INTEGRATED COMMUNITY SERVICES

Community Home

Gerry Aguirre
Tricia Nguyen
Ellen Ahn
Caitlin Luu

Integrated Community Services (ICS) Statistics

- 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.

Integrated Community Services (ICS) Innovation Project

- 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 .

Integrated Community Services Community Home Admission Criteria

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

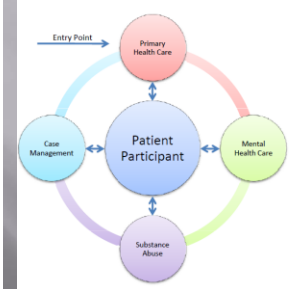
Integrated Community Services Goals

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

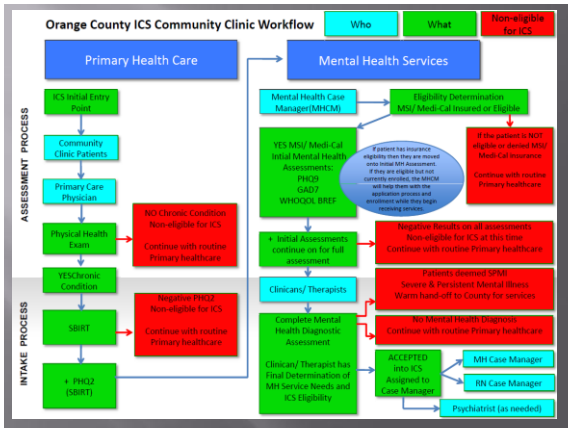
Orange County ICS Community Clinic

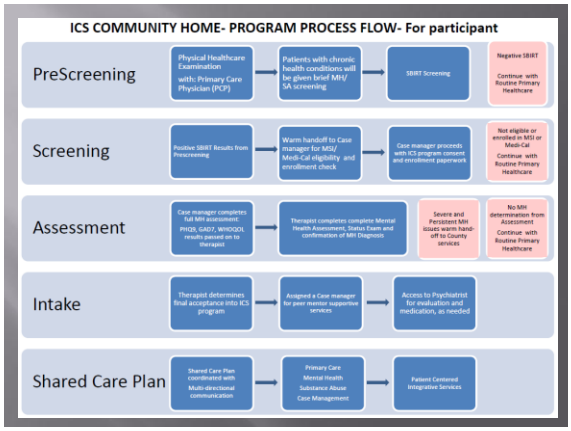
Shared Care Plan Process Flow

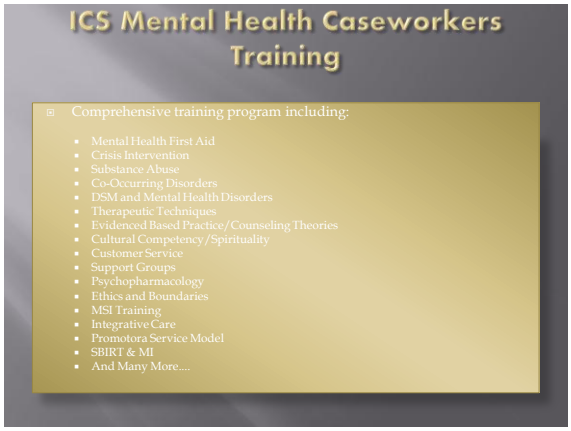


Shared Care Plan Integration ☑ Checklist

Primary Care	Mental Health
Assessment ☑Chronic Health Condition ☑Positive MH Prescreening	**Assessment** ☑Insurance Eligibility ☑Full Initial Assessment
Treatment Integration ☑On-going treatment for chronic health condition ☑Primary Health Care Diagnosis ☑Treatment and Medication Reconciliation	**Treatment Integration** ☑Complete Mental Health Assessment/ Status Exam ☑MH Diagnosis ☑Brief Therapy (and as needed) ☑Master Treatment Plan ☑Psychiatric Evaluation/ Services (as needed) ☑Treatment and Medication Reconciliation
Case Management	**Substance Abuse**
Assessment ☑Participant Intake/ Assessment ☑Goal Setting Plan	**Assessment** ☑Substance Use Screening
Treatment Integration ☑On-going Peer Support ☑Goal Setting Progress ☑Support Group attendance ☑Case Management progress notes	**Treatment Integration** ☑Substance Abuse Treatment Plan ☑On-going Testing (as needed) ☑Coordination, Treatment and Reconciliation of SA Counseling and Services


