# Family Advocacy Services

**Program Title:** Family Advocacy Services  
**Program Description:** Mental health advocacy, support, and other services to unserved and underserved populations, clients and families.

**Age Group Served 1:** ALL AGES  
**Dates Of Operation:** December 3, 2013 – December 31, 2017

**Age Group Served 2:** Choose an item.

**Funding Source 1:** Com Services & Supports (MHSA)  
**Funding Source 2:** Choose an item.

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**Provider:** Kristi Williams  
**MHP Work Plan:** 2-Wellness, recovery, and resiliency support

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**Program Budget Amount:** $74,967  
**Number of Unique Clients Served During Time Period:** 190  
**Number of Services Rendered During Time Period:** 467  
**Actual Cost Per Client:** $76.01  
**Program Actual Amount:** $35,496.69

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**Program Type:** Contract-Operated  
**Contract Term:** December 3, 2013 – June 30, 2018  
*Provider services concluded January 21, 2018.*

**Type of Program:** Other, please specify below  
**For Other:** Family Advocacy and Support  
**Renewal Date:** July 1, 2018

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**Target Population:** Families and care providers of those receiving mental health services or who are experiencing first on-set of symptoms.
FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT - Attachment A

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 underserved 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
- Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services
- Integrated service experiences

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

Family Advocacy Services has embedded community collaboration into the program by working with families, the Department of Behavioral Health, agencies, and organizational providers to share information and resources in order to accomplish a shared vision of wellness and recovery. Family Advocacy Services has also embedded the client/family driven core concept into this program by working closely with families in hope of helping them identify their own needs and preferences, which can lead to the services and supports that are most effective to them and their loved ones. The Family Advocate encourages families and care providers to take an active role in the community planning process and to attend the monthly Behavioral Health Board meetings so they can influence services and the system of care. Wellness and recovery is the main focus of the Family Advocacy program and is the main approach taken when working with families and the community as a whole.

**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

Performance Outcomes FY 17-18
1. Access

A. Objective: Provide advocacy services as initiated by incoming requests, document disposition including referrals/linkages, follow-up, and duration.

- **Indicator:** Family Advocate logs incoming and outgoing calls. These calls include initial contact and follow-up calls thereafter.
- **Who Applied:** Any family member/caregiver who requested services and was referred. Referrals were made by family members, Mental Health Providers, Community Providers, and NAMI Fresno.
- **Time of Measure:** July 1, 2017 – December 31, 2017
- **Data Source:** Call Log/Family Advocate Timesheet
- **Target Goal Expectancy:** To be established with the Department.
- **Outcomes:** Family Advocate logged 322 calls. Of these calls, 190 were from unique family members, 27 were repeat callers, and 105 were follow-up calls made by the Family Advocate. 75% of calls were for advocacy and support. 25% of calls were for linkages and resources. Average duration of service is 1 day. These services were provided between July 1, 2017 and December 31, 2017.

B. Objective: Increase family member/caregiver access to resources including community organizations, government benefits, self-help programs, support groups, and other appropriate referrals and linkages.

- **Indicator:** Number of referrals, linkages, trainings and support groups provided by the Family Advocate.
- **Who Applied:** Any family member/care provider who requested services and was referred.
- **Time of Measure:** July 1, 2017 – December 31, 2017
- **Data Source:** Family Advocate Timesheet
- **Target Goal Expectancy:** To be established with the Department.
- **Outcomes:** Family Advocate was able to increase access to resources by linking 40 families to NAMI Support Groups and trainings, 2 families to Al-Anon, and 23 families to First On-set Family meetings. The Family Advocate also provided two 6-week training courses of, “NAMI Basics", to 27 family members/caregivers. This evening class is specific to families with a young child experiencing a mental health challenge. The Family Advocate also co-facilitated 7 Family Support Groups at the local NAMI Fresno office.

C. Objective: Assist in orientation of new families entering the mental health system by educating and increasing awareness of the impact of mental illness on family members and minimizing stigma surrounding mental health issues.

- **Indicator:** Number of orientation contacts provided by Family Advocate.
- **Who Applied:** Family members/care providers of clients enrolled in and referred by Fresno County Behavioral Health System of Care. Also, any family member/care provider who requested services and was referred.
- **Time of Measure:** July 1, 2017 – December 31, 2017
2. Effectiveness

Objective: Increase family member/caregiver level of functioning, confidence, and awareness of relapse prevention.
  • Indicator: Percent of family members/care providers reporting increase in objective categories.
  • Data Source: Family Advocate Service Survey.
  • Who Applied & Time of Measure: Surveys were not collected during this reporting period.
  • Target Goal Expectancy: To be established with the Department.
  • Outcomes: None Reported.

3. Satisfaction & Feedback of Persons Served and Stakeholders

Objective: Obtain feedback to better serve families and care providers.
  • Indicator: Percent of families/care providers who were satisfied with the help and support received from the Family Advocate.
  • Data Source: Family Advocate Service Survey
  • Who Applied & Time Measure: Surveys were not collected during this reporting period.
  • Outcomes: None Reported.

4. Efficiency

Due to the nature of this job, the Family Advocate works with a family member or care provider for a short period of time usually in times of crisis. This does not allow for ample opportunity to capture outcomes unless the Advocate works with the family for an extended period of time, in which she then uses the Family Advocate Program Survey. During this reporting period, the Family Advocate worked with families on a short-term basis while in a crisis situation and therefore did not administer the survey.
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