



SAMHSA-HRSA Center for Integrated Health Solutions

A Comprehensive Primary Care-Behavioral Health Integration Model for Culturally Diverse Immigrant Clients with Serious Mental Illness (SMI)

Presented by the ACT (Asians Coming Together)
for Health Project Team
Oakland, California



www.integration.samhsa.gov

About the Speakers

SAMHSA-HRSA Center for Integrated Health Solutions



Dr. Katherine Chun was born in Asia and immigrated with her family as the first wave from Hong Kong when she was 8 years old. She has held various positions at Asian Community Mental Health Services and is currently the Director of Program Development and Integration which includes being the Project Director of the PBHCI project.



Catherine Powell is the Mental Health Clinician and Wellness Coordinator for Asian Community Mental Health Services. She has over 10 years of experience in community mental health and substance abuse direct clinical services, and administration.



www.integration.samhsa.gov

**SAMHSA-HRSA
Center for Integrated Health Solutions**



Le Thai is a nurse practitioner and satellite site clinic manager at Asian Health Services located in Oakland, CA. She is board-certified by and a member of the American Association of Nurse Practitioners (AANP) as well as a member of the American Academy of Family Physicians (AAFP). Le is passionate about working with the underserved communities and strives to provide holistic and culturally competent primary health care.



Joyce Lim is a licensed Marriage & Family Therapist in California. Currently, she is the Clinical Services Administrator at Asian Community Mental Health Services. She has over 20 years of experience in adult SMI clinical direct service and program management. She is also the Project Coordinator of the PBHCI Project.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.



www.integration.samhsa.gov

**SAMHSA-HRSA
Center for Integrated Health Solutions**



Anne Saw is an assistant professor of Clinical/Community Psychology at DePaul University. Her research is focused on promoting physical and mental health and reducing disparities for Asian American populations. She is affiliated with the Asian American Network for Cancer Awareness and Training and the Asian American Center on Disparities Research.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.



www.integration.samhsa.gov

Minority Health Disparities

Racial/ethnic and other specific populations bear disproportionate burden of illness and premature death

- Prevalence of **diabetes** highest among Blacks and Hispanics
- **Blood pressure** least controlled among Mexican Americans and those born outside the US
- **Preventable hospitalization** rates higher for non-Hispanic Blacks and Hispanics compared with non-Hispanic Whites during 2001-2009

(CDC, 2013)

Selected Minority Health Disparities in Mortality

- **Cancer** is the leading cause of death for Asian Americans, followed by **heart disease, stroke, unintentional injuries (accidents), and diabetes** (CDC 2013)
- Asian Americans and Hispanics in 2006-2008 had the greatest percentage of populations **residing in counties whose air quality did not meet EPA standards for particular matter and ozone** (CDC 2010)
- Asian and Asian Pacific Islanders and Hispanics are the two ethnic groups with the **fewest doctor visits** compared with whites only and blacks only from 1997-2012 (CDC 2013)

Healthcare Issues Particular to Immigrants in Access and Utilization

- Language
- Stigma
- Trauma/Loss/Social Isolation
- Legal/Insurance
- Cultural mismatch between provider and patient
- Acceptance and compliance with Western healthcare practices

These issues may be amplified for immigrants with serious mental illness.

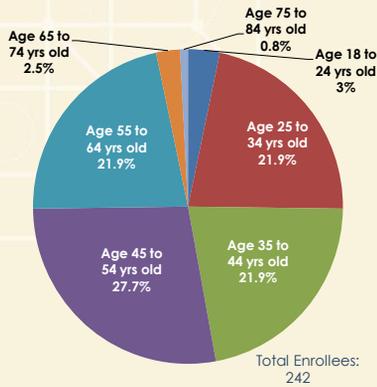
Primary Care Integration (PCI) Project

Goals:

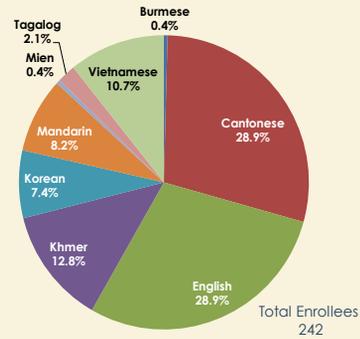
- Integrate primary and mental health services in order to holistically care for the SMI patient
- Improve coordination of services between primary care and mental health with the help of care managers
- Use an interdisciplinary approach to improve communications between providers
- Incorporate culturally responsive wellness education/coaching/activities to motivate healthy lifestyle modification and chronic illnesses prevention
- Include clients' voice, peer support, and family members' involvement in the planning and implementation of the project

