



San Mateo County – Behavioral Health and Recovery Services

Office of Diversity and Equity (ODE)

Chinese Outreach Worker Program

Progress Report January 2016 - July 2016

[1] Background

In accordance to the US Census 2010^[5], the Chinese population is the largest group of the entire Asian community in the United States. It is reported that the Asian population increases faster than any other immigrant group in the United States. As the Chinese population continually grows, it is imperative to understand the effects of cultural assimilation difficulties and how that impacts the mental health of the Chinese community.

According to the National Latino and Asian American Study^[4], the Chinese community underutilized mental health services more than any other major Asian group within the United States. Multiple studies noted that factors such as acculturation difficulties, culturally unresponsive services, lack of awareness or understanding of services, played a severely detrimental role in the mental health of the Chinese community. There exist many gaps within our American healthcare system that is hindering access to much needed mental health care for the Chinese community. It has been reported that many Asian immigrants frequently express fear of rejection associated with a mental disorder and are concerned about confidentiality^[3]. The interplay of stigma along with traditional Chinese norms is not being effectively addressed by our current healthcare system. As we see Chinese American women reported with poorer mental health than any other Asian group within the United States, it is evident that there needs to be greater efforts to formulate sustainable and effective solutions to bridge gaps within our healthcare system for the growing Chinese community.

Studies have revealed that in addition to the positive correlation of depressive symptoms and lower family income, low-income Chinese communities also face other barriers like lack of social support due to immigration, limited education and low language proficiency^[2]. It has become clear that through a combination of factors, many Chinese individuals would wait until symptoms proliferate to a severe condition before they reach out to a community member or a primary care provider. In spite of their condition, many will still be reluctant to see a mental health clinician^[1]. This mental health disparity affecting the low income Chinese puts great emphasis on the need of Medicaid agencies to provide culturally sensitive services.

Data suggests that San Mateo County is composed of about 11% Chinese residents. Chinese residents make up roughly 2% of the Behavioral Health Recovery Services (BHRS) clients/consumers, which translates to 272 unique clients with an open episode as of August 2016. Of these 272 clients, 35% reported that they speak a Chinese dialect.

Chinese Clients Who Speak a Chinese Dialect

Cantonese	55
Mandarin	28
Other Chinese Dialects	12

There is a clear mental health disparity existing within the Chinese community of San Mateo County and it must be addressed with urgency.

[2] The Chinese Outreach Pilot Program

The Chinese Outreach Pilot Program was conceived by members of the Chinese Health Initiative of the Office of Diversity and Equity (ODE) as a response to the underutilization of behavioral health services by the Chinese community of San Mateo County. The pilot program’s primary goal was to understand the gaps and needs of the Chinese community as well as to start linking individuals and families in need to appropriate behavioral health resources. The Chinese Outreach Pilot program was originally set for six months but will continue until June 2017. The first phase of the pilot program was implemented June 2014 and concluded April 2015. Through successfully linking 42 clients into the BHRS system, the first Chinese Outreach Worker successfully demonstrated the clear need for increased resources in San Mateo County for the Chinese community. The full report can be accessed off the ODE website, www.smchealth.org/bhrs/ode. BHRS, hired a part-time (24 hours a week) Chinese Outreach Worker to continue reaching out to the Chinese community of San Mateo County. The second phase of the program began January 2016 and concluded in July 2016. It is worth noting that it took 8-months to hire a Chinese Outreach Worker due to a low number of qualified applicants for this position.

The primary objectives of this position are to provide both outreach and linkage services to the Chinese community. The outreach component includes working with monolingual Chinese communities through promotion of behavioral health services, psycho-education and careful culturally sensitive communication to gradually break down stigma ingrained within traditional Chinese culture. The linkage component of this role includes working with clients to gather pertinent information, serving as a mediator internally within the BHRS referral system and navigating them through the process until they are able to see a provider. Follow up tasks was provided to ensure clients understand the course of therapy and other treatment instructions.

Since January 2016, the Chinese Outreach Worker has partnered with numerous organizations in San Mateo County to address behavioral health disparities affecting the Chinese community. Through working closely with the Chinese Health Initiative of San Mateo County, the Chinese Outreach Worker has formed strong relationships with many different agencies who share similar views to advocate for the Chinese community. This role offers a unique position to take initiative and coordinate efforts of many public and private agencies to identify barriers to behavioral healthcare and develop sustainable solutions.

