

# ISM OEE Strategies under Innovation Plan 1

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SERVICES**

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## INTRODUCTION:

In order to change the present, one has to understand the past and apply it to the future. Being funded under the MHSAs for an Integrated Services Management (ISM) Model has been a learning experience and challenge for all of the ISMs. Our commitment to our UREP communities kept us focused on the end goal. In the ISM model, many of us understood early on that the Western concept of “integrated” care is often limited to mean providing medical and behavioral health services and developing a shared client chart.

In many UREP communities, well-being means being balanced. The mind, body, and soul need to be treated together. Integrated care implies that the person is helped with his/her emotional, physical and *spiritual* problems.

# Mental Health Service Act (MHSA)

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- In November 2004, the voters of California approved Proposition 63 to levy a 1% income tax on individuals whose income was above \$1 million per year to help provide services to people with mental illness. This became known as the Mental Health Service Act (MHSA) which had five different components.
- One of these plans was Innovation and it was to:
  - Develop creative ways to increase a community's access to integrated care
  - Identify and develop strategies to overcome stigma
  - Educate the community about mental health (emotional well-being)
  - Overcome disparity for underserved communities

## Integrated Service Management Model (ISM)

- In 2010, the Los Angeles County DMH issued an RFP for 4 programs under Innovations. One of them was the “Community Designed Integrated Service Management Model” or **ISM**. It was funded for 14 ethnic communities.
- The Innovation contract was for three years, but the first year FY11-12 was only three months and focused on start-up. FY12-13 was the first full year of operations. LAC DMH approved an additional year so the project will end in FY14-15 with a full three years of operation.

## DEFINITION OF THE ISM:

The ISMs are a holistic model of care whose components are defined by the community itself and also provides collaboration and partnership between the providers and community based organizations to integrate health, mental health and substance abuse services with particular attention to underserved ethnic populations.

# DISCLAIMER

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Given the large number of ISMs, the data being shared today on OEE are primarily from the experiences of the Cambodian ISM. I have tried to include some strategies from the other ISMs based on the sharing from the Learning Sessions and narrative reports but this presentation is not to be mistaken as a full report on the ISM Model and its OEE results.

Mariko Kahn



## BREAKDOWN BY GROUP

### M

African/African American – 2 providers with a target enrollment of 116 each. Ethnic African groups were Ethiopian, Nigerian and Somalian. CBOs – Kedren Community Mental Health Center and University Muslim Medical Association (MMA)

American Indian – 1 provider with a target of 88. CBO – United American Indian Involvement

Asian Pacific Islander – 4 providers with a target of 54 each (Cambodian – CS; Chinese – Asian Pacific Family Center and API Healthcare Venture; Korean – KYCC, KFAM and SSG; and Samoan – SSG.

Eastern European/Middle Eastern – 3 providers with a target of 60 each. Armenian CBOs – IMCES and Didi Hirsch. Persian CBO – Jewish Family Services

Latino – 4 providers with a target of 92 each. CBOs - Alma Family Services, Los Angeles Child Guidance Center, Tarzana Treatment Center, and St Joseph.

## Conditions of the ISM:

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- Enrolled clients in the ISM must meet the medical necessity criteria for specialty mental health services AND have a medical condition that requires ongoing care and/or a substance abuse issue. Medical treatment will be provided by a ***Federally Qualified Health Center (FQHC)***.
- 60% of clients must be indigent. The ISM serves all age groups.
- ISM funding can provide support services such as transportation, linkages, referrals, wellness activities, and follow-up.



# Holistic Activities

## Traditional Activities from the American Indian ISM

Shawl Making

Drumming

Traditional

Dancing

Regalia Making

Bead Making

Attending

pow-wows

Sage Picking

Traditional

Gardening

Equine Therapy

Music LA

Tribal Ceremonies

See a Traditional Healer

A holistic approach was encouraged in the ISMs which allowed for the inclusion of non-traditional (non-Western) healing practices such as Buddhist Blessing Ceremony, acupuncture, massage, meditation, drumming ceremonies, herbalists, physical activities such as Tai Chi, yoga, Zumba, etc.



# First Strategy: HIRE THE RIGHT STAFF

Staff is more than someone who is bilingual. Staff and community navigators from our partners need to have life experiences of the clients. They need to be passionate about their work and compassion towards the clients. They must come from a place of respect and create a place of trust.

