

**Asian Community Mental Health Services at 35: A Pioneering
Multi-Ethnic Service Organization (1973-2008)**

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ABSTRACT

Asian Community Mental Health Services (ACMHS) is a nonprofit organization that delivers mental health services to primarily Asian and Pacific Islander communities. From its early beginnings and over its 35-year history, the agency has had to overcome numerous challenges, including gaining legitimacy as a culturally-specific nonprofit, combating stigma surrounding mental health issues within the Asian Pacific Islander community, building resources to fund service delivery, and developing an educated and culturally-sensitive workforce. The history of ACMHS highlights the multiple challenges and rewards of developing a culturally-specific nonprofit in an urban area as well as the important role that internal operations play in relation to nonprofit expansion and growth.

KEYWORDS: Organizational history, nonprofit organization, Asian Pacific Islander community

Introduction to Asian Community Mental Health Services

Mental illness is a pervasive issue in the United States affecting all segments of society accompanied by stigmatization related to stereotyping, discrimination and fear. In the Asian and Pacific Islander (API) communities, this stigma has been particularly persistent and harsh. Not only is a mental disorder perceived to be shameful for the individual and his/her family, it is often not discussed, diagnosed or treated. This makes delivering mental health services to the API population especially difficult. One Bay Area organization overcame the cultural barriers and stigma associated with mental illness and established itself as a successful and vibrant agency.

This is the story of Asian Community Mental Health Services (ACMHS), a non-profit organization in Alameda County delivering mental health services to primarily Asian and Pacific Islander populations for 35 years. What makes this agency unique is the battle it faced on two different fronts: the struggle to gain legitimacy as a mental health agency during a time when Asian Americans and Pacific Islanders did not receive much attention from the county government and the struggle to combat the stigma of mental illness among the API community.

The story begins in the 1960s with the Civil Rights movement, when the struggle for equality and social justice in the African-American community inspired other ethnic minority groups to advocate for their rights. The story continues into the 1970s with the opening of ACMHS, the role of its founders, and the obstacles that they faced. The 1980s was an era of expansion for ACMHS, including the addition of programs and mental health research. The 1990s extended the expansion period with collaboration and outreach and is marked by changes in mental health care policy as well as welfare reform. This history of the first 35 years concludes with a description of ACMHS' current services and issues.

Historical Impacts on the Agency

The history of ACMHS was shaped in the era prior to its founding by three historical events: 1) the passage of a watershed piece of mental health legislation during the late 1950s, 2) the Civil Rights Movement, and 3) the systematic closure of mental hospitals in California. First, the Short-Doyle Act was passed in 1957 to create community mental health programs in California. Under the provisions of the Short-Doyle Act, counties contracted with community-based organizations to deliver mental health services, enabling clients to seek treatment in their own communities. Counties were required to have mental health programs in 1974, the year that Asian Community Mental Health Services was established with the help of Short-Doyle funding.

While the Short-Doyle Act played a policy role in the development of ACMHS, the Civil Rights movement also influenced the formation of the agency. The 1960s was a tumultuous and exciting time, especially for minority groups seeking equal rights. Martin Luther King, Jr. led the movement to end segregation and promote equal treatment for African-Americans. Cesar Chavez mobilized farm workers to fight for fair wages and better working conditions for Chicano residents. While the most well-known civil rights efforts of the time were those promoting social justice for African- and Chicano-American groups, a smaller, quieter movement was also gaining momentum in the Asian-American and Pacific Islander community.

The third event that had a significant influence was the closure of mental hospitals in California. In an effort to reform the mental health care system and shift responsibility from state government to local jurisdictions, Governor Reagan closed mental hospitals and sought to integrate persons with mental illness into local communities. However, adequate funding was not provided, resulting in an influx of people with mental illness into communities that were

unprepared to treat them. Counties scrambled to develop programs using Short-Doyle funding; however, these programs were not designed to respond to the needs of different cultural groups.

The 1970s: The Beginning of an Agency

With recognition of the many mental health needs in the Asian community, a number of people were inspired to address them. One such person was Reiko True. After graduating from Berkeley with her degree in social work in 1964, Ms. True worked for Alameda County Mental Health Services and observed that few API clients received county mental health services. This was attributed to the stigma associated with mental illness in the API community that prevented many from seeking treatment. Ms. True also noted that the county did not have culturally competent staff or services and that culturally sensitive services elicited more positive responses from clients. These observations convinced Ms. True that not only did the API community *need* mental health services for their own people, that they *deserved* to receive these services from the government. She eventually left Alameda County to work at the International Institute of the East Bay, a nonprofit assisting immigrants and refugees with the transition to American society, where she met fellow Asian American mental health advocate Loretta Huahn.

Loretta Huahn was a young social worker when she started at the International Institute to work with the Asian community in Oakland, specifically the Chinese community. Ms. Huahn found that Chinese immigrants had psychological problems due to separation from family and a socio-cultural adjustment to their new country. Although it was obvious to her that there was a need for mental health services, the resources available to this population were almost non-existent. In 1972 Ms. Huahn wrote a proposal to the California Department of Mental Hygiene to fund a pilot study to determine the need for mental health services in the Chinese American community. The Chinatown Family Outreach Center, who received funding of \$30,000 for two

years, was the first mental health program established in the Asian Community. This project collected crucial data that later proved instrumental in getting funding for ACMHS from Alameda County.