[3] Synopsis of Progress as of January 2016

- Worked closely with representatives from Chinese Health Initiative (CHI), Health Plan of San Mateo (HPSM) and Stanford Psychiatry to help build strong screening and/or referral systems in Chinese-speaking primary care clinics
- Worked closely with 4 different public high schools through delivering presentations to increase awareness of Behavioral Health services and educating them on most common mental illnesses affecting youth
- Built strong relationships with BHRS Access center to increase administrative efficiency and effectively links clients to necessary care based off their insurance and conditions.
- Partnered with NICOS Chinese Coalition to increase Gambling Addiction awareness, which is an issue that disproportionately affects the Chinese immigrant community, in high schools, senior homes and more.
- Partnered with Stanford Psychiatry to work both in school settings to understand stressors in low-income students
- Established relationships with 21 community organizations
- Worked with 12 clients to link to and manage care
- Coordinated a free mental wellness screening at a Chinese speaking senior center and screened for depression in 23 monolingual Chinese residents

The following are organizations that the Chinese Outreach Worker has worked with and are aware of the services provided in the larger San Mateo County context:

- Access Center (BHRS)
- Cal State East Bay, Dept. Social Work
- California Children Services
- Central County Community Service Alliance
- Chinese Health Initiative
- Chinese Hospital
- Daly City Partnership
- Daly City Youth Health Center
- Diversity and Equity Counsel
- Filipino Mental Health Initiative
- Healthy Aging and Response Team
- Health Plan of San Mateo
- High Schools:
 - Aragon High (SMUHSD)
 - Mills High (SMUHSD)
 - Jefferson High (JUHSD)
 - Westmoor High (JUHSD)
- Lesley Towers Senior Homes
- Lincoln Community Center
- NEMS (Sunny)
- NICOS (San Francisco)
- North County School Based Mental Health Collaborative
- Organization of Chinese American (OCA)
- Pyramid Alternatives
- San Mateo Public Libraries
- Self Help for the Elderly
- Stanford Psychiatry
- StarVista
- Sunset Family Support Group

Clients were referred from the following agencies:

Agency	# of Client
CCS (California Children Services)	1
Chinese Hospital	3
FMHI	1
NEMS	1
Self Help for the Elderly	5
SF Chinese Support Group	1
TOTAL = 12	

[4] Project Outcomes

The Chinese Outreach Worker identified Chinese communities and Medicaid/MediCal (HPSM) recipients and strategically combined psychoeducation and outreach to increase awareness of services and decrease stigma. The projects included smaller scale classroom settings to larger county-wide events. Each of these projects was tailored to best cater to the needs of the specific community. The Chinese Outreach Worker has identified high schools, senior homes, and primary care clinics as places to ensure were strongly linked to behavioral health resources and services.

I. High Schools

The Chinese Outreach Worker primarily worked in the Jefferson Unified High School District (Jefferson High and Westmoor High), where many students and their families are insured through HPSM or qualifies for MediCal, and the San Mateo Unified High School District (Mills High School), where a substantial portion of the student body is composed of the Chinese students. The Chinese Outreach Worker's high school outreach efforts often emphasized the role of parents in their child's mental wellness and early prevention. Partnering with multiple organizations, the Chinese Outreach Worker tailored the content of the presentations to identify needs of the student body, develop potential solutions and raise awareness to culturally sensitive resources available to them in the county. Collectively, the partnered organizations and the Chinese Outreach Worker has worked with over a hundred school-affiliated personnel.

A. Mills High School: "Achieving Success and Balance in the Modern Day" on February 26

With different community organizations that are part of the Chinese Health Initiative, the Chinese Outreach worker coordinated the mental wellness parent presentations and catered towards parents of East Asian background all throughout San Mateo County. The purpose of this event is to educate parents of students at high achieving schools, where a high level of stress is common, on the importance of mental wellness and how to be supportive and improve communications with their child. There were two simultaneous presentations occurring – one in English and the other in Chinese and with a total number of 50+participants. This event proved to be a crucial resource to parents as it began conversations about their child's mental well-being. The Q&A session demonstrated the parent's engagement to the material presented. The overall feedback generated from the surveys has shown a well-received and appreciative response to the material and have expressed interest for more workshops that dived deeper into the material

covered. The survey results revealed that 67.6% of the parents expressed interest for future workshops that are similar to the one provided and also showed that 58.8% of the parents expressed interest in these events offered in Chinese.

