

# CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

---

## **SAN DIEGO**

*December 9, 2010*

**COUNTIES:** IMPERIAL ♦ ORANGE ♦ RIVERSIDE ♦ SAN DIEGO

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

In Southern California we conducted a series of separate community regional forums. One of these forums was held in San Diego, California on December 9, 2010 from 10:00 a.m. to 2:00 p.m. This forum was represented by participants from four counties including, Imperial, Orange, Riverside, and San Diego counties. A total of 39 individuals attended the Mesas de Trabajo and represented various groups including consumers, family members, promotores/as de salud, service providers, mental health programs, academia, youth and community-based organizations.

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

This forum began with an introduction of the Concilio members who were co-chairs and the staff from the Latino Reducing Disparities Project (LRDP). Each person was asked to say their name, place they represent and the type of work they do. 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 (LRDP) 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. 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.

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 Notetaker and a Reporter. They were provided with a flip chart, markers, and a computer to document their recommendations on their assigned strategy. 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 concluded with final comments from the large group, which included the following:

- Resources should be secured to hire staff at all levels. For example, promotores/as need to be integrated into the mental health system to provide complementary services. Also, hire well trained behavioral health professionals to increase the capacity and deliver cultural and linguistic services.
- Promotores/as need to be trained in behavioral health and be provided with ongoing support and coaching. They should not be expected to educate others in mental health without the proper support and training.
- Increase more relevant efforts guided to reduce stigma and shame associated with mental illness. There is much more to do for our consumers and families in terms of mental health education.
- Start from the top of the system. Executive leaders need to believe and promote systems change to make it happen through the whole system.
- Secure financial resources needed to make significant changes in the system.
- Emphasize importance of producing outcomes on community efforts that are providing positive results.

The following section describes in more detail the main priorities each group identified in their assigned strategy.

## **STRATEGY #1**

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

PRIORITY #1 IDEAS FOR REDUCING STIGMA

PRIORITY #2 INCREASE WORKFORCE (EDUCATION AND TRAINING)

PRIORITY #3 FAMILY AND COMMUNITY SUPPORT AND ENGAGEMENT

PRIORITY #4 APPROPRIATE MENTAL HEALTH PROGRAMS FOR LATINOS

#### **I. IDEAS FOR REDUCING STIGMA**

- Create a mental health first aid toolkit or a 12-hour training for promotores/as that should include teaching how to connect consumers with resources and providing promotores/as with instructional/support and weekly trainings. The trainings should be interactive and not in a lecture format. Currently, promotores/as programs have partnerships with universities, which provide training in nutrition, post-partum depression, and mental health topics. These training programs focus on promotores/as who go out into the community where they are trusted by community members because they are able to speak the same language and relate to the community they are serving. Promotores/as talk to the community about resources, while at the same time outreaching and linking people in need to services. The model encourages the community to be self-sufficient and become empowered. Promotores/as are guided by one main goal, to organize the community so that they know where to go when the promotores/as are not there. The model only works if the promotores/as are trained well and supervised/coached while they provide services.
- Implement a family advocate program, so that family members interested in knowing more about mental health can do so, and at the same time learn strategies to support their loved ones. Consumers feel they don't have family support and that their family lacks an understanding about mental illness. It goes both ways, family advocates go in and help educate family members.
- Provide a peer support specialist program. Peer specialists are consumer advocates who work with consumers to help them better understand their illness and their recovery process.
- Increase psychological educational groups.
- Establish a National Alliance on Mental Illness (NAMI) Family-to-Family chapter in the community.
- Integrate mental health with the faith community. For example, having Buddhist monks (from the Chinese community), and priests from Catholics as well as other faiths to come together and talk about mental health issues. Moreover, sharing their thoughts sermons and/or special events such as the lunar year (for the Chinese population). Just talking about mental health may

not be as effective as putting it into practice and incorporating it into a highly valued practice like religion/spirituality. It is also important to include support from the media, television and radio, to talk to our communities about mental health and available resources.

- Integrate mental health with primary care clinics. Latinos go to primary doctors first, then faith based, followed by community and traditional healers, and last a mental health professional.
- School counselors and psychologists to know about services out in the community.

