

CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

ARCADIA

January 26, 2011

COUNTIES: ♦ SAN BERNARDINO ♦ LOS ANGELES

Participants of the “Mesas de Trabajo”

We held a forum in Arcadia, California on January 26, 2011 from 10:00 a.m. to 2:00 p.m. This forum was represented by participants from two counties including San Bernardino and Los Angeles counties. A total of 30 individuals attended the Mesas de Trabajo and represented various groups including consumers, family members, promotores/as de salud, service providers, mental health programs, academia, youth and community-based organizations.

Structure of Focus Group Discussion

This forum began with an introduction of the Concilio members who were co-chairs and the staff from the Latino Reducing Disparities Project (LRDP). Each person was asked to say their name, place they represent and the type of work they do. After the introductions, there was a brief presentation that provided background information on the California State Reducing Disparities Project – Latino Focus.

The meeting was organized into six “Mesas de trabajo” (working subgroups) to discuss six different strategies. The six strategies were produced by the Latino Behavioral Health Institute and UC Davis Center for Reducing Health Disparities. Each “mesa” was instructed to address one of the six strategies from Table 1. To ensure heterogeneity amongst the groups, participants were dispersed by numbering off from one to six.

To facilitate the group process, each strategy included a list of guiding points to generate group discussion. Each “mesa de trabajo” was asked to identify a Chair, a Notetaker and a Reporter. They were provided with a flip chart, markers, and a computer to document their recommendations on their assigned strategy. Once all recommendations were posted on the easel paper, each group proceeded with an individual voting process of the top four strategies. They used color dots to prioritize the listed priorities (the value for each color was 4, 3, 2 and 1 for red, green, yellow and blue respectively). At the end of the session, each “mesa de trabajo” selected a reporter who would present their recommendations to the larger group.

The following section will describe in more detail, which were the top priorities for each group in their designated strategy.

STRATEGY #1

Strategy for increasing treatment participation of Latinos by reducing individual and community barriers to care

PRIORITY #1 TERMS/PROMOTION OF SERVICES

PRIORITY #2 PROMOTORES DE SALUD MODEL

PRIORITY #3 SUPPORT GROUPS AND ONGOING FOLLOW-UPS

PRIORITY #4 NETWORKING

I. TERMS/PROMOTION OF SERVICES

- Stigma around the mental health terminology.
- Educate to decrease stigma.
- Develop strategies to get people to come to services.
- Target teams of specific groups – mothers, women, etc.
- Promote service providers' connection to individuals by explaining process and initial outcomes.
- Connect to experienced leaders and individuals in services being offered.
- Using community leaders (promotores/as model) who:
 - o Are knowledgeable on current available services in the communities.
 - o Represent different age groups.
 - o Have relationship with agencies.
- Select mental health terminology using “non-threatening terms.”
- Start from an early age promoting mental health by educating parents and children.

II. PROMOTORES DE SALUD MODEL

- Take into consideration age and gender when recruiting leaders.
- Provide training in basic mental health (MH101).
- Provide training in community resource identification.
- Build relationship through systems & community involving community leaders.

III. SUPPORT GROUPS AND ONGOING FOLLOW-UPS

- Design strategies for youth in the juvenile justice system needing services.
- Work within the juvenile system to reach youth.
- Provide mentoring for youth to help them accomplish their school goals.
- Focus on school-based support groups.
- Focus on multi-family groups, Families don't feel that they are the only ones having this issue.
- Focus on culturally appropriate mentoring for youth and their family.
- Reach out to Latino parents.
- Provide education and counseling to youth on proper behaviors before and after their release from juvenile justice system.
 - o Provide immediate follow up with families to ensure they understand implications of certain behaviors.

- Ensure that youth and parents/family understand their education rights.
- Recognize that youth in the jail system lack services and a support system.
- Integrate the family as part of the treatment for youth. Often relationships are severed and there is no communication between the youth and his/her family resulting in the youth feeling isolated.