Program Demographics

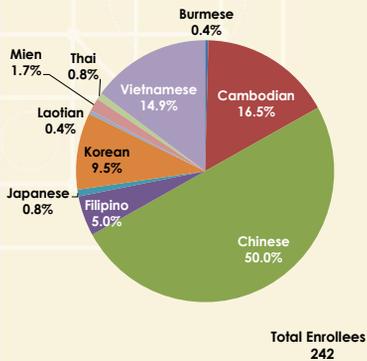
Enrollees by Age Group



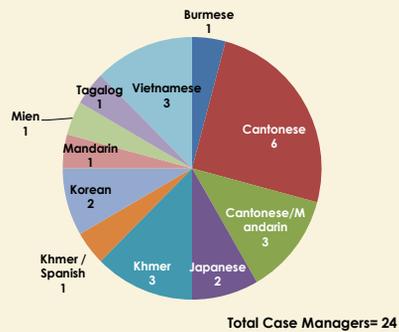
Enrollees by Primary Language Spoken



Enrollees by Ethnicity



Number of Case Managers by Language Proficiency



**SAMHSA-HRSA
Center for Integrated Health Solutions**

Partnership for Integration

Asian Community Mental Health Services (ACMHS)

- Approximately 90% of clientele speak a primary language other than English
- Serves more than 2000 clients with 90 mostly bilingual staff
- Designated by the County Behavioral Health Care as the Asian ACCESS intake and referral department
- 24 bilingual Mental Health Clinician→Care Managers are involved with approximately 242 enrolled SMI patients in this integration

Asian Health Services (AHS)

- Federally qualified community health center (FQHC) in Alameda County
- Serves more than 24,000 patients in more than 114,000 patient visits a year
- Services in 10+ languages

**SAMHSA-HRSA
Center for Integrated Health Solutions**

Monthly Integration Team Meeting



SAMHSA-HRSA
Center for Integrated Health Solutions

ACT for Health Integration Team

Administrative Team:

- Project Director
- Project Coordinator
- EHR Manager
- Director of Clinical Operations
- Data Specialist
- Billing Assistant
- Members Eligibility Worker
- Associate Medical Director
- Research Interns

Patient Care Management Team:

- Primary Care Provider (NP/MD)
- Health Coach/Medical Assistant
- Dietician
- Wellness Coordinator
- Peer Wellness Coach
- Psychiatrists
- Care Managers

Blue-Primary Care Red-Behavioral Health

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4737)

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Increasing Capacity/Competence: Team building and cross training

- Team orientation to the grant
- Interdisciplinary case conferencing
- Integrated medical visits and team meetings
- Case management----> Care management
- Lunch time brown bag series and seminars
- Interviewing and obtaining health information and health vitals
- Holistic health
- Cultural Competence

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4737)

www.integration.samhsa.gov

**SAMHSA-HRSA
Center for Integrated Health Solutions**

Wellness

What is wellness? It is a lifestyle. Wellness is a way of living that encourages good physical and mental health. It is a balanced lifestyle that includes an emphasis on the body, mind, and spirit.

We, at Asian Community Mental Health Services (ACMHS) and Asian Health Service (AHS) care about your health.

The Wellness Club was created to encourage staff, consumers, and the community to live healthier lifestyles. Our Wellness Club prioritizes the health and quality of life of our community by offering several weekly Wellness activities/groups to support this effort.

Our ongoing wellness series include: Art Club, Exercise/Walking Group, Cambodian Wellness, Mien Support Group, Zumba, Family Tai Chi, and Healthy Food Choices Group as part of our Health and Nutrition Series.

