

# CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

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## **CAMINO**

*April 20, 2011*

**COUNTIES:** ♦ SACRAMENTO ♦ EL DORADO

### **Participants of the Mesas de Trabajo**

In the Central Valley we conducted four separate community regional forums. One of these forums was held in Camino, California on April 20, 2011 from 10:00 a.m. to 2:00 p.m. Camino is located near Placerville about 45 minutes east of Sacramento. This forum had representation from two counties which were Sacramento and El Dorado. A total of 21 individuals attended the forum and represented various groups including consumers, family members, clinicians, mental health programs, advocacy groups, county employees and community-based organizations.

### **Structure of the Focus Group Discussion**

We started the forum by introducing the Latino Reducing Disparities Project (LRDP) staff, followed by a short presentation which included the background information on the California State Reducing Disparities Project – Latino Focus. Each participant had the opportunity to introduce themselves, tell where they worked, and say one thing they would like to change in mental health that would benefit Latinos.

The meeting was organized into “Mesas de Trabajo” (working subgroups) of which participants were randomly assigned to a “mesa” (table). Each “mesa” was instructed to address one strategy listed on Table 1. The six strategies were produced by the Latino Behavioral Health Institute and UC Davis Center for Reducing Health Disparities. In order to facilitate the group process, each strategy included a list of guiding points to generate group discussion. Each “mesa” was asked to identify a Chair, Notetaker and Reporter. They were provided with a flip chart and markers to document their recommendations on their assigned strategy. One of the members was taking notes on a computer. Once all recommendations were posted on the flip chart, 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” selected a reporter who would present their recommendations to the larger group.

The following are the answers to the question: “If you could make one thing happen in mental health that would benefit Latinos, what would it be?”

## **Funding**

- More funding for individuals seeking to pursue their masters and Ph.Ds in psychiatry, social work, etc. More funding for jobs at the county level and increase the number of internships for those pursuing their masters or Ph.D

## **Services**

- Improve access.
- Employ a full-time bilingual community health worker to work with consumers to identify Latinos in their county and identify the needs of the Latino communities. |
- More access for children with mental health needs.
- Increase mental health access in primary care. If mental health could be identified early, there could be better outcomes.
- Having a bilingual bicultural person greet families when they come in for mental health services, this would go a long way.
- More services that work with teens on how to get a checkbook, apply for college and learn basic life skills.
- More networking amongst the various services and knowing how to help others.
- Improving public transportation. Clients should not have to rely on neighbors, to take them to an appointment.
- Latinos will seek out mental health services if your services are provided in a cultural and linguistically respectful manner. For example, don't change an individual's name from Spanish to English; if it is Juan don't call him John. Also have books, brochures, flyers, etc in Spanish.

## **Providers**

- More bilingual bicultural clinicians and staff. ||
- Bilingual bicultural staff in every aspect of mental health services.

## **Education and Training**

- Educate people about current services. ||
- More awareness of the Latino community and their needs.
- Mental health professionals in schools need to be consistent in building trust and relationships with families and children.
- More training for para-professionals. They are not always trained sufficiently. Since they are not trained the para-professional has a difficult time identifying what is really going on. Para professional are being utilized more in all areas of mental health and counties are relying on them more than clinicians.
- Inform more people in the community. Bring awareness to Latinos and explain what services are available in the community. Work with the family. Everyone needs help knowing how to access services.
- Breaking down the barriers for Latinos and reducing stigma so they can seek mental health services without fear of neighbors knowing what is going on.
- Many woman don't want to seek services because they fear being told "estas loca"("you are crazy").
- Reduce the stigma with the Latino families. ||

- Some ideas were given as things that worked in bringing the Latino Community together:
  - o There was a presentation at a school to discuss mental health issues for their children and family. The school organized the meeting and served Pozole. Many families showed up and they were “hungry” for information and understanding of what is mental health.