## **II. INCREASE WORKFORCE (EDUCATION AND TRAINING)**

- Build a career ladder for promotores/as. Encourage promotores/as to enroll in higher positions and further their education in behavioral health. Promotores/as contribution should not be limited to just volunteers but lead to leadership positions and be paid for their valuable services to the community.
- Develop a certification program for promotores/as that is connected to a city community college or other recognized educational institution that offer certification and Associates degree.
- Offer loan forgiveness programs for people who enroll in behavioral health careers.
- Promote positive exposure to behavioral health careers through experiential learning and education.
- Develop mentorship programs for youth and adults.
- Increase support and involvement to families that have a family member with a mental illness.
- Encourage Latinos providers currently in the U.S. who were professional providers in his/her native country to learn English and obtain the proper certification to serve.
- Create programs to help domestic violence victims to be empowered and educated about the legal system. Orange County has a recovery educational institute that teaches domestic violence victims about mental health and gets them started on a career pathway of their choice.
- Promote community-based training programs, vocational, training, employment, and self-care.
- Work with high schools to inform students about mental health career pathways.
- Exposing Latinos to positive role models in mental health. For example, AVID<sup>1</sup> for behavioral health.

---

<sup>1</sup> AVID programs focus on middle and high school students to get them college-ready and get them enrolled in 4-year universities.

### III. FAMILY AND COMMUNITY SUPPORT AND ENGAGEMENT

- Add mentorship programs in high schools for students interested in the mental health field and for those who can benefit from role models.
- Implement efforts to help the public to see mental health as a career and not as a profession for “nosy persons”.
- Improve admissions for Latinos to colleges and universities as a strategy to increase enrollment in post-secondary and a Latino mental health workforce.
- Include mental health internships in colleges and universities for Latino students.
- Use promotores/as models as comprehensive approaches that include psychologists, doctors and nurses.
- Use the wraparound<sup>2</sup> model.
- Create a network of care or community forums. Agencies need to be united.
- Promote the NAMI Family-to-Family model as an approach for families to become more informed.
- Use existing community resources including Child Protective Services (CPS), Department of Social Services, county insurance, and promote that all of these agencies work together.
- Create a directory with information on available community resources.
- Create an electronic database that keeps information updated on a daily basis.
- Come up with innovative ways to conduct outreach such as theatrical performances similar to the Broadway play, “Next to Normal”, “Scrambled Eggs” or do skits on mental health topics.
- Create more fotonovelas<sup>3</sup>.
- Collaborate with Jefferson Transitional Programs (JTP)<sup>4</sup> in Riverside County.
- Increase peer-run programs where they invite consumers to learn about art therapy and money management while surrounding themselves by people like them.
- Promote clubhouses-type workshops for people who work part-time or are unemployed.
- Use social media, Facebook and Twitter for the younger population.
- Develop cultural events such as community fairs.

---

<sup>2</sup> Wraparound was established in 1997 with Senate Bill 163, and is best described as a program that shifts the service delivery focus to a needs-driven, strengths-based approach. A definable way of partnering with families to provide intensive services to children with complex needs using a team approach. It is intended as an alternative to residential care. The child and family work directly with a team comprised of professionals and members of the family’s community - people chosen by the family. The team develops an individualized service plan that describes all of the needs identified by the child and family and how those needs will be met.

<sup>3</sup> Fotonovelas have been used to educate masses about important health and educational topics,

<sup>4</sup> Jefferson Transitional Programs (JTP) offers vocational, supported sober living, and educational programs for individuals with chronic mental illness or individuals with both mental illness and addictions, many of whom are homeless. The nonprofit’s purpose is to empower individuals with the skills and tools necessary to move from crisis to stability, victim to survivor, and a state of hopelessness to happiness.

#### **IV. APPROPRIATE MENTAL HEALTH PROGRAMS FOR LATINOS**

- Make sure that programs acknowledge cultural participation by integrating families into therapy sessions.
- Promote cultural-based interventions.
- Promote NAMI's Family-to-family model.
- Increase family advocates through proper training.
- Incorporate promotores/as de salud as a strategy.
- Look into Latino children art centers as an educational approach.
- Work with Casa de la Familia of Orange County<sup>5</sup>.
- Empower Latinas.
- Comadres.
- Identify more programs that break down the barriers to access.

#### **V. OTHER IDEAS**

- Florida model for HIV media campaign. Have celebrities or recognized leaders make billboards about mental health.

---

<sup>5</sup> Specialize in the treatment of post-traumatic, anxiety, and depressive disorders of children, adolescents, adults, and elderly and human trafficking victims, providing crisis intervention and long-term individual and family therapy. Program also conducts home visits.

