MACK CENTER ON NONPROFIT MANAGEMENT IN THE HUMAN SERVICES

Organizational History Number 5 · July 2008

Asian Community Mental Health Services:

The First 35 Years

1974-2009

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This publication is part of the Mack Center series on organizational histories of pioneering human service organizations

I would like to thank Professor Mike Austin and the Mack Center for Nonprofit Management in the Human Services for this opportunity to study and immerse myself in a truly unique grassroots organization. I would also like to thank Serena Chen, Frank Chong, Dianne Fukami, Art Hom, Diana Li-Repac, Loretta Huahn, Cora Tellez, Eugene Tomine, Reiko True, and Esther Wong for taking time out of their busy schedules to talk with me about their memories and experiences at ACMHS. Thank you to Joanie Neveu for her assistance with clarifying the many details involved in this process. Finally, I am especially grateful to Sharron Sue, Rodger Lum, and Alan Shinn for not only sharing their experiences with me, but also giving me thoughtful feedback on the drafts of this paper.

Mental disorders and mental illness have long been important issues in the U.S. Although mental illness has been recognized through history, people with mental disorders have always been stigmatized. Mental illness has been associated with witch craft, "bad blood," demons and evil spirits, and other myths that have led to the horrific types of treatments to which the mentally ill were often subjected. In modern times, stigmatization against people with mental illness has been manifested in a variety of different ways such as stereotyping, discrimination, fear, embarrassment, avoidance, and possibly abuse. This, in turn, causes people with mental illness to feel bad about themselves, isolated and lonely, and hopeless.

In the Asian and Pacific Islander (API) communities, stigmatization of the mentally ill has been particularly persistent and harsh. Not only is having a mental disorder shameful for the individual and the individual's family, it is often not recognized and discussed among family members, much less diagnosed and treated. Thus, it is often times difficult for API individuals and families to be motivated to seek, then find, and finally treat mental illness in the community. Providing mental health services to the API population which generally does not discuss mental illness, much less accept treatment for it, is especially difficult. Organizations that have attempted to do so risked rejection from the very community it hoped to serve. However, one Bay Area organization has managed to not only overcome the cultural barriers and stigma associated with mental health, but also to establish a successful agency that is still operational and vibrant today.

This is the story of Asian Community Mental Health Services (ACMHS), a small non-profit organization in Alameda County that has provided mental health services to primarily Asian and Pacific Islander populations for almost 35 years. What makes this story 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 stigma about mental illness among the API community.

The story begins in the 1960s with the civil rights era in which the struggle for equality and social justice by the African-American community contributed to the awareness of rights for Asians and Pacific Islanders and other ethnic minority groups. The story unfolds in the 1970s with the formation of ACMHS by a small group of people and the obstacles they faced to establish the community-based agency. The agency expanded in the 1980s along with the first funding for mental health research in the API community. The expansion continued into the 1990s through collaboration and outreach with other community organizations, especially with policy changes related to health, mental health, and welfare reform. The story concludes in present times with a description of current services, programs, and pressing issues, that will no doubt provide Asian Community Mental Health Services with challenges as the agency provides mental health services to future generations in the Asian and Pacific Islander community.

Historical Impacts on the Agency

The history of ACMHS has largely been shaped by three particular events: the passage of a watershed piece of state mental health legislation during the late 1950s, the civil rights era during the 1960s, and the systematic closure of mental hospitals in California. These historical events facilitated the formation of the agency and continue to impact its operations to this day.

In 1957, the Short-Doyle Act was passed in California to create community mental health services programs and provide an incentive for counties to offer treatment and care for the mentally ill. This expansion of community mental health services was accomplished through a

partnership of county and community-based organizations funded by a 50% State match for every local dollar spent on eligible services. Through a state and county partnership on Short-Doyle implementation, counties contracted with community-based organizations to provide mental health services so that clients could seek treatment within their own communities. During the first 13 months of the Short-Doyle Program, eight of the eleven counties to opt in were from the greater San Francisco Bay Area (Alameda, Contra Costa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Monterey, and Sonoma). Although it was not mandatory for all counties to participate in 1957, it became compulsory for counties to have mental health programs by 1974. In 1974, Asian Community Mental Health Services was formally established with the help of Short-Doyle funding that continues to the present to provide the agency with a large proportion of its funding.

While the Short-Doyle Act had a significant impact on the development of ACMHS, the civil rights movement also had an important impact. The 1960s was a tumultuous time period for ethnic minority groups who were fighting for equal rights and recognition, especially with social justice and inequality at the forefront of political debates, related to equal voting, education, and economic opportunities for all people. 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 and unite against racial and economic discrimination against 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 combination of the civil rights movement, the intensification of feminism, the anti-Vietnam war movement, and the pervasive counter-culture of drugs and free love created considerable social upheaval in the 1960s. At the core of the upheaval was the questioning of social justice and the hypocrisy of equal opportunity that had been ignored. Demands were made on American institutions to transform the rhetoric of social equality into opportunities for self-determination for all races and ethnicities. The values of self-determination, equal treatment, and equality for all races strongly influenced the Third World Strikes in 1968.

The Third World Strikes began as a student movement to combat institutional discrimination and racism in higher education. Because most courses at universities were taught from an Anglo-European perspective, recognition and awareness of API groups were often overlooked. As a result, students and activists collectively joined together from different pan-Asian and ethnic minority groups to form the Third World Liberation Front (TWLF) to advocate for universities to create ethnic studies programs to teach history and culture from various ethnic minority perspectives, including those of APIs. The movement was based on the premise that APIs should be able to learn about their own histories and cultures from their own lenses instead of learning from an Anglo-American perspective. Prior to the Third World Strikes, APIs were collectively referred to as "orientals," a term that does not acknowledge the vast diversity among the many Asian cultures and populations. They were often stereotyped as the "model minority" which included the assumption that APIs did not have problems, did not need services, and therefore could be ignored. Many APIs were enraged by these prejudices and fought to overcome the stereotypes. Through boycotting classes and strikes that led to university shut-downs, students and activists were able to bring the issue to the nation's attention, eventually forcing many universities to incorporate ethnic studies programs into their course offerings.

The Third World Strikes highlighted the struggles that students and activists were experiencing in helping university administrators understand that APIs have a history that was not being taught in higher education. It raised awareness about API history, culture, and experiences not only for the pan-Asian groups, but also for non-APIs. Students began learning about API cultural groups through Asian studies courses on university campuses. The concepts of self-determination, empowerment, and the desire to define their own identity were mixed with the passion and idealism that were prevalent during the time. Influenced by the social turmoil and civil unrest of the time, APIs began to further question the lack of recognition and awareness for their cultural group as they struggled to break out of their model minority stereotype. APIs "tend to be passive about their needs, expecting the power to recognize the needs of the people. But we learned through the example of other minority groups that we need to fight for equal rights by expressing our needs. We need to look out for our own community's needs and advocate for them" (Personal Interview, 2007). Inspired by the spirit of the civil rights movement and using the African American and Latino fight for social justice as a model for organizing, API groups began to demand equal rights and treatment under the law.

The third event that had a significant impact on ACMHS was the closure of mental hospitals in California. In an effort to reform the mental health care system and to shift responsibility from state government to local jurisdictions, Governor Reagan in the 1960s shut down mental hospitals throughout California and sought to integrate the mentally ill into local communities. However, adequate funding was not provided to support the increased county responsibility, and the result was the influx of the mentally ill into communities that were unprepared to treat them. As patients poured into the community, counties scrambled to develop programs using Short-Doyle funding. However, these programs did not take into consideration

different cultural components and perceptions of mental illness. In addition, mental health programs assumed that patients were motivated or inclined to seek services, not realizing that this was not true for all patients. It was this gap in service provision that brought together young Asian American activists, advocates, church and community leaders, and social workers in the field of mental health.

The 1970s: The Beginning of an Agency

The social ferment of the 1960s resulted in significant social and political advances for APIs. A cadre of like-minded political activists, community organizers, and student groups joined together to fight for social justice for API groups and equal access to social services. Inspired by the ideals of the civil rights movement, a number of organizations were formed by these individuals around this time period to provide relevant culturally and linguistically appropriate services to meet the needs of the growing API population in Oakland's Chinatown, including Asian Community Mental Health Services.

ACMHS began on the cusp of the civil rights movement and was born out of the broader Asian and Third World movement. It was founded during a time when many API organizations were springing up around the Bay Area. With the recognition of the significant mental health needs in the Asian community and a goal to fill that need, a number of young, educated people were inspired to make a difference. 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 where she made several significant observations. First, she noticed that there were few API clients who came to the county for mental health services. The few who did seek treatment were those whose illness had gotten so severe that they needed to be referred

elsewhere for inpatient care. This was attributed to the fact that there is a large stigma associated with mental illness in the API community that prevented the mentally ill and their families from seeking treatment to reduce the severity of their illness.

Second, the county did not have culturally competent staff or services that could have helped to overcome the stigma in the API community. Other than herself, there were very few API mental health professionals on the county payroll, let alone API staff who spoke the languages of the clients. Third, through her interactions with different community agencies, she found that mental health services provided by a culturally and linguistically specific community for their own community members appeared to elicit more positive responses from clients and their families. This observation was based on the success of the International Institute of the East Bay, a community-based organization that, among other services, employed Chinese and Japanese social workers to provide mental health services. These three observations, set in the context of the civil rights movement, convinced Reiko True that not only did the API community *need* mental health services for their own people, but that they *deserved* to receive these services from the government. She eventually left Alameda County Mental Health Services to work at the International Institute of the East Bay, a private nonprofit agency that assisted immigrants and refugees in making 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. Having just graduated from USC and moved to the Bay Area, she was given the staff assignment to work with the Asian community in Oakland, specifically the Chinese community. Like Reiko True, her work with the Chinese community provided her with several valuable insights. Ms. Huahn found that Chinese immigrants had psychological problems that related to their long

separation from family members and the extended socio-cultural adjustment periods in their new country. Although it was obvious to her that there was a strong need for mental health services, few others noticed. Thus, the resources available to this population were almost non-existent.

In 1972, as a staff member of the International Institute, Loretta Huahn wrote a grant proposal to the Department of Mental Hygiene to fund a pilot study to assess the need for mental health services in the Chinese community, and ultimately to develop programs specific to the needs of Chinese Americans. The Chinatown Family Outreach Center, which received funding in the amount of $30,000 for two years, was the first mental health program established in the Asian Community. This project collected crucial data provided the foundation for future funding of ACMHS in Alameda County.

While working at the International Institute, both Reiko True and Loretta Huahn advocated for mental health services for the general population, but recognized the need for a mental health program for Asian American clients in particular. After attending a workshop on grant writing, they both discussed the possibility of an Asian mental health program that specifically served Asian American clients. This experience led to more serious discussions of the potential impact of such an agency, which then culminated in organizing efforts to translate their vision into reality.

In the fall of 1972, a group of Asian activists including Reiko True and Loretta Huahn met at a conference at Laney College in Oakland. These young Asian activists were from other Bay Area agencies such as the East Bay Asian Local Development Corporation, the Asian Law Caucus, and the International Institute of the East Bay. They engaged in further discussions about the need for an Asian mental health program to provide treatment for the mentally ill Asians in the community. They all felt that county services, although helpful, did not address the

socio-cultural and language issues that were specific to API mental health service consumers. The conference ended with a plan to organize other members of the community, talk to their representatives on the Board of Supervisors and some local political groups, and gather resources to form an agency that provided community mental health services for API residents.

A Grassroots Organization

In1973, Reiko True, Loretta Huahn, and Cora Tellez, a Filipino mental health advocate, began working together to recruit other like-minded social workers and community members to form an agency. Because of their connections and relationships with other organizatoins, they were able to recruit Matthew Fong, the executive director of the Oakland Chinese Community Council (OCCC) to join them in spearheading this effort. They expanded the group to create the Board of Directors composed of representatives from fourteen different API organizations. Together, the four members came up with a three-prong strategy to create the agency.

First, they decided to lobby Alameda County Mental Health Services for funding and find other sources of money to help with their start up costs. The county required them to provide more data that demonstrated a need for mental health services in the Asian community in addition to their observations based on their work in the community. By building coalitions and forming alliances with other Asian organizations, ACMHS was able to increase awareness in the community about mental health concerns. Tom Bates was an important ally on the Alameda County Board of Supervisors who provided insight and guidance as these coalitions and alliances politicized the issue and lobbied Alameda County Health Care Services Agency for Asian specific services, resulting in seed money from the county for start-up costs.