IV. NETWORKING

- Create a systemic strategy to serve Latino families and communities.
- Collaboration and networking practices with other service providers is critical in serving our families and communities.
- Teach people how to network so that they know how to best access available resources and services for their families.
- Strengthen community-based services.

V. OTHER RECOMMENDATIONS

Knowledge of services

- Make locations known and hours of operation.
- Educate on how services work.
- Ensure current services.
- System should adapt to the needs of the community.

Relationship building

- Providers.
- Promotores/as.

STRATEGY #2

Strategies to increase treatment participation by improving access to existing programs and services

PRIORITY #1 RECRUIT MORE LATINOS

PRIORITY #2 EDUCATE PROMOTORES/AS AND PROGRAMS ABOUT MENTAL HEALTH

PRIORITY #3 MENTAL HEALTH TRAINING

PRIORITY #4 NEW TRAINING MODALITIES

I. RECRUIT MORE LATINOS

- Develop comprehensive approaches to recruiting Latinos in to the behavioral health field.

II. EDUCATE PROMOTORES/AS AND PROGRAMS ABOUT MENTAL HEALTH

- Improve access to existing programs and services by educating individuals and communities.
- Educate people on these critical points of access:
 - o Know where to go for help.
 - o Know how to obtain a referral.
 - o Be assertive in requesting a referral for a Latino provider.
- Provide outreach services to the families in the community utilizing churches and communicating in the same language as the community.

III. MENTAL HEALTH TRAINING

- Focus on “Growing Our Own” workforce. There aren’t enough Latinos to work in the mental health field.
- Increase the number of Latinos working in the mental health field.
- Develop a professional service model based on recommendations from community advocates, trainees, interns, and therapists.
- Create centers of excellence that are staffed by Latino mental health staff.
- Obtain funding and create training centers that will offer employment opportunities to the Latino people immediately, not 10 years from now.
- Prepare more bilingual/bicultural therapists. For this to happen, more training and funding will be required.

IV. NEW TRAINING MODALITIES

- Assist by contributing resources to a Latino mental health-training model.
- Make it a component to integrate Latino life experiences and real life struggles into new training modalities. The therapist needs to gain real

insight on the day-to-day life experiences and struggles of a Latino individual and family.

- Understand how best to educate Latino therapists in order to provide proper bilingual and/or bi-cultural transformation services. It is difficult to teach that in schools. The challenge is how to get other people to understand the experiences of the Latino families.
- Examine Praxis Intervention, a training module grounded in experiential learning, where the therapist is in the trenches with his/her clients. A training model that we can learn from.
- Develop a process that teaches young Latinos how to understand and engage Latino families.
- Create high school academies for Latino youth and put them on a mental health career pathway.
- Teach critical consciousness. Help people become more aware of their culture and environment.

I. OTHER RECOMMENDATIONS

Positive mental health focus for a healthy Latino family

- Recognize the cultural perspective rather than negating those beliefs.
- Look at context and cultural definition from the client's perspective.
- Client feels ill, so the grandmother treats the family as an "embruja" (spell has been placed on them) strategy doing the "limpia" (spiritual cleaning) instead of ignoring those beliefs.
- Consider acculturation of history of generational problems of 1st, 2nd, and 3rd generations of immigrants including post-traumatic stress and fear of deportation.
- Emphasize peer-to-peer efforts as playing a positive role. The idea of having other people (other Latinos and churches) breaking down the walls recognizing that we have similar experiences is crucial.
- Consider the immigration experiences of Latinos. Although Latinos come at different times and for different reasons, they share a similar life experience.
- Examine generational differences. For example, values of the 3rd and 4th generation Latino are still strong influences on their beliefs about mental health.

Strengths of culture

- Connect treatment with cultural diversity by learning each other's family history.

