

CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

CHICO

March 3, 2011

COUNTIES ♦ SHASTA ♦ YUBA ♦ BUTTE ♦ SUTTER ♦ SACRAMENTO ♦ HUMBOLDT ♦ COLUSA

Participants of the Mesas de Trabajo

The only forum held in the Superior region of California was in Chico on March 3, 2011 from 11:00 a.m. to 3:00 p.m. This forum included participants who represented seven different counties including Butte, Colusa, Sacramento, Shasta, Sutter, Humboldt and Yuba. A total of 40 individuals attended and represented various groups such as consumers, family members, promotores/as de salud, service providers, mental health programs, and community-based organizations. Forty percent of the participants were either consumers and/or family members who were Transitional Aged Youth (TAY), adults and older adults. Consumers and their families were very outspoken during this meeting and felt comfortable speaking in Spanish and English.

Forum Structure

This forum began with an introduction of the co-chairs and the Latino Reducing Disparities (LRD) staff. Each person was asked to say their name, where they are from, and the type of work they do. Participants were also asked to think about one thing they would like to see changed in mental health to benefit Latinos in California. After the introductions, there was a brief presentation that provided background information on the California State Reducing Disparities Project – Latino Focus. Since there were a significant number of Spanish speaking participants, the Latino Reducing Disparities (LRD) staff conducted the forum in a bilingual format.

The meeting was organized into five “mesas de trabajo” (working groups) to discuss five different strategies. The strategies were produced by Latino Behavioral Health Institute and UC Davis Center for Reducing Health Disparities. Spanish speaking participants formed two “mesas de trabajo” and conducted their discussion in Spanish (approximately 7 members at each table). Each “mesa” was instructed to address one of the five strategies (see Table 1). To ensure heterogeneity amongst the “mesas”, participants were dispersed by numbering off from one to five. The Spanish speaking “mesa” was the only homogeneous group. This “mesa” was mainly composed of family members and consumers.

To facilitate the group process, each strategy included a list of guiding points to generate 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. The computer recorder was a LRD staff member or a volunteer. Once all recommendations were posted on the easel paper, each “mesa” proceeded with

each individual voting for their top three strategies. They used color dots stickers to prioritize their list (the value for each color was 4, 3, 2 and 1 for red, green, yellow and blue respectively). At the end of the session, the reporter presented their recommendations to the forum attendees.

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

- Increase resources.
- Need increased money in order to stop cuts to mental health and services at hospitals and jails.

Services

- Clinics would be open Sundays and extended hours.
- Increase access.
- More flexibility in serving people.
- Make mental health services less expensive and free accessible group support.
- Increase access for youth and the undocumented.
- Drug and alcohol abuse services.
- People need to feel welcome in a clinic.
- Disjointed services due to reimbursement process (funding silos), single payer.
- Have mental health services in the communities where people live.
- Provide mental health services in rural communities.
- Lower Co-pays for medication.
- Agencies should accept the cultural values of the community.
- Eliminate the barriers that limit access to services.
- Transportation to services. (I)

Providers

- Utilize promotoras/es to provide services for non Medi-Cal families. (II)
- Reduce mental health staff turnover.

Education and Training

- Awareness of services. (I)
- Eliminate stigma. (IIII)
- Bilingual and bicultural workforce. (III)
- Provide support and education for families starting when children are born. This is Prevention and Intervention.
- Education on what is mental health.
- Develop creative prevention and intervention avenues for youth around mental health and substance use.
- Develop youth activities that keep them out of trouble.
- Providing Immigration information and resources.

STRATEGY #1

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

PRIORITY #1 COMMUNITY AND INDIVIDUAL EDUCATION TO REDUCE STIGMA

PRIORITY #2 CULTURALLY APPROPRIATE PROGRAMS

PRIORITY #3 SUGGESTED APPROACHES FOR OUTREACH AND ENGAGEMENT

I. COMMUNITY AND INDIVIDUAL EDUCATION TO REDUCE STIGMA

- Use community member's testimonies that describe their experience with a mental health illness by sharing them through radio, print, support groups and community events.
- Develop bilingual printed information about mental health and make them available at schools and family events.
- Come up with an alternative term for mental health.

II. CULTURALLY APPROPRIATE PROGRAMS

- Have programs that are bilingual/bicultural such as the Wraparound¹ program.
- Use home visits as a strategy to engage and provide services to families.
- Have office staff that are bilingual/bicultural and make people feel welcome.
- Increase consumers' self-esteem and integrate all health services into non-clinical settings.

III. SUGGESTED APPROACHES FOR OUTREACH AND ENGAGEMENT

- Partner with Hispanic businesses to improve outreach services to the community and promote activities and programs.
- Use the Peer-to-Peer² and mentor models as outreach strategies.
- Record testimonials about the benefits of mental health services and show them in clinics while people are in the waiting room and/or disseminate through the radio with a short message to reach a larger audience.

