

**Request for Qualifications  
Elementary Social, Emotional, Behavioral and Family Support**

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**COVER SHEET**

**Organization Information:**

Organization name: Asian Counseling and Referral Service

Organization address: 3639 MLK Jr. Way South, Seattle, WA 98144

Describe your legal status and, if applicable, state of incorporation (for example, Washington State non-profit corporation, Washington State partnership, sole proprietorship:

Washington State non-profit corporation

**Application Components and Checklist (submit in this order)**

- Cover Sheet
- Key People
- Previous Experience
- Tracking to Success
- Women and Minority Inclusion; Non-discrimination

**Contact Information:**

Contact person: Junko Yamazaki  
(please print clearly)

Title: Children, Youth and Families Program Director

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Signature: 

Date: 2-13-2012

Additional information is provided in Attachment 3.

## Response to Request for Qualifications: Asian Counseling and Referral Service

### Key People

1. **Key Staff:** Asian Counseling and Referral Service (ACRS), a recognized and established provider of culturally and linguistically responsive outreach, support and intervention services, offers a team of school –based Mental Health/Care Coordinators. Key team members are two bilingual, bicultural Care Coordinators, Ling Chua, MFT, and Thu-Van Nguyen, BA.

- **Ling Chua, MFT** speaks Cantonese, Mandarin and Fukien and is a Licensed Marriage and Family Therapist, Mental Health Professional and Child Mental Health Specialist. She has provided culturally competent Multisystemic Therapy to children and youth for 4 years; the last 2 years specifically targeting Asian Pacific American (APA) children and youth. Ms. Chua also provides family therapy for adults, addressing parent-child relational problems, parenting skills and relationship issues. She has co-facilitated parent support workshops for Mandarin-speaking parents on how to support their children at school.
- **Thu-Van Nguyen, BA**, speaks Vietnamese and has over 29 years of experience in direct service and training in medical interpretation, translation and multicultural competencies. Ms. Nguyen is effective in cross cultural communication, strategic outreach, education and project planning. She currently provides parent engagement and workshops, interpretation and cultural consultation to counselors, and connects parents with resources, provides individual case management to parents of children and youth clients.

Key staff are supported by a team of specialists in culturally competent chemical dependency and mental health services, effectively coordinating critical community services for low-income clients and families, particularly households where English is not spoken. The team will provide additional support and/or interpretation to the key school-based staff. The total team of 12 staff collectively speak 14 languages and dialects including: Vietnamese, Japanese, Chinese dialects (Taishanese, Cantonese, Fukien, Mandarin), Lao, Filipino dialect (Tagalog), Indonesian, Spanish, French, Bhutanese, Hindi, Nepali, and Tigrinya. Staff have relevant expertise and certifications including WA State Child Mental Health (6 staff), Ethnic Minority Mental Health Specialists (6); and Licensed Social Workers (5).

ACRS' bicultural and bilingual staff are trained to provide accessible, school and community based, culturally competent services including case management, outreach, engagement, prevention, intervention, family services, chemical dependency and mental health treatment services. Staff are supervised by experienced and qualified bilingual, bicultural Supervisors with certifications as Professional and Licensed Mental Health Counselors in WA State. Staff work closely with personnel from all child serving systems, in addition to Seattle Public Schools, juvenile court, juvenile rehabilitation, child protection, family preservation, and truancy. In addition to the team's clinical strengths, they are equally skilled and based in a service delivery model that serves the whole person through counseling and case management. The team addresses barriers faced by students in achieving academic goals, with many rooted in the families. ACRS

provides an array of social services through 13 programs by a largely bilingual, bicultural staff of over 200 that collectively speak nearly 40 languages and dialects, and supported by over 800 volunteers. The key staff will have seamless access to ACRS' programs to address employment, job training, English classes, legal, naturalization and immigration issues, nutrition and emergency food, problem gambling, domestic violence, adult mental health and substance abuse, and caring for aging families.

Students will be tracked and follow up made on each contact to assure engagement and participation. In monitoring outcome indicators and achievement, staff are trained and experienced in data collection, reporting, in the use of recognized assessment and evaluation tools, and in follow up to assess change and progress. With a competent team, strong infrastructure and successful experiences in implementing similar projects, we have a strong foundation to enhance partnerships with schools, such as Kimball, John Muir and Beacon Elementary Schools, to successfully close the achievement gap for low-income students and students of color.

2. **Project Lead, Junko Yamazaki, MSW, LICSW**, has over 27 years experience in the provision, supervision and management of behavioral health and services for children, youth and families, targeting multicultural and multilingual populations. She is Director of the Children, Youth & Families Program that includes Prevention/ Early Intervention/Youth Leadership Development Services, Children's Mental Health Services, Parenting Education and Support Services. She has extensive experience in quality assurance, conducting needs assessments, program development and advocacy for the needs of Asian Pacific Islander (API) and other ethnic minorities.

