

# Appendix A: Methodological Approaches

## A. Qualitative Approaches

### 1. Victims' Families

A qualitative approach was used to examine the specific experiences of Asian American victims' families in relation to the WTC attack. Mahrer's<sup>100</sup> discovery-oriented qualitative research approach was used to analyze the data and to help identify themes across interviews. There are two approaches to this method: 1) to provide a closer, discovery-oriented look at the phenomenon under study and 2) to discover the relationships between conditions, observations and consequences within a psychotherapeutic situation. Although typically used within a psychotherapeutic context, the first approach was suitable for the study due to its primary premise of learning about psychological aspects of the family members' experience. Moreover, the researchers were interested in identifying what one might not already know or predict, according to this approach. Furthermore, according to Mahrer, the key features of this approach are that: 1) it allows for rigorous scientific theory building, 2) generates advances in clinical practices, 3) opens up new methods of conceptualization, and 4) allows for integrating theory, research and practice.

There are several steps involved in this method:

- Selecting an area of study. The experience of Asian American family members of victims of the September 11<sup>th</sup> tragedy.
- Development of an instrument and establishing categories that allow a closer look at the phenomenon under study. The interview questionnaire/protocol focused on particular themes/categories to assess the family members' experiences. In particular, the researchers identified 6 categories for study (e.g., feelings, coping methods etc).
- Obtain instances of the target of investigation by audiotaping the interviews conducted with each participant.
- Obtain or gather data by having research assistants examine each excerpt one by one, identifying and refining categories.
- Making discovery-oriented sense of the data through scanning the data. This occurs through organizing and reorganizing the data into a categorical system of general themes and domains. It was believed that this method of research would provide for an in-depth, subjective analysis of the study participants' experiences.

### **Recruitment**

49 families were contacted, and 28 family members agreed to be interviewed. Of these 28, 22 people were interviewed.

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<sup>100</sup> Mahrer, 1988.

Recruitment took approximately six weeks for South Asian families and three weeks for other Asian families from the time of the project's initiation.

Participants were recruited through outreach and contact with:

- Three Consulates<sup>101</sup>;
- National and community-based social service organizations<sup>102</sup>;
- Mainstream and Asian-language press contacts<sup>103</sup>;
- Churches, temples and mosques;
- Other personal and victim family contacts;
- Community mental health clinics and related organizations;
- Any volunteer Asian victim's family member (18 years of age or older) who was connected at the time of the recruitment period with organizations registered on a contact list of the Asian American Federation of New York (AAFNY).

### **Procedure**

Interviews were conducted approximately nine months after September 11, 2001. Once participants were identified, telephone calls were made to each participant by the primary researcher or a researcher connected to the project if a language other than English was needed to communicate. During the conversation:

- They were informed that these interviews would be audiotaped for later transcription, and that their anonymity would be preserved.
- Participants were told that they were free to withdraw from participating at any time.
- After an initial contact, during which the study was described, potential participants each received a questionnaire packet. The questionnaire packet included an explanatory cover letter, a demographic form, and the interview protocol. All packets were available in English and in the native languages of the potential participants.
- Once participants agreed to be interviewed, interviews were conducted either on the same day or very close to the consent date, based on their availability following the phone contact.
- Fifteen out of 22 interviews were conducted in English, five in Korean, one in Hindi, and one in Mandarin.
- At the completion of the interview, participants received a gift of \$50 and a prepaid phone card.

### **Measures**

#### Demographic Questionnaire

This form was used to elicit descriptive data by obtaining information related to gender, age, birthplace, ethnic background, age at immigration, marital status at immigration, visa status at immigration, current visa status, generational status, education level, occupation, religious affiliation, socioeconomic status, first language, most proficient language, previous experience with counseling, and relationship to victim.

#### Interview Protocol

The researchers developed an instrument that allows for a deeper understanding of the experiences of the family members and their personal reactions to the WTC attacks. In developing the instrument, the research team discussed relevant categories to be targeted for investigation based on the purpose of study and clinical and research

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<sup>101</sup> Consulate General of India, New York; Consulate General of the People's Republic of Bangladesh, New York; and General Consulate of Pakistan in New York.

<sup>102</sup> United Way of New Jersey of Middlesex Co., New York Asian Womens' Center, South Asian Council for Social Services, D.R.U.M. (Desis Rising Up and Moving), the Urban Justice Center, Filipino American Human Services, Chinese Christian Herald Crusades, Tzu-Chi Buddhist Foundation, Chinese-American Planning Council.

<sup>103</sup> South Asian press: India Abroad, Thikana, News India Times, New York Times, and the South Asian Journalist Association based in Columbia University; Chinese press: World Journal, China Press, Mingpao News, Singtao News, 1480 Broadcast Radio, and Sino TV.

experience with the target group. Thus, the interview questionnaire/protocol focused on particular themes/categories to be assessed in understanding their experience. In particular, six identified areas are:

- Reactions related to the event;
- Feelings related to the event;
- Ways of coping, supports sought;
- Gaps in utilized services;
- Future programs needed;
- Other experiences pertinent to Asian Americans (e.g., circumstances of immigration, family support networks, role of religious affiliation, etc.).

### **Transcripts**

Members of the research team transcribed the interviews verbatim. These transcriptions were then double-checked by a different member of the research team, who listened to the original audiocassette. To ensure semantic equivalence<sup>104</sup>, interviews that were conducted in a language other than English were translated into English by a member of the research team and then back-translated to the native language by a different research team member.

### **Data Analysis**

The analyses of the transcribed interviews consisted of moving from specific utterances to generating domains and categories based on group rather than individual thought and action<sup>105</sup>. Two judges/expert raters went through each excerpt individually, examining specific utterances. This involved identifying data that may be different, unexpected, exceptional, surprising, challenging, or disconcerting<sup>106</sup>. This procedure was followed by identifying provisional categories, refining the categories, and reorganizing the data on the basis of the developing category system. This occurred through scanning the data, being open to leads, exploring various patterns, attending to repeated instances, and organizing and reorganizing the data to develop general patterns and themes that evolved within the data.

## **2. Chinatown's Vulnerable Populations**

The focus groups adhered to an interview guide for each specific population with a three-fold design:

- To learn about the experiences and perspectives of the participants in relation to the September 11<sup>th</sup> attacks and their coping and help-seeking behavior.
- To obtain a consensus regarding service recommendations that will benefit the population of the participants.
- To allow for the generation of more in-depth and individualized information, open-ended and inductive approaches were used in the group sessions as much as possible.

### **Recruitment**

A total of 18 focus groups were held in the Chinatown community: five groups each for the elderly and dislocated workers and eight groups for the children. A total of 145 participants attended the groups. The average size of the adults' groups was ten participants, and the average size of the children's groups was seven participants.

