



San Mateo County Health System - Behavioral Health & Recovery Services (BHRS)
Office of Diversity and Equity (ODE)

Chinese Outreach Pilot Program Progress Report (June 2014 - April 2015)

Background

According to the US Census Bureau, the Chinese American population grew 56 percent between 2000 and 2013. Fueled largely by immigration, the Chinese population growth trend is expected to be the same between 2013 and 2050. As of January 1, 2015, the California Department of Health Care Services (DHCS) designated two new threshold languages in San Mateo County, Chinese (Cantonese and Mandarin) and Tagalog in addition to the existing threshold language, Spanish.

There is a pattern of underutilization of behavioral health services by Chinese immigrants and Chinese Americans in San Mateo County. While Chinese make up 9% of the San Mateo County population (U.S. Census 2010), there is a disproportionately low percentage (1.5%) of total Behavioral Health and Recovery Services (BHRS) clients that are Chinese.

In 2007, the Chinese Health Initiative (CHI) of San Mateo County was created to better understand the health issues of the Chinese community and to advocate for and provide culturally appropriate health services. In 2013, CHI documented their findings of underutilization of behavioral health services by Chinese immigrants and Chinese Americans in San Mateo County. According to CHI, some of the factors contributing to low service utilization are as follows: immigration status, immigration experience, economic hardship, culturally specific help seeking behavior, linguistic barriers, geographic and transportation barriers, lack of training for providers in identifying and engaging Chinese speaking individuals seeking behavioral health services, cultural stigma against behavioral health issues, lack of Chinese mental health providers in the County, and cultural myths around the model minority and self-sufficiency. The traditional strategy for identification and engagement of Chinese has not been effective.

As part of Mental Health Services Act (MHSA) efforts to reach underserved communities and address factors contributing to low service utilization among Chinese communities, the Behavioral Health and Recovery Services (BHRS) launched a Pilot Program and hired a part-time bilingual Cantonese Outreach Worker to provide outreach to Chinese immigrants and Chinese Americans living in San Mateo County.

The Chinese Outreach Pilot Program

The Office of Diversity and Equity (ODE) at BHRS and the Chinese Health Initiative team launched the Chinese Outreach Pilot Program in June 2014 to address underutilization of BHRS services among Chinese community with a coordinated approach of education, outreach, engagement and linkage (warm hand-off) to behavioral health services.

The goals of the Pilot Program included:

- 1) increase awareness and identification of behavioral health needs and available services within San Mateo County for Chinese immigrants and Chinese Americans;
- 2) engage and link Chinese immigrants and Chinese Americans needing behavioral health services, assessment and treatment to bilingual County clinicians or to private providers through their health insurance plans; and
- 3) document the need for behavioral health services; and the success and challenges in linkage to assessment and treatment service by Chinese immigrants and Chinese Americans.

BHRS hired a part-time bilingual Outreach Worker (24 hours per week) as part of this Pilot Program to provide outreach to Chinese immigrants and Chinese Americans living in San Mateo County. He was introduced at the “Cultivating Wellness” event at Millbrae Library to BHRS partners and community members. His primary responsibilities included:

- 1) provide outreach to and engagement of the Chinese community,
- 2) facilitate the warm hand-off of identified individuals to appropriate services,
- 3) collaborate with the Chinese Health Initiative,
- 4) facilitate and coordinate a Chinese coalition,
- 5) lead psycho-education classes, and
- 6) consult and collaborate with community partners and BHRS by providing culturally and linguistically appropriate services.

Progress-to-date:

Following are highlights of the Chinese Outreach Pilot Program activities during the first nine months, June 2014-April 2015:

- Created nine targeted language and culturally appropriate outreach materials.
- Conducted outreach and education to 24 community organizations throughout San Mateo County; and
- Created six strategic partnerships to better serve and link Chinese clients to behavioral, health and social services.
- Conducted ten formal seminars or presentations to the community.
- Linked 42 Chinese clients and their families to behavioral health services.
- Conducted outreach and awareness activities at three local community health fairs.

Overall, the pilot program has received a good number of supportive responses from clients and other community members. In addition, it has provided a platform for BHRS to

demonstrate value and reveal potential challenges and opportunities in outreaching to the growing Chinese population in San Mateo County.

