

# **SAMHSA FY '98 ASIAN AMERICANS AND PACIFIC ISLANDERS INITIATIVE IMPLEMENTATION WORK PLAN**

## Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) continues to have a well-established track record of working with Asian Americans and Pacific Islanders (AAPI) to improve the quality of and increase access to mental health services and substance abuse prevention and treatment programs for all persons in need of such services in AAPI communities.

The SAMHSA was established by legislation P. L. 102-321 on July 10, 1992. The 1992 legislative mandate established three Centers within SAMHSA—the Center for Substance Abuse Treatment (CSAT), the Center for Substance Abuse Prevention (CSAP), and the Center for Mental Health Services (CMHS). Previously the current functions within SAMHSA were managed by the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA).

SAMHSA's mission is "to improve the quality and availability of prevention, treatment and rehabilitation services in order to reduce illness, death, disability and cost to society resulting from substance abuse and mental illnesses." Collaborating with consumers and constituents, including Asian Americans' and Pacific Islanders' communities, has always been an integral part of SAMHSA's mission and practices. Much of SAMHSA's work, service to, and interactions with Asian Americans and Pacific Islanders has been through interactions with community-based groups and National organizations like the National Asian Pacific American Families Against Substance Abuse, Inc.(NAPAFASA), Asian and Pacific Islander American Health Forum, Inc. (APIAHF), Association of Asian/Pacific Community Health Organizations (AAPCHO), Asian Americans and Pacific Islanders for Health Promotion, Inc. (AAPIHPI), Asian American Prevention Cluster Group, Pacific Islands Officers Association and others.

SAMHSA acknowledges that past consultations with Asian American and Pacific Islander communities have varied by Center and/or program effort, and have been somewhat ad hoc. But, during the development of the SAMHSA Strategic Action Plan, SAMHSA aggressively solicited input from all sectors of the American population, including Asian and Pacific Island American communities. A number of focus groups were conducted throughout the Nation to obtain community input, ideas and programmatic suggestions before establishing the current agency priorities and program direction. The results of this input are reflected in SAMHSA's 5-Year Strategic Action Plan. The long range application of this Plan reflects SAMHSA's commitment to aggressively address the mental health service and substance abuse prevention and treatment needs of all racial and ethnic minority populations and to ensure that all of its program efforts are culturally relevant and linguistically appropriate for the population being served by the program at any given time.

## Background

On June 26, 1997, the Deputy Secretary of the Department of Health and Human Services (HHS) Kevin Thurm announced the establishment of a Department-wide Asian American and Pacific

Islander (AAPI\*\*) Initiative. The timing of this Initiative is critical. According to the most recent U.S. Census Bureau report, AAPIs are the fastest growing racial/ethnic group in the United States. Currently, they comprise approximately 4 percent of the total U.S. population and are expected to represent about 10 percent of the total U.S. population by the year 2050. Presently, there are more than 10 million AAPIs in the country and the U.S. Associated Pacific Island jurisdictions.

The HHS Initiative was established to address health and human services concerns expressed by AAPI communities. As a preliminary step, a Departmental Working Group (DWG) examined existing HHS programs, activities and services to AAPIs. This group's recommendations framed the Department-wide AAPI Action Agenda and provided the general framework and guidance for the 1998 SAMHSA Asian American and Pacific Islanders Action Plan. The SAMHSA Plan is intended to acknowledge and address both mental health and substance abuse issues that are unique to AAPIs as well as those that are shared by other racial/ethnic minority groups.

### Guiding Principles

SAMHSA's Plan is based on the following definition of consultation and collaboration to promote the advancement of services to address the mental health and substance abuse prevention and treatment needs of Asian Americans and Pacific Islanders:

Consultation is an enhanced form of communication which emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinions among parties which leads to mutual understanding, comprehension, decision-making, coordination and collaboration toward the accomplishment of a common goal(s).

Consistent with SAMHSA's intent to ascertain input from all segments of the American population, Asian American and Pacific Islander representatives (including consumers and constituent groups) will be asked to participate in programmatic consultation on an ongoing basis.

### Implementation Plan

SAMHSA's overall goal in carrying out this Implementation Plan is to incorporate in its operational portfolio, program efforts that will ensure that Asian Americans and Pacific Islanders are the recipients of high quality services and increased access to the full spectrum of Federally supported mental health and substance abuse services.

Some of the unique characteristics, needs and problems faced by AAPIs that have been identified by the DWG through its consultation with representatives of AAPI communities are listed below:

AAPIs are a heterogeneous racial/ethnic group whose origins are in countries that represent more than one-half of the world's population. In this country, they are often seen as a "model" minority with few health (including substance abuse and mental health), or social issues, problems and concerns.

