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## Asian Pacific Development Center

### **Background**

The Asian Pacific Development Center was established in 1980 with money from the Office of Refugee Resettlement. After the fall of Saigon there was a sudden influx of refugees from the Asia Pacific region because the resettlement camps from that region were being cleared out, and because large numbers of refugees were fleeing directly. The United States federal government began funding programs that dealt mainly with Asian Pacific refugee resettlement and mental health issues and thus the Asian Pacific Development Center was created. The original organization was called the Asian Human Services Agency. It was mainly made up of doctors, psychologists, and other medical personnel, and its original mission was to deal with mental health services for refugees and immigrants. In the mid-1980s they changed their name to Asian Pacific Development Center and began to diversify their services. APDC's first new ventures were within the fields of legal and social services. Their legal services consisted of translation and victim services within the local judicial districts, and the social services were mainly composed of education and prevention. Since that time the Asian Pacific Development Center has expanded to five major programs and contributes to smaller programs and organizations (VS2000).

### **Program Overview**

The Asian Pacific Development Center's target population is mainly comprised of refugees and immigrants from countries in Asia and the Pacific region. They primarily help Cambodian, Chinese, Hmong, Japanese, Korean, Laotian, Thai, and Vietnamese refugees and immigrants (APDC, Information Sheet). There is at least one staff member per ethnic group; so that each group will have a person able to translate and assist them in general. The Asian Pacific Development Center is a 501(c)3 nonprofit organization, that relies on funding from the federal and state government, along with money from other organizations. Their funding predominantly comes from grants from multiple agencies on the local, state, and federal levels, as well as subcontracts with different Mental Health Assessment and Service Agencies (APDC, Information Sheet). The Center also has contracts with the State of Colorado Mental Health Services, local Judicial Districts, and Department of Human Services (APDC, Information Sheet). Their current annual budget is 1.8 million dollars.

The Center intends to continue providing services until 2005 and hopefully beyond. It is a licensed Community Mental Health Clinic by the Colorado Department of Public Health and Environment (1982 to present). They also serve as an umbrella organization to other groups and organizations within the Asian Pacific community of Denver; such as Asian Roundtable of Colorado, Asian Chamber of Commerce, and other smaller ethnic organizations (Mile High United Way, Information Sheet). They also belong to multiple mental health organizational networks within Denver and Colorado at large. APDC has

won many awards and has been nationally recognized in mental health publications (Mile High United Way, Information Sheet).

Refugees and immigrants face many mental health problems while transitioning from their home country to the United States. A small number have chronic disorders, which worsen with forced movement and physical afflictions. The majority of refugees and immigrants that APDC works with suffer from mood disorders such as depression and post traumatic stress disorder. However, these are not seen as often in other immigrants because most of them were not forced to leave their homeland in fear. Refugees suffer from many social pressures such as forced movement, adjusting to United States culture, and language variation. One of the problems that APDC notices is that most people seeking mental health help do not want long term help. Instead, refugees seek help until they start to feel a little better and then discontinue consultation, generally yet inadvertently allowing themselves to get worse over time. Another problem is language and health issues. Many of the refugees and immigrants do not have a full command of the English language, which hinders their ability to get adequate health care. Their only options are to use their own children who speak English and their native language, but can that lead to a breakdown in their family hierarchy. Their primary option is to talk to someone they do not know who can speak their native language, but then they may not disclose their real problems. In order to deal with these issues APDC has created an environment in which people seeking help will feel more comfortable by having at least one person who can speak their native language while conducting their sessions in a culturally sensitive manner.

### *Goals*

The Asian Pacific Development Center's current goals mainly center around community education and mental health services. Their education services predominantly focus on health issues and community violence. Their health education includes blood problems, cancer, smoking, sexual assault, and rape. Their violence education services include educating the community and youth in particular. The program also includes after-school activities for at-risk youth so that they can learn alternatives to violence. In order to carry out many of their educational activities they team up with smaller Asian Pacific organizations in the community, such as the Laos Temple so that they can reach diverse peoples without appearing like they are imposing. Other services of the organization are translation and ESL programs. The mental health services aspect of the APDC deals mainly with counseling, medication treatment, mental health assessment, psychotherapy, and support services (APDC, Information Sheet). Their primary target populations for these services are refugees and immigrants.

Although the Asian Pacific Development Center has had many successes within their existence they have run into a few problems and have failed at one program.

1. APDC has tried job-training programs twice and neither has worked. The first one was federally funded and they had to place too many people within a small amount of time, and problems arose. Many people could not find jobs unless it was janitorial and factory work because their English language skills were not as good as they needed to be in order to get other jobs. Another

problem that they faced was many people did not have skills to do work in fields other than agricultural work. Through these circumstances the program failed for APDC and so they dropped the training program.

2. In 1994 and 1995 they once again tried a job-training program, this time through Arapahoe/Douglas County, and it did not work for many of the same reasons.
3. A current problem they are facing is that some ethnic groups are proportionately larger or need more help than others, and APDC is short staffed. If they were to hire more Korean or Cambodian staff then they would have to fire someone from one of the other groups and then that group would not be adequately served.
4. Another problem is that in the current economic conditions they are losing funding. They are losing money from grants, the federal government, and the state. If they continued to lose money then they will have to cut services and their staff will have to shrink.
5. They also have to continue to maintain a balance between other staff and psychiatrists, which causes a strain on available funds.

### **Key Accomplishments**

Asian Pacific Development Center's benchmarks mainly center around their two main programs: mental health services and educational services.

1. In the field of mental health services their interviewing style and communication style focuses mainly on being culturally sensitive to their clients. To do this they have modified how they interview clients by taking into account their socio-political hierarchy and attaining the directness of questions.
2. Also within their mental health services how they deal with the state is innovative in that not only do they provide direct mental health services but they also offer case management to their clients. Most mental health providers do not offer this service but for the Asian Pacific community case management relates to their mental health welfare. If they are having problems with papers from the government, businesses, utilities, etc because they cannot translate them or they do not understand them then their mental health suffers.
3. Within the field of education services APDC has used "service modification". This allows them to develop relationships with Asian Pacific organizations within the Denver community so that they can educate more people and can be seen as a reliable organization to go to for help.
4. They have also perfected "sandwiching" educational topics into other discussions in the community. Topics such as domestic abuse, rape, and sexual assault are very sensitive within the Asian Pacific community, so to educate on these topics APDC introduces them into "centers" they are working with in milder conversations. This once again demonstrates cultural sensitivity to their clients and partners.

## Works Cited

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