While working at the International Institute, both True and Huahn advocated for mental health services for Asian American clients. After attending a workshop on grant writing, they began to explore the idea of developing a program that specifically served Asian American clients. This idea led to a series of discussions that culminated in organizing efforts to develop a program. In 1972, a group of Asian activists including True and Huahn attended a conference with local agencies serving the API community to discuss the need for an Asian mental health program. The conference ended with a commitment to organize the community, talk with representatives and political groups, and gather resources to form an agency to deliver mental health services for API residents.

A Grassroots Organization

In 1973, Reiko True, Loretta Huahn, and Cora Santa Ana (Tellez), a Filipino advocate of mental health, began recruiting other social workers and community members to form an agency. Because of their connections, they were able to recruit Matthew Fong, the executive director of the Oakland Chinese Community Council to join them in this effort. They expanded the group to create a Board of Directors composed of representatives from fourteen different API organizations. Together, the planning group developed a strategy to build an agency.

First, they lobbied Alameda County Mental Health Services for funding to help with the start up costs. They also advocated for the needs for API mental health services. They wrote the ACMHS bylaws to acquire 501(c)(3) status and on May 1, 1974, ACMHS was incorporated as a California nonprofit delivering mental health services. This allowed them to receive Short-

Doyle funds of \$35,000 to use in specified ways. Combined with funds from the Zellerbach Family Foundation, the group set up an office and began looking for Asian clients with mental health needs.

There was also a growing consensus that there should be a pan-Asian organization that served different Asian groups. Board members struggled with the idea of being grouped together under one broad category of “Asian Community” but ultimately realized that they needed to coalesce to push for their common goals. The decision to include all Asians in the service population came down to one practicality: a single group did not have as strong a political influence as a united group. Since all API groups lacked appropriate mental health services and needed to account for the rich diversity of API languages, dialects, cultures, social histories and needs, the new Board of the agency was called the Asian Communities Mental Health Board, Inc., which conducted business as Asian Community Mental Health Services.

The next step was to create the following mission statement for the agency: ACMHS “provides and advocates for multicultural, multilingual services that empower the most vulnerable members of our community to lead healthy, contributing and self-sufficient lives.” In addition to locating funding and defining agency goals, the third part of their strategy was to recruit members of the community to advocate for mental health services for Asian Americans. Staff were hired who embraced ACMHS’ mission and who were already part of the four major Asian ethnic communities in Oakland at the time: Chinese, Korean, Japanese, and Filipino.

Both Board and staff members spread the word about the agency’s services among community members and slowly reached out to families and individuals dealing with mental illness. Once ACMHS created relationships with the API communities, people began to feel more comfortable about discussing mental health issues, which facilitated the acceptance of

counseling. Many individuals came from all over the East Bay to receive assistance, confirming the need for an agency like ACMHS.

While the foundation was being laid to launch ACMHS, Chinatown Family Outreach Center (CFOC) had received a third year of funding to address community mental health needs. By its third year, the CFOC had successfully engaged Chinese clients in mental health services. One stipulation for funding was that the work of the CFOC be continued by another agency after the funding year ended. Because Ms. Huahn was involved with both the CFOC and ACMHS, the decision to incorporate the CFOC into ACMHS was obvious. In 1975, ACMHS received their first caseload of mental health patients from the CFOC and began to provide the much needed direct services to the API population in Oakland.

Humble Beginnings and Early Challenges

The beginning of the agency has been described as “starting from scratch” with a group of volunteers who did not have an organizational infrastructure in place. Board members stayed in their respective jobs while working on ACMHS issues in the evenings or on weekends. While most of them worked in county or community-based organizations, only a few had experience with starting an agency. Out of the struggle for government funding emerged a widespread sense of collaboration with CBOs in different fields of service who freely shared their experience and expertise on agency development. A simple phone call to La Clinica de la Raza resulted in a sample personnel policy. A call to Asian Health Services gave leads resulting in furniture donation. A phone call to Asian Neighborhood Design secured pro bono construction and design services to improve work space efficiencies.

With funds from Alameda County and the Zellerbach Family Fund, ACMHS proceeded to secure a location for their organization, opting to establish themselves in Oakland’s

Chinatown district on 17th St. This neighborhood was already home to a large API community and easily accessible by public transportation. The establishment of ACMHS was a tumultuous time. An early challenge involved hiring an executive director due to few resources to provide a competitive salary, the lack of qualified API mental health workers with management experience, and the intimidating aspects of becoming the Executive Director of a new, ambitious and first-of-its-kind agency. The agency's values of providing "accessible multi-lingual and multi-cultural mental health services to Asians" made it necessary to hire an Executive Director who was Asian and working in mental health. Reiko True served as the interim director until the permanent executive director, Dennis Loo, a minister from a Chinese church in San Francisco was hired.

The chaotic political context of the civil rights era had a lasting impact on the relationships between demanding community-based organizations and reluctant local governments. After lobbying and meeting county funding requirements, ACMHS obtained initial funding for their programs. When ACMHS requested additional county funds in the late 1970s to add a drop-in clinic, they were initially denied. Once again, ACMHS advocated for addressing community needs and ultimately received funds for the licensed Outpatient Clinic.

