CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

SALINAS
April 27, 2011

COUNTIES: *♦MONTEREY ♦SANTA BARBARA ♦SANTA CRUZ ♦SAN BENITO ♦SAN MATEO*

Participant Representation

In the Bay Area we proposed to conduct two different community regional forums. One of these forums was held in Salinas, California on April 27, 2011 from 10:00 a.m to 2:00 p.m. In Salinas we had representation from five of the thirteen counties in the Bay Area, which include Monterey, Santa Barbara, Santa Cruz, San Benito and San Mateo. A total of 69 individuals attended the "Mesas de Trabajo" and represented various groups including consumers, family members, promotores/as de salud, clinicians, mental health programs, advocacy groups, farmworkers ethnic service managers, county employees and community-based organizations. Of the 69 individuals who participated, a great number were monolingual Spanish speakers and interpreting services was provided.

Structure of the Focus Group Discussions

The forum started with introductions where people had the opportunity to state their name, the organization they worked for and their title. During the introductions we also asked people to think about one thing they would like to see change in mental health for Latinos.

After each person had the opportunity to introduce themselves, we had a short 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 "mesas de trabajo" that addressed a strategy. Because we had large number of monolingual Spanish speaking participants, we formed a group where they could conduct their Mesa in Spanish. Each "mesa de trabajo" was instructed to address one strategy, which are listed in 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 de trabajo" was asked to identify a Chair, Notetaker,and a Reporter. There was also a computer recorder who was a volunteer

or a Latino Reducing Disparities Project staff member who captured the discussion at each table. Each group was 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 the top four strategies. They used color dot stickers 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?"

- Access to all health care. II
- Mobile units.
- Low cost medications.
- Trained mental health professionals in elementary and high schools.
- More outreach in educational settings. IIIIII
- Less restriction and more freedom to provide services as a provider.
- More women seeking careers in the field of mental health.
- Health department to use Spanish media, e.g. radio to inform the community.
- More Cultural education for providers so they understand how to help the families.
- Family friendly offices, non-judgmental, faith based.
- More family services for crisis.
- Too much paperwork that needs to be filled out that creates a barrier.
- Integrated health care with family doctor and mental health.
- More providers to accept medical and medi-care
- Provide free mental health counseling.
- More bilingual, bicultural staff. IIIIIII
- Community events to talk to people about mental health. This can reduce stigma. IIII
- Increase research on coping.
- Cultural linguistic appropriate services for clients and their families.
- Have better access to services and programs.
- Have more education, and more culturally licensed supervisors.
- Encourage people to get better skills.
- Culturally and Linguistically appropriate services that are effective. III
- Reclassify Latino/bilingual staff in order to retain staff and attract new staff.
- Deal more with at risk youth, increase services, access to housing for TAY.
- Need more psychological tests in Spanish.
- Sensitivity beyond Mexicans/Latinos. More understanding of the indigenous community because there is no access for them and are isolated.
- Better measurement and evaluation.
- Early intervention; family education.
- Develop good strategies with Spanish media.
- Support cultural arts center with funding from state mental health.
- Appropriate referrals for cancer patients who need mental health.

- Recognize that Immigration trauma and generational immigration trauma exist and treat appropriately.
- Community mental health oppression stop the labeling.
- There needs to be help for the entire family with coverage insurance and not just the individual.
- Expand the promotora/es program.
- To reduce stigma and improve on outreach: invite celebrities like Edward James Olmos . His brother is a schizophrenic.

The following section represents the top 3 priorities that each "Mesas de trabajo" identified for their

PRIORITY #1 REDUCING STIGMA
PRIORITY #2 INCREASING WORKFORCE
PRIORITY #3 INCREASING FAMILY AND COMMUNITY SUPPORT
PRIORITY #4   APPROPRIATE MENTAL HEALTH PROGRAMS FOR LATINOS
PRIORITY #5 APPROACHES TO COMMUNITY OUTREACH AND ENGAGEMENT

I. IDEAS ON REDUCING STIGMA (COMMUNITY AND INDIVIDUAL EDUCATION)

- Educate people on how to access services.
- Provide referral services.
- Use media and outreach workers to educate the community.
- Conduct outreach in places such as the Farmers Market, Boys & Girls Club programs, and other services.
- Get community or peer mentors involved who speak the consumer's language.
- Use Latino health fairs to educate the community.
- Have a Father/men outreach plan to educate other men, peer to peer outreach to men.
- Both parents need to be involved in treatments, and be willing to work together.