## **STRATEGY #2**

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

PRIORITY #1 CUSTOMER SERVICE TRAINING

PRIORITY #2 PEER SPECIALISTS AND PROMOTORES/AS

PRIORITY #3 PERSON-CENTERED TREATMENT

PRIORITY #4 EDUCATION

#### **I. CUSTOMER SERVICE TRAINING**

- Learn from the private sector how to provide better customer service in our mental health system. Bring the 'Disney' or 'The Sharp Experience' staff to conduct a series of culturally competent training so we (county and other organizations) will be better equipped to provide effective customer service to consumers.
- Articulate more and/or define what cultural competence really means in the Latino experience.
- Provide bilingual/bicultural staff/providers in order to offer linguistic and culturally competent services.
- Implement follow-up personalized calls to ask how our consumers feel with the services they received.
- *"Latinos do not complain about customer service, they just won't come back."*
- *"You might forget what you were told, but not how you feel."*

#### **II. PEER SPECIALIST AND PROMOTORES/AS**

- Include promotores/as and peer specialists into integrated systems, with mental health, primary care, and Alcohol and Other Drugs (AOD)<sup>6</sup> programs. Promotores/as should be part of the team to continue engaging the person and the community.
- Offer training (certification) and payment to promotores/as.
- Use promotores/as and their reputation of '*dan confianza*,' they have authority within the community and local community knowledge.
- Do follow-ups using promotores/as if a person did not return for services. Promotores/as or peer specialists are capable to do the follow up and learn and document the reasons why the person didn't return for treatment. Promotores/as can also provide valuable feedback to program staff and work with staff to explore solutions and alternative treatments for people who do not return for services.
- Address structural barriers such as extend hours to provide services during evenings and weekends as well as childcare and transportation services.

---

<sup>6</sup> A program and service development for prevention, intervention and treatment of drug related problems.

### **III. PERSON-CENTERED TREATMENT**

- Recognize that locations where services are delivered is very important. A Latino will ask after receiving services, 'When I left there, did it fulfill my expectations?'
- Conduct follow-up calls to patients to show them that the treatment staff does care.
- Build trust with client/consumer.
- Retention is high when staff calls before and after a session.
- Compare all shopping experiences to shopping at Nordstrom's where customer service is very good, each staff feels like a princess!
- Train staff to be more welcoming and accepting of peoples' values/traditions.
- Person-centered treatment and incorporation of the recovery model.
- Family involvement, if appropriate. Our culture involves the family.
- Develop a relationship with the provider.

### **IV. EDUCATION**

- Focus on integrating mental health treatment with the treatment of primary care providers.
- Reduce fear of Child Protective Services interventions.
- Reduce stigma associated with having a mental illness and receiving treatment. Latinos take care of the problem in the house, 'Los trapos sucios se lavan en casa.'
- Deliver service in the community (for instance at churches or in-home services).
- Teach our consumers how to navigate the system.
- Partner peer specialists with promotores/as.



## V. OTHER RECOMMENDATIONS

### ***Successful Latino programs***

- Integration of primary care and mental health, substance abuse, and add promotores/as effectively within the system!
- Integrate promotores/as and peer specialists that are trained in Latino values and culture and link them to clubhouse settings.
- Implement in-home and home-based programs.
- Provide IMPACT<sup>7</sup> programs for older adults with depression.
- Collaborative efforts with faith-based organizations.
- Work with microcredit program education mechanisms for small loans, financial education, business plans, licensing for food selling. Integrate the talk of mental health and education.
- PlaticArte<sup>8</sup> project.
- Clubhouses, on-site-job training.
- Family advocate programs.

---

<sup>7</sup> A cost-effective approach to achieve significant reduction in depression using an integrated team model. This approach (in which the patient and primary care provider are supported by a depression care specialist) doubles the effectiveness of usual care in settings ranging from traditional fee-for-service clinics to large staff model HMOs.

<sup>8</sup> A project dedicated to the creation of didactic programs to teach art history at all levels, elementary, middle and high school.

### **STRATEGY # 3**

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

PRIORITY #1 EDUCATE THE COMMUNITY

PRIORITY #2 INTEGRATE MENTAL HEALTH AND MEDICAL CARE

PRIORITY #3 CREATE A VARIETY OF SERVICE DELIVERY OPTIONS

PRIORITY #4 EDUCATE FAMILY MEMBERS AND PROVIDERS

#### **I. EDUCATE THE COMMUNITY**

- Education about mental health programs through educational materials, in-home services, and crisis intervention in order to promote acceptance of mental health issues. Take into consideration acculturation levels and immigration issues.

#### **II. INTEGRATE MENTAL HEALTH AND MEDICAL CARE**

- Work with medical clinics to establish a one-stop shop with personnel that are bilingual/bicultural.
- Increase awareness through education and understanding of legal topics and deliver information regarding where those services can be found.

