

CALIFORNIA REDUCING DISPARITIES PROJECT – LATINO FOCUS COMMUNITY FORUM

SOLVANG

February 23, 2011

COUNTIES: KERN ♦ SAN LUIS OBISPO ♦ SANTA BARBARA ♦ VENTURA

Participants of the Mesas de Trabajo

The third Southern California forum was represented by participants from Kern, San Luis Obispo, Santa Barbara, and Ventura counties. A total of 34 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.

Structure of Focus Group Discussion

The meeting was initiated with introductions from the organizers and the participants. These introductions were followed by a Powerpoint presentation conducted by the Latino Behavioral Health Institute (LBHI) staff. The presentation provided background information on the California State Reducing Disparities Project – Latino Focus. The group had a significant number of Spanish speaking participants including consumers and family members for whom interpreting services were provided throughout the entire meeting. Interpreting services were made available by the county of Santa Barbara.

The meeting was organized into six subgroups. Each subgroup was instructed to address one strategy. The six strategies were produced by the Latino Behavioral Health Institute and UC Davis Center for Reducing Health Disparities. Each “mesa de trabajo” was instructed to focus on one strategy from Table 1. To ensure diversity amongst the groups, they were numbered off from one to six.

In order to facilitate the group process, each strategy included a list of guiding points to generate group discussion. Each subgroup was asked to identify a Chair, a Note Taker and a Recorder. They were provided with a flip chart 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 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 subgroup selected a spokesperson who would present their recommendations to the larger group.

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

- Follow up must take place to ensure recommendations are implemented. For many years, the issue of disparities has been discussed and documented; however relevant changes to eliminate it have not yet occurred. What continues to change and can be expected each year is increasing numbers of Latinos in need of services.

- It is essential to get the voice of consumers to the front line. Consumers can help make changes happen by addressing concerns and becoming a visible group.
- Cultural relevant models and interventions must be created to serve the Latino community. Currently existing treatment models are used or adapted to serve Latinos without success because they do not understand the culture. Other community based practices such as the Santa Barbara support groups are successfully engaging and serving the Latino community.
- Programs need to be accountable for producing results in reducing disparities for the Latino community.

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

*Group one conducted the meeting in Spanish and wrote their recommendations in English and Spanish.

STRATEGY #1

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

PRIORITY #1 IMPLEMENTAR CLINICAS LATINAS ESPECIALIZADAS (*Implement specialized Latino clinic*)

PRIORITY #2 CAMBIAR LA TERMINOLOGIA PARA NOMBRAR UNA ENFERMEDAD MENTAL (*Change the mental health terminology when making reference to a mental illness*)

PRIORITY #3 EDUCACION EN LAS ESCUELAS SOBRE LA SALUD MENTAL (*Mental health education in schools*)

PRIORITY #4 AUMENTAR LA INFORMACION PARA LA COMUNIDAD (*Increase information for the community*)

I. IMPLEMENTAR CLÍNICAS LATINAS ESPECIALIZADAS. (*Implement specialized Latino clinics*).

- “Que tengamos clínicas especializadas en nuestro idioma y culturalmente capaces para saber cómo tratar a nuestra comunidad; clínicas centralizadas con grupos de apoyo y doctores capaces de dar servicios de salud física y mental pagados por MHSA y dirigidos por pacientes y familiares ya que somos los que tenemos la experiencia personal.” (*“We should have clinics specialized in our language and culture so they know how to treat our community; clinics that are centrally located and offer support group services and have doctors available to offer health and mental health services funded by Mental Health Services Act [MHSA]. Services should be directed by us, consumers and families, as we have the lived experiences.”*)

II. CAMBIAR LA TERMINOLOGÍA PARA NOMBRAR LAS ENFERMEDADES MENTALES. (*Change the mental health terminology when talking about mental illness*).

- Cambiar la terminología o suavizar las palabras que se utilizan cuando se refiere a una enfermedad mental a fin de promover aceptación y reducir el estigma. La enfermedad mental debería ser percibida que otras enfermedades como la diabetes. (*Change the terminology or soften the language when discussing mental illness in order to promote acceptance and reduce the stigma. Mental illness should be perceived the same ways as other illness are perceived such as diabetes*).

