

Implementation Pilot Projects (IPP) Asian and Pacific Islander Hub

**Community-Defined Evidence Practice (CDEP)**

Community defined evidence practices include programs and interventions that are accepted and used by a group or culture, but is oftentimes not accepted, funded, or used in the mainstream mental health system. Within the California Reducing Disparities Projects, these are culturally and linguistically appropriate, as well as trauma-informed programs. They aim to improve mental health of African American/ Black identified; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+ communities. These practices have been overlooked, erased, and underfunded by Western modalities of mental health treatment, leading to harm and stigma in these populations.

**Cambodian Association of America—Los Angeles County, Orange County**

*Community Wellness Program*

Cambodian Association of America (CAA) has been working to better establish the underserved Cambodian population across America for over 40 years. CAA is partnering with Families in Good Health and United Cambodian Community in Long Beach, and The Cambodian Family in Santa Ana, as the Cambodian Advocacy Collaborative. The collaborative pilot project is the neighborhood-based API Strength-Based Community Wellness Program, which provides an array of prevention activities to Cambodian refugees who have suffered trauma and depression.

*Community Wellness Program Outcome Data*

* Populations served: Approximately 375 clients.
* Hours of service: Hours spent directly engaging with participants (e.g., providing case management, facilitating workshops) is not tracked. However, two community health workers are employed full time (40 hours per week) and two are employed part time (20 hours per week).So to date, the estimated number of hours is 960, since the program is in its 4th year.
* Outcome Data: 57.7% of participants reported reductions in the effects of past trauma; 69.3% of those with depression-related symptoms at the beginning of the program reported reductions in symptoms. Here is an article from NBC about the CWP: <https://www.nbcnews.com/news/asian-america/cambodian-mental-health-data-highlight-need-culturally-sensitive-programs-community-n1239340>
* Programmatic Solutions: CWP activities are delivered by bilingual and bicultural community health workers, who also experienced the atrocities of the Khmer Rouge and understand the level of trauma that participants experienced. The program incorporates the cultural values of the Cambodian culture and include activities that are familiar to Cambodian people.
* COVID-19 Accommodation: All program activities (case management, workshops, social activities) are now delivered over the phone or online. CHWs are focused on connecting with participants regularly because many are older and are isolated at home. In addition to implementing program activities, CHWs are also helping participants with immediate needs, such as food assistance.  
    
  **Success Story #1:**  
  *S.T. is a 64 year-old female who now knows how vital it is to maintain good mental health and avoid getting overwhelmed as a result of participating in the Community Wellness Program (CWP). The first time that she enrolled in the CWP, she was not aware of the symptoms of mental illness or depression. She struggled with anxiety, depression, hopelessness, and sadness. These feelings started when her husband passed away, which was one year before she enrolled in the CWP. Her diet changed drastically after her husband passed. She was eating only 500-600 calories a day and sleeping only 4-5 hours a night. In only three months, she lost 20 lbs. S.T. attended citizenship classes at United Cambodian Community (UCC, a CWP collaborative partner). She informed the CHW that the only thing that keeps her from feeling lonely is when she goes to class and meets other students, who are now her friends.  
    
  In March 2020, UCC closed because of the Covid-19 pandemic and S.T. was not able to see her friends. Even though the UCC office was closed, staff still worked remotely from home. Instead of teaching and meeting S.T. directly, they meet with her weekly on Zoom and Facebook Messenger. UCC staff taught her how to use technology to join online classes to connect with her friends. During the pandemic, S.T. and other CWP participants still attended online classes, including weekly exercise classes, and are hardly ever absent.  
    
  S.T. really appreciated and enjoyed the online workshops. On the days that UCC doesn’t have class she still kept in touch with other students and friends through phone calls. She told the CHW that her symptoms of depression were relieved and her emotional well-being improved. S.T. now exercises 60 minutes every day and goes to the beach if she doesn’t feel well. Sometimes she talks to a friend who can make her happy.  
    
  In September 2020, S.T. passed her citizenship interview. That day she was really excited and happy. She called to all her friends and the CHW to share her good news. Now, S.T. looks happier and she’s thinking about traveling more instead of just staying at home. She’s planning to get her U.S. passport soon and then she will go to visit her family in Cambodia. S.T. now encourages anyone who struggles with mental illness to get help.*  
  **Story #2:**   
  *After listening to the presentation about the Community Wellness Program (CWP), the prospective participant approached the CWP team to learn more about the program and its benefits. She then decided to enroll in the program. As a former victim of domestic violence and a single mom raising two children, her daughter has hemophilia and her son attention-deficit/hyperactivity disorder (ADHD); she has a lot to go through in life. After attending the educational workshops and getting support from the CWP team in terms of case management, she learnt how to apply self-care tips and better deal with her life issues. She also built up her own social support network to include the CWP CHW, her relatives and new friends, particularly, fellow CWP participants, while joining various activities of the program, including gardening and field trips.  
    