Project Outcomes:

Increase Awareness: Creation of Materials

To maximize his efforts, the Outreach Worker created a number of language and culturally appropriate outreach materials. Each of these materials is targeted to a specific audience. For example, the flyers to potential Chinese clients do not include any specific references to “mental health” or “substance abuse.” Rather, they list symptoms such as loss of interest, stress, and isolation to circumvent the stigma associated with mental health issues. These materials include:

- Flyer for Chinese Seniors (in Chinese).
- Flyer for clinicians/community partners (in English).
- Flyer for general Chinese community (in Chinese).
- Flyer for Chinese teenagers (in Chinese and English).
- Presentation to clinicians/community partners on working with Chinese families (in English).
- Presentation to clinicians/community partners on working with Chinese students (in English).
- Presentation to Chinese clients about mental wellness (in Chinese).
- Presentation to Chinese seniors/older adults about mental wellness (in Chinese).
- Presentation to parents of high school students about stress and mental wellness (in Chinese and English).

Increase Awareness: Community Outreach and Education

Historically, Chinese Americans rarely seek help from mental health professionals. Instead, they rely on themselves to deal with increasing distress. And if they do, somatic pain is their chief complaint. For example, Chinese Americans with depression may first seek help from their primary care physicians for their somatic complaints such as headache, back pain, and chest ache. Therefore, it is important to partner with non-behavioral health organizations within the County to engage the Chinese population within their communities.

In addition, many Chinese Americans with mental illness may be misdiagnosed or under-diagnosed because of their tendencies to focus on somatic symptoms relating to their mental health issues. Therefore, it is important to educate clinicians and health workers in those organizations on culturally and linguistically appropriate approaches with their Chinese clients.

Since June 2014, outreach and education was provided to 24 organizations including:

- North East Medical Services
- Chinese Hospital in Daly City
- Mills-Peninsula

- Lesley Senior Housing San Mateo
- Self-Help for the Elderly
- Health Plan of San Mateo
- North County Outreach Collaborative
- Pyramid Alternatives
- California Children’s Services
- Youth Commission
- Organization of Chinese Americans
- NAMI Santa Clara
- NAMI San Mateo
- Peninsula Family Service
- Food Bank
- College of San Mateo Chinese Student Association
- College of San Mateo Psychological Services
- YMCA (Youth Service Bureau)
- ACA (Association of Chinese Americans)
- California State University, East Bay
- San Mateo Office of Education
- San Mateo County Library System
- City of Millbrae (Mayor’s Office)
- San Bruno Chinese Church

As importantly, the program has established six strategic partnerships. Each partner brings a unique and valuable contribution to make the outreach program more effective. These are the strategic partners and their roles in the program:

- 1) North East Medical Services (NEMS) – primary care patient referrals to outreach program; joint outreach activities at health fairs and other venues.
- 2) Chinese Hospital in Daly City – primary care patient referrals to outreach program; cross referrals at each other’s outreach activities such as health fairs.
- 3) Self-Help for the Elderly – older adult client referrals to outreach program; psycho-education to older adult clients.
- 4) Lesley Towers San Mateo – older adult client referrals to outreach program; psycho-education to older adult clients.
- 5) Pyramid Alternatives – outreach program to refer Mandarin speaking clients to Pyramid Alternatives; joint outreach activities at health fairs, colleges, and other venues.
- 6) Mills-Peninsula – joint outreach program to educate Chinese seniors for health and mental wellness.

Increase Awareness: Health Fairs

Health fairs are an excellent way to engage underserved communities in caring for their mental health. Participating in traditionally non-mental health venues can help promote behavioral and recovery services in the general community. It would increase awareness and

spark conversation that could foster deeper contemplation and even lifestyle change long after the health fair. The following list includes the health events in which CHI and the Outreach Worker have participated:

