

Asian Counseling & Referral Service

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Asian Counseling & Referral Service

Asian Counseling and Referral Service (ACRS), a non-profit organization, promotes social justice and the well-being and empowerment of Asian Pacific American individuals, families, and communities, including immigrants, refugees, and native born, by developing, providing and advocating for innovative community-based multilingual and multicultural services. All ACRS staff are multilingual, serving more than 30 Asian Pacific language groups.

Increasing Admissions from the Mental Health Program

CHANGE LEADER	Yoon Joo Han, yoonyooh@acrs.org
LOCATION	The Seattle, WA clinic
LEVEL OF CARE	Outpatient treatment
POPULATION	Clients with dual diagnosis who are enrolled in the mental health program at ACRS
AIM ADDRESSED	Increase admissions
START DATE	April 27, 2005
PROJECT STATUS	Completed and sustained as of December 31, 2005

Goal(s) and Measure(s)

Asian Counseling & Referral Service is a social service agency that provides an array of human services, including mental health and substance abuse treatment programs. The management teams for both these programs recognized that many clients receiving mental health treatment also needed substance abuse services. They estimated that at least 25 percent of mental health clients may be dual-diagnosis clients. However, due to the inability to identify substance abuse issues, the stigma attached to substance abuse, and the strong denial in the population, the number of mental health clients who were also enrolled in the substance abuse program in 2004 was limited to 15 out of over 900 clients (less than two percent of all mental health clients). The number of new admissions from the mental health program in 2004 was only five. For these reasons, ACRS chose to focus its efforts on raising the number of admissions from its clients in mental health treatment into its substance abuse program.

Changes Implemented

The Change Team tested and implemented several change cycles for the period January to December 2005.

- Substance abuse program staff worked with mental health staff to provide pre-treatment services to dual-diagnosis clients. These services were designed to engage clients early and reduce their reluctance toward substance abuse treatment.
- In pre-treatment engagement services, substance abuse program staff focused on providing education about substance abuse and case management services to build trust among clients, instead of confronting clients about their substance use problems.
- Instead of making separate appointments with substance abuse program staff, substance abuse counselors participated in existing mental health appointments.
- Instead of working with all mental health staff, the Change Team identified mental health staff

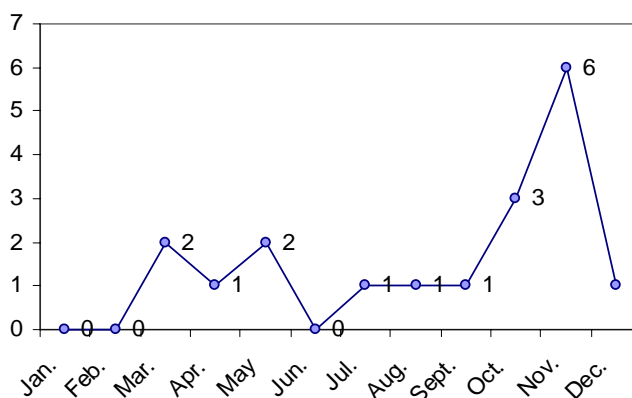
members who were more willing to participate in these changes. The two mental health staff willing to participate allowed ACRS to focus on Chinese- and Tagalog-speaking groups.

- ACRS also taught mental health staff to screen for substance abuse issues so they could identify clients with possible substance abuse problems and direct them to the proper services.

Impact and Lessons Learned

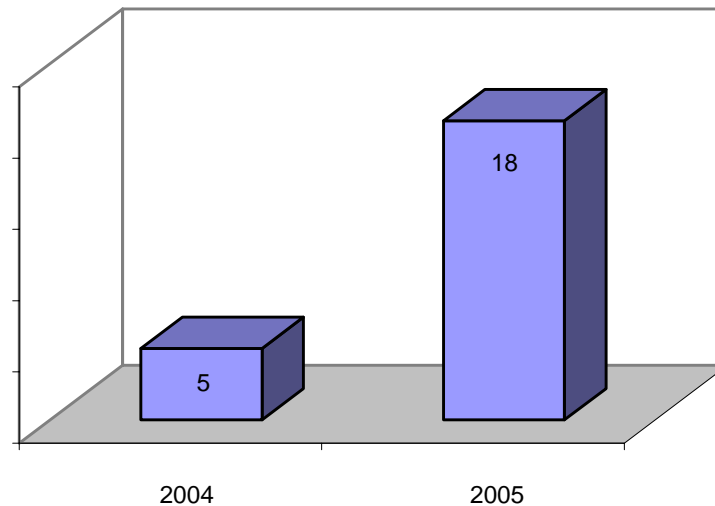
Through this series of change cycles addressing stigma and denial among mental health clients about substance abuse, and improving the mental health staff's understanding of substance abuse issues, enrollment in the mental health program in 2005 reached 18, compared to 5 in 2004. Although the number is still low, the change represents a 260 percent increase. The series of change exercises also contributed additional revenue to ACRS. Revenue from the substance abuse program rose from \$4,200 in 2004 to \$15,120 in 2005.

New Admissions by Month (2005)



(continued on page 3)

Total Number of New Admissions from the Mental Health Program



ACRS staff learned the following lessons from this Change Project: (1) The key to collaboration is creating a Change Team from staff who are directly involved in the activity, including mental health staff and management team members. (2) Change Team members and other staff should agree upon the reasons for and benefits of increasing admissions to the substance abuse program. (3) Start small: identifying a few key staff who buy in to the change exercise helped the Change Team try this exercise. (4) Providing necessary tools, such as the training provided to mental health staff on substance abuse issues and motivational interviewing techniques, are critical for success. (5) Get support from the management and supervisory teams for the staff involved. (6) Recognize the staff who have done extra work.