- Do not talk down to people; outreach should be engaging and sharing of life experiences.
- Work on the generational mix of acculturation of Latinos entering their communities.
- Focus on the healthy aspects of the Latino family. Especially how Latinos:
 - Define from our own family strength aspects.
 - Believe mental illness to be in relationship to this healthy perspective.
 - Refer to mental health from a cultural perspective.
- Confront the unhealthy family. Do not glamorize the culture when there is dysfunction in it.
- Recognize acculturation issues such as, issues of distortion of culture. As families are trying to adjust to the general society, they experience a clash of cultures.
- Recognize the need to change the message that our culture is “not good enough.”
- Teach Latinos to view our culture as being therapeutic.

Peer support model

- Support the concept of a peer support model, especially with promotores/as. They provide survival skills for the family as well as living and socialization skills around issues of mental health.

STRATEGY # 3

Recommendations for new programs and modification of service delivery to increase participation

PRIORITY #1	INCREASE INFORMATION THAT DECREASES STIGMA
PRIORITY #2	INCREASE BILINGUAL/BICULTURAL CAPACITY
PRIORITY #3	TRAIN AND EDUCATE LAW ENFORCEMENT
PRIORITY #4	EXPAND SERVICES TO MEET THE NEEDS OF THE COMMUNITY

I. INCREASE INFORMATION THAT DECREASES STIGMA

- Increase information and awareness among the Latino community to decrease stigma and myths regarding mental illness.
- Organize community fairs and events as informational tools to reduce stigma and feelings of shame and fear regarding mental health.
- Utilize mass media campaigns (radio, television, etc.).
- Support promotores/as and their work in the community.
- Collaborate with community agencies and other existing resources.
- Engage consumers and families to be advocates about mental health services and treatment.

II. INCREASE BILINGUAL/BICULTURAL CAPACITY

- Increase number of bilingual/bi-cultural staff in programs.
- Increase family and community involvement in therapeutic process.

III. TRAIN AND EDUCATE LAW ENFORCEMENT

- Expand mental health and law enforcement programs to all police departments in Los Angeles County.
- Train and educate law enforcement to have a better understanding of the needs of consumer and family members in relation to mental health services.
- Educate law enforcement by providing them with services on how to be sensitive.
- Develop a positive relationship between the community and law enforcement taking into consideration the fears of immigration within the Latino community.

IV. EXPAND SERVICES TO MEET THE NEEDS OF THE COMMUNITY

- Have services available on weekends after 5:00 p.m. and provide transportation.

V. OTHER RECOMMENDATIONS

Integration of mental health into primary care providers

- Provide services in different settings (like churches and community centers) to increase:

- Engagement of Latinos in mental health.
- Change the name of mental health.
- Increase engagements of Latinos in different settings.

Mama y bebes, postpartum depression–use promotores/as

- Consider aligning health and mental health services.
- Discuss self-esteem rather than use mental health as primary focus of discussion.
- Provide information about the relationship between diabetes and mental health.
- Discuss existing issues with obesity and mental health.

All the programs have to research the following:

- Various groups of homeless individuals and families, also LGBT family members (gay and lesbian, etc.).
- Research on various levels of acculturation and assimilation.
- Understand accountability among mental health organizations.
- Recognize and adjust to changes within the health system.
- Provide consistent funding based on demographics and population needs.

STRATEGY #4

Recommendations for new programs and modification of service delivery to increase retention in services and reduce dropout

PRIORITY #1 PRE-APPOINTMENTS

PRIORITY #2 WELCOMING ENVIRONMENT

PRIORITY #3 FOLLOW THROUGH SERVICES

PRIORITY #4 OPEN COMMUNITY OUTREACH RESOURCES

I. PRE-APPOINTMENTS

- Make phone calls and mail notices about appointment for the person and their families.

II. WELCOMING ENVIRONMENT

- Provide a warm welcome in the reception area.

III. FOLLOW THROUGH SERVICES

- Include the family as part of the treatment. Take into consideration their concerns.
- Recognize language barriers and get a therapist who speaks the consumer's language.
- Provide transportation.
- Interact with the consumer and his/her family regarding returning for appointments. Inquire about their feelings and the value they place in returning for additional services/treatment.
- Acknowledge the consumer's discomfort with services the therapist. Not a good match with the consumer's culture and background.
- Acknowledge and alleviate consumer's feeling about the receptionist not understanding and not being empathetic to the situation or just being "relentless".
- Judgmental services received.