While ACMHS employed licensed social workers and psychologists of Chinese, Filipino, and Japanese decent, immigrant communities had few workers with degrees. Since there were so few trained API mental health professionals, ACHMS relied primarily on non-licensed paraprofessional staff to deliver counseling and case management services. These paraprofessionals connected with their clients and provided culturally sensitive services despite their lack of specialized degrees. However, the state and county did not recognize the importance of their work and demanded that the agency hire licensed professionals in order to be

reimbursed for services. To overcome this barrier, ACMHS turned to grassroots organizing to build coalitions with other minority providers in California. After several years, legislation was passed to reimburse agencies for services provided by paraprofessional staff.

The agency continued to struggle to establish its legitimacy as well as finding ways to overcome the stigma associated with mental illness within the community. While there were many API clients who sought services, there were also those with severe mental illness who did not use ACMHS services due to the fear of stigmatization or lack of education about mental illness. The agency worked to overcome these challenges by providing extensive outreach and education efforts.

In addition to the external struggles faced by the agency, there were also internal challenges. The founding members had decided to hire the same number of staff for each of the four major Asian ethnic groups: two bilingual staff members to work with each of the major groups. As the agency grew, so did the number of clients across the four groups, especially the Chinese clients. Equity among staff was challenged when the third year of funding was restricted to serve Chinese clients and increase the number of Chinese staff. This raised tensions among staff, especially when funding was reduced during tight budget years.

Despite early challenges, ACMHS established itself in the community and overcame the skepticism of local government about the need for mental health services in the API community and the related institutional racism. The founding group had to demonstrate that APIs had significant mental health needs and continue to advocate for funding. They also needed to educate their own community to overcome the stigma associated with mental illness. By the end of the 1970s, the agency was successfully reaching out to the community and continued to grow. Although there was tension, the staff worked together towards a common goal that was larger

than any obstacle they faced and overcame the growing pains of the 1970s and entered a decade of expansion.

The 1980s: An Era of Expansion

The 1980s marked a period of expansion for ACMHS and its operating budget increased from \$200,000 to over \$1 million. Having expanded to larger offices on Webster Street in Oakland, the agency began focusing on their clinical caseloads. Under the leadership of Rodger Lum, they generated new funding to respond to the changing needs of the Asian community. Rodger Lum first began working at ACMHS in 1976, as the program clinical supervisor. After a brief stint as interim Executive Director, the Board asked Lum in 1979 to take on the position permanently, which he held for the next 9 1/2 years. Lum felt it was imperative that the agency be more politically organized to have a national and statewide voice for bolstering mental health services for Asian Americans. His goals for the agency were to increase involvement in public policy formation, service expansion, and research on the needs and outcomes of mental health services in the API community.

Policy Involvement

By the time ACMHS was incorporated as a nonprofit, the political climate around mental health services was already charged with resistance from government agencies and funders about the need for specialized Asian-American services. In 1976, key leaders from around the country, including Rodger Lum, attended a conference to discuss the need for specialized mental health services for the API population. The director of the National Institute of Mental Health attended the meeting, listened to the arguments, and recognized the need.

Advocacy at the local level focused on helping the staff of mainstream human service organizations acquire the cultural competence to meet the needs of API clients, especially

reducing language and cultural barriers. ACMHS mobilized local mental health organizations in Alameda County to form the Mental Health Contractor's Association so that they could advocate together for change within the mental health system. Through persistent lobbying and organizing, ACMHS and their allies succeeded in getting the county to formally acknowledge the importance of specialty providers with bilingual and bicultural competencies as crucial to Alameda County's mental health system of care.

The reimbursement of services provided by paraprofessionals was one of ACMHS' most significant advocacy issues. In the early 1980s, the annual audit by the state mental health agency found that the paraprofessional service providers were not licensed and disallowed state reimbursement for services that were not provided by licensed clinicians. The agency relied heavily on its ethnically diverse paraprofessional staff and mobilized their alliances, networks, and community representatives to successfully lobby the state to pass legislation that would allow paraprofessionals to practice. This action was an important advancement in mental health policy that has had lasting influence on mental health service delivery, particularly for immigrant communities and others who have not traditionally had access to care.