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-784-7373)

www.integration.samhsa.gov

**SAMHSA-HRSA
Center for Integrated Health Solutions**

ACT for Wellness Activities



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-784-7373)

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Weekly Healthy Food Choices and Cooking Class



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4737)

www.integration.samhsa.gov

SAMHSA-HRSA
Center for Integrated Health Solutions

Weekly Tai Chi, Yoga and Zumba Classes



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4737)

www.integration.samhsa.gov

**SAMHSA-HRSA
Center for Integrated Health Solutions**

Family Involvement & Support:

“My mother is preparing more nutritious food such as salads, oatmeal, fish, oranges at home. She is there at the group to support me to concentrate on the activities at hand and do them with me. I feel stronger attending the wellness activities. I feel that I have better muscles as a result”

- Interview with consumer of PCI

“We are doing more exercises together such as stretching and walking. My daughter is becoming more active during the day and she does not sleep excessively and no longer gaining weight.”

-Interview with mother of consumer

**SAMHSA-HRSA
Center for Integrated Health Solutions**

Outcome Data

- # Patient Health Report Card (247)
- # of participants in preventive care wellness (60)
- # of primary care contacts at co-location (1090)
- # of joint case conferences conducted (20)
- # of patients reviewed @ case conference (67)
- # of patient wellness plans developed (108)
- # of Case Manager --> Care Manager (24)
- # of peers and family members involvement (30)

Asian Community Mental Health Services
INDIVIDUAL WELLNESS REPORT

Name: XXXXXX
 Treating Psychiatrist: Dr. Ta
 Case Manager: Danh
 Primary Care Provider: Le Thai, N.P.
 ID #: 99999999
 Date of Birth: dd/mm/yy



Normal*
 Caution
 At Risk

Progress on Key Health Indicators

Category	Indicator (Goal)	Baseline November 2011	6-Month Reassessment May 2012	12-Month Reassessment October 2012	18-Month Reassessment May 2013	24-Month Reassessment October 2013	30-Month Reassessment February 2014	36-Month Reassessment
Lungs	Breath CO (0-6)	-	-	-	-	-	-	-
	BMI (18.5-24.9)	26.9	30.1	28.3	28.2	24.1	23.0	-
Weight	Weight	168	187	176	172	145	138	-
	Waist Circumference	38	41	38	37	32	-	-
Blood Pressure	Systolic BP (90-140)	127	130	130	133	118	116	-
	Diastolic BP (60-90)	82	90	78	88	63	62	-
Blood Sugar	Fasting Glucose (70-99)	-	-	-	-	90	-	-
	Hemoglobin A1C (4.0-5.6)	6.1	-	5.5	-	5.4	-	-
Heart Health	Total Cholesterol (125-200)	251	167	149	-	122	-	-
	LDL Cholesterol (20-129)	168	74	94	-	67	-	-
	HDL Cholesterol (40+)	36	32	38	-	45	-	-
	Triglycerides (30-149)	233	305	87	-	60	-	-

Psychiatrist's Comments: NOT ALWAYS COMPLIANT WITH MEDS BUT IN GENERAL COMPLIANT. NO PROBLEM WITH SLEEP AND APPETITE. STILL HEARING VOICES. CHANGE IN MEDICATION DOSAGE TO REDUCE SYMPTOMS.

PCP's Comments: LOST WEIGHT. NO LONGER AT RISK IN ALL H INDICATORS.

Case Manager's Comments: CLIENT GOING BACK TO COLLEGE TO BECOME AN X-RAY TECHNICIAN. ASSIST CLIENT TO OVERCOME NEGATIVE THOUGHTS ABOUT BEING A STUDENT WITH MENTAL HEALTH ISSUES BY DISCUSSING RESOURCES HE CAN USE. PLAN IS TO A. MONITOR HIS PROGRESS TOWARDS HIS SCHOOLING. B. TO HELP CLIENT MAINTAIN HIS DIET.

Wellness Coordinator's Comments: OCCASIONALLY PARTICIPATES IN WALKING AND ZUMBA GROUPS. EXERCISES AND PRACTICES ZUMBA AT HOME. CLIENT MAINTAINS A SPECIAL DIET LOW IN FAT AND CHOLESTROL.

Client's Comments:

Client Signature: _____ Staff Signature: _____ Date: _____

* Please note that some values in the "Normal" Range may be considered too low.