On a parallel track with advocacy and politicizing the need for API specific mental health services, Board Director Eugene Tomine, representing the Asian Law Caucus, assisted them in

developing the ACMHS bylaws in order to attain 501(c)(3) incorporation as a non-profit. On May 1, 1974, ACMHS officially became incorporated as a California a non-profit public benefits corporation providing mental health services. This allowed them to apply for Short-Doyle funding, which they received in the amount of $35,000 to use under specified guidelines. The group received Consultation, Education, and Information (CE&I) funding to provide indirect services such as education, information, and referrals for mental health services. Since there was no money to provide direct services, such as therapy and case management, the fledgling agency was only able to provide indirect services to the Asian community in Oakland. Combined with start-up funds from the Zellerbach Family Foundation, these initial funding streams allowed the group to set up an office and find Asian clients with mental health needs. Initial services were launched with the OCCC as the fiscal agent and they continued to provide bookkeeping support until ACMHS was able to hire their own accountant.

During the same time, there was growing consensus that there should be a pan-Asian organization that served an array of Asian groups. Board members were struggling with the idea of being grouped together under one broad category of "Asian" or "Asian Community." While the original founders and Board members held values of a pan-Asian agency, other members were concerned about losing their own ethnic identity by being lumped together into one pan-Asian organization. Some questioned the reasoning behind the intentions. Eventually, for their own survival, the various ethnic groups realized that they needed to coalesce whether they liked it or not. Despite the fact that there were inter-group struggles for funding and differences in opinions, the Board accepted their identity as a pan-Asian organization and came together as one united front to demonstrate to its community and to the county that it was willing to overcome their differences and challenges in order to promote their common goals.

Thus, while there were advantages and disadvantages to having a pan-Asian agency, the decision to include all Asians in the service population came down to 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, the founding members felt that due to the politically expedient reality combined with respect for the rich diversity of API languages, dialects, cultures, social histories and needs, as well as efforts to avoid the stereotypical practice of viewing the Asian community as a monolith, the official name of the agency should be Asian Communities Mental Health Board, Inc. While this was the official name, the agency conducted business as Asian Community Mental Health Services.

It was important to the founding members of ACMHS that the Board of Directors reflected its commitment to a pan-Asian agency. The original Board members were representatives from different community organizations serving API groups. These Board members reflected the major ethnic groups, which included the following members in 1974: Erlinda Balanza (Filipinos for Affirmative Action), Matthew Fong (Oakland Chinese Community Council), Reiko Homma-True (Japanese American Citizens' League, Bay Area Chapter), Loretta Huahn (Chinatown Family Outreach Center), Victor Hsi (Asian-American Community Alliance), Robert Pon (Asian Health Services), Mitzi Sano (Japanese American Citizens' League, Oakland Chapter), Cora Tellez (Asian Coalition for Action), Lakman Tom (East Bay Chinese Youth Council), Eugene Tomine (Asian Law Caucus), Victor Wei, (Episcopal Church of Our Savior), Nancy Wong, (Loong Kong Tien Benevolent Association), Frank Yoon (Bay Area Coalition of Koreans), and Grace Yotsuya (East Bay Japanese for Action).

In addition to a name that made a strong pan-Asian statement that emphasized inclusion of all Asian groups, the founders wanted a name that would indicate mental health services for

the Asian community. However, they had difficulty deciding whether to include "mental health" in the name because they did not want to alienate clients or make them feel stigmatized for receiving services. On the other hand, they felt a responsibility to reduce stigma and educate community understanding of mental illness, supports, options, and hope for recovery. As they would later find out, community members continued to seek services despite "mental health" being included in the agency name.

The next step was to come up with a mission statement and goals for the new agency. After much discussion, they defined mental health as:

-being able to handle day-to-day problems
-having self-respect and self-confidence
-being able to support ourselves and our families
-the chance for our children to reach their full potential
-being able to challenge things that are wrong
-making a better community
-living in a society which accepts racial and cultural differences

Using these specifications of mental health, the members concluded that their mission would be to "provide and advocate for multicultural, multilingual services that empower the most vulnerable members of our community to lead healthy, contributing and self-sufficient lives" (ACMHS Mission Statement, 2000).

In addition to securing funding and defining agency goals, the third part of their strategy was to recruit members of the community and other advocates for Asian-American mental health services. The founders were able to hire staff who embraced ACMHS' mission and values and who were already part of the four major Asian ethnic communities in Oakland at the time: Chinese, Korean, Japanese, and Filipino. Staff attended community meetings with the different

Asian groups to reach potential clients wherever the community already naturally gathered. For example, Chinese members would make announcements about available Asian mental health services in Chinese service organizations and church congregations. Members of other ethnic groups would advertise in their schools, social gatherings, and ethnic association meetings. Staff who were hired were already embedded in the social networks within their respective communities to help break down myths and barriers about mental health as well as to encourage community members to think about mental health in different ways. The distinct value of hiring within the community enabled ACMHS to reach out to clients who otherwise would not have sought services.

Both Board members and staff spread the word about the agency's services. They spent time in existing organizations informing the community about mental health, its impact on families, and how to overcome barriers. The agency provided a connection between the API community and social services by establishing rapport with community members and slowly reaching out to families and individuals who dealt with mental health issues. Once ACMHS was able to create relationships with the API communities, they became more trusted and welcomed. Members of the community began to feel more comfortable discussing intimate issues such as mental health, which facilitated the acceptance of counseling. As the staff had suspected, many families and individuals came from all over the East Bay to Oakland to seek mental health assistance. The large number of API clients who sought mental health services confirmed that there was a great need in the community for an agency like ACMHS.

While the foundation work was being laid to launch ACMHS, Chinatown Family Outreach Center (CFOC) had received a third year of funding to address the mental health needs in the community. By its third year, the CFOC had been successful in engaging Chinese clients

to use its mental health services. However, 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 (Personal Interview, 2007). Initially, ACMHS did not have the organizational infrastructure that more established agencies took for granted. The founding Board members stayed in their respective jobs while working on ACMHS issues after working hours or on weekends. Although most of the founders were working in county or community-based organizations, only some had experience with starting an agency "from scratch." ACMHS, like other fledgling community-based organizations (CBOs) had blossomed through the struggle to create resources and form agencies to provide services for and by the community. Throughout the fight for government funding there developed widespread camaraderie and sharing of strategies with allies beyond advocacy, grassroots organizing and politicizing issues. Similarly, CBOs freely shared experiences and lessons learned about infrastructure and 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. CBOs in different fields of service (such as health, social services, and employment, as well as Latino groups) helped ACMHS to gain valuable insights about agency development.

Having received initial funding of $35,000 from Alameda County and a small start-up grant from the Zellerbach Family Fund, ACMHS found a physical place to house their organization. They chose to establish themselves in Oakland's Chinatown district using the reasoning that the location was not only the home of a large API community and thereby psychologically accessible but also easily accessible by public transportation. Since there were scarce resources, they rented a room in the same building as Asian Health Services as the base of their operations while staff were out-stationed in the community at places where community members already gathered such as service sites, churches, social settings, senior centers. Eventually they were able to find and afford a space on 17th Street in Oakland.

As with most beginnings, the establishment of ACMHS was a tumultuous time for the agency. One founder recalled feeling overwhelmed with the many aspects and issues that needed to be considered when starting an agency (Personal Interview, 2008). Another founder emphasized the stress that was caused from not having money for even the most basic needs such as desks, telephones, and office supplies (Personal Interview, 2007). Office furniture was secured through requests for donations to large corporations and used office equipment businesses.

One of the most difficult challenges the young agency encountered was hiring an executive director. There were a variety of different reasons why this was the case. First, the agency had very little money to provide a competitive salary for an executive director. The members of the Board could not commit to being the executive director because the work they did at ACMHS was in addition to their primary jobs. Second, there were few qualified API mental health workers with management experience from which to choose. Since the agency's values were to provide "accessible multi-lingual and multi-cultural mental health services to

Asians," they wanted the Executive Director to be Asian with work experience in the field of mental health. In addition, the responsibility of being the first executive director of a tenuous agency, the first of its kind in the area (and the United States), was intimidating and risky and therefore discouraged many candidates. Because there were such difficulties finding an executive director, Reiko True, a founding member of the agency, agreed to be the interim director until the agency could find its first permanent executive director. After an extended search, Dennis Loo, a minister from a Chinese church in San Francisco agreed to become the executive director of ACMHS. As expected, he faced a number of challenges as the first director.

The political context into which ACMHS was born was highly contentious in which civil unrest pitted citizens against the government. The civil rights movement had inspired ethnic minorities to demand equal rights and services. The lasting effects of the civil rights movement had an impact on the relationship between community organizations such as ACMHS and local governments. As described earlier, there was county resistance to funding an Asian specific organization. After meeting the requirements set by the county and persisting with their organizing and lobbying efforts, ACMHS was finally able to obtain initial funding for their programs. In the late 1970s, when the agency had begun to engage and serve a number of API clients, Alameda County Mental Health Services began to compete with the agency for Asian clients by hiring API staff and creating an Asian Unit in order to serve API clients. This created a somewhat hostile situation between the two agencies, especially as several staff members left ACMHS for the more highly compensated county positions. While the ACMHS needed to demonstrate the need for its services in earlier years, their competition with the county for clients proved that there was indeed a need for mental health services among the API community and

that they were providing competitive services. Eventually, Alameda County recognized that the diversity of Asian languages and the cultural needs of the Asian community were best served by ACMHS as the API specialty provider within the county-wide system of care.

When ACMHS went to the county in the late 1970s to request funding for a drop-in clinic, they were initially denied. Once again, ACMHS advocated and politicized the need before the County granted money for the ACMHS licensed Outpatient Clinic. While ACMHS employed licensed social workers and psychologists of Chinese, Filipino, and Japanese decent, emerging communities had few, if any workers with degrees. Because there were very few well-trained API mental health professionals to provide direct services such as therapy and case management, ACHMS relied on non-licensed paraprofessional staff members who were able to connect with their clients and provide culturally competent services despite their lack of advanced or specialized degrees. However, the state and county did not recognize the importance of their work and demanded that the agency meet licensing requirements to be reimbursed for services. ACMHS once again turned to its grassroots organizing and advocacy background to build coalitions with API and other language minority providers throughout the State of California. After several years of struggles, legislation was passed that would remove this barrier to access and reimburse paraprofessional services.

The agency also struggled to overcome the stigma associated with mental illness within the community. While there were many API clients who sought services, there were also individuals who had severe mental illness and their families did not access ACMHS due to the fear of stigmatization. There were also individuals and families who were not educated about mental illness and therefore did not know about the resources that would help alleviate the pressures that come along with having a mental disorder. The agency had to work hard to

overcome these challenges by providing extensive outreach and education efforts to inform the community about mental illness and educate them about the resources available. While the agency was generally successful, there still were people in the API community who denied the existence of mental illness and thereby perpetuated the negative stereotypes and assumptions associated with the mentally ill.

In addition to the external struggles facing the agency, there were internal struggles as well. When the agency was first created, the founding members decided for purposes of equity and fairness to hire the same amount of staff for each of the four major Asian ethnic groups. There were two bilingual staff members to work with each of the major groups in the community. As the agency outreach grew, so did the number of Asian clients across the four groups, especially the Chinese clients. The value of equity among staff was challenged when the third year of CFOC funding received by ACMHS was restricted to serve Chinese clientele and increase the number of Chinese staff. This brought up a prominent issue that continues through the history of ACMHS revolving around restrictions from funding sources during tight budget situations. Would additional resources for one community create tension between other ethnic groups? In an environment where resources are already scarce, the agency and its Board had to grapple with how best to fund staff positions with competing and equally compelling needs.

Further, could staff from cultures with long histories of war and conquest create new paradigms for relationships based on the common goal of building healthier communities? The small staff was committed to the mission and structured the work to make space for ethnic differences and broad "Asian" themes. While each ethnic group developed services and educated their communities with cultural sensitivity, common issues were addressed in staff meetings and committee work. For example, "Your Child's Mental Health" was developed

through collaboration by staff from all ethnic groups based on common parenting issues. This educational tool was then translated into each ethnic language for use in the different API communities. There was healthy respect for ethnic specific differences and approaches; yet, common issues and goals were managed collaboratively. The small size of the staff contributed to this family atmosphere, an element of ACMHS' organizational culture that continues to the present time.