1. *Millbrae Health Fair on November 15, 2014*: The City of Millbrae in collaboration with other government agencies sponsored a health fair to promote and enroll community members in Covered California health insurance plans. Per a request by Mayor Wayne Lee, the Outreach Worker played a key role in recruiting Chinese partners and organizations in outreaching and engaging Chinese and other Asian residents at this event. In addition, the Outreach Worker was an active member of the event planning committee. Close to 90 families and individuals were assisted with enrollment and/or provided information about health insurance coverage through Covered California. Together with its partners, they were able to help a diverse cross-section of their community - many of them Chinese - better understand the benefits and requirements of a program that is new and challenging.
2. *Self-Help for the Elderly and California Health and Public Utilities Commission Health, Wellness, and Safety Expo on October 18, 2014*: The event was held at Self-Help for the Elderly in San Mateo where most of the participants were Chinese older adults. The goal was to promote the overall wellness to the Chinese senior population in San Mateo County. The Outreach Worker played a key role in promoting and educating the attendees about behavioral health and recovery services within the County.
3. *Health and Safety Fair in Tanforan Mall on October 25, 2014*: The event was sponsored by California State Assemblymember Kevin Mullin. Its goal was to promote the overall health wellness and safety for its residents. The Outreach Worker collaborated with our partner Pyramid Alternatives to serve as the liaison to behavioral health and recovery services in San Mateo County. Information was provided in English and Chinese.

Increase Culturally Competent Services: Seminars/Presentations

As mentioned earlier, it is important to train primary care physicians, teachers, social workers, and others who interact with individuals directly in order to provide culturally competent services. Besides psycho-education during the outreach efforts, the Outreach Worker in collaboration with CHI members and other community partners completed nine formal seminars or presentations:

- 1) *Cultivating Wellness (6/25/14) – 90+ attendees*: Outreach Worker and the CHI team held a community forum at Millbrae Library with County employees, community agencies, providers, and public members on topics relating to cultivating mental wellness for the Chinese community.
- 2) *Metro Chinese Radio 1400AM interview broadcast (6/19/14, 6/21/14)*: Outreach Worker and a CHI member discussed mental wellness in Cantonese for the radio's Chinese listeners.
- 3) *San Mateo Health System Grand Round (9/9/14) – 80+ attendees*: Outreach Worker and CHI members collaborated with Dr. Rose Wong of Cal State East Bay and Department of Psychiatric Training Program to train psychiatric residents and

community health members on “Accessing Suicide Risk with Culture-Based Evaluations in Chinese American Immigrants.”

- 4) *California Children’s Services team presentation (10/1/14) - 40 attendees:* California Children’s Services (CCS) is a state program for children with certain diseases or health problems. Outreach worker presented to the California Children’s Services San Mateo team on “Working with Chinese and Asian families to Access Mental Health Services.”
- 5) *College of San Mateo (10/1/14) -* Outreach Worker and a CHI member presented to eight college counselors on “Working with Chinese College Students to Access Mental Health Services.”
- 6) *Jefferson School District (10/23/14) –* Outreach Worker presented to 20 school employees (teachers, school aides, etc.) on how to work with Chinese students and their families during their Youth Mental Health First Aid training.
- 7) *YMCA/Youth Service Bureau (12/11/14) –* Outreach Worker and CHI members presented to eight School Safety Advocates on “Working with Chinese High School Students and Their Families to Access Mental Health Services.”
- 8) *Pyramid Alternatives (12/12/14) –* Outreach Worker and a CHI member presented to 40 Pyramid Alternatives staff on “Working with Chinese clients.” Children’s Services San Mateo team on “Working with Chinese and Asian families
- 9) *Skyline College (3/6/15 & 3/13/15) –* Outreach Worker presented to 25 college students and teachers on how to work with Chinese students during their Youth Mental Health First Aid training.

Educate Chinese Public about Mental Health and Services Available

Since the issue of mental health is surrounded by stigma and misunderstanding for the Chinese population, improving public education and reducing public stigma is key to getting more people willing to seek help. Besides numerous informal education discussions with clients at clinics and senior centers, Outreach Worker worked with CHI team members and partners to organize two formal workshops for the Chinese community:

- 1) “Achieving Success and Balance in the Modern Day: How to Help your Child Survive and Thrive in their High School and College Years” at Mills High School (2/26/15) – Outreach Worker and CHI members presented to 90 parents in two simultaneous sessions in English and in Chinese. The need was originally identified by Chinese students concerned about the high stress from academic pressures; of needing to balance bi-cultural expectations; and the communication barriers with their immigrant parents. The event received a good number of positive responses from parents and faculty. One parent stated, “I learned a lot from the event and we need to have more events like this for Chinese parents.” A teacher stated, “This is a good first step to a much needed effort to address mental health issues for this population.”

