

CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

OAKLAND

June 15, 2011

COUNTIES: ♦ *Contra Costa* ♦ *Sonoma* ♦ *Alameda* ♦ *Yolo* ♦ *Santa Clara* ♦ *San Francisco* ♦ *Tulare*

Participants of the Mesas de Trabajo

In the Bay Area Region we held a forum in Oakland on June 15, 2011 from 10:00 a.m to 2:00 p.m. This forum included participants from the following counties, Contra Costa, Sonoma, Alameda, Yolo, Santa Clara, San Francisco and Tulare. A total of 60 individuals attended the “Mesas de Trabajo” and represented various groups including consumers, family members, promotores/as de salud, service providers, mental health programs, ethnic service managers and community based organizations. A professional Spanish conference interpreter provided interpreting services.

Structure of the Focus Group Discussion

This forum began with an introduction of the staff from the Latino Reducing Health Disparities (LRHD) project. Each person was asked to say their name, place they represent 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.

This forum had a small number of Spanish only speaking participants which included consumers and family members for whom interpreting services were provided by the LRHD staff and other community members.

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. Spanish speaking participants formed groups one and two and conducted their meeting in Spanish. 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. The only group that was homogeneous due to the language of preference was the Spanish-speaking group. This group was mainly composed of family members and consumers.

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

Note taker 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 student volunteer or a staff member who captured the discussion at each table. 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 session started with opening responses from the forum participants to the question: If you could make 1 thing happen in Mental Health that would benefit Latinos, what would it be?

Funding

- Increase the level of funding so more can access the services.
- Provide more funds to early intervention and prevention programs.

Services

- Increase engagement in the Latino community.
- Help the single parents – they need a lot of help.
- Increase level of services to low-income communities.
- Offer more holistic services, body and mind.
- Studies show that immigrants tend to have higher instances of depression and mental health related needs.
- Increase capacity and access to services, especially to undocumented clients.
- How to leverage cultural backgrounds and experiences to increase mental health.
- Increase continuity, accountability, and responsibility from statewide to the community.
- More outreach to the families.
- Ensure services are representative of communities it serves.
- Offer more user-friendly communication technology to clients.
- More culturally/linguistically relevant research around mental health issues, then use that to create programs that really makes a difference.

Providers

- Increase the number of Latino health care providers.
- Empower the health care providers.
- Stronger linkages between non-profits already working with youth and mental health care providers.
- Motivate, inspire and organize the community but educate the providers to be able to adequately serve the community.
- We need Spanish-speaking providers in Oakland just like Berkeley and San Francisco.
- We don't want interpreters; we want Spanish speaking professional staff to do therapy sessions.

Education and Training

- Incorporate mental health information/awareness into fun/community activities
Increase access to services.
- Increase health care awareness through advertisement and campaigns.
- Create a campaign for youth age.
- Ensure people know that immigration status does not matter, that they can still access mental health services.
- Make the mental health information better known so that the stigma is reduced.
- Educate mental health providers on social justice issues.
- More information and more help for Latino families.
- Increase family consciousness to help individuals receive the most benefit from mental health services – it takes a family to help the individual.
- Educate providers how to reach clients better – via use of their cultural knowledge (client’s culture and providers’ culture).
- Improve the delivery of communication to clients – to further remove stigma.
- Provide more information about services.
- Increase level of information given about mental health services at K-12 settings and ensure that the services are free (even if both parents work).
- Ensure the whole family is involved in helping consumers with their mental health issues.
- Let people know it is okay to receive mental health services, and the earlier the better.

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

STRATEGY #1

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

Strategy 1 consisted of two subgroups. Both subgroups were conducted in Spanish.

Subgroup 1 (This group used consensus to determine top four priorities)

