

2017 Pierce County SBIRT and Behavioral Health Prevention Conference



2017 Pierce County SBIRT & Behavioral Health Conference

June 14th, 2017

Best Western Plus Tacoma Dome

PARTICIPANT PACKET

- ❖ Conference Agenda
- ❖ Speaker Bios
- ❖ SBIRT Billing Briefs
- ❖ Letter of Appreciation



CONFERENCE AGENDA: SEAHAWK ROOM

Agenda for SeaHawk Room	Start Time	Presenter
Agenda & Welcome	9:00 AM	Grace Park (Board Chairwoman, KWA). Jamilia Sherls (Director of Health Equity & Community Benefit, MultiCare).
Overview of WASBIRT-PCI Initiative	9:20 AM	Thomas Fuchs (Program Director, WASBIRT-PCI, DSHS Division of Behavioral Health & Recovery)
Overview of SBIRT & Motivational Interviewing (MI)	9:50 AM	Suzanne Pak (Director of Community & Behavioral Health, Korean Women's Association)
Lunch	12:50 PM	
How MultiCare is Implementing SBIRT	1:30 PM	James Oliver (Program Manager of PACT, MultiCare)
Pierce County's Priorities & Plan for Behavioral Health Prevention	2:10 PM	Pete Ansara (Director of Human Services, Pierce County)
Why SBIRT Matters to Primary Care - Behavioral Health Integration	3:10 PM	Victoria Evans, LICSW, MSW, CDP (Director of Behavioral Health Integration, Molina Health Care)
Survey. Dyad Practice Sessions. Closing	3:40 PM	Jamilia Sherls & Suzanne Pak

Please stay until the end to receive the 8 CEU/ CE's

CONFERENCE AGENDA: MARINER'S ROOM

Agenda for Mariner Room	Start Time	Presenter
Welcome & Agenda	9:00 AM	Vicky McLaurin (Program Manager, City of Tacoma's Human Services Division). Grace Park (Board Chairwoman, KWA).
Overview of SBIRT & Motivational Interviewing (MI)	9:20 AM	Kari Lima, MD (Family Medicine Physician, Providence Health Services)
Overview of WASBIRT-PCI Initiative	12:20 PM	Thomas Fuchs (Program Director, WASBIRT-PCI, DSHS Division of Behavioral Health & Recovery)
Lunch	12:50 PM	
Pierce County's Priorities & Plan for Behavioral Health Prevention	1:30 PM	Pete Ansara (Director of Human Services, Pierce County)
Why SBIRT Matters to Primary Care - Behavioral Health Integration	2:30 PM	Victoria Evans, LICSW, MSW, CDP (Director of Behavioral Health Integration, Molina Health Care)
How MultiCare is Implementing SBIRT	3:00 PM	James Oliver (Program Manager of PACT, MultiCare)
Survey. Dyad Practice Sessions. Closing	3:40 PM	Vicky McLaurin & Kari Lima

SPEAKERS

Thomas Fuchs M.Ed. WASBIRT-PCI Project Director
fuchstj@dshs.wa.gov (360)725-2290

Thomas Fuchs M.Ed is the Behavioral Health Adult Treatment Manager for DSHS-Behavioral Health and Recovery Division. He is involved in many projects at DBHR, including helping the department develop secure detoxification facilities (HB1713) for individuals on commitment. Other projects include SAMSHA grants that deliver Naloxone and most recently the State Targeted Response (STR) grant addressing Opioid Use Disorders He also works with DBHR staff to assess and encourage treatment centers to develop capacity to provide dual-diagnosis treatment.



Prior to DBHR, Thomas operated a consulting business (Halcyon Consulting LLC) mostly focused on developing Medication Assisted Treatment (MAT) in traditionally oriented treatment centers, and also has experience in grant writing, program development, facilitation/mediation and training. Tom moved to Olympia in August of 2015, when his wife Pam accepted a position at Saint Martin's University. Tom has two grown daughters, Gillian lives in Williston, ND and Michaela in Seattle. He has an undergraduate degree from Moorhead State University in Human Resources; and a Master's degree in Education (HR, Training and Development) from Seattle University. Tom loves to fish, motorcycle, travel and bake bread.