Despite the general public perception that the AAPI population is a healthy minority group, critical disparities exist in their overall health status, as well as barriers to accessing quality health

care and social services. According to the U.S. Census Bureau and the Commonwealth Fund, many AAPIs lack health insurance, have limited English proficiency, and have higher rates of tuberculosis, hepatitis B, certain cancers and other diseases.

Among the various AAPI sub-populations, there are vast differences in their socioeconomic and health status. Some AAPI subgroups have more severe health problems when compared with non-Hispanic whites, and other AAPI subgroups.

Fewer AAPIs will be eligible for Temporary Assistance for Needy Families - TANF (formerly Aid to Families with Dependent Children - AFDC) or Medicaid under the new welfare reform law. New immigrants will not be eligible for TANF benefits.

Although the AAPI population is growing rapidly, data on health status of AAPIs are either inadequate or simply not available. No data system has been developed to monitor systematically the health(including mental health) status of AAPI populations.

The SAMHSA Plan addresses the alcohol, drugs and mental health services needs of the Asian American and Pacific Islanders' communities by ensuring that all of its programmatic efforts recognize the importance of providing culturally competent and linguistically appropriate services to all persons who access and use Federally funded substance abuse and mental health programs. SAMHSA is committed to improving the quality of mental health and substance abuse services to racial and ethnic minority groups, including Asian Americans and Pacific Islanders. As SAMHSA explores program plans for the next century, it is taking into account the changing demographic of the nation. Also, SAMHSA understands that in order to be responsive to this projected population explosion among racial and ethnic minority groups, enhanced consultation and input are necessary.

The SAMHSA Asian Americans and Pacific Islanders Implementation Plan is built around the goals established in the AAPI Framework for the Department of Health and Human Services. Some of proposed activities are derived from the recommendations of the 1992 and 1995 National AAPI Health Summits. The remaining activities resulted from interactions with the AAPI communities, suggestions received from the AAPI community forums with members of DWG based on their knowledge of SAMHSA programs, and the need for targeting specific substance abuse and mental health service problems. Moreover, the SAMHSA Implementation Plan includes tangible activities that are the short term (1-2 years), and also represents the beginnings of a long-term AAPI Action Agenda.

SAMHSA will establish two levels of consultative interactions with AAPI communities and leadership: informal and formal. Annually, SAMHSA will dialogue with and solicit recommendations for program priorities within the parameters of SAMHSA's current program direction from a cross-section of AAPI constituent and consumer groups. SAMHSA's Office of Minority Health, Centers and program offices will maintain ongoing consultation with representatives of AAPI communities to further develop this Implementation Plan for future years. SAMHSA will continue to work collaboratively with AAPI communities to ensure that it's response in addressing the substance abuse and mental health service needs of AAPI communities are relevant, culturally competent and linguistically appropriate.

More specifically, SAMHSA will sustain its collaborative efforts within HHS and among community-based organizations to accomplish the following goals of the Department's AAPI Framework:

Improve health and well being of AAPIs by increasing their access to utilization of health and human services

Increase the number of funded research projects, and outcome studies that address the specific needs of AAPIs.

Ensure that under represented AAPI sub-populations are included in all HHS training programs.

Develop specific outreach strategies for AAPIs for training programs in health professions and research areas where AAPIs are under represented.

Increase availability of training opportunities that encourage researchers and health professionals to address health issues of AAPI communities.

Increase and/or improve the collection of data on AAPIs.

Ensure that issues affecting under served AAPI populations are addressed through representation in the HHS work force and participation in HHS operations.

Improve collaboration within HHS to increase coordinated approaches to meeting AAPI customer needs.

Ensure that HHS programs and initiatives meet the needs of AAPIs through strengthening partnerships with AAPI community organizations.

In order to better focus its attention and efforts in developing this plan, SAMHSA sought greater refinement regarding the critical mental health and substance abuse issues and concerns of the AAPI communities. Based on input and discussions with members of the AAPI communities, SAMHSA's initial efforts should focus on ameliorating the following concerns:

The classification and assessment of mental health and substance abuse problems for Asian Americans and Pacific Islanders are culturally determined and may not fit into standard Western diagnostic categories.

Asian Americans and Pacific Islanders suffer from access barriers and resource limitations for mental health and substance abuse services.

Asian Americans and Pacific Islanders suffer from mental health and substance abuse problems (e.g., Post-traumatic Stress Disorder) that manifest differently from those of non-Asian Americans and Pacific Islanders, in part because of cultural or historical factors that affected AAPI persons and their communities.

Often Asian American and Pacific Islander children and their parents are confronted with cultural influences that create inter-generational conflicts not experienced by other sub-populations.