III. **EDUCACIÓN EN LAS ESCUELAS SOBRE LA SALUD MENTAL.** (*Mental health education in schools*)

- Reducir el uso de dichos o bromas que pueden ser ofensivas a la gente con una enfermedad mental.
- Aumentar la comunicación con los maestros de escuelas sobre las barreras existentes para acceder a los servicios de salud mental para la comunidad latina, en particular los estudiantes.
- Ofrecer educación sobre salud mental al personal de las escuelas (maestros, consejeros y administradores) junto con los padres e the use of sayings or jokes (dichos, bromas) that make offensive remarks to people with a mentally illness.
- Increase communication with school teachers about existing barriers to access mental health services by the Latino community, in particular students.
- Offer mental health education to school personnel (teachers, counselors and administrators) and parents together to help them understand what mental illness means.
- Have interpreters available in the schools that have an understanding about stigma and mental illness.
- Promote school education that takes into account the context of culture.
- Increase cultural awareness for treatment staff (doctors, therapists).
- Have family members and consumers become self-advocates to educate others.

IV. **AUMENTAR LA EDUCACIÓN A LA COMUNIDAD.** (*Increase community education*).

- Understand the need to reach out to the Latino population (plant seeds) for instance go to parks, churches and Laundromats, where people come together.
- Reach out to the community through job fairs.
- Make information available to the community via multiple means - brochures, theaters, conferences, movies, radio, television and community health fairs.
- Create a directory of events, which can be sponsored by a community-based organization and shared with the public.
- Develop “mesas de trabajo” or work groups to educate treatment staff.
- Help consumers and family members become promotores/as of mental health services.
- Make sure funding is available to support activities leading to education and outreach.
- Implement/increase mental health support groups for the Latino community.
- Have a designated place where someone can go to learn about mental health.

V. OTHER RECOMMENDATIONS

- Increase workforce appropriate to Latinos at all levels (training and education).
- Increase family and community support.
- Identify and/or suggest mental health programs that are appropriate for Latinos.
- Develop a process to ensure the community uses. For instance, a quality assurance process.
- Conduct program follow-up to ensure stated goals (to increase access) are met.

STRATEGY #2

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

PRIORITY #1 EDUCATION

PRIORITY #2 PEER TESTIMONIES

PRIORITY #3 DEVELOP PARTNERSHIPS

PRIORITY #4 IMPLEMENT FAMILY PROGRAMS

I. EDUCATION

- Reinforce cultural competency education in mental health programs.
- Provide mental health education to migrant and farmworkers.
- Implement and/or expand successful programs like Recovery Innovations of California (RICA¹).
- Design a curriculum to help people become more culturally sensitive and/or competent particularly to better assist clients. Providing such support will reduce a huge barrier to access since '90% of the treatment has to do with prescriptions;' however many clients do not have insurance. Medication is the entry point for many clients to access other important services such as family support and Wellness Recover Action Plan (WRAP®²) classes.
- Increase mental health education for healthcare providers.

II. PEER TESTIMONIES

- Promote presentations through testimonials provided by persons who have attended mental health classes or have experienced them. Sharing of personal experiences reduces the stigma associated with having a mental illness and gives hope to others.

III. DEVELOP PARTNERSHIPS

- Develop partnerships among various service providers to promote collaboration and to improve Latino-related mental health services.
- Enhance a partnership between RICA and the Human Services Agency in Santa Paula.
- Establish collaborations with the pharmaceutical companies to expedite the prescription delivery process for clients.
- Connect physical health providers with behavioral health programs, which can result in getting referrals from the medical doctors.

¹ RICA offers recovery education that helps bring the relationship together between the person receiving services, their family and their doctor. RICA includes wellness programs and peer specialists that accompany program participants (clients) to their appointments or to other relevant activities to them (as long as they wish and feel comfortable with having somebody coming with them).

² WRAP®Wellness Recovery Action Plan is a structured plan developed by YOU. It is a system that you devise for yourself that helps you work through mental health challenges or life issues.

- Develop partnerships between Human Service Agencies and Cal-Works programs. Cal-Works participants are Medi-Cal recipients and can get employment when mental health barriers are reduced.

IV. IMPLEMENT FAMILY PROGRAMS

- Establish programs for families similar to the National Alliance on Mental Illness (NAMI) Family-to-family model offering Spanish courses.
- Ensure programs and staff understand the value and the culture of the family in the Latino community since 'each family has its own culture.'

V. OTHER RECOMENDATIONS

Transportation

- Providing transportation is a very important issue that needs to be addressed when promoting access to services. As one participant stated, "How do we get the client (participant) who goes to the doctor to also stay for other services such as RICA and WRAP classes? This is an issue in our programs where the participant might have an appointment in the morning to see his/her doctor but WRAP classes start at 1:00pm."
- Having case managers coordinate rides for participants so they can stay and benefit from various services is important to consumers.

Follow-up reviews.

- Make sure to conduct follow-up services for consumers who take the important first step to come to a clinic/agency and seek services. Once people come in for services, following-up is vital to enhance service retention. It is essential to call people back and mentor them through the process.

