



KOREAN AMERICAN FAMILY  
SERVICES

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CLINICAL  
COUNSELING  
DATA BOOK

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2018-2020

BY MIRI HA AND JONATHAN KIM WITH JANE PARK



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Korean American Family Services (KFAM) is a non-profit founded in 1983 whose mission is to support and strengthen Korean American families and individuals in the greater Los Angeles area through counseling, education, and social services.

The Counseling Department at KFAM consists of clinical social workers, marriage and family therapists, professional clinical counselors and psychiatrists who are bilingual and bicultural to address pressing mental health needs of the Korean Immigrant and Korean American community. Our services include individual, couple, and family counseling, as well as community-aimed seminars and workshops dedicated to mental health and self care. In order to record and analyze the tireless work of our dedicated counselors, as well as to better understand the needs of the community we serve, this report seeks to collect and analyze both quantitative and qualitative demographic data of our community services from 2018 to 2020.

This report was compiled by Clinical Service Administrator Miri Ha, B.A. and Data Analyst Volunteer Jonathan Kim, B.A. under the supervision of Hyunmi An, LMFT, Counseling Manager. All data and analysis related to phone intake, client satisfaction survey, community outreach and testimonies were contributed by Jane Park, Case Manager. The testimonials are directly from the clients who have worked with us, however, all identifying details were altered to protect their privacy.

## HOW THE DATA WAS COLLECTED

In order to ensure client privacy and adhere to HIPAA regulations, KFAM uses secure electronic health records to store all client information. All client demographic information, such as total number of cases, client demographic data (gender and age distribution, program type, number of Medi-cal holders) from January 2019 has been pulled from the health record, as well as the Clinicians Current Case List (CCCL) which the clinicians use to keep record of client information necessary for sessions and billing purposes. All client data entered into the system is protected by HIPAA regulations and input according to the client's self-report.

Case number, client demographic (gender, age, program type) before 2019 were gathered from physical client files and the CCCL, due to data from the previous electronic health records vendor being largely inaccessible.

All data related to phone intake, such as prospective client demographic data and number of calls received, were provided by the case manager who oversees all phone intake and case assignment process. In addition to the quantitative data listed above, qualitative data has been collected in the form of client testimonials, outreach programs, and efforts to destigmatize mental health in the Korean American community.

In order to protect client privacy, any identifiable quantitative data such as client name, address and contact information were redacted. Each client was identified by a unique ID number instead. All results shared are analyzed statistics only.

## TEMPLATE AND ORGANIZATION

The data, mainly drawn from the Clinicians Current Case List (CCCL) and Exym, KFAM's current electronic health record, were placed into a template that Jonathan developed. As data were organized by year, client information was first taken from the CCCL and subsequently placed into their respective areas. Other information taken from the CCCL include:

- Clinician's name
- Program type
- Insurance status/pay source
- Year of exit
- PH/SA status (for RRR)

The clients were then searched on Exym, where there was more comprehensive data and could be used to fill the rest of the data template. Currently tracked information, formulated with information available through the CCCL and Exym, are shown below:

- Client # - for de-identification and tracking purposes
- Primary Diagnosis
- Gender
- Age Group
- Referral Source
- Preferred Language
- Ethnicity

A blank data template is attached in Appendix A.

## ANALYSIS METHODOLOGY

Due to the limited availability of resources, both in terms of data available and statistical expertise, the data were analyzed for frequencies only. Any other statistical measures, such as logistical tests, ANOVA, and descriptives, were not undertaken at this time. All frequencies using the data template were run using SPSS. Information taken from the phone intake sheets was analyzed via excel.

Findings from the collected data are organized into 6 categories and will be followed by their implications. The groups are as follows:

1. Case Number
2. Demographics
3. Program Type
4. Diagnoses
5. Phone intake
6. Client Stories

For categories a-d, data is organized by calendar year and will show 3 lines for each chart given. Unlisted data, which will be found in some chart below, refer to clients whose data was missing for that given variable.

## Case Numbers

Client numbers are split into two categories: active and new. Active cases refers to ALL clients who partook in services at KFAM in a given calendar year, and new cases refers to the clients who joined during that time. For example, KFAM counselors provided services to 205 clients in 2020. Of those clients, 129 were opened anew in that year. The other 76 cases are continuing to receive services from previous years.

Overall, 2019 saw the greatest number of active cases while 2020 saw a drop. This is due to budget cuts at the end of 2019 which allowed staff to serve less clients. Number of clients KFAM serves is dependent upon financial support, which come from various private and public grants. Due to budget cuts in public funding in 2020, KFAM was able to see a smaller number of clients. Also, from January - March of 2020, there was a decrease in demand for services due to the onset of the COVID-19 global pandemic and related transitions and lockdowns. Our staff and clients also transitioned from in-person to remote sessions (phone or telehealth), and during this time of transition and adjustment, staff saw a decrease in number of cases and sessions. The difference in case number by program type is elaborated more below.