- Several major social service organizations in the Chinatown community were contacted via letters, phone contacts, and presentations in staff meetings to solicit their support in recruiting participants.
- Announcements for the study and preliminary interview guides were sent to organizations that expressed interest in hosting focus groups for their constituents

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<sup>104</sup> Brislin, 1980.

<sup>105</sup> Inman, Constantine, & Ladany, 1999.

<sup>106</sup> Mahrer, 1988.

who met the eligibility criteria.

- Contacts were made with the staff liaisons of the various host agencies to finalize recruitment and focus group procedures.
- Potential participants who met the eligibility criteria of the study were identified by each host agency's staff liaison. A letter about the purpose and content of the study and protection provisions for the rights of participants, a consent form, and a brief demographic questionnaire were given to potential participants. Individuals who returned a completed questionnaire and signed consent form were randomly assigned to the various scheduled groups. In the case of children, this procedure was done via their parents or guardians.

### **Procedure**

- Each focus group was conducted on the site of the host agency.
- Focus groups for the elderly and dislocated workers lasted approximately an hour each. Focus groups for the children lasted between 30 to 45 minutes, depending on the size of the group.
- The Principal Investigator served as the moderator for all the focus groups.
- The focus groups for the elderly and dislocated workers were conducted in Chinese (i.e., Cantonese and Mandarin dialects). The children's focus groups were conducted in English.
- All the focus group sessions were audiotaped with the permission of the participants. The tapes were transcribed verbatim from Chinese to English.
- The demographic questionnaires for each population were compiled separately.
- Field notes were taken by the Principal Investigator at the conclusion of each focus group in regard to the group process, verbal and non-verbal behavior of the participants, and emerging themes of the discussions.
- Debriefing was offered to all participants at the end of the group session. Individual time was spent with those who appeared to be emotionally affected during the sessions.
- Elderly and dislocated workers were encouraged to discuss ideas pertaining to service gaps and recommendations.
- Children were asked at the end of the group sessions to write down "wishes" for themselves and their families as another alternative to explore their feelings.
- Participants of the elderly and children's focus groups were each offered a \$10.00 gift certificate. Participants of the dislocated workers' group were each offered a \$20.00 stipend.

### **The Focus Group Process**

#### Structure

Group rules regarding speaking protocol, respecting differences of opinion, and honoring confidentiality of information shared in the group session were explained to the participants. Warm-up dialogues and introductions were held with the participants in the beginning of the session. Each participant was invited to take turns to answer open-ended questions posed by the group moderator, and some participants were asked to elaborate on issues that were deemed significant by the group moderator. Debriefing was offered to all the participants at the conclusion of the group session.

#### Communication Patterns

By population:

- The elderly talked in great detail and with strong emotion about their experiences of September 11<sup>th</sup>.
- The dislocated workers responded to sensitive questions about their unemployment with little probing by the group moderator. Some of them expressed anger and frustration at their predicament and the inadequacy of services and benefits.
- Children tended to be less articulate in describing events and needed probing and

reflection time to discuss their feelings. Some of them seemed to be unsure about the chronology of events. Others were tentative about their opinions and often changed their minds upon hearing other children's responses.

By gender:

- Male adult participants expressed their sadness in a more quiet and subdued manner (i.e., measured words, silence, lowered heads) while others were more vocal in expressing anger and strong opinions.
- Female adult participants expressed their sadness and anxiety more readily through verbal articulation and facial demeanor.
- Male children tended to express their sadness and anxiety in disguises of aggressive fantasies (i.e., punishing and destroying the "bad guy", etc.).
- Female children tended to be more direct in acknowledging their sad and vulnerable feelings.

### **Group Dynamics**

There was a high level of comfort among the participants in their interactions with each other, since most of them knew each other from their affiliations with the host agencies. For all the participants, this was the first time they discussed their personal experiences and feelings regarding September 11<sup>th</sup>.

### **Role of Group Moderator:**

The group moderator made special efforts to create a safe and therapeutic environment for the participants. Supportive statements were made to validate participants' feelings and normalize their reactions. Allowances were made for silences as well as additional time for rehashing painful memories. Efforts were made to engage those who exhibited resistant behavior by eliciting support from other participants.

### **Data Analysis**

The organization and analysis of the data were largely performed by identifying themes in the transcripts of the focus group discussions. Ely<sup>107</sup> define a theme as "a statement of meaning that 1) runs through all or most of the pertinent data, or 2) one in the minority that carries heavy emotional or factual impact."

During the initial reviews of transcripts, labels were used to conceptualize and code "meaning units" that denote phenomena and issues relevant to the study. They were then grouped into tentative categories with titles. After codes and categories were reviewed and finalized, verbatim narratives by the participants were selected from the transcripts to provide a clearer illustration of the content. The investigator's field notes and demographic data provided by the surveys were used to supplement the final analysis of the findings.

## **B. Quantitative Approaches**

### **1. Chinatown Population and Transportation Analysis**

This report uses Census 2000 sample data to provide a detailed demographic analysis of Chinatown's residential population, with the larger aim of presenting a contextual overview of this community prior to September 11<sup>th</sup>. Specifically, the overview examines contextual factors using SF2 and SF3 Census 2000 data, which allow the definition of Chinatown's boundaries using block groups or Census tracts.

The Chinatown Area Mental Health Service Providers Map (See Appendix D, Figure 9), was created to analyze the proximity of mental health services to the Asian population

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<sup>107</sup> Ely, *et al.*, 1991.

in the Chinatown area. The Asian population data is block-level Census 2000 Asian Alone or in Combination data derived from the PL-Redistricting Summary File. The mental health service providers were geocoded (mapped relative to their address), according to the type of mental health service provided by the facility onto the street map. The mental health service providers that provided both outpatient treatment and day treatment will show both corresponding symbols on the map at their address. The Chinatown Area Mental Health Service Providers & Public Transportation Map (See Appendix D, Figure 10), was created using the same mental health service providers information and process as mentioned above. Additionally, we obtained the subway station shape files from a contact within the NYC Metropolitan Transportation Authority (“MTA”). The train routes for each station were derived using public MTA subway maps, as of December 2002. Federation staff created the bus routes using data derived from MTA bus route maps, as of December 2002.

