

# CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

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## **FRESNO**

*March 2, 2011*

**COUNTIES:** ♦ FRESNO ♦ TULARE ♦ TUOLUMNE ♦ MARIPOSA ♦ MADERA ♦ KINGS

### **Participant Representation**

In the Central Valley we conducted four separate community regional forums. One of the forums was held in Fresno, California on March 2, 2011 from 10:00 a.m to 2:00 p.m. In Fresno we had representation from six counties which included Fresno, Tulare, Toulumne, Mariposa, Madera and Kings. A total of 42 individuals attended the “Mesas de Trabajo” (working groups) and represented various groups including consumers, family members, promotores/as de salud, clinicians, mental health programs, advocacy groups, farmworkers, county employees and community-based organizations. Of the 40 individuals who participated, 14 were either consumers or family members.

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

The forum started with introductions where people had the opportunity to state their name, the organization they worked, and their title. During the introductions we also asked people to think about one thing they would like to see changed with regard to mental health for Latinos. Their top responses were to reduce stigma, provide more bilingual/bicultural workers, provide services in rural areas, and provide transportation.

After each person had the opportunity to introduce themselves, we had a short power point presentation that gave an overview of the study. The presentation provided background information on the California State Reducing Disparities Project – Latino Focus as well as a description of who was invited to attend this forum and ultimately what the final report would include based on the data collected.

In order to have a diverse group of people at each table we had participants number off from one to six and then we just randomly assigned a strategy number to each group. The meeting was organized into six subgroups that addressed a strategy. Because we had three monolingual Spanish speaking participants we formed a group where they could conduct their workgroup meeting in Spanish (approximately 6 bilingual/monolingual participants were in this group). Each “mesa de trabajo” was instructed to address one strategy, which are listed in the following page under Table 1.

In order 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,

Notetaker, Recorder and Reporter. They were provided with easel paper, markers and a computer to document their recommendations on their assigned strategy. Once all recommendations were posted, each group proceeded with an individual voting process of their top 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**

- Funding should go to local agencies and not used to hire outside corporations.
- Distribution of Mental Health Services Act (MHSA) money from the Department of Mental Health to the counties is not equitable. There are less services provided in rural areas. |||||
- Funding services should have stability in order to ensure funding remains in communities.

### **Services**

- Flexible and extended hours of service.
- Cultural and linguistic services to isolated communities throughout the system. ||
- Have a clinic in rural areas and bring service directly to them.
- Have services in small communities to avoid traveling an hour away.
- 24 hour crisis line – with real people answering the phone.
- Services should reflect the community they represent.
- Home visits. See children in their environment and how they behave at home and not just in the office.
- No Telepsychiatry for mental health service. One already thinks that we are a little crazy and when they send you in to a room to talk to a screen, you really think you are crazy.
- Provide services for undocumented.
- Service for children transitioning to adulthood: sometimes they only receive one therapy every six months.
- Create a comprehensive family center to help the entire family.
- Improve mental health services to children and families in foster care.
- Meet basic human needs of the clients before addressing mental health needs, for example paying for the electricity.
- Spiritually utilize the different cultures for healthy “limpias” and prayers.
- Intervention at time of need: when a client is assessed and referred, there is a waiting list. Consequently nowhere for them to go- lack of family support.
- Have a strategic approach to family violence. Police in Herndon respond about 80% to family domestic violence and depression tipping point. The community suffers and not just the individual.

- Ms. Foundation<sup>1</sup> is creating a structure to find child abuse services.
- Use social networking software to identify leaders who are connected to the communities. “Young Fresno leaders”.
- Get rid of all stigmas that are not responsive. Build new decentralized services.

### **Providers**

- More Latinos case workers, providers and staff.
- More interpreters who are culturally sensitive.
- More bilingual staff and providers. |
- Provide incentive for bilingual clinical providers and staff.
- More bilingual students should go to school to become providers.
- Utilize promotores de salud to reduce stigma and increase access.