- 2) “Maintain Your Heart and Mental Wellness” At Martin Luther King Center (3/12/15) – Outreach Worker and Mills-Peninsula nurse presented to 49 seniors in English and in Chinese. The event was well received from the seniors. One senior leader stated, “It is good for us to know the connection between mental and heart wellness. We should have more events like this.” A nurse stated, “We should collaborate more on events like this.”

Client Engagement and Linkage to Services

Since June 2014, Outreach Worker and CHI engaged 24 Chinese clients. All of these clients were referred from partner organizations initially because of behavioral health issues. Even though each client’s engagement is unique, many share similar characteristics as described below:

- Many clients and their families were aware of mental health services in the County but were reluctant to use the services due to stigma and other cultural barriers. Many tried to resolve their mental health issues within their family unit for over a year or more. And many of them decided to contact the Outreach Worker after finding out about the services.
- It took an average of three meetings with the Outreach Worker for a Chinese client and their family to accept clinical services. Many families required initial meetings to build rapport and trust in addition to education about mental health.
- Psycho-education at the initial meetings was crucial for successful engagement with these families.
- Family enmeshment is common among Chinese families. Many parents are initially opposed to their children receiving mental health treatment because of their own misunderstanding of mental illness and because of stigma. It is therefore critical to build an alliance with parents or other family members who assume the parental role to get them to be supportive advocates rather than to be barriers to treatment for their children who are asking for help.
- The families preferred the Outreach worker to accompany them to the intake appointment and provide a warm hand-off for the family.

Following is a demographic and service summary for the 42 families/clients:

- 80% of clients live in North County.
- 63% of clients accessed mental health services within 6–8 weeks after intensive outreach and engagement by the Outreach Worker.
- Thirteen out of the 22 clients accessing mental health services met the criteria of serious mental illness. This engagement of 22 new Chinese clients in mental health services within six months is significant in that the number of new referrals of Chinese clients is traditionally low. The total number of Chinese clients (new and existing) served by BHRS had been around 200 per year for the last ten years.
- The majority of clients were female (64%) and the majority of clients were between the age of 25 and 64 (57%).

Age	Clients	Percentage
0-16	5	12%
16-24	7	17%
25-64	24	57%
65+	6	14%
Gender	Clients	Percentage
Female	27	64%
Male	15	36%

Over 40% of referrals came from our partnership with the North East Medical Services.

Referral Source	Clients
North East Medical Services (NEMS)	15
Chinese Hospital	5
California Children's Services	1
Self-Help for the Elderly	2
Past clients	5
StarVista	1
Radio	2
ACCESS	1
Daly City Partnership	1
BHRS North	4
Daly City Health Clinic	2
Bayshore Elementary	1
Youth Service Bureau	2
Total	42

Clients were then linked to various service providers for behavioral and health services.

Referred to Service Provider	Clients
BHRS Interface	10
BHRS North	7
BHRS Central	2
Private Network Providers	5
Peninsula Family Service	3
FAST Team	1
Chinese Church Pastor	1
Kaiser	1
Oakland Chinatown Asian Health Services	1
Lesley Towers Social Worker	1
ACCESS SF	2

RAMS	1
Pyramid Alternatives	1
Total	42

Case Vignettes

In general, feedback from our clients about their experiences was very positive. Here are three case vignettes that demonstrate the details of the engagement process:

Case Vignette #1:

Client A is a 23 year-old adult male from Daly City with severe depression. He hid in his room in his parents’ house for over a year. His non-English speaking parents were taking care of his basic needs (food, Internet, etc.) without seeking professional help due to cultural stigma, shame, and lack of knowledge about mental health issues.

After getting advice from their church friends, the parents finally called the Outreach Worker for help. It took another three weeks of engagements (psycho-education, pre-assessment, joining) with the Chinese Outreach Worker before they were ready to take action to seek help on behalf of their son. The Outreach Worker then worked closely with the FAST Team to coordinate emergency services to the client. Eventually, Client A decided to go to same day service at BHRS North County with his father to begin treatment.