Expansion

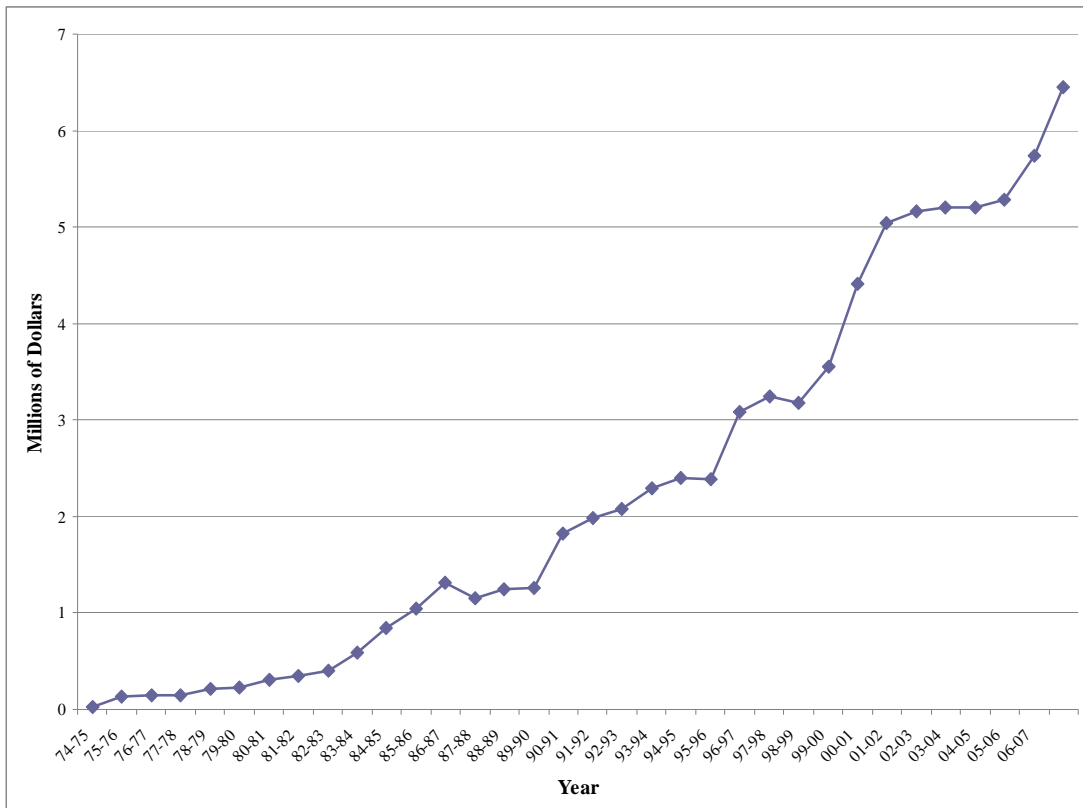
The period of expansion for ACMHS in the 1980s was influenced by the first major wave of immigration from Southeast Asia. Vietnamese, Cambodian, and Laotian mental health workers were added to the existing Korean, Chinese, Japanese, and Filipino staff to serve the increasing number of Southeast Asian refugees from the war-torn areas of Vietnam, Cambodia, and Laos. The refugees who came to the agency were suffering from post-traumatic stress disorder (PTSD) and depression due to multiple stressors. ACMHS was able to secure federal grants designed to assist these populations, providing the resources to hire staff and recruit

community leaders to serve these clients.

The agency expanded services to the API community by working closely with schools, the police, probation, and others to counsel youth and provide alternatives to gang and drug related activities. In 1982, ACMHS became the first API agency to provide services to people with developmental disabilities and in the late 1980s secured a federal Alcohol and Drug grant for a demonstration project called Recovery for East Bay AsiaYouth (REBAY) using school-based interventions to address substance abuse.

The expansion of ACMHS services reflected the evolving needs of the API community as well as the changing, more supportive views of funders. While the focus of the agency was to provide mental health resources, there were other risk factors related to psychological well-being (e.g., poverty, health, unemployment, family issues, community violence, substance abuse, and institutional racism). With a broader vision of mental health, ACMHS secured funding for services to empower entire API families, not just individuals. This holistic approach is reflected in the steady increase in revenue from 1978 to 1988 as illustrated in Figure 1.

Figure 1: ACMHS Operating Budget: 1974-2007



Source: ACMHS Annual Reports 1974-2007

Research and Training

Evaluation research and training were used to assess community needs and service effectiveness. Lum obtained funding from the National Institute of Mental Health for research on the mental health needs of Asian Americans. In response to the large number of Southeast Asian refugees that settled in California, ACMHS lobbied for funding for a statewide assessment of Southeast Asian mental health needs. Under ACMHS, the first statewide needs assessment was conducted. This definitive work would later inform South East Asian mental health service provision throughout the nation.