II. INCREASING WORKFORCE APPROPRIATE TO LATINOS AT ALL LEVELS (TRAINING AND EDUCATION)

- Have mentors.
- COPA (church group) communities organize.
- Get learning institutions involved on providing properly trained professionals.
- More trained Latino social workers.
- Learning institutions do not provide enough Latino services.
- Using the idea to have a mental health career, or social worker targeting youth.
- Educate politicians to take action on mental health issues.
- Influence high school curriculum to include mental health.
- Media should promote getting an education and come back to help the community.
- Strengthen literacy programs because libraries can educate.
- Going to where the people are seeking help.
- Partner with America Corp[1] or City Year[2] for mental health awareness.

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[1] AmeriCorps, Monterey County United for Literacy (AmeriCorps) recruits, trains and places full time reading tutors in elementary schools throughout Salinas and South Monterey County. AmeriCorps reading tutors meet daily, one-on-one with kindergarten through 4th grade students to teach reading and engage in literacy building activities. The program's mission is to enable K-4 students to read well and independently by the end of third grade so that they can read to learn in fourth grade and beyond. The Corps Members strive to increase reading fluency and comprehension and raise students' overall reading skills to meet grade level requirements.

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III. INCREASING FAMILY AND COMMUNITY SUPPORT
- Educate the entire families to provide support. Sometime extended family does not understand what is happening and become suspicious and negative. The family doesn't have support from the extended family.
- Have parent support groups.
- Establish a phone peer support program.
- Outreach to wellness programs to include mental health.

IV. APPROPRIATE MENTAL HEALTH PROGRAMS FOR LATINOS
- Men's support group.
- Peer support group.
- Church group.
- Collaborations between programs.
- A program that doesn't require documentation to determine legal status.
- Language that is not hard to understand.
- Have mental health programs in schools.

V. APPROACHES TO COMMUNITY OUTREACH AND ENGAGEMENT
- Outreach to existing support groups.
- Help counties with developing Latino support groups.
- Provide mobile services in rural areas.
- Create church groups.

This group discussed their priorities by themes and will therefore be reported as such. Because their recommendations are not grouped by topics similar recommendations will surface across all three priorities.

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[2] At City Year's 21 locations across the United States, teams of diverse young people called corps members serve full-time in schools for 10 months working to improve student attendance, behavior and course performance in English and math.

STRATEGY # 1 Estrategias para aumentar la participación de Latinos en tratamientos a través de la reducción de barreras de acceso a servicios individuales o comunitarios.

PRIORITY #1   COMO REDUCIR EL ESTIGMA (*How to reduce stigma*)
PRIORITY #2   COMO AUMENTAMOS LA FUERZA LABORAL ADECUADA PARA LATINOS EN VARIOS NIVELES (*How to increase the workforce adequate for Latinos at various levels*)
PRIORITY #3   BARRERAS (*Barriers*)