Eric Osborne. WASBIRT-PCI Program Manager
eric.osborne@dshs.wa.gov (360) 725-3473

Eric Osborne is a Program Manager for the WA State Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR). He has a Master of Public Administration (MPA) degree from The Evergreen State College. He is involved with Screening, Brief Intervention, and Referral to Treatment (SBIRT) training and grant management. Eric's work includes coordinating the "Using NIATx Strategies to Implement Integrated Services in Routine Care", project for the State of Washington. He has a passion and history of supporting recovery in the community.



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<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/wasbirt-pci>

Grace Park. Board Chairwoman, Korean Women’s Association (KWA).
gppark@ft.newyorklife.com (253) 709-4691

Grace Park is currently serving as the chairwoman of KWA’s board of trustees. KWA is hosting its 45th year anniversary celebration event on October 14th 2017, at Greater Tacoma Trade & Convention Center. <https://www.kwacares.org/kwa45>. Grace is also a senior partner at New York Life Tacoma Office. She champions leadership and empowerment initiatives for minority and immigrant women.



<http://kwacares.org>

Suzanne Pak. Director of Community & Behavioral Health, KWA.
spak@kwacares.org (425) 591-2331

Suzanne Pak manages a team of behavioral health providers, care coordination navigators, and community health workers at KWA. As a nationally certified SBIRT and Motivational Interviewing trainer, Suzanne has trained over 200 health, behavioral, social service, and educational professionals on SBIRT (at Pierce County Marijuana Prevention Conference, Northwest Leaders in SBIRT, and Snohomish County SBIRT Training). Her team is providing technical assistance to Asian American primary clinics – helping screen and provide brief interventions to over 800 patients.



Suzanne is passionate about primary care – behavioral health integration. She hosted the first Stomach Cancer Prevention Conference in WA State - with funding from PCORI, Fred Hutch, and City of Federal Way. Her team helps thousands of clients receive breast, cervical, and colorectal cancer screening - with funding from CHI Franciscan, Komen, and Seattle Cancer Care Alliance. And through funding from Verdant Health Commission, her team provides “Everyday Prevention” seminars. Suzanne serves on the advisory committee of WA Health Benefit Exchange.

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Peter Ansara. Director of Human Services, Pierce County.
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Peter Ansara is the Director of Pierce County Human Services – overseeing Aging & Disability Resources, Veterans Assistance, Developmental Disabilities, Housing Assistance, Homeless Programs, Special Needs Transportation, and Behavioral Health Prevention divisions. He has convened provider and community forums to raise awareness on gaps in mental health and substance use funding and prioritize investments. Peter serves on the board of trustees of Pierce County Accountable Communities of Health.



Previously, Peter served as the Executive Director for Korean Women’s Association and Tacoma Housing Authority. He also served 25 years in the United States Air Force – both in active duty (Operation Desert Shield/Desert Storm, Operation Just Cause, and Iraqi Freedom) and in administration (medical services corp, health administration, security forces, and aircraft/ airport operations). He is a member of the American Legion and Veterans of Foreign Wars, and enjoys photography.



Pierce County

<https://co.pierce.wa.us/97/Human-Services>

James Oliver. Program Manager of Program of Assertive Community Treatment (PACT), MultiCare Health System
joliver@multicare.org (253) 301-5220

James has extensive experience in leading complex behavioral health initiatives in Pierce County. He launched Multicare’s Substance Use Disorder Outpatient services in Puyallup and Tacoma. As a grantee of the initial WASBIRT-ER grant, he conducted well over 1,000 SBIRT screens/interventions at Tacoma General and Allenmore Hospital Emergency Departments. He is now working with a multidisciplinary team at MultiCare Health System to pilot and disseminate SBIRT services system-wide.



James also served as the previous Director of WASBIRT-PCI at DBHR, leading SBIRT implementation with primary care clinics across the state. And he has worked for Pierce County, providing direct mental health and chemical dependency services in multiple settings. James Oliver has a Bachelor's in Social Welfare from the University of Washington and a Master's in Healthcare Administration from Chapman University. He began his career as a Chemical Dependency Provider, providing residential substance use disorder counseling.