  When completing the Wellness Plan, she listed her goals including getting citizenship, taking back control of her life and becoming a nurse so that she can take care of sick children. After attending the civic classes at CAA, and with her hard work, she achieved her first goal by the middle of this year when she received her Certificate of Naturalization. To take control of her life, she continues learning how to navigate information related to resources available for her and her children, where to get help, and who to call when she needs to. She is also pursuing her studies in nursing as a profession. She visited CAA office from time to time. She looked a lot happier than the first time the CHW met her.  
    
  The CHW continues to provide her with support and assistance such as the renewal of Medical, CalFresh and CalWorks benefits. When she lost her job due to Covid-19 pandemic, the CHW assisted her with the application for unemployment benefits, housing assistance, emergency rental assistance, SSI, in-home support service, and therapy for her son who has special needs.*

Contact: Parichart Sabado | (323) 633-9273 | [parichart.sabado@csulb.edu](mailto:parichart.sabado@csulb.edu) | [WEBSITE](http://www.cambodianusa.com/)

**East Bay Asian Youth Center—Sacramento County**

*EBAYC Sacramento Program*

The East Bay Asian Youth Center (EBAYC) in Oakland has been operating as a Drop-In Center for underserved Asian youth for 40 years. The pilot project is “GroundWork”, which serves at-risk Southeast Asian youth in Sacramento through one-on-one counseling, groups, and home visits. EBAYC works in formal partnership with Luther Burbank High School (Sacramento), Hiram Johnson High School (Sacramento), and the Sacramento County Probation Department to identify and access GroundWork's target population. EBAYC supports and guides youth to foster critical protective factors, including sustained relationships with supportive and caring adults, positive cultural identity, and knowledge of and access to family support services.

*EBAYC Sacramento Program Outcome Data*

* Populations served: 87 Southeast Asian Youth, age 13-18
* Hours of service: 2,491 hours (1,718 minutes average per youth x 87 youth)
* Outcome Data: More youth felt they had an adult in their life who has their back (58% to 88%) when they were in the program the full 18 months (full dose) compared to those who remained in the program for less than 18 months. This difference was statistically significant.
* Programmatic Solutions: Southeast Asian communities are traditional with defined and distinct gender roles and expectations for males and females. The program utilizes a culturally sensitive strategy of employing youth counselors who are personally familiar with these expectations from their own life experiences and also pairing youth with counselors of the same gender.
* COVID-19 Accommodation: The program shifted quickly to provide emergency food and supplies to families. Counselors shopped for culturally appropriate food and delivered them to families along with emergency supplies at the beginning of the pandemic. The program model shifted to online interactions with youth in addition to safe socially-distanced in-person sessions at home or at a park when feasible. The program also began piloting a "drop-in" center approach in a safe socially-distanced manner in order for youth to get support, food, and academic assistance.
* Other outcomes? “[EBAYC] lets the kids express their feelings. If they’re down or whatever, and it makes them feel great, they’re not afraid to be who they are… EBAYC has given them the courage to be who they are.”  
  –EBAYC Parent/Guardian

Contact: Ruthie Chang | 510-559-3193 | [rchang@htaconsulting.com](mailto:rchang@htaconsulting.com) | [WEBSITE](https://ebayc.org/our-strategy/sacramento/)

**The Fresno Center—Fresno, San Joaquin and Merced Counties**

*Hmong Helping Hands Intervention*

The Fresno Center implements this pilot project with Merced Lao Family Community and Stockton Lao Family Community Development. The Hmong Helping Hands intervention is a direct prevention and early intervention program that aims to reduce depression, anxiety and acculturation stress in Hmong adults and elders by improving their physical, psychological, social and spiritual well-being and increasing their knowledge and awareness of mental health issues. Key components include culturally relevant activities, community navigation and exploration, and a spiritually oriented approach to health and healing.

**Hmong Cultural Center—Butte County**

*Zoosiab Program*

Zoosiab (The Happy Program) is designed to impact a hard to reach population and provide a more comprehensive and culturally appropriate intervention for Hmong elders. Services are designed to reduce cultural and linguistic barriers in accessing mental health services. The program utilizes both Western and traditional Hmong cultural practices to support the individuals particularly with stress, isolation, stigmatization, and depression. With the activities and lessons in the program, the Hmong community and its elder individuals can improve their perception and perspective of themselves, their place in the general community, and seek the necessary mental health services to improve their overall well-being.

*Zoosiab Program Outcome Data*

* Populations served: 80 Hmong elder participants ages 50+
* Hours of service: 240 hours of service
* Outcome Data: 80% of participants report how much the program has helped them to become more open to talk about their past trauma.
* Programmatic Solutions: The Zoosiab Program works to improve the mental health needs of Hmong elders, 50 years of age or older, with significant consideration for the Hmong culture and traditions.
* COVID 19 Accommodation: The Zoosiab Program has shifted lessons and activities to over the phone, and is finding better ways to conduct recreational groups to our participants in the midst of COVID-19. It is still a struggle for our CDEP as we are doing one-on-one lessons and activities with our participants. We would like them to be more group based, but has been challenging because our participants does not have the proper technology and devices to meet.
* Other outcomes? The Zoosiab Program aim to provide the upmost quality of care to our participants through intervention and education to help our participants through their past trauma in order to talk about what they have been through, for them to understand they are not alone with their situation and/or conditions.

