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Addressing Mental Health and Homelessness in the Lower Valley

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

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OVERVIEW

Keywords: Mental health, Homelessness, Farm working families, Prevention, Cultural responsiveness, and Lower Yakima Valley

Addressing Mental Health and Homelessness in the Lower Valley

Goal Statement: To reduce homelessness in the Lower Yakima Valley by implementing early intervention and culturally responsive mental health prevention strategies that enhance access to care, reduce stigma, and strengthen community resilience.

Significant Findings:

The Lower Yakima Valley faces significant challenges in addressing the intersection of mental health and homelessness due to limited access to culturally and linguistically appropriate care. Research indicates that rural residents particularly Hispanic immigrant and farmworker populations experience elevated levels of psychological distress, stigma, and barriers to accessing services (Armstrong et al., 2022). Applying the Social-Ecological Model has illuminated how multiple interconnected factors influence vulnerability, including individual stigma, strained family support systems, a shortage of bilingual providers, and systemic inequities such as poverty and insufficient rural mental health funding (CDC, 2024; SAMHSA, 2021). The utilization of prevention frameworks such as the Health Belief Model (HBM) and Assertive Community Treatment (ACT) demonstrates that increasing awareness, fostering trust, and improving accessibility can enhance engagement with services. ACT's outreach-centered approach, combined with bilingual psychoeducation delivered by community health workers, can help address barriers related to stigma and mistrust. Overall, these findings highlight the

importance of community-based, culturally responsive prevention efforts to support mental health and housing stability.

Objectives/Strategies/Interventions/Next Steps:

As professional counselors, we can address the increasing concerns of mental health and homelessness in the Lower Yakima Valley by implementing culturally sensitive, multi-level strategies based on prevention theory. It is important to collaborate with bilingual community health workers (promotores de salud) to provide psychoeducation and screenings in both English and Spanish, fostering trust and reducing stigma within Hispanic farmworker families. Strengthening partnerships among schools, shelters, clinics, and faith-based organizations can ensure continuity of services and coordinated care. Utilizing evidence-based approaches such as Assertive Community Treatment (ACT) allows counselors to meet clients where they are by offering mobile outreach, case management, and comprehensive services that address both mental health and housing needs. Additionally, prevention campaigns informed by the Health Belief Model can support shifts in perceptions about mental illness, highlighting perceived risks and the benefits of early intervention. Counselors should also advocate policy initiatives, such as Medicaid expansion and rural healthcare workforce development, to address systemic barriers to access. By remaining culturally competent, open-minded, and engaged with the community, counselors can foster sustainable changes that promote mental health stability and reduce homelessness in the Lower Yakima Valley.

INTRODUCTION

Addressing Mental Health and Homelessness in the Lower Valley

Mental health and homelessness are closely interconnected issues, particularly in rural communities such as the Lower Yakima Valley in Washington State. Limited access to culturally sensitive mental health services in this region has contributed to an increasing number of individuals and families facing housing instability. Rural areas often experience shortages of mental health professionals, transportation difficulties, and ongoing stigma, all of which can stop early intervention efforts (SAMHSA, 2019). These challenges are especially evident in diverse, underserved communities where cultural and linguistic differences may further impede access to care. As an aspiring Clinical Mental Health Counselor, I'm committed to exploring prevention strategies including outreach, psychoeducation, and early screening that can help reduce homelessness by addressing mental health needs proactively. This Social Change Portfolio will analyze the scope and impacts of this issue within the Lower Yakima Valley and propose community-based, culturally responsive prevention interventions tailored to its unique demographic and geographic context.