<https://multicare.org>

Jamilia Sherls, RN, MPH
Director of Health Equity & Community Benefit, MultiCare
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Jamilia oversees community health needs assessments, community screenings and youth sports physicals, Nurse Camp, and health equity programs – at MultiCare Center for Healthy Living & Health Equity. She also collaborates with the Washington State Hospital Association Health Care Equity Sub-Committee, King County Hospitals on Healthier Community Collaborative, and Tacoma Pierce County Health Department on community health improvement planning & assessments.

Jamilia has expertise in chronic disease prevention & management, community partnership development, pediatric and school nursing, tobacco prevention/control, cultural competency, and addressing health disparities. Her team received a 2016 MultiCare President's Award for Excellence in Cultural Competence, and she is recognized as "40 under 40" leader by Puget Sound Business Examiner. She is currently pursuing a DNP degree in Community Systems Administration.

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Victoria Evans. Director of Healthcare Services, Behavioral Health Integration, Molina Health Care of Washington
victoria.evans@molinahealthcare.com (425) 424-7190



Victoria collaborates with health care providers across Washington State to design and implement bi-directional integration within behavioral health services (mental health and substance use disorders), and between physical health and behavioral health systems of care. Victoria has been providing SBIRT training to medical and clinical providers in SBIRT since 2009, to improve both identification of substance use disorders and practitioner engagement with patients.

Victoria is a proponent of evidence based practices and innovation, to advance models of care that improve quality/outcomes, reduce costs, and improve population health. Formerly, she was the Associate Director of Chemical Dependency Services for Group Health Cooperative; Faculty/Instructor at University of Washington's School of Social Work; Chief Medical Officer for Therapeutic Health Services; and Clinic Director for Evergreen Treatment Services.



<http://www.molinahealthcare.com/members/wa>

Vicky McLaurin. Program Manager, City of Tacoma's Human Services
vmclaurin@cityoftacoma.org



https://www.cityoftacoma.org/government/city_departments/neighborhood_and_community_services/human_services_division

Kari Lima, MD. Faculty, Family Medicine, Providence Health & Services
Kari.Lima@providence.org (360) 493-7230

Kari works for Providence Medical Group as a full-spectrum family physician on faculty at St. Peter Family Medicine Residency in Olympia, WA and serves as a clinical instructor for medical students at University of Washington and Pacific Northwest University. Kari was a 2013 Medical Education Research Foundation Scholar for the Treatment of Addiction. She is involved in training and supporting residents and practicing providers in her community to provide medication-assisted treatment including buprenorphine for opioid use disorder. As a nationally certified SBIRT and Motivational Interviewing trainer, she has been involved with coordinating her clinic as a Washington SBIRT grantee site since 2015.



SPECIAL THANKS TO:

- ❖ Kelly Stowe, Media Relations Manager, Services and Enterprise Support Administration, DSHS
- ❖ Paulina Kura, Special Advisor to the Director, Pierce County Human Services
- ❖ Monet Craton, Director of PAR Mental Health Initiative, CHI Franciscan
- ❖ Carrie Ching, Supervisor, Molina Health Care
- ❖ Anya Ludwig, Program Coordinator | Research Assistant II, Northwest Addiction Technology Transfer Center
- ❖ KWA: Pete Blair, LICSW (Mental Health Clinical Supervisor); Esther Ku, CDP (Chemical Dependency Clinical Supervisor); Jay Cho, Behavioral Health Case Manager; Nelvina Heck (KWA Development & Communications); Eric Boling, Vennie Phounsavan, and Ruby Yu (UW Bothell Interns)



Quick Guide to SBIRT Billing for Washington Apple Health (Medicaid) Providers

What is SBIRT?

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a comprehensive, universal public health approach that integrates behavioral health into the primary care setting. The SBIRT model provides universal screening, prevention and early intervention for alcohol, marijuana and illicit drug use across a full continuum. Certified health care professionals use screening tools to briefly engage patients on alcohol and substance use. Based on the screening assessment, the provider provides a brief intervention, and when indicated makes a referral for brief treatment or chemical dependency treatment.

Brief interventions are a reimbursable service under Washington Apple Health (Medicaid) when provided by, or under the supervision of the approved and certified health care professionals listed below.

Who is eligible to become a certified SBIRT provider and who can bill for SBIRT services?