IV. OPEN COMMUNITY OUTREACH SERVICES

- To churches.
- To schools.
- Teach and educate community members about services.

STRATEGY #5

Recommendation for new programs and modification of existing services to improve successful treatment outcomes (other than retention)

- PRIORITY #1 SENSE OF RESILIENCE, HOPE, PRIDE, AND FAMILY VALUES
PRIORITY #2 OUTREACH, ENGAGEMENT AND EDUCATIONAL SERVICES
PRIORITY #3 INCREASE SPANISH SPEAKING STAFF
PRIORITY #4 ANTI-STIGMA PROGRAMS

I. SENSE OF RESILIENCE, HOPE, PRIDE, AND FAMILY VALUES

- Build a sense of resiliency peoples' persistence to treatment.
- Promote hope, optimism, and a strong sense of pride in family values (e.g., bring in role models, mentors, and coaches).
- Use of community strengths to increase protective factors, and work closely with schools (including clergy, faith-based and after-school programs).

II. OUTREACH, ENGAGEMENT AND EDUCATIONAL SERVICES

- Use culturally based approaches and community-base locations as outreach resources.
- Engage and collaborate with other diverse communities in the same geographical areas and neighborhoods.
- Identify culturally relevant and effective ways to engage/re-engage Latino individuals/families in cultural values, norms and humility.
- Provide education in culturally acceptable terms to increase awareness and knowledge regarding mental health issues.
- Increase participation of promotores/as to enhance existing programs.
- Use face-to-face outreach practices.

III. INCREASE SPANISH SPEAKING STAFF

- Ensure that staff/providers such as receptionists, therapists, doctors, and case managers are able to communicate in Spanish.

IV. ANTI-STIGMA PROGRAMS

- Work with respected individuals and groups to reduce fear of mental health services.

V. OTHER IDEAS FOR EXISTING PROGRAMS

- Develop a plan to retain competent staff.
- Increase awareness for Latino communities, families, and individuals among staff members.
- Develop strategies to make mental wellness and acculturation a priority in elementary, middle and high schools.
- Increase focus on domestic violence programs for Individuals seeking voluntary versus mandatory help.

- Substance abuse and prevention programs.
- Family re-integration for programs that form on inter-generational and impact of immigrant issues.
- Self-help groups with culturally respected mentors, leaders, and coaches.
- Use technology to conduct prevention activities and share messages.
- Campaign to involve the entire Latino community including leaders to motivate community members (e.g., feel a responsibility to help each other such as neighborhood watch for wellness).
- Identify new groups of essential workforce and help these groups gain recognition and professional status such as promotores/as, gang intervention specialist, peer advocates etc.
- Update integrated programs so mental health is not the only focus (e.g., health, schools, community, and cultural groups).
- Address unplanned pregnancy among Latinas. It is the highest rate before the age of 18.

STRATEGY # 6

Strategies for design of effective approaches to the evaluation of implemented recommendation

- PRIORITY #1 LACK OF CULTURAL COMPETENT SERVICES
- PRIORITY #2 EVALUATE ADMINISTRATIVE BURDEN
- PRIORITY #3 EVALUATE THE DEGREE OF FAMILY INVOLVEMENT IN THE TREATMENT)
- PRIORITY #4 EVALUATE THE SCREENING PROCESS

I. LACK OF CULTURAL COMPETENT SERVICES

- Spanish language materials should be readily available and user friendly.
- Evaluate the development of culturally competent services.

II. EVALUATE ADMINISTRATIVE BURDEN

- Evaluate the administrative burden to see if there is adequate coverage and appropriate administration of funds.