INC hired an *ajah* (equivalent to a lay minister) as a case manager. He guided us about the use of the Buddhist Blessing Ceremony. Through his connections to the temples and monks, we had permission from the temples. The Korean and Samoan ISMs hired ministers who were invaluable in their approach to



Staff should be more than a bilingual clinician. PACS has 11 Cambodian staff. INC has 3 FT Clinicians, 2 FT case managers and 1 FT advocates. In PACS the front desk receptionist in LB, Administrative Associate for the Executive Director. 1 FT manager and 1 FT child clinician are Cambodian.

Staff should have medical staff who are bilingual and from the community. INC has a nurse practitioner from TCC. Provides medical information and test results for the evaluations. At the Client Coordination meetings reports on the physical health of the client and how it impacts integrated care. Can speak to the clients in their language.

ight Staff con't

the provision of "Cultural Competent Services" entails identifying staff/partners who respectfully utilize the traditions of individuals and families representing diverse populations/subcultures including Caribbean, Mexican, Canadian, African and South African, LGBTQ, etc. in shaping services.

Example: All of our Armunity staff members speak, read and write Armenian, moreover they are engaged in the Armenian community. In the interview process, one question that was repeatedly asked of the candidates was, "Are you involved in any Armenian organization in our community? If so, why did you choose that particular organization?" For mental health professionals, it is not enough to only speak the language but to work hard in preserving the culture, heritage and language. Therefore, many of our staff members have experience and belong to different non-profit community organizations that range in areas of politics, law, religion, sporting/scouts, mental health, medical, and cultural (orchestras, dance). We have seen that the underserved Armenian community has benefited by establishing stronger rapport with providers when our staff members are adding a dimension of culture into treatment.


Example: TTC philosophy when hiring for the ISM department emphasized good fit. Several of the clinicians, immigrants who immigrated to the United States themselves and those that did not report having relatives that immigrated to the United States and who struggle with acculturation issues. For TTC clinicians, this program is very personal due to a passion to help their communities. As previously mentioned, most of the clinician and case managers speak Spanish fluently, which enables them to provide psychotherapy in the consumers native language.

Example: Used peer health navigators with lived-in experience of mental illness. Through their example they reduce stigma and educate so there is less resistance to receiving services. They are great advocates for clients and assist in ways such as coaching, grocery shopping, exercising with them, providing interpretation, and transportation to enhance service access.

## Second Strategy: Educate the staff and the community.

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Cambodian ISM had to first:

- Educate the community navigators about mental illness
  - Train them about DMH billing. Priority was to OEE and enroll clients
  - Develop translated materials that were culturally sensitive and appropriate to the educational level of the targeted population. A literal translation may be accurate but it may be “wrong.” Language is important so that “mental illness” becomes “emotional well-being”
  - Be aware in populations with high levels of trauma that your staff may end up with compassion fatigue and/or vicarious trauma. You have a responsibility to support them.
  - TTC ISM: primarily used the “Promotora” model for OEE which utilizes community peer advocates who have personal experience with mental health or utilizing mental health services. They have conducted OEE in churches, schools, health fairs, grocery stores, Home Depot and many other community sites.
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Culturally Sensitive Outreach – even INC made mistakes. Feedback from the clients and community members that the first flyer was not a Cambodian style Buddha. We found one that was more Cambodian.

FIRST FLYER



**JUNE 24 ខែមិថុនាថ្ងៃទី២៤**  
**BLESSING CEREMONY**  
**ពិធីសូត្រមន្ត**

Join INC for our 4<sup>th</sup> Blessing Ceremony  
 INC is the Integrated Network for Cambodians. Every 3 months, we host a Blessing Ceremony for the community to sit together and chant with head monks coming from different temples. People of all ages may join. There will also be translations in English.



Tuesday,  
 June 24, 2014

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 ២០១៤

ម៉ោង  
 Time: 2:30-4:30PM

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 តែបង្កើតកម្មវិធីនេះ ដើម្បីស្តាប់  
 ព្រះសង្ឃនិមន្តមកពីវត្តផ្សេងៗ  
 សូត្រមន្តចំពោះសិរីសួស្តី។ស្នាក់មតិ  
 សំរាប់មនុស្សគ្រប់វ័យ ហើយពួក  
 យើងនឹងមានអ្នកបកប្រែនៅទី  
 នោះ។

THE KHEMARA  
 BUDDHIKARAM  
 BUDDHIST TEMPLE  
 2100 West Willow St.  
 Long Beach, CA 90810

Occurs every 3 months  
 at different temples

SECOND FLYER



**SEPTEMBER 18 ខែកញ្ញាថ្ងៃទី១៨**  
**BLESSING CEREMONY**  
**ពិធីសូត្រមន្ត**

Join INC for our 5<sup>th</sup> Blessing Ceremony  
 INC is the Integrated Network for Cambodians. Every 3 months, we host a Blessing Ceremony for the community to sit together and chant with head monks coming from different temples. People of all ages may join. There will also be translations in English.



