



PHILIP JAISOHN Memorial Foundation

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Friends Foundation for the Aging Grant Final Report 2019-2020

Philip Jaisohn Memorial Foundation: Service Integration through LCSW

1. What problem were you addressing?

We serve older Korean American community with language and cultural barriers which can delay our clients receiving much needed care. We were trying to better integrate our medical center, home health care, home care, mental health and social services in order to provide more efficient and comprehensive care for our seniors physically, mentally and emotionally.

2. What change did you expect to create? What were the desired objectives, outcomes and outputs of the program and progress made toward each during the reporting period?

With a full-time bilingual LCSW, we expected to better integrate our services and improve case management capability. But after much try, we realized that it is almost impossible to hire such a person since there are very few bilingual LCSWs around. Thus, we hired a Korean American LCSW 2 days per week to lead this integration supported by an internal staff pursuing MSW degree and LSW.

The pandemic impacted our operation and forced us to make some changes, but we tried our best to continue our operation and service integration. Initially at the onset of the pandemic, Medical Center patient load was reduced to <25% but it is now at ~80% with improved office hours and telemedicine options. This is a huge challenge for us since Medical Center margin supports Social Services & (a part of) Mental Health Counseling. We also had to have home care and mental health work from home and shut down Social Services for a short period, but we have figured out ways to provide services outdoors and also use phone and virtual services. Unlike the mainstream, we were unable to provide phone services initially due to the seniors' language & technology barriers.

Chart below outlines our activities.

Actions	Desired Objectives, Outcomes and Outputs of the Program	Progresses
Hire LCSW to promote integrated services	Our expectation was to hire a full-time bilingual Korean American LCSW with leadership and case management capability to oversee mental health, social services while connecting with medical center,	This was found to be difficult due to lack of bilingual LCSWs. We hired an English speaking Korean-American LCSW for 2 days/week. One social service bilingual staff graduated with MSW & obtained LSW and has been trained to provide both mental health counseling and social service with the supervision from the part-time LCSW. LCSW counseling for individuals improved.

	home health care and home care departments.	
LCSW & MSW/LSW position established	Our expectation was to better integrate mental health and social services and increase case management capability for our social service staff.	With LCSW support, there has been better coordination between 2 teams once the Social Service (SS) was reopened. Korean seniors are counseled by social services LSW staff with supervision from LCSW. Case Management capability improvement was limited due to lack of experiences.
Integrate database (Cerner vs MH system)	Our expectation was to better integrate our databases by paying for Cerner EMR used by our medical center to include mental health.	We acquired Cerner for mental health, but the pandemic required new telehealth capability which our Cerner system is not capable of. Our LCSW preferred Theranest system for Mental Health instead. With Jefferson & Einstein merger, most healthcare systems are now based on EPIC system, so we need to explore a system compatible with EPIC and easy for telehealth.
Improved Medical Staff Training	Our expectation was to educate medical staff to better identify mental health symptoms and other psychosocial needs.	Internal medicine and pediatric physicians are referring patients for mental health counseling more but that needs continued improvement.
Improved inter-departmental communication	Our expectation was to improve communication and collaboration between departments.	Our medical center, home healthcare and home care, mental health and social services offices have been communicating and talking with each other better re: patient needs. Office locations for each department have also been changed for better access and communication. LCSW case management integration with home health care has started but with limited success.

3. How did you measure success--both quantitative and qualitative? A chart of objectives, actions, and results is helpful. Include numbers and demographics of people touched by the work. Explain your organization's efforts toward diversity, equity and inclusion.

Our patient/client breakdowns are: Medical Center & Home Health Care (10% African Americans & 90% Korean/Asian Americans; Home Care (100% Asian Americans); Social Service (100% Korean Americans); SCSEP (40% African Americans & 55% Chinese & 5% Korean Americans). Actual visit data is noted below.

Deliverables	Responsible	2020								2021		
		June	July	Aug	Sept	Oct	Nov	Dec	Total	Jan	Feb	
Primary Health Care Patients	Jenny Shin	453	518	525	548	569	470			3083		
Individual Mental Health Counseling Requests, Seniors/Youth	Sunny Lee-Park, Janice Shin	20	10	14	24	53	36			157		
Individual Mental Health Counseling in In-Person or Telehealth, Seniors (# sessions)	Sunny Lee-Park, Janice Shin	22	20	15	21	49	61			188		
Group Therapy Sessions, Seniors	MH Interns, Janice Shin									0		
PHQ-9 Depression Screenings, Total										579		
All Medical Center Patient Visits	Jenny Shin			50	125	137	93			405		
2nd Round of Happy Calls from Initial 860 Call Group	Kyunghee Seo				66	6	14	1		87		
Other group Sessions (Day Cares, LIFE Academy, Other Grps)	MH Interns, Janice Shin				8	8				16		
Home Health Care Visits	Yisun Cho		13	9	39					71		
Continue to Happy Calls										1051		
Medical Center Lansdale & Other Areas	Kyunghee Seo			400	250	50				700		
Medical Center After-Visit Care Calls	Kyunghee Seo					2	106	19		127		
2nd Round of Happy Calls from Initial 860 Call Group	Kyunghee Seo				120	69	33			222		
Continue to Provide Social Service Support	Janice Shin & Team	116	173	160	185	162	134			930		
Develop Social Media Health and Wellness Education Platforms through YouTube, Seniors	Kyunghee Seo					35	94	2		131		

4. Please note any collaborations that supported your work and/or ways that you leveraged resources. How did this project engage and empower staff from all levels of your organization?

