

MSA Pre-Application Narrative Criteria

1. This project will target an underserved and low-income population. Over 95% of our clients are very low or low-income according to HUD federal standards for Napa County, 55% are Latino, and 75% are female. The vast majority of our Latino clients require a therapist that speaks Spanish. All of the clients we will serve through this project are uninsured. This means that due to their income status and lack of health insurance, they have no other option in Napa County to receive mental health treatment services to help them with reducing their level of depression or anxiety and improving their daily functioning. The October 2007 edition of the national Social Work Journal¹ found that “women disadvantaged by poverty, as well as racial or ethnic minority status, are more likely to experience depression than the rest of the US population.” The article also states, “longitudinal data has indicated that poor individuals have twice the risk of major depression” and “women have twice the risk of depression as men.” According to the 2010 United States Census Bureau 18,400 Napa County residents are uninsured. According to the National Institute of Mental Health² about 26% of US adults have a diagnosable mental disorder in a given year; this includes mood and anxiety disorders that have high prevalence rates.

2. Our program clearly addresses a proven unmet need in the community. The Napa County Community Health Needs Assessment from 2010³, highlighted four major health priorities for our county, including Mental and Emotional Health as one of those top recommended priority areas. The study gathered data via three different means, including community focus groups, which found “affordable community-based mental health services (depression, anxiety)” as the third biggest unmet need, while key informant interviews identified this need as their top priority. Additionally, community health surveys listed “low-cost mental health counseling services” as one of their top five suggested solutions to unmet health needs. The Puertas Abiertas Community Resource Center designed to assist Latinos in Napa with various social service needs, completed a local needs assessment and issued a report in 2008 prepared by Martin Forst, PhD. The results were based on a survey of 810 Latino residents of Napa County, who are predominantly low-income. It found that mental health services, counseling for individuals, couples and families, was in the top five of health related service needs with approximately 43% of the survey respondents checking this category as a need. In 2011, according to a report from the Behavioral Health Manager at Community Health Clinic Ole, among their patients with mental disorders, 53% had a depressive disorder and 37% had an anxiety disorder. Puertas Abiertas and Clinic Ole as well as many other service providers refer their clients to FSNV for mental health treatment. Our waiting list tends to fluctuate between 25-50 people at any given time. Over 60% of the clients we offer mental health treatment to have a depressive or anxiety based mental disorder.

3. The purpose of this project is to provide affordable and accessible mental health treatment services to Napa County residents of all ages that are low-income and uninsured. This program provides professional counseling in English and Spanish. The clients we serve have no other option available to them to access the help they need to cope with severe psychosocial stressors that are disrupting their functioning and causing significant emotional distress. Specifically, the

program provides a safety-net mental health service to people with a depressive or anxiety disorder, including people who have experienced trauma and have post-traumatic stress disorder. Our clients include victims of domestic violence, people who have experienced physical or sexual abuse, people coping with grief and loss, clients dealing with family relationship problems, and Latinos struggling with the stress of immigration experiences, all exacerbated by being low-income. Our program includes comprehensive assessment, mental health treatment, referrals to other services providers, coordination of client care between FSNV therapists and staff at partner agencies, and use of measurable outcomes to demonstrate that clients are learning the skills they need to feel and function better at home, school, work, and socially.

4. Our program uses four measureable outcomes that are all **valid and reliable** to demonstrate results. Through this grant we will serve 40 people that will demonstrate improvement using the outcome measures described below; all administered on a pre and post-test basis at the beginning and end of treatment. Therapists evaluate client functioning through the use of a standardized rating scale (GAF-global assessment of functioning for individuals) that shows client level of improvement as a result of receiving treatment.⁴ Clients are asked to complete an Emotional Rating Scale (ERS) designed by the agency, which is a self-evaluation tool that measures their level of emotional distress related to depression, anxiety, stress, feeling overwhelmed, or conflict with family members and spouses.⁵ We also utilize the PHQ9 for depression and the Beck Anxiety Inventory. Both of these tools are used to screen for the level of depression or anxiety a person is experiencing by assessing the severity of their symptoms. Therapists will complete the PHQ9 or the Beck Anxiety Inventory at the beginning and end of treatment to determine the degree of change in these areas that has occurred during treatment. Based on our data over the last five years, we anticipate that 75-80% of our clients that complete treatment will show improvement as demonstrated through their scores on our four outcome measures.

5. Therapists utilize the evidenced based practice of cognitive behavioral therapy (CBT) when treating depressive and anxiety disorders. CBT is an approach in which the therapist helps people to overcome symptoms and improve functioning by teaching them skills to change their thinking, behavior, and emotional responses. CBT, according to the distinguished **American Psychological Association Society of Clinical Psychology Division 12 registry**,⁶ has “strong research support” for treating depression and anxiety. This means that criteria are met for well-established treatments with well-designed studies conducted by independent investigators that converge to support a treatment's efficacy. According to the nationally known **Beck Institute for Cognitive Behavioral Therapy**⁷, “cognitive therapy has been found to be effective in more than 1000 outcome studies for a myriad of psychiatric disorders, including depression and anxiety disorders among others.” According to **The San Francisco Bay Area Center for Cognitive Therapy**⁸, “CBT is empirically based as shown in controlled studies to provide effective treatment for numerous problems and disorders,” including depression and anxiety. The FSNV clinical staff has been intensively trained in the use of CBT by a regional expert that presents at national conferences on this topic and is an award winning therapist.

Citations page:

1. Social Work-A Journal of the National Association of Social Workers, article titled, Engaging women who are depressed and economically disadvantaged in Mental Health Treatment (Grote, Zuckoff, Swartz, Bledsoe, and Geibel, 2007)
2. National Institute of Mental Health website-
http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml
3. The Napa County Community Health Needs Assessment produced by the Napa County Collaborative of Health Organizations and Community Funders in October 20110. (*Napa County Community Health Needs Assessment*. Barbara Aved Associates, 2010)-
<http://www.countyofnapa.org/publichealth/communityhealthneeds2010/>
4. GAF-Global Assessment of Functioning scales are commonly used in the Mental Health profession as evaluation tools and appear in the Diagnostic and Statistical Manual IV.
5. Validation of Client Emotional Rating Scale conducted for Family Service of Napa Valley by Cricket Mitchell, PhD-report submitted on June 13, 2012 that proves validity of this scale. Cricket Mitchell also works with the California Institute of Mental Health.
6. Society of Clinical Psychology American Psychological Association, Division 12-
http://www.div12.org/PsychologicalTreatments/treatments/depression_cognitive.html
7. Beck Institute of Cognitive Behavioral Therapy-Cognitive Behavioral Therapy Tab-
<http://www.beckinstitute.org/>
8. San Francisco Bay Area Center for Cognitive Therapy-<http://www.sfbacct.com/>