PRIORITY #1 EDUCATE PARENTS IN SCHOOLS TO BREAK THE STIGMA

PRIORITY #2 IDENTIFY EFFECTIVE PROGRAMS IN LATINO COMMUNITY MENTAL HEALTH

PRIORITY #3 PARTNERSHIPS TO INCREASE COMMUNITY ACCESS AND AWARENESS

PRIORITY #4 INCREASE FAMILY MEANS (RESOURCES) TOWARD TREATMENT

I. EDUCATE PARENTS IN SCHOOLS TO BREAK THE STIGMA

- Para poder romper el estigma, teníamos que conectarnos muy bien en las escuelas. (*To be able to eliminate stigma, we have to be able to connect very well with schools*).
- No hay una comunicación de lo que es la salud mental. (*There is no communication as to what mental health is*).
- En las escuelas, comenzando con los padres para que los padres puedan educar a sus hijos. (*At the schools, start with parents so that they can educate their children*).
- El estigma se puede romper cuando uno lleva los programas a las escuelas para educarlos. Es la comunidad. (*Incorporating programs in the schools for educators (to learn about mental health) can help to eliminate stigma. It's the community*).
- Formar un comité para dirigirnos a la comunidad Latino, a las escuelas, y a las iglesias para educarlos sobre lo que es salud mental. (*Form a committee to guide us and educate the Latino community, the schools and the churches about mental health*).
- Implementar cursos de salud mental en las escuelas (*Implement courses about mental health in schools*).

II. IDENTIFY EFFECTIVE PROGRAMS IN LATINO COMMUNITY MENTAL HEALTH

- Para que la comunidad Latino pueda ser más consiente sobre servicios de salud mental, la comunidad tiene que ser educada sobre que es la salud mental. (*Educate the community about mental health so they can be more aware about mental health services*).
- Involucrar más a la comunidad, con talleres para explicarles que no es para locos que es un programa para poderles enseñar a no tenerle miedo a la

salud mental. (*Increase the community involvement using workshops to explain to them that it is not just for crazy people rather it's a program to help them learn about and not fear mental health*).

- Encontrar un programa que ya existe y funciona en español e implementarlo donde hay gente. (*Find existing and successful programs offered in Spanish and implement them where there are people in need*).

III. PARTNERSHIPS TO INCREASE COMMUNITY ACCESS AND AWARENESS

- Tiene uno que buscar una manera de conectarse. Estoy tratando de buscar iglesias donde se puede hacer eso mismo [ofrecer servicios] (*One has to find the way to connect. I'm trying to find churches where the same can be done [offer services]*).
- Conectar los servicios con las iglesias (*Connect services with the churches*).
- Colaborar con el cura (sacerdote) de la iglesia... La gente le tiene confianza (*Collaborate with the priest from church... the people trust their priest*).

IV. INCREASE FAMILY MEANS (RESOURCES)

- Para los latinos es importante que la información se les explique, que se pueda leer, diagnosticar, o por lo menos tener un cassette para escuchar en la radio y estar informando sobre que es la salud mental. (*For Latinos it's important that it (information) can be explained, that it can be read, diagnosed, or at least have a cassette to listen to on the radio and be informed on what its mental health*).
- Por eso sería ideal implementarlos o incluirlos en las clases de historia, porque es parte de la educación. Lo mismo en las clínicas, es parte de la educación. (*This is why it is ideal to implement them or include them in history classes, because its part of education. The same way in clinics, it is part of educating*).
- Tratamiento y prevención (*Treatment and prevention*).

Subgroup 2

- PRIORITY #1 IDEAS SOBRE COMO REDUCIR EL ESTIGMA (*ideas on reducing stigma*)
- PRIORITY #2 AUMENTAR EL APOYO A LA FAMILIA Y COMUNIDAD (*Increase support for the family and community*)
- PRIORITY #3 ENTRENAMIENTO Y EDUCACION (*Training and education*)
- PRIORITY #4 SUGERIR METODOS PARA ALCANZAR Y INVOLUCRAR A LA COMUNIDAD (*Suggest methods to outreach and involve the community*)

I. IDEAS SOBRE CÓMO REDUCIR EL ESTIGMA (*Ideas on reducing stigma*)

- Para reducir el estigma los proveedores, agencias y clínicas deberían educarse sobre la diversidad de culturas, conceptos erróneos de lo que es nuestra cultura, si no nos conocen nos ponen en un prototipo y no está bien. La salud mental es entender culturas, una raza específica, diferentes personas diferentes países. Y es muy común que todos los inmigrantes tengan un problema de salud mental por el desapego de tu familia, tu país, de tu comunidad venir a un país nuevo produce problemas de estigma de salud mental. La salud está compuesta de muchas cosas, espiritual, física, salud mental. (*To reduce stigma, providers, agencies, and clinics should be educated about cultural diversity; key concept of what is our culture. If they (providers) don't know who we are it is likely that they will fit us in a prototype and that is not right. Understand cultures from a specific race, and people from different countries. It is very common that all immigrants who have a mental illness is due to the disconnect from their family, their country, their community and coming to a country and experiencing stigma. Health is comprised of many things, spirituality, physical, and mental health*).
- La iglesia debe tener folletos de información, incluir la definición de salud mental. Dar ejemplos de enfermedades, y educar. (*Provide churches with pamphlets or information that includes a definition of mental health, and examples of various mental health disorders*).
- Educar sobre el estigma, hacer promoción para que la gente sepa. (*Education about stigma, do a campaign so that people become aware*).