Contact: Payong Xiong | 530-534-7474 | pxiong@hmongculturalcenter.net| [WEBSITE](http://hmongculturalcenter.net/index.html)

**Korean Community Services—Orange County**

*Integrated Care Coordinators*

Korean Community Services (KCS) has been providing health and social services to API populations in Southern California for nearly 40 years. The pilot project is providing integrated health and mental health care coordination through a promotoras model. Community Health Workers have been utilized in primary healthcare or in behavioral health but have yet to be used in integrated care. KCS is partnering with Southland Integrated Services, formerly the Vietnamese Community of Orange County, to serve both Korean and Vietnamese participants. Culturally competent Integrated Care Coordinators will provide primary care, behavioral health, substance abuse treatment and social services navigation in the two largest Asian ethnic communities in Orange County.

Contact: Jungwon Kim | 714-503-6550 | [jukim@kcsinc.org](mailto:jukim@kcsinc.org) | [WEBSITE](https://www.koreancommunity.org/)

**Muslim American Society - Social Services Foundation—Sacramento County**

*Shifa for Today*

Shifa for Today is an early intervention program that aims to reduce trauma, anxiety, depression, and suicidal thoughts among South Asian Muslim refugee adults by developing a culturally competent mental health workforce, increasing access and utilization of mental health services, increasing social support, and decreasing psychological distress. The pilot project will recruit and train 2 cohorts of Peer Counselors who will receive specialized training to provide counseling within an Islamic religious framework, in the language the participants prefer.

Contact: Gulshan Yusufzai| 916-202-0707| [gulshan.yusufzai@mas-ssf.org](mailto:gulshan.yusufzai@mas-ssf.org) | [WEBSITE](https://www.mas-ssf.org/)

**HealthRight 360 / Asian American Recovery Services—San Mateo County**

*Essence of MANA*

MANA is an indirect Prevention and Early Intervention (PEI) program that aims to prevent and/or reduce mental illness by emphasizing the Mana tradition of spiritual connection to higher power and physical, mental, and spiritual wellness. Additionally, all aspects of the programming will be culturally appropriate and be led by trained facilitators and program staff who are bicultural and/or bilingual (including Tongan and a Samoan speaking). The expected outcomes of the Mana program are to: 1) Improve communication skills among family members, 2) Increase leadership skills & community involvement, 3) Educate the community on signs, symptoms and risk factors of mental health conditions (including offering and receiving support), 4) Find voice and understanding of spiritual beliefs, 5) Reduce stigma around mental health conditions and other taboo topics (i.e. domestic violence, rape/molestation, substance use disorders, etc.), and 6) increase access to culturally supportive care and services.

*Essence of MANA Outcome Data*

* Populations served: To date, Essence of MANA has served 46 adults and 31 youth. The majority of participants identify as Pacific Islander; however, past program participants have also identified as Latino/a, African American, white and other Asian.
* Hours of service: 659 hours of service
* Outcome Data: After going through Essence of MANA, the percent of participants reporting that they were “very satisfied” with their relationship with their child increased from 46% to 69%. This finding was statistically significant!
* Programmatic Solutions: Essence of MANA is a culturally-designed program that emphasizes overall wellness to validate participant experiences, build communication and leadership skills, increase knowledge, reduce stigma, and increase access to resources.
* COVID-19 Accommodation: COVID-19 has fundamentally shifted how we do our work. We’ve transitioned to remote services which has been challenging because of a lack of tech resources; not all community members have reliable access to laptops, smartphones, or internet. However we have stayed engaged with participants and the broader community through a range of means—phone calls, food delivery, and Zoom and other platforms. We have been very successful in developing a weekly Facebook Live series called “Talanoa Tuesdays”, which provides a space for community members and past participants to come together to learn, share their experiences, and support one another. It has actually allowed Essence of MANA to reach Pacific Islanders outside of the Bay Area, with participation from communities across the United States and internationally.
* Other outcomes? When the adolescent daughter of a participant ran away from home, Essence of MANA staff were able to rapidly mobilize a community network to help locate the youth. Subsequently, MANA staff worked with a partner agency, Aiga One, to facilitate a reunification and mediation process. The former participant drew on the skills they learned in the program.

Contact: Junior Flores | 415-337-0140 Ext 16 | [aflores@aars.org](mailto:aflores@aars.org) | [WEBSITE](https://www.healthright360.org/)

**About California Reducing Disparities Project (CRDP)**

California Reducing Disparities Project (CRDP), under Prop 63 (Mental Health Services Act), funds 35 culturally responsive, innovative Implementation Pilot Projects (IPPs) across the state of California working in the five population groups: African American/ Black identified; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+. The goal of the CRDP is to simultaneously demonstrate that community derived mental health practices reduce mental health disparities across the five unserved, underserved, and inappropriately served population groups as opposed to traditionally funded mental health services based on Western clinical models.