Thursday,  
 September 18,  
 2014

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ម៉ោង  
 Time: 2:30-4:30PM

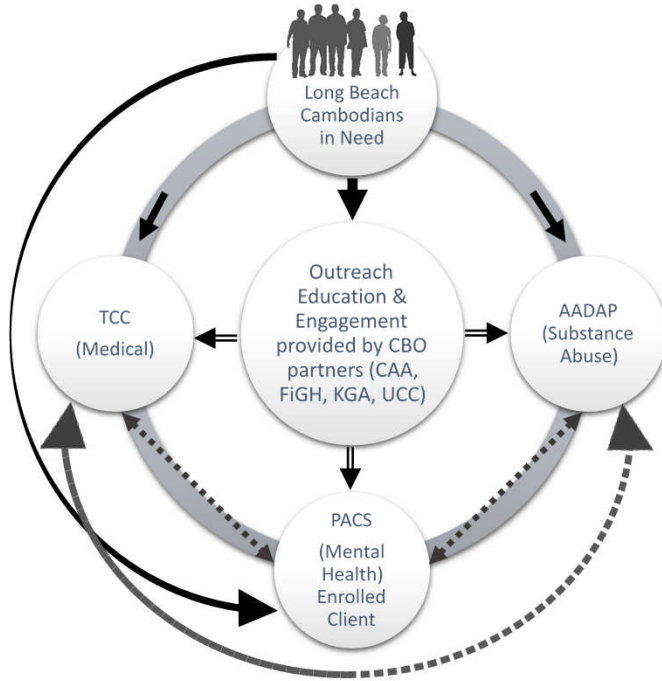
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 ព្រះសង្ឃនិមន្តមកពីវត្តផ្សេងៗ  
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 យើងនឹងមានអ្នកបកប្រែនៅទី  
 នោះ។

BODHI PREK TEMPLE  
 1949 E. Market St.  
 Long Beach, CA 90805  
 Tel: (562) 599-5952

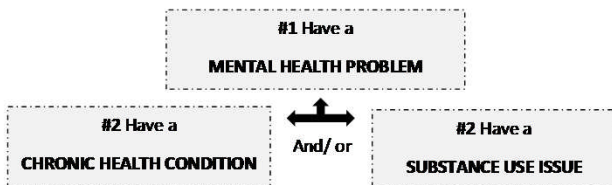
Occurs every 3 months  
 at different temples

# rd Strategy – No wrong door approach

Flow Chart for Client Enrollment into INC



Note: To be enrolled in INC, a person must have criterion #1 plus criterion #2:



- Use a “no wrong door” approach. Many clients went to the CBO for assistance, were referred to the FQHC for medical services, and then accepted help from INC for mental health services.
- Use the CBOs that are known and trusted in the community. Pay them for their work. See the community from a strength-based lens.

## Right Strategy – help people first

Someone needs concrete help such as housing, food, clothing, negotiating with the landlord, medical assistance, benefits enrollment, classes, etc. that basic need must be dealt with first.

Sometimes the prospect will accept medical help and once he/she is being treated, the FQHC staff can continue the process of OEE about mental health substance abuse services.

When they receive help, they will trust the staff and may eventually consider the program.

Be patient. Understand that it might take several tries. The person may leave after receiving concrete help and not return for months. When possible, follow-

Community navigators often provided assistance to people who did not qualify for INC or don't wish to be enrolled.

# h Strategy – it happens in stages

arm hand-off is very good way to introduce mental health staff. INC staff go to meet the client at the community navigator's office. They are introduced as colleagues, even friends. It allows the prospect to meet a local staff member without the pressure of an intake

community navigators often bring the prospective referral to the office to assure them that INC is legitimate. It helps them figure out how to get there in the future.

into the client. If the intake is uncomfortable, divide it up into two or even three shorter sessions while a bond is created. In many UREP communities, especially with older adults, the direct questions feel intrusive and there may be bad associations with government entities asking for information that led to imprisonment, torture or death

at the prospect where he/she is comfortable. The Armenian ISM reported that the majority of their clients did not feel comfortable with field services and when given the option, they chose to have sessions at the facility. Clients stated that they did not want their neighbors asking "Who is that person coming over with the badge?"