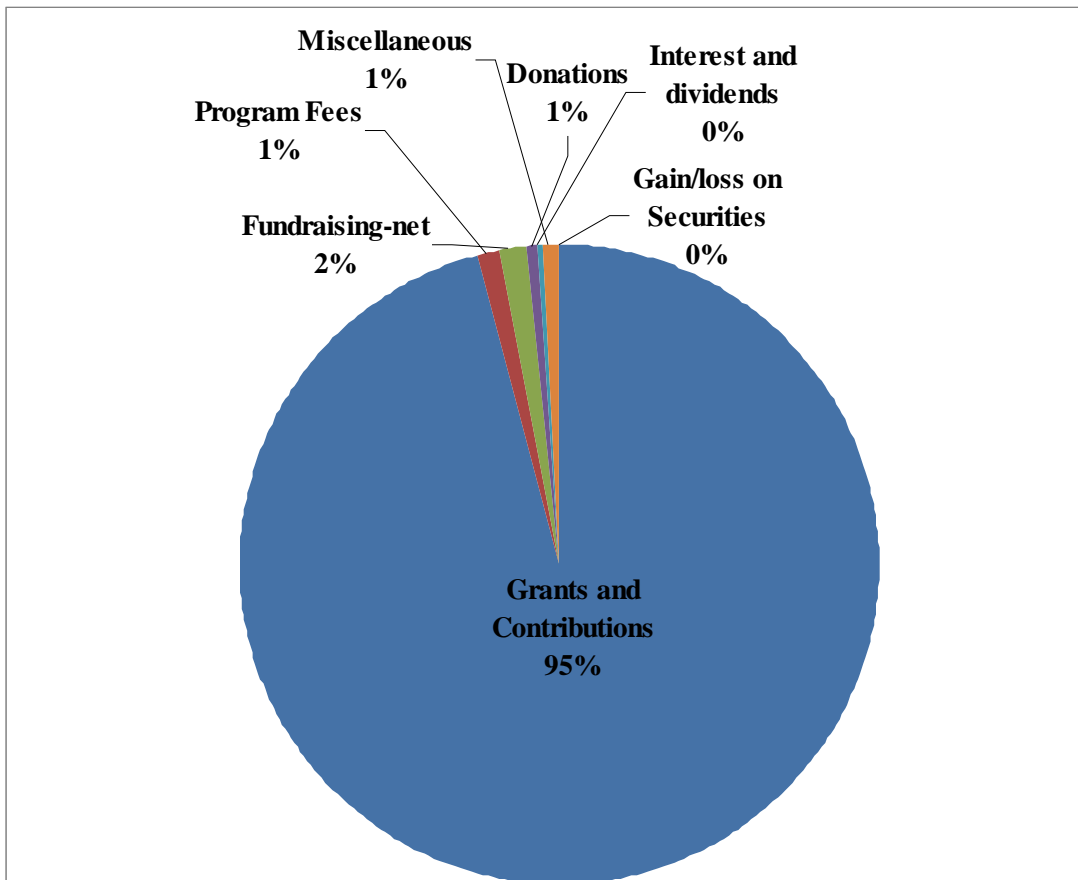
In addition to research activities, educating and training community members to provide services to refugees became an important priority for ACMHS, even though many did not have

professional degrees. ACMHS also responded to requests for consultation from other providers working with API clients. Their expertise prompted Alameda County to contract with ACMHS to provide technical assistance to other county service providers and community organizations on how to serve Southeast Asian refugees.

Growing Pains

While the years 1974-1990 were a period of expansion, they were not without struggles. Similar to other non-profit organizations, funding was a major issue in the 1980s. To offset financial uncertainty, the agency began to organize fundraising events. The first fundraising gala was a big success and since then, ACMHS has combined their anniversary celebration with a fundraising event. In 1983, ACMHS began sponsoring Asian Community Night with the Oakland Athletics baseball team, a fundraising vehicle that provides the opportunity for community members and ACMHS staff to come together during the summer to enjoy a baseball game. While fundraising events contribute to the overall budget, grants and county contracts continue to be the largest source of funding, as noted in Figure 2.

Figure 2: ACMHS Funding Sources: 2006-2007



Although different ethnic groups had worked together to gain funding for specialized mental health services for their respective communities, they also had to compete for limited financial resources. Although the major ethnic groups (African-Americans, Latinos, and APIs) were vying for a limited pool of funds, they also recognized the limitations of this approach and formed coalitions and created allies with political leaders to increase the size of the funding pie. Their successful endeavors confirmed the perceptions of minority communities that uniting together as a group was the most beneficial strategy.

As the agency continued to grow, staff began to express their frustrations related to the need for more pay, more staff, and less hours. The rapid growth of the agency created tensions

among the staff. While some staff members made appeals to the Board of Directors, others complained that increased work related to training refugees detracted from their informal sense of family. Others resented the agency's efforts to specify work expectations and hire more licensed workers. Fearing the loss of their jobs, the paraprofessional staff felt threatened by the increased demand for professionally trained staff required by funders.

After a period of rapid growth in the 1980s, ACMHS began to stabilize and staff focused their energies on maintaining stability while adapting to their changing environment. Rodger Lum left the agency in 1988 to become the Assistant Director of the Alameda County Health Care Services Agency. In 1989 Alan Shinn was hired as executive director, and for the next eleven years provided a sense of stability amidst the changes that were occurring in the organization as it responded to the fluctuations in its environment.

The 1990s: An Era of Stability

By 1990, ACMHS had acquired a reputation for providing quality services based on an annual budget of \$1.2 million. Their outreach, education, and advocacy were well received in the API community along with their new programs to help families. When Alan Shinn became Executive Director, the agency was providing services in 10 languages with a staff of 30.

Building on a Stable Foundation

The most significant characteristic of the 1990s was the agency's capacity to maintain stability in a changing environment. Agency collaborations became even more prominent during the 1990s. Even as their contracts were increasing, the financial uncertainty of the times forced agencies to do more with less. ACMHS intensified their efforts to network with mainstream organizations and partnered with the county and city to provide translation, advocacy, information and referral services. They volunteered their language services to facilitate public

meetings in API languages related to specific ethnic communities. In return, their collaborators allowed ACMHS to use their offices, auditoriums, and other resources for their advocacy work.

In the early 1990s, gang violence emerged as a prominent issue in the API community. Many youth were getting involved with drugs and gang activities. ACMHS staff went into the schools and neighborhoods to inform youth and their families them about the dangers of gang involvement and substance use. In collaboration with Latino organizations, the police department, and probation services, staff promoted prevention services in the form of after-school programs, family events, public awareness meetings, and youth programs.