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

## **STRATEGY #1**

### **Strategies for increasing treatment participation of Latinos by reducing individual and community barriers to care**

PRIORITY #1 EDUCATION

PRIORITY #2 PROGRAM QUALITY AND COLLABORATION

PRIORITY #3 SERVICES AND RESOURCES

#### **I. EDUCATION AND TRAINING**

- Use schools to bring the community together (e.g., provide food and guest speakers).
- Use community events to educate Latinos about mental health.
- Provide loan forgiveness programs.
- Identify members in the community who would advocate for agencies that provide good services.
- Teach basic skills such as balancing a checkbook, applying for college or making community resources known to the community.
- Provide more internship programs for individuals in mental health masters and PhD programs.

#### **II. PROGRAM INTEGRATION AND COLLABORATION**

- Develop collaboration with primary care physicians and churches. Churches can disseminate mental health information to the community.
- Develop collaboration with mental health, and child protective services agencies. These services can co-exist with other organizations in the community and perhaps share the same space.
- Integrate mental health as part of the community.
- Open up access and have more robust programs for all levels of needs.
- Increase grassroots political involvement.
- Increase salaries for those individuals who are bilingual and bicultural.
- There is a need for more mentors and role models in the mental health field.
- Develop a group of mental health speakers who are willing to go to high schools and speak to students about mental health issues.
- Provide bilingual and bicultural services. These services should utilize cultural norms such as dichos (sayings), canciones (songs), novelas (soap operas) cuentos (stories) as part of the therapy. Using those techniques connects culturally to the individual. Also family therapy should be utilized opposed to individual therapy.

### **III. SERVICES AND RESOURCES**

- Utilize National Alliance of Mental Illness (NAMI) for resources.
- Provide family therapy.
- Provide extended/flexible hours and days (for agencies).
- Provide more home/outside visits/satellite offices.
- Share building space with other agencies.
- Identify which agencies have special programs/Spanish-speaking programs.
- Offer programs in Spanish with an emphasis on culturally sensitivity.
- Emphasize confidentiality and equity for mental health services specifically.
- Provide services to people who are documented and undocumented.

### **IV. OTHER RECOMMENDATIONS**

- Reduce barriers by not requesting too much paperwork or proof of legal status.
- Increase service hours from the traditional 9 a.m. to 5 p.m. and have only one central location for services.

Make people feel comfortable regardless of their immigration status. In Lake Tahoe there are many individuals who are undocumented and they feel very vulnerable and afraid of accessing services. Before anyone can access services they are asked for a driver's license, social security number, etc. This results in them not pursuing services.

## **STRATEGY #2**

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

PRIORITY #1 EDUCATION

PRIORITY #2 CULTURAL SERVICES

PRIORITY #3 OUTREACH

#### **I. EDUCATION**

- Support Latinos at the elementary level to plant the seed of success through education regardless of their economic status.
- Incorporate “looks like us” Latino success stories into the schools. People that look like my tía (aunt), this motivates individuals. We don’t have people who come to our small town to encourage the community with a message that mental health is not a scary thing, “I needed to get some medication and I’m okay and look at me.”
- Provide Latino success stories that touch the souls of our Latino youth.

#### **II. CULTURAL SERVICES**

- Provide culturally and linguistically competent services.
- Put programs in the hands of Latinos.
- Ensure that Latinos trust and feel safe when receiving services.
- Build upon existing resources. “If I knew of a mental health program that has someone who speaks Spanish, then I could refer them and drive them there. If I trust this person and this is a safe space; then they are more willing to go for services.”

#### **III. OUTREACH**

- Ensure that mental health programs go to the community. Transportation, finances and babysitting are obstacles and needs to be addressed.
- Improve access to existing programs, take it to where people live and not expect people to come to the services. Develop a robust community volunteer program, where people can and are willing to drive a person to an appointment. Many Latinos in this community need food. Provide “goodie bags” (e.g., diapers, Walmart Gift Cards etc.) through this program.
- Provide transportation when needed.
- Build trust from ground up one person will tell another and then it spreads.
  - Leave these programs in the hands of Latino families. Starting programs from ground up and giving it back to them to continue running. If you had a program that provides food or goodie bags, diapers, gift cards, people will tell their friends and they will come back. They like to come back to something. There you can talk to them about mental health and it’s not a taboo or scary for them.