I.   COMO REDUCIR EL ESTIGMA (*How to reduce stigma*)
-   Comunicar la necesidad de servicios sin decir que alguien tiene problema o sin indicar una señal cómo que uno está loco. (*Communicate the need for services without having to justify a problem or show signs of being "crazy."*)
-   Evitar poner a los Latinos en una caja, y decir que todos tienen algún estilo de ser o forma de pensar. (*Avoid categorizing Latinos in a box and assuming that all act or think the same way.*)
-   Usar diferentes palabras que son más accesibles y más simplificadas. Es importante no usar palabras técnicas, porque no ayudan, más bien crean obstáculos. (*Use different words that are simple and easy to learn. It is important not to use technical words because they do nothing but create obstacles*).
-   Hablar de las experiencias de uno crea confianza con el proveedor. (*Talking about one's experiences helps to create trust with the provider*).
-   Proveer ayuda para hablar del perspectivo de uno que fue ayudado por servicios mentales. (*Be able to share a personal perspective from one who was helped by mental health services*).
-   Gente vienen y hablan de muchos problemas económicos, de vivienda, etc. Eso puede indicar que tiene depresión o necesidad de apoyo para poder ayudar a su propio familia; necesidades económicos puede indicar necesidades de salud mental o puede influir el estado mental de uno. (*People come and talk about their problems with finances, housing, etc. That can be an indication that they suffer from depression or need support to help a family member; financial problems can be an indicator that one needs mental health services or can influence one's state of mind*).
-   Es más efectivo decir que hay una persona con quien puede hablar para recibir ayuda. (*It is more effective to say that there is one person whom one can turn to for help*).

- Ayuda decir que los servicios son gratis o accesibles cuando de verdad lo son. (*It helps to say that services are free or accessible when in fact they are not*).
- Es importante hacer sentir cómodo al cliente. (*It is important to make the client comfortable*).

II. **COMO AUMENTAMOS LA FUERZA LABORAL ADECUADA PARA LATINOS EN VARIOS NIVELES (***How to increase the workforce adequately for Latinos at various levels*)
- Programa para fortalecer familias como entrenamientos de padres a padres, ayuda que uno tiene experiencia, y construye grupo que puede ayudar a los demás (promotores/as). (*Program to strengthen families such as parent-to-parent trainings, it helps that one has experiences and able to create a support group to help others [i.e., promotores/as]*).
- Omni Resource Center[3] ayuda mucho, previendo servicios y con oportunidades de involucrarse. (*Omni Resource Center helps a lot with prevention services and with volunteer opportunities*).
- Hay *posibilidades* de colaboración entre universidades y comunidades para traer ayuda de los estudiantes y profesores, y también para educarse a una nueva fuerza laboral como trabajar en la comunidad Latina. (*Possibilities to collaborate between universities and communities to provide help to students and professors and at the same time, educate a new workforce on ways to work with the Latino community*).
- Entrenamientos de doctores para que ayuden a desarrollar la capacidad de los promotores/as. Aumentar conocimiento de los promotores/as. (*Trainings for doctors so they can help to enhance the capacity of promotores/as. Increase the awareness of promotores/as*).
- Omni ofrece talleres mensuales por un Dr. Gibbs que es voluntario, y hace entrenamientos a otros voluntarios. (*Omni offers monthly workshops by Dr. Gibbs who volunteers and trains other volunteers*).
- Los universitarios necesitan venir con humildad; sin arrogancia, y sin decirle a la gente cuales son las necesidades de la comunidad. (*The university students need to be humble when coming to a community; without arrogance and without preaching to people what the community needs are*).
- En la comunidad, ya existe la sabiduría de como sobresalir. (*In the community, there is wisdom on how to overcome*).
- Se requiere más sensibilidad de los que vienen a la comunidad de afuera, incluyendo los universitarios. (*Sensitivity is required from outsiders who come to the community including the university students*).

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[3] Our Voices in Monterey and The OMNI Resource Center in Salinas goals of the peer-led programs are two-fold: first, to motivate and educate adults with mental illness to take an active role in creating their own wellness and, second, to provide consumers with the skills to lead their peers and their communities in a range of wellness, social, and vocational activities.

- En las escuelas, es importante tener servicios, a veces falta conexión. (*It is important to have services in the schools, sometimes connections are needed*).
- Tal vez necesitamos programas más enfocados en apoyo de salud mental, hay un programa que se llama "Stepping Stones[4]". (*Perhaps we need programs focused mainly on supporting mental health, there is one program called "Stepping Stones"*).
- No es fácil encontrar programas que funcionan bien. (*It is not easy to find successful programs*).