### **Education and Training**

- Parents need to be made aware of what resources are available within the schools if their child has a mental illness. |
- Inform families and provide information and training in schools.
- Bring awareness to professions that deal with people on a daily basis such as the county, police, teachers etc.
- Inform the communities that mental health is real and it is an illness.
- Raising awareness in the rural community.
- Transportation- when a family member is ill the whole family needs help. More education for people because they think if they seek care, their children will be deported or taken away.
- Parents don't know what is going on with the children until they are going to be kicked out of school. Teachers need to be trained in mental health. They should working as a team with mental health providers.
- Connect mental health staff to teachers, police superintendents, probation officers, Child Protective Services (CPS), for people to be on the same page.
- Train groups of people on depression and anxiety so they become knowledgeable and can train others. Create a domino effect.
- Board of supervisors, city council, principals, administrators are “tapados”. Even though they are Latinos they are still part of the problem. They don't understand mental health issues.
- Education for early intervention, parents can take 5 classes when enrolling children in school; i.e domestic violence, treating each other with respect etc.
- Educate about “garage doctors” who come from Mexico and serve the community.
- Mental health should be seen from a general wellness perspective.

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<sup>1</sup> The Ms. Foundation for Women builds women's collective power across race and class to tackle the root causes of injustice and ignite progressive change for all. They deeply believe that those who experience a problem have the perspective necessary to solve it.

- Prevention, early intervention, diversion and cultural competence contribute to a good cultural and linguistic workforce.
- Reduction of stigma and acceptance of mental illness needs to become part of general discourse. |
- More activities that address mental health for male farmworkers' activities without having to use the term mental health, maybe call it "comportamiento mental".
- Change perception – more prevention versus reactive programs and interventions.
- Accessibility of meditation in treatment: make it known that this is more than an affluent activity.

## STRATEGY 1

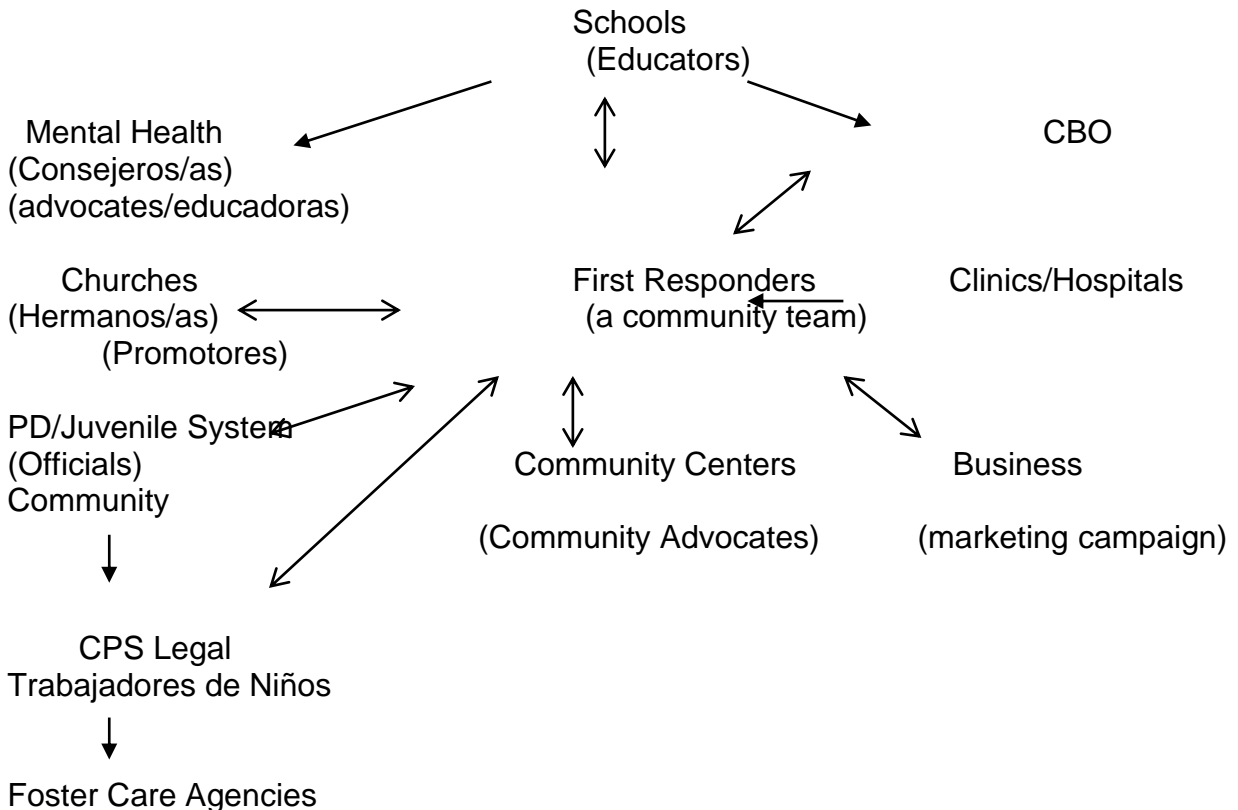
### Strategies for increasing treatment participation of Latinos by reducing individual and community barriers to care