#### **IV. OTHER RECOMMENDATION**

- Ensure that people trust the agency providing services and they should not be required to show proof of their legal status in order to get services.

## **STRATEGY #3**

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

PRIORITY #1 DIRECTORY AND REFERRAL SERVICES

PRIORITY #2 MODIFICATIONS TO CURRENT SERVICES

PRIORITY #3 ELEMENTS OF SUCCESSFUL PROGRAMS

#### **I. DIRECTORY AND REFERRAL SERVICES**

- Develop a National/County Directory- hard copy and online...eligibility/referral process consisting of:
  - o 411 number for El Dorado County/state-wide.
  - o Referral services from a live person who answers calls and provides resources.
  - o Registered non-profit/state/local agencies providing goods or services and accepting referrals.
- Offer an “Up-to-date directory that outlines all the different services. More specific, when you go to an agency you will be able to see that these are the services they provide. People will get to the point where they go to a place but the place is gone because of lack of resources. This directory could be statewide, but if we had something at the county level that could identify services for our clients it would be great.”
- Use one consistent referral form to get services. The directory would be nice to have one central system. Follow through with the referral especially with mental health. The individual shouldn't have to be asked the same questions over and over again for each referral.”
- Explore Sacramento County's 411 information system that directs people to services.
- Establish a Local Latino Commission to study the needs and issues of Latinos in El Dorado County.

#### **II. MODIFICATIONS TO CURRENT SERVICES**

- Increase specialization of services by non-profits to better serve clients and make them (services) more efficient.
- Modify existing programs. Nonprofits have different things they do; we need to know what these organizations/agencies do. Where are the locations of agencies that help with food and/or a place to sleep for the night? This would facilitate quicker access for people.
- Identify within each agency how many people speak Spanish? When the agency hangs a sign “hablamos español” (we speak Spanish) who is the contact person/s so that when you call you can ask for them directly.



- Be more welcoming. Many agencies when they interface with the clients the space is not inviting. When you come to an office there should be information in Spanish and there should be someone that greets you in Spanish. Make sure that people feel welcome when they arrive to receive mental health services.
- Work with the South Lake Tahoe's Latino Commission, which is supported by the city, to improve services. It's a need because 30% of the population is Latino and there is an immense need for services. If El Dorado County is considered one county, why should each city have to request their own independent commission? "They don't have clinicians who are bilingual in South Lake Tahoe."

### **III. ELEMENTS OF SUCCESSFUL PROGRAMS**

- Look to Partners In Prevention (PIP) program, a low-level mental health program, that reaches out through dinners and personal contacts.
- Encourage programs to provide actual data in numbers, not percentage for the year and make it available online.
- More programs like PIP programs, prevention programs in schools that provide referrals. Finding other ways to deliver the message that services are available.
- Have schools provide a family dinner and inform families of the services available for their children. Don't send home pamphlets; it does not work. When parents drop off their kids sometimes they hang out, meet with them and share ideas.
- Provide data and numbers through an evaluation that assesses the effectiveness of programs. Sometimes it is not very clear that we have actual numbers. What are the actual numbers you serve? Of the people who came in, 30% accessed mental health services. Give raw numbers so that we can say 200 people filled out application and we served 60 of them. Evaluations tools are for the granters and not the people.