One of the most successful collaborations emerged with Alameda County Mental Health Services. Since their Asian mental health service unit only offered services in a limited number of languages, ACMHS became the most comprehensive mental health service provider to the API residents of the county. When the county mental health agency reorganized and consolidated their departments, they decided to create only one mental health provider for API clients and thereby contracted all of its API services with ACMHS. This increase in funding allowed ACMHS to further expand their services.

During the 1990s, staff sought to expand their culturally sensitive modalities of therapy and medications management by developing an art program in 1997. Based on Japanese wood-block print techniques, this program helps people with multiple hospitalizations find employment by providing materials to create and sell artwork (half the proceeds to go the participant while the other half is used to pay for supplies). The program provides opportunities for clients to express themselves, socialize with others, and participate in therapeutic environments that help to build a sense of community.

ACMHS has not only advocated for their clients but also empowered clients to advocate for themselves. When their Developmental Disabilities contract with the Regional Center of the East Bay (RCEB) was threatened by a policy shift in 1998, both staff and clients were anxious about the fate of the program. Since the RCEB was a mainstream agency serving people with developmental disabilities that could not provide culturally and linguistically appropriate services to the API community, they had contracted these services out to ACMHS. As the contract was expiring, the RCEB decided to provide all the services in-house by hiring the staff at ACMHS to become staff at the RCEB.

ACMHS was put in a difficult position. If the staff members left ACMHS, they would lose their identities as part of an ethnic organization. If they did not go, they would lose their jobs since RCEB was ending the contract. ACMHS clients did not want the services to move to the RCEB and many expressed concerns about the quality of services they had received before ACMHS. Using already existing language-specific parent groups, staff mobilized clients to petition that services remain at ACMHS. Hundreds of clients, families, and community members worked on this effort and presented their case at a meeting between ACMHS and the Regional Center Board of Directors and articulated the importance of having the culturally responsive services in their community. The outpour of support from the community convinced the RCEB of the unique service delivery provided by ACMHS. The contract was extended and has since grown to be over \$1 million annually to serve many API individuals and families.

Welfare Reform

In 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act which limited the receipt of welfare to five years and imposed requirements on recipients to engage in work or work-related activities. These changes in public assistance

had a significant impact on the clients of ACMHS, which in turn affected the organization.

While ACMHS had always served low-income API individuals with mental health issues, the requirements of welfare reform challenged them to broaden their scope of services. API clients who were also welfare recipients experienced considerable anxiety about the five year time-limits, the work requirements, and the prospects of finding work. In addition, many of the clients had mental health, health care, and substance abuse problems that made it difficult for them to find a job. Furthermore, most of them had limited English speaking abilities and had little formal work experience.

Because ACMHS was equipped with bilingual and bicultural staff, they were able to identify the population and gather information about the impact of welfare reform on API groups with the use of several contracts and funding opportunities. In 1997, they received a \$20,000 contract from the County Department of Behavioral Health and the Department of Health Services to use focus groups to assess the impact of welfare reform on these groups. They found that most families were concerned about childcare, getting jobs outside of their communities, managing language and cultural barriers, and working with people from different backgrounds.

One of the funded programs that resulted from the local implementation of welfare reform was the neighborhood learning center where groups gathered together to learn job skills. These programs were self-initiated and usually self-directed by community members and ACMHS staff. For example, many groups wanted to learn how to use computers and work on their typing skills. These groups met at the ACMHS offices to practice on computers. The Mien group wanted to sew and make handicrafts to sell to community members with half of the proceeds allocated to supplies and materials and the other half to group members. They convened in another part of the community to work together on their projects. Since many of the

clients were already members of existing social groups, the agency simply expanded their activities with work and work-readiness programs. Some clients were hired by ACMHS as staff members of the Neighborhood Learning Centers in positions ranging from teacher to janitor.

Changes were also occurring among members of the ACMHS Board of Directors. Throughout the 1980s, many board members had been with the agency since its inception and saw themselves as protectors of the original mission and values. Over time, an increasing number of members stepped down and new Board members were appointed, bring with them fresh ideas and a diverse set of skills. New ideas, particularly the shift from advisory responsibilities to fundraising responsibilities, caused a division between the old Board and new Board members. The older members were not prepared for the changes and some were uncomfortable participating in fundraising activities. Board tensions required the use a consultant to help the board resolve its issues. Despite conflicts, the Board remained committed to the agency and its dedication has been one of the strengths of the agency.

By the end of the 1990s, ACMHS had become the primary mental health provider for the API community in Alameda County. When Alan Shinn left the agency in 2000, the agency's operating budget exceeded \$4 million to support an expanded array of services and increased client population. While there were serious discussions about a capital campaign to raise money for their own building at the end of the 1990s, the Board decided that it was not feasible, especially the prospect of losing its current location in Oakland's Chinatown where it had significant presence (ACMHS remains at 310 8th Street to this day).

2000 and Beyond

From its humble beginnings fighting for legitimacy and funding, ACMHS has become a sophisticated agency offering a multitude of services with a budget of \$3.5 million in 2000 that has increased to over \$7 million in 2008. The early struggles to define their mission, vision, and services led to the formation of highly developed programs and organizational structure.