¹ Wraparound was established in 1997 with Senate Bill 163, and is best described as a program that shifts the service delivery focus to a needs-driven, strengths-based approach. A definable way of partnering with families to provide intensive services to children with complex needs using a team approach. It is intended as an alternative to residential care. The child and family work directly with a team comprised of professionals and members of the family's community - people chosen by the family. The team develops an individualized service plan that describes all of the needs identified by the child and family and how those needs will be met.

² Peer-to-Peer: NAMI's Recovery Curriculum

Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.

STRATEGY #2

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

PRIORITY #1 IMPROVE WORKFORCE DEVELOPMENT EFFORTS

PRIORITY #2 REPLICATE SUCCESSFUL EXISTING PROGRAMS

PRIORITY #3 IMPROVE ACCESS AND PARTICIPATION

I. IMPROVE WORKFORCE DEVELOPMENT EFFORTS

- Develop a culturally and appropriate workforce by providing students with loan forgiveness programs, state and federal grant money, free financial aid, distance learning opportunities, college credit for work or lived experience such as a certificate process for lived experience and employee benefits once they start working.

II. REPLICATE SUCCESSFUL EXISTING PROGRAMS

- Highlight and reproduce proven programs that have been successful in serving Latinos. Programs like promotoras, Wraparound services, childcare programs (i.e., Migrant Headstart or Migrant Education³), parent education programs, and Education Opportunity Program for students (EOPS)⁴.
- Family oriented programs are important and should be provided.

III. IMPROVE ACCESS AND PARTICIPATION

- Reduce stigma through community mental health awareness.
- Develop professional and culturally and linguistically based outreach efforts that inform the community about mental health services and resources that are available.
- Train outreach staff that can go into schools or homes to explain mental health services and resources in a culturally and linguistically competent manner. By having a trained community outreach staff it will reduce stigma and increase understanding.
- Collaborate with agencies to share information and not make the consumer re-live his or her trauma.
- Increase access by improving the availability of public transportation or possibly have mobile mental health units.
- Have services partner up and share space with other agencies.

³ Migrant Education is a federally funded program designed to provide supplementary educational and support services to eligible migrant students. Currently, Region 2 has a cumulative enrollment of approximately 20,418 students (ages 3-21) in 22 Northern California Counties. The migrant population consists of numerous ethnic and language groups (Spanish, Punjabi, Hmong, Mien, Laos, Vietnamese, and English).

⁴ The Educational Opportunity Program (EOP) is designed to improve the access and retention of low-income and first-generation college students at CSU, Chico. EOP applicants must have the motivation to succeed and have the potential to perform satisfactorily at CSU, Chico, but may not have been previously able to realize their potential because of their economic or educational background. EOP is a state-funded program open to residents of the state of California only.

*The following group conducted their discussion in Spanish and their responses were translated into English by one of their participants.

PRIORITY #1 EQUAL TREATMENT REGARDLESS OF RACE

PRIORITY #2 INCREASE AWARENESS THROUGH COMMUNITY MEETINGS

PRIORITY #3 IMPROVE SERVICES FOR UNDOCUMENTED PEOPLE

I. EQUAL TREATMENT REGARDLESS OF RACE

- Ensure that Latinos are treated the same as white people when receiving services.
- Reduce the perception of discrimination of Latinos by ensuring that office staff such as receptionists and clerical staff are bilingual and able to interpret on behalf of the consumer in a timely manner. Not having bilingual staff can lead Latinos perceiving clinic staff treat individuals differently based on race.
- Increase efforts to eliminate the situations where Latinos feel that clinic staff treats them as being inferior compared to white people.
- Provide training to office staff (e.g., receptionist) even if he /she is Latino, to provide equal treatment to all consumers regardless of race.
- Recognize that northern California is more conservative than other parts of the state; therefore there is more discrimination here.

II. INCREASE AWARENESS THROUGH COMMUNITY MEETINGS

- Organize and carryout community workshops on different mental health topics and disorders.
- Bring awareness by having meetings in Spanish to discuss mental health disorders and bring an understanding that mental health disorders are not a result of a “bad luck or God’s punishment.”
- Offer community awareness meetings using schools, homes, churches, and other community-based centers.
- Invite people to attend community meetings and host meetings in their homes.
- Offer therapeutic-type services at non-clinical settings, such as parks and recreational centers.
- Have “platicas” (workshops) in the homes as a way to bring awareness about mental health.

III. IMPROVE SERVICE FOR UNDOCUMENTED PEOPLE

- Inform consumers about their human and legal rights.
- Work with undocumented individuals to reduce their fear of deportation and help them seek services for themselves and/or family members.

STRATEGY #3

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

PRIORITY #1 TRANSPORTATION

PRIORITY #2 PEER-TO-PEER SUPPORT SERVICES

PRIORITY #3 ALIGNING MENTAL AND HEALTH CARE

I. TRANSPORTATION

- Provide transportation to low-income families to ensure that they follow-through with appointments or have mobile units out in rural areas.

II. PEER-TO-PEER SUPPORT SERVICES

- Work with communities to ensure that each community has knowledgeable people (i.e., promotores/as) able to fill-in and provide family and peer support during emergencies until the individual is able to access professional services.