- PRIORITY #1 HAVE FIRST RESPONDERS AS COMMUNITY TRAINERS
- PRIORITY #2 MOBILIZE COMMUNITY, LEVERAGE COMMUNITY AND EXISTING SERVICES
- PRIORITY #3 EMPOWERMENT THROUGH WELLNESS, WHOLENESS AND HOLISTIC APPROACHES
- PRIORITY #4 INVOLVE THE ENTIRE COMMUNITY

#### I. HAVE FIRST RESPONDERS AS COMMUNITY TRAINERS

- This group developed a conceptual framework which includes a community team of first responders as seen in Figure 1 below. The team of first responders would be a Team Of Trainers (TOT) who would be able to train the community to become trainers themselves. They would raise awareness through education and by mobilizing the community.

Figure 1. Team of First Responders



## **II. MOBILIZE COMMUNITY, LEVERAGE COMMUNITY AND EXISTING SERVICES**

- Leverage community and existing services such as churches, Community-Based Organizations (CBOs), schools, community groups etc.
- Encourage education, have a focus on wellness, holistic approaches and discuss the recovery process.
- Encourage and increase family participation (cultural and linguistic approach).
- Have bilingual staff or professionals that understand medical terminology in regards to behavioral and mental health services.

## **III. EMPOWERMENT THROUGH WELLNESS, WHOLENESS AND HOLISTIC APPROACHES**

- Teach community members to be their own advocates.
- Have a group of parents that help advocate for their children.
- Provide parenting classes on mental health which would include 5 core classes before their children enter K-12 grades, elementary, middle school and high school level (i.e. mental health first aid, parenting classes, discipline Issues).
- Have school staff take 5 core classes about mental health to be able to answer parent questions and concerns.
- Empower parents and community members as mental health first responders.
  
- Educate students during homeroom period about behavioral and mental health services.
- Hold schools accountable for providing these services in lieu of expulsion and continuation designations.
- Have clinics provide referrals and other services where more than one community is being served through a specific clinic (e.g., United Health Clinics).

## **IV. INVOLVE THE ENTIRE COMMUNITY**

- Involve police departments, city officials, health professionals, health educators, community leaders, business community, faith -based organizations, community based organizations and other stakeholder to be aware of mental health signs.
- Bring a mobile clinic that provides full services to the community and is available during non-traditional hours.