Despite all the early challenges, ACMHS was able to establish its legitimacy in the community. The early founders, Board members, and staff were able to overcome several obstacles to start the agency. First, early founders faced skepticism from local governments about the bona fide need for mental health services in the API community. Most local officials, operating under the stereotype that APIs were the model minority, did not believe they had mental health needs. For example, Alameda County had only served eleven Asians in their mental health facilities in the year prior to funding ACMHS (Personal Correspondence, 2008). This assumption was perpetuated by the fact that there was little data and research on API mental health. Related to this was the second obstacle the early pioneers faced: institutional racism. Because of the assumption that they did not need mental health services, their right to equal access to services was overlooked and ignored. The founding group had to lobby the county government and demonstrate that APIs had significant needs for mental health services. They demanded, and eventually received, funding to provide their community with culturally competent services. In conjunction with this effort, they needed to educate and inform their own API community to overcome the stigma that was associated with mental illness. Through extensive outreach in churches, schools, and ethnic and social associations, the founding members of ACMHS were able to embed themselves in the pan-Asian communities as a

culturally responsive and effective mental health services provider to alleviate the shameful perception of mental health.

Thus, the early pioneers had to convince the community that 1) APIs, too, suffered from mental illness and needed mental health services, 2) APIs *deserved* access to culturally and linguistically appropriate to their needs, and 3) Seeking and receiving mental health treatment was not shameful. By the end of the 1970s, the Board and staff succeeded in getting their message across as ACMHS continued to grow. The growth was fostered and nurtured by the Board and staff's passion and commitment to social justice and vision of equal access to mental health services for APIs. In addition, they were bonded by a sense of family and community. Even though there were conflicts and hardships, the staff worked through their problems felt close to one another as they worked together towards a common goal that was larger than any obstacle they faced. With this attitude, the agency was able to overcome the early growing pains of the 1970s and move on to the next decade of expansion.

The 1980s: An Era of Expansion

During the 1980s, the agency's annual operating budget increased from about $200,000 to over $1 million. Having expanded to larger offices on Webster Street in Oakland and established their legitimacy and reputation in the community, the young agency began focusing on their clinical caseloads. Under the leadership of its second executive director, Rodger Lum, the agency was able to expand its funding to respond to the changing needs of the Asian community.

Rodger Lum began working at the agency in 1976, as a part-time clinical supervisor while he was a graduate student in clinical psychology at the University of California, Berkeley.

As the clinical supervisor, he was actively involved in the agency and the community. After a brief stint as interim director while they searched for an Executive Director, the Board of Directors asked Rodger Lum in 1979 to take on the position permanently, a challenge which he held for the next 9 1/2 years.

From the beginning of his tenure, he felt it was imperative that the agency be more politically active at the state and national levels as a voice for mental health needs for Asian Americans (Personal Interview, 2007). His goals for the agency included:

> -increased involvement with public policy formation to ensure that there was more adequate support for API mental health services and funding for mental health projects
>
> -expansion of the number of services that the agency could provide
>
> -engage in research, assessment, evaluation and training activities to assess the needs and the impact of API mental health services

Policy Involvement

ACMHS emerged as an organization in the politically charged climate surrounding mental health services. A number of Asian American mental health workers felt that there was a lack of appropriate mental health services for the API community. However, most government agencies and funders resisted service expansion for specialized populations like API clients whom they thought would benefit from the same mainstream services that were offered to the general population of mentally ill clients.

In 1976, key leaders from all over the country, including Rodger Lum, met at a national conference to discuss the need for API specific mental health organizations. The director of the NIMH (National Institute of Mental Health) Bertram Brown was invited to come and listen to the arguments for API services. During the meeting, mental health advocates made impassioned

and cogent arguments for API mental health services while members of the API community protested outside the conference area. The demonstration was so riotous that Brown had to escape the boisterous crowd in the trunk of car (Personal Interview, 2008). The result of the meeting and demonstration was that the advocates for API mental health services were successful in convincing the NIMH director that such need existed.

In addition to lobbying government officials, API psychologists created the Asian American Psychological Association in 1972. Founded in the San Francisco Bay Area with a group of educators, social workers, master's level psychologists and other mental health professionals, this association served as a means for Asian psychologists to publish articles, promote training, education, and advocacy of API mental health issues to the general population, and work in collaboration with other API groups around advocacy and research that could inform practice and public policy. The AAPA developed a set of principles that guided practice and informed the practices of the older, more institutional American Psychological Association (APA) when working with API clients. API mental health agencies including ACMHS used this association as a forum for voicing their general concerns about the mental health of API clients. The AAPA eventually became an official division of the APA.

Advocacy was also done at the local level. ACMHS argued that non-Asian mental health workers needed to be more sensitive towards the needs of API clients by taking into consideration their language and cultural barriers, as well as immigrant and refugee needs. ACMHS built a coalition of local organizations to advocate for the specialized mental health and health needs by encouraging other ethnic minority agencies to join the local Mental Health Contractor's Association so that, together, they could advocate for change within the mental health system. The association took an aggressive approach to reach out to other minority

organizations that were central providers in Alameda County so that they could have a strong unified voice and a united front when dealing with the county. Alameda County Supervisor John George was very sympathetic to the needs of minorities. Others were not as receptive. However, through persistent lobbying and aggressive organizing, ACMHS and their allied community groups advocated and succeeded in getting the county to formally acknowledge the importance of mental health service providers and specialty providers with bilingual and bicultural competencies as crucial to Alameda County's system of care. By diversifying their allies to include the mental health contractors, ACMHS has been able to remain viable in the API community as well as in the broader mental health arena.

One of the most significant policy issues that ACMHS advocated for was the reimbursement for services provided by paraprofessionals. In the early 1980s, right after ACMHS became licensed as an out-patient clinic, the State of California performed its annual audit as specified under the Short-Doyle Act. The State found that the paraprofessional service providers at the agency were not licensed. They disallowed all the units billed by the agency that were not generated by licensed clinicians. This decision significantly impacted the Southeast Asian staff who had not matriculated through the education system in the U.S and hence did not have state licenses to practice. However, the agency and the community saw the Southeast Asian staff and their services as extremely valuable, especially since there was a large influx in Southeast Asian refugees who had escaped from their war-torn countries during that time. Many of the refugees came to the U.S with little material possessions and serious mental health issues as they dealt with war, the loss of loved ones, and the difficulties transitioning to their new country. Those who were able to help their ethnic groups were seen as indispensable due to their shared experiences and ability to connect and speak the language of their clients.

When the State disallowed services provided by the Southeast Asian paraprofessionals, ACMHS mobilized their alliances, networks, and community members to lobby the politicians at the state and county levels. Instead of fighting on their own, ACMHS built coalitions with other mental health organizations to push for policies that would allow paraprofessionals to practice. They used their networks and connections in government positions to politicize the issue by framing it as a social justice issue. After years of advocacy, ACMHS was able to lobby the state government to pass legislation that reimbursed agencies for paraprofessional services. Through grassroots organizing throughout the state with all stakeholders involved, ACMHS was able to establish a significant advancement in mental health policy that would have lasting impacts on service delivery in mental health, particularly for immigrant communities and others who have not traditionally had access to care. Today, paraprofessionals are able to provide services that can be reimbursed if a licensed practitioner signs off on their work. Paraprofessionals have greatly contributed to ACMHS not only by providing mental health services but also social support to their communities. The paraprofessionals at ACMHS help the agency provide linguistically and culturally appropriate services, thus allowing them to further expand their programs.

Expansion

The period of expansion for ACMHS was marked by the first major wave of immigration from Southeast Asia. In 1981, ACMHS became a Licensed Outpatient Psychiatric Clinic. In addition to the existing Korean, Chinese, Japanese, and Filipino staff, the agency hired one Vietnamese, one Cambodian, and one Laotian mental health worker to provide counseling, psychotropic medications, crisis intervention, case management, cultural brokerage services, and mental health services to these residents. During this time, the agency assisted an increasing

number of Southeast Asian clients who were refugees from the war-torn areas of Vietnam, Cambodia, and Laos. These clients were different from those who were regularly seen by ACMHS clinicians. Refugees who came to the agency were suffering from post-traumatic stress disorder (PTSD) and depression due to a multitude of stressors including their flight from war torn countries, the years in resettlement camps, the separation and loss of family members, and the eventual acculturation into a not-so-friendly American society. This population had significant needs due to the trauma they experienced. In addition to mental health services, they needed assistance in adjusting and acculturating into a new culture. These types of services required additional funding for programs to assist them with their mental health needs.

State and federal money became available to assist these populations with their needs, and ACMHS aggressively went after the funding. Under Rodger Lum's direction, the agency wrote a number of successful grants that enabled them to hire Southeast Asian staff and recruit leaders from the community to engage clients in using their services. Programs focused not only on mental health, but also on more holistic approaches. Services for refugees included business development programs and housing assistance in addition to all the existing programs of the agency. The agency also obtained funding to serve refugees from South Asian countries such as Afghanistan as well.

In addition, the agency expanded their services in other family programs for the API community such as prevention services that focused on at-risk youth and their families. ACMHS began to work closely with schools, the police department, probation services and other community based organizations in counseling troubled youth and providing alternatives to gang and drug related activities. In 1982, ACMHS became the first Asian delegate agency providing Case Management services for the developmentally disabled in Alameda and Contra Costa

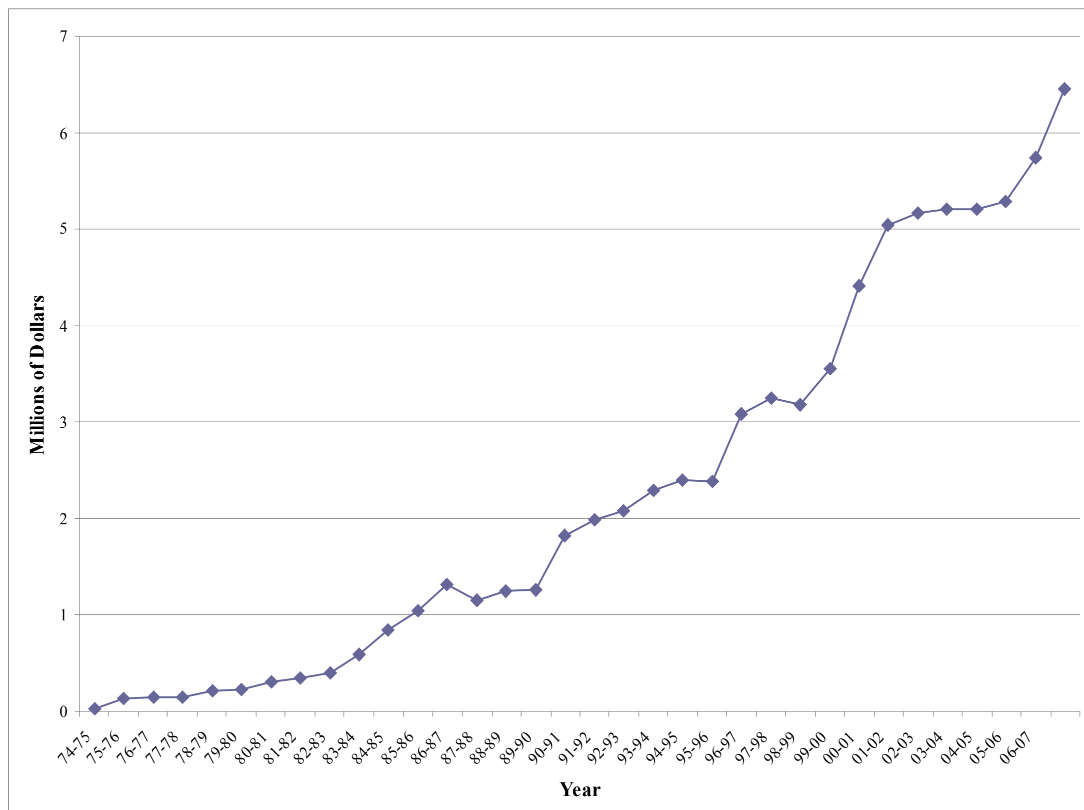
counties under contract with the Regional Center of the East Bay (RCEB). This contract was made possible in part by the work of the Committee on Asians with Developmental Disabilities (CADD) and a few forward looking Asian community activists, including Alan Shinn (who would later become the executive director of ACMHS) who advocated for adequate services for Asian consumers and their families. Initially, these services were provided to a general caseload, but because of their expertise and the policy changes within RCEB, caseloads have become almost exclusively Asian monolingual or limited English speaking families.

