exceed our number of staff/interns in the program.

\*note: Not actual. Estimation based on a 20 hrs. per week for 50 wks.

\*\*note: Based on student’s contract from the school.

- C. Evidence of improved access of services for all clients engaged in program.

Count of Unique Clients:	<b>142</b>
Sum of Units:	<b>207,033</b>
Count of Services:	<b>4,120</b>
Sum of Cost of Service:	<b>\$537,524.76</b>
Count of Unique Provider:	<b>10</b>

From July 1, 2016, to June 30, 2017, we provided mental health services to 142 SEA consumers. We had 4,120 count of services and 207,033 sum of units when serving these consumers. Billing Medi-Cal over \$537,000.00.

Overall, we have met this third outcome goal, and exceeded our number of consumer served and generated over \$537,524 compare to our goal of \$240, 915. This represent a 123% in increased in Medi-Cal billing revenue.

- D. Within 30 days of a client’s enrollment in program, provide evidence of a plan of care developed in the clients’ preferred language, approved, authorized and signed by the client.

We reviewed dates from when clients were enrolled into the program or from when they were re-assessed and compared those to when clients signed their POC, 100 percent of our clients' POC were authorized and signed by the clients within 30 days.

Overall, we have met this fourth outcome goal.

- E. Within 90 days of being enrolled in the program, 100% of clients who did not have SSI will have completed applications to receive SSI. FCNA program will provide this data to MHSA on a monthly basis by the 10<sup>th</sup> of each month regarding SSI status.

At the end of June 30, 2017, of the 121 consumers we have, 48% (n=58) of them are SSI recipients, 18% (n=22) of them have their application initiated or are in the process, and 34% (n=44) have their application declined or denied.

For our SSI application processing, we informed our consumers of the pros and cons of applying within the 3 months period. We educated them on the need to at least establish a pattern of psychological illnesses and treatments for a period of 6 months or longer before applying. Also, we informed them should they need to consult with an attorney regarding the strength of their case, we can refer them to one. If they wanted to continue with the application processing within or before the 3-month period, we were willing to also help with the application.

Overall, some of our consumers had already filed prior to entering our program, or they were willing to wait beyond the 6 months before applying. As a result, this outcome goal was not met, due to this waiting period. We will continue to discuss how we can modify this outcome goal so it is more realistic.

- F. Within six months of being enrolled in the program, 100% of clients will have documented linkages to a Primary Care Physician.

After 6 months, 100 % of our clients reported either that they had primary care providers or were assisted by our Peer Specialists to be linked to a primary care provider.

Overall, we meet this outcome goal.

- G. Those clients engaged in services shall have zero (0) days of homelessness after being enrolled in the program, unless client declined housing assistance. FCNA will notify MHSA manager or designee of client's decline and document accordingly. FCNA must have clear documentation of efforts to house clients in appropriate setting.

100% of our client reported zero (0) days of homeless after enrolling into the LWP program.

Overall, we meet this outcome goal.

H. 90% of those engaged in services will not access higher level of care

99% of our consumer did not engaged in higher level of care. This fiscal year, only one of our client reported ending up in the Emergency for physical and mental health needs.

Overall, we meet this outcome goal.

#### **Effectiveness**

LWP successful served 142 unique clients with mild to severe depression, anxiety, and other acculturation problems. We were able to stabilize or prevent them from seeking higher level of care. We had 99 percent of our consumers reported not seeking higher level of care after receiving services from LWP. Additionally, all of our clients reported zero (0) day of homelessness, and 100 percent reported being linked to a primary provider. Also, we completed over 4,000 count of services, and billed over \$537,524.76, as compared to our projected goal of \$240, 915.

The program has also allowed staff and students to accumulate over 4,000 total hours towards either their licensure or meeting their program practicum/internship hours.

Lastly, as an effective program, LWP successfully applied and received additional \$1 million dollars MHSA funding for over the next 5 years from the California Reducing Disparity Project (CRDP) to implement its community defined evidenced practice (CDEP) project called the Hmong Helping Hands Intervention for the next 5 years to help our LWP consumers.

#### **Efficiency**

LWP program is efficient in meeting the needs of their consumers. The team adapted or created innovative approaches and practices that are culturally and relevant to the consumers. Its recent CDEP project- the Hmong Helping Hands intervention was funded by CRDP for 5 years to show how it is helping the Hmong community in Fresno, Merced, and Stockton.

Futhermore, LWP has a team of experienced, trained, skillful, and knowledgeable bicultural and bilingual staff and student interns to meeting the mental health needs of their clients. The team completed over 4,000 count of services, and billed over \$537,524.76, as compared to our projected goal of \$240, 915.

The program has been responsive and efficient in meeting the needs of the SEA consumers with its services and activities.

## Access

LWP offers access to SEA consumers to receive culturally and linguistically competent outpatient mental health services in Fresno County and a resource location to linking them to community resources such as Medi-Cal, SSI, GR, housing and food.

In Year 4 (2016-2017), we served a total of 142 unique SEA consumers. On a monthly basis, we are serving on average 123 SEA consumers with an array of mental health services and other resources.

## Satisfaction & Feedback Of Persons Served & Stakeholder

From stakeholders' meeting to what consumers were reporting back on their re-assessments, we learned that the program is vital to them and their community, and they are very satisfy with the services and staff at LWP.

At the stakeholders' meeting, we heard a number of Southeast Asian participants sharing this idea that if it was not for the staff and LWP, they would not have been alive today. Other participants shared that by attending LWP group therapy, this helped them to not feel alone with their problems. They all supported and advocated for more staff and funding so the program will have more activities for consumers to do and they wanted to be able to go see different places.

In the re-assessments, many of our consumers reported feeling thankful. The expressed an appreciation to the staff for helping them to learn coping skills and problem solving skills. Also, they shared the program has helped them to see and think about their problems differently. In some cases, the consumers said the program and staff "saved" their lives. These are the top main three themes the consumers reported benefitting them from the LWP.