## 2. **Project Liberty**

In Fall 2002, the Federation established a relationship with Hamilton-Madison House to share one year’s worth of data (i.e., October 2001-September 30, 2002) from their organization’s Project Liberty program. Permission was granted from New York State Project Liberty to use this data. Hamilton-Madison House supplied a database technician who developed a web-based database and was responsible for running data queries and producing web-based graphs and tables with the query results. The Federation employed ten assistants to perform the data entry of approximately 14,000 (see “Data Sources” table, below) one-page intake sheets. The entered data were spot-checked for accuracy and cleaned where necessary. The research team devised a series of queries for the database under the guidance of project consultants and members of the advisory team.

### **Data Analysis**

#### **a. Victims’ Families**

The Project Liberty intake form includes a section that records categories of September 11<sup>th</sup>-related situations or circumstances that place individuals at particular risk for negative mental health outcomes, including the “Injured,” “Fire Department,” and “Police Department.” One of these risk categories is “Family of Missing/Deceased.”

The data for this category were organized by two groups:

- i. General Population;
- ii. Asian and Pacific Islander Population (API).

The numbers of responses pertaining to reactions and referrals were totaled, and “Unknown” responses were excluded. The totals for reactions and referrals were compared, and differences between groups of two percentage points or higher were reported.

#### **b. Chinatown’s Vulnerable Populations**

Another category of risk on the Project Liberty intake form was “Displaced Employed and Unemployed.” This category was examined in conjunction with the age categories, also recorded on the form, of Childhood (6-11) and Older Adult (55 and over). There was no category of elderly, i.e., age 65 and over, on the intake form.

The data for these three populations were organized by the following groups:

- i. General Population: the entire universe of Hamilton-Madison House assessments, which covers all of New York City.
- ii. Asian Population: those within the universe of assessments who identified as “Asian & Pacific Islander,” in the ethnicity category.

- iii. Chinatown population: those within the API population who were assessed within the four Chinatown ZIP codes (10002, 10012, 10013, and 10038). The assessment form does not record residential information nor specific ethnicity. According to an earlier study<sup>108</sup> by the Federation, ninety-five percent of the Asian population in Chinatown is of Chinese origin. On this basis, the research team focused on the API population within these four ZIP codes as the best approximation for the Chinatown community.

The numbers of responses pertaining to reactions and referrals were totaled, and the “Unknown” responses were excluded. The totals for reactions and referrals were compared, and differences between groups of two percentage points or higher were reported.

### **3. Asian LifeNet**

The Federation research team worked with Asian LifeNet staff to identify the areas within the organization’s database that capture the service utilization patterns that were of interest for the purposes of this study. Data were gathered on 1) presenting problems, 2) services discussed during the call, 3) the types of referrals made, and 4) overall number of calls to the hotline. These data reflected service trends across various periods in the year after September 11<sup>th</sup> as well as during the corresponding time periods in the year prior to September 11<sup>th</sup>. The latter was included for the purposes of a pre-post comparison and to account for seasonal variation.

### **4. WTC Asian victims’ profiles**

The Federation compiled a list of all known deceased WTC victims of Asian descent using reports from the New York City Department of Health and victims’ profiles from the following websites:

- New York Times
- CNN
- MSNBC
- [www.september11victims.com](http://www.september11victims.com)

Based on these profiles, Federation staff developed the most comprehensive listing of known deceased Asian victims, totaling 184 individuals. This list includes demographics and detailed background information such as ethnicity, occupation, place of employment, age, gender, marital and family status, residence, ZIP code<sup>109</sup>, hobbies/interests, and surviving relatives.

### **5. American Red Cross**

The Federation worked with a database technician and other staff at the American Red Cross to cross-reference the names of the deceased Asian victims with their own database of all family members that had utilized services, received benefits, or otherwise made contact with American Red Cross.

## **C. Methodological Considerations**

The research team conducted in-depth interviews with survivors of 22 Asian victims, 11 of whom were of South Asian descent. This reflects the overall demographic pattern showing that half of the Asian victims’ were South Asian. Using a variety of institutional, community and personal outreach and recruitment strategies, the research team interviewed study participants on a voluntary basis. Though the findings may not be generalizable to the wider

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<sup>108</sup> Asian American Federation of New York, November 2002.

<sup>109</sup> ZIP codes were identified using information on city of residence and the following websites: [www.Quikthinking.com](http://www.Quikthinking.com), [www.newyork.areaconnect.com](http://www.newyork.areaconnect.com), [www.newyorkjewelry.com/html/Queensmap.htm](http://www.newyorkjewelry.com/html/Queensmap.htm), [www.555us.com/555NY/555ny\\_zipcodes.htm](http://www.555us.com/555NY/555ny_zipcodes.htm), and [www.zipinfo.com](http://www.zipinfo.com).

victims' families population, this in-depth analysis reveals critical insights about the experiences of these families in dealing with their loss associated with September 11<sup>th</sup>.

The focus group sessions conducted in Chinatown focus on three vulnerable populations: elderly, children and dislocated workers. The research team targeted participants in daycare centers, senior centers and job training programs in the community. It did not focus on the experience of residents that did not use social services. Again, due to this targeted approach on participants who are part of the social services network and the voluntary nature of focus group participants, the generalizability of these findings is naturally limited. Nonetheless, the research, which is the first-ever-systematic attempt to assess the mental health impact on a neighborhood close to Ground Zero, documents the untold and important experiences of Chinatown residents and workers in coping with the tragedy.

The Project Liberty information on victims' families and Chinatown represents a collection of quantitative data by the largest September 11<sup>th</sup> community-based mental health program serving Asian Americans. As such, the inclusion of this program data on mental health symptoms and referrals was imperative. However, caution should be employed in interpreting these findings, as the intake form, the data from which the study's analysis was based, was designed to be a Project Liberty program implementation tool rather than to serve as a research instrument. The quantitative data provide a supplementary basis for supporting or refuting the qualitative findings.

Overall, this study fills an important gap in understanding the mental health consequences of September 11<sup>th</sup> on Asian victims' families and on Chinatown. The findings in this report provide an important knowledge base for mental health policy making and practice as well as an important baseline for future longitudinal research on victims' families and Chinatown community residents.