## **STRATEGY #4**

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

PRIORITY #1 SUPPORTIVE ENVIRONMENT FOR CONSUMERS AND STAFF

PRIORITY #2 INNOVATIVE PROGRAMS

#### **I. SUPPORTIVE ENVIRONMENT FOR CONSUMERS AND STAFF**

- Atmosphere of care.
  - o Provide an area where people feel safe, and don't have to stand up, waiting in a line outside the door, it makes for a stressful situation, it cuts down on privacy. A person doesn't want the next person in line to know what they are there for.
- Change how staff views patients.
  - o Train staff to not see a patient/consumer as just a medical code.
  - o "We are not trying to change anyone, we accept anyone. Don't change the name from Juan to John. Accept their culture just as they are and accept where they are coming from."
- Provide staff with back-up support.
  - o To have patients succeed you have to have your staff succeed. First thing to do is teach the staff what you are trying to provide to your clients. The staff needs to have that confidence that they understand what is being provided to the clients. When the staff understands, then they can help the client feel more comfortable about being there. Clients will tell their friends and the community. Clinics have to start by changing their clinical office.
    - a. Clinics/Agency's need to building trust through relationships.
    - b. Baby steps: Knowledge → Education → Positive outcome, without changing the culture.
    - c. Latino focus community groups.

#### **II. INNOVATIVE PROGRAMS**

- Develop a Community navigator model. For example in the Central Valley they created a "Hmong Garden" in the Hmong community to talk about various mental health issues. In the Hmong community they like to have gardens and they found a way to embed culture, community, gardening and mental health into this project. Hmong would come with their hoe in their hand and while gardening talk about the stressors in their lives. Counseling and referral would happen in the community garden. Also, the garden is self-sustaining and provides fresh food to the community.
- Reduce dropouts, by finding what is important to them (patients/consumers). Give them a sense of pride, build trust and create relationships.

## **STRATEGY #5**

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

PRIORITY #1 CONVENE MENTAL HEALTH PROVIDERS

PRIORITY #2 USE PROMOTORAS

PRIORITY #3 MEDIA

PRIORITY #4 TRANSPORTATION

#### **I. CONVENE MENTAL HEALTH PROVIDERS**

- Convene all mental health providers (county, specialty, clinic-based, CBOs, etc.) to map out all mental health services available in El Dorado County and develop strategies to encourage Latinos to access existing treatment and services.
- There are no bilingual services.
- Provide an assessment of El Dorado County's ability to serve bilingual or monolingual Spanish that don't have diagnosis but qualify for resources.
- Become more knowledgeable about community organizations, behavioral health and primary care settings.
- Bring non- profits and county people together to identify individuals and needs. Identify how can we network and help each other.
- Close the gap in services, especially mental health. Primary care physicians do not feel they can adequately treat an individual with mental health issues and as a result no services are provided.

#### **II. UTILIZE PROMOTORAS**

- Use promotoras to identify existing Latino communities and determine what "natural supports" already exist and what is working? Then, they work with communities to build on their strengths.
- Know what the capacity is. We might have 100 people who need services but who is going to provide.
- Know that people need services but there are natural supports that are working for them because they are getting their needs met without receiving services. We don't have the capacity to serve everyone, but are his or her natural supports working?
- Build new programs that naturally support the family.
- Identify what the Latino community is doing. Help the community define what is working and find those community leaders.
- Find a good model to replicate.
- Develop multiple tiers of clinical oversight teams that work with promotoras. Then promotoras work with community leaders. This allows for various levels of services.

- Distinguish between natural support versus volunteers and promotoras.
- Encourage more mentors that are in recovery to participate in the Latino community. Recovering model citizens with substance abuse will keep people out of mental health if it's not too severe.

### **III. MEDIA**

- "Use" positive media messaging by promoting wellness and advertising that access to mental health care can be easy and not frightening.
- Networking with promotoras, interagency connections and utilizing Facebook.

### **IV. TRANSPORTATION**

- Examine transportation barriers using a multi-faceted approach (i.e. not just focusing on public transportation, looking towards natural supports, or utilizing community assistance programs).
  - o "Being in rural communities is tough because when it snows we are cut off in Lake Tahoe." There is no transportation from El Dorado Hills to Placerville.
- If someone is on Medi-Cal and moves across county lines because that is where that person receives services, that individual's Medi-Cal is not valid.
- Help the community know what resources and support services are available for them to get a ride to their appointments
- Work with Green Valley Church's car assistance program. The church identifies a family, obtains a car donation and volunteers fix the car.
- Identify programs like Placerville's dental van that moves to different locations. This is a collaborative between the County, First Five and the Office of Education. Because it is difficult to park the van in every location where the need exists, the van gets as close to the community as possible. For those who have no way of getting to the dental clinic, Salvation Army will provide money for gas if they find someone to give them a ride.

