

California's mental health is immigrant mental health

AANHPI Community-Based Behavioral Health: From Immigrants Rights to Well-Being

At a moment when federal protections, healthcare coverage, and trust in public systems are unraveling for immigrant and refugee families, the Bay Area's Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities are absorbing a compounding mental health toll that is largely invisible. ***If you are funding immigrant well-being, you are—by the numbers—already meant to be funding AANHPI mental health.***

46%

of California's recent
immigrants are from Asia

54%

of Asian Americans are
foreign-born — the only
major U.S. racial group that is
majority immigrant

64%

of Bay Area Asian Americans
and 22% of Pacific Islander
residents are foreign-born

OUR CORE MESSAGE

Investment in AANHPI community-based behavioral health is the most cost-effective and culturally grounded pathway to scale mental health access for one of the Bay Area's largest immigrant and refugee populations.

THE PRESSURE ON THESE FAMILIES IS INTENSIFYING

This Year's Policy Storm

AANHPI refugees, immigrants, and mixed-status families are absorbing the shock of a rapidly shifting federal and state landscape:

- Expiration of enhanced Affordable Care Act subsidies — pushing uninsured rates among AANHPIs higher.
- New Medicaid work requirements and the cap on Medi-Cal enrollment for non-elderly undocumented adults.
- Cuts in federal funding and California's state budget crisis squeezing the small CBOs these communities trust.
- Intensified fear and discouragement with public systems — even when families are bold enough to seek care, systems can't provide them support in-language.

THE DATA BEHIND THE STEREOTYPE

The Model Minority Myth Has a Body Count

The stereotype of AANHPIs as self-sufficient has produced a funding shadow. **Less than 1%** of U.S. foundation funding reaches AANHPI-serving organizations.

Treatment gap

25%

of Asian American adults with a mental illness receive care, compared to 52% of White adults.

Leading cause of death

#1

Suicide has been the leading cause of death for AANHPI youth ages 15–24 since 2017.

Language gap

4.1%

of California behavioral health clinicians speak an Asian or Pacific Islander language while 10% of the state's population does.

NH/PI workforce

0.3%

of California's behavioral health workforce is Native Hawaiian or Pacific Islander, a near-absence of concordant providers.

A MODEL THAT IS ALREADY WORKING

A Proven, Community-Powered Answer

The report by the Healthforce Center at UCSF with 15 AANHPI-serving Bay Area organizations documents a model of care that is ready to scale. Community-based paraprofessionals—peer counselors, lay counselors, community health workers—share the language, culture, and lived experience of the clients they serve. They are trusted members of communities, trained and supported to recognize distress and open a door to more care.

STEP 1	STEP 2	STEP 3	STEP 4
Destigmatize Trusted, non-clinical entry points — senior lunches, youth book clubs, hiking groups, cultural gatherings.	Stabilize Address the social determinants—housing, food, legal status, benefits—so that clinical care can take hold.	Bridge Warm handoffs to licensed clinicians, interpretation, and ongoing navigation between clients and the care system.	Extend Multiply the capacity of the thin bilingual clinical workforce at a fraction of the cost.

Outcomes reported across 15 organizations include: reduced isolation, improved sleep, decreased anxiety, and increased willingness to engage with therapeutic interventions.

WHY THIS NETWORK, WHY NOW

Why the APF Affiliate Network is the Right Vehicle

- **Reach.** 40% of APF affiliates already serve behavioral health needs across diverse AANHPI communities.
- **Evidence base.** APF's multi-phase initiative with Healthforce Center at UCSF has produced a landscape scan, an evaluation framework, and documentation for funders and policymakers.
- **Proven infrastructure.** In partnership with Alameda County and the Lay Counselor Academy, APF has already executed programs to train bilingual, bicultural paraprofessionals embedded in trusted community organizations.

- **Leverage.** Philanthropic dollars compound public and county funding that have already flowed, and position this model for long-term sustainability through Medi-Cal reimbursement pathways.

HOW TO GET INVOLVED

Three Ways to Engage

01

Learn with us

[Read the full UCSF reports](#) on community-based behavioral health models, or [schedule a briefing with APF leadership](#) to get deeper on what's here.

02

Partner with us

Bring your priorities—whether mental health, immigrant and refugee well-being, or workforce development—to [explore a collaborative funding strategy together.](#)

03

Invest with us

[Provide unrestricted, strategically-aligned support](#) to APF's AANHPI behavioral health affiliates who are working on the frontline of this year's policy shocks.

Let's talk.

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