## D. Data Sources

SOURCES OF DATA	SIZE (N =)	TIME PERIOD COVERED											
		JUN. '02	JUL. '02	AUG. '02	SEP. '02	OCT. '02	NOV. '02	DEC. '02	JAN. '03	FEB. '03	MAR. '03	APR. '03	MAY '03
<b>Chapter One: The Mental Health Impact of September 11th on Asian Victims' Families</b>													
List of Federation-compiled Asian victims' demographics (from <i>The New York Times</i> , CNN, MSNBC, and <a href="http://www.september11victims.com">www.september11victims.com</a> )	184	X	X										
Study participants demographic questionnaire	22	X	X	X									
Interviews with victims' families	22	X	X	X									
Project Liberty *	24	X	X	X	X								
<b>Chapter Two: The Mental Health Impact of September 11th on Chinatown</b>													
Census 2000													
Focus groups with Chinatown populations	145	X	X										
Demographic questionnaires of study participants	145	X	X										
Surveys of Chinatown area mental health service providers	11		X	X	X	X	X						
Survey of social service providers	38	X	X	X									
Interviews and focus groups with mental health service providers and administrators	25	X	X	X									
Project Liberty *	2,380	X	X	X	X								
<b>Chapter Three: September 11th-Related Mental Health Initiatives, Service Utilization, Unmet Needs, and Service Gaps</b>													
American Red Cross**	315	X	X	X	X	X	X	X	X	X			
September 11th Fund		X	X	X	X	X	X	X	X	X			
Mental Health Association of New York/Asian LifeNet***	3,599	X											
Interviews with 9/11 case management programs & community-based mental health professionals	21			X	X	X	X	X	X	X	X	X	
Project Liberty *	2,404	X	X	X	X								
<b>Appendices</b>													
American Red Cross	315	X	X	X	X	X	X	X	X	X			
September 11th Fund		X	X	X	X	X	X	X	X	X			
Mental Health Association of New York/Asian LifeNet***	3,599	X											
Interviews with 9/11 case management programs & community-based mental health professionals	21			X	X	X	X	X	X	X	X	X	
Federation review of capacity count					X	X	X	X					
List of Federation-compiled Asian victims' demographics (from <i>The New York Times</i> , CNN, MSNBC, and <a href="http://www.september11victims.com">www.september11victims.com</a> )	184	X	X										
Census 2000													
Metropolitan Transit Authority													
Project Liberty *	2,404	X	X	X	X								

\* All Project Liberty data covers October 2001 - September 30, 2002; Total N = 13,859

\*\* American Red Cross data covers September 2001 - February 2003.

\*\*\*Asian LifeNet data covers January 2001 - June 2002.

## Appendix B: September 11<sup>th</sup>-Related Mental Health Initiatives

### A. The American Red Cross: Mental Health and Case Management Services

In the aftermath of September 11<sup>th</sup>, the American Red Cross has played a major role in providing disaster relief to victims' families, rescue workers, displaced residents, the injured, as well as economically affected individuals. In particular, the American Red Cross has implemented a number of programs to assist victims' families.

#### 1. Family Gift Program

On September 23, 2001, the American Red Cross launched the Emergency Family Gift Program, and on January 31, 2002, expanded the program to cover expenses for up to one full year<sup>110</sup>. This program was launched to help families of the deceased and seriously injured meet their immediate financial needs. This gift program assesses each family's needs and provides a grant for living expenses such as food, clothing, utilities, mortgage or rent payments, funeral and related expenses.

#### 2. September 11<sup>th</sup> Long-Term Recovery Program

On August 22, 2002<sup>111</sup>, the American Red Cross launched this program to allocate more than \$133 million to provide services over a period of three to five years to victims' families. These funds are to be used to help pay for mental health and uncovered health care services, as well as family support assistance. In particular, working closely with The September 11<sup>th</sup> Fund, the American Red Cross plans to spend up to \$40 million over the three to five year life of the program in providing mental health services to 16,000 individuals. Services included are individual, group and family counseling; medication; hospitalization; and inpatient and outpatient substance abuse treatment. The program covers a maximum of 32 outpatient visits.<sup>112</sup>

- Mental Health Program: Administered by the Mental Health Association of New York City, this program allows eligible participants the flexibility of choosing their own licensed mental health provider. LifeNet, a nationwide toll-free telephone number (1-800-LIFENET) staffed by the Mental Health Association of New York City screens callers and routes those eligible to American Red Cross staff. Enrollment may be initiated by an individual or family member, through Service Coordinators, Family Support Specialists, or the American Red Cross call center. A toll free number for

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<sup>110</sup> American Red Cross, September 2002.

<sup>111</sup> Prior to this date, and subsequent to September 11, 2001, service providers could bill directly for approved services.

<sup>112</sup> Services are billable retroactively to September 11, 2001. Eligible clients and licensed mental health service providers may submit claims for reimbursement to the American Red Cross. Additional benefits are assessed on a case-by-case basis.

Asian LIFENET (1-877-990-8585), which is part of the LIFENET system, is designed to serve Asian-speaking callers. Only Chinese and Korean languages are available through Asian LIFENET.

- Family Support Services: Another component of the American Red Cross' long-term recovery program, this program, which intends to serve 3,000 families, provides individualized support and guidance to eligible families to ensure their access to the resources they need for their recovery. Trained American Red Cross Family Support Specialists assist with determining health care and mental health needs, identifying resources, making referrals, providing assistance through three financial assistance programs, identifying long term needs, and planning for the future.

### **3. Community Coordination**

In its relief activities, the American Red Cross has worked closely with other relief agencies, community organizations, and government agencies. The American Red Cross conducts direct outreach through community liaisons for 1) New York, 2) New Jersey, and 3) regionally, or in the rest of the U.S. The American Red Cross is a member of the 9/11 United Services Group (USG), which coordinates 13 service agencies to help ensure that those affected by the events of September 11<sup>th</sup> get the help they need.

- Community Relations: The Community Relations department handles outreach to community-based organizations and advocacy groups, and the mental health team conducts direct outreach to mental health providers, including Project Liberty.
- State Relations: The American Red Cross works with the State Crime Victims' Compensation Board to coordinate outreach efforts on the state level.
- National Relations: On the national level, it works with the National Center for Victims of Crime.

### **4. Asian Community Outreach**

In July 2003, the American Red Cross was planning targeted mental health outreach to Chinatown.

- Asian Language Services: American Red Cross reported that the Mental Health Department, which conducts outreach to and provides benefits training for community service providers and determines client eligibility for services, has no fluent Asian language-speaking staff. There is only one Cantonese-speaking staff at the call center. A translation service formerly was used at both the call center and within the mental health department when needed. In January 2002, the call center stopped using the translation services because it costs \$4.50 per minute. American Red Cross reported that it would be feasible to seek out and work with English-speaking family members as representatives of clients that do not speak English. According to providers, such a situation could interfere with making the appropriate referral as confidentiality is minimized.