Provider Type	SBIRT Provider	SBIRT Biller
ARNP Advanced registered nurse practitioner	✓	✓
CDP Chemical dependency professional	✓	
D Dentist	✓	✓
DH Dental hygienist	✓	✓
LICSW Independent and advanced social worker	✓	✓
LPN Licensed practical nurse	✓	
LMFT Marriage and family counselor	✓	✓
LMHC Mental health counselor	✓	✓
P Physician, any specialty	✓	✓
PA Physician's assistant	✓	
CP Psychologist	✓	✓
RN Registered nurse	✓	

What SBIRT services are billable?

SBIRT Component	Billable Service?	Explanation
Screening	Screening is not billable as a stand-alone service	Patients screening negative on the full screen are not eligible for SBIRT reimbursement
Brief Intervention (BI)	15+ minute BIs can be billed	Patients screening positive on the full screen who receive a 15+ minute BI are eligible for SBIRT reimbursement. Up to four BIs per patient, per provider, per calendar year are billable.

SBIRT billing claims can be submitted with other Evaluation and Management (E/M) visits and are considered a separate service from the E/M. You must attach the diagnosis code Z71.41 (ICD10) when submitting SBIRT claims (diagnosis code V65.42 is used for ICD9).

What codes do I bill and what are the rates?

Billing Code	Description	Reimbursement Rate
99408	15-30 minute BI for alcohol and substance misuse	Facility Setting - \$19.98 Non-Facility Setting - \$21.03
99409	30+ minute BI for alcohol and substance misuse	Facility Setting - \$39.75 Non-Facility Setting - \$40.80

*These rates are subject to change; see the [Physician-Related Services/Professional Healthcare Services](#) fee schedule.

It is important to have your electronic health records (EHR) set up for SBIRT documentation and billing. Include the SBIRT screening tools in your EHR system for efficiency. Set up smart phrases or smart sets to assist with documentation on patient outcomes related to the brief intervention.

How do I become a SBIRT provider?

By completing a 4 hour minimum of SBIRT training, the licensed health care professionals listed above may provider and/or bill Washington Apple Health (Medicaid) for the brief interventions provided to patients.

All health care professionals must document successful completion of an approved SBIRT course to be eligible. Documentation will be used to identify the health care professional through his/her National Provider Identifier (NPI) number for billing services.

Apple Health billing claims are submitted through *ProviderOne*. Visit the *Become a New Provider* page on HCA's website for more information on how to enroll. www.hca.wa.gov

See the [Physician-Related Services/Health Care Professional Services provider guide](#) for a list of approved training. Apple Health enrolled providers must submit proof of SBIRT training to:

Reimbursement for SBIRT

The American Medical Association (AMA) has approved several billing codes that will allow you to be reimbursed for providing screening and brief intervention services. Medical procedures are coded using Common Procedure and Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. Screening and brief intervention may be provided in an office, emergency department or inpatient visit for both new and established patients. Virtually all payers use AMA's Evaluation and Management (E & M) CPT codes to pay physicians' services. Many payers reimburse for independent licensed health practitioners such as advance practice nurses, psychologists, and masters-level social workers. A few will pay for service provided by health professionals under the supervision of a physician.

Several CPT codes can be used. The chart below shows the most commonly used codes.

Payer	Code	Description	Fee Schedule
Commercial Insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
Commercial Insurance, Medicaid	99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$29.42
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$57.69
Medicare	G0442	Prevention: Screening for alcohol misuse in adults including pregnant women once per year. No coinsurance; no deductible for patient http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf	\$17.33
Medicare	G0443	Prevention: Up to four, 15 minute, brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse; No coinsurance; no deductible for patient http://www.cms.hhs.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249	\$25.14
Medicaid	H0049	Alcohol and/or drug screening (code not widely used)	\$24.00
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 min (code not widely used)	\$48.00

Reimbursement for SBIRT (Continued):

[http://www.integration.samhsa.gov/sbirt/Reimbursement for SBIRT.pdf](http://www.integration.samhsa.gov/sbirt/Reimbursement%20for%20SBIRT.pdf)

Several primary care and hospital practices have successfully used the CPT code 99420: Other Preventive Medicine Services – Administration and interpretation of health risk assessment instruments, to bill for administration of the full AUDIT, DAST or other substance use assessment questionnaires where the results indicate low or moderate risk. Reimbursement ranges between \$7.14 and \$18.00.