Developmental disabilities include autism spectrum disorders, cerebral palsy, Down syndrome, mental retardation and epilepsy. Developmental Disabilities Programs help those people with developmental disabilities live to their fullest potential in the least restrictive environment possible (family/friends rather than in a nursing facility or a hospital). Case Management Services link developmentally disabled consumers to resources towards this goal through assessments, development of individual plans and evaluation of progress. Other programs for the developmentally disabled include direct service provision to build self-sufficiency and integration in the community through training of basic living skills, self-care, social skills and mobility. Direct services also provide infant support for families with very young children who fail to thrive.

The expansion of services provided by ACMHS reflected the changing times of society and the evolving needs of the API community. These needs went beyond a narrow definition of mental health services. While the focus of their agency was to provide mental health treatment and resources, there were many other risk elements that were related to psychological well-being, such as poverty, unemployment, family issues, health, gang and community violence, sexual assault, substance abuse, and institutional racism. With a broader vision of mental health,

ACMHS was successful in locating funding sources that would assist and empower entire API families, not just individuals or families with members who were mentally ill. This holistic approach is reflected in the steady increase in funding during the period (1978-1988) that Rodger Lum was executive director, as shown in Figure 1. As the agency became more established in the community and the need for services more apparent, ACMHS received continued funding for their pioneering work.

Figure 1. ACMHS Operating Budget: 1974-2007



Source: ACMHS Annual Reports 1974-2007

While he took the approach of applying for funding first and then finding staff afterwards, Rodger Lum had to balance the expansion of services with the consolidation of

growth in order to sustain programs. For example, staffing issues needed consideration to ensure that the agency had enough staff members with the skill sets and linguistic and cultural competence to provide the additional services that they were funded to deliver.

Research and Training

Research, training, and evaluation methods were introduced under Rodger Lum's leadership to assess the effectiveness of the agency's expansion and to determine the on-going needs of the community. He successfully obtained funding from the National Institute of Mental Health (NIMH) for research on the mental health needs of Asian Americans in the U.S. In response to the large number of Southeast Asian refugees that settled in California, ACMHS was able to lobby for the funding of a statewide assessment of Southeast Asian mental health needs. Working under the auspices of ACMHS, Liz Gong-Guy conducted the first statewide needs assessment, a definitive work which would later inform South East Asian mental health service provision for not only the agency, but for providers nationwide.

Training was also an important goal that was achieved on multiple fronts. For example, due to the lack of Southeast Asian mental health professionals, the agency recruited members of the community and trained them so that they could provide services to their community. Although these paraprofessionals did not have professional degrees, they were able to reach out to their communities and provide education and direct services to the refugee population. A number of the Southeast Asian paraprofessionals recruited by ACMHS went on to obtain degrees in social work and psychology while employed full time at the agency. In addition to training staff and student interns, ACMHS responded to numerous requests for consultation from other service providers who worked with API clients. This expertise in cultural competency and training further prompted Alameda County to fund ACMHS to provide technical assistance for

countywide service providers and Asian community organizations on how to better serve Southeast Asian refugees. ACMHS also received a grant to provide the first clinical psychology training program in the U.S to formally trained psychologists to work with API populations.

Motivated by the experiences with their Southeast Asian colleagues and the importance of on-going training, ACMHS decided to formalize the training component of their work. To this end, Diana Li-Repac was hired to professionalize the services at ACMHS through the development of a training program for new staff and regular training for clinical staff. Diana also started the first formal internship program for students and community members who were interested in working with the mentally ill in the API community. Her challenge was to institutionalize the procedures of the agency and document how its systems worked. For example, a training manual was developed to teach new hires how to do intakes, make assessments, and where to direct questions. Professional boundaries were also described in order to demonstrate appropriate behaviors towards colleagues and clients. Boundaries in small communities were also addressed, especially since there are more complex boundaries when the provider and the client may both attend the same temple or community social gathering. While most staff were receptive to the new training programs, some resisted and contributed to the growing tension that was already stirring within the agency.

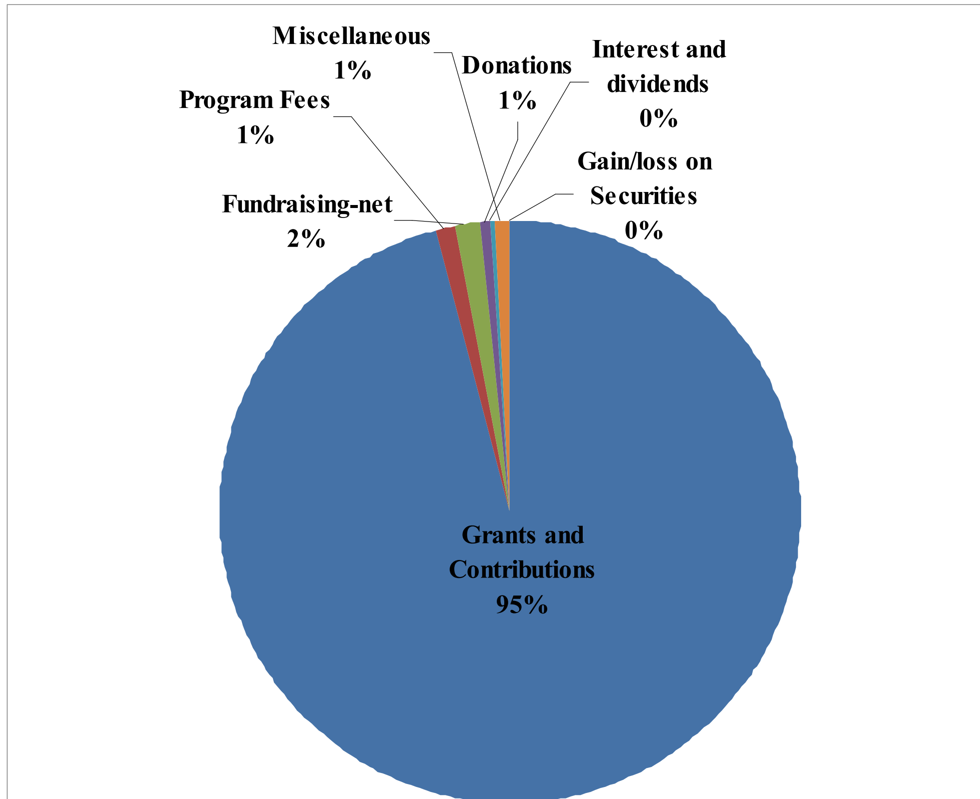
Growing Pains

While the years 1974-1990 were a period of expansion and growth, it was not without its struggles. Similar to other non-profit organizations, funding was a major issue as increases in the 1980s was sporadic. “I devoted a lot of time and energy finding funding opportunities and writing grants. We needed to keep a steady flow of money coming in or else we would have to terminate. None of us wanted that” (Personal Interview, 2007).

In order to diversify their funding sources and offset financial uncertainty, the agency began to organize fundraising events. The first fundraising gala was a huge success and since then, ACMHS has combined their anniversary celebration with a fundraising event. In 2005, ACMHS's annual gala brought in approximately $65,000 in unrestricted donations. In addition, the anniversary celebration honors outstanding youth and adults who have contributed to the API community through their services. A list of current honors and awards from ACMHS can be found in Appendix A.

In 1983, ACMHS began to sponsor Asian Community Night with the Oakland A's, a fundraising vehicle that provides the opportunity for community members and ACMHS staff to come together during the summer to enjoy an Oakland A's baseball game where half the proceeds of tickets sales are donated back to the agency. This venue highlights the partnership with baseball, ACMHS, and mental health as yet another way to educate the community about mental illness and reduce the stigma about mental health. This successful fundraising event builds rapport with community members and attracts new supporters from all over the Bay Area. While fundraising events contribute to the overall budget, grants and county contracts (95%) remain the largest funding source, as can be seen in Figure 2.

Figure 2. ACMHS Funding Sources: 2006-2007



Source: ACMHS 2006-2007 Audited Financial Statement

The decision to sponsor fundraising events spurred many discussions at the Board, management, and staff levels about whether staff should be involved with agency fundraising and, if so, to what degree. Together, the agency decided that staff should be actively involved in fundraising money for ACMHS. The sense of agency and community were important to instill throughout all levels of the agency and it was decided that fundraising events was as a way to bring everyone together. Without staff involvement there would be no fundraising events. The cooperative effort and trust between the Board and staff was important in bringing all members of the agency closer together.

Community resistance to expanding API services continued based on a lack of understanding about the need for specialized services for APIs. Many mainstream (non-ethnic) providers thought that hiring translators would be sufficient and more cost effective and fiscally responsible. The agency had to struggle to educate the overall population that the use of translators was inadequate and not a substitute for cultural competence in engaging and helping clients in their primary language.

Although different ethnic groups had worked together to gain funding for specialized mental health services for their communities, they also had to compete for limited county resources. This created a contentious and competitive environment for the mental health providers who had worked so hard in lobbying for general increased funding. Many issues arose around this conflict for ACMHS. How can underserved ethnic populations differentiate between demanding for the same funding as mainstream organizations to address the needs of minority groups (a social justice issue) and competing for county resources among the different ethnic populations? In other words, how do agencies work together to form a united political unit while struggling to make sure that their own organizations have adequate funding from the county?

Although the major ethnic groups (African-Americans, Latinos, and APIs) were vying for a limited pool of funds, they each had a healthy respect for each other's struggles. Instead of quarreling over pieces of the pie, they formed coalitions with one another and created allies with political leaders to increase the size of the pie to provide funding for all mental health organizations. The ethnic groups raised the consciousness and awareness of the effectiveness of minority organizations that employ people of the same ethnic background as the clients they serve. Their successful endeavors reminded the minority communities that coming together as one united group were, in the end, the most beneficial to everyone as they lobbied and advocated

for funding and raised awareness for minority needs.

Similar to the inter-agency competition for funding, different funding mechanisms for ACMHS program areas within the organization created tension between program staff from different units. Program areas such as Clinical Services and Developmental Disabilities Services had fairly stable sources of funding that were contract based. Prevention Services (later called Family Support Services) were heavily dependent on time-limited grants called "soft money" for funding. To replace sunsetting grant money with new monies that matched skills and language capacity of existing staff was a tough balancing act that became increasingly difficult in lean times. These program areas operated like fiefdoms that staff sought to protect. While there were few incidences of direct accusations or attacks, there were plenty of passive-aggressive actions and comments among and between the units that led to low morale. It was difficult for line staff of affected programs to understand that contract money for clinical services could not be used to maintain positions program areas and that the agency was required to spend it to fulfill contractual requirements.

The rapid growth of the agency caused a particularly acute strain on the staff. The need for mental health services among the API community was far greater than the resources of the agency. To increase funding, staff were asked to carry multiple responsibilities in addition to what was in their job description. As the agency continued to grow and the stress on the staff increased, they began to share their frustrations related to the need for more pay, more staff, and less hours. Some staff members even made appeals to the Board of Directors to alleviate the situation. Others complained about the increased trainings and professionalization of the agency that created more work for them and detracted from their informal sense of family. Some staff did not understand some of the concepts or the rationale introduced to them in training programs.

For example, some staff were confused about professional boundaries with their clients within their small communities. Others resented the agency's efforts to specify work expectations, especially the hiring of more licensed workers. The paraprofessional staff began to feel threatened, in part, by a fear of losing their jobs due to their lack of degrees or skill sets required by replacement funding sources. Many of these concerns were shared with both Rodger Lum and the Board of Directors.

In order to address staff concerns, a consultant was invited to a staff retreat to facilitate a dialogue between the ethnic groups so that they could express their concerns and frustrations about each other as well as other personnel issues in a non-confrontational manner. Despite these efforts, the staff continued to direct their resentment towards Rodger and blamed him for management and personnel decisions. At one point, the Board of Directors questioned his leadership and handling of a sensitive personnel matter, and brought in a renowned group relations expert to work with the Board, staff, and the director. The Board came to acknowledge the scapegoating dynamics at play, the staff's redirection of anxiety and concerns, and worked diligently with agency staff to address the underlying issues. These growing pains also began to subside as the agency received more sustained funding.

Despite their problems, agency staff members shared a commitment to the API community despite their differences. For example, when state and federal funding for Southeast Asian services were cut, the all staff took a collective pay cut, including the director, to keep the Southeast Asian staff employed in order to continue serving refugees who depended on ACMHS. These sacrifices paid off within six months due to aggressive grantsmanship and advocacy, the agency was able to gather enough funding to bring everyone back to full time pay without cutting staff. This wrenching experience reminded the entire staff that people are able to look

beyond their individual needs to address the greater good.