## **STRATEGY # 2**

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

PRIORITY #1	IMPROVE SERVICES AND WORKFORCE
PRIORITY #2	IMPROVE ACCESS TO SERVICES
PRIORITY #3	COMMUNITY-BASED BEST PRACTICES/SERVICES
PRIORITY #4	NOTE OTHER SUCCESSFUL FAMILY PROGRAMS

#### **I. IMPROVE SERVICES AND WORKFORCE**

- Provide home-based services to benefit families who do not have access to transportation or do not have the financial means to go to a facility and obtain services.
- Incorporate mental health topics into the curriculum of all school-based programs.
- Recruit mental health professionals who are bilingual (Spanish and English). Increase staff and provide them with proper training.
- Provide a health fair for parents and students, twice a year, where they can obtain information of services in the community and parts of the county.
- Provide mental health training to other mental health professionals.

#### **II. IMPROVE ACCESS TO SERVICES**

- Have satellite clinics in rural areas or communities.
- Bring the services to where there is need, such as through school or home-based programs.
- Utilize a community center.
- Provide community-based transportation for individuals to increase access and keep appointments.
- Collaborate with other community organizations.
- Provide childcare so that clients can attend meetings.
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#### **III. COMMUNITY-BASED BEST PRACTICES/SERVICES**

- Joven Noble program.
- Gang-prevention programs.
- Father involvement program.
- Increase awareness of poor outcomes in order to improve programs.

### **STRATEGY # 3**

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

PRIORITY #1 HAVE A PROMOTORAS GROUP

PRIORITY #2 PROVIDE FAMILY SERVICES

PRIORITY #3 INCREASE SUPPORT SERVICES

#### **I. PROVIDE SUPPORT THROUGH PROMOTORAS GROUPS**

- Create support groups (*grupos de platicas*) for women, men, and the youth on specific issues within the community (e.g., domestic violence, abuse, and alcohol and substance abuse); provide a place where they feel they belong and where they can talk about issues of mental health.
- Develop community leaders to educate and help disperse information and resources.
- Disperse information through media outlets on a weekly basis through a local channel, radio station, and/or newspaper.
- Have promotoras groups provide training sessions to the members in a community and thus create a domino effect by bringing awareness to the whole community.

#### **II. PROVIDE FAMILY SERVICES**

- Teach parents about mental health. Some schools have parenting classes available, so we can bring in the mental health services in through those committees as well.
- Host a family day or weekend community events that bring the family together where free food, resources on mental health, and health care are offered for the whole family.
- Provide family counseling, which will allow the whole family to be on the same page (e.g. parents going through divorcing/separation, deportation/immigration, and parents and children).

#### **III. SUPPORT SERVICES**

- Bring in a crisis intervention team to communities who have gone through a dramatic situation (e.g., explosion that occurred in the city of Mendota), so individuals have a place to share and talk about what is affecting them.
- Bring transportation and child care services into the communities for consumers to seek services.
- Bring mobile clinics that cater to mental health services.
- Find leaders in the community and empower them to pay it forward.
- Create relaxation/stress releasing sessions in rural communities.



## **STRATEGY # 4**

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

PRIORITY #1 IMPROVE EDUCATION OF PRESENT/NEW STAFF

PRIORITY #2 IMPROVE TRADITIONAL SETTINGS

PRIORITY #3 IMPROVE IDENTIFICATION AND EARLY INTERVENTION OF INDIVIDUAL NEEDS IN TREATMENT

#### **I. IMPROVE EDUCATION/TRAINING OF CURRENT/NEW STAFF**

- As clinicians, look into the etiquette of him/her going into the home to provide services.
- Demonstrate the effectiveness of nontraditional settings as opposed to traditional settings.
- Clinicians need to be culturally competent and sensitive to home-based settings.
- Train staff on how to be culturally sensitive before they visit Latino homes, in particular, having an understanding of the social and family environment.
- For clinicians, use cultural competence assessments when working with Latinos.