Client A is now in stable condition and plans to go back to college. His parents went on a long vacation for the first time in many years.

Case Vignette #2

A female teenager from Daly City with a history of cutting and suicidal ideation was referred to the Outreach Worker from Northeast Hospital. Her parents do not speak English and were taking their children to San Francisco for health services. They were also reticent about using mental health services because of the shame and stigma related to mental health issues in the Chinese community.

Initially, the Outreach Worker had to engage with the family for four weeks with activities such as psycho-education, engagement, and pre-assessment. In addition, he worked closely with the family and the Insurance Administrative Manager to transfer the client’s medical from San Francisco to San Mateo County. Eventually, the family proceeded to the next step of seeking psychiatric help for the client.

The teenager is now a client at the BHRS North County Clinic. The family is very happy about the service and has since referred other clients to the Outreach Worker.

Case Vignette #3

A female youth from San Bruno with autism developed PTSD from a traumatic incident. Her family attempted to deal with her issues on their own for over a year until the situation became unbearable. Her primary care physician from Chinese Hospital referred the family to the Outreach Worker. Over the course of four meetings, the Outreach Worker worked with the family on pre-assessment, psycho-education, and engagement. He also brought them to attend the BHRS Chinese Family Support Group for peer support.

After three weeks, the family was ready to admit the client for a psychiatric evaluation with BHRS North. The client has since been referred to a community partner for additional therapy sessions. Her parents are happy with the engagement experience and stated their support for more Chinese services as part of the community planning process of MHSA.

Quotes from Clients and Communities

We also received a good number of supportive comments during the public comment period for the MHSA Three-Year Plan development and review in Spring-Fall 2014 from clients and other members in the community. Here are a few examples of public comments in support of the Chinese Outreach Pilot Program:

- “I would like for the Chinese outreach/engagement program to be continued because it has provided my family with wonderful help, and I know that they are also a big support for the Chinese community.” – from a client’s father
- “The San Mateo County Chinese Community Outreach/engagement program is an invaluable link to the underserved Chinese Community in our County. I have used the service in different capacities and with good outcome. The examples are as follows:
 - In our church-run support group for caregivers. A young man who stayed in his room for one year was finally able to come out and seek medical attention due to the help of the community worker. The parents were extremely grateful and could not say enough about the merits of this program. The family has been encouraging people to use the service.
 - In my role as a therapy case manager for CCS, I was able to refer the community worker - Sunny Choi's names to families who may need support.”
 - from a client’s church friend
- “I had several students in the past that want to see the therapist on a regular basis but they know for sure that their parents won’t sign the consent. We still lack Chinese speaking providers in North County (and there are not much resources up in North County), what Sunny Choi has been doing is much needed services for this particular population with a stigma. I hope the county will continue supporting the Chinese Health Initiative/Sunny and also expand this type of programs to other Asian and Pacific Islanders communities.”
 - from a community member

- “It is vital to continue Chinese support social services in the San Mateo County outreach area. I qualify my views as a professor at UCLA and now at Hunter College, New York. In both locales I also volunteered for Asian Pacific social work agencies that dealt with vulnerable and high risk populations because I believed that being an academic had to be coupled with hands-on knowledge and a community oriented work ethic. I would like for the Chinese outreach/engagement program to be continued because it has provided my family with wonderful help, and I know that they are also a big support for the Chinese community.”
 - from a community member

- “I am a volunteer with NAMI Santa Clara and would like to express my support for continued provision of mental health/substance abuse services to the local Chinese community. The availability of such services to those who are in need of them is a valuable asset. I have seen the relief and appreciation of family members seeking more information about the condition of their loved ones when I inform them of services provided by the Chinese Health Initiative of BHRS, San Mateo. I hope we can continue to provide them with access to timely and culturally-appropriate resources. “
 - from a NAMI member

- “I am writing to express my support for continued Chinese and Asian outreach programs. The community needs more culturally and linguistically competent outreach workers to help overcome the barriers for this population to take advantage of mental health services. If these fledging programs cease we will continue to see a lack of usage of those services until it's too late in the cycle. It's great to see the pilot program and we should continue and expand on the success of that program. “
 - from a community member