During the 1980s, ACMHS experienced a rapid growth in funding and programs. With the growth came positive and negative experiences. By the end of the decade, the growth of ACMHS began to stabilize and staff were able to focus their energies on maintaining stability while adapting to their changing environment. Rodger Lum left the agency in 1988 to work for the Alameda County Health Care Services Agency as its Assistant Agency Director. Sandy Turner, a member of ACMHS's Board of Directors and aide to former Assemblymember Tom Bates, stepped in as interim director until 1989 when Alan Shinn accepted the position and served as executive director. Because he was already involved in various advocacy activities and with Development Disabilities services at ACMHS, he easily transitioned into the position. For the next eleven years, he was able to provide a sense of stability and growth 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 the 1990s, ACMHS had established themselves in the community with a strong reputation for providing quality services while increasing its operating budget from $1,255,882 in 1989 to $3,557,483 in 2000. Their outreach, education, and advocacy were better received by the API community who were initially suspicious of their intentions. In addition, they were creating new programs that helped not only the mentally ill and their families, but also families throughout the API and Oakland communities. By the time Alan Shinn became executive director of ACMHS in 1989, the agency was already serving in 10 different languages with about 30 staff members.

Building on a Stable Foundation

While ACMHS continued to expand during this period, the most significant characteristic of this decade was the agency's stability in the changing environment. In addition to mental health, the needs of the community expanded to include a variety of family support issues. Collaborations, while an important component for ACMHS in the past, became more prominent during the 1990s. Even though their contracts were increasing and more mental health funding was available, the uncertainty of funding forced agencies to do more with less. They intensified their efforts to network with mainstream organizations to make their services available. ACMHS began to partner with county and city human service agencies to provide translation, advocacy, and information and referral services. For example, when the Oakland Housing Authority experienced anti-Asian violence in the housing projects, they contracted with ACMHS to assist their Asian residents. In addition to working to promote respect for differences and understanding among housing residents, ACMHS helped Oakland Housing Authority create a more inclusive environment for Asian residents by translating information materials so that they would be more inclined to seek services. ACMHS also volunteered their language services to facilitate public meetings in API languages that would impact the specific ethnic community. In return, their collaborators allowed ACMHS to use their offices, auditoriums, and other resources for their off-site advocacy work.

ACMHS' initial move into Alcohol and Other Drug (AOD) services began in the late 80's shortly after Alan Shinn became the executive director. Funded by the Office of Substance Abuse Prevention (OSAP) for $1.5 million over five years (the largest federal grant received by ACMHS), the agency launched a demonstration project, Recovery for East Bay Asia Youth (REBAY), to address the issue of alcohol and substance abuse within Asian the communities that

included school-based interventions and individual and group treatment at the time of rising drug and gang violence. REBAY was a collaborative effort involving other youth-serving agencies in the East Bay such as the Korean Community Center of the East Bay (KCCEB), the East Bay Asian Youth Center (EBAYC), and Filipinos for Affirmative Action. One of REBAY's goals was to train and develop the next generation of substance abuse prevention and treatment workers, positions that did not exist at the time. Alcohol and drug prevention programs for youth continued even after the funding ended through programs like the Asian & Pacific Islander Youth Promoting Advocacy and Leadership (AYPAL) at ACMHS.

In the early 1990s, gang violence became a prominent issue in the API community. Many of the youth were getting involved with drugs and caught up with gang activities. ACMHS staff went out into community schools and neighborhoods to reach out to families and youth to inform them about the dangers of gang involvement and substance use. ACMHS collaborated with other ethnic organizations, the police department, and probation services, to promote prevention services in the form of after-school programs, family events, public awareness meetings, and youth programs. Spearheaded by the Oakland Police Department and the East Bay Chinese American community, the Asian Advisory Committee on Crime (AACC) was a successful collaboration between law enforcement, local businesses, and providers like ACMHS. ACMHS also worked with the Oakland Police Department on the first Mien and Laotian opiate prevention and treatment video. This was the agency's first efforts in providing group treatment and recovery support, adapting the 12 Step program for APIs.

One of the most successful collaborations emerged with Alameda County Mental Health Services, especially since the county had competed with ACMHS for API clients during the 1970s and 1980s. Since their Asian unit only offered services in a limited number of languages,

ACMHS was the primary mental health service provider for 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 by contracting with ACMHS to serve the 150 clients in their API caseloads. Further, Alameda County introduced the one door" entry into the mental health system of care designating ACMHS as the system-wide entry point for API clients. This increase in funding allowed ACMHS to further expand their services.

During the 1990s, staff sought to increase effectiveness of traditional talk therapy and medication methods by adding culturally complementary modalities. For example, in 1997, the agency developed an art program based on Japanese wood-block print techniques for mentally ill and developmentally disabled people. This program is still in existence today. The art program helps people who have been hospitalized multiple times to get better and find employment by providing materials for clients to create and sell artwork (half the proceeds to go the participant while the other half is used to pay for supplies). Meeting twice a week, the program provides opportunities for clients to express themselves, manage their mental disabilities, and socialize with others. As one program participant noted, "I just wanted to find out who I was—to look for a place, a sense of belonging, like a clubhouse…I wanted to put some structure in my daily life. Coming here helped me to socialize and just have fun" (Oakland Tribune, p. LOCAL-2, November 4, 2000). Programs such as these allowed ACMHS to serve clients in a meaningful way that allows them to participate in therapeutic treatments while at the same time building their own sense of belonging and community. In 2007 members of the art group along with lead clinical supervisor were invited to Japan to showcase the artwork and share the treatment modality.

While programs and services provided by ACMHS have had direct impacts in the community, empowerment and advocacy have been a major part of their work as well. Holding true to their original values and mission statement, ACMHS has not only advocated on behalf of their clients but they have also empowered their 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 became anxious about the fate of the program. The RCEB was a one-stop service center for the developmentally disabled in the East Bay where clients could receive mental health services and other social services. Since the RCEB was a mainstream agency 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 about to run out, the RCEB decided that they wanted 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. The clients of ACMHS also did not want the services to move to the RCEB. Many clients expressed their concerns about the quality of services they had received before ACMHS and the obstacles they may face (language, transportation, etc.) if there cases were moved to the RCEB. The management and staff discussed the issue as a family and decided that they did not want to be incorporated into the RCEB. Instead, they mobilized their clients to petition that services remain at ACMHS.

ACMHS had already helped family members organize themselves into language specific parent groups that met regularly for support and training on issues of interest to

DD families, resources, and rights. These existing groups now turned their focus to convince RCEB that their family members were best served at ACMHS. The agency helped train families and clients to organize themselves. Hundreds of clients, families, and community members came together to work on the effort. They presented their case at the Regional Center Board of Directors meeting, expressing their concerns about the move. They articulated the importance of having the culturally responsive services in their community and they asked the RCEB to keep the services at ACMHS and to extend their contract. 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 serving thousands of API individuals and families. The successful organizing effort demonstrated the empowerment experienced by the community to fight for their needs as well as their commitment and support to ACMHS. The RCEB continues to fund the Developmental Disabilities program which currently serves about 920 clients.

Welfare Reform

The 1996 passage of the Personal Responsibility and Work Opportunity Reconciliation Act (welfare reform) that limited the receipt of welfare to five years and imposed requirements on recipients to engage in work or work related activities had a significant impact on ACMHS clients and, in turn, on the organization and its services.

While ACMHS had always served low income API families and individuals, the requirements of welfare reform challenged the agency to broaden their scope of services. API clients who were welfare recipients began to experience fear and anxiety about the five year time-limits (e.g.: What will I do after five years when I no longer receive assistance? How will I

survive?), the work requirements (e.g.: How am I going to work if I don't know the language? What if my skills are not utilizable?), and the implications of work on their families (e.g.: What will I do with my kids? How will I get to work?). In addition, many of the clients had mental health issues, health care concerns, and substance abuse problems which made it more difficult for them to find a job. Most of them were limited English speakers and had little experience in formal work settings.

Because ACMHS was equipped with bilingual and bicultural staff, they were able to develop a profile of the API population and the impact of welfare reform. Under the direction of Alan Shinn, they took advantage of a series of contracts and funding opportunities to better understand their clients on welfare. In 1999, they received a $20,000 contract from the Department of Behavioral Health and the Department of Health Services to gather focus group information about clients on public assistance who had mental health issues in order to educate the community on welfare reform. They focused particularly on the Southeast Asian populations who seemed to have greater financial needs and less institutional support than the other Asian groups. Recognizing the need to spread funding to other indigenous community organizations, ACMHS subcontracted the data collection out to the East Bay Vietnamese Fisherman's Association, the Cambodian Buddhist Association, and Laos Family Community Development in order to collect information about welfare-to-work programs, what welfare reform meant the these groups, and to determine the needs of these populations.

Over the course of about two dozen focus groups with different ethnic populations, ACMHS found that most families were concerned about childcare issues. Many of them were working within their communities already and were concerned about working in formal work settings outside of their communities. Language and cultural barriers were also topics that came

up during these focus groups. Many of the participants spoke English as a second language and some spoke no English at all. There were concerns about job performance and working with people from different backgrounds. During these focus groups, ACMHS staff used the opportunity to educate participants on the changes in welfare reform and explain how the impact of welfare reform may affect their lives. Resources and information were also provided to assist participants in finding services that could help them as they transitioned off of public assistance and into work or work related activities.

Having gathered relevant information and receiving several grants from the county, ACMHS set out to provide services that would help API welfare recipients. Although the agency primarily served API clients with mental health needs, they were able to expand their services to the families of their clients who were receiving public assistance. Many of these people had some previous work experience, either in a formal or informal setting, but either had mental health issues themselves that prevented them from continuing their jobs (i.e. chronic depression, PTSD, substance abuse, etc) or were taking care of their mentally ill family members, which prevented the from working. In this way, ACMHS was able to expand their services and provide programs that assisted entire family units.

One of the programs that began as a result of welfare reform were the Neighborhood Learning Centers where groups of people gathered together throughout the community at sites in Alameda and Contra Costa counties rented by ACMHS 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 in "new" Chinatown in East Oakland to practice on the computers there. Another example includes a group of Mien women who wanted to sew and

make handicrafts to sell to community members. They convened in another part of the community to work together on their projects. Since the clients at ACMHS already had existing social groups, the agency just expanded the programs that were already available so that they could count participation as work and work-related activities. Clients who were able were hired by ACMHS to staff the Neighborhood Learning Centers in positions ranging from teacher to janitor. The Neighborhood Learning Centers were well received by the community, not only because they provided work-related activities, but also because they strengthened the social groups that already existed among the community members.

Money from welfare reform also enabled ACMHS to open a satellite office in Richmond to serve the API residents in Contra Costa County. The Richmond office, still in operation today, provides similar mental health treatment and case management services to the community. Since 2005, it has also housed AMCHS' Adult Developmental Disabilities Day Program. ACMHS has been well received in the Richmond community.

In addition to changes at the organizational and program levels, the Board of Directors at ACMHS was also undergoing change. Up until the 1980s, many members on the Board had been with the agency since its beginning as founding members served multiple terms. They provided continuity during the start-up phase and upheld the founding mission and values. In the 1980's as the agency geared up for licensed outpatient clinic status, more social workers and mental health professionals joined the board along with other advocates committed to social justice. However, as the years passed, an increasing number of members stepped down and new Board members brought fresh ideas and diverse skills. While these contributions benefited the agency, some of the new ways of thinking caused tension between the existing members and the new members.

For example, during the 1990s, the role of the Board shifted from more of an advisory board to more of a fundraising board. As one board member described:

> When I first joined during the earlier years of the agency (1980s), there were many members of the board who were also founding members of the agency. At that time, there were not very many expectations for Board members to raise money. But while I was with ACMHS, Board members became increasingly responsible for raising money for the agency. Each member pledged his/her individual goals that we would try to bring in, either from our own donations or from donations from external donors. These amounts were never publicly discussed, just between the board member and the person in charge of development. Although there was minimal accountability because everything was private, some people on the Board definitely did not like it at all (Personal Interview, 2008).

New ideas and the shift to fundraising caused a division between some old Board members and some new Board members. Some of the old Board members were not prepared for the changes and the new demands for bringing in money. Many felt that the added job requirement was not what they had signed up for when they first joined the Board. The tensions between the old and new Board members led the Board Chair to recruit hire a consultant to help address some of the tensions.