II. AUMENTAR EL APOYO A LA FAMILIA Y COMUNIDAD. (*Increase family and community support*).

- Por medio de la educación se les brinda el poder a las personas. Las personas se educan cuando se les dice que tiene derechos, Caravanas de salud, educas un grupo. Ensenándoles a ser proactivos. Buscando fondos, buscando compañías para que te patrocinen, fondos del gobierno. (*Empower people through education. A person is educated when he/she knows that he/she has rights, caravans of health can educate a group. Teaching them to*

be proactive. Looking for funding, looking for organizations sponsorship, and government funding).

III. ENTRENAMIENTO Y EDUCACIÓN *(training and education).*

- Los trabajadores de servicios sociales deben saber el nivel de educación de la gente que ellos sirven. Muchas veces desconocen esa parte de la salud mental del paciente y no saben proveerle literatura a su nivel. *(Social workers must know the education level of the people that they serve. Often times this aspect is unknown when serving patients and their mental health and they don't know how to provide literature that is at their level).*
- Ferias de trabajo, unos entrenamientos a nivel laboral, escolar. *(Career fairs, trainings for the workforce and school level).*

IV. SUGERIR MÉTODOS PARA ALCANZAR E INVOLUCRAR A LA COMUNIDAD.

(Suggest approaches to community outreach and engagement).

- Promotores de salud *(Promotores/as).*
- Escribir cartas al editor o columnas informativas en periódicos locales. *(Write letters to the editor in the local newspaper).*
- Segmentos médicos en la televisión y la radio que hablen sobre cierto tema. *(Medical segments on TV and radio that speak to a certain topic).*
- Crear programas en español. *(Create programs for Spanish-speakers).*

STRATEGY #2

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

Subgroup 1 (This group used consensus to determine top four priorities)

- PRIORITY #1 IGUALDAD EN LA REPARTICION DE FONDOS (*Equity in distribution of funding*)
- PRIORITY #2 IDENTIFICARSE CON NUESTRA CULTURA LATINA (*Identify with our Latino culture*)
- PRIORITY #3 PREVENCIÓN TEMPRANA OFRECIDA EN ESPAÑOL (*Early prevention in Spanish*)
- PRIORITY #4 AUMENTAR LA CAPACIDAD Y PUBLICIDAD EN ESPAÑOL (*Increase capacity and promotion in Spanish*)

I. IGUALDAD EN LA REPARTICION DE FONDOS (*Equity in distribution of funding*)

- Repartición de fondos iguales a los grupos latinos (*Equal distribution of funding to Latino groups*).
- Fondos para las organizaciones Latinas (*Funding for Latino-focused organizations*).
- Dar fondos para aumentar la capacidad (*Provide funding to increase capacity*).

II. IDENTIFICARSE CON NUESTRA CULTURA LATINA (*Identify with our Latino culture*)

- Personas que se identifiquen con nuestra cultura y necesidades específicas para mejor servir a nuestra comunidad latina. (*People who identify with our culture and our specific needs in order to better serve our Latino community*).
- Más personas bilingües para ayudar a nuestra cultura y a todas las personas Latinas que no hablan inglés. (*Increase the number of bilingual providers to better serve our culture and Latinos who do not speak English*).

III. PREVENCIÓN TEMPRANA OFRECIDA EN ESPAÑOL (*Early prevention in Spanish*)

- Información en español sobre cómo saber vivir mejor. (*Information in Spanish about wellness*).
- Garantizar la confidencialidad y la comodidad (*Ensure confidentiality and comfort*).
- Tener cuidado de niños y flexibilidad de horarios. (*Have childcare and flexible schedule of hours*).

IV. AUMENTAR LA CAPACIDAD Y PUBLICIDAD EN ESPAÑOL. (*Increase capacity and mental health publicity in Spanish*)

- Facilidad de proveedores en español, y también publicidad en español. (*Easy access to Spanish-speaking providers and publicity*).

- Personas de nuestra cultura que tengan más educación, proveedores que sean de nuestra cultura, y más capacidad de nuestra comunidad. (*People from our culture that have more education, service providers should be from our culture, and increase capacity of our community*).

