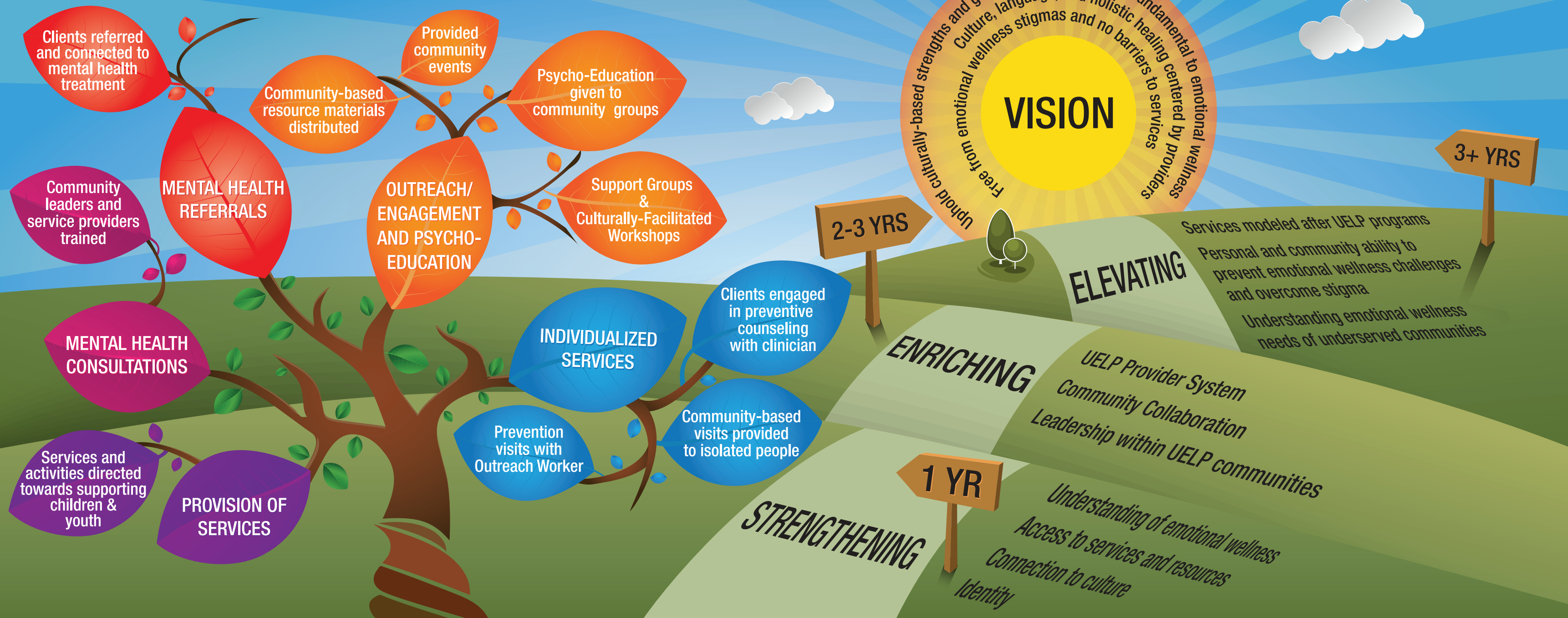


ACBH's Underserved Ethnic & Language Population Programs Impact Model



EXISTING RESOURCES AND ASSUMPTIONS

- Mental Health Services Act Funding
- Community-Based Referrals
- Cultural Knowledge
- Workforce Reflects Community Served
- Inter-agency Collaborations

POPULATIONS SERVED

- Afghan
- African
- Asian - East, South, and Southeast
- Filipino
- Latino
- Middle Eastern
- Native American
- Native Hawaiian & Pacific Islander

Alameda County Behavioral Health created the Underserved Ethnic and Language Programs (UELPs) to offer culturally appropriate and linguistically accessible services to Alameda County residents that are underserved and unserved by the mental health system. These services help and support individuals and their families who are experiencing emotional wellness challenges.

Without these programs there will be no prevention system to serve these populations and they will continue to receive treatment less often. Additionally, there will be a decrease in:

- Workforce Diversity
- Sense of Community and Belonging
- Emotional Wellness

- Culturally-Based Programming
- Language Capacity

For more information go to: www.acmhsa.org.



WELLNESS - RECOVERY - RESILIENCE

ALAMEDA COUNTY BEHAVIORAL HEALTH'S UNDERSERVED ETHNIC & LANGUAGE POPULATION PROGRAMS IMPACT MODEL

VISION

A vibrant and thriving prevention system of emotional wellness programs that centers cultures, language, holistic and indigenous healing practices is created and integrated into the mental health system.