Produced on 7/25/2014

CONFIDENTIAL

NOMS Outcomes



As of July 15, 2014	Outcome Improved (Percent change)		As of July 15, 2014	Outcome Improved		Remain at Risk		No longer at Risk	
	ACMHS	Overall PCI Pgms		ACMHS	Overall PCI Pgms	ACMHS	Overall PCI Pgms	ACMHS	Overall PCI Pgms
NOMS Indicators			H Indicators						
"Healthy Overall"	39%	25%	Blood Pressure - Combined	18%	19%	13%	29%	19%	17%
"Functioning in Everyday Life"	57%	32%	Triglycerides	65%	39%	28%	28%	14%	11%
"Having a Stable Place to Live"	32%	12%	HDL Cholesterol	54%	38%	11%	22%	7%	8%
"Being socially connected"	25%	18%	LDL Cholesterol	54%	41%	15%	17%	15%	10%
			BMI	45%	43%	49%	74%	8%	5%
			Waist Circumference	40%	40%	49%	74%	8%	5%
			HgbA1c	34%	35%	57%	49%	5%	8%
* only negative outcome is the use of tobacco products showing an increase of 6.5% for ACMHS vs a reduction of 4.5% for the overall PCI programs									
* other Health Indicators have similar level of outcome as overall PCI Pgms									

Outcomes

Results from Patient Survey Questions:

- Awareness and level of satisfaction with the new model
- Awareness of own health risks and behaviors
- Awareness of changes in own health and its relationship to changes in behavior (diet, exercises, lifestyle, etc.) and ways to stay healthy
- Types of support from providers, from family, from peers
- Challenges and recommendations

A Patient's Survey Response:

*"The primary care doctor is nice to me, she tells me gently what to do and explains and answers my questions. **My health is good now and I feel more happy.** My blood sugar is down to normal and my blood pressure went down from around 156-176 to 130. My cholesterol level has improved and now my shoulders and my knees don't ache as much and I can move more.*

*My Care Manager encourages me to keep a journal on my blood sugar. By having her accompanying me to see the doctor, **I feel special and welcomed and that they work hard together for my health.** I really like the convenience of seeing two doctors at one location. **The doctor at this location gives better service to me than the other clinics"***

Outcomes

Results from Care Manager Survey Questions:

- Effectiveness of Integration model in improving overall health for SMIs
- Changes in overall holistic health improvement (Mind and Body)
- The level of client empowerment in their own health advocacy
- The level of coordination and communication between AHS and ACMHS
- Short term and long term goals achieved
- Challenges and recommendations

A Care Manager's Survey Response:

*"Many of our SMI patients are paranoid and or delusional and don't want to see doctors. **Most Asian immigrant in general don't understand mental health.** Often they present in somatic form and physical complaints. Integration targets overall wellness, mind and body.*

*One of my patients is overweight and has hypertension and diabetes. Since joining PCI, he participates actively in his treatment and in the wellness groups. **Slowly I see him making progress.** He used to be a typical Chinese man eating rich carb diets; now he eats brown rice, whole grain, drinking non-fat milk and more water and cutting down on sugar. **Getting the right treatment and right medication, he became less paranoid and anxious of dying or getting cancer. He knows where to go to get his care.** Whereas, for other SMI patients who do get sick, they usually wait until the symptoms progress to see a doctor."*

**SAMHSA-HRSA
Center for Integrated Health Solutions**

Other Care Managers' Survey Responses:

*"Before the PCI, it was difficult to link some SMI's to primary care and for the uninsured, there was virtually no access for decades. **Now, they are easily referred with no waiting time which discouraged most of them in the past.***

*Patients are setting their own goals and gaining insights in their own health and the relationship between mind and body. **They are practicing self advocacy.***

*SMI's experience long term social isolation. Medication can only work so far sometimes. And talk therapy is culturally foreign to them. **Wellness groups address social isolation and increase social support** and help them to learn to manage social anxiety and cope with impulsivity and depression with more structures in their lives."*

**SAMHSA-HRSA
Center for Integrated Health Solutions**

Lessons Learned and Tips

- Build the team early on
- Strategies for promoting motivation to integrate
- Get peer, family, and community involvement
- Cross trainings on health, mental health, and culture
- Holistic Wellness celebrated, practiced, and modeled on all levels
- One Stop Shop Model