giving more flexibility for the OEE period has helped. In the first year, it was only 8 weeks but now it can be longer and intermittent. The Armenian ISM use a bilingual screening and assessment tool to identify if a client will be appropriate for the community program. This tool is used by the many referral points throughout the community when the client is in their presence. The screening tool has 3 main components which address: symptom, cultural needs and service areas. This allows them to quickly identify SSI seeking clients and work with them on their case management needs throughout the 8-week OEE window. The prospect may not need the ISM but need a referral. Their FQHC uses this with every client they have referred and it helps the client identify their main concerns as well as educating them about integrated care.



# er OEE Strategies

media outlets that work for your community. The Korean ISM and Latino ISMs have used print media a lot while the Cambodian ISM has contacted Khmer TV and radio to produce educational product for them.

Media: There is an INC Facebook page where activities and photos are posted. Activities are also posted on the PACS website. PACS website describes the INC Program and posts the outreach materials.

REP communities have a fast and far-reaching tool – word of mouth or the “grapevine.” Do a great job and people hear about it. Do a bad job and people will not come.

Encourage participating in their community activities such as festivals, health fairs, advocacy events, fundraising events, etc.

Expand the range of contacts: Contact ethnic community primary care physicians; check out community agencies; share resources.

Group activities – the Iranian ISM did a poetry workshop which brought in several hundred people. The Korean ISM ran a series of book clubs to targeted groups such as mothers of toddlers, TAY and parents of adolescents. The staff selected books and topics that would allow participants to open up about their own personal experiences and begin to discuss mental health issues. They were facilitated and were available to individuals. Armenian ISM used a weekly Knit ‘n Chat group run by a peer advocate where topics such as breast cancer awareness month, NAMI, etc. can be discussed.

Build understanding of the common, relevant practices that are important in an ethnic group. The AAA ISMs used greeting each other with embraces and supporting inter-generational activities. The Cambodian ISM used the correct greeting and bow according to the age and position in society of the participants. These create a welcoming environment.

# Sampeah – the Cambodian Greeting

## Cambodian Greeting

Sampeah is an important part of the Khmer culture. It is a greeting or goodbye; it is used to say thank you or to apologize. Presenting Sampeah is a sign of respect and politeness and it is considered impolite not to return Sampeah.

The palms of the hands are placed together like a lotus flower.

## Five versions of Sampeah

**First Sampeah:** When one greets friends who are the same age, both palms are at chest level.

**Second Sampeah:** When one greets their boss, an older person or higher ranking people, both palms are at the mouth level.

**Third Sampeah:** When one greets one's parents, grandparents or teacher, both palms are together at the nose level.

**Fourth Sampeah:** When one greets the king or monks, both palms are together at the eyebrow level.

**Fifth Sampeah:** When one prays to the Buddha or sacred statues, both palms are together at the forehead level.



# Personal OEE to Young Men from Cambodian ISM



Integrated Network for Cambodians (INC) | 3530 Alhambra Ave #210, Long Beach, CA 90803  
Phone number: (562) 424-1886 | e-mail: [incbacc@gmail.com](mailto:incbacc@gmail.com)  
The INC is a 501(c)(3) nonprofit organization. All proceeds from the sale of goods and services are used to support the program.

**LET'S GET Healthy & Fit!**

**SUMMER WELLNESS PROGRAM**

FOR YOUTH AND YOUNG ADULTS AGES 12-28 Y.O.

The Summer wellness program is a health and wellness based group that involves group discussion about situations and events relevant to youth and young adults. The program is facilitated by trained counselors. We engage in physical exercise, team sports activities, healthy social interactions, discussion on health, and other fun activities.

The program runs during the summer starting **June 27th to September 19th** on **Fridays** from **4:00 to 6:00 pm** at **4000 Olympic Plaza, Long Beach, CA 90803**

**IF THIS SOUNDS FUN TO YOU, PLEASE JOIN US!**

# Objectives and goals of Let's Get Healthy and Fit Program

and educate young Cambodian men about mental health and substance abuse issues

with core group from Educating Men with Meaningful Messages (EM3), a program of a partner agency, Families in Good

staff— AADAP substance abuse counselor, EM3 leader and INC community navigator from FiGH and INC clinician. Their role was to act as “coaches” which was viewed as a non-threatening title.