Although there was some tension about their role, Board members remained loyal and committed to the agency. To their credit, like the founding members that preceded them, the Board members stayed multiple terms and did not leave in the face of adversity. Rather, they did not retire until they felt the agency was in a stable position with other committed Board members in place. This is a testament of the resiliency of the Board as well as their commitment. The dedication of the Board to ACMHS has been one of the strengths of the agency and helps to explain its sustainability. The older members of the Board passed on the original values of social justice and the right of APIs to culturally and linguistically responsive services. In addition, the newer members of the Board have

contributed innovative ideas to improve the organization and applied their technical expertise to make it more efficient. Both old and new Board Members make an effective team to foster the growth of ACMHS and support it through its future challenges.

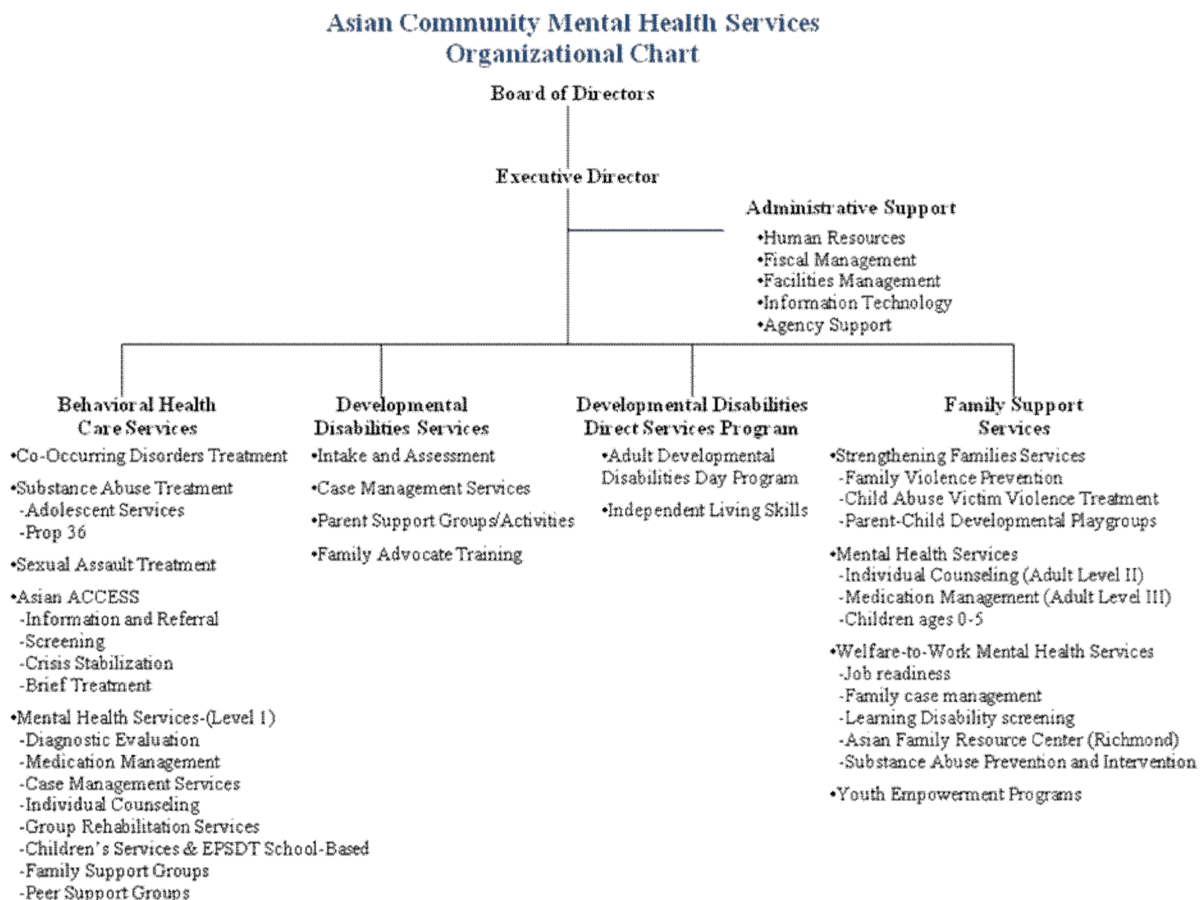
When asked how he was able to keep the agency growing and stable during his tenure as executive director, Mr. Shinn responded: "I just rolled with it! I was lucky. I happen to be in the right place at the right time. Rodger did a great job laying the foundation for the agency. We already had a strong reputation for doing effective, grassroots work for the community. Everyone knew of us and knew of the good work we did" (Personal Interview, 2008). By the end of the decade, 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 was over $4 million with a diversified funding source that continued to expand. Building on the foundation laid during the 1980s, the agency had significantly extended their programs and services through successful grants and contracts. Their client base increased after welfare reform to include CalWORKs participants who needed mental health and/or alcohol and drug treatment. While there were serious discussions about a capital campaign to raise money for their own building at the end of the 1990s, the Board of Directors decided against the idea due to the risks involved in such an investment. The decision was to keep ACMHS at its current location in Oakland's Chinatown where they had already built a presence in the community. ACMHS remains at 310 8th Street to this day.

2000 and Beyond

From very humble beginnings in fighting for legitimacy and funding, ACMHS has become a sophisticated agency offering a multitude of services with a budget of about $3.5

million in 2000 rising to over $7 million in 2008. The early struggles to define its mission, vision, and areas of service has led to the formation of highly developed programs and or organizational structure. Figure 3 reflects the agency's current organizational chart.

Figure 3. ACMHS Organizational Chart, 2008



Source: ACMHS Training Manual, 2007.

Board of Directors

The Board of Directors of ACMHS have legal, fiduciary, and governance responsibilities. They determine the policies related to financial planning and fundraising, professional standards, effective programs and services to serve the API population, and overall maintenance and growth of the agency in accordance to the agency's mission statement. The members also serve as ambassadors and representatives of the agency to the public. As such, the Board aims to include members of the community who reflect the client population that is served by the agency. While many have been Asian and Pacific Islanders, there have been Caucasian, Hispanic, and other ethnic members on the Board. These are community members who are as diverse in profession as they are in ethnicity. Due to their wide range of expertise and commitment, the Board is able to provide strategic planning and financial support (in the form of fundraising) to the agency. In addition, the Board is responsible for choosing the executive director and reviewing his or her performance and compensation.

Each board member is nominated and selected based on their dedication to advance and advocate for API mental health services, their strategic planning, oversight skills, and ability to manage resources (ACMHS, 2007). Board members are elected for a term of three years. Board members belong to one of six standing committees: 1) the executive committee; 2) the long range policy and planning committee; 3) the operations committee; 4) the board development; 5) the fundraising committee; and 6) the emeritus board.

The executive committee is responsible for the overall supervision and control of the business affairs of the agency. The long range policy and planning committee is responsible for the general policies regarding the development and evaluation of the programs and services provided by ACMHS. Working with the executive director, the long range policy and planning

committee conducts analyses of policy changes and makes recommendations to the Board and consults them for any revisions. The operations committee monitors the finances of the agency and makes recommendations to the Board for organizational budget, salary adjustments, investment strategies, and personnel matters. This committee is also responsible for responsible for the formulation and implementation of all personnel practices and policies, including investigation of any grievance lodged by employees of the agency. The fundraising committee is in charge of overseeing the campaigns to raise money for ACMHS. This committee develops the strategic fundraising plans that include fundraising campaigns, events, donor cultivation, and campaign goals, and the creation of an endowment fund.

The board development committee recruits and screens prospective Board members from the community and makes recommendations to the board. The development committee takes into consideration the composition of the current board, skills needed by the board, and the fundraising and other skills of the prospective candidate, as well as making sure that the various ethnic groups on the Board represents the clients served by the agency. Finally, members of the emeritus board committee are previous board directors whose experiences and expertise allow them to assist the Board in any of its functions as well as serve as good will ambassadors for ACMHS. Most committees meet bi-monthly in addition to attending the regularly scheduled meetings with the entire Board. Appendix B provides a list of the current Board of Directors.

The role of the Board of Directors has evolved since ACMHS began in 1974 to reflect the needs of the agency. The founding Board of Directors was composed of representatives from different community based organizations at the time. This Board was focused on fighting for equal access to services and social justice. In the late 1970s and early 1980s, the Board was made up of many mental health professionals who emphasized services and programs for mental

health as the agency prepared to launch their licensed outpatient clinic. During the mid-1980s and 1990s, the Board diversified to include committed community members and some seasoned activists with backgrounds in specialized skills useful to ACMHS (i.e. law, finance, administration, property management, architecture). In recent years, ACMHS has moved more towards a fundraising board (as noted earlier) as well as a mix of experienced and younger directors to transition leadership on the Board to help sustain growth and vibrancy of the organization. As the needs of ACMHS continue to change, so too will its Board of Directors.

Executive Directors

The role of the executive director (ED) of the agency is to provide leadership and support to agency staff. He or she is responsible for the overall management of the agency's programs and services as well as its funding sources. Internally, the ED is responsible for overseeing the daily operations of the agency (i.e. program and service delivery, staff concerns, initiating and writing grants) and providing the overall policy and program direction. The ED ensures that the leadership and management of the organization are within the policies established by the Board of Directors and serves as a liaison between the staff and the Board. In addition, the ED is accountable for all aspects of ACMHS to ensure successful organizational performance through 1) development and implementation of the strategic plan; 2) financial management/budgeting; 3) fund development; 4) program management; 5) oversight of day-to-day operations; and 5) Board relations, staff supervision and development.

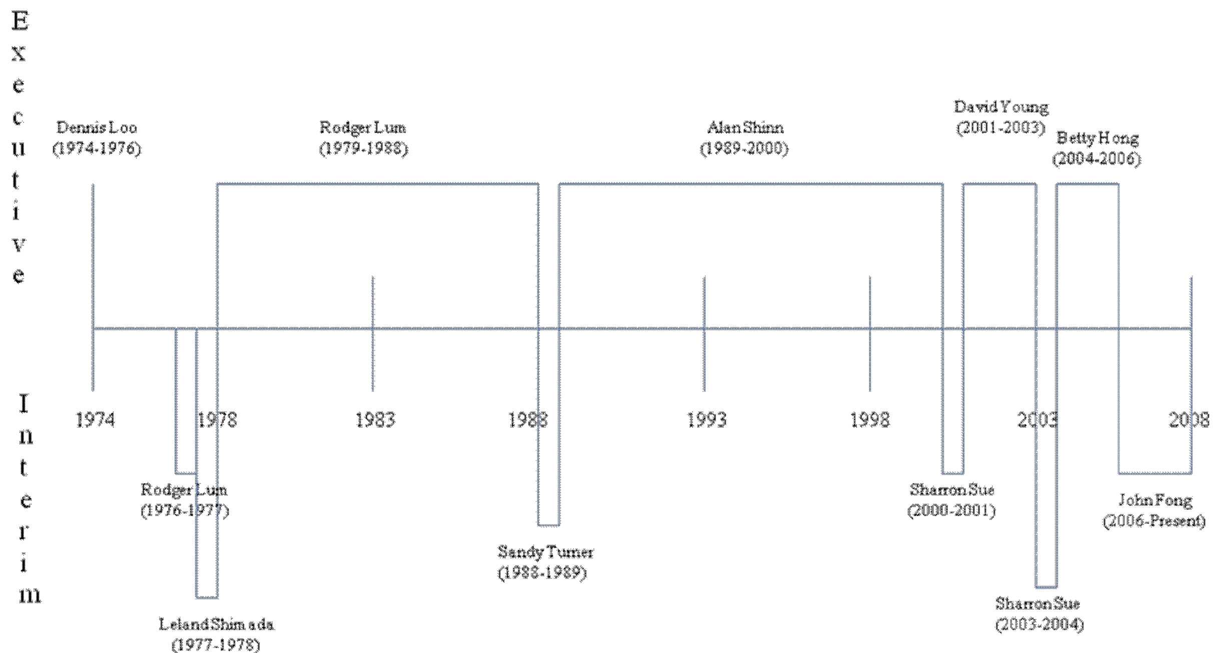
Externally, the ED holds the responsibility of networking with other agencies in the community, representing the agency in the community, securing foundation and government funding for the agency, and donor relations. The ED must build positive relationships within the

community with key stakeholders such as government agencies (county, state, and federal), as well as partners and volunteers.

