



# ASIAN COUNSELING and REFERRAL SERVICE

*Hope and Opportunity in 40 Languages*

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# Asian Counseling and Referral Service

- Founded in 1973
- Serves over 26,000 annually through a holistic range of safety net services, civic engagement activities, consultations by 250 professional staff and 800 volunteers in 40 languages
- Clients primarily from East, South East and South Asia, the Pacific Islands, Hawaii and the continental U.S. Most are low-income, immigrant or refugee, and limited English proficient



# A Holistic Continuum of Services

- Mental Health
- Substance Use Disorder Treatment & Recovery
- Pathological and Problem Gambling Counseling
- Domestic Violence Intervention
- Batterers' Treatment
- Aging & Adult Services
- Food Bank & Congregate Meals
- Children, Youth & Families
- Employment & Training
- Citizenship
- Civic Engagement
- Legal Clinic
- Information & Referral
- Consultation & Education



# ACRS Behavioral Health Clients

- 1,700 adults & 500+ youth annually
- 85% of adults speak a language other than English. 19 languages and dialects: Mandarin, Cantonese, Taiwanese, Cambodian, Korean, Japanese, Tagalog, Ilocano, Lao, Mien, Hmong, Khmu, Thai, Vietnamese, Samoan, Burmese, Chin, Bhutanese, Nepali
- 91% of adults born outside of U.S.
- 95.2% “low-income” and “very low income”



# Asian American and Pacific Islander (AAPI) Mental Health Disparities

- Post-Traumatic Stress Disorder:
  - 70% of refugee population
  - 93% of Mien
  - 54% of Vietnamese
- Depression:
  - Second leading cause of death in AAPI Women
  - Highest suicide rate for women between age 15-24
  - Chinese women highest suicide rate for older women
  - High Bhutanese suicide rate
  - South Asian women twice as likely to suffer as men



# Asian American and Pacific Islander Physical Health Disparities

- Lower use of most health care services
- Poorer patient-provider relationships
- Higher prevalence of hepatitis B, diabetes, some cancers: cervical cancer for Vietnamese, breast cancer for AAPI women, chronic liver disease and liver cancer
- Lowest rates of mammography and clinical breast exam screenings
- Worst oral health indicators of any racial/ethnic group



# ACRS Mental Health Clients

- Depression: 45%
- PTSD and adjustment disorder: 17%
- Schizophrenia, other psychotic disorders: 16%
- Bipolar, anxiety or phobias, Organic disorders including dementia
- ACRS sees more clients with serious mental illness than most primary care centers
- Many will not go to primary care centers for health services



# ACRS Behavioral Health Clients

- 56% at risk for high blood pressure
- 67% at risk for high cholesterol
- 70% at risk for diabetes





# Primary and Behavioral Health Connection

- Half of all visits to primary care physicians due to conditions caused or exacerbated by mental or emotional problems
- People with serious mental illness (SMI) die on average at the age of 53 years old



# Wellness for Asian Pacific Americans

**WAPA** (SAMSHA funding 2010-2014)

A person-centered, collaborative, culturally competent, community-based care system of primary health services, wellness education and activities for underserved, at-risk, limited English proficient (LEP) Asian Pacific American immigrants and refugees with a Serious Mental Illness

In partnership with International Community Health Services (ICHS), a primary care provider and Federally Qualified Health Center (FQHC)



# WAPA Goals



- Increase access to primary care by providing primary care services at ACRS outpatient mental health setting
- Promote healthy living through culturally competent wellness education and support services
- Save and improve lives and reduce mental and physical health care disparities
- Client story



# Paradigm Shift

- Transformation from Mental Health Services to Whole Health, Wellness Services; mind and body together
- Day activities program now a Wellness Program
- Exercise, movement, and dance part of all group activities
- Care coordination, including primary care and all other needs



# Primary Care Services

Onsite primary care services provided by visiting ICHS team include preventive care, health screening, treatment, EKG, blood draws, specialty care referrals



# Culturally Relevant Wellness Activities



- Health and wellness education and support activities address nutrition, diet, exercise
- Eastern approaches are integrated: Acupuncture, Tai Chi, Yoga, Meditation, traditional dance
- 20 different wellness groups: Tai Chi, Yoga, Asian Zumba, ethnic wellness groups (Mien, Lao, Samoan, Cambodian, Vietnamese), elders groups, gardening groups, walking, healthy cooking, ping pong, traditional dance, and karaoke group
- Fun and culturally relevant activities

# Other WAPA Components

- Dental service through mobile dental vans from medical teams International and ICHS
- Diabetes focused wellness groups
- Focus on smoking cessation and Tobacco free campus
- Acupuncture



# And a Continuum of Care Addressing Social Determinants of Health

- Food bank, senior meals, Club Bamboo senior center
- Housing assistance
- Supported employment
- English as a second language, digital literacy
- Citizenship services
- Civic engagement activities
- On site services at schools, community centers, workplaces, government sites