Native Hawaiians need special consideration when addressing their mental health and substance abuse problems since they are generally functioning between two cultures (native and mainstream).

Inadequate data on mental health and substance abuse problems among Asian Americans and Pacific Islanders.

Since mental health and substance abuse services are currently not adequately addressed in the primary health care arena, Asian Americans and Pacific Islanders may suffer more under the mainstream system of health care because their traditional cultures do not separate primary care and other public health services. Traditionally, AAPI cultures integrate mental and physical health care and consider treating the whole person.

Asian American and Pacific Islander health and community-based leaders and philanthropic organization leaders could benefit from a better understanding of funding opportunities and programs that address the mental health/substance abuse needs of AAPI communities.

Programs that focus on Asian American and Pacific Islander health concerns are under-represented in portfolio of sponsored projects.

CONSULTATIVE Input — Special consultation sessions with members of AAPI communities will be held by SAMHSA and its Centers during the early phases of development of any program, project, conference or other activity that is expected to have direct impact and/or implications for delivery of mental health and substance abuse services to AAPI communities and/or sub-population groups. SAMHSA recognizes that AAPI communities need culturally competent and linguistically appropriate mental health and substance abuse services and programs. Further, we know that effective service delivery can only occur when mental health and substance abuse providers and program field evaluators are sensitive to cultural differences through exposure to culturally competent resource materials, curricula and training.

DATA Activities — In order to fulfill the data needs for the immediate future, the SAMHSA Office of Applied Studies, working with the Centers, will conduct secondary data analysis on the data systems that already contain disaggregated AAPI data. Commencing in 1999, SAMHSA will increase the sample size of its National Household Survey. This increase in sample size will improve the level of confidence of the substance abuse data that will help SAMHSA better estimate substance abuse in the AAPI communities. Further, over the next five years, SAMHSA will continue to seek additional resources to develop and conduct local and regional studies and use such studies as a sentinel marker to gauge the mental health and substance abuse status and the future needs of AAPI populations.

SAMHSA has just published data comparing the proportion of ethnic groups in population, in poverty, with mental disorder, and receiving mental health services by racial/ethnic groups in the

United States. As more data sets become available for analysis, SAMHSA will support the analysis of the data for AAPI populations. A major focus in mental health this fiscal year will be the development of cultural competence measures to measure outcomes of services for ethnic groups, including AAPI populations.

This fiscal year, SAMHSA will conduct a small-scale needs assessments of AAPI's living in the ten states with the largest concentrations of AAPI citizens. Specifically, a secondary data analysis of provider entities, supplemented by some key informant interviews will be conducted. Additionally, in consultation with AAPI experts a review of existing scientific literature will be conducted as another possible way to identify areas of substance abuse service and data gaps within the AAPI communities.

Collection and analysis of AAPI data are uniquely complex. SAMHSA supports the DWG's recommendation that a federal forum or clearinghouse on AAPI statistics should be established to work on principles and standards for collecting data on the AAPI population and its subgroups. The work of this group will be to assist Federal and non-Federal researchers, evaluators and community organizations on the use of existing AAPI data and design of future surveys, and to promote increased and improved data collection on the health needs, including mental health and substance abuse services, of AAPI communities.

Program Activities — Currently, SAMHSA has five programs that provide substance abuse and mental health services in the Pacific jurisdictions. These include 1) the SAT Block Grant; 2) the CMHS Bock Grant; 3) the PATH grant (Guam, Northern Marianas, and American Samoa); the Protection and Advocacy Program (Guam, Northern Marianas, and American Samoa); and 5) the MHSIP program (available in all six jurisdictions). These efforts are expected to continue with greater coordination of the mental health and substance abuse resources.

All six jurisdictions of the Pacific Basin region have been provided funding to conduct baseline needs assessments with respect to drug and alcohol abuse/misuse and dependence. These assessments are designed to determine absolute levels of need, and to assess the sociocultural factors peculiar to Pacific island societies that might help identify culturally appropriate substance abuse treatment and prevention practices. Further, SAMHSA plans to enhance its work with the jurisdictions to build an epidemiological surveillance infrastructure for substance abuse and to develop Pacific Islanders' capacity for collecting and reporting mental health statistics. To address the "ice" epidemic in Guam and the Mariana Island, SAMHSA has engaged the assistance of an epidemiological team from Johns Hopkins University to assess the nature and scope of this epidemic. Preliminary finding reports are due out in the Spring of 1998.