#### **II. IMPROVE TRADITIONAL SETTINGS**

- Encourage clinicians to visit the homes of clients and engage with clients and their families while at the same time treating the whole family in their environment.
- Use nontraditional environments like the home, school, or church to identify collaboration and reduce stigma of the family.
  - o When treating children, provide a comfortable environment such as in-home therapy, which will allow for parents to be comfortable and communicate this comfort to other children in the home or other family members.
- Modify programs to reduce dropout:
  - o Implement community groups and psychologically educate families to reinforce the importance of getting treatment for mental health.
  - o Be open-minded to changes within the institution.
  - o Utilize organizational self-assessment, identify strengths and weaknesses.
  - o Improve traditional settings.
  - o Provide flexible service hours.
- Basic changes:
  - o Implement community groups and educate families to reinforce the importance of getting treatment for mental health.
    - a. Hire bilingual staff.
    - b. Provide transportation.

- c. Be sensitive to environments.
- d. Increase accessibility to language.

### **III. IMPROVE IDENTIFICATION AND EARLY INTERVENTION OF INDIVIDUAL NEEDS IN TREATMENT**

- Develop programs where parents are invited to the school. The parents can meet the teachers and staff and teach the staff about what the family needs thereby co-facilitating the child's education.
- Provide early intervention.
- Encourage parents to advocate for their children.

### **I. NEW PROGRAMS TO REDUCE DROPOUT**

- Provide low-income services/accessibility for clients to keep their appointments.
- Provide early identification and intervention of individuals needing treatment.
- Utilize commercials on T.V.

## **STRATEGY # 4 Recomendaciones de programas nuevos y modificaciones en la provisión de servicios para aumentar la retención y reducir la deserción (dropout o abandono de servicios)**

PRIORITY #1 IMPROVE EDUCATIONAL SETTINGS

PRIORITY #2 EVALUATE PROGRAMS

PRIORITY #3 SERVE RURAL COMMUNITIES

\*Group four conducted their table meeting in Spanish and wrote their recommendations in Spanish, they had two bilingual speakers who reported their recommendations in English to the bigger group.

### **I. IMPROVE EDUCATIONAL SETTINGS**

- Programas en la escuela de clase de psicología, programas de salud mental para adolescentes, grupos de apoyos para sus problemas de adolescentes. *(Schools should have psychology and mental health programs as well a support groups for adolescents' problems).*
- Desarrollar programas de jóvenes de la escuela. *(Develop youth programs in schools).*
- Involucre estudiantes de la universidad en programas de salud para que ellos puedan ayudar a las familias de campo. *(Involve university Latino students in health programs for them to mentor farmworking families).*

### **II. EVALUATE PROGRAMS**

- Ver la conexión entre la raíz del problema y lo que es efectivos para que sean adecuados para el problema. Evaluando para ver si los programas son adecuados para las necesidades que la gente necesita. *(Look for the root of the problem and what is effective. Evaluate to see if the programs that are being provided are adequate for people's needs).*
- El proceso de evaluación debe incluir padres, estudiantes y otras organizaciones/programas de la comunidad. *(The evaluation process should include parents, students and other organizations/programs from the community).*

### **III. SERVE RURAL COMMUNITIES**

- Clases nuevas que les interesen a ellos *(Include new classes that are interesting for the community).*
- Retiro para hombres campesinos. Ellos mismos tienen que encontrar la solución a sus propios problemas. ¿Como tú puedes ser mejor padre?, vamos a hablar de tu temperamento, ¿que tan gritón eres? Hay mucho pensar. Porque lo que diga el papá es lo que se hace en la casa. Cuando el papá participa entonces puede dejar que su hijo vaya. *(Include a men's retreat for*

*farmworkers. They should find their own solutions to their problems after being asked a series of questions such as: How can you be a better father? Let's talk about your temperament, how much do you yell? If we get the father involved he is more likely to allow his son to attend).*

- Los programas deben involucrar a toda la familia: ¿Cómo se involucra al papá? Si la invitación va dirigida al papá, él manda a la esposa. (*Programs should include the entire family, invitations should be addressed to the man of the house, if not, the woman will always be asked to go to the meetings by her husband*).
- Programas en conexión con las compañías de empleo para que les den permiso de participar y faltar al trabajo. (*We should develop these types of programs/retreats in connections with local companies so they provide their employees with time off every so often*).
- Los programas/servicios no deben de pedir estatus de inmigración. (*Programs and services should never ask for your immigration status*).
- Necesitamos que los servicios/programas vayan a las comunidades rurales. (*We need services to go into the rural communities to serve the people*).