B. Assessment of Mental Health Needs Westmoor High School on March 4th

The Chinese Outreach Worker delivered a presentation on stress and the most common mental illnesses affecting youth to 23 Westmoor High students. The majority of the time was allotted to encourage conversations about mental health and the different barriers hindering access to care. After conducting a survey, 82.6% (all whom answered on a somewhat agree, agree or strongly agree) of the class has expressed how it is difficult communicating to parents about mental health because of generational gaps and stigma within their family's traditional culture. Through this event, the Chinese Outreach Worker identified areas of need for students of low-income backgrounds, consistently raised awareness of resources and how to obtain them and planned follow-up events accordingly.

C. Stressors Workshop March 23rd with Dr. Jonathan Lee

In partnership with Jonathan Lee MD of Stanford Psychiatry, the Chinese Outreach Worker assessed the needs of 22 Jefferson High School students in their Peer Assisters Class. All students in this class are from low-income backgrounds and have been identified as resilient individuals because they have endured or are enduring some form of trauma in their life. Through discussions and survey, Dr. Jonathan Lee and the Chinese Outreach Worker have helped the students identify stressors in their lives and approaches to cope with it. Further information was provided to promote different referral resources for mental wellness and substance addiction services when students were ready to seek help or encourage friends to seek help.

D. Jefferson High School: “*Applications of Mental Health*” on March 30th

The Chinese Outreach Worker coordinated with the Filipino Mental Health Initiative (FMHI) and Chinese Health Initiative (CHI) by reaching out to the underserved youth at Jefferson High School of Daly City, where many of youth are from families who are covered or are eligible for Medicaid. Members of both FMHI and CHI presented in two psychology classes (approximately 50 students) and were tasked to demonstrate the applications of mental health within their professional careers while destigmatizing seeking mental health services. Eugene Canotal, LCSW of FMHI and Steven Sust MD of CHI provided a narrative of how they use their studies in behavioral health and apply that to community health. With both speakers inspiring students and encouraging them to consider a career in the field of mental health, they successfully not only increased understanding of mental health services but also demonstrated its importance. Resources were also provided in case students were interested in mental wellness services. The event was well received and very positive feedback was provided.

E. Westmoor High School and Jefferson High School: “Addiction and the Brain” on April

In collaboration with NICOS Chinese Coalition of San Francisco, the Chinese Outreach worker coordinated interactive lessons to four different classes (about 100 students in total) at Westmoor and Jefferson High on how addiction affects an individuals' neurobiology. The motive was to empower students with the understanding of addiction and to know how to effectively build approaches to prevent addiction. Resources were provided for those who are showing risk factors. The interactive nature of the lessons facilitated by the knowledgeable guest speakers was very well received and all teachers welcomed them back for the upcoming school year.

II. Senior Homes

In partnership with the Chinese agency, Self Help for the Elderly – San Mateo, the Chinese Outreach Worker forged a strong relationship with the staff and the monolingual seniors. Due to language barriers and difficulty with acculturation into American culture, many of the seniors were completely unaware of behavioral health services. In response, the staff of Self Help for the Elderly and the Chinese Outreach Worker diligently identified seniors who were at risk for mental health conditions and with cultural sensitivity, worked with them individually, linked them to services and raised awareness of resources.

A. Presentations

- a. Informative presentations on what services offered by the San Mateo County BHRS were delivered to the seniors by the Chinese Outreach Worker both in Cantonese and Mandarin. In order to not allow the stigma to prevent seniors from seeking necessary care, the Chinese Outreach Worker carefully used culturally sensitive and non-triggering euphemisms to discuss about mental health and encouraged seniors to speak to him one-on-one after the brief presentation. Seniors were often provided with direct contact information they could use outside of the senior home operating hours if needed to have more privacy.
- b. In partnership with NICOS, they provided bilingual (Cantonese and Mandarin) presentations on gambling addiction catered towards the Chinese community. With the understanding how gambling addiction disproportionately affects the Chinese community, the guest speakers used Cantonese and Mandarin to raise awareness of how to recognize symptoms of addiction, how to prevent it from manifesting in oneself or a loved one and where to seek help if a loved one is currently suffering from symptoms.

B. Free Screening Events

- a. The Chinese Outreach Worker coordinated a Free Mental Wellness Screening event for the seniors of Self Help for the Elderly. With Chinese-speaking community volunteers, BHRS staff and clinicians, the Chinese Outreach Worker screened the 23 monolingual seniors for depression, educated them on their results and referred them if necessary to care. Community partners also attended to promote behavioral health resources for the San Mateo County Chinese community.

