The average life span for someone with a serious mental illness is 25 years shorter than someone in the general population.

May be more likely to be obese and smoke, which puts them at a higher risk for diabetes, heart disease and other chronic health conditions.

It is a complicated relationship in that some medications used to treat mental illness can cause weight gain and increase the risk of developing heart disease, diabetes or stroke.

The Integrated Community Services (ICS) Program is an integrated care program funded by the Mental Health Services Act (MHSA). It is one of 10 Innovation Programs at the County of Orange.
OUR PARTNERS

- County of Orange Health Care Agency
  - Adult Mental Health Services (AMHS)
  - Alcohol Drug Abuse Services (ADAS)
  - Quality Improvement & Program Compliance (QIPC)
  - Medical Services Initiative/ Low Income Health Plan (MSI/LIHP)
  - Information Technology

- Community Partners
  - VNCOC—Asian Health Center (AHC)
  - KCS Community Clinic (KCS)
  - CalOptima —county Organized Health Systems

Integrated Community Services
Anticipated Outcome

- The anticipated outcome of this program will be to integrate both physical and mental health under one roof (one-stop-shop), combined with the support and guidance of peer mentors that mental health consumers will inevitably live longer and have improved quality of life in their wellness journey.

- Peer mentors are those with lived experience/family members/education are placed in both community and county clinics working along with primary care doctors, nurses, behavioral health therapists, and Psychiatrists.

Integrated Community Services
County Home: Community Home

- Two sides to the ICS Program – Community Home and County Home

- County Home – Place primary care physicians, nurses and peer mentors in Orange County Behavioral Health Clinics to coordinate care of participants' chronic medical needs along with their behavioral health needs.

- Community Home (AHC & KCS) – Place therapists, psychiatrists and peer mentors in community medical clinics to assess and coordinate care of participants behavioral health needs along with their chronic medical needs.
The Integrated Community Services program seeks to provide client centered integrated care to current Asian Health Center (AHC) or Korean Community Services (KCS) patients who:

- Are adults, older adults or transitional age youth (TAY) age 18 and over
- Have a chronic medical condition
- Are Medi-Cal or MSI insured or eligible

A client specific goal of integrating primary care and behavioral health care is to increase participants' overall wellness.

- Increase access and use of medical and mental health services in a timely manner
- Improve participant physical health & mental health
- Increase referral & linkage to community resources
- Provide peer support, case management, and education
Comprehensive training program including:

- Mental Health First Aid
- Crisis Intervention
- Substance Abuse
- Co-Occurring Disorders
- DSM and Mental Health Disorders
- Therapeutic Techniques
- Evidence-Based Practice/Counseling Theories
- Cultural Competency/Spirituality
- Customer Service
- Support Groups
- Psychological Assessment
- Ethics and Boundaries
- MS Training
- Integrative Care
- Promotion Service Model
- SBIRT & MI
- And Many More...
ICS Community Home Services to Date

ICS community sites began accepting referrals in August of 2011.

Currently both sites (AHC & KCS) had screened over 500 patients with 280 enrolled.

Provide services in
- Korean
- Spanish
- English
- Vietnamese

Evaluation and Outcome Data Compilation

Currently in the process of entering data to ICS Registry including:

- Participant’s demographic, medical diagnoses, lab & core measures (BMI, Waist Circumference, Hemoglobin A1C, Cholesterol, Blood Pressure, etc.), referrals and linkages.
- SBIRT (Screening, Brief Intervention, Referral to treatment) – pre-screening tool used along with MI at point of entry to screen for anxiety, depression, drug abuse, alcohol abuse, domestic violence.
- PHQ9 & GAD7 — administered at point of entry then monthly thereafter.
- WHOQOL — administered at point of entry and every 6 months thereafter.
***All forms are available in English, Spanish, Korean, Vietnamese

Evaluation and Outcome Program Satisfaction Participants

Every Six Months-Program Satisfaction:
- Participant Satisfaction Survey

Ongoing
- Client report
- Staff report

We will compare the outcome of those participants who were assigned a Mental Health Caseworkers (Peer Mentor) vs. those participants who were not.
SUCCESSFUL CASE 1

- A 61-year old, married Vietnamese female diagnosed with major depressive disorder, single episode, moderate (296.22) and Diabetes type II and Cervical Spondylosis was referred to ICS on 10/2011.

- Prior to enrolling in ICS, client suffered from social isolation, depression, and difficulty controlling her diabetes. Client’s main stressors were her spouse’s job loss and financial instability.

- Since being enrolled in ICS program, client has had 11 visits with PCP and 29 total with both psychiatrist and therapist within 2012.

- Due to her medical conditions, client was linked to specialists such as pain management, ophthalmology, yearly mammogram/ultrasound and Papsmear, and most recently, free vision care from Lenscrafters.

Client has received education on the link between Depression and her Diabetes through the lecture held by AHC Medical Director

- Client has attended support group facilitated by her caseworker. Up to date, she has maintained high participation in monthly group, often interested in learning tips on improving her insomnia, anxiety, and health.

- Client has maintained med regimen to manage diabetes and pain

- Mental Health Caseworker follows up with client to ensure appointments/referral are kept

SUCCESSFUL CASE 1 CONT...

SUCCESSFUL CASE 2

- A 43-year old, single, unemployed, Caucasian female diagnosed with Bipolar NOS (296.80), Amphetamine dependence (304.40), and Opioid dependence (304.00)

- Client has history of multiple incarcerations, but is taking the initiative to improve the quality of her life.

- CW provided the linkages and psycho education, both of which serve as the stepping stones for client to improve her physical and mental health.
SUCCESSFUL CASE 2 CONT...

- Due to her medical conditions, client was linked to specialists such as an OB/GYN and orthopedic surgeon, successfully completing 3 surgeries.

- Social services linkages: free vision care and glasses from Lenscrafter’s, OCTA Reduced Bus Fare, and Patient Assistance Program for free psychotropic medications.

- Client attends support group and actively participates.

SUCCESSFUL CASE 3

- A 53-year-old, unemployed, married, Vietnamese female diagnosed with General Anxiety Disorder (300.02); chronic condition: Hepatitis B.

- Prior to enrolling in ICS, client excessively worried about failed expectations over her life in the US, daughter’s marital relationship, and financial hardships due to unsuccessful business attempts.

- Since enrollment in ICS program 1/2012, client has visited the PCP 5x, met with the therapist and psychiatrist on a monthly basis (22 encounters). Due to her medical conditions, client was linked to specialists such as, pain management, ophthalmology, OB/GYN, yearly mammogram/ultrasound and Pap smear, and free vision care from Lenscrafter’s.

- Client has been enrolled in Patient Assistance Programs to obtain anti-viral medication for her Hepatitis (~$1,600/month) not covered by Medical Services Initiative (County program for indigents) formulary.

SUCCESSFUL CASE 3 cont...

- Client has received education on the link between Depression and her chronic conditions through the lecture held by AHC Medical Director.

- Client has regularly attended bimonthly support groups facilitated by ICS caseworkers. Up to date, she has maintained high participation in monthly group, often interested in learning tips on improving her insomnia, persistent worrying, forgetfulness and health.

- Client has maintained med regimen and is in control of her Hepatitis.

- Mental Health Caseworker follows up with client to ensure appointments/referral are kept.