#### **Previous Experience**

1. **Client Population.** ACRS is a community-based organization with a mission is to promote social justice and the well being and empowerment of Asian Pacific American individuals, families and communities – including immigrants, refugees and native-born – developing, providing and advocating for innovative community-based multilingual and multicultural services. ACRS began providing prevention and intervention services in 1993, in response to an increasing community need for mental health and other services that would strengthen APA families and assist children, youth and families to engage and succeed in their communities. Although our target population are APAs, our services are accessible to youth regardless of geography, ethnicity, class, gender, income, education, sexual orientation, age, ability or language.

ACRS proposes to serve low income students consistent with the focus students identified by the levy. ACRS specializes in serving APA youth, including those who are US born and those who come from immigrant/refugee households. In 2010, ACRS provided mental health, chemical dependency, and/or case management services to over 550 youth, ethnic/racial breakdown: Asian (72%), African American (6%), Latino/Hispanic (6%) and Caucasian (16%). Of these clients, over 95% were low-income. The majority of youth served come from refugee/immigrant families where English is not spoken at home, many are single parent households, with parents that are working multiple jobs, and are also struggling with war trauma, adjustment issues,

depression, unemployment, poverty, chemical dependency, problem gambling and domestic violence. Our primary referral source are school staff who often refer students for behavioral issues, such as being disruptive, acting out, fighting or skipping school. More students are being referred for mental health reasons such as depression, suicidal ideation, anxiety, and those showing psychotic symptoms. Students are referred for substance abuse assessment and treatment when there is suspicion of alcohol/drug use, when students are caught under the influence, or are in possession of alcohol/drugs. We also receive referrals from family members looking for help because their child may be “out of control,” have negative peer influences, or fear gang activity. Referrals from the juvenile justice and family services systems are generally court mandated referrals for family reconciliation services.

**2. Experience and Results.** ACRS provides individual and family mental health counseling, family support, psycho-education, psychiatric and medication management services for children, youth and families. In 2009 and 2010, 714 children and youth receiving mental health services strengthened coping skills, engaged in age appropriate activities, decreased symptoms and increased emotional functioning. Counseling and case management services helped clients to achieve their academic goals, including re-engaging in school, and moving to the next grade. Studies have shown that retention of youth in services and completion of treatment is key in achieving other service goals, including youth remaining in school and achieving graduation. In 2010 and 2011, over 80% of our youth remained engaged in treatment after three months. We believe that this is because of the holistic, respectful and inclusive approach ACRS holds to help families. In 2009, ACRS partnered with Kimball PTSA for the Kimball/Parent & Community Coordinator Pilot Project. The goal was to create an atmosphere of inclusion and support for students and families, providing programs/services for all students and their families. The Coordinator worked closely with the school principal, the PTSA, the school’s Family Support Worker and the Instructional Assistants on the projects. If a student or a family member needed mental health counseling, they were referred to ACRS. The Coordinator concentrated on community building for parents with limited English, and organized parent workshops on how to help their children with homework and check/navigate their children’s school performance on the school website, the SOURCE. Workshops were translated for English, Chinese, Vietnamese, Spanish, Tagalog, Amharic and Tigrinya-speaking parents; a total of 47 parents attended these workshops.

In addition, the Coordinator and a Counselor teamed up to provide a series of 4 workshops for Mandarin-speaking parents at ACRS on how to navigate the school system, how to help their children with homework; these groups became a support group for these parents, where they felt open to share their problems, conflicts and successes. The parents appreciated the supportive environment and said they learned about the school system and were better equipped to handle school related issues in the future.

Since 2004, ACRS has assisted Denise Louie Education Center (DLEC), a Head Start preschool, with access to culturally competent mental health services. CYF provides

classroom observations, feedback sessions to DLEC staff, screenings and provides individual work with children, family and DLEC staff, ensuring that every child has a nurturing and supportive environment, as well as positive relationships at home and at school. Early identification of mental health issues plays an important part of the health and well-being of children and their families and contributes to the child’s school readiness.

**3. Contact Information**

Name	Title/Group	Phone Number	Email
Anne Fitzpatrick	Principal, Kimball Elementary	(206) 252-7280	aefitzpatrick@seattleschools.org
Bookda Gheisar	Former Kimball PTSA President	(206) 547-9332	bookda@globalwa.org
Janice Deguchi	Executive Director, Denise Louie Education Center	(206) 973-1810	jdeguchi@deniselouie.org

**4. Challenges/Barriers.** Contrary to the Model Minority myth, APA children are equally vulnerable to mental health issues. In addition, APA children may be less likely to access available services without direct outreach efforts. Given the stigma around seeking counseling services, as well as barriers to access including adequate transportation, language and poverty, our counselors meet children and their families at school, home, and in the community. We engage children and their families effectively retain them in services through the intentional building of relationships and trust. Knowing that children will not typically come to services whole heartedly, it is important that services are appropriate to these early stages of change and seeks to address the range of life, developmental, cultural and language issues to support the children to be successful in their academic performance. Our whole-person approach to child services extends beyond “talk therapy,” to enrich the lives of children and offers social, recreational, educational, and practical hands-on learning and experiences. Our bilingual/bicultural counselors work with children and their families to address issues of social skills, empathy, depression, bullying, how to monitor TV and computer time/violent games, ideas for better activities, both individual and family, and often helps family members access basic needs. ACRS has conducted language specific workshops for parents of school aged children to address their concerns about homework, how to navigate the school system and how to best support their child’s education.