III. Primary Care Clinics

Through the hard work of the previous Chinese Outreach Worker, it became apparent that the main location where much needed behavioral health linkage services is the Chinese-speaking primary care clinics in San Mateo County. The Chinese Outreach Worker made strong efforts to build close relationships to all Chinese-speaking primary care providers in San Mateo County. In partnership with Health Plan of San Mateo and the Access Center Department of BHRS, the Chinese Outreach Worker was able to bridge many gaps within the primary care to behavioral health relationship. The Chinese Outreach Worker invested much of his time to carefully implement this project to help Chinese community clinics develop or better their behavioral health screening and referral system.

A. BHRS Access Center

The relationship with the BHRS Access Center and the Chinese Outreach Worker is crucial to bridging the accessibility gap for the underserved Chinese community. The Access center staff was incredibly supportive with assisting the Chinese Outreach Worker refer patients internally into the BHRS system. Working closely with patients, the Access Center helped the Chinese Outreach Worker both as a consultation for mental health assessment as well as authorizes or refers to appropriate services and/or resources.

B. Health Plan of San Mateo (HPSM)

Working closely with Michele Lee, LCSW, both Dr. Steven Sust and the Chinese Outreach Worker were able to ensure the PCP outreach plan was compliant to the HPSM guidelines. It was imperative to understand the policy level guidelines to help clinics develop a system that complied with the Medicaid provider of the county. It was understood that general mental wellness exams fall under the preventative medicine category. After consulting BHRS management, the Chinese Outreach Worker raised awareness of existing resources to not only help PCP clinics utilize a clinically supported behavioral health screening system but also helped develop a clear protocol on how to refer patients into the BHRS system. The different protocol and resources are attached to this report. The protocol clearly outlines how to use the screening tool, how this fits into their primary clinic flow and how to effectively link at-risk patients to mental health care.

C. Chinese-Speaking Primary Care Providers

With the help of HPSM, the Chinese Outreach Worker identified all Chinese-speaking Primary Care Physicians (PCP) in San Mateo County and personally reached out to all of them. They were made aware of the BHRS and HPSM approved PCP referral protocol and helped bridge a much needed gap of accessibility for these clinics. Of the many clinics visited, many were unaware of existing behavioral health services and resources in San Mateo County. This project proved to be a crucial turning point for many clinics who struggled immensely to help their respective patient(s) link to much needed behavioral health care in San Mateo County.

D. Resource Referral List

Through working with many different PCP practices, it became clear that there is an existing disconnect between the primary care clinics and mental health services in San Mateo County. In

response, the Chinese Outreach Worker created a resource list of Chinese-speaking mental health clinicians to distribute to the different clinics and is also attached to this report. This resource could be employed to better understand the culturally sensitive resources available for monolingual Chinese residents of San Mateo County. This referral list proved to be an important resource because it raised awareness of accessible and culturally sensitive mental health resources for the Chinese community.

IV. Community Outreach

An integral component of this position is consistently raising awareness to the Chinese community about culturally sensitive resources available to them. The Chinese Outreach Worker identified many schools, agencies and community organizations that either serve the Chinese community or is composed primarily of Chinese members. Presentations were specifically tailored to match the needs of these communities.

A. NICOS Provider Training on May 20th

With the understanding of high gambling addiction prevalence in the Chinese community, the Chinese Outreach Worker worked closely with NICOS and coordinated a provider training for 30+ participants. The speakers covered a comprehensive overview of how to view this condition through the lens of the Chinese community, the neurobiology of gambling addiction, how to help and prevent this amongst at-risk patients and community resources for those ready to seek help. The training was conducted in a very interactive fashion and a lot of very insightful questions and discussions shown that providers were very engaged and passionate about this topic.

B. Different community organizations

The Chinese Outreach Worker built strong relationships with public and private organizations that directly interact with Chinese communities, which are now familiar with the services provided by the Chinese Outreach Worker. From public institutions like the California Children's Service (CCS) to public organizations like Chinese Sunset Family Support Group (of UCSF). The role of the Chinese Outreach Worker proved crucial for many different organizations because it bridged many Chinese serving organizations to much needed behavioral healthcare for Chinese residents of San Mateo County.

[5] Feedback from the community

Through working with many public and private organizations, there is a unanimous consensus that the role of the Chinese Outreach Worker is a necessity for the community. The Chinese Outreach Worker linked many organizations together and raised awareness of many

underutilized mental health and addiction services. Below are a few testimonies from community partners:

“Mr. Chen was extremely helpful in connecting our seniors to the appropriate resources in the community, which we did not know was available. His services are much needed in our community.”

-Program coordinator of Self Help for the Elderly, San Mateo.