III. BARRERAS (*Barriers*)
- Padres trabajan muchas horas y es difícil participar en programas que se ofrecen durante el día. Durante el invierno, las clases están llenas. Hay que poner atención en los tiempos cuando están las personas disponibles. (*Parents work long hours and it is difficult for them to participate in programs that are offered during the day. During winter, the classes are full. We have to pay attention to people's availability*).
- Pocos servicios van a las casas, y requiere clases o servicios en español. No puede ser el domingo cuando las familias están haciendo los quehaceres. (*Little to no services are offered as home visits and these classes or services must be offered in Spanish. They can't be offered on Sundays, when families are doing their family activities*).
- Ayudaría proveer entrenamiento y apoyo para gente de la comunidad quienes quieren apoyar a familiares o amigos quienes están batallando con problemas emocionales o mentales. (*It would help to provide trainings and support to community members who want to support their family members or friends who struggling with emotional problems*).
- Hay que entrenar y apoyar a los líderes que ya existen en las comunidades hay que expandir los servicios que existen. (*We have to train and support our current community leaders, we need to expand existing services*).
- Hay poder en organizar a nivel comunitario, hasta por cuadra si es necesario. (*We need to organize at a community level from block to block if necessary*).

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[4] The mission of Stepping Stones is to increase independence, improve lives and promote inclusion for children and adults with disabilities.

STRATEGY # 2
Strategies to increase treatment participation by improving access to existing programs and services

PRIORITY #1 STIGMA
PRIORITY #2 MEDIA TO CREATE AWARENESS
PRIORITY #3 MENTAL HEALTH PROFESSIONALS
PRIORITY #4 BILINGUAL/BI-CULTURAL RESOURCES

I. **STIGMA**
   - Break the stigma associated with mental health.

II. **MEDIA TO CREATE AWARENESS**
   - Make flyers and partner up with local fast food restaurants and pass out information about mental health and resources.
   - Make announcement in church/religious groups.
   - Use Spanish radio stations to create awareness.
   - Use 211 number with Spanish operator to seek information about mental health services and resources.
   - Develop flyers that are culturally and linguistically appropriate with pictures.

III. **MENTAL HEALTH PROFESSIONALS**
   - Integration of behavior health professionals and doctors.
   - Training behavioral professionals and doctors.

IV. **BILINGUAL/BI-CULTURAL RESOURCES**
   - Develop cultural understanding to better serve clients/families.
   - Provide Professional interpreters who are trained in English, Spanish, and indigenous languages.
   - Create a larger pool of qualified mental health (MH) professionals.
   - Develop an AA degree at the community college level with an emphasis on bilingual/bicultural mental health worker.
   - Develop more adequate master level programs that are culturally and linguistically competent.
   - Reclassify job classification to maintain bilingual/bicultural staff.
   - Increase outreach, prevention, and early intervention of mental health (stigma, myths about mental health).

V. **OTHER RECCOMENDATIONS**
   - Provide more funding.
   - Move away from the medical model of treatment towards a direction of effectiveness and wellness.
   - Create outreach strategies to bring access to more people.

PRIORITY #1   SCHOOL BASED PROGRAMS
PRIORITY #2   CHURCHES/ORGANIZED RELIGION
PRIORITY #3   PRESENCE AT COMMUNITY EVENTS
PRIORITY #4   WIC/OTHER PROGRAMS THAT PROVIDE SERVICES TO
                      COMMUNITY MEMBERS

I.   SCHOOL BASED PROGRAMS
- Link early education and mental health awareness for parents.
- Educate English learners about mental health.
- Utilize Latino groups in high school that meet during lunch and have individuals come in and speak to students. Students can then become advocates of services.
- Offer after school programs that help Latinos provide food for their families.
- On-site training of professionals working in schools with kids.
- Partner with Migrant Education programs for outreach.

II.   CHURCHES/ORGANIZED RELIGION
- Have NAMI[5] speakers attend church and provide information.
- Provide services in the church to increase participation which combines faith with treatment.
- Provide education to providers of the various religious beliefs.
- Educate the churches on mental health.
- Training on integrating mental health and spirituality.