ACMHS looks for three specific qualities in its executive directors (ACMHS website, 2008). First, the ED must be a seasoned executive who can provide strong and innovative leadership in managing change, with direct experience in managing an organization, developing and implementing policy and programs, and creating consensus from different points of view. Second, the ED must have a passion for ACMHS' mission. This person must be a dynamic advocate with commitment and passion to provide a range of quality mental health services with an emphasis on strengthening Asian and Pacific Islander families in the East Bay community. Finally, ACMHS looks for engaging leaders who will bring vision and a strategic perspective to the position and the ability to be a visible, engaging, and trusted partner with the Board of Directors, staff, clients, volunteers, funders, community organizations, and all internal and external constituents. While some former Board members and executive directors prefer an API ED (Personal Interview, 2007; Personal Interview, 2008), this characteristic is not a required for EDs. For a complete job description of executive directors at ACMHS, please see Appendix C.

ACMHS has experienced many transitions with its executive directors. 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 4 shows the different executive and interim directors of ACMHS from 1974 to the present.

Figure 4. Executive and Interim Directors at ACMHS, 1974-Present



Current Services and Programs

Consistent with ACMHS's mission to provide and advocate for pan-Asian services that empower low-income members of the community to lead "healthy, contributing, and productive lives" (ACMHS Mission Statement, 1974), the agency provides services in four broad categories: 1) behavioral health care services, 2) developmental disabilities services (case management services), 3) developmental disabilities direct services, and 4) family support services.

Behavioral Health Care Services The County Board of Supervisors, through their Department of Behavioral Health, 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)

comprehensive diagnostic evaluation, 3) pharmacotherapy, 4) short-term behavioral health care intervention, 5) group counseling, and 6) family support groups as well as alcohol and other drug services. In addition, treatment is available for co-occurring disorders, substance abuse, and sexual assault.

The majority of clients participating in the behavioral health care services are recent immigrants and refugees of all ages, ethnicities, and cultures. The majority, however, are API refugees from Southeast Asia. The clinical staff consists of trained and committed psychiatrists, psychologists, social workers, and paraprofessionals who are either immigrants or refugees themselves or are familiar with the needs of these groups. In order to provide services in a culturally appropriate manner, ACMHS provides regular supervision to all staff members and offers post-graduate training and certification to staff who are interested in developing culturally competent behavioral health care services. Appendix D provides a list of programs categorized under behavioral health care services.

Developmental Disabilities Case Management Services With a culturally competent staff, ACMHS provides case management, parent training and support, resource development, and advocacy for API individuals who have developmental disabilities and the families caring for them in Alameda and Contra Costa Counties. The services include 1) case management, 2) parent support groups, and 3) consultation services.

Staff at ACMHS provide case management services for API families and connect them to resources in the community. These services include residential day programs, employment programs, special education services, respite services, and rehabilitation options. Parent support groups provide families with developmentally delayed children with a peer network for support. These support groups also empower API families to advocate for support services for themselves

and for their communities. ACMHS also provides consultation services to other community agencies on how to engage API clients in their services. ACMHS educates and trains community groups on effective methods of treating and supporting limited English speaking API clients and their families.

Developmental Disabilities Direct Services Typically an agency that holds a Case Management contract with Regional Center of the East Bay (RCEB) is not allowed to provide Direct Services due to the potential for conflict of interest. However, due to the lack of culturally appropriate direct service resources available to API consumers, RCEB funded specific direct service programs for ACMHS. For example, Community Integration Services for Asians (CISA) was the first Direct Service program for developmentally disabled adults created in 1996 with funding from RCEB. This program helps developmentally delayed adults with independent living and social skills through hands-on instruction in basic skills such as counting money, cooking, and social etiquette.

ACMHS began providing services in its satellite branch in Richmond to adult clients with developmental disabilities in October 2005 by launching a day program for individuals to develop independent living skills and enhance their socialization skills. Also funded by RCEB, the program teaches independent living skills as well as provides activities such as art, exercise, and language classes for Asian adults with developmental disabilities.

Family Support Services The Family Support Services program is based on a strength-based empowerment model to help participants gain economic self-sufficiency and independence from the welfare system. The goal is to assist Asian CalWORKS participants overcome multiple barriers to work (e.g. housing, mental health, substance abuse, domestic violence, community violence, various medical, educational and behavior/emotional problems with children).

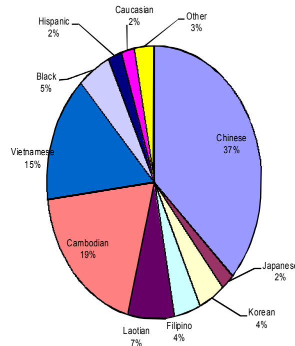
Program categories include strengthening family services (e.g. family violence prevention, child abuse education and treatment, developmental play groups), mental health services (e.g. individual counseling and medication management), mental health welfare-to-work services (e.g job readiness, family case management, learning disability screening, substance abuse prevention and intervention), and youth empowerment programs (e.g. leadership and cultural awareness programs for at-risk Asian youth, education in pregnancy prevention, alcohol, tobacco and drug abuse, child abuse prevention, and Head Start Consultation). For a more complete list of family support services provided by ACMHS, please see Appendix E.

While Youth Empowerment Services are organizationally a part of Family Support Services, Asian & Pacific Islander Youth Promoting Advocacy and Leadership (AYPAL) operates with a fair amount of autonomy. AYPAL, mentioned earlier, is a collaborative of five youth organizations with ACMHS serving as lead agency. AYPAL aims to reduce the prevalence of violence and problem behaviors among A&PI youth (e.g. truancy, substance abuse, family intergenerational conflict and suicidal ideation). This is accomplished through leadership development that nurtures self-esteem, empowerment, and advocacy skills required to create positive social change in their communities. In the year the youth picked the issue of absence of Asian studies at their high school, they mounted a campaign that conducted surveys, compiled results, built allies and gathered support from fellow students, made presentations to school administrators and successfully got Asian Studies added to the curriculum. AYPAL in many ways harkens back to the grassroots organizing and political advocacy of the early 70's; and, is developing a new generation of activists.

In addition to the Alameda County location, ACMHS also provides multiple services to residents of West Contra Costa County through the use of its Richmond office. Services include

mental health assessment, counseling, support group, parenting education, domestic violence prevention and intervention, life skills training, alcohol and substance abuse assessment, case management and adult developmental day program. 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 two types of public assistance; most are Medi-Cal eligible (ACMHS Profiles, 2007). Over 60% of clients are Southeast Asian refugees, many of who 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 serves a diverse population of clients, as can be seen in Figure 5.

Figure 5. Ethnicities Served at ACMHS: 2006



Source: ACMHS Behavioral Health Care Unit, 2006

Continued Training and Advocacy

ACMHS continues to train future mental health providers who have Masters, PhDs, and licenses. 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 mental health legal and ethical standards about providing services in small communities and how to work with mentally disabled clients while incorporating culturally competent practices into the curriculum. Topics such as boundary issues, self-care, and empathy are addressed, particularly for counselors who are providing support to clients who are war survivors or refugees. Because of the diversity of ethnicities and experiences that clients bring with them when they come to ACMHS for services, the training program is designed to help staff, interns, and volunteers understand and appreciate the different issues that are unique to the

API population. Although ACMHS does not have a contract that pays for the training program, the agency continues to provide it because of the early values of the founding members; namely that education of and advocacy for API groups is a critical part of the work at ACMHS. The agency believes that training future providers to have an understanding of advocacy issues should be a part of their professional development.

Staff, interns, and volunteers are able to see their advocacy pay off as the agency continues to work for the mental health needs of the API community. In 2004, ACMHS created an alliance with local mental health providers to support Proposition 63, an initiative that would expand health services for mentally ill children, adults, and seniors. Officially known as the "Mental Health Services Act," Proposition 63 sought to provide funding for counties to increase services and develop creative and integrated service plans for mentally ill individuals by imposing a 1% tax on the personal income of individuals who make above $1 million. ACMHS staff participated in various aspects of mobilizing and organizing with other local community mental health organizations. Some became involved in different committees at the county level to try to ensure that language and culturally accessibility were included in the text of Prop 63. Others went into the community to register voters, inform them about the initiative, and to obtain signatures to get it on the ballot. Staff members also helped to create a needs assessment to demonstrate the impact and benefits that Prop 63 would bring to mental health service providers. Through their collaborative work with other community organizations, ACMHS played a critical role in passing Prop 63 through the California legislature. Mental health agencies began to receive revenues from the initiative in 2005.

Future challenges

Some of challenges related to the founding of the agency continue into the present. The

most pressing problem relates to agency leadership and the search for a skilled, experienced, dedicated Asian American or Pacific Islander executive director. As of this writing, ACMHS has relied on an interim executive since April of 2006. Since the founding of the agency, one of the major challenges has been to offering competitive salaries to skilled API executives who constitute a very small pool of mental health professionals. In addition, many of the current staff who have been with the agency from its earliest days have a strong desire to find an API executive director who reflects the same values and ideals as when the agency was founded. While there has only been one non-API director (interim director Sandy Turner, 1988-1989) in the past, most agency staff agree that in order to maintain their API identity as an agency, they need to hire an API executive director who can represent the agency to the community while also representing the community to the larger society.

The challenges of recruiting an executive director are similar to the problems of hiring culturally competent mental health staff. In the 1960s and 1970s when the civil rights, equality, and social needs of ethnic minorities were high priorities, there were many people who were passionate and committed to API causes, inspiring many to organize and demand that their needs be met. However, the times have changed and the focus of attention has shifted among young APIs from civil rights to achieving their own economic security. "Asians today aren't attracted to this type of work anymore. They don't have the same type of commitment or urgency. We did all the fighting for them so they don't have to struggle the way we did. Now they can be lawyers and doctors and make big money" (Personal Interview, 2008). The people who are interested in the field go to work at the county, state, or federal levels where they can earn more money and receive substantial employee benefits. As a result, it has been difficult to recruit recently-educated culturally competent staff who are able to carry out the mission of ACMHS.

Funding has been and remains a significant issue for the agency. Although they currently have a budget of over $7 million, the funding continues to be too narrowly focused to meet the changing needs of clients while also trying to offer competitive salaries. As a result, the uncertainty of financial stability increases the stress on management and staff while they also take on additional responsibilities beyond their job descriptions. In addition, long periods of financial uncertainty can result in staff resentment towards the executive director. The Management Team (comprised of the Executive Director, Program Directors, IT and Operations Directors), meet regularly to discuss agency issues and to provide support to managers when problem solving program specific issues. In the past, most contracts have been for specific dollar amounts and required performance of specific units of service. During particularly challenging times when funding is restricted, ACMHS has been creative in allocating its resources among its programs. For example, as welfare-to-work funds continued to diminish within the Family Support Services program during recent years, the Management Team focused on the open-ended revenue stream called "Level III," already held within Family Support Services. The Level III contract had no ceiling limit for direct therapy services to eligible clients (non-chronic mental health condition and MediCal-eligible or MediCal recipient). Further, the Clinical program was on target to fulfill contract requirements and draw down all its available funds. Therefore, clinical staff were redirected to serve Level III clients and generate revenue to support the Family Support Services funding gap. (Subsequently as Alameda County struggled with budget cuts from the state, Level III contracts now have capped limits.) As ACMHS continues to operate and expand its services, the agency will be challenged in finding financially creative ways to meet the needs of its clients and staff.

Related to the challenge of funding is the integration of services. Because funding streams often specify the types of activities allowable under individual grants, attempts at service integration have been challenging. For example, Board member Dr. Ann Yabusaki stepped down from the Board to work with Esther Wong (Director for the Family Support Services and the Developmental Disabilities Unit) and other ACMHS staff to create family-based services, integrating Level III mental health clients, substance abuse clients, school-aged youth, infants, and CalWORKs families to better serve families. The rationale for integration was that services for APIs can best be understood within the family context, since the families' needs often play a crucial role in service access and treatment. While family based services makes sense for APIs, ACMHS was not implementing services in that way due to funding contracts that emphasized individual, client-based services and because it is easier to do work with individual clients rather than families. Attempts to integrate the family model in all service divisions and breakdown service silos were unsuccessful for the most part due to dynamics between divisions and funding contracts. In an another innovative move, ACMHS tried to integrate behavioral health care with primary health care services by out-stationing psychiatrists and social workers at its sister agency, Asian Health Services on a part-time basis. Both agencies served mutual clients and their families for multiple issues. Ahead of their time, the effort did not result in an established program due to lack of dedicated funding and lack of priority by Alameda County. Integration between service units to serve entire families continues to be a challenging task for ACMHS as the agency tries to change the traditional model of treating individuals to focusing on including clients' families in their service plans.