Subgroup 2

PRIORITY #1 CULTURE SENSITIVITY

PRIORITY #2 BI-CULTURAL AND BI-LINGUAL PROVIDERS

PRIORITY #3 CERTIFIED LATINO MENTAL HEALTH SPECIALIST

PRIORITY #4 OUTREACH AND EDUCATE PROVIDERS AND COLLABORATORS

I. CULTURAL SENSITIVITY

- Increase culture sensitivity. There is too much judging from providers.
- Providers have a tendency to move too quickly in treating Latinos without fully understanding and failing to recognize other important factors.
- Promote more quality of time, engage in conversation with the Latino client “La Platica” (The Conversation) and forget the 10-minute sessions per client protocol.
- When we see mental health professional that is Latino, one is more comfortable.

II. BI-CULTURAL AND BI-LINGUAL PROVIDERS

- Help people feel comfortable by translating/interpreting information into Spanish.
- More than interpreting services – find people who can understand and speak the language.
- No Internet translation – the meaning gets lost when things are not translated properly.
- Proper translation/interpreting that is specific to the community being served. Avoid academic Spanish; speak the way the community that you are serving speaks.

III. CERTIFIED LATINO MENTAL HEALTH SPECIALIST

- Increase professional role models who are knowledgeable of the Latino culture in order to reduce stigma.
- Provide a certificate course at the college level where one can be certified as a “Latino Mental Health Specialist.” A recognized behavioral health specialist for Latinos.

IV. OUTREACH AND EDUCATE PROVIDERS AND COLLABORATORS

- More Providers need to be educated and understand the Latino culture and that it is not homogenous For example, recognizing the difference between someone from El Salvador or Guatemala. Simply treating all Latinos the same way is wrong.

- More outreach – increase understanding and increase knowledge of mental health in order to and normalize it. Break it down into understandable terms.
- More training from Latino “experts” who understand the culture and well informed about mental health issues.
- Train and re-training staff that are the first to greet Latino consumers. Properly greeting Latinos is key when a person first seeks help.
- Organize and carryout a political campaign to ensure that all Latinos have insurance to help them pay for services.

V. SUGGESTIONS ON PROGRAMS THAT ARE PROVEN TO BE SUCCESSFUL WITH LATINOS

- Clinica Del Sol (La Clínica).
- Clinica La Raza¹.
- Familias Unidas².
- Use Promotores/as to outreach and evaluate.

¹ La Clínica seeks to improve the quality of life of the diverse communities we serve by providing culturally appropriate, high quality, and accessible health care for all.

² Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. We accomplish this by delivering quality mental health counseling, service advocacy, and information/referral services.

STRATEGY #3

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

PRIORITY #1 COLLABORATE TO MEET BASIC NEEDS

PRIORITY #2 INCREASE EDUCATION SYSTEM AWARENESS OF LATINO EXPERIENCE

PRIORITY #3 CULTURAL RESPONSIVENESS

PRIORITY #4 FAMILY AND COMMUNITY INCLUSION

I. COLLABORATION TO MEET BASIC NEEDS OF THE LATINO CULTURE

- Basic needs to be met before addressing mental health issues.
- Age appropriate mental health services.
- Comprehensive services.
- Centralization of Latino services in one agency—Currently services are decentralized.

II. INCREASE EDUCATION SYSTEM AWARENESS OF LATINO EXPERIENCES

- Understanding the diversity within the Latino culture when providing services.
- Respect the Latino voice.
- Collaboration with other systems such as education, community, faith, etc.

III. CULTURAL RESPONSIVENESS

- Cultural acceptance, understand that there are different cultures among the Latino population.
- Cultural and linguistic competency is much more than just speaking the language.
- Staff who are native speakers and culturally competent (not only speaks, but understands the culture).
- Person-to-person interaction (personalismo/personalized).

IV. FAMILY AND COMMUNITY INCLUSION

- Collaboration among the Latino population.
- Outreach to the whole Latino community as one.
- Family inclusiveness.
- Programs created by the community.
- Inclusion of the community.
- Home-base strategies.
- Collaboration with other systems.
- Inclusion of cultural values.