III. ALIGNING MENTAL AND HEALTH CARE

- Integrating health and mental health can help “normalize” mental health.
- Making sure that health agencies with community service websites have printable forms and information available for the consumer about his/her mental health and general health.
- Having agencies and other community-based organization provide computer access and classes available to educate consumers about health and mental health.
- Ensuring that consumers understand their treatment goals.

STRATEGY #4

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

PRIORITY #1 BILINGUAL AND BICULTURAL STAFF FROM THE COMMUNITY

PRIORITY #2 MODIFY CURRENT PROGRAMS TO REDUCE DROPOUT RATES

PRIORITY #3 NEW PROGRAMS TO ADD

I. BILINGUAL AND BICULTURAL STAFF FROM THE COMMUNITY

- Utilize bilingual and bicultural staff to provide transportation to appointments.
- Have mobile programs available or have services in community settings.
- Provide institutional support for bicultural/bilingual staff. For example, include this as a requirement in job descriptions.

II. MODIFY CURRENT PROGRAMS TO REDUCE DROPOUT RATES

- Have clinics utilize promotoras/es to build trust in the community and value of mental health services.
- Ensure that clinic/agency staff/providers understand and able to address all stressors affecting the lives of consumers, especially immigration, poverty, isolation, and others.
- Establish partnerships with Wraparound-type programs and promotoras/es programs to engage community/individuals.
- Involve the entire family when providing services to ensure a support system and reduce rates.
- Build on the cultural strengths and resiliency of the consumer and his/her family.

III. NEW PROGRAMS TO ADD

- Cultural and linguistically competent training of current and new staff.
- Networking and collaboration among agencies to create new programs.

STRATEGY #5

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

PRIORITY #1 USE PRIMARY CARE AS AN ENTRY TO INTEGRATED MENTAL HEALTH SERVICES

PRIORITY #2 TRAIN MEDICAL PROVIDERS AND PARAPROFESSIONALS IN PERSON CENTERED CARE

PRIORITY #3 USE LOCAL RESOURCES

I. USE PRIMARY CARE AS AN ENTRY TO INTEGRATED MENTAL HEALTH SERVICES

II. TRAIN MEDICAL PROVIDERS AND PARAPROFESSIONALS IN PERSON CENTERED CARE

- Integrate services health and mental health services, especially for elderly and children with special needs.
- Provide free services at local churches by using interns and volunteers.

III. USE LOCAL RESOURCES

- Utilize recreational events to normalize mental health (e.g., soccer and cooking classes).
- Have an informal process to address issues such as gangs and drugs. Work with youth sports programs such as the Gridley Youth Soccer League, a program similar to the YMCA or Boys & Girls Club.
- Develop a community evaluation that includes patient satisfaction surveys.
- Make information about mental health services available in Spanish and accessible in places such as clinics, schools, medical offices, and other public locations.
- Provide free workshops to the community to increase awareness about mental health services.
- Incorporate information about mental health services at local fairs via information tables/booths.

IV. OTHER RECOMMENDATIONS

- Inform the community on how the current state budget will impact the current local programs. Emphasize that these programs need to be sustainable regardless of the state budget.
- Advocate for the northern California rural communities to receive an increase share of the Mental Health Services Act (MHSA) funds.
- Have more prevention and intervention services available.

Subroup 2

PRIORITY #1 ACCESS TO SPANISH INFORMATION AND
BILINGUAL/BICULTURAL STAFF

PRIORITY #2 PROVIDE DIVERSE SERVICES

PRIORITY #3 COMMUNITY LEADERS

I. ACCESS TO SPANISH INFORMATION AND BILINGUAL/BICULTURAL STAFF

- Provide mental health information in Spanish in written form such as bulletins and fliers.
- Ensure that mental health information is made available at schools and medical offices.
- Offer meetings about mental health services in Spanish to the entire community.
- Have more people who are bilingual and bicultural work in mental health offices.
- Have trained Spanish-speaking volunteers with counseling experience provide counseling services to individuals and families.

II. PROVIDE DIVERSE SERVICES

- Increase funding sources for agencies serving Latinos.
- Provide more information about the process and the resources currently available for mental health needs.
- Make sure that transportation is available so that consumers have quicker access to mental health services.
- Provide childcare for consumers receiving services to ensure they return for follow-up services.
- Expand hours and days of services beyond the traditional 8 to 5 and Monday through Friday.
- Provide mental health education to adolescents in concert with their core academics (e.g., Language Arts, science, and social studies).
- Provide support for mental health services to the elderly.
- Serve people with special needs especially children and teenagers.
- Provide services to people without health insurance.

III. COMMUNITY LEADERS

- Train and educate young people about civic responsibility opportunities and build their leadership skills by giving back to their communities.
- Train university students about engaging in service learning or volunteering opportunities and gain real-life experiential learning in mental health settings.
- Inform and train parents of their legal rights as a parent of a consumer and recruit them to serve as parent leaders to other parents with similar circumstances.
- Educate church leadership about mental health disorders and how to help people access those services.

Table 1. The five 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 MH 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