Health Behavior Assessment and Intervention (HBAI) codes (96150–96155) can be used to bill for screening and brief intervention. These codes are used for services that identify the psychological, behavioral and social factors important to the prevention, treatment or management of physical health problems. The focus is not on mental health or substance use, but on the bio-psycho-social factors important to physical health problems. Documentation required of the rationale, assessment outcome, goals and duration, length. The HBAI codes are billed at 15 minute units with a limit to 4 units in hour.

The SBI CPT codes (99408, 99409) can be added to other Evaluation and Management (E & M) codes for office or other outpatient services (99210-99215), for physician or other health care provider services in the emergency department (99281-99285), or physician or other health care provider inpatient consultations (99251-99255) through the use of the modifier .25 affixed to the SBI codes (99408, 99409). SBI adds to the Relative Value Units (RVU) for E&M services. For example, in outpatient settings, provision of a brief SBI service (15 minutes) in addition to a 30 minute outpatient office visit for a new patient (99203) adds .65 RVUs for the SBI service to the .97 RVUs for the E & M outpatient visit. Correct use of codes 99408 and 99409 requires that the screening and interventional components of this service be documented in the clinical record.

According to the American Medical Association’s CPT guidelines, when counseling and/or coordination of care dominates an encounter (more than 50% of the office visit) then time may be considered the controlling factor to qualify for a particular level of E & M services. Physicians and health care professionals who devote more than half of a visit counseling a patient about their alcohol or drug use may use the E & M codes for office and other



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outpatient services (99210-99215), with appropriate documentation of services provided in the clinical record.

For all of these procedures, a physician or other qualified health care professional should use a validated screening instrument (such as the alcohol use disorder identification tests [AUDIT] or the drug abuse screening test [DAST]). A validated screening instrument is an instrument that has been psychometrically tested for reliability (the ability of the instrument to produce consistent results), validity (the ability of the instrument to produce true results), sensitivity (the probability of correctly identifying a patient with the condition), and specificity (the probability of correctly identifying a patient who does not have the condition). Using an instrument that has not been validated may increase the chances of misidentification. An intervention is performed when indicated by the score on the screening instrument. The instrument used and the nature of the intervention are recorded in the clinical documentation for the encounter.

If an intervention is not required on the basis of the result of the screening, the work effort of performing the survey is included in the selection of the appropriate E/M service or preventive medicine service (99420 or the new Medicare alcohol screening code G0442). If an intervention is required on the basis of the screening result, a brief intervention is conducted. Code 99408 is the most likely service level for the majority of patients. To guide appropriate coding and billing, the Five A's model may be useful: Screening (Ask, Assess – code 99420, G0442) and Brief Intervention (Advise, Assist, Arrange – code 99408, 99409, G0443)

BHA
Division of Behavioral Health and Recovery

- Substance Use Disorder Treatment Services
- WASBIRT-PCI
 - Clinical Tools
 - Screening Forms
 - Why SBIRT?
 - About the WASBIRT Project
- Washington State Targeted Response - Hub and Spoke Project
- About DBHR
- Behavioral Health Advisory Council
- Behavioral Health Services Rules
- Children's Behavioral Health
- Contractors and Providers
- Decision Support and Evaluation
- Developing Behavioral Health Organizations
- Directory of Certified Behavioral Health

com/dpg/423/personal2.asp?formid=nwmeet&c=981428

WASBIRT-PCI



2017 Pierce County SBIRT and Behavioral Health Prevention Conference

Wednesday, June 14, 2017
8:30 am to 5:00 pm

Best Western Tacoma Dome
2411 East G Street

Description
15-30 minutes for alcohol and substance misuse

Training Topics Covered:
Screening, Brief Intervention, & Referral to Treatment (SBIRT); Early Interventions for Alcohol/Tobacco/ Substance Use and Mental Health; Motivational Interviewing (MI); Best Practices