“[The Chinese Outreach Worker helped my organization with] ...Promoting problem gambling prevention information and resources to the Chinese community of San Mateo County, which we otherwise would not have been able to do.”

-Director of NICOS Chinese Health Coalition

“Phillip has excellent language skills, and his being fluent in BOTH Cantonese and Mandarin allow him to reach the diverse Chinese Community in our county. He is caring and responsive and does not mind going the extra mile to reach these families. There is a tremendous stigma attached to behavioral health challenges within the Chinese community. It generally takes a long time for families to gather up the courage to seek help, sometimes takes years. The fact that they can reach someone directly who understands their language and cultural nuances will make it much easier for them to seek help. They will be more inclined to pick up the phone and call for help rather than just endure the issue themselves. But the outreach will take time, and 6 months may not be enough. Having a consistent Chinese Outreach Worker for BHRS will be essential for the wellbeing of the Chinese Community in our County.”

-Therapy Case Manager, San Mateo County CCS

[6] Challenges and opportunities

Throughout the second term of the Chinese Outreach Worker, many challenges were faced when reaching out to the Chinese community and promoting services offered for them. On top of the preexisting stigma ingrained in the Chinese culture, there were many systemic barriers that proved to be very difficult to overcome. Sustainability is a priority and the Chinese Outreach Worker actively worked to address this issue.

A notable management barrier is the time frame of this position. Due to the fact of this position only being guaranteed for one-fiscal year, officially beginning in January 2016, the position only was guaranteed to the July 2016 (end of the pilot). It is important to note that this position has very specific demands that must be met in order to fulfill the responsibilities which was the primary reason why the position remained unfilled for 8 months (from the first Chinese Outreach Worker to the second). The instability of the position places the Chinese Outreach Worker in a tough predicament. Due to the stigmatized nature of mental health, substance use and addiction, it demands a fair amount of time before client(s) consent to services and before

rapport can be built with the clients. This demands a position that upholds sustainable communication for a long period of time with the community. In order to alleviate this barrier, there needs to be a longer guaranteed position contract than one-fiscal year.

Working part time also was difficult for the Chinese Outreach Worker. Scopes of projects were limited due to time constraints and more importantly, the Chinese Outreach Worker was less accessible for the Chinese community. On that note, due to the lack of Chinese speaking staff in the Access Center as well as other BHRS departments, the Chinese Outreach Worker serves as a point of connection from the community to BHRS. Due to the stigmatized nature of behavioral health, careful word choice must be utilized to not deter mentally unhealthy Chinese residents from seeking care. Many of the clients have expressed their concerns with the lack of mental health sensitivity of the interpreters utilized in the BHRS system. It is suggested that the Chinese Outreach Worker can transition into a full time position where he/she can be more readily accessible to the community. Furthermore, a full time Chinese Outreach Worker can also take on other responsibilities as an ODE staff member; being connected to the greater goal of ODE of reducing disparities is an essential piece of the Chinese Outreach Worker's work. It is also suggested to have a Chinese speaking representative at the Access center for the growing Chinese community of San Mateo County.

Furthermore, one of the major referral sources came from the Chinese primary care setting but systemic difficulties proved to prevent many patients from accessing behavioral health care. Not only did the patients have difficulty with navigating through the health system but also due to systemic error, many primary care clinics did not have a strong referral system and protocol for behavioral health consultations. With the efforts of Dr. Sust and the Chinese Outreach Worker, it helped alleviate many disconnects by raising awareness of clinically proven screening tools and referral resources to BHRS and other services. However, many obstacles were repeatedly encountered. It is suggested that HPSM outreach/provider relations and CHI builds stronger relationship, such that CHI and the Chinese Outreach Worker can better contribute to their goals of increasing behavioral health awareness. It would also be beneficial for CHI to increase communication with HPSM, BHRS management and BHRS Access to ensure the goals of each respective organization are aligned.

[7] Next Steps

Moving forward, it is important that the Chinese Outreach Worker maintains strong relationships with all the partner organizations and continue outreaching, educating and navigating individuals of the Chinese community to promote access to care. It is crucial to continue to invest in time to build strong relationships with primary care offices because as mentioned earlier, it serves as one of the very few points of contact for many monolingual Chinese residents to express concerns about their behavioral health. In addition, it is important that the Chinese Outreach Worker helps primary care clinics promote efficacy and efficiency of their existing behavioral health screening and referral system. Furthermore, although there was a strong effort to promote gambling addiction awareness, it is important to also focus on other behavioral health conditions like alcohol or substance abuse in the at-risk Chinese community on top of mental health awareness.

[8] Special Thanks

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