V. OTHER IDEAS TO INCREASE PARTICIPATION IN SERVICES

- If our kids are not properly taken care of, then we have mental health needs because of stress. What's going on in the schools is disastrous especially because they ask for parent participation but putting food on the table is more important.
- A new program should be comprehensive in nature, developmental across all age groups, culturally defined in bilingual and bicultural skills. 'I worked in a mental health clinic in the city... there was no historical relation between them and the community they were serving in...biculturalism has to be further than just the language.'
- Programs that will work for the Latino community should be developed by the Latino community and have more to do with the person's spirituality. Once we get that, with love and compassion, we can incorporate a better program.
- The Latino family is not one solo culture- sometimes Mexican is different from El Salvadorian. We have things that are similar but also things that are very different. Those things are important to know from the different communities that make-up Latinos. Having services in their own language is important. Community and promoting health (not only mental health but all health).
- We need a more organic approach to understanding that Latinos are multifaceted and differences exist between generations and culture.
- We need to feel like them if I was the consumer and you were the provider/clinician/etc. For example: "The provider/clinician should be empathetic to the life experiences of the consumer."
- Latinos like to be treated like a human being.
- Because of effective outreach- many people come to the clinic.
- Many people don't come for services if the clinicians are cold.
- I think that it is important to have counselors who are Latino and speak the language.
- In outreach, people come from Nicaragua, etc. because they come from problems and want to be included in the group.
- When we talk about comprehensiveness, we need to look at things that look at our own individual experience.
- Most programs need to have a goal because if we keep creating programs than these programs are a waste of money.
- We as Latinos are divided because we don't have a strong voice as one. We are always against each other rather than unified as one.
- When we need a program, we go to a "clinica" (clinic) that has a program where they speak Spanish.
- Authority figures (e.g., police and politicians) do more to promote stigma when compared to a Latino community member who is well respected.

- We want to be respected in our diversity. All of our different populations, we don't want to be lumped into one large population. We want to be culturally understood and that not everyone will come to the front doors speaking Spanish. We want holistic program as much as taking care of needs, housing, food, water, we want our basic needs met. We need collaboration among the Latinos and within other Latino communities.
- The food and housing aren't the only basic necessities, but education is also an important. Parents are needed to implement programs, but sometimes it is important to put more pressure on the schools.

STRATEGY #4

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

PRIORITY #1 EVALUATION STRUCTURE SHOULD BE CONSISTENT WITH LATINOS

PRIORITY #2 INCREASE TRAINING AND CAPACITY OF PROVIDERS

PRIORITY #3 COLLABORATION TO IMPROVE RETENTION RATES

PRIORITY #4 NORMALIZE THE MENTAL HEALTH PROCESS FOR LATINOS

I. EVALUATION STRUCTURE SHOULD BE CONSISTENT WITH LATINOS

- Intake has to be warm, receptive and thorough so that the consumer is evaluated well and the provider has all the background information they need to serve the consumer adequately.
- Face to face check-in and evaluation and/or a written evaluation to let the provider know how the session went (what needs to be improved, what is working?).

II. INCREASE TRAINING AND CAPACITY OF PROVIDERS

- Don't have providers talk-down to the clients, but make sure you are on the same level and the understanding is there and improve orientation.
- Provide mental health providers training on serving Latinos/community with services that focus on the strengths of the individual/community.
- Offer more culturally and linguistically relevant services.
- Provide quality time between providers and consumers to discuss the issues and hear feedback.

III. COLLABORATION TO IMPROVE RETENTION RATES

- Offer activities that create a sense of community.
- Leverage the mental health friendly settings such as ceremonial activities with indigenous communities and at the churches.
- Integrate mental health services and advocacy so that it is at parity with Medical services. Allow for spirituality and ceremonial aspects important to the consumer.

IV. NORMALIZE THE MENTAL HEALTH PROCESS FOR LATINOS

- Offer recreational activities so that healthy brain chemicals are released and socialization enhances the mental health process.
- Many times Latinos lose the socialization and sense of community when they leave their home country and begin to Americanize themselves.

- Normalize the mental health process so that the Latino community asks for help. Mental health is seen as “you are crazy” so why go and seek services even if I am stressed or have depression.
- Mental Health services seen as value.
- Leverage the culture of the consumer so the consumer feels acknowledged and validated.
- Increase outreach to keep the consumer in the loop—so that the follow-up is always consistent—not just at the beginning, returning for services are crucial (phone calls, letters, follow-up).
- Offer mental health services on different days and different times so that there is flexibility for those that work and cannot make the earlier appointments.

STRATEGY #5

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

PRIORITY #1 WRAPAROUND/ONE STOP SHOP SERVICES

PRIORITY #2 PROFESSIONAL DEVELOPMENT & STRATEGIC TRAINING

PRIORITY #3 RECRUITMENT AND RETENTION OF LATINO SERVICE PROVIDERS

PRIORITY #4 CULTURALLY SPECIFIC ASSESSMENT TOOLS

I. WRAPAROUND/ONE STOP SERVICES

- Services for: (1) substance abuse, (2) domestic violence, (3) gender differences/issues when accessing services, (4) immigration and getting a job and education, and (5) dealing with negative perceptions about mental health.
- Services are compartmentalized; services are not properly coordinated for Latinos.
- Integrated services (Centers of Excellence).
- Training and educating the Latino community.

II. PROFESSIONAL DEVELOPMENT AND STRATEGIC TRAINING

- Competency in Spanish mental health terminology.
- Professionals have a hard time translating/translating from English to Spanish.
- Increase training in Spanish mental health terminology.
- Strategies to engage Latino consumers such as calling to remind them of their appointment.
- Understanding the role of spirituality in mental health.
- Misdiagnosing spirituality for mental illness.
- Understanding health policy and reform.
- Changing curriculum at colleges/ universities that are preparing the future workforce.
- Focus on prevention.
- Social justice.
- Peer-to-peer training.

III. RECRUITMENT AND RETENTION OF LATINO SERVICE PROVIDERS

- Professionals choose not to work with the Latino community because of the language barrier.
- Lack of funding is overwhelming current professionals and negatively impacting their service delivery.
- Engaging Latinos and minimizing “no shows.”
- Increasing communication between provider and consumer.

- Knowing who the mental health leaders/experts are?
- Cross collaboration between Latinos and African-Americans.

IV. CULTURALLY SPECIFIC ASSESSMENT TOOLS

- Assessments and research must be based on Latinos and not generalized.
- Culturally and linguistically sensitive pharmaceutical research.
- Use mental health tools that are culturally and linguistically relevant.
- Define what is the difference between mental health and unhealthy mental health in a cultural context this could lead to a better diagnosis.
- Latinos are not a homogeneous group.

STRATEGY #6

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

PRIORITY #1 EVALUATE AGENCY COMMITMENT

PRIORITY #2 EVALUATE INDIVIDUAL CARE

PRIORITY #3 STRUCTURES IN AGENCIES FOR CONSISTENT
EVALUATION

PRIORITY #4 EVALUATE COMPLIMENTARY INTERVENTIONS

I. EVALUATE AGENCY COMMITMENT

- Recommend the agencies that offer services (e.g. Clinica de la Raza), and that work with the Latino community get evaluated to quantify the quality service they are providing.
- Evaluating an agency's commitment would encompass determining how the funding is being disbursed.
- Identify the agency's funding and how they allocate funds for training, mentoring, networking, and outreach.
- Alternative funding to ensure that services for single parents and children are provided.
- Agencies need to hire well-trained providers instead of relying on interns to fill in the service gap. Interns are not the solution.

II. EVALUATE INDIVIDUAL CARE

- Analyzing the needs of the community, and then determining what portion(s) of the funding will go towards specific needs.
- Structured evaluations for the individual as well as for the service/agency providing that care.
- Evaluate the consistency of the quality of service over time.

III. STRUCTURES IN AGENCIES FOR CONSISTENT EVALUATION

- What we want to see permanent and consistent service provided by the agencies to the individuals of the community.
- Individuals often give to the agencies/services but do not receive anything in return. For example, an individual may give a donation to a service, but the service may not give anything in return.
- Follow-up with clients to check how helpful the services were or what was not helpful.
- Structured evaluations are needed to learn from the individuals/clients/patients; from their perspectives how the clinic or services are providing care to the community.

- Structured evaluations can also include meeting individually with the individuals/clients, asking them what services they think should be implemented in the community.

IV. EVALUATE COMPLIMENTARY INTERVENTIONS

- More services to encompass concerns regarding substance abuse, disabilities, and housing, as well as services that help clients overcome barriers.
- Avoid dumping grounds and ensure consistent follow-ups to see how clients are doing.
- Evaluating means ensuring that agencies are following up with the other service(s) a worker has referred the client to. This reflects a “safety net” created by working collaboratively with other services.
- Ongoing evaluations are necessary to ensure agency accountability.

V. OTHER IDEAS

- Difference between education and information.
- Info in Spanish. We need language appropriate education about services and needs. Agencies need to focus on language appropriate studies. Some employees are illiterate who do the translations. Many of the translations that are seen on a lot of the paperwork are embarrassing and not appropriate.
- High school kids have limited access to professionals and counselors. Latino youth need professional mentors.
- More pathway training for youth that is meaningful in getting them adequately prepared for the workforce.

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 • Ideas on how to evaluate programs serving Latinos