The program was a summer program about fitness and health using volleyball and food as the incentives. It was held at the Belmont Pier which moved to Liberty Park in Cerritos. Start with 15 minutes of an icebreaker, play VB, take a half time break to discuss issues, play some more

Results: Over the 2 months, 37 men between the ages of 14-28 came to the program. 3 were Samoan and 2 were Hispanic. From time to time 3 young women joined in. It started out being 2 hours but over time it would go to 3-4 hours. Food was an incentive but over time, the time together became more important. It was cost effective- \$80 to \$100 per meeting.

Through the staff mingle with the young men relaxed the relationship, made the staff more approachable, allowed staff to help the men discretely.

The suicide of Robin Williams started several discussions on depression and thoughts of suicidality. It caused them to think and talk out how and why a successful person would commit suicide even though the person may seem to have it all. The men ended up

The youth made a commitment to the program and overcame many transportation obstacles to get to the park

At the end of the program, the youth wanted it to continue. 3 men enrolled in INC and 2 more are considering it

## EXAMPLE OF OEE FIGURES FROM CAMBODIAN ISM

<b>INC Outreach and Engagement</b>			
	<b>FY 12-13</b>	<b>FY 13-14</b>	<b>FY14-15</b>
Events	4351	2990	162
Individuals	4863	2586	553
<b>Total Outreach:</b>	<b>9214</b>	<b>5576</b>	<b>715</b>

First year focused on extensive, generalized outreach at community events and in-house activities.

By FY13-14 the work was more focused on individual contacts through face-to-face meetings, door to door outreach and phone calls.

Multiple contacts were needed for a significant number of potential clients. The figures above do not show the number of unduplicated individuals, only the number of contacts.

As the community navigators became more knowledgeable about mental health issues, they could assess individuals better so they could individualize their OEE.

They shared more with their colleagues within their agency for cross-referrals.

## Cambodian ISM Results

ratio of referred clients to those that enrolled is nearly 1:1. As staff community navigators became more educated, the referrals were more prepared to accept mental health services and what the program had to offer

FY12-13 referrals also were made by other clients and PACS staff.

FY14-15 figures are only up to Oct. 15, 2014. There are pending charts and a few clients on hold

Currently, the number of Cambodian enrolled clients is limited by workforce shortage issues. Currently, we have not been able to find more Cambodian clinicians. Staff uses support groups and graduation ceremonies to move clients to other levels of care

Local ISMs report waiting lists such as the TCC model of promotoras. Due to their knowledge of the community and linguistic access, they have been instrumental in helping to excel the consumer enrollment rates for ISM.

# of Referred Clients from Partner Agencies		
FY12-13	FY 13-14	FY14-15*
54	58	24

Unduplicated Enrolled INC Clients		
FY 12-13	FY 13-14	FY14-15
66	55	10

# SEEK THE CLIENTS' PERSPECTIVE ON MENTAL ILLNESS AND RECOVERY

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OV of Cambodian clients about mental illness: the symptoms were caused by their situation so they felt that if those problems were resolved such as finding a job or home, the mental illness would go away. Knowing this helps the OEE staff understand what a prospective client wants from the program and allows the program to adjust and improve the treatment modalities.

## What INC clients think about recovery

- To feel better like they did before they got “sick”
- If they had auditory or visual hallucinations, they didn't want to worry about the messages that the voices are telling them.
- To be able to sleep or to sleep better.
- To know that their lives have meaning and to find a way to pass their knowledge on to their children.
- To know someone has listened to them
- To be treated in a respectful way
- To know how to navigate in the American world.
- To learn English so they can get a job.
- To start their own business if they could get some financing

Physical aches and pains, headaches, sad feelings, etc. are a sign of their state of mind. Many clients report that when they are engaged in an activity such as going to being a counseling session, participating in the support group or being at a Blessing Ceremony, they feel better and those aches and pains disappear during that time of activity.