Overcoming cultural, language and institutional barriers also continues to be a challenge for the agency. While there has been significant 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. Many are still embarrassed or ashamed of admitting they need assistance. 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 still remain 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 does not cover all the API languages that are spoken in the community. Recent immigrants who do not understand English have an even harder time understanding the social service structure in this county, much less know enough to ask for help. These issues continue to concern the staff at ACMHS as they work to improve their outreach and education to entire API community.

Despite their challenges, ACMHS has made a significant impact in the community. Through programs such as the Behavioral Health Care Services (or "the Clinic") and the Independent Living Skills program, ACMHS has provided many individuals with a significant increase in their quality of life while saving money for taxpayers. For example, by providing quality outpatient care, ACMHS clients are hospitalized less frequently than the county average, thus saving money in the healthcare system (ACMHS, 2006). The services provided by ACMHS have been well-received by clients. According to the 2006 Alameda County Client Satisfaction Surveys, over 90% of all respondents were highly satisfied with array of services provided by ACMHS. The programs, outreach, and education provided by ACMHS has contributed not only to the well-being of the API community, but also in the county and wider communities in general.

The challenges identified by the staff, executive team, and Board of Directors reflect their

concerns about the future of ACMHS; namely the leadership transition, recruiting competent staff, securing stable funding, and overcoming stigma. These concerns reflect the deep commitment and investment of staff in sustaining ACMHS as a successful API mental health services organization.

Conclusion

In 1974, Asian Community Mental Health Services began as the dream of a handful of activists and social service workers committed to the idea of a new, community-based, non-profit Asian mental health center (the first of its kind in Alameda County). They began with a small, but dedicated staff serving the Chinese, Japanese, Pilipino and Korean communities in space donated by community groups throughout Oakland and Berkeley because of their limited funding. Today, they have their own space at 310 8th Street in Oakland Chinatown, the same community where they started 35 years ago and have the capacity to provide services in 13 different languages, including Cambodian, Cantonese, Chowchounese, Japanese, Korean, Lao/Khmu, Malay, Mandarin, Mien, Tagalog, Shanghainese and Vietnamese.

The Board of Directors has played an important role for ACMHS since its early beginnings. Although all of the original Board members have since retired, many have stayed on for multiple terms throughout the agency's growth and maturity stages. The longevity of Board members throughout its history has contributed to the sustainability of ACMHS. New and old Board members have kept the original values, passion, and commitment to the Asian community and mental health services, thus continuing on the tradition of service excellence. The commitment of Board members to continue the work of ACMHS has been demonstrated

particularly during transition times when interim executive directors were needed. Board members stepped in to fill the position while the agency looked for a permanent director.

In addition to the Board of Directors, the strength of ACMHS has been in the dedicated staff, some of whom have been with the agency since its inception and numerous others who have served more than twenty years. This staff continuity has allowed the agency to pass on their tacit knowledge, traditions, and values to newer staff members in the agency. The energy, goodwill, sincerity of the staff at ACHMS are felt by their clients who continue to use their services. The staff concern for the mentally ill in the community, their selfless efforts to keep the agency alive, and their unwavering belief in multi-lingual and multi-cultural mental health services to Asians in Alameda County is captured in their staff training manual:

> Dedication and commitment aren't listed on the job description, but have traditionally been the qualities of ACMHS staff who not only work hard within their specific program areas, but also roll up their sleeves to help on agency-wide projects such as fundraisers and community fairs, as well as to wear different hats to stretch scarce funding dollars.
>
> Staff involvement in community activities enhances personal and professional development and supports the agency goal of a community-based support network for clients. ACMHS staff are more than service providers; we are part of the community we serve.
>
> The rewards of working in the community are clearly not financial, but serving people and strengthening families is the mission of the agency and the reality we are working to create. ACMHS remains a viable force by continually evolving to meet the challenging needs of the communities we serve (ACMHS, n.d).

While the agency has been through many ups and downs, they have learned from their experiences and become stronger as an agency and as individual staff members providing quality services to the API community with the pride associated with a well-respected agency. The community is the source of inspiration and motivation that keeps their passion alive. While the future of the leadership at ACMHS depends on their ability to create a clear and reasonable

succession plan that will address the leadership issues, the staff at ACMHS continue to address the needs of API individuals suffering from mental disabilities and their families by providing programs and services to help alleviate their burdens and advocate for their rights. Their close contact with their clients has informed their work and values. After 35 years, the Board and the staff at ACMHS continue to hold true to their original principles:

> The Board and Staff of Asian Community Mental Health Services reaffirms the commitment to providing accessible multi-lingual and multi-cultural mental health services to Asians in Alameda County.
>
> WE BELIEVE that the mental health of Asians is caused, in part, by the conditions of society. Therefore, ACMHS is committed to developing programs that improve these conditions.
>
> WE BELIEVE in actively challenging those social conditions that adversely affect the mental health of Asians.
>
> WE BELIEVE that an Asian community-based agency is most effective in addressing the mental health needs of Asians because it is more accessible and responsive to the community.
>
> WE BELIEVE that Asians can and must work towards unity to achieve these goals.
>
> WE BELIEVE in working in coalitions with those who believe in social change to actively challenge social conditions that adversely affect the mental health of people.
>
> Our programs are developed to further these goals in hopes of making this vision a working reality in our multi-cultural society (*Philosophy of ACMHS*, 1978-1979).

Appendix A: ACMHS Awards Honoring Community Members for Service to APIs

Visionary Award: For leadership in advancing policy and advocacy in the field of mental health

Media Champion Award: For challenging misinformation and stereotypes in media coverage and presenting mental distress as a human and commonplace experience

Neighborhood Advocate Award: For work in inspiring developmentally disabled in the East Bay community

Philanthropic Leader Award: For stewardship and devotion to improving services for those with mental illness.

Appendix B: ACMHS Current Board of Directors

Luana Shiba-Harris, *Chair*; Director of Outpatient Services, Alta Bates Summit Medical Center

Danya Jang, *Secretary*; Vice President, United Commercial Bank

Sian Shumway, *Treasurer*; Manager, Student Labs & IST Building and Equipment Management, University of California, Berkeley

Kathy Doan, AVP, HRIS Consultant, Wells Fargo Bank

Alan Fong, President, Alan Fong Insurance Services

Janet Han , Patient Care Manager, Alta Bates Summit Medical Center

Brendan John , Dental Health Access Council Project Manager, Dental Health Foundation

Leonides Jong, President, Asian Employees Association of PG&E

Ken Kawaichi , Retired Alameda Superior Court Judge, Alternative Dispute Resolutions Neutral, JAMS

Margaret Kim, Vice President, GE Capital, Life Sciences

Sandy Lee, CEO, Harold Lee Insurance Services

Karen Park, Vice President, Bernstein Global Wealth Management

Mildred Patubo, Private Client Services, Wells Fargo Investments, LLC

Nupur Saluja, Senior Manager, Charles Schwab

Teresa Tan, Attorney, Office of the City Attorney, San Francisco

Gary Templin, Former Executive Director, East Bay SPCA

Stella Wu-Chu, Senior Contract Manager, San Francisco Human Services Agency

John Fong, Interim Executive Director, Asian Community Mental Health Services

Emeritus Board:

Darlene Kelly, Sr. Property Manager, CAC Real Estate Management

Susan Tamura, Attorney

Dianne Fukami, President and Co-Founder of Bridge Media, Inc.

Leroy Morishita, Vice President of Administration and Finance, San Francisco State University

Source: ACMHS website www.acmhs.org

Appendix C: ACMHS Executive Director Job Description

JOB TITLE: Executive Director

ACCOUNTABILITY: Board of Directors

DIRECT REPORTS: Director of Operations; Director of Behavioral Health Care Services; Director of Family and Disability Services; Director of Management Information Systems

COMPENSATION: A comprehensive compensation package will include competitive base salary and excellent benefits.

RESPONSIBILITIES:

Leadership: Ensure that ACMHS' mission and vision are clearly defined and communicated both internally and externally. Ensure that the available resources are most effectively used to meet the needs of the organization and its consumers. Provide strategic and operational leadership for planning. Provide leadership in behavioral health, developmental disabilities, and other related areas for the broader API community.

Planning: Provide leadership, vision, oversight and direction for the achievement of ACMHS' mission through strategic organizational planning. Oversee operational planning to ensure the successful implementation of the strategic plan.

Board Relations: Work closely with and take direction and guidance from the Board of Directors. Provide support, education, and leadership to assist them in their roles and responsibilities. Report regularly to the Board, ensuring that they have all necessary information to meet their governance responsibilities.

Resource Development: Provide leadership and oversee all development efforts that enhance the immediate and long-term financial viability of ACMHS, including work with the Board of Directors to develop, direct, and implement a resource development plan to meet the long term financial needs and objectives of ACMHS.

Program Development: Work with staff, Board of Directors, and the community to continue to create an innovative and balanced spectrum of services and programs that serve the needs of the East Bay API community.

Financial and Legal Oversight: Ensure that the Board has all the information it needs to make informed decisions. Ensure compliance with all regulatory and accreditation bodies and all legal and contractual obligations.

Marketing / Public Relations / Community Relations: Develop and oversee marketing/public relations programs and activities. Build community awareness, confidence, and trust in the organization and its objectives on a local and national basis. Serve as chief spokesperson representing the organization in the community and with the media.

Liaison / Outreach: Act as the primary liaison with community groups, collaboratives and advisory boards, building relationships, conveying ACMHS' agenda and negotiating on its behalf. Maintain positive relations with government officials, community organizations, and businesses that can advance ACMHS' mission and vision.

Personnel: Provide overall vision for workplace environment and arbitrate issues that arise among staff, supervisors and the management team. Ensure that personnel management is in accord with regulatory requirements and written policy.

Appendix D: Behavioral Health Care Services and Programs

Multi-disciplinary, multi-lingual services teams provide a broad range of clinical services:

- **Crisis Intervention** on a 24-hour basis;
- **Psychological Testing** comprehensive diagnostic assessment services for children, adolescents, and adults to evaluate a client's situation;
- **Case Management Services** develops independent living skills and linkages with other community support services including vocational, academic, housing, and social services;
- **Play Therapy** a method to treat young children's behavior problems in a safe and dynamic setting;
- **School-Based Counseling** provides adolescents and youth counseling for those young people who are impacted by isolation, alienation, intergenerational conflict, and depression;
- **Parent Counseling** provides guidance for parents in handling their children;
- **Child Abuse Intervention and Education**;
- **Domestic Violence Program** provides treatment services for adults who are victims of domestic violence;
- **Family Counseling** assists families in coping with family members' mental illness;
- **Individual Psychotherapy** assists individuals to establish self-directed goals and action plans through a one-to-one relationship with a bilingual/bicultural therapist;
- **Group Psychotherapy** fosters self-reliance through peer support and promotes acquisition of personal and community living skills;
- **Integrated Services** focuses on collaboration with families, community, and schools to provide early intervention including treatment and life skills-building programs to emotionally troubled A&PI children and youth;
- **Medication Management** pharmacological services are provided by staff psychiatrists as a part of ongoing therapy and aid in crisis situations;
- **Substance Abuse Treatment** assists addicted individuals to abstain from drug and alcohol use and to enable youth and adults to live productively and independently; and
- **Dual Diagnosis Treatment** assists clients diagnosed and suffering from both mental illness and substance abuse.

Source: ACMHS website www.acmhs.org

Appendix E: ACMHS Family Support Services

- **Infant and Preschool Children Services** provide young children with school readiness support, assessment, family service coordination, and referrals to county services;

- **Children and Youth Programs** are organized in three core service areas:

    - **Youth and Families** -- builds family support through after-school and recreation activities, teen pregnancy education, life skills, and cultural enrichment;

    - **Substance Abuse Prevention and Intervention Services** -- prevention services include educating youth and families on the impact of substance abuse, skills building, intergenerational conflict, and youth/family support; treatment plans include individual, group, family, and crisis intervention services for A&PI youth;

    - **Leadership Development** -- nurtures self-esteem, empowerment, and advocacy skills required to create positive social change in their communities.
        - Asian & Pacific Islander Youth Promoting Advocacy and Leadership (AYPAL) aims to reduce the prevalence of violence and problem behaviors among A&PI youth (e.g., truancy, substance abuse, family intergenerational conflict and suicidal ideation). AYPAL is a collaborative of five youth organizations:

            - Oakland Asian Student Educational Services
            - Filipinos for Affirmative Action
            - Korean Community Center of the East Bay
            - Lao Iu Mien Culture Association
            - Pacific Islander Kie Association

Source: ACMHS website www.acmhs.org