## B. The September 11<sup>th</sup> Fund

### 1. Mental Health Services

In conjunction with the American Red Cross, The September 11<sup>th</sup> Fund launched their joint mental health initiative in late August 2002. The Fund plans to spend up to \$45 to 65 million over the three to five year life of the program. Under this initiative, up to \$3000<sup>113</sup> in services are offered to individual victims' family members<sup>114</sup> in outpatient mental health treatment, including individual, group, and family counseling; psychotropic medications; alcohol or substance abuse detoxification, counseling, or outpatient rehabilitation and inpatient hospitalization and/or substance abuse treatment. Similar to the American Red Cross program, Mental Health Association/LifeNet serves as the front door for The September 11<sup>th</sup> Fund; eligibility is confirmed by the American Red Cross or the Mental Health Association and only licensed professionals may provide treatment. Once eligibility is confirmed, a benefit card and information are provided to help clients and providers submit claims. The American Red Cross and The September 11<sup>th</sup> Fund are sharing the costs of this program to maximize resources and avoid duplication of efforts.

### 2. Case Management Program

In late August 2002, The September 11<sup>th</sup> Fund launched a comprehensive case management program to provide assistance to victims' families, the injured, dislocated workers and displaced residents. Major services include comprehensive needs assessment; provision of information and referrals to mental health counseling and support groups; assistance in accessing legal services, immigration services, job training and job placement; assistance in applications; advocacy with service providers; and keeping clients up-to-date on the latest available services and benefits.

Specifically, this initiative enables six partner agencies - Asian American Federation (AAFNY), Chinatown YMCA, Chinese-American Planning Council (CPC), Filipino American Human Services, Inc. (FAHSI), and New York Asian Women's Center (NYAWC) - to hire bilingual case managers to reach out and work closely with Asian victims' families and economically impacted individuals.

- **Asian Language Services:**

Within The September 11<sup>th</sup> Fund program, services are provided in the following languages:

- Bengali – NYAWC
- Cantonese – AAFNY, C-YMCA, CPC
- Fuzhounese – C-YMCA
- Gujarati – NYAWC
- Hakka – CPC
- Hainanese – CPC
- Hindi – AAFNY, NYAWC, SACSS
- Japanese – JASSI
- Korean – AAFNY
- Mandarin – AAFNY, C-YMCA, CPC
- Marathi – AAFNY
- Tagalog – FAHSI
- Tamil – AAFNY
- Toisanese – CPC

<sup>113</sup> Services are billable retroactively to September 11, 2001. Eligible clients and licensed mental health service providers may submit claims for reimbursement to The September 11<sup>th</sup> Fund.

<sup>114</sup> Compared to the American Red Cross, The September 11<sup>th</sup> Fund also offer these mental health services to a wider range of groups, including injured victims and their family members, former employees of WTC and their family members, dislocated workers who worked in the WTC vicinity and their family members, rescued workers and their family members, displaced residents, and children who attended a nearby school.

- Urdu – NYAWC
- Vietnamese – CPC

The range of languages covered plays a crucial role in creating linkages to much-needed services. Within the one-year period for which funding for this initiative is available, the challenge of the program is to connect victims' family members and others indirectly impacted to services and information that will sustain them for the long-term. As mentioned, the effects of trauma can persist for years if addressed inadequately or not at all, and often may surface years after the traumatic event. Clients need to be furnished presently with supportive and preventive tools, such as mental health education to build self-awareness as well as knowledge about available and appropriate resources.

- **Asian American Victims' Families' Mental Health Service Utilization**

Interviews were conducted in December 2002 and January 2003 with case managers from these six partner agencies. Consistent with findings from the interviews with victims' family members in this study, case managers reported that generally very few clients who were victims' family members expressed interest in mental health services. Of those who did, very few found the sessions helpful because they did not see a provider of the same cultural background. Generally, most Asian American clients were more interested in obtaining concrete assistance than mental health assistance. However, a greater degree of willingness to utilize mental health services was observed among Asian American clients who were more acculturated and did not have any special language needs, were more educated, and had higher household incomes.

Case managers consistently acknowledged that the method of broaching the topic of mental health with Asian American victims' families requires extra care and cultural sensitivity. Often, the issue of mental health is not addressed until the second or third meeting, or when a relationship has become more established with the client. In other instances, the issue is not directly raised at all, and instead, other gauges are employed, such as, for example, asking how the children are doing.

Currently, mental health training is not a requirement of The September 11<sup>th</sup> Fund case management training program. For case managers who come into the job with little or no mental health background, broaching the topic of mental health and eliciting discussion about mental health issues can be a challenge. Especially for those who work directly with impacted immigrant groups, the need for mental health training that emphasizes cultural competence is critical.

The following describes interview findings from these partner agencies:

- **Asian American Federation (AAFNY)**

Under this initiative, the Asian American Federation's focuses its outreach and services on the Chinese, Korean, and South Asian families of direct victims, as well as other affected community members in Queens.

Asian American Federation employs six full-time case managers, who collectively speak Cantonese, Hindi, Korean, Mandarin, Marathi, and Tamil. Of the over 20 family members served, only four expressed interest in mental health services. These families are generally more interested in concrete assistance. Those who did receive mental health services did so through Project Liberty, through the assistance of American Red Cross. The perceived utility of these visits was limited, largely due to the lack of culturally competent care.

- **Chinatown YMCA**

Chinatown YMCA serves Chinese American children and families in Chinatown and the Lower East Side. The program employs five full-time case planners who serve about 15 to 18 clients each and among them speak Cantonese, Mandarin, and Fuzhounese. The case planners assist individuals in accessing services and financial assistance. Though Chinatown YMCA refers many clients to job training programs (e.g., CPC, Manpower, Henry Street Settlement, and University Settlement) and entitlement programs (e.g., Safe Horizon, Salvation Army, Lower Manhattan Development Corporation, and public assistance from the government), few clients ask directly for mental health services. For those who require some form of mental health help beyond counseling and support groups, referrals are made to Lower Eastside Service Center and Hamilton-Madison House. Referrals are accepted from schools in the Lower East Side and Administration for Children Services.

- **Chinese-American Planning Council (CPC)**

CPC 9/11 Case Management serves Chinese Americans in Chinatown and Brooklyn. The program staffs nine full-time case managers, who collectively speak Cantonese, Mandarin, Hakaanese, Hainanese, Vietnamese, and Toisanese. Each case manager has a caseload of approximately 50 clients. Relief services offered within CPC include translation, application assistance, employment services, referral services, small business assistance, and mental health referrals. Mental health counseling is usually not discussed in the first meeting with the client or before a level of comfort or a relationship has become more established. However, after the second or third meeting, or as the case manager feels appropriate, referrals are made to Charles B. Wang Community Health Center or Asian LifeNet. Most CPC clients come through word-of-mouth, although CPC has done outreach at Community Board meetings and Safe Horizon.