## Demographics

### Gender

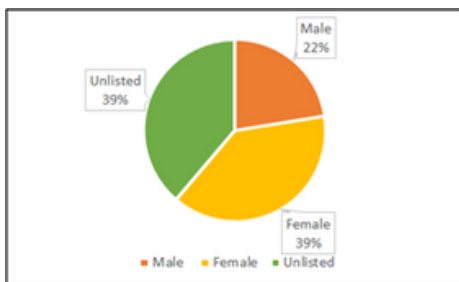
Data from 2019 and 2020 both show that while the disparity between the number of males and females are not huge, more females seek services at KFAM than males. There is a large number of clients whose gender is unknown for 2018\*, but trends can be reasonably extrapolated backwards and show that through all three years, female clients were the majority.

\*Gender unlisted

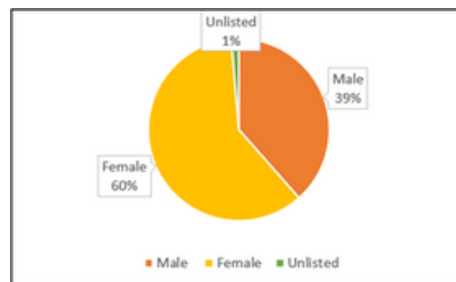
#### Gender Distribution

Year	Male	Female	Unlisted
2018	44	76	76
2019	115	180	4
2020	87	119	1

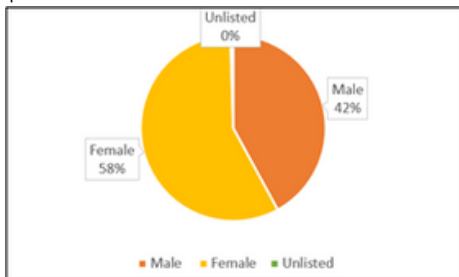
Graph 1. Gender Distribution in 2018



Graph 2. Gender Distribution in 2019



Graph 3. Gender Distribution in 2020



Social stigma surrounding mental health presents as a powerful barrier against seeking necessary services for both male and female population, however more female clients seek services at KFAM since they are statistically more vulnerable to violence such as domestic violence and sexual assault. Female clients have also shown to be more likely to seek services related to parenting and couples' conflict.

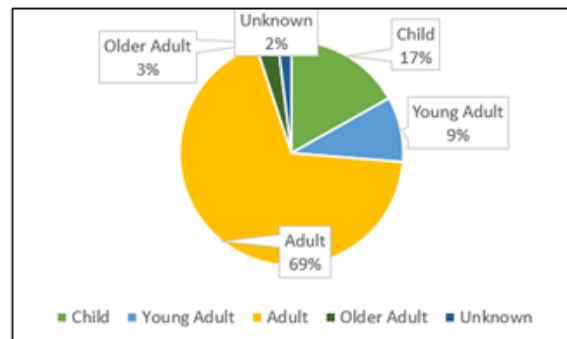
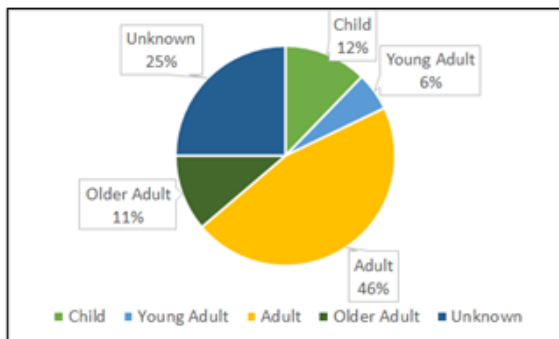
Age

Clients are categorized into four age groups:

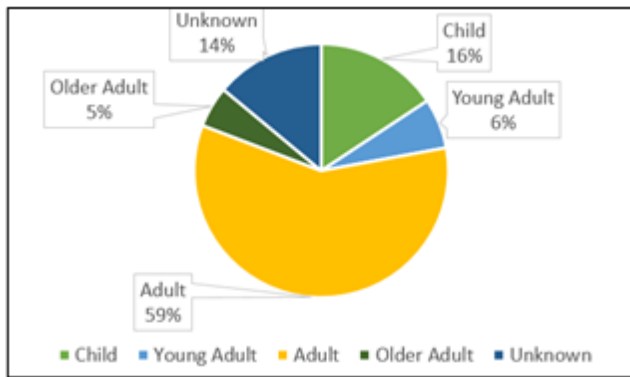
- Child: 0 - 18
- Young Adult: 19 - 24
- Adult: 25 - 59
- Older Adult: 60+

Shown in the chart and graphs below, KFAM has seen a steady trend of adults making up the majority of clients served, with the next largest group being children. This is in part due to our public counseling programs being designed for adults. The next largest counseling program was curated for children under 18 years of age and their families by the Department of Child and Family Services (DCFS).