III.   PRESENCE AT COMMUNITY EVENTS
- Regular community based forums that educate on services and programs and network so providers and community know where to access services and what those services provide.
- Use food bank locations to educate about mental health and resources.
- Have booths about mental health at concerts.
- During football games you can have a booth to inform them about mental health services.

IV.   WIC[6]/OTHER PROGRAMS THAT PROVIDE SERVICES TO COMMUNITY MEMBERS
- Early education about mental health through the WIC program since they have a captive audience.

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[5] NAMI California is a grass roots organization of families and individuals whose lives have been affected by serious mental illness. We advocate for lives of quality and respect, without discrimination and stigma, for all our constituents. We provide leadership in advocacy, legislation, policy development, education and support throughout California.
[6] To safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

- Need to develop more corroboration within departments/agencies in the county.
- Be careful with pharmaceutical companies. Many people who are on medication do not understand the complications with the medications.

STRATEGY # 4
Recommendations for new programs and modification of service delivery to increase retention in services and reduce dropout

PRIORITY #1   REDUCING FUNDING AND LANGUAGE BARRIERS
PRIORITY #2   FLEXIBILITY IN SERVICE HOURS AND LOCATION OF SERVICES
PRIORITY #3   TRAINING PROFESSIONAL STAFF

I.   REDUCING FUNDING AND LANGUAGE BARRIERS
- Families need not to worry about how to pay for services.
- Provide services in the language patients prefer.
- Allow patients to speak Spanish.

II.   FLEXIBILITY IN SERVICE HOURS AND LOCATION OF SERVICES
- Increase flexibility in days and times of service.
- Provide subsidized transportation such as bus passes.
- ALISA[7] family resource center has on-site child care services. All of their classes are filled because families feel comfortable.

III.   TRAINING PROFESSIONAL STAFF
- Training professional staff in understanding the Latino community and how to be culturally sensitive.
- Involve families and loved ones in treatment. Latinos are very bonded with each other.
- Be respectful of the client in particular Transitional Age Youth (TAY).

IV. OTHER RECOMMENDATIONS
- Offer the families "agua" (water) or "café" (coffee) to engage them.
- Integrate the body and mind in treatment and do not isolate.
- Provide more education and early intervention services.

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[7] ALISA mission is to assist families to empower themselves to be healthy and self-sufficient.

PRIORITY #1 INCREASE REPRESENTATION OF BILINGUAL/MULTICULTURAL
          SUPERVISORY AND/OR MANAGEMENT STAFF
PRIORITY #2 MORE PROFESSIONAL DEVELOPMENTS FOR SERVICE
          PROVIDERS
PRIORITY #3 CREATE MORE WELCOMING ENVIRONMENTS

I. INCREASE REPRESENTATION OF BILINGUAL/MULTICULTURAL SUPERVISORY AND/OR MANAGEMENT STAFF

- Create a pool of qualified mental health professionals starting in high school through Regional Occupational Programs (ROP) and in community colleges by developing an AA degree on mental health focusing on bilingual/bicultural communities.
- Be careful with those who say they are bilingually "qualified." Sometimes they are really poor with the second language.
- Santa Cruz doesn't have a specific program were one feels confident they can send clients who will receive appropriate services that are relevant and worth offering to Spanish speakers and Latino.
- Retain bilingual staff. Re-Classify bilingual positions and protect their jobs to provide adequate services. Retain essential staff.
- Develop a Master's program for Latinos. It's important to have Latino staffed clinics. California is falling behind with being unable to provide these services. Providers are coming out of the colleges unprepared.
- Increase representation of multi-cultural supervisor and clinicians.
- Currently there is only one Latina in this whole county.

II. MORE PROFESSIONAL DEVELOPMENT FOR SERVICE PROVIDERS

- Service providers need more professional development to be seen as credible resources.
- Most of the people in mental health don't have degrees in mental health. There are Latinos who don't have a degree in mental health. Talk to community colleges and develop an associate's degree (AA) in mental health that is bilingual/ bicultural. Try to understand Latino mental health. Create these requirements at the community colleges. People should be able to come to these services and feel like individuals not numbers. Established and AA at Hartnell College and Monterey Peninsula College.

