INTEGRATED COMMUNITY SERVICES

County Home

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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.
- This is an estimated 10. 4 million American adults.
- 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

- ICS 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.
- Innovation Projects are research programs that evaluate the effectiveness of new approaches and practices in mental health.
- All Innovations Projects will be evaluating the effectiveness of Peer Mentors working in a clinical setting.

Integrated Community Services Anticipated Outcome

- The anticipated outcome of this program provides a flexible model to support the goal of consumer integration into society with the aim of increasing access and the use of an integrated care system to serve individuals living with mental illness and chronic medical conditions.
- Simply stated-the program will utilize peer mentors (those with lived experience) in both community and county clinics. These clinics have behavioral health therapists and primary care doctors and nurses at one site.

Integrated Community Services County Home/Community Home

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

Integrated Community Services County Home Admission Criteria

The Integrated Community Services program seeks to provide client centered integrated care to current Adult Mental Health and Alcohol and Other Drug clients who :

- Are adults, older adults or transitional age youth (TAY) age 18 and over
- Have a chronic medical condition
- Are having trouble accessing medical care
- 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
- Improve participant physical health
- Improve participant mental health
- Increase linkage to community resources
- Provide peer support
- Provide case management
- Provide education

ICS Staff Physician

- One Primary Care Physician who treats participants at the Santa Ana, Anaheim and Westminster County Clinics.
  - Coordinates care with behavioral health team
  - Provides health education
  - Assists with differing program paperwork- disability, disability placards, specialty referrals, housing, etc.
  - Patient Assistance Programs
  - Data Recording

ICS Staff Registered Nurses

- Two Registered Nurses who assist the Primary Care Physician at the 3 clinics.
  - Provide health education
  - Provide referrals/linkages to community resources
  - Process specialty paperwork
  - Provide case management
  - Data Recording

ICS Staff
Medical Care Coordinators (Peer Mentors)

- Three Medical Care Coordinators (Peer Mentors) who are placed full time at each clinic. They provide supportive services including:
  - Case management
  - Coordination of care with behavioral health team- case planning, treatment team meetings, etc.
  - Support/discussion groups
  - Referral/Linkage to community resources
  - MSI application assistance
  - Life skills
  - Data Recording

ICS Medical Care Coordinator 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

ICS County Home Services to Date

- Integrated Community Services began accepting referrals in October of 2011.
- Provided services to our first clients in November of 2011.
- Currently the program has received over 200 referrals
- Currently seeing over 120 clients at all three of the Orange County Clinics
- Provide services in
  - Korean
  - Spanish
  - English
  - Vietnamese

Evaluation and Outcome Data Compilation

- Currently in the process of entering data from the last eight months into a spreadsheet in order to get outcomes on measures taken.
- Includes all of a participant's demographic information, as well as medical and assessment tool scores.
- A new Client Registry is being developed where client information will be entered and can be accessed by both clinic and primary care staff.
- Excited to see the results of all of their hard work.

Evaluation and Outcome Physical Health/ Participants

- At every physician visit
  - Core Measures taken:
    - Blood Pressure
    - Body Mass Index
    - Waist Circumference
    - Medications
- As indicated:
    - Labs taken
      - Blood sugar
      - Cholesterol

Evaluation and Outcome Mental Health/Quality of Life Participants

- **At intake and every month:**
    - Patient Health Questionnaire (PHQ-9) to measure depression
    - Generalized Anxiety Disorder Scale (GAD-7) to measure anxiety
  - **At intake and every six months:**
    - World Health Organization Quality of Life (WHO QOL-BREF) to measure life satisfaction

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 Medical Care Coordinator (Peer Mentor) vs. those participants who were not.

Participant Story History

- 37 year-old Vietnamese female diagnosed with Schizophrenia was referred by AMHS due to her hypertension .
- Resistant to medical care – opposed to taking medication; her mother was crushing her medication and putting it in her food.
- After meeting with the PCP she was also diagnosed with Hypothyroidism, Hyperglycemia and Anemia

Participant Story Integrated Services

- Primary Care Physician met with the participant six times over the first three months
- Also had a team meeting with the participant and her mother, AMHS Care Coordinator and ICS team about her medication regimen and the participant's concerns
- Regular, often daily, communication with the ICS Medical Care Coordinator to check-in and give encouragement

Participant Story Outcome

- After the first 3 months:
  - Taking her medications on her own
  - Her HTN has improved
  - Hypothyroid and Hypoglycemia are under control
  - She is walking regularly for exercise
  - She is coming to her appointments looking more groomed, with her hair done and wearing makeup

Contact Information

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