Year	Child	Young Adult	Adult	Older Adult	Unknown
2018	24	11	90	22	49
2019	43	24	175	8	5
2020	31	14	144	10	8







Income Level

2020

Income Level	# of Cases (2020)
Low*	156 (76%)
Mid**	19 (9%)
High***	4 (2%)
Unknown****	26 (13%)

\*All RRR and PEI Seeking Safety clients, Medi-cal holders, Pro Bono and sliding scale fee clients were counted as low income. Also, those who reported as falling under the federal poverty level were counted.

\*\*Clients above the federal poverty level who were employed, had private insurance and did not need financial support from KFAM or other public agencies in the last year were counted, as reported by clinician.

\*\*\*Clients who made a sole income of \$100K or more in 2020, or clients whose parents had individual income over \$100K were counted, as reported by clinician.

\*\*\*\*Clients who refused to report were counted, as reported by clinician.

Legal Status

Legal Status

Undocumented	Citizen	Permanent Resident	Student Visa	Unknown/Other
32 (16%)	70 (34%)	51 (24%)	4 (2%)	48 (23%)

Medi-Cal Holders

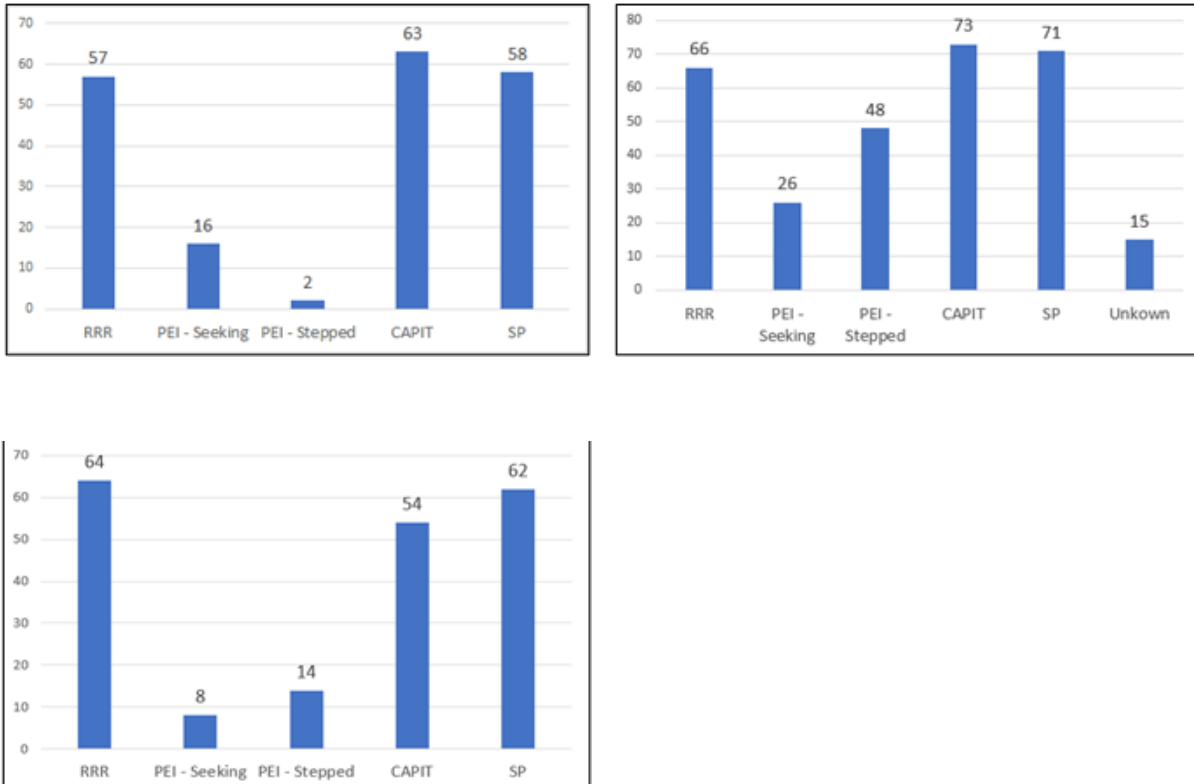
The following chart shows the number of medi-cal holders by active client over the three years. For the last 3 years, Full Scope Medi-Cal holders were legal citizens and permanent residents meeting the income eligibility requirement under the Federal Poverty Level (FPL). Those without legal status who do not qualify for Full Scope Medi-Cal still held Emergency and Pregnancy Medi-Cal; however only those with Full Scope Medi-Cal were counted.