The fundamental premise of SAMHSA technical assistance activities in the Pacific Basin Region has been to build local capacity in the substance abuse and mental health areas. Currently, SAMHSA has partnered with all six Pacific Island jurisdictions to design a plan for implementing a bi-annual Pacific Training Institute for Counselor and Educator Development. This planned Institute will be designed along a train-the-trainer model, geared toward maximizing local input for curricula development and program planning.

In partnership with the local jurisdictions, SAMHSA will develop a Pacific Islands Collaborating Initiative for substance abuse and mental health systems development. This will be a means to ensure

greater collaboration among all organizations and entities in the region involved in substance abuse and mental health issues, and will be a means to provide linkages with the primary health care systems in each jurisdiction. Community education and mobilization, as well as indigenous leadership development will be important components of this initiative.

SAMHSA will work with the **Association of Asian Pacific Health Community Organizations** (AAPCHO) define linguistically and culturally appropriate strategies to effectively engage members of the Asian American and Pacific Islander communities in planning for improved access and utilization of mental health and substance abuse prevention and treatment services.

The **Asian And Pacific Islander American Health Forum** (APIAHF) has agreed to assist SAMHSA in identifying alcohol, drug and mental health (ADM) programs that include linguistically appropriate and culturally specific technical assistance to providers and link Asian And Pacific Islanders health care providers working with consumers who need alcohol, substance abuse and/or mental health services.

With respect to mental health services, several critical issues emerged and needed priority attention during the development of this plan and SAMHSA's various consultative interactions with representatives of the Asian American and Pacific Island communities; they were:

the lack of mental health focused data on AAPI service need, utilization and outcomes;

the need to increase the number of AAPI mental health providers in order to meet growing demand for services.

the need to increase the cultural competence of all providers who serve the AAPI community.

the recognition that public health entities must utilize a holistic approach to service delivery by providing mental health services along with related health and human services.

mental health providers need to utilize strategies that are acceptable to AAPI community (i.e., provide services in a culturally competent manner--especially linguistically available services).

In order to address the aforementioned issues and areas of concerns, SAMHSA recognizes that both the agency and the Asian American and Pacific Islander community must work together to achieve the goals of programs designed to improve the accessibility, quality and effectiveness of mental health services provided to persons of color, including the AAPI communities.

Through the Minority Fellowship Program, SAMHSA will encourage the inclusion of AAPI mental health professionals in training activities that it supports. The Minority Fellowship Program makes it possible for graduate students to receive training support through their mental health professional associations (e.g., American Psychological Association).

In fiscal year 1997, SAMHSA convened a national work group to develop a report, *Cultural Competence Guidelines in Managed Care Mental Health Services for Asian and Pacific Islanders*. The document provides system and clinical guidelines for providing culturally competent services in a

managed care environment. The document provides useful implementation guidelines for system and clinical standards, provider competence and a glossary of terms. Also, SAMHSA convened a national work group to develop an annotated bibliography on *Mental Health Standards of Care for Asian and Pacific Islanders*. The findings from both of these efforts will be pilot tested in local AAPI communities during this fiscal year. Based on the feedback SAMHSA has received to date, the guidelines and standards, upon implementation will facilitate:

an increase the cultural competence of all providers who serve the AAPI community.

the utilization of a holistic approach to service delivery by providing mental health services along with related health and human services.

the utilization of strategies that are acceptable to AAPI community (i.e., provide services in a culturally competent manner--especially linguistically available services).

SAMHSA intends to expand and share the knowledge developed regarding the most effective methods of substance abuse and mental health services delivery to all communities, including racial and ethnic communities. A key to effective service delivery is culturally appropriate services and a recognition of the value of many indigenous/traditional modus operandi and practices. Thus, SAMHSA will continue to use Asian American and Pacific Islander communities' leadership to acquaint the program planners about the potential influence of racial/ethnic cultural traditions on the successful outcome of SAMHSA program efforts.

#### Dissemination of the Plan

SAMHSA has sought and will continue to seek policy guidance from Asian American and Pacific Islanders. Once the Plan has received Departmental clearance, it will be published on the SAMHSA home page. When new program directions are under consideration within SAMHSA, the agency will seek guidance regarding the potential impact of the proposed effort from Asian American and Pacific Islander expert consultants, AAPI members of SAMHSA Advisory Councils, and other targeted expert panels.

#### Single Point of Contact for Coordination

The point of contact for the SAMHSA 1998 Asian American and Pacific Islander Initiative Work Plan will be the agency's Office of Minority Health. This Office will work with the Centers' and Offices to reduce the likelihood of non-responsiveness in addressing the mental health and substance abuse needs of Asian Americans and Pacific Island communities. The Office of Minority Health will have the agency lead for consultative solicitation and coordinating the AAPI community constituents and consumers input. Other points of contact will be established as needed.