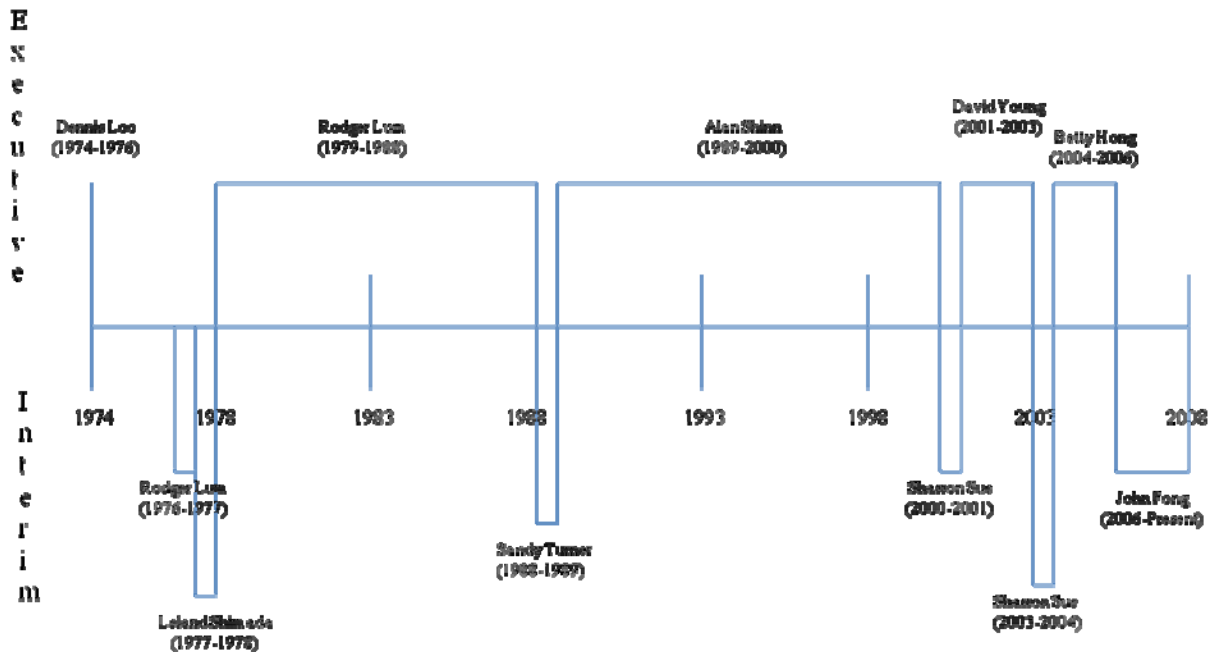
Board of Directors

The role of the Board of Directors has evolved since 1974 to reflect changing agency needs. The founding Board was comprised of representatives from different community-based organizations focused on equal access to services. In the late 1970s and early 1980s, the Board added mental health professionals as the agency prepared to launch their licensed outpatient clinic. During the mid-1980s and 1990s, the Board diversified to include community members and activists with backgrounds in different professions, especially finance. In recent years, the ACMHS Board has evolved into a fundraising board to help sustain the growth and vibrancy of the organization.

Executive Directors

The role of the executive director (ED) is to provide leadership, support staff, ensure compliance with the policies and procedures, and provide oversight for the overall management of the agency's programs and services. The ED is also responsible for building relationships in the community with key stakeholders such as government agencies, as well as partners and volunteers. ACMHS has experienced several executive director transitions. Since the beginning of the agency, there have been nine different executive directors and interim directors, some of them serving as acting and executive directors more than once (Figure 3).

Figure 3: Executive and Interim Directors at ACMHS, 1974-Present



Current Services and Programs

In 2008 ACMHS delivers services in four broad areas: 1) behavioral health care, 2) developmental disabilities case management, 3) developmental disabilities day treatment, and 4) family support services.

Behavioral Health Care Services: The County Board of Supervisors has designated ACMHS as the primary mental health outpatient resource for clients who speak an Asian language. ACMHS conducts initial intake interviews to screen, evaluate, and refer Asian and Pacific Islander residents of Alameda County through the use of the following outpatient services: 1) 24-hour crisis intervention, 2) diagnostic evaluation, 3) pharmacotherapy, 4) short-term behavioral health care, 5) group counseling, and 6) family support groups as well as alcohol

and other drug services.

Developmental Disabilities Case Management Services: ACMHS provides case management, parent training and support, and advocacy for API individuals with developmental disabilities and their families in Alameda and Contra Costa Counties. ACMHS staff connect families to community resources such as day programs, employment programs, special education services, respite services, and rehabilitation options.

Developmental Disabilities Day Treatment Services: ACMHS provides day treatment services to adult clients with developmental disabilities in order to develop independent living skills and enhance their socialization skills. Funded by RCEB, the program is located in ACMHS's satellite branch in Richmond and also provides art, exercise, and language classes.

Family Support Services: The Family Support Services program helps participants gain economic self-sufficiency and independence from the welfare system. The goal is to assist Asian CalWORKS participants overcome multiple barriers to employment. Program categories include strengthening family services, mental health services, mental health welfare-to-work services, and youth empowerment programs. In addition to the Alameda County location, ACMHS provides multiple services in its Richmond office to residents of West Contra Costa County.