\*As of February 2021, updates in policy allow for those without legal status to obtain Full Scope Medi-Cal.

Year	# of Med-Cal Clients	# of Indigent
2018	41	33
2019	56	39
2020	44*	29

Program Type

KFAM offers three main therapy programs through public funding sources: Outpatient Care Service (OCS, formerly named Recovery, Resilience, and Reintegration), Prevention and Early Intervention (PEI), and Child Abuse Prevention, Intervention and treatment program (CAPIT). Through private grants, KFAM also offers a subsidized Self-Pay (SP) program, where clients can receive counseling services at a lower cost depending on income level. Below is the breakdown of cases by program, per calendar year. Overall, most clients fall into either OCS, CAPIT, or SP. As described above, there was a significant drop in the two subprograms under PEI between 2019 and 2020 due to budget cuts, as well as a general decrease in total number of cases due to COVID-19 pandemic in 2020.



Diagnoses

For the purpose of this report, mental health diagnoses were categorized into five main groups. Below chart shows the top 5 categories of diagnosis of K FAM clients by client year, listed by the most prevalent: Depression, Relationship Distress (between couples), Anxiety, Parent-Child Conflict, and Trauma-Related Disorder. It is noteworthy that the order of prevalence remained the same in 2018 and 2019, however in 2020, relationship distress between couples was the most prevalent diagnosis determined in 2020, while the prevalence of Depression significantly decreased. Contrary to the expectation that the effects of COVID-19 pandemic contributed to an increase in Depression in the Korean immigrant community, it affected couple relationships more. This is likely due to financial hardships as a result of shutdowns and conflicts arising as shelter-in-place required couples to spend prolonged periods of time in isolation. Furthermore, cases diagnosed with trauma-related disorders such as the Post-Traumatic Disorder (PTSD) have been on a small but steady rise throughout the years, encouraging K FAM’s continued outreach and psychoeducation efforts to familiarize the community with the concept of trauma and available help for these conditions.

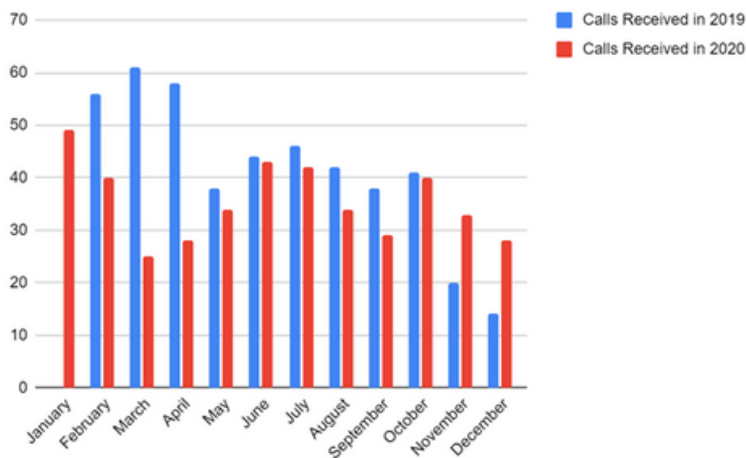
2018	2019	2020
Depression (28%)	Depression (21%)	Relationship Distress (18%)
Relationship Distress (19%)	Relationship Distress (13%)	Depression (17%)
Anxiety (12%)	Anxiety (10%)	Anxiety (12%)
Parent-Child Conflict (9%)	Parent-Child Conflict (6%)	Parent-Child Conflict (9%)
Trauma Related Disorder (2%)	Trauma Related Disorder (4%)	Trauma Related Disorder (5%)

The total number of clients listed within the chart below do not add up to the total number of cases due the number of undiagnosed cases (cases that were discharged before the therapist was able to form a diagnosis). A full table of diagnoses is included in Appendix B.