### **V. OTHER RECOMMENDATIONS**

- Provide hope that mental health is a treatable condition.
- Initiate a statewide campaign that promotes a mental health "model anti-smoking campaign."
- Ensure that access to language skills, and other basic competency level skills be established for bilingual staff. If a staff member is born and raised in Mexico, that individual has strong Spanish skills, but not necessarily has knowledge of mental health or public health terminology. Latino staff raised in this country is more likely to use slang and "Spanglish." Do not use bilingual staff who have not been assessed for language competency. Trained professional interpreters should be used in mental health settings.

- Because of budget cuts, cultural competency was eliminated. Translation and interpreting services were cut.

## **STRATEGY #6**

### **Strategies for design of effective approaches to the evaluation of implemented recommendations**

PRIORITY #1 BILINGUAL/BICULTURAL STAFF

PRIORITY #2 IMPROVE SERVICES

PRIORITY #3 NETWORK WITH OTHER AGENCIES

#### **I. BILINGUAL/BICULTURAL STAFF**

- Determine how well the bilingual/bicultural staff speaks and understands the culture of the client. Are there an adequate number of bilingual/bicultural staff and what are their skills sets? How flexible are policies and procedures. Are they Latino-friendly? For example, Women Infants and Children (WIC) Program is family-friendly. They don't ask for a lot of paperwork. If they come with their entire family they are welcome. How are services presented? Is it participant centered? Are issues and concerns being addressed? Are they being asked what they think is going on with them? Does culture come into play? Are their beliefs incorporated in the treatment?
- Be cognizant of why certain questions are being asked (for driver's license, social security, are you registered to vote? etc.). If this information is not needed, don't ask.

#### **II. IMPROVE SERVICES**

- Develop yoga groups in housing projects where families can participate. This is non-traditional. One can address other issues as well as exercise.
- "Although WIC targets 0-5 year olds, we don't close the door on their families if they talk about their teenagers. We make sure we make appropriate referrals and give them information. We send them to a particular person."
- "If people are happy with the services they are getting, they will tell the rest of the *comadres* (women) and families. That is a sign that agencies are providing good care."

#### **III. NETWORK WITH OTHER AGENCIES**

- How strong is your network with other agencies?
- Collaboration with wrap-around, yoga (e.g., White Rock Village).
- How well trained are your bilingual/cultural staff?
- How flexible are your policies/procedures? Are they Latino friendly?
- Senior centers have great counseling provided by mental health providers.

#### **IV. OTHER RECOMMENDATIONS**

- Latinos have more kids in the juvenile justice system, even more than in the mental health system. Mental health services for kids who are incarcerated

need to be increased and strengthened. These kids have learning disabilities and parents don't know their rights; they don't know about Student Support Team (SST), Individualized Educational Plan (IEPs). They don't know they can request these resources, which makes their incarceration easier.

- All of our systems mental health, education, and health care are broken. The legal system advises Latinos and blacks differently from whites because white parents know how to advocate for their children. "Public defenders will tell Latino parents to have their kid plead guilty and do their time. But they will give white parents different advice." Latino parents need to know their rights and the rights of their children. "It is not one person, but all of us who know how to cut through the system and we need to mentor others".
- We need to teach parents how to be better advocates for their kids. "In Mendocino County, Latinos are a large population, but when we moved to El Dorado (County) we couldn't get bilingual education services. We were told that we were hurting our son because we speak Spanish at home."
- Who is going to pay for mental health? If parents are undocumented, but the children are documented, how can they receive family therapy. How can a nonprofit survive without funding? Medi-Cal pays for family therapy, for only one person in the family. Agency can't charge each person. Like a group therapy, you can only have it for one person.

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

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