Challenges/Opportunities

The Pilot Program has provided a platform for BHRS to demonstrate value and reveal potential challenges and opportunities in outreaching to the growing Chinese population in San Mateo County. Here are the challenges and opportunities identified by the Outreach Worker and his team during the first nine months of the Pilot Program:

- The Outreach Worker fulfills a critical role to bridge the cultural divide in awareness and help-seeking behavior for Chinese and Chinese Americans. Besides psycho-education and engagement in service, the Outreach Worker provided information and linkage on the service options available in the county. The current part-time resource is not adequate to fulfill these multiple roles; a full time position would be more appropriate to meet the current need from the community.
- Clients have expressed their concerns regarding the lack of Chinese services (psychotherapy, helpdesk, etc.) in San Mateo County. Since a majority of the Chinese clients live in North County, we need additional resources for Chinese services especially in that region of the County. For example, two of our clients drive to San Francisco to get

psychotherapy visits with partner agencies approved by BHRS. The Unit Chief of the North County Mental Health Team and the CSA coordinator for North County are both aware of this, and are committed to help to solve this problem. A solution being considered is to designate the next available clinical position in North County, as required or preferred Chinese language (Cantonese or Mandarin).

- Clients have expressed their feeling of ease in working with a Chinese Outreach Worker and therapist. They are more comfortable working with someone who is of the same ethnicity and shares in the understanding of cultural beliefs, behaviors and social appearances.
- There is an even stronger stigma against mental health issues among older Chinese adults. In order to outreach and engage that population effectively, a more dedicated resource may be needed to be stationed at gathering sites. It is recommended that Aging and Adult Services consider the assignment of a clinician to work at a senior social service agency, such as Self-Help for the Elderly, a couple times a month. It is also important to collaborate with existing partner agencies focusing on the senior population - such as Self-Help for the Elderly and Mills-Peninsula Senior Focus. This would build trust among the senior community, enhance the warm-hand off in terms of referrals, as well as minimize the mobility barrier faced by many seniors.
- It appears Chinese parents are more likely to seek help for their children - even if their children are adults. Going forward, the Outreach Worker may focus on reaching out to parents through schools, churches, and other venues.
- There is an opportunity for the Chinese Outreach Worker to work with the CHI team and BHRS to hold training such as Chinese parenting classes for the high achieving and high stress students. Based on feedback from the communities, there appears to be an urgent need to assist students in crisis and intervene in the high stress and high achieving school population in high schools – many of them are Chinese students. Our community partners are being overwhelmed by the volume of suicidal students and are running into major cultural issues with the Chinese families in those schools. CHI and the Outreach Worker are working closely with the community organizations, schools, and other organization to address this issue through education, outreach, and family engagement. During our recent parenting workshop at Mills High School, parents requested additional workshops on topics such as internet and gaming addiction. They also express desire for culturally competent care for their children.
- Given limited time (24 hours a week), it was a challenge for Outreach Worker to focus both on outreach/education and client engagement/pre-assessment. It is recommended that Outreach Worker to focus at least 20 hours a week on outreach and education.

The following process implementations were critical to the success of the Chinese Outreach Worker role:

- Support from the Director of Office of Diversity and Equity to direct and gain access to internal BHRS resources and personnel as well as external resources (Diversity and Equity Council members, BHRS community partners, etc.).
- Support from the Manager of the Access Call Center to work with the Outreach Worker to remove barriers to accessing the call center and/or same day appointments.
- Assignment of a point person within Access Call Center to work with the Outreach Worker to accept referrals – removing potential barriers for clients.
- Support from the Chinese Health Initiative and partner agencies to provide linguistically and culturally appropriate services. For example, the Outreach Worker collaborated with them regularly on outreach and educational activities. They also referred their clients to each other for different types of Chinese services.

Next Steps

Going forward, it is recommended an Outreach Worker be assigned to outreach, educate, and link the Chinese community with BHRS and its community partners through similar processes and venues described in this report. The Outreach Worker and CHI members should focus on reaching out to the Chinese population through schools, churches, primary care doctors, and senior centers. For example, they can continue to work with local high schools to outreach and educate Chinese parents of high achieving and high stress children. They may begin working with local Chinese churches to educate their communities on mental wellness. Finally, the CHI team should continue to collect data to support the need to facilitate access for mental health and substance use services for this growing community.