**Phone Intake**

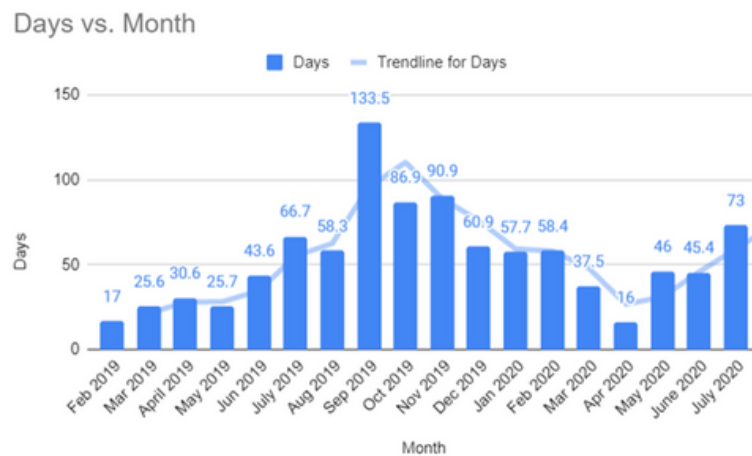
In addition to providing therapy, all KFAM counselors provide phone intake service to prospective clients in order to triage their needs and provide psychoeducation as well as referral to appropriate resources. Every therapist at KFAM takes turns to receive calls from clients and provide outreach and engagement services throughout the week. Upon a 10-15 minute call with the client, the therapist makes the initial determination of which counseling program would be most appropriate for the client based on the client’s unique need, qualification for the provided programs, therapist availability, etc. If there are no therapists available at the time of the client’s call, the client’s name and contact information is added to the waiting list to be assigned in order in which the call was received.

Number of Phone Intake (Client Engagement) by Year



The above graph shows the number of calls KFAM received from prospective clients from February 2019, organized by month. (Data from previous years was not pulled due to lack of accessible data from the previous electronic health record). The average number of calls received per month in 2019 was 42 calls, compared to 34 calls per month in 2020. As the graph shows, there was a general decline in the number of service requests received in 2020, particularly in March and April, due to the onset of the global COVID-19 pandemic and lockdown measures in LA county. However, as social distancing was prolonged throughout 2020, the number of calls slowly increased again. While the graph shows a general trend of decreasing calls towards the end of the year (due to holidays and vacations), there was a significant increase in calls between November-December in 2019 and 2020 due to various mental health and family conflict needs rising throughout the pandemic.

**Duration of Time between Phone Intake and First Session**



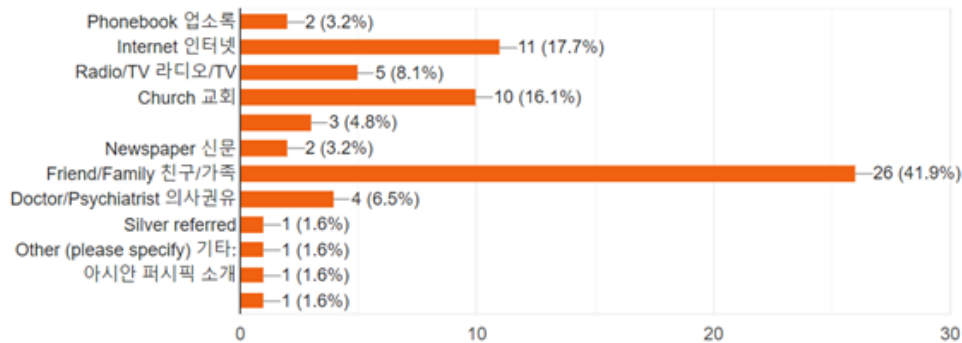
The above graph shows the length of time between the time a client first calls to request counseling services at KFAM and the day the assigned therapist contacts the client for the very first session. The longest amount of time to start services after calling in September 2019, with shorter wait times thereafter. This can be explained by the high demand for services from clients on the waiting list, as well as back-logged lists from previous months. Additionally, April experienced a much quicker turnaround in part due to Covid-19; with everyone learning to adapt to changing environments, less sought treatment and those who did would experience shorter waiting times. This data is as of October 2020, and as such July 2020’s average may be an underestimate as not all potential clients started therapy.

The above graph shows the number of calls KFAM received from prospective clients from February 2019, organized by month. (Data from previous years was not pulled due to lack of accessible data from the previous electronic health record). The average number of calls received per month in 2019 was 42 calls, compared to 34 calls per month in 2020. As the graph shows, there was a general decline in the number of service requests received in 2020, particularly in March and April, due to the onset of the global COVID-19 pandemic and lockdown measures in LA county. However, as social distancing was prolonged throughout 2020, the number of calls slowly increased again. While the graph shows a general trend of decreasing calls towards the end of the year (due to holidays and vacations), there was a significant increase in calls between November-December in 2019 and 2020 due to various mental health and family conflict needs rising throughout the pandemic.

**Source of Referral**

How did you hear about KFAM? 한인가정상담소를 어떻게 아시게 되셨습니까?