- “Visiting Jaisohn Health” Mobile Service - In response to the needs of the seniors during the pandemic, we launched “Visiting Jaisohn Health” program where we took our healthcare services on the road to the senior residents where we provided health screenings and social services. We visited Advanced Living Communities (ALC), University Square Complex and Montgomery Presbyterian Church in the fall and serviced almost 300 seniors. Then Jaisohn Center and Advanced Living Communities (ALC) with 150 Korean/Asian senior residents formed a partnership to further develop this service to include health screenings, group mindfulness and/or counseling service, ESL class, line dance, etc. on monthly basis. Because of depression issues with seniors and their movement restriction due to COVID infection in one of their complexes, there was a Korean senior suicide and a grief group counseling session was needed in a hurry by the Jaisohn team. If successful, this partnership arrangement would be replicated at other senior residences.
- Intergenerational support by Jaisohn Youth Academy - During summer, Jaisohn Youth Academy high school volunteers taught Jaisohn LIFE Academy seniors how to use zoom and how take photos and send them on their smart devices. This allowed the seniors to have a 10-week ESL classes online this fall and plan for line dance class via zoom. These efforts helped to promote better communication and teamwork amongst all departments and are helping to make a progress in the integrated service efforts.

5. Please share any unanticipated outcomes or barriers encountered. Indicate any changes in the program’s goals, strategies, personnel or timelines and the reasons behind the changes.

The current pandemic situation significantly changed our operation for all services including shutdown in social services for a few months. Medical Center and Home Health Care have incorporated telehealth services. After the success in the “Jaisohn Happy Call” community outreach program, our social service staff have been trained to provide service on the phone which is much harder for limited English proficient community seniors.

6. How do you plan to share and replicate your results?

As noted above, the “Visiting Jaisohn Health” services will be replicated in other major senior apartment complexes with large population of Korean/Asian senior residents. In addition, we plan to replicate this service for other ethnic senior communities by partnering with Greater Philadelphia Chinese Cultural Center (GPCCC), Bengali community, etc. We submitted a design grant proposal to the HealthSpark Foundation to do this work. We want to share this mobile service that is working for the Korean community with other Asian ethnic senior communities suffering from same challenges including depression and barriers.

7. Include a project financial statement (budget and actual) for the reporting period. Please explain significant variances from the original budget and reasons for the variances (with corrective measures if overages), as well as plans for future sustainability.

As noted above, Medical Center margin supports Social Services & (a part of) Mental Health Counseling along with the central staff including management and Accounting team. Our Medical Center operation is running at 75% level of the 2019 patient load. This lower load will present a significant challenge in 2021 because of the delay in medical center bonus payment by about 1 year thus a lower bonus income in 2021.

The Actual costs are lower than the Budget due to the pandemic, 8-10 weeks shutdown of the Social Services, and part-time LCSW. Other narratives are presented in the table below.

Philip Jaisohn Memorial Foundation: Budget for LCSW Service Integration				
LCSW Service Integration				
	Budget	Actuals	FFA Grant	
	Dec 2019 to Nov 2020			Narratives
Revenue				
Service Fees		3,100		
Personnel Exp				
LCSW Salary	71,000	23,309	12,000	Budget based on full-time LCSW at Phila average; Actuals based on 2 days/wk for Sunny Lee-Park at \$33/hr(English speaking); FFA share based on ~50%
Benefits @18%	12,780	4,196	2,160	18% of above for benefits
Additional Social Service Staff Hours	10,500	18,621	10,000	Budget-extra social service staff allowance; Actuals based on extra bilingual social service staff Janice Shin, LSW (extra 2 days/wk, 46wks) with 15% benefits; FFA share at \$10K
ExtraOutreach Staff Hours to Safe Health Check and Integrated Services During Pandemic (Started with Social Service Shutdown)		21,349	5,240	Actuals included Outreach to engage seniors during Social Service team shutdown by Occupational Therapist Y Cho (4 hrs/wk) to enter senior apartments and Outreach Specialist K Seo (extra 2 days/wk) for preventive care & personal (fall) safety education and to check physical & mental health status, PPE, how to make appointments for in-person or telehealth visits with primary care, mental health counseling, social service, etc.; FFA share at \$5,240
Cerner Database Integration	1,200	1,368	600	Budget / Actuals - Mental Health providers in Cerner system; FFA share at \$600
Mental Health Training	1,300			
Continuing Education	2,000			
Management, Service Contract		2,731		Actuals - Thernest telecounseling, Cerner hosting fee, Psychology Today, Registration of fictitious name of "Jaisohn Mental Health"
Program/Advertisement Exp				
	1,500			
Administration/Liability/Communication				
	5,000	8,345		Actuals - Credit card services, allocated equip rental/office expense/postage/business liability, internet, telephone, accounting, etc.
Occupancy Costs				
		1,821		Actuals - shared occupancy costs
TOTAL EXPENSES				
	105,280	81,740	30,000	

8. Feedback on your interaction with FFA would be helpful. How have we helped? Made it harder? What else can we do to facilitate your work?

Susan Hoskins efforts to connect us with other organization's care services or others are helpful in thinking about or challenging ourselves about how best to serve our seniors although our senior community needs unique bilingual and bicultural services and other mainstream services are rarely applied to our community directly.

9. Additional comments: