A MENTAL HEALTH PROGRAM FOR RECIPIENTS OF DEFERRED ACTION OF CHILDHOOD ARRIVALS (DACA):
A GRANT PROPOSAL

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Introduction

• Undocumented youth and young adults are at higher risk for psychological distress due to trauma and discrimination related to anti-immigrant sentiment, current political climate and policy, and the rescission of the Deferred Action for Childhood Arrivals Program (DACA) (Ayon, 2015; Suárez-Orozco, Yoshikawa, Teranishi, & Suárez-Orozco, 2011; Zong, et al., 2017).

• They live in fear of deportation of themselves, or family members, and are faced with an uncertain future due to a lack of comprehensive immigration reform (Batalova, Capps & Hooker, 2014; Siemons, Raymond-Flesh, Auerswald & Brindis, 2017).

• Approximately 2.1 million undocumented youth have been brought by their parents into the U.S., without their consent, and it is estimated 1 million have transitioned into young adulthood (Batalova, Capps & Hooker, 2014).

• They experience a higher rate of poverty compared to non-immigrants that places them at higher risk for overall poor socioemotional and physical health (Ayon, 2015; Capps, Fixx, & Zong, 2016). 25% of undocumented youth ages 0-18, and 42% of undocumented young adults ages 19-34 lack access to medical insurance/care (Artiga & Damico, 2017).

• The goal of this program is to provide comprehensive mental health direct services for undocumented youth and young adults that qualify for DACA, in order to promote positive coping skills, and enhance their social, physical, and emotional wellbeing.
Social Work Relevance

• The NASW Code of Ethics, directs Social Workers “to pursue social change, particularly with and, on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice” (NASW, 2017).

• Undocumented youth and young adults are an oppressed and marginalized group of people that are at higher risk of lacking access to basic needs, healthcare, and mental health services (Ayon, 2015).

• Social Workers can help youth and families draw upon and cultivate resilience. This may take the form of helping clients to rediscover the strengths they possess that have helped them navigate challenges and trauma.

• Developing and implementing programs to deliver mental health services to this oppressed and marginalized population in order to enhance their overall wellbeing is in line with the social work profession’s mission.
Cross-cultural Relevance

In 2016, the Latino population was the second-largest racial or ethnic group with an estimated 58 million, representing 18% of the total U.S. population. However, Asian immigration has increased by (3.0%), the largest of any other immigrant group, and by 2055 are expected to surge past the Latino immigrant population (Krogstad, 2017; Lopez & Bialik, 2017).

In Los Angeles and Orange counties, there are an estimated one million or 10% of the total undocumented population in the U.S. (Migration Policy Institute, 2015).

In Los Angeles County, there are approximately 661,000 (Mexican), 223,000 (Central American), and 129,000 (Asian) undocumented immigrants; Europe and South America were 2% of the population, and Africa and the Caribbean were 1% or less (Migration Policy Institute, 2015).

Chuang & Roemer (2015) assert that although negative stereotypes and terms, such as “Illegal aliens” are used to describe immigrants of color, they are largely associated with Latino immigrants because of they happen to be the largest immigrant group in the U.S.

Chavez (2012) states that the Latino undocumented population is at high risk for chronic disease and mental health problems because they lack insurance and do not receive medical care.

The Pew Research Center (2015) conducted a bilingual survey of Americans (n= 3,147) to examine their views of immigrants. This survey found that 47% of those surveyed viewed Asians favorably, 44% viewed Europeans favorably, but only 26% view Africans or Latinos favorably. Views on Middle Eastern immigrants were equally negative to those of Latino immigrants.
METHODS

Target Population:

Undocumented youth and young adults, ages 18 to 35, residents of the City of Long Beach, in Los Angeles County, and neighboring cities (San Pedro, Harbor City, Wilmington, Lakewood, Carson, Los Alamitos, Lomita, Hawaiian Gardens, Paramount, Bellflower, Compton, Artesia, Cypress, and Cerritos) that qualify for DACA.

In 2017, in Los Angeles and Orange County combined there were about 89,900 DACA recipients (USCIS, 2017).

The literature reviewed did not provide exact, or estimated numbers specifically for DACA recipients in the City of Long Beach, or the neighboring cities listed that are located within the geographical area of Los Angeles County.

Strategies Used To Identify and Select a Funding Source:

Potential funding sources were mainly obtained through the Grantsmanship Center’s (www.tgci.com) database. The grant writer also conducted searches on Google, using key phrases such as “immigrants”, “mental health grants”, “undocumented students grants”, and community-based grants.”
METHODS (cont)

- **Identify The Funding Source Selected:**
  - Based on the California Wellness Foundation’s history of funding safety net providers in the area of mental health for underserved populations in California, the California Wellness Foundation was chosen as a primary source of funding (California Wellness Foundation, n.d.b.).

- **Sources Used for The Needs Assessment:**
  - The researcher used mostly peer-reviewed academic articles to support this grant proposal. The articles mostly come from journals on the intersectionality of undocumented legal status, socioeconomic status, and mental health and wellbeing. Government database such as The U.S. Citizenship and Immigration Services (USCIS), and nonpartisan fact database The Pew Research Center were referenced.

- **Projected Budget Range and Categories:**
  - The total budget required to implement the program for one year, including employee salary cost and program cost, will be $98,400.00. The program will be implemented by a Licensed Clinical Social Worker/Certified Mindfulness-Based Cognitive Therapy (MBCT) teacher. In addition, there will be a Program Manager, Program Evaluator and an MSW Student/Intern.
Grant Proposal

- **Program Summary and Description:**
  - The proposed one-year program will provide direct mental health services to increase access to community resources. It will include a case management component, individual counseling, and Mindfulness-Based Cognitive Therapy (MBCT) group sessions (University of Massachusetts Medical School, n.d.b., para.1).

- **Population Served:**
  - The proposed program will serve a minimum of 60 undocumented youth and young adults through MBCT group sessions, and a minimum of 40 through individual counseling utilizing Cognitive Behavioral Therapy (CBT). There is no limit to the number of individuals that can be provided with community referrals.

- **Sustainability:**
  - The grant writer will pay particular attention to diversification of revenue sources, partnerships and collaborative strategies, organizational and community capacity building.
  - Will also stay current with any trainings (webinars, conferences, workshops) facilitated by the California Wellness Foundation with the purpose of gaining knowledge, but also in order to build a relationship with the foundation.
Grant Proposal (cont)

- **Program Objectives:**
  - To assess mental health disorders, past trauma, and basic needs of individuals and when applicable their families (b) enhance social, mental, and emotional wellbeing through the utilization of individual counseling, MBCT, (d) providing case management, psychoeducation and teaching positive coping skills, and (e) providing linkage to various community resources.

- **Expected Outcomes**
  - Guide undocumented youth and young adults in (1) gain insight into their mental illness, and its symptoms; (2) gain positive coping skills (3) learn mindfulness skills to decrease emotional reactivity, reduce somatic symptoms, and increase emotional and physical wellbeing; (4) and learn mindfulness techniques they can practice on their own post treatment.

- **Program Evaluation:**
  - The evaluation procedures will be based on the most current research in the social sciences.
  - The PHQ-9 Depression Scale; GAD-7 for anxiety; and the PTSD Checklist for DSM-5 (PCL-5) will also be used to measure presence of trauma symptoms through a pre-test/post-test (Ruiz et al., 2011; Schonfeld & Bianchi, 2016).
Lesson Learned/Implications for Social Work

- The undocumented youth population is vulnerable and underrepresented, and at-risk for living in poverty, experiencing trauma, and poor mental and physical health.

- Social workers are entrusted with the mission to advocate for all people, regardless of race, gender, religious preference, sexual identity/preference, and legal status.

- Therefore, developing and implementing programs to deliver mental health services to this oppressed and marginalized population in order to enhance their overall wellbeing is in line with the social work profession’s mission.

- Grant writing is a most effective method of advocacy, and for development and implementation of programs that have the potential to enhance human wellbeing and serve underrepresented populations.

- The grant writer gained new insight into mental illness among the undocumented youth and young adult population and was encouraged by the research that demonstrates modalities such as MBCT are being used more widely to treat mood related disorders (Cullen, 2011; Kenny, & Williams, 2007).

- MBCT enables individuals to develop their own daily, or weekly routine post-treatment, that can alleviate psychological distress and improve subjective well-being, and is a form of self-care (Burnett-Zeigler, Schuette, Victorson, & Wisner, 2016; Cullen, 2011; University of Massachusetts Medical School, n.d.a).