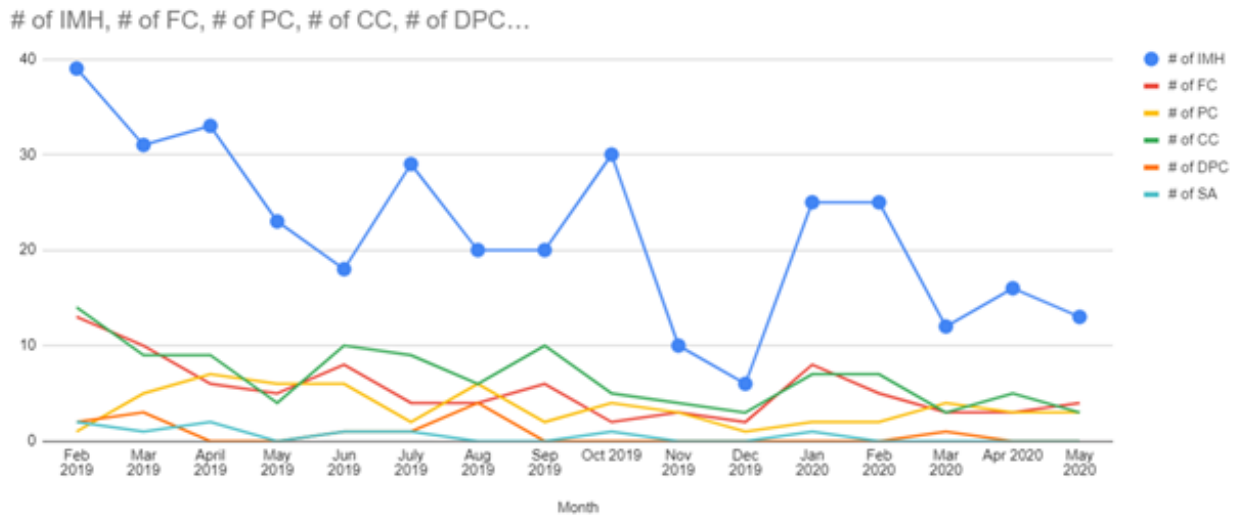
62 responses



The above graph shows client response regarding source of referral. The highest number of clients responded that they learned of KFAM through word of mouth from friends and family, followed by searching the internet, then referrals from church. This tendency shows the importance of family and religious community support within the Korean population of Los Angeles.

Also, since KFAM is the first entry to show up on a Google search when searching “Korean Counseling service in LA,” many prospective clients learn about KFAM this way.

**Reasons for Referral**



The graph above portrays the reasons why potential clients called KFAM. It is important to note that the client’s reasons for first requesting services can differ from the diagnosis the client and therapist arrive at after careful assessment during therapy. The acronyms in the order that they are presented are: Individual Mental Health (IMH), Family Conflict (FC), Parent-Child (PC), Couples Counseling (CC), Divorce and Parent-Child (DPC), and Substance Abuse (SA). Individual mental health refers to what is commonly referred to as a mental health disorder or something that mainly concerns the individual.

In comparison, the other categories are relationship problems that clients experienced, whether between family, parent/child, couples, or divorcees and their involved children. While the number of IMH cases have fluctuated with general drops, the others have remained relatively stable, pointing to a large need for relationship related counseling - this is especially true when all the relationship related cases are combined. An important consideration is that since the graph displays numbers and not averages, the drops are explained in part by the decreasing number of clients. Proportionally, the numbers could have remained relatively stable.

**Average Program Duration**

Average program duration refers to the amount of time, on average, that a client would spend in a given program on average. The five programs that KFAM offers - RRR, PEI-Seeking Safety, PEI-Stepped Care, CAPIT, and Self Pay - are disaggregated in the table below.

Program	# of Cases	Average Duration (in months)
OCS (RRR)	73	7.7
PEI - Seeking Safety	26	7.6
PEI - Stepped Care	58	4.8
CAPIT	109	5.8
Self Pay	87	3.6

The table is made under the assumption that all of the cases, measured from 2018 and on, closed as of September 16, 2020; in reality, most cases remain open. This points to the likely possibility that the average duration of all the programs, while not in significant amounts, would be longer. Additionally, since this data has not been accounted for beyond the aforementioned date, the number of cases in the table reflects a underestimated duration.

This has significant implications for clinician availability. The shortest duration of service is the Self-Pay program with the average of 3.5 months. For other programs, the average duration of treatment ranges from approximately 6 to 8 months, and longer if the client’s need is severe and requires more services. This affects the clinicians’ ability to accept new clients immediately, and contributes to longer wait times for prospective clients. KFAM addresses this issue by weekly monitoring active cases to ensure efficient and appropriate provision of treatment as well as timely discharge when clients are ready, as well as maintaining regular contact with clients on the waiting list and referring them to other agencies to ensure they can also receive necessary services in a timely fashion.