- **Filipino American Human Services, Inc. (FAHSI)**

As of December 5, 2002, FAHSI, which serves Filipino American families and workers, had 12 September 11<sup>th</sup>-impacted cases, six of whom were victims' family members. All of these victims' family members were offered mental health counseling; Four of them actually received services. The two who opted not to seek mental health services preferred to talk to priests. In these cases, referrals were made to Project Liberty, Safe Horizon, Choice Mental Health Center (Woodside, Queens), and an in-house counselor, who is a psychiatrist trained in the Philippines. According to FAHSI, mental health appears to take as much priority as concrete issues, and clients report that these issues are intertwined.

FAHSI's Filipino American clients represented a generally more acculturated immigrant group. All victims' families were American citizens and had been in the U.S. for more than 10 years. Nearly all of those who received mental health services were college-educated women. All of these individuals spoke English, but two of them preferred to communicate in a Filipino dialect. None had any experience with mental health counseling prior to the loss of their family member.

FAHSI conducts outreach through community forums and letters to the families from a list of victims' families in the United Services Group (USG) database. It also receives referrals by other agencies; The organization is reportedly working with Safe Horizon, Catholic Charities, American Red Cross, New York Unmet Needs Roundtable, and Bridge Fund of New York to provide all forms of available assistance to victims' families.

- **Japanese American Social Services, Inc. (JASSI)**

JASSI's Relief, Recovery and Rebuilding Initiative for September 11<sup>th</sup> support and services has sponsored three workshops, held five support group sessions, and translated September 11<sup>th</sup>-related information into Japanese.

JASSI's outreach includes ads printed in Japanese newspapers and posters in Japanese stores. It has issued five press releases and numerous articles in local papers about its work providing September 11<sup>th</sup> support services. The organization has also conducted a community survey with 150 respondents and determined that many people wanted information on counseling and self-care, government benefits, environmental issues and immigration issues.

Its one Japanese-speaking caseworker has been in contact with over 100 people and worked with a total of 20 clients, about six of them ongoing, to access benefits. Clients generally ask for concrete services (e.g., financial consultations, Mortgage and Rental Assistance, entitlements, and other assistance), and not mental health services. Though the caseworker offers them pamphlets about the various English and Japanese counseling services available at Project Liberty and Hamilton-Madison House, it is not known if the clients take advantage of the sessions.

- **New York Asian Women's Center (NYAWC)**

Under this initiative, The New York Asian Women's Center serves South Asian Americans. Case managers speak Bengali, Gujarati, Hindi, & Urdu. The center receives clients from referrals by other agencies; namely, Safe Horizon and South Asian organizations. At the time of the interview, NYAWC had not conducted its own outreach.

Similar to FAHSI clients, the family members that were linked to mental health services were generally more acculturated women. All of them were professionals, American-born, and did not have any special language needs. The immigrant victims' family members were not interested in mental health. They preferred their family, friends and community to be around them, rather than in a clinical setting.

For victims' families, economic issues generally took precedence over mental health, even among those who received counseling. The services that clients sought were typically individual and short-term.

- **South Asian Council for Social Services (SACSS)**

SACSS' clientele was initially more interested in concrete services, such as legal assistance from Trial Lawyers Care (TLC) and immigration assistance. SACSS noted that most clients are usually looking for several forms of assistance. After clients have their basic needs addressed, they are more open to receiving mental health services, provided they are from a culturally relevant source. SACSS stressed the importance of culturally competent care for building rapport with the client.

Of the 44 victims' families in the case management program, between 80 and 100 people are served in the mental health program. This high level of service utilization is attributable to positive experiences, spread by word of mouth, of an initial few. All the mental health counseling is done in-house by three licensed mental health practitioners. Both individual and group sessions are offered, with monthly group sessions in New Jersey and home-based programs in Westchester. Support groups are comprised mostly of spouses, who have connected through other recreational group activities as well. SACSS reported that parents are the most emotionally impacted and usually prefer to receive individual counseling. Services are offered in

Bengali, English, Gujarati, Hindi, and Malayalam.

### 3. School-based Initiative

On September 19, 2002, The September 11<sup>th</sup> Fund launched a program to help an estimated 25,000 pre-school through high school students who experienced the terrorist attacks firsthand or were traumatized by the subsequent evacuation or relocation from their schools. Under this \$13 million initiative, the Fund augments mental health services, art therapy, enrichment activities such as summer school and after-school programs, academic preparation assistance, and professional development to help train teachers and others to identify and respond to mental health problems in children. Community School District 2 and School Arts Rescue Initiative Project are among the major grant recipients of this initiative.

**Asian Community Impact:** Community School District 2 has received funding to hire 17 case managers in schools located in Lower Manhattan. Included in these schools are the following predominantly Asian schools: PS 1, PS 2, PS 42, PS 124, PS 126, PS 130, MAT, and MS 131. While the coordinator at the District initially hoped to hire bilingual case managers, this was not possible due to the inability to find such qualified individuals. In this absence, they have provided cultural awareness workshops for these case managers, conducted by university-based mental health experts. Under this program, the District also provides therapeutic services such as art therapy in two of the Chinatown schools, PS 42 and PS 124.

The School Arts Rescue Initiative Project received funding to provide art therapy to schools in Lower Manhattan. All Community School District 1 and 2 schools, as well as the archdiocese schools - including the two predominantly Asian American schools (Transfiguration and St. Joseph) - have also received funding. Schools choose from a number of the New York Times Fund's designated art organizations that provide therapeutic services, some of which are culturally-sensitive.

## C. Mental Health Association of New York City/LifeNet

The Mental Health Association, under contract with the New York City Department of Health and Mental Hygiene, sponsors LifeNet, a program that, in addition to providing public education and outreach, operates a 24-hour crisis information and referral hotline. *AYUDESE* (Spanish LifeNet) and Asian LifeNet are its other-language subsidiaries. Asian LifeNet is staffed by professionals with language capacities in Cantonese, Mandarin, and Korean.

As New York City's largest mental health service network, LifeNet was the only service after September 11<sup>th</sup> that had an existing communications infrastructure to deal with a crisis of that magnitude. LifeNet serves as the front door in the coordinated response of the major mainstream mental health initiatives. For the American Red Cross and The September 11<sup>th</sup> Fund program, LifeNet shares the responsibilities of service eligibility determination and referral-making with the American Red Cross<sup>115</sup>. Similarly, Project Liberty designated LifeNet as the major entry point for access to its services<sup>116</sup>.

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<sup>115</sup> As of August 2002.

<sup>116</sup> As of the early weeks following September 11<sup>th</sup>.

## D. Project Liberty: Crisis Counseling, Public Education, and Referrals

As of mid-August 2002, Project Liberty has provided counseling and public education services to more than 150,000 individuals who live or work in New York City. Project Liberty was initiated in October 2001 with a \$22.7 million statewide grant from the Federal Emergency Management Agency (FEMA). New York City received \$14 million to establish Project Liberty counseling services in all five boroughs. In May 2002, FEMA awarded New York State an additional \$112 million to continue the program.