PART 1: SCOPE AND CONSEQUENCES

Addressing Mental Health and Homelessness in the Lower Valley

In the Lower Yakima Valley, a rural and culturally diverse region of Washington State, limited access to mental health services has emerged as a significant public health concern, contributing to homelessness. Addressing this issue falls within the scope of clinical mental health counseling and can be effectively managed through prevention strategies that focus on early intervention, increased awareness, and improved access to care. According to the Washington State Department of Commerce (2020), Yakima County reported over 1,000 individuals experiencing homelessness during the most recent Point-in-Time Count, with many

exhibiting co-occurring mental health conditions. National data indicates that approximately 25% of individuals experiencing homelessness live with a serious mental illness (SAMHSA, 2019); however, Yakima County's higher rates reflect increased vulnerability, partly due to its rural and underserved context. Contributing factors include shortages of behavioral health providers, cultural and language barriers, and stigma, all of which have contributed to a rise in untreated mental health issues trends that have worsened since the COVID-19 pandemic, which has heightened levels of stress, social isolation, and economic hardship (National Alliance to End Homelessness [NAEH], 2020).

The impacts of untreated mental health conditions leading to homelessness are complex and far-reaching. Physically, individuals experiencing homelessness are at increased risk for chronic illnesses, malnutrition, and limited access to preventive healthcare. Mentally, the instability and trauma associated with homelessness can worsen existing conditions such as depression, anxiety, and substance use disorders, creating a cycle of crisis and deterioration (SAMHSA, 2019). Socially and educationally, homelessness can disrupt family units and adversely affect children's development resulting in academic difficulties, increased absenteeism, and long-term developmental challenges (Bassuk et al., 2014). Family separations and strained support networks are common, particularly in rural areas where resources are limited. Economically, homelessness exerts considerable strain on public systems, including emergency services, shelters, law enforcement, and mental health crisis teams, often incurring costs significantly higher than those associated with prevention and early intervention efforts (Washington State Department of Commerce, 2020).

Goal:

To reduce homelessness in the Lower Yakima Valley by implementing early intervention and culturally responsive mental health prevention strategies that enhance access to care and strengthen community resilience.

PART 2: SOCIAL-ECOLOGICAL MODEL

Addressing Mental Health and Homelessness in the Lower Valley

The social-ecological model offers a comprehensive framework for understanding the complex interplay between individual behaviors, relationships, community influences, and societal structures in shaping mental health and homelessness (Centers for Disease Control and Prevention [CDC], 2024). It emphasizes that vulnerability and resilience are influenced by multiple interconnected levels. Applying this model enables clinical mental health practitioners to identify targeted interventions that address underlying causes and promote preventative strategies. Recognizing these factors is crucial for effectively reducing homelessness and enhancing mental health outcomes in the Lower Yakima Valley.

Individual-Level Risk and Protective Factors

At the individual level, risk factors such as cultural stigma, limited awareness of available mental health services, and challenges in accessing care due to transportation barriers or shortages of providers in rural areas (SAMHSA, 2021; Chopda et al., 2025) can increase the likelihood of untreated mental health conditions and contribute to housing instability. Conversely, protective factors include strong coping skills, personal resilience, and access to culturally competent, affordable screening and intervention services available through schools or primary care clinics (Guy-Evans, 2020). Early identification and appropriate support at this level

are essential for preventing crises, minimizing mental health decline, and promoting overall wellbeing. In summary, individualized prevention efforts focuses to empower clients through education, early screening, and accessible language services to prevent crises before they develop.

Relationship-Level Risk and Protective Factors

Relationship-level risk factors encompass strained family relationships, intergenerational trauma, and limited social support networks, all of which can contribute to the development or worsening of mental health issues and increase the risk of homelessness (SAMHSA, 2021). Cultural stigmas associated with discussing mental health within families may further hinder individuals from seeking necessary support. Protective factors at this level include mentorship programs, peer support networks, and strong family connections. Maintaining supportive relationships can help prevent crises, enhance access to resources, promote open communication, and encourage engagement with mental health services. Additionally, positive social connections can serve as buffers against stress and bolster resilience during challenging life circumstances. Strengthening family and peer relationships at this stage promotes trust, encourages early assistance seeking, and helps reduce social isolation, which can contribute to mental health decline.

Community-Level Risk and Protective Factors

At the community level, risk factors include transportation barriers that hinder access to care, a lack of coordinated services, and a shortage of behavioral health providers (Washington State Department of Commerce, 2020). Accessibility for diverse cultural communities is further impacted by language barriers and a lack of culturally competent caregivers. Protective factors at this level comprise faith-based organizations, community-based programs, bilingual outreach

initiatives, and school-based or mobile health services (Chopda et al., 2025). These resources are important in bridging access gaps and providing reliable support to marginalized populations. Well-organized and connected community networks can facilitate early intervention, enhance service utilization, and foster mental health resilience. Developing strong community networks and culturally responsive programs ensures continuity of care and facilitates effective connections between underserved families and the available services.

Societal-Level Risk and Protective Factors

At the level of society, systemic injustices like poverty, a lack of affordable housing, and inadequate financing for behavioral health care in rural areas are risk factors. Opportunities for secure housing, work, and education are further hampered by stigma and discrimination against people with mental illness (NAEH, 2020). Policy-level interventions like Medicaid expansion, housing-first programs, and employment training that are sensitive to cultural differences are examples of protective factors at this level. Increased telehealth services, anti-stigma programs, and larger improvements in affordable housing may increase resiliency and reduce the cycle of homelessness and untreated mental illness (Bassuk et al., 2014).

The social-ecological model highlights the significance of implementing multi-level interventions to effectively address homelessness and mental health in the Lower Yakima Valley. Successful strategies involve strengthening community resources, fostering supportive relationships, enhancing individual resilience, and promoting equitable social policies. By addressing risk and protective factors across all levels, we can help prevent untreated mental health conditions and reduce instances of homelessness. Through coordinated efforts across individual, relationship, community, and societal domains, sustainable improvements in wellbeing and stability can be realized. By analyzing risk and protective factors at various levels,

counselors can determine the most appropriate opportunities for implementing theory-based preventive strategies, such as the Health Belief Model and Assertive Community Treatment.

PART 3: THEORIES OF PREVENTION

Addressing Mental Health and Homelessness in the Lower Valley

The Health Belief Model (HBM) offers a great theoretical foundation for prevention efforts targeting the interconnected challenges of mental health and homelessness in the Lower Yakima Valley. HBM underscores how individuals' perceptions of their susceptibility to health issues, the severity of these issues, the benefits of intervention, and potential barriers influence their health-related behaviors (National Cancer Institute, 2005). This framework is particularly pertinent to the Lower Yakima Valley community, as many individuals' experiencing homelessness face significant challenges in accessing mental health care, including stigma, transportation difficulties, lack of insurance, and concerns about discrimination. By using the HBM, prevention initiatives can raise awareness among this population about their vulnerability to untreated mental health conditions perceived susceptibility, illustrate the possible negative consequences of neglecting these issues perceived severity, and highlight the benefits of engaging with mental health services and available community resources perceived benefits.

Evidence Supporting the Health Belief Model

Research shows that the Health Belief Model is an effective framework for promoting proactive health behavior change. Fang et al. (2025) demonstrated that individual's perceptions of susceptibility, severity, and benefits significantly impact their intentions to engage in preventive health measures, especially when reinforced through outreach efforts or community programs. These findings suggest that prevention strategies based on the Health Belief Model

can effectively support individuals experiencing homelessness in accessing services, reducing mental health stigma, and adopting healthier coping mechanisms. Within the Hispanic agricultural worker community of the Lower Yakima Valley, cultural beliefs surrounding strength, self-reliance, and family honor can influence individuals' perceptions of vulnerability and potential barriers to accessing care, elements of the Health Belief Model. Recognizing these cultural values enables counselors to develop interventions that encourage help-seeking behaviors while respecting community strengths such as *familismo* and resilience.

Assertive Community Treatment (ACT) as a Prevention Strategy

An evidence-based prevention approach is Assertive Community Treatment (ACT), which is highlighted in SAMHSA's Evidence-Based Practices Resource Center (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). ACT provides intensive, team-based mental health services directly within the community to care with severe mental illness who are at increased risk of homelessness. The program closely aligns with constructs of the Health Belief Model by reducing barriers to care such as delivering services outside traditional clinical settings, improving action through consistent outreach and engagement by providers, and reinforcing perceived benefits including improved stability, reduced hospitalization rates, and increased independence. Therefore, ACT not only addresses immediate mental health needs but also supports housing stability and creates long-term resilience.

Research Evidence on ACT

Recent research confirms the effectiveness of ACT. Zhao et al. (2024) demonstrated that ACT significantly enhances housing stability and treatment adherence among individuals with co-occurring disorders, highlighting its potential for application in rural regions such as the Lower Yakima Valley. These findings highlight how ACT's comprehensive, outreach-oriented

approach is particularly beneficial for populations at risk of homelessness and untreated mental health issues. Additional resources, such as the Promising Practices Network (2014), exemplify the success of community-based strategies for vulnerable populations and underscore the importance of integrating Health Belief Model (HBM) constructs with evidence-based practices.

Implications for Prevention in the Lower Valley

By using the Health Belief Model and implementing evidence-based programs such as ACT can enable prevention initiatives in the Lower Yakima Valley to be adjusted to specific individual beliefs and barriers. These approaches support individuals experiencing homelessness in accessing necessary services and strengthen community care systems. This theoretical approach not only enhances understanding of health behavior decision-making but also guides the development of targeted interventions to reduce homelessness and improve mental health outcomes.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Addressing Mental Health and Homelessness in the Lower Valley

In the Lower Yakima Valley, the immigrant and farmworker communities faces a disproportionate burden of mental health challenges and homelessness. This population, including many undocumented and seasonal agricultural workers experiences ongoing exposure to psychosocial stressors such as job insecurity, discrimination, language barriers, and limited access to culturally responsive services (Armstrong et al., 2022). Research indicates that these agricultural workers in rural Washington report significantly higher levels of psychological distress compared to the general population, further compounded by limited access to mental health providers and increased vulnerability to housing instability (Armstrong et al., 2022).

Additionally, stigma related to mental health and concerns about immigration status often discourage individuals from seeking support, contributing to a cycle of untreated mental health issues and homelessness.

To increase the cultural relevance and effectiveness of prevention programs within this population, several evidence-based strategies can be implemented. First, programs should employ bilingual, bicultural community health workers (promotores de salud) who are trusted members of the community and are trained to deliver psychoeducation, mental health screenings, and referrals in culturally appropriate ways (Prandoni et.al., 2020; SAMHSA, n.d.). Second, interventions should incorporate key cultural values, such as family connectedness into their design. For example, psychoeducational efforts that include extended family members and respect intergenerational norms can help reduce stigma and improve service engagement. Third, program development should involve active community engagement, following guidance from Reese and Vera (2007) and TED speaker Ernesto Sirolli (2012), who highlight the importance of listening to community members and tailoring services based on their lived experiences rather than assumptions. These strategies are both culturally sensitive and developmentally appropriate, particularly for Latinx youth and multigenerational households, which are prevalent in the Lower Yakima Valley.

From an ethical perspective, prevention programs must adhere to professional standards concerning cultural competence, informed consent, confidentiality, and collaboration with stakeholders. According to the ACA Code of Ethics (2014), counselors have a responsibility to develop knowledge, personal awareness, sensitivity, and skills relevant to working with diverse populations. Culturally competent prevention involves providing services in clients' preferred language, respecting community values, and engaging local stakeholders including churches,

schools, and advocacy organizations (Reese & Vera, 2007). Maintaining confidentiality is particularly essential in communities with undocumented residents who may fear exposure or deportation; ethical practice requires diligent safeguarding of client privacy. Informed consent should be transparent, linguistically accessible, and appropriate for clients' developmental levels, as outlined in Section A.2.b of the ACA Code. Additionally, ethical prevention efforts emphasize community-based participatory planning to ensure interventions are aligned with the voices, needs, and lived experiences of those most impacted (Sirolli, 2012). By implementing these interventions, we can build a more resilient community where individuals struggling with mental health concerns are less likely to experience homelessness and more likely to thrive. Ultimately, incorporating ethical principles and cultural humility into prevention programs helps ensure that mental health services are accessible, respectful, and trusted by the communities they are designed to serve.