## Client Satisfaction Survey Response

Responses received from KFAM Counseling Clients in the Fall of 2020:

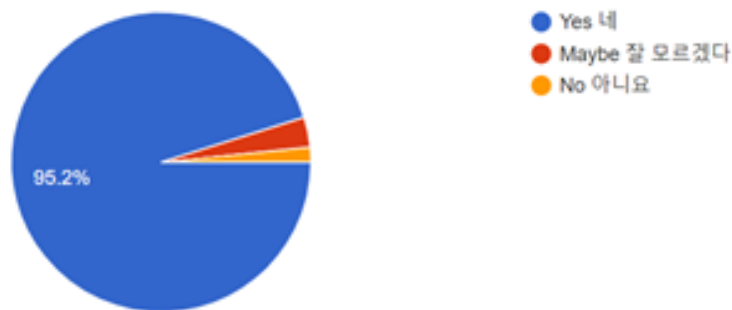
I was greeted and felt welcomed entering KFAM. 한인가정상담소에 들어올 때 반겨주는 느낌을 받았다

62 responses



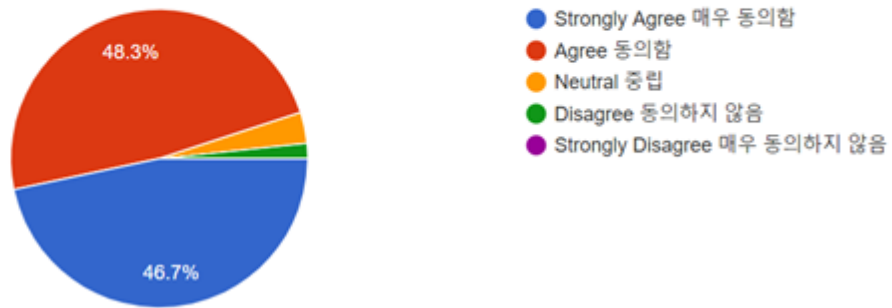
Would you recommend KFAM to family or friends? 한인가정상담소의 서비스를 가족이나 친구, 지인에게 추천하시겠습니까?

62 responses



When I am struggling emotionally, I have resources where I can seek help/people (friends, family, therapist, etc) whom I can ask for help. 나는 감정적으로 힘들때 도움을 요청할 사람 (가족, 친구, 상담사)이 있다. 혹은 전문적 도움을 받을 수 있는 방법을 알고 있다.

60 responses



**“KFAM services were helpful to me because...”**

“KFAM provided high-quality service, and because I could see both therapist and psychiatrist in one place.”

“I felt the value of support from my own culture and people. It was a turning point for my life.”

“It’s difficult to find a Korean-speaking therapist who provides individual counseling elsewhere.”

“KFAM helped make counseling an easy experience.”

“My children are all receiving counseling here. Mental health issues are illness of the heart. I hope children continue to receive services that help them adjust well in society. For women, menopause can be an emotionally difficult experience. When it becomes difficult to handle emotions and conflicts at home, I hope there will be services available for them.”

“My child looks forward to his counseling session.”

“I had negative opinions about agencies like this, but over the past year of receiving emotional, financial and many other kinds of support, I realized how thankful I am that KFAM exists. There are many who are hurting these days, I hope KFAM will continue to care for those in need. And I hope there will be more financial support to help KFAM provide more needed services.”

**“Rooms for KFAM to improve are...”**

“It is still a prevalent belief in the Korean community that therapy is only for the severely mentally ill. There should be more community outreach and education efforts to show that counseling and therapy can help one’s life to develop in a healthy way.”

“More counselors to join staff, so the wait times will decrease.”

“Group counseling services.”

“More branches or remote services for clients residing outside of Los Angeles.”

## Client Testimony

**A former client’s testimony translated from Korean. All identifiable information has been altered to protect client privacy, with client permission for sharing.**

I first met my therapist in the summer of 2017. During our first session, all I could do was cry. I couldn’t talk to my therapist, and I couldn’t even sign my name on the intake paperwork.

Back then, I was asking myself: “How am I going to live? How am I going to send my child to school?” Even driving, which I had been doing comfortably for 20 years, felt so scary to me. Adjusting to life in America made me so fearful, it was difficult to breathe. Every night, I would go to sleep hoping I would not wake up the next day... Because of how I felt, I would also get angry at my child. Even if her school grades dropped just a little, I would yell at her as if the world had ended.

When I was in bed due to my condition, my daughter said, “I don’t want you to be sick, but I like that you yell at me less now.” I was jolted awake. All I was saying then were things like “I hate my life” and “I don’t want to live.” But my daughter was thankful just for the fact that I was not yelling anymore. I resolved that I needed to change. That for my daughter and for myself, I needed to ask for help.

Many things have changed since I started therapy at KFAM. When my daughter does not do as well on her tests now, I tell her “it’s okay, you’ll do great next time.” She’s very surprised, and asks “are you sure you’re my mom? I thought you would be angry.” Back then, I used to be so afraid to live, that all I could do was to cry breathlessly. Now I can tell myself, “If others can do it, so can I. I’ve lived well so far and I will live well going forward.”