## **STRATEGY # 5**

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

PRIORITY #1 IDENTIFY COMMUNITY LEADERS

PRIORITY #2 PROVIDE ACCESS IN RURAL AREAS

PRIORITY #3 INCREASE MULTIDIMENSIONAL TREATMENT FOR FOSTER CARE

#### **I. IDENTIFY COMMUNITY LEADERS**

- The purpose of identifying community leaders who are both visible and non-visible is to reach out to as many people who might need services. The first steps to follow are the following:
  - o Educate these community leaders about mental health and where to access services.
  - o Involve faith-based agencies.
  - o Individualize each community since not all communities are the same.
  - o Since people already know these community members, the hope is that they will use them as resources.

#### **II. PROVIDE ACCESS IN RURAL AREAS**

- Provide access in rural areas through Tele-psychiatry.
- Educate the community about the effectiveness of Tele-psychiatry.
- Providers need to know about community resources available and inform families where individuals can find support and assistance for their multiple needs.
- Provide training to agencies on accessing existing community resources.
- Use crisis mobile teams as a means to provide services to families.

#### **III. INCREASE MULTIDIMENSIONAL TREATMENT FOR FOSTER CARE**

- Foster parents need to be trained in behavior models.
- Foster parents need to work with the therapists to ensure they have an agreed upon treatment plan.
- Therapists will work with the family to begin to reunite the child and their parents.
- Therapies should include the following: addiction, recovery models, and increase intensive behavior services.
- Therapists only go to the house for 5 hours for three to four weeks. This is only for kids who are at risk of losing placement, being hospitalized or going into a group home.

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

- Fresno needs a child psychiatric hospital. Currently providers have to refer patients to Sacramento or Bakersfield. This is very disruptive to families who have loved ones in the hospital.
- Increase domestic violence awareness programs for Latinos.

- Services need to be more accessible meaning to lessen the criteria specific for parents such as child attachment.
- Provide continuity of coverage while incarcerated.

## **STRATEGY # 6**

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

PRIORITY #1 DEFINE PROPOSITION 63

PRIORITY #2 INTEGRATED SERVICES

PRIORITY #3 ADEQUATE EVALUATION METHODS

#### **I. UNDERSTANDING INITIATIVES AND EVALUATION**

- Clearly define what Proposition 63 was meant to accomplish.
- Incorporate the following as outcomes for Proposition 63:
  - o Decide what to measure.
  - o Have local programs to evaluate.
  - o Look at where is the greatest impact in the communities.
  - o Address Latino local community council priorities.
  - o Look at key indicators for local initiatives.

#### **II. INTEGRATED SERVICES**

- Incorporate education based group services.
- Include one-stop services with integrated services.

#### **III. ADEQUATE EVALUATION METHODS**

- Evaluate programs.
- Use effective program measures to see effectiveness.
- Develop community or university evaluation partnerships.

**The session concluded with final comments from the large group, which included the following:**

- We need to educate with an emphasis on wellness, wholeness, and holistic approaches to healing and recovering.
- It is essential to have a bilingual/bicultural workforce at different levels and not just the receptionist.
- Train school staff and add mental health education in the curriculum.
- Transportation needs to be provided to clients especially those in rural areas or have mobile programs that will go out to their community.
- The Central Valley should have a child psychiatric hospital.

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> <li>• Other ideas</li> </ul>