**Short-Term & Long-Term Services:** Project Liberty staff offers free short-term crisis counseling and education services within the New York state area. It can also refer to long-term mental health specialists.

**Asian Community Outreach:** As of October 2001, Hamilton-Madison House, the largest mental health service provider in the New York City Asian American community with a staff speaking over 22 Asian languages and dialects, performed extensive outreach in the New York metropolitan area. In the subsequent year, Project Liberty performed over 10,000<sup>117</sup> contacts with Asian American clients.

Other Project Liberty providers currently serving the Asian American community in Manhattan include Bellevue Hospital, Educational Alliance, Gouverneur Hospital<sup>118</sup>, Henry Street Settlement, Saint Vincent's Hospital, and University Settlement. In the first six months after September 11<sup>th</sup>, a Project Liberty program was established at the 141 Worth Street FEMA relief center in Manhattan<sup>119</sup>. Outside of Manhattan, Project Liberty operates through community-based service providers in other areas with high concentrations of Asian Americans, such as Flushing, Queens and Sunset Park, Brooklyn.

## E. Other Initiatives

### 1. Asian Americans for Equality Wellness Project

In February 2002, AAFE commenced its one-year, \$125,000 Wellness Project to provide mental health-related services and case management to Asian Americans who suffer from mental health issues as a result of September 11<sup>th</sup>. The program's focus is mental health prevention, coping, and maintaining emotional health. Linking mental health services with other concrete services, such as AAFE's ESL classes and legal assistance programs, reduces the stigma associated with receiving mental health services. The program also runs public mental wellness education workshops in a Chinatown library.

The Wellness project staffs one supervisor and two licensed direct service providers who are bilingual in Cantonese and Mandarin. As of December 2002, 1000 people had been screened. In December, there were 68 open cases, all of whom had received brief counseling. The most common issues are stress management, depression, and anxiety. Referrals are made to Bellevue Hospital, Gouverneur Hospital, and homeless shelters, as necessary.

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<sup>117</sup> Can be follow-up visits or duplicate counts.

<sup>118</sup> From September 12, 2001 to October 2002, Gouverneur conducted approximately 80 intakes with Asians Americans. Roughly 10% of cases were made up of Asian-Pacific Islanders, though it should be noted that more than 10% of those who sought services were of Asian-Pacific Island descent. The language capacities of both sites were extremely limited, and most people were turned away because of language barriers. Asian language capacity was in Chinese only; In Gouverneur: there were 15 Mandarin, 10 Cantonese, and one Taiwanese staff.

<sup>119</sup> From October 2001 to January 2002, the FEMA Center at 141 Worth Street conducted 120 Project Liberty intakes with Asian Americans. At 141 Worth Street, there were four Chinese (i.e., Mandarin and Cantonese) speaking staff. The Project Liberty program at this relief site closed after January 2002.

## **2. Charles B. Wang Community Health Center**

With three locations (Canal Street & Walker Street in Manhattan; 37<sup>th</sup> Avenue in Flushing), the Charles B. Wang Community Health Center's Action for Bridge Program assists many Asian Americans with physical and mental health issues while providing culturally competent services. The Clinic hosts a variety of outreach and educational programs about general wellness and specialty healthcare issues. Major funders of the Bridge program are: The Robert Wood Johnson Foundation, van Ameringen Foundation, Pfizer Foundation, United Hospital Fund, New York Community Trust, and Sergei Zlinkoff Fund.

Since 1997, the Clinic has been providing primary care and mental health services through its Bridge program, which integrates mental health screening into primary care visits. This link reduces the stigma associated with mental illness and can promote better outcomes for primary care patients who otherwise would not visit a mental health setting. The program trains primary care practitioners in mental disorder assessment, diagnosis, and management, with an emphasis on cultural competence. It also provides mental health education to community members.

September 11<sup>th</sup>-related outreach (funded largely by Project Liberty) started in February 2002 and centered around the Chinatown area. The Charles B. Wang Community Health Center outreaches to public schools, conducts radio programs, and distributes Chinese printed pamphlets at street fairs. The focus of the outreach is on helping children and elderly deal with post-September 11<sup>th</sup> trauma and stress. The Robert Wood Johnson Foundation, Sergei Zlinkoff Fund, Commonwealth Fund, van Ameringen Foundation, and New York Community Trust provided additional funding to support mental health services. Staff at the Charles B. Wang Community Health Center speak the following Chinese dialects: Cantonese, Mandarin, Toishanese, Shanghainese, and Taiwanese.

## **3. Coalition for Asian American Children and Families – Project CORE (Children Overcoming through Resources and Education: A Community Mental Health Initiative)**

In October 2002, the Coalition for Asian American Children and Families (CACF) implemented the CORE initiative (Children Overcoming Through Resources and Education), with the aim of fostering positive mental health outcomes for children and families primarily in Community School Districts 1 and 2. Through community-based events featuring educational and recreational activities that promote coping and healing, the program's preventive, holistic framework emphasizes themes of positive identity, re-establishing normalcy and a sense of safety, pro-social behavior, developing relationships, and community-building. This initiative includes an extensive public education campaign providing mental health education for parents. It is also developing culturally competent mental health curricula and offers training to community-based service providers.

## **4. Lutheran Family and Community Services New Life Center**

Established on December 12, 2002, the New LIFE (Lutheran Initiative for Empowerment) Center serves the entire Asian immigrant population, particularly Fujianese families and individuals. In the aftermath of September 11<sup>th</sup>, many Fujianese lost their homes and/or jobs and could not qualify for assistance. They were excluded by the strict geographical guidelines set forth by many agencies. There are few programs and services available in Fujianese population, leaving the population without adequate translation and disaster support services.

Some of New Life Center's services are job-training; help accessing public assistance; immigration services; counseling and support groups; and referrals to other programs.

Fees for immigration legal services vary (but have a minimal charge), and counseling and other services are free. Currently there are two full-time staff members, one of whom is of Fujianese background.

**5. New York State Crime Victims Board**

New York State Crime Victims Board offers a victim assistance program that provides immediate help to victims of crime. This program provides substantial financial relief to victims of crime and their families by paying non-reimbursed crime-related expenses, including medical and funeral expenses, loss of earnings or support, counseling, crime scene clean-up expenses, the cost of repairing or replacing items of essential personal property, reasonable court transportation expenses, and the cost of residing at or utilizing the services of a domestic violence shelter. It reimburses the cost of psychotherapy not covered by insurance to those who were directly affected by the attack.