# THE CLIENTS' PERSPECTIVE ON MENTAL ILLNESS AND RECOVERY con't.

## THE NATIVE AMERICAN SCREENING TOOL

### CULTURAL IDENTITY

**Intro: We would like to start by asking you some questions about your cultural beliefs and es.**

1. With your own family, how important is it that you do AI/AN cultural and traditional activities together or have special traditions that are based on AI/AN cultures?
- |               |   |           |   |                |
|---------------|---|-----------|---|----------------|
| 1             | 2 | 3         | 4 | 5              |
| Not Important |   | Important |   | Very Important |

*For the following questions, think about your physical, spiritual, emotional, and mental health as being part of your overall health.*

2. Is participating in AI/AN traditions, activities and beliefs important for your physical health (e.g fancy shawl dancing requires physical fitness & encourages dancers to stay in shape all year round)?
- |               |   |           |   |                |
|---------------|---|-----------|---|----------------|
| 1             | 2 | 3         | 4 | 5              |
| Not Important |   | Important |   | Very Important |

3. Is participating in AI/AN traditions, activities and beliefs important for your spiritual health (e.g connecting to mother earth, creator, god or other higher power.)
- |               |   |           |   |                |
|---------------|---|-----------|---|----------------|
| 1             | 2 | 3         | 4 | 5              |
| Not Important |   | Important |   | Very Important |

4. Is participating in the AI/AN traditions, activities and beliefs important for your emotional health? (e.g. mood, feeling that impact behaviors.)
- |               |   |           |   |                |
|---------------|---|-----------|---|----------------|
| 1             | 2 | 3         | 4 | 5              |
| Not Important |   | Important |   | Very Important |

5. Is participating in the AI/AN traditions, activities and beliefs important for you mental health? (e.g. depression, stress, anxiety)
- |               |   |           |   |                |
|---------------|---|-----------|---|----------------|
| 1             | 2 | 3         | 4 | 5              |
| Not Important |   | Important |   | Very Important |

6. How much do you self- identify as an AI/AN?
- |            |   |   |   |           |
|------------|---|---|---|-----------|
| 1          | 2 | 3 | 4 | 5         |
| Not At All |   |   |   | Very Much |

7. Do you identify with another race/ethnicity?
- YES                      NO

Please specify? \_\_\_\_\_

8. If yes, how much do you identify with this race?

Open the discussion for prospective clients to explore the causes of their mental illness.

### HISTORICAL/MULTIGENERATIONAL TRAUMA

**Intro: As you may know, Native Americans have a long history in America. We would like to ask you about how this history may have affected your life.**

1. Have you heard of the term “Historical Trauma” or “Multigenerational Trauma”?
- YES      NO

If yes, can you tell us what you have heard?

2. Have you heard of AI/AN boarding schools?      YES      NO

If yes, can you tell us what you have heard?

3. Have you heard about AI/AN colonization?      YES      NO

If yes, can you tell us what you have heard?

4. Do you think that AI/AN history, historical trauma, and what happened to AI/AN people in the past has an effect on your family’s struggles today?

- |          |   |         |   |           |
|----------|---|---------|---|-----------|
| 1        | 2 | 3       | 4 | 5         |
| Not Much |   | Neutral |   | Very Much |



## THE CLIENTS' PERSPECTIVE ON MENTAL ILLNESS AND RECOVERY con't.

### FROM THE AAA ISMs

tially, AAA staff invited potential clients to a series of focus groups to explore and identify unmet needs, solutions, and services. Based on the results of the focus groups and initial outreach activities, staff identified and implemented services to build on a critical cultural value – “Building the Village.”

As a result of the initial work, our program replicates African/African American values whereby traditions are transmitted, and growth and healing are nurtured. The services implemented support social networks as a catalyst to healing the Mind, Body and Soul while emphasizing artistic and creative activities.

# New ideas are welcome

- On October 31, 2014, INC held its first cooking class as part of nutrition education. It was held at a *wat* and monks were invited. 14 clients participated.
- Older clients can teach family members and younger clients which places them in a respected role
- Bringing in the younger clients to learn Cambodian cooking – intergenerational communication
- Allows the clients and their families to perform a blessing by feeding the monks which is very important to them
- Continues the process of honoring the spiritual ties
- Reduces social isolation



# WHY IS OEE IMPORTANT?

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1. Without culturally appropriate OEE, **the issue of disparity** will not be successfully addressed. The success of the ISMs to enroll clients from ethnic communities that have not accessed care for decades is a clear indication that the right strategies can overcome stigma and reduce disparity.
2. The OEE needs to be ongoing and responsive since UREP communities are constantly evolving, emerging populations arrive and immigrant/refugee populations increase due to world events
2. OEE in many of the ISMs has been positive even for those who did not qualify or elect to enroll. Many community members have been helped with basic needs through referrals and linkages to services for housing, clothing, shelter, food, legal assistance, etc.
3. It is vital that ethnic communities be educated about mental illness and the reality that recovery is possible. Earlier intervention and even prevention will raise the community's well-being, bring hope to families and reduce individual suffering.

BE BLESSED!