#### **III. CREATE A VARIETY OF SERVICE DELIVERY OPTIONS**

- Incorporate theatrical presentations for children and adolescents in the schools about mental health by tailoring presentations to a variety of age groups and educational levels (e.g., address bicultural issues).
- Support already established programs.
- Promote programs which have shown evidence of success (e.g., mobile clinics)
- Increase the utilization of promotores/as.

#### **IV. EDUCATE FAMILY MEMBERS AND PROVIDERS**

- To increase more culturally sensitive interventions we need to bring awareness of Latino programs and other relevant interests.
- Have a daycare center within the agency that is providing services.

## **STRATEGY #4**

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

PRIORITY #1 OUTREACH TO ALL RELEVANT SETTINGS

PRIORITY #2 HOME VISITS

PRIORITY #3 EDUCATION

PRIORITY #4 SPECIFIC SERVICES TO SPECIAL POPULATION

#### **I. OUTREACH TO ALL RELEVANT SETTINGS**

- Collaborate with media to outreach to community.
- Outreach to the faith-based community.
- Work with board and care facilities.
- Education through the NAMI Family-to-Family model.
- Provide one-to-one information and delivery of services.
- Reach out to hospitals and other major providers.
- Consider transportation as a vital resource for continued treatment.
- Understand the culture, for instance teaching that “touch is safe.”
- Understand stigma, fears and shame prevalent in Latino families.
- Understand respect “respeto” as viewed and defined by Latinos.
- Promote encouragement and trust.
- Set high standards and accountability similar to the private sector.
- Work with colleges and universities to influence curriculum.

#### **II. HOME VISITS**

- Provide support to the family.
- Follow up services by training professionals to work on recovery and encouragement.
- Help reduce fear due to symptoms and side effects to medication.
- Show that someone cares. The social worker and the family member are able to explore the effectiveness of the home visits and make modifications to meet the needs of the consumer.
- Serves as an empowerment strategy for clients and their family.
- Help to clarify and define short-term goals and help with skill-building.
- Address fears from participants about documentation, clinical settings and hospitalization.
- Builds on the victories to promote hope and encouragement.

### III. EDUCATION

- Integration with career technical education programs at the secondary and post-secondary levels.
- Addresses learning disabilities.
- Provide recovery-focused literature with a focus on goals and quality of life.
- Wraparound classes.
- Friend to Friend, F2F<sup>9</sup> classes.
- Life skills to foster independence.
- Responsibility.
- Celebrate victories.
- Provide peer support, socialization, peer groups and self-help to promote:
  - o Acceptance, social inclusion, respect of ideas, ‘we’ve been there’, life skills, life experience.
  - o Empowerment, personal development, recovery-focused approaches, an environment where they can be listened to and understood. Peer support specialists should be present in each clinic.
- Provide a space to find out what people need.
- Promote respect and hope.
- Promote encouragement, even if one fails!
- Offer guidance.
- Raise the bar in services, set high expectations.
- Offer options, “el que busca encuentra.”
- Promote trust, “we will be there whenever they need us.”
- Clubhouse support.
- How to access services and make it easier.
- Extended service hours.
- Family education, F2F, self-help groups, crisis, 5150.

---

<sup>9</sup> F2F serves the needs of mentally ill and homeless adults of central San Diego. Clients of F2F may be eligible to receive services such as, but not limited to outreach, assessments, job development, SSI/SSDI advocacy, socialization, community reintegration, transitional housing, case management, referrals and peer support.

#### **IV. SPECIFIC SERVICES TO SPECIAL POPUALTIIONS**

- Socialization.
- Transportation.
- Music.
- Arts & crafts.
- Media.
- Clubhouse.
- Recovery language.
- Address different age group needs: children, TAY, adults, and older adults.
- Address special population needs: Lesbian, Gay, Bisexual, Transgender (LGBT), males and females.
- Other special populations: gangs, immigrants, deportation of immigrants and their families (address the issue of separation of families).
- Substance abuse programs.

#### **V. OTHER RECOMMENDATIONS**

- Reduce dropout rates by addressing shame and family education. There is much more to do because there is still a great deal of shame about having a mental health condition. In many families the person suffering from mental illness is still hidden from the world because it is very shameful.”
- Funding, flexibility and sustainability of programs.
- Entry-level positions, bilingual staff.