My daughter has changed too. She used to tip-toe around me. Now she sings and laughs in front of me. When she encounters a challenge, she says “I still want to try. Even if I fail and embarrass myself, I still want to try.” And my friend, who has known me for a while, says my daughter and I are so different. That we are so much brighter, and seem so much closer.

I want to tell others who are struggling, and who have children: if you change, your child will change too. It’s all about perspective, and about the heart.

Lastly to my therapist: thank you for being with me the last couple years. I hope not to come back, because now I have confidence that I can do well by myself. Please send me good thoughts as I move onward.

## Limitations

Information in this report is limited and does not portray the full picture present in KFAM, in large part due to the lack of available data for certain indicators such as income. As organized data was not a main focus for KFAM, the information in various locations, the CCCL and Exym being prime examples, was not consistently updated, leading to gaps in the collection and analysis process. Similarly, the lack of a data collection template necessitated the creation of an entirely new one, leading to a large delay in beginning to process information.

Analysis beyond the basic descriptives could not be undertaken. This can be attributed to many of the reasons listed above, including a lack of data, systems, and other methods of data collection such as interviews and surveys. Because of this, a more thorough and comprehensive understanding of the therapy seeking population could not be had.

The effects of Covid-19 have negatively impacted KFAM in many areas, including service provision and data collection. This impact is especially felt in the community, where many of the already low-income and minority populations have been disproportionately affected. As such, outreach and education efforts became even more difficult, and clients struggled to receive therapy.

At its core, KFAM is a nonprofit that primarily serves the low-income population. As is the case with many organizations that serve similar populations, funding is not abundant. This serves to drastically limit the nonprofit on all fronts: client outreach, ability to provide therapy, and data collection and analysis.

## Recommendations/Next Steps

The recommendations and next steps are listed below in bullet form. Many pertain to data collection/systems and some are in relation to the findings and implications through this report:

- Continue improving data collection processes, building upon the template now in place
- Onboard a dedicated data management and analysis worker
- Actively research and contribute to the lacking body of literature regarding Asian-Americans - Korean-Americans in particular.

## Conclusion

This report, while limited in scope, provides an up-to-date insight into the emotional and social needs of the Korean community in Los Angeles, as well as KFAM's efforts to meet them. It is not intended to be a one-time report, rather the beginning of consistent updates and analysis into the services that KFAM provides and the population it serves. While KFAM is mainly a social service provider, we are continually developing internal systems for efficient and accurate data collection and analysis in order to stay attuned to our community. In future years, KFAM will better use data to identify the needs of our Korean community, as well as understand the areas in which our service needs improvement. As the organization continues to grow, so the community will also grow in health, knowledge, and resilience.

## Appendix

### Appendix A

Clinician	Client #	Last Name, First Initial	Program Type	Pay Source	Year Exit	PH/SA/BOTH	Primary Diagnosis	Gender	Age Group	Referral Type	Preferred Language	Ethnicity
Test	xxx	Test, T	RRR	MC	20	PH	GAD	M	A	Friend	English	Korean

### Appendix B

- **D: Depression**
  - MD: Major Depression
  - OSD: Other specified depression
- **T: Trauma - General**
  - CT: Complex Trauma
  - CAT: Child Abuse/Trauma
  - PTSD: Post Traumatic Stress Disorder
- **LT: Life Transition/Phase of Life**
- **RD: Relationship Distress**
- **GAD: Generalized Anxiety Disorder**
  - OSA: Other Specified Anxiety
- **BD: Bipolar Disorder**
  - BD-U: BD Unspecified
  - B2D: Bipolar 2 Disorder
  - BDC: Cyclothymic Disorder
- **SZ: Schizophrenia**
- **ADHD: Attention Deficit Hyperactive Disorder**
- **PC: Parent Child**
- **DD: Dysthymic Disorder**
- **AS: Acute Stress**

- **FD: Family Disruption**
- **UB: Uncomplicated Bereavement**
- **CPD: Child Affected by Parental Relational Distress**
- **ADJ: Adjustment Disorder**
- **SS: Severe Stress**
- **SP: Social Phobia**
- **SRP: Sibling Relationship Problem**
- **AG: Agoraphobia**
  - **WP: with Panic Disorder**
- **PD: Panic Disorder**
- **HEE: High Expressed Emotion**
- **AD: Acculturation Difficulty**
- **CED: Child Emotional Disorder**
- **SE: Social Exclusion**
- **ST: Sexual Abuse/Trauma**
- **FD: Family Disruption - Separation or divorce**
- **UP: Unmentioned Problem (to differ from all other diagnoses)**
- **TTS: Transient Tic Disorder**
- **LC: Legal Circumstances**
- **O: Other**