Individuals, communities, and organizations possess the protective factors of culturally-based strengths and generational resilience to counteract the impact of multiple stressors, especially ones that stem from trauma, injustice, and discrimination.

All people in Alameda County are free from personal, cultural, and social based stigmas when seeking help for their emotional wellness needs and do not face barriers when accessing services.

Alameda County providers integrate culture, language, and heritage in their own programs.

OUTCOMES

IMMEDIATE: 1 YR

- Individual and family connected with their culture.
- Identity formed and strengthened.
- Individual knowledge and perception of mental health/emotional wellness services improved.
- Community and its wellness strengthened.
- Access of services and resources improved through open door policies and, when needed, mental health treatment referrals.

INTERMEDIATE: 2-3 YRS

- UELP provider system enriched.
- Collaboration with community stakeholders and organizations increased to better serve UELP communities.
- Current and emerging leaders from the UELPs supported in order to build community capacity.

LONG-TERM: 3+ YRS

- Increased access to culturally appropriate and linguistically accessible, strengths-based mental health/emotional wellness outreach, education, and preventive counseling.
- Individual, community, and organizational capacity, knowledge, and skills increased that contribute to personal and community wellness and the prevention of mental health disorders.
- Decrease in individual and community stigma toward those experiencing mental health/emotional wellness issues.
- Increased cultural understanding of the mental health/emotional wellness needs of underserved and unserved communities.

DELIVERABLES

1. 40 or 80 (county-wide or CW) unique clients engaged in preventive counseling.
2. Contracted number of community-based visits provided.
3. No more than six prevention visits per client.

- 5 or 7 (CW) community events provided.
- 3 or 6 (CW) support groups and culturally-based educational workshops provided.
- 12 or 24 (CW) psycho-education workshops to community groups provided (1 or 2/month).
- At least 5 or 10 (CW) newly developed promotional materials widely distributed.
- 75% of the individuals receiving services are from the identified UELP community in the identified region(s) of Alameda County.

- At least 6 or 12 (CW) unique clients referred to ACBH mental health treatment.
- At least 60% of clients who receive a referral to mental health treatment services are successfully connected to services.

4 or 8 (CW) mental health consultations provided.

At least 51% of funds directed towards supporting children or youth.

SERVICES

INDIVIDUALIZED SERVICES

1. Mental Health Specialists (MHS) engage clients in preventive counseling for up to 12 months.
2. Provide community based visits to reach isolated individuals and family members.
3. Outreach Workers (OW) (occasionally MHS) provide one on one prevention visits.

OUTREACH/ENGAGEMENT & PSYCHO-EDUCATION

Provide community events, psycho-education workshops to community groups, support groups, culturally-based educational workshops, and widely distribute newly developed promotional materials to provider's community and region of the county.

MENTAL HEALTH REFERRALS

Provide referrals to Alameda County Behavioral Health (ACBH) mental health treatment.

MENTAL HEALTH CONSULTATIONS

Provide mental health consultations to community leaders, health care providers, community-based organizations, and/or community groups annually.

PROVISION OF SERVICES

Programmatic focus on children or youth (ages 0 - 25).

ASSUMPTIONS

Underserved Ethnic and Language Programs (UELPs) provide services using the knowledge of their communities and the cultural and linguistic affinity of their providers, staff, and clients. Programs are fully staffed, trained, and outreach workers are from the communities they serve. Barriers will be assessed and mitigated during program implementation and maintenance.

Why UELP programs?

Alameda County Behavioral Health (ACBH) created the UELP provider system to offer culturally appropriate and linguistically accessible Prevention and Early Intervention (PEI) services to the incredibly diverse populations of Alameda County that are underserved and unserved by the mental health system. The Mental Health Services Act's (MHSA) PEI services embraces an approach that engage individuals before the development of mental illness, provides services to intervene early to reduce mental health symptoms, and to prevent mental illnesses from becoming severe and disabling.

INPUTS

EXISTING RESOURCES

- Funding from MHSA, Medi-Cal Administrative Activities Incentives, and other optional or provider in-kind sources
- Referrals to and from ACBH ACCESS line
- Program supervision & technical assistance from ACBH staff
- Learning from community based organizations and dialogues with community leaders
- UELP Programs' staff, inter-agency collaborations, and provider meetings

What will happen without these programs?

Due to the uniqueness of the UELP system, there will be no prevention system to serve these populations. Additionally, there will be a decrease in: workforce diversity; sense of community and belonging; emotional wellness; culturally-based programming; and language capacity. Unserved/Underserved populations will continue to receive treatment less often and services will not be in their preferred language.