# WAPA Partnership Staffing

45 Bilingual, Bicultural Behavioral Health Case Managers as Care Managers and Wellness Educators, Wellness Group Leads.	ACRS staff
10 Psychiatric Medical Staff	ACRS staff
1 Wellness Nurse and Educator	ACRS staff
3 Designated Wellness Counselors.	ACRS staff
2 Peer Specialists	ACRS staff
1 Acupuncturist and 4 Acupuncturist student interns	ACRS contractor
1 Tai Chi, 1 Yoga, 1 Asian Zumba instructor, 1 Art Therapist	ACRS contractor
3 ACRS Project Management Team	ACRS staff
2 Primary Care Providers	ICHS staff
2 Medical Assistants	ICHS staff
1 Eligibility Worker, Medical Service Coordinator	ICHS staff
2 ICHS Project Management Team	ICHS staff



# Baseline comparison of health risk indicators

	ACRS clients At risk	Whites At risk
Body Mass Index (BMI)	58%	78%
High Cholesterol	62%	46%
High Blood Pressure	56%	42%
Diabetes	70%	55%



# Health Outcomes

	Outcome Improved 2014	# of Valid Cases	Outcome Improved Sept 2016	# of Valid Cases
Blood Pressure - Combined	25%	450	43%	660
BMI	49%	450	47%	660
Diabetes (plasma glucose)	44%	180	45%	200
Cholesterol	48%	180	46%	200



# Service Outcomes

	Positive Outcome Oct 2014	Positive Outcome Sep 2016
No Serious Psychological Distress	68%	80%
Socially Connected	69%	78%
Functioning in Everyday Life	32%	42%

Used National Outcome Measurements Survey until 2014 with WAPA participants only  
NOMS revised and used with all BH clients since October, 2015



# Ingredients for Success

- Transformation beyond Mental Health Program to Whole Person, Wellness Program
- Expanded Role of Care Managers
- Health Education for Mental Health Case Managers
- Culturally Competent Wellness Groups Activities
- Building Community; Social Connectedness
- Partnership with ICHS with Shared Vision
- Communication and Coordination Between BH and Primary Care Providers
- Cultural Competence and Linguistic Accessibility



# What Makes a Difference in physical and mental health outcomes?

- Behavioral Change
- Care Management
- Social Determinants of Health
- Patient-Centered, Culturally Competent Care
- Outreach to Difficult to Engage Populations
- Social Connectedness
- Integrated Comprehensive Care



# Integrated Care Managers

- Expanded role of mental health case manager to a *care manager*
- Linguistically accessible and culturally competent Care Manager acts as cultural broker, consultant, health educator, lifestyle coach, interpreter, provides care coordination and case management, motivates and inspires hope
- Development and facilitation of ethnic-specific wellness group

# Another Integrated Care Partnership: Youth Integrated Care at West Seattle High School

- ACRS Recovery Services for substance use disorder
- Neighborcare Health for primary care
- Southwest Youth and Family Services for mental health
- Each organization has access to entire patient plan





# What is in the Future?

- Triple Aim - Improving Quality, Population Health, Cost
- Bi-directional Integrated Care
- Promote Well-Being
- Promote Social Connectedness and Inclusion
- Care Coordination and Management
- Client-Centered
- Linguistic and Cultural Competence
- Social Determinants of Health
- Organization Infrastructure
- Information Technology
- Data Collection and Outcome Measures
- Improve Health Outcomes and Member Satisfaction at a Reduced Cost with a Positive Return on Investment



# What is in the Future?

## State of WA Integration Movement

- State Bill 2SSB 6312. Washington State Health Care Innovation Plan
- MH and SUD Integration by April 1, 2016
- BH and PC Integration by January 1, 2020



# ACRS Behavioral Health Integration

- Integration Workgroup spanning adult behavioral health, children youth and families, and recovery services departments
- Goal: Develop best quality and effective person centered treatment addressing both Mental Health and Substance Use Disorder issues, no matter which program a client enters
- Understand each other's programs
- Workforce development
- Cross training
- Combining staff meetings and retreats
- Cross program coordination and integration
- Release of information and HIPPA
- System advocacy



# Mental Health (MH) and Substance Use Disorder (SUD)

- Rates of co-occurring disorder from studies : People with Psychotic Disorder - 50%, Anxiety Disorder - 10%, Mood Disorder - 20%
- ACRS Clients: Mental Health (MH), Recovery Services (RS), Children Youth and Families Services

ACRS	MH	RS	CYF
Total # of clients	1700	400	500
# enrolled in both MH & RS	42	42	16
% estimated having MH or SUD	25%	20 - 30%	?



# Mental Health/Substance Use Disorder Integration Challenges

- Stigma
- Workforce challenges
- Accessing and sharing client information
- Coordination of care
- Payment structures
- Two different systems, diagnosis, credentialing, staff qualifications, WAC requirements, organizational structure, supervisors, medical staff



# Mental Health/Substance Use Disorder Integration Goals

- Cross training : all staff equipped with both MH and SUD knowledge
- Dually credentialed staff
- Combined integration meetings for management and line staff
- Fluid staffing and organizational structure
- Effective cross referrals and coordination
- Co-occurring disorder cases review team
- SUD medication assisted treatment available
- Effective co-occurring disorder assessment
- Payment system reflecting cultural and language challenges and costs



## For More Information

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