Each year, the agency's staff provides personalized care for over 3,000 people through these four programs. Most of the individuals and families served by ACMHS live below the poverty line. About 80% of the clients are on public assistance and most are Medi-Cal eligible (ACMHS Profiles, 2007). Over 60% of clients are Southeast Asian refugees, have little or no education and suffer from post-traumatic stress disorder (ACMHS Profiles, 2007). While primarily serving API residents in the East Bay, ACMHS also serves a diverse population of non-Asian clients.

Staff and Volunteer Training

ACMHS continues to train future mental health providers. The agency employs a training coordinator who develops a training curriculum for staff and an internship program for students and volunteers. Staff, interns, and volunteers are trained in the legal and ethical standards related to delivering mental health services and techniques for working with mentally disabled clients within the context of culturally competent practice. Based on the diversity of ethnicities and experiences that clients bring with them, the training program is designed to help staff, interns, and volunteers understand and appreciate the issues facing the API population. The training also includes the role of advocacy in professional practice.

Leadership challenges

Leadership succession is one of the agency's most pressing challenges as ACMHS continues to search for a skilled, experienced, dedicated Asian American or Pacific Islander executive director to replace the interim executive director who has been in the position since April of 2006. The API executive director needs to be able to represent the agency in the community as part of a culturally competent mental health staff. While the current annual budget is over \$7 million, the funding is too narrowly focused to meet the changing needs of clients and insufficient for offering competitive salaries, especially for the executive director position. Financial uncertainty increases the stress on management and staff and, periods of financial uncertainty can lead to staff resentment.

Overcoming cultural, language and institutional barriers continues to be a challenge for the agency. While there has been progress in the education of the API community about mental illness, there are still many families and individuals who are concerned about the stigma of receiving services. This unwillingness to seek help contributes to the worsening of their

conditions, making it even more difficult for staff to serve them effectively. In addition, language and institutional barriers continue to be a significant factor for many API families who have recently immigrated to the Bay Area. Even though ACMHS provides services and information in 13 different languages, this capacity does not cover all the API languages spoken in the community. Recent immigrants have an even harder time understanding the social service structure in this county, complicating the lives of agency staff who seek to improve their outreach and education throughout the entire API community.

Despite their challenges, ACMHS has made a significant contribution to the community. Through programs such as the Behavioral Health Care Services and the Independent Living Skills program, ACMHS has improved client quality of life while saving money for taxpayers. By providing quality outpatient care, ACMHS clients are hospitalized less frequently than the county average, thus saving money in the healthcare system. ACMHS services have been well-received by clients. According to the 2006 Alameda County Client Satisfaction Surveys, over 90% of the respondents were highly satisfied with array of services provided by ACMHS.

Conclusion

In 1974, Asian Community Mental Health Services began as the dream of a small group of activists and social workers committed to the idea of a community-based, non-profit Asian mental health services, the first of their kind in Alameda County. They began with a small, dedicated staff serving the Chinese, Japanese, Pilipino and Korean communities in space donated by community groups in Oakland and Berkeley. Today, they have their own space at 310 8th Street in Oakland's Chinatown neighborhood, the same community where they started 35 years ago. ACMHS has the capacity to provide services in 13 different languages: Cambodian,

Cantonese, Korean, Mien, Chowchounese, Japanese, Lao/Khmu, Malay, Mandarin, Tagalog, Shanghainese & Vietnamese.

The Board of Directors has played an important role for ACMHS. Although many of the original Board members have retired, several have stayed on the Board and have contributed significantly to the sustainability of ACMHS. New and old Board members have kept the original values, passion, and commitment to providing high quality mental health services to the Asian community. Some of the many dedicated staff have been with the agency since its inception, providing continuity and the capacity to pass on their tacit knowledge, traditions, and values to newer staff members.

While the agency has been through many ups and downs, the staff and Board members have learned from their experiences as the agency grew. Board members and staff take great pride in providing quality services to the API community as part of a well-respected agency. The sources of inspiration and motivation that keeps their passion alive are the changing needs of the API community. While the search for leadership continues, the ACMHS staff maintains their commitment to address individuals suffering from mental disabilities and provide services to their families by to help alleviate their burdens and advocate for their rights.

Appendix A: Sources of Information

Interviews

Reiko True – Original Board Member

Loretta Huahn – Original Board Member

Cora Tellez – Original Board Member

Eugene Tomine – Original Board Member

Rodger Lum – Former Executive Director

Jean Whitenack – Original Staff Member

Art Hom – Board Chari 1982-1985

Diana Li-Repac – Clinical Director 1984-1989

Alan Shinn – Former Executive Director

Serena Chen – Staff

Esther Wong – Staff

Frank Chong – Staff

Sharron Sue – Original Staff Member

Documents

ACMHS Annual Reports 1974-2007

ACMHS Behavioral Health Care Unit (2006)

ACMHS Board of Director Meeting Minutes

ACMHS Financial Statements

ACMHS Mission Statement (2000)

ACMHS Policy and Procedure Manual

ACMHS Profiles (2007)

ACMHS Training Manual (2007)

ACMHS website (www.acmhs.org)

ACMHS 2006-2007 Audited Financial Statement

Alameda County Client Satisfaction Survey (2006)

Oakland Tribute, p. LOCAL-2, November 4, 2000

Philosophy of ACMHS, 1978-1979