Orange County ICS Community Clinic Workflow
Who
What
Non-eligible for ICS
Primary Health Care
Mental Health Services
ASSESSMENT PROCESS
INTAKE PROCESS
ICS Initial Entry Point
Community Clinic Patients
Primary Care Physician
Physical Health Exam
YES Chronic Condition
SBIRT
+ PHQ2 (SBIRT)
NO Chronic Condition Non-eligible for ICS
Continue with routine Primary healthcare
Negative PHQ2 Non-eligible for ICS
Continue with routine Primary healthcare
Mental Health Case Manager(MHCM)
Eligibility Determination MSI/ Medi-Cal Insured or Eligible
If the patient is NOT eligible or denied MSI/ Medi-Cal insurance
Continue with routine Primary healthcare
YES MSI/ Medi-Cal Intial Mental Health Assessments: PHQ9 GAD7 WHOQOL BREF
If patient has insurance eligibility then they are moved onto Initial MH Assessment. If they are eligible but not currently enrolled, the MHCM will help them with the application process and enrollment while they begin receiving services
+ Initial Assessments continue on for full assessment
Negative Results on all assessments Non-eligible for ICS at this time Continue with routine Primary healthcare
Clinicans/ Therapists
Patients deemed SPMI Severe & Persistent Mental Illness Warm hand-off to County for services
Complete Mental Health Diagnostic Assessment
No Mental Health Diagnosis Continue with routine Primary healthcare
Clinican/ Therapist has Final Determination of MH Service Needs and ICS Eligibility
ACCEPTED into ICS Assigned to Case Manager
MH Case Manager
RN Case Manager
Psychiatrist (as needed)


ICS COMMUNITY HOME- PROGRAM PROCESS FLOW- For participant
PreScreening
Physical Healthcare Examination with: Primary Care Physician (PCP)
Patients with chronic health conditions will be given brief MH/ SA screening
SBIRT Screening
Negative SBIRT
Continue with Routine Primary Healthcare
Screening
Positive SBIRT Results from Prescreening
Warm handoff to Case manager for MSI/ Medi-Cal eligibility and enrollment check
Case manager proceeds with ICS program consent and enrollment paperwork
Not eligible or enrolled in MSI or Medi-Cal
Continue with Routine Primary Healthcare
Assessment
Case manager completes full MH assessment PHQ9, GAD7, WHOQOL results passed on to therapist
Therapist completes complete Mental Health Assessment, Status Exam and confirmation of MH Diagnosis
Severe and Persistent MH issues warm hand-off to County services
No MH determination from Assessment
Continue with Routine Primary Healthcare
Intake
Therapist determines final acceptance into ICS program
Assigned a Case manager for peer mentor supportive services
Access to Psychiatrist for evaluation and medication, as needed
Shared Care Plan
Shared Care Plan coordinated with Multi-directional communication
Primary Care Mental Health Substance Abuse Case Management
Patient Centered Integrative Services


ICS Mental Health Caseworkers Training
Comprehensive training program including:
Mental Health First Aid
Crisis Intervention
Substance Abuse
Co-Occurring Disorders
DSM and Mental Health Disorders
Therapeutic Techniques
Evidenced Based Practice/Counseling Theories
Cultural Competency/Spirituality
Customer Service
Support Groups
Psychopharmacology
Ethics and Boundaries
MSI Training
Integrative Care
Promotora 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.), referal 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, acohol abuse, domestic violence).
  - PHQ9 & GAD7 – administered at point of entry then monthly thereafter.
  - WHOQOL – adminstered 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.

SUCCESSFUL CASE 1 CONT…

- 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 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 OBGYN 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, OBGYN, yearly mammogram/ultrasound and Papsmear, and free vision care from Lenscrafters.
- 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.


Q & A
THANK YOU!!!