**Tracking to Success**

**1. Data Points.** Outcome achievement for mental health services is tracked through indicators over time, comparing findings from intake assessment and every 90 days over the course of services. For children receiving mental health services, success is tracked through review of progress on reaching service goals, engagement in age appropriate activities and use of tools such as the Children’s Global Assessment Scale (CGAS) which rates level of functioning on a health-illness continuum. Of the 714 youth receiving mental health counseling in 2009 and 2010, 95% achieved successes, having

met at least one goal on their individual treatment plan, engaging in an age appropriate activity, such as school, and increased or maintained a positive CGAS score.

2. **Continuous Outcome Improvement.** ACRS counselors review and monitor students' progress on a regular basis, including formal reviews that occur at minimum every 90 days. Supervisors also review cases with their staff on a weekly basis. In addition to the indicators identified in the previous question, examples of data that supports tracking and reporting of student status and progress include: co-occurring disorder, access to primary healthcare, household income, CGAS and other treatment goals. By tracking the above data, our counselors can monitor the treatment progress for the students, and in the event that interventions or additional assistance/referrals are needed, it can be identified at an earlier stage to ensure the students are on track to accomplish identified outcomes. An additional comprehensive assessment is also done every quarter to monitor the progress.

3. **Using Outcome Data.** ACRS Counselors who provide school-based services are able to monitor daily/weekly academic, grade and/or attendance data to monitor student outcomes. ACRS also has the capacity to generate reports to analyze indicators including school enrollment status and students' academic goals as part of the individualized service plan. All students receiving counseling and case management services have an academic/school related goal on their individual treatment plan.

4. Sample Data Report. See attachment.

### **Women and Minority Inclusion; Non-discrimination**

Based on capacity needs, ACRS may hire additional employees to fill program gaps. ACRS is committed to compliance with all local, state, and federal laws related to Woman and Minority Inclusion. To ensure representation of the community, ACRS commits to outreach through a diversity of communication avenues accessible to small businesses, including women and minority owned, and potential jobseekers. The ACRS Handbook supports the agency's commitment to diversity and non-discrimination:

“This agency is committed to the effective utilization of all human resources and the maintenance of positive business personnel practices designed to ensure our goal of complying with the Equal Opportunity Laws and their intent, without regard to: race; color; natural origin; sex; religion; marital status; veteran's status; age; the presence of any sensory, mental or physical disability; sexual orientation; political ideology; or any other reasons prohibited by local, state, or federal laws, regulations, or guidelines relating to discrimination in employment with the exception where one of the above represents a bona fide occupational requirement or where a disability is a bona fide occupational disqualification. This policy encompasses all aspects of employment including, but not limited to, recruitment, selection, training, supervision and promotion of staff.”

## Sample Data Report

### The Percentage of Children, Meeting Outcomes - Supporting Elementary Social, Emotional, Behavioral and Family Support

Year	Percentage Meeting Outcome
2011	98.94
2010	97.50

The above results are taken directly from our United Way King County annual report. At intake and assessment we collect/set up the following for individual clients:

- Demographic data
- Children’s Global Assessment Scale (CGAS) score, which measures the psychological, social and occupational functioning relating to mental and behavioral health. CGAS is a numeric score between 1 and 100 and is administered by state certified Mental Health Professionals. This is a pre-treatment score.
- Individual Client Treatment Plan which evaluates the 17 different domains of a client’s life. The client, parent(s)/guardian(s) and counselor jointly develop the plan which is used to monitor client’s progress toward goals; these goals include a school goal. Treatment Plans target the healthy development of children and their families, by equipping them with needed skills and supports.

Client services and the Treatment Plan are reviewed every 90 days and at 180 days or 6 months, the indicators are measured. Counselor, parent(s)/guardian(s) and client review the treatment plan and document any progress made toward goals, determine whether goals have been met or change/ establish new goals, if needed. At this time, the counselor also administers a second CGAS score. If the CGAS score remains in the same range or increases and if the client meets at least one goal on the treatment plan, then the client meets outcome. Emotional and behavioral disturbances have an immediate effect on academic success and health. Being in treatment means that the client has been engaged for that time period (retention) and connected with a meaningful adult who helps them increase their coping and decision-making skills, supporting clients and their families to live to their fullest potential in school, in work and in life.