III. EVALUATE THE SCREENING PROCESS

- Integrate the promotores/as model into service delivery.
- Evaluate the programs, results, and objectives by using logic model and follow up services (design & evaluate).
- Sustainability of programs over a period of time.
- Request feedback from consumers to include and evaluate the use of promotores/as.
- Evaluate the number of people being trained and their access of care in the community.
- Establish random evaluations of service providers to ascertain professionalism, and competency.
- Evaluate the management information systems for effectiveness of services.
- Evaluate the effectiveness of funds and if they are underutilized.
- Evaluate family centered practice vs. medication models.
- Evaluate the implementation of mental health programs within schools and school districts.
- Evaluation needs to include all levels of constituency/communities/ participation.
- Evaluation of qualitative/quantitative research.
- Determine reasons for families that return for services and/or follow-up.
- Evaluate red tape.
- Determine what happens during the walk-in process.
- Evaluate customer service.
- Evaluate over medication of adult/children.
- Evaluate the coordination of care.

The “Mesas de Trabajo” session concluded with final reports from the workgroup to all participants, which included the following:

- Cultural relevance and cultural competence at personal, community, structural, and system levels in all programs. Finding ways to incorporate cultural competence in the delivery of services, in treatment, and in programs.
- Focusing on the strengths of the Latino culture by connecting treatment through cultural considerations and through family history.
- Provide culturally appropriate mentoring.
- Mental health education to reduce stigma at all levels. Education in the community, in the schools (including information about services that can be accessed and acquired).
- Education. Support Latino educational workforce enrichment by providing funding and creating training centers. Develop a professional model “growing our own” from community advocates, trainees, interns, and therapists.
- System issues: Identify the burden on the system in funding, bureaucracy, administrative challenges, excessive time allocated to paperwork, access to care and the issues and barriers around the systems, and the problematic issues that affect clients’ outcomes.
- Integrate the promotores/as model into service delivery by utilizing the “best practices” promotores/as model in the community, home, primary care, and visiting churches and schools.
- Facilitate collaboration with non-mental health providers by:
 - o Involvement of respected leaders from the community at different levels.
 - o Self-help groups with culturally respected mentors, leaders, or coaches.
 - o Collaborate and network with other service providers to better serve Latino families.
- Develop and implement prevention programs for domestic violence and substance abuse, which are common issues in the community.
- Perform evaluations on the effectiveness of programs and services. The evaluations must be qualitative. If programs don’t work follow up using promotores/as.

Table 1. The six strategies and guiding points provided to the “Mesas de Trabajo”.

<p>1. Strategies for increasing treatment participation of Latinos by reducing individual and community barriers to care.</p> <ul style="list-style-type: none"> • Ideas on reducing stigma (community and individual education) • Increasing workforce appropriate to Latinos at all levels (training and education) • Increasing family and community support • Suggest Mental Health programs that are appropriate for Latinos • Suggest approaches to community outreach and engagement • Other ideas
<p>2. Strategies for increasing treatment participation by improving access to existing programs and services.</p> <ul style="list-style-type: none"> • Ideas on how to increase treatment participation • Ideas on how to improve access to existing programs • Suggestions on programs that are proven to be successful with Latinos • Suggestions on culturally appropriate workforce development (training and education) • Other ideas
<p>3. Recommendations for new programs and modification of service delivery to increase participation.</p> <ul style="list-style-type: none"> • Ideas on new programs that should be offered to increase participation • Ideas on modification of existing programs to increase Latino participation • Ideas on programs that have proven to be successful in serving Latinos • Other ideas
<p>4. Recommendations for new programs and modification of service delivery to increase retention in services and reduce drop out.</p> <ul style="list-style-type: none"> • Ideas on how to reduce dropout rates • Ideas on how to modify current programs to reduce dropout rates • What new programs should be offered to reduce drop out • Other ideas
<p>5. Recommendation for new programs and modification of existing services to improve successful treatment outcomes (other than retention).</p> <ul style="list-style-type: none"> • Ideas on modifying existing programs to increase treatment outcomes • Ideas on new programs that would increase treatment outcomes • Other ideas
<p>6. Strategies for design of effective approaches to the evaluation of implemented recommendations.</p> <ul style="list-style-type: none"> • Ideas on how to evaluate individual quality of care • Ideas on how to evaluate complementary interventions