## **STRATEGY #5**

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

PRIORITY #1 EDUCATION OF TREATMENT STAFF

PRIORITY #2 INTEGRATION OF PROMOTORES/AS MODEL TO INCREASE AWARENESS

PRIORITY #3 INTERAGENCY COLLABORATION

PRIORITY #4 IN-HOME SERVICES

#### **I. EDUCATION OF TREATMENT STAFF**

- Educate treatment staff, including MD's, nurses, and assistants about existing models that can help increase Latino participation in treatment.

#### **II. INTEGRATION OF PROMOTORES/AS MODEL TO INCREASE AWARENESS**

- Incorporate promotores/as teams in mental health center as a model that is culturally competent as they speak the language and have sensibility to work with Latinos. Promotores/as should be trained how to work with different Latino groups including farm workers, and recent immigrants. The expected outcome is to increase access to mental health services by Latinos.
- Increase awareness for families, young children and youth using tools such as fotonovelas, TV commercials, newspapers, radio, Internet, Face book, Twitter, and the Internet. Strategies should be specific for different age groups. We should take into account various information strategies that each group might prefer. Expected outcome is to increase awareness of what mental health is and where to look for services.
- Increase awareness is through sharing of testimonies from peers that represent different age groups. Peers are very good at empowering others while reducing the stigma for being affected with a mental health condition.

#### **III. INTERAGENCY COLLABORATION**

- Work closely with school districts making mental health services part of the training curriculum. Develop resource centers that include arts, music, and crafts for families, children, youth and adults.

#### **IV. IN-HOME SERVICES**

- Treatment, counseling, crisis intervention, integrate family, and administering of medication at home. Enforce the 'whatever it takes model' by reaching out to where Latinos are.

## **STRATEGY #6**

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

PRIORITY #1 EVALUATE COMPLEMENTARY INTERVENTIONS

PRIORITY #2 EVALUATE PROGRAMS SERVING LATINOS

PRIORITY #3 EVALUATE QUALITY OF CARE IN ALL SETTINGS

#### **I. EVALUATE COMPLEMENTARY INTERVENTIONS**

- Increase research studies on the Latino community to measure effectiveness of complementary interventions. Design models that focus on the entire family and not just the client. Examples of complimentary services include the following:
  - o Peer-to-peer support groups.
  - o In-home support services.
  - o Skill-building, education, and employment opportunities.
- Alternate services (singing, music, art, spirituality etc.).

#### **I. EVALUATE PROGRAMS SERVING LATINOS**

- Evaluate quality of care through the administration of surveys and questionnaires to clients and families.
- Major system shifts from individual to family (for both children and adult clients); however it is important to identify resources and provide links for the entire family on basic life skills, education, and employment.
- Increase funds dedicated to research that leads to recognize best practices to include alternate models that celebrate traditions and value spirituality (music, art, and dance).
- *“The Latino families do not feel comfortable providing honest feedback especially if it implies getting someone into trouble or retaliation”*

#### **II. EVALUATE QUALITY OF CARE IN ALL SETTINGS**

- Explore first what are the current indicators. The perspective will vary from a provider of services, to consumers or family members.
- Learn positive and negative experiences from a parent perspective. For example:
  - o “The first impression is important to setting the tone, my psychiatrist was dressed very casual (as if he had been out gardening). How do you care for self and therefore care for patients?”
  - o “The psychiatrist focused only on telling my child what to do but didn’t interact with the family.”
  - o “A third psychiatrist had a different approach to medication so it is important to consider second opinions.”
  - o “The treatment group services were okay; however, there was no additional improvement after six months.”

### III. OTHER RECOMMENDATIONS

#### ***The first impression***

- Welcome the client and the family with respect.
- Request surveys after the appointment and service is complete. Use simple surveys that measure consumers' satisfaction of services.

#### ***Rating should include items such as:***

- Did you feel respected?
- Did you feel satisfied with the physical environment of the clinic?
- How was the customer service you received from the program receptionist, therapists, MD, and others?
- Use simple questionnaire items, no more than 10 simple questions.
- Limit the wording of the questions and use a checklist check-off method.
- Translate survey items to the language of the consumer.
- Make surveys/questionnaires anonymous.
- Formal review of outcomes and treatment goals.
- Create quality Improvement committees that include family, clients and management to examine questionnaire items and review the feedback and potential recommendations derived from the surveys.
- Incorporate consumer feedback, recommendations, and changes based on results from the research.

#### ***Professional presence and attitude***

- Respect the client and the family.
- Respect in all settings (hospital, outpatient, group, and home visits).
- Ensure a safe and open environment for clients and their family.

#### ***Clinical setting should have high standards for clients and families***

- Be organized.
- Be professional.
- Be clean.
- Be welcoming.



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>