III. CREATE MORE WELCOMING ENVIRONMENTS

- Move away from service provider's mentality and provide a more welcoming environment for clients to feel respected and helped.
- Move away from the medical treatment outcome and more in the direction of effectiveness and wellness.
- Serve both adolescents and their families. Adolescent speaks English and Spanish but is given and English doctor but the family only speaks Spanish, this is problematic.
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IV. OTHER RECOMMENDATIONS:

- Monterey Peninsula College wants to show diversity but they don't want to take ethnicity/race into consideration.
- A lot of Mexicans rather travel to Tijuana or Mexicali to be treated with herbs because they feel welcomed and understood. They prefer this instead of being treated here.
- There should be a combination of modern and traditionally treatment.
- Mandate counseling if you're going to be on medication.
- Create an effective appropriate approach.
- Community awareness that mental health affects everyone but it can be treated. This should be portrayed in the media.
- In Spanish "salud mental" does not sound bad.
- Provide training for those already in the field, especially for working professionals who don't have time to go back to school.
- AA degrees in community colleges.
- Develop positive spin for mental health not to be seen as bad.
- We need more bilingual/bicultural or multi-cultural providers who understand the Mexican indigenous culture. There many are indigenous communities who need in this county who need services.

STRATEGY # 6
Strategies for design of effective approaches to the evaluation of implemented recommendations

PRIORITY #1   INCLUDE EVALUATION ITEMS THAT ARE NOT SOLELY
                        CULTURAL
PRIORITY #2   PROGRAMS FOR LATINOS AND EVALUATION
PRIORITY #3   OUTREACH AND INTERVENTIONS

I.   INCLUDE EVALUATION ITEMS THAT ARE NOT SOLELY CULTURAL
- Evaluation program specific for Latinos
- Have a relationship-based survey, one-on one interview with language appropriate, surveys that are designed by people using them with clients.
- Have moving measureable goals and outcomes.
- Include evaluation items that include housing, nutrition, and other social conditions such poverty and the effects of pesticides.
- Look at retention data and epidemiology to see how things change over time.
- Educate people on the purpose of evaluation. It is not meant to be a complaint about someone, but it will help staff improve services to the entire community.
- Pay close attention to monitoring and evaluation (developing, measuring, outcomes)
- Have well translated evaluations.
- Have the evaluation team go into people's homes or a location of comfort for the client, including weekends, or during after-hours if it's convenient for the client.
- Develop consistency with monitoring and evaluation strategies (developing, measuring, outcomes).

II.   PROGRAMS FOR LATINOS AND EVALUATION
- Faith-based.
- School based.
- Mobile services for remote areas.
- To improve evaluation, increase individual care by having more integrative, cultural competent evaluations including persons with lived experience.
- Use culturally relevant language when talking to parents.
- Have more support groups and peer-to-peer options for treatment.

III. OUTREACH AND INTERVENTIONS
- More multi-disciplinary programs for complementary interventions.
- Stakeholders' priorities brought into line with the needs of the community.
- Networking organizations and services providers to make connections regarding services.

- Provide mobile services.
- Have outreach in churches and hospitals such as men's prayers group.

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

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

2. **Strategies for increasing treatment participation by improving access to existing programs and services.**
   - 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

3. **Recommendations for new programs and modification of service delivery to increase participation.**
   - 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

4. **Recommendations for new programs and modification of service delivery to increase retention in services and reduce drop out.**
   - 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

5. **Recommendation for new programs and modification of existing services to improve successful treatment outcomes (other than retention).**
   - Ideas on modifying existing programs to increase treatment outcomes
   - Ideas on new programs that would increase treatment outcomes
   - Other ideas

6. **Strategies for design of effective approaches to the evaluation of implemented recommendations.**
   - Ideas on how to evaluate individual quality of care
   - Ideas on how to evaluate complementary interventions
   - Ideas on how to evaluate programs serving Latinos