Code	5 A's	
99420 G0442	Ask	<ul style="list-style-type: none"> ○ ○ Ask permission to talk about patient's alcohol use. <ul style="list-style-type: none"> ○ <i>"Would you mind if we talked more about your alcohol use?"</i> ○ Ask about patient's alcohol pattern use. <ul style="list-style-type: none"> ○ <i>"I'd like to talk more about the type of alcoholic beverages you are consuming and the frequency of your consumption?"</i> ○ <i>"You indicated you are consuming more than the recommended limits, please tell me again how many times in the past 30 days you have had more than 4 drinks (for women) or 5 drinks (for men) in a day?"</i> ○ Avoid arguing or confrontation.
	Assess*	<ul style="list-style-type: none"> ○ Assess for alcohol use disorders. <ul style="list-style-type: none"> ○ <i>"Based on your responses, I am concerned about how much you're drinking and how it can affect your health"</i> ○ <i>"You are drinking alcohol at a level that puts you at increased risk for alcohol-related illnesses."</i> ○ Determine whether patient's alcohol use has caused clinically significant impairment or distress; <ul style="list-style-type: none"> ○ <i>"In the past 12 months, has your drinking caused or contributed to the following: risk of bodily harm, relationship problems, role failure, and/or run ins with the law?"</i> ○ <i>In the past 12 months, have you not been able to cut down or stop drinking, not been able to stick to drinking limits, shown tolerance, shown signs of withdrawal, kept drinking despite problems, spent a lot of time drinking, and/or spent less time on other matters?"</i> ○ Determine if patient has <i>risky or harmful drinking behavior (alcohol misuse but no abuse or dependence)</i>. If alcohol dependence suspected, consider further evaluation or referral to behavioral health specialist.
99408 99409 G0445 G0396 G0397 H0049 H0050	Advise	<ul style="list-style-type: none"> ○ Advise patient of your assessment and recommendations related to the findings. <ul style="list-style-type: none"> ○ <i>"You are drinking more than is medically safe." Relate to the patient's concerns and medical findings if present.</i> ○ <i>I recommend that you cut down (or quit).</i>
	Assist	<ul style="list-style-type: none"> ○ Determine if patient is ready to change their behavior. If so, ○ Assist with setting goals <ul style="list-style-type: none"> ○ Recommend cutting down to maximum drinking limits or abstaining. ○ Agree on a plan, to include specific steps the patient should take, how drinking will be tracked, how the patient will manage high-risk situations, and who might be willing to help, such as a spouse or non-drinking friends. ○ Provide educational materials. <ul style="list-style-type: none"> ○ <i>"Are you ready to commit to changing your drinking behavior?"</i> ○ <i>"I think it would be good if we talked about establishing goals around drinking alcoholic beverages..."</i> ○ Restate your concern and reaffirm your willingness to help
	Arrange	<ul style="list-style-type: none"> ○ Reinforce adherence, renegotiate drinking goals, encourage return visits for continued support, and rescreen, at least annually.

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KOREAN WOMEN'S ASSOCIATION
123 E. 96TH ST., TACOMA WA 98445

KWA is a multi-cultural, multi-lingual community services agency that has been helping people since 1972.

kwacares.org

Thank you for joining us on this momentous occasion, as Korean Women's Association partners with DSHS Division of Behavioral Health & Recovery and Pierce County Human Service to host this Pierce County SBIRT conference. KWA has been a beloved institution in Pierce County for 45 years, and many of you have referred clients to our home care, benefits enrollment and immigration services, senior meal sites, domestic violence shelter, affordable housing, and community health navigation programs. 45 years ago, we were a small volunteer group of Korean women married to American GIs. We had a simple desire to help other immigrants, women, and seniors navigate the complex systems in United States and feel more connected to their communities. Now, we serve nearly 10,000 clients each year, with 1,400 employees and offices in 11 counties across Western Washington.

I am proud to say that our former executive director Peter Ansara now serves as the Pierce County Director of Human Services. Our current executive director Troy Christensen serves on the Regional Health Improvement Plan council on the Pierce County Accountable Communities of Health. And Suzanne Pak, our director of community and behavioral health and the host of this conference, serves on the advisory committee of Washington State Health Benefit Exchange. We are passionate about helping mental health and substance use services become more accessible and culturally responsive to immigrants, minorities, and other under-served communities. We have seen how integrating behavioral health in primary care settings can help reach those who need help earlier. We look forward to hearing your thoughts today, on how we can collaborate together to improve our health care system through integration initiatives like SBIRT. Thank you for everything that you do, to help make our health and behavioral health system in Pierce County stronger than ever!

Grace Park

Chairwoman, Board of Trustees
Korean Women's Association (KWA)
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