**6. The Robin Hood Foundation**

The Robin Hood Foundation has provided mental health funding to a number of community organizations in the Asian American community. In particular, the Foundation provided funding to Asian Americans for Equality for two bilingual social workers for mental health and case management services; Filipino American Human Services, Inc., for a social worker to conduct individual and group mental health services; and South Asian Council for Social Services, for outreach and professional staff. More recently, the Foundation has funded the Lower Eastside Service Center to reach out to undocumented immigrants residing in Chinatown who have been adversely affected by the consequences of September 11<sup>th</sup>.

**7. WTC United Family Group**

WTC United Family Group holds periodic support groups in New York and New Jersey for family and friends of victims. Groups are led by non-professional mental health advisors or family members. The WTC United Family Group also offers online support groups. However, there are no Asian American support groups.

## **Appendix C: Program Capacity of Chinatown Community-Based Organizations and Other Asian Services Programs in Manhattan**

### **1. Bellevue Hospital Center – Asian Inpatient Program**

The following services are offered: individual therapy sessions, group therapy, activity therapy, and medication.

- Languages and dialects: Cantonese, Mandarin, Toishanese, Korean, Vietnamese, and Tagalog
- Bilingual staff: 7 full-time and 4-5 part-time staff members
- Maximum capacity for Asians: 25
- Children: approximately 15 maximum capacity
- Elderly: approximately 31 maximum capacity

### **2. Charles B. Wang Community Health Center (CBWCHC)**

The CBWCHC provides comprehensive primary and specialty health care that is culturally competent and affordable; emphasizes health promotion and disease prevention through education and outreach; advocates on behalf of the community for better access to care; and aids in the training of future Asian American healthcare providers for community service.

- Languages and dialects: Cantonese, Mandarin, Toishanese, Shanghainese, and Taiwanese
- Bilingual staff: 3 social workers, 1 psychiatrist, and 1 part-time social worker intern
- Maximum capacity: 25
- Children: 10 maximum capacity
- Elderly: 15 maximum capacity (elderly are subsumed under adult category)

### **3. Educational Alliance**

Mental health services are offered in an outpatient clinic setting to children, adolescents, adults, and seniors. The following services are offered: clinical assessments, psychological and psychiatric consultations, individual, and family and couples treatment. Groups such as psychotherapy, parenting, bereavement, wellness and caregiver are also offered. Mental health services are provided for students in local schools.

- Languages and dialects: Unknown
- Bilingual staff: 1 social worker
- Maximum capacity for all cases, including children and elderly: 30

**4. Gouverneur Hospital – Asian Bicultural Clinic**

Staffed by a bicultural/bilingual Chinese interdisciplinary team of mental health professionals, the clinic provides comprehensive mental health care, including psychiatric treatment, pharmacotherapy, individual, group, and family therapy, patient and family psycho-educational groups, liaison services for those who need psychiatric hospitalization, and family support groups.

- Languages and dialects: Cantonese, Mandarin, and Toishanese
- Bilingual staff: 7

**5. Gouverneur Hospital for Older Adults**

Gouverneur Hospital provides individual therapy, group therapy, screening/evaluation, home visits, outreach and psychoeducation to mentally ill seniors.

- Languages and dialects: Cantonese, Mandarin, Toishanese, Korean, and Tagalog

**6. Hamilton-Madison House – Mental Health Program**

Hamilton-Madison House provides behavioral health services for the Asian American community with specific targets for the Chinese, Japanese, Korean, and Southeast Asian populations. Mental health services include individual, group, and family therapy, crisis intervention, psychiatric consultation, and an alcoholism clinic. The Supported Housing program provides independent housing for 23 Asian inpatients recently transitioned from mental health institutions. Services include bilingual/bicultural case management, entitlement and financial consultations, community information and resources, daily living skills, job-related training, and recreational and social activities. Family and senior services, as well as a refugee program are available. Hamilton-Madison House is also involved in community-based advocacy, organizing and educating around local and larger issues of concern.

- Languages and dialects: Cantonese, Fuzhounese, Mandarin, Toishanese, Japanese, Khmer, Korean, and Vietnamese
- Bilingual staff: 55
- 800 patients per year – primarily Chinese
- Children: 25 maximum capacity
- Elderly: subsumed under adult programs

**7. Henry Street Settlement – Community Consultation Center (CCC)**

Henry Street Settlement is comprised of four transitional residences for the homeless, a battered women's shelter, a mental health clinic, a senior center, a multi-disciplinary arts center, services to homebound New Yorkers, a day care center, and a broad spectrum of educational, recreational, and vocational programs for youth. Its Asian Bicultural Unit offers counseling and day treatment.

- Languages and dialects: Cantonese and Mandarin
- Bilingual staff: 17

**8. Lower Eastside Service Center (LESC)**

LESC has provided specialized treatment services to meet the needs of the Chinatown community for many years. Currently, Chinese language mental health services are available in the following programs:

**Continuing Day Treatment Program** - Provides psychiatric rehabilitative treatment five days per week and four hours per day.

**Family Support Services** - The staff of the Chinese Program work closely with family members to educate them about mental illness and to provide mental health support.

**Pre-Vocational Workshop** - In addition to time spent in the program, clients may participate in the Pre-Vocational Workshop, which emphasizes the development of arts and crafts skills as the basis for learning the skills necessary to (re-)enter and remain in the world of work.

**Individual Treatment** - Individual psychiatric treatment on a once-weekly basis is also available.

- Languages and dialects: Cantonese, Fuzhounese, Mandarin, and Toishanese
- Bilingual staff: 1 full-time and 2 part-time case managers
- Maximum capacity: 75 to 85 for the year
- Children: no such program
- Elderly program: subsumed under the adult program
- A special mental health program serving the chronically ill, undocumented immigrant population has the capacity for 100 cases

## **9. University Settlement**

Home Based Crisis Intervention (HBCI) Program provides intensive family-centered, therapeutic and supportive services to SED children and youth who are at imminent risk of hospitalization. The children's case management program has provided a comprehensive array of services to children with complex mental health needs. Children and adolescents (ages 5 to 18) who are at risk of psychiatric hospitalization or residential placement are referred by mental health providers, parents, hospitals and schools. Bilingual and bicultural case managers offer an average of four home visits per month. Through home visits, families are provided with ongoing assistance and advocacy in order to access the mental health, education and income support programs essential to meeting their child's needs. A range of recreation and socialization activities are also provided.

- Languages and dialects: Cantonese and Mandarin
- Bilingual staff: 2
- Maximum capacity for Asians: 40
- Children: approximately 18 cases
- Elderly: approximately 1-3 cases