PART 5: ADVOCACY

Addressing Mental Health and Homelessness in the Lower Valley

Advocacy is an essential responsibility for counselors, particularly when addressing systemic issues such as mental health and homelessness in underserved rural communities. In the context of the Lower Yakima Valley, advocacy represents both professional responsibility and a moral obligation to promote equity for marginalized communities. According to the Multicultural and Social Justice Counseling Competencies (MSJCC; 2015), counselors are expected to identify barriers at the institutional, community, and public policy levels and to implement advocacy strategies that promote equity, improve access to care, and advance social justice. As a Hispanic individual whose parents lacked access to advocacy and culturally responsive services, I have personally observed how the absence of advocacy can sustain cycles

of vulnerability. This experience has motivated my dedication to ensuring that communities in rural areas, such as the Lower Yakima Valley, receive the support, representation, and resources necessary to address mental health challenges and housing instability.

Institutional-Level Barriers and Advocacy

At the institutional level, barriers include limited availability of bilingual and culturally competent mental health providers, insufficient integration of mental health services within schools and primary care clinics, and confidentiality concerns that particularly impact undocumented and immigrant populations (Armstrong et al., 2022). Many families, including myself, have encountered difficulties accessing services due to a lack of advocacy and support. To address these issues, counselors can promote the implementation of bilingual mental health screening programs and the recruitment of culturally competent staff in local clinics and schools. Providing services within trusted, familiar environments helps to overcome language and cultural barriers, facilitates early intervention, and aligns with the MSJCC's emphasis on institutional collaboration to reduce disparities (Toporek et al., 2009). On a personal level, this type of advocacy is meaningful; it is about empowering communities and ensuring they receive the support and representation that may have been lacking in the past.

Community-Level Barriers and Advocacy

Community-level barriers include fragmented services, transportation difficulties, and limited coordination among shelters, faith-based organizations, and behavioral health providers (Washington State Department of Commerce, 2020). These gaps can result in individuals transitioning between homelessness and mental health services without adequate support. Counselors can address these issues by leading or participating in community coalitions that integrate resources and offering mobile outreach services. For example, partnering with

promotores de salud trusted bilingual community health workers can support access to screenings, referrals, and psychoeducation for farm worker families. This meso-level advocacy approach aligns with the MSJCC directives to engage with community systems, reduce disparities, and strengthen collaborative networks (Murray & Crowe, 2016). By developing supportive community networks where advocacy has been historically limited, counselors can empower families and promote the reduction of systemic inequities.

Public Policy-Level Barriers and Advocacy

At the public policy level, barriers include limited funding for rural mental health services, a shortage of affordable housing, and policies that do not sufficiently address the specific needs of immigrant and farmworker populations (NAEH, 2020). These systemic inequities contribute to homelessness and hinder equitable access to mental health care. Counselors can engage in macro-level advocacy by advocating for policy reforms, such as expanding Medicaid coverage for underinsured and undocumented populations, supporting housing-first initiatives, and presenting local data on mental health and homelessness to policymakers. Public policy advocacy addresses structural determinants of health, promotes equitable resource distribution, and aligns with the MSJCC's focus on influencing societal systems to advance social justice (Toporek et al., 2009). For myself, engaging in advocacy at this level is a meaningful way to ensure that families like mine and many others in rural Hispanic communities are represented in policies that directly affect their well-being.

By addressing barriers and engaging in advocacy at the institutional, community, and public policy levels, counselors can help reduce systemic inequities that contribute to homelessness and untreated mental health conditions in the Lower Yakima Valley. Multi-level advocacy strategies, grounded in the MSJCC framework and informed by personal and

community experiences, can improve access to services, strengthen supportive networks, and promote equitable policies, fostering resilience and stability among underserved populations. Through ongoing advocacy at the institutional, community, and policy levels, counselors can create lasting social change and promote equitable access to mental health and housing resources in the Lower Yakima Valley.

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