Outreach

- Successful outreach is a very important aspect to increase access to services by the Latino community. It is imperative to explore ways to reach out to people who need services, but not receiving them. We must reach out to the community and go where Latinos are (for instance, to "the limoneras" (lemon fields), lemon factories, strawberry fields, schools, parent meetings, Cal-Works programs, social service agencies, public health, the Mexican consulate, primary care providers, churches and to '5 de mayo' events).
- Make information available through different venues that are familiar to the Latino community:
 - o Print ads in The Sentinel and in The Vida newspapers.
 - o Talk about mental health at radio stations like Radio Ranchito and Radio Latino

- Air mental health informational announcements at Univision, Channel 34 TV.
- Use the Internet.
- Attend church meetings and talk to the priests and other church personnel about mental health services. Also, co-locate services at church sites to provide therapy services.
- Understand the Latino culture. The Latino community tends to suppress many things that they just do not talk about.
- Use the promotores/as model to reach out to the community.

Medication

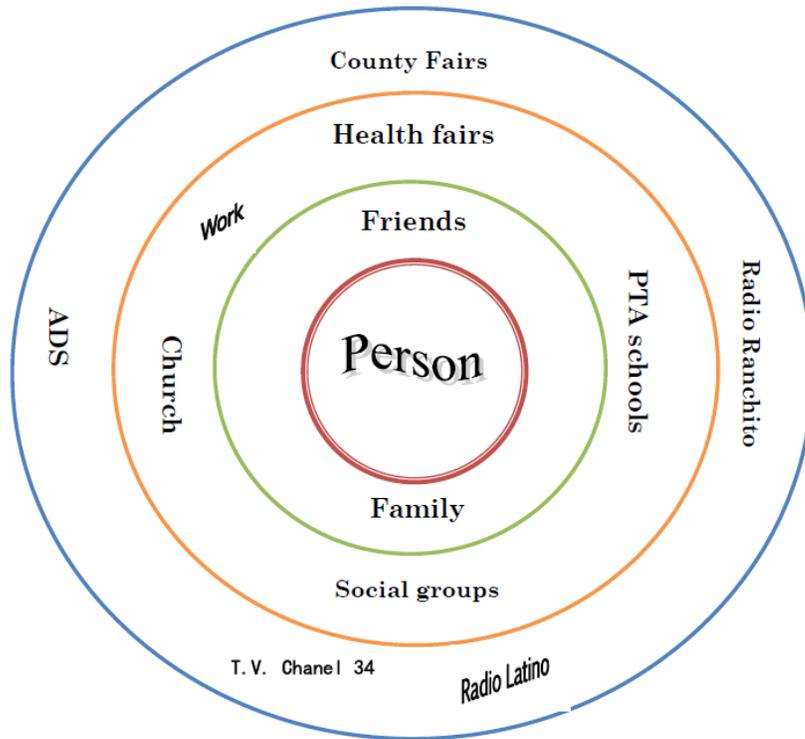
- Find ways to support clients that do not have insurance in order to help them with medication costs.
- Develop partnerships with pharmaceutical companies to get assistance for uninsured consumers.

Customer Services: Personalize mental health services

- Get to know clients' personal interests, hobbies, beliefs and favorite foods as a way to connect with them more effectively.
- Understand that our clients often struggle to meet their basic needs, 'Life's struggles are better when you have something to eat' and that we have to assist them in meeting those needs first.
- Understand the make-up of our communities in terms of demographics and language needs. There is a Mixteco³ community that lives in Ventura County that neither speaks English nor Spanish. This represents a big challenge to service providers and demands a strong commitment to reach out to that community.
- Get clients to a place where they feel comfortable so they want to come back for services.
- Be sensitive to the clients' culture: 'In the Latino community most people don't go to the doctor or therapy as they learn to fix their problems in other ways. They find their own ways to deal with issues. They also need to learn it is possible to go back to the things that give them joy.'
- "When you meet someone in the Latino community, try to be a peer with them, take them someplace that makes them feel better. For instance, offer them a cup of hot chocolate and later ask: 'How are you doing with taking your medications?'"

³ The **Mixtec** (or **Mixteca**) are indigenous Mesoamerican peoples from the Mexican states of Oaxaca, Guerrero and Puebla in a region known as La Mixteca.

Graphic #1. Created by subgroup two in order to illustrate some areas that might be relevant to Latinos when conducting outreach efforts rather than information dissemination.



STRATEGY #3

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

- PRIORITY #1 EDUCATE THE COMMUNITY
- PRIORITY #2 EDUCATE THE STAFF
- PRIORITY #3 NEW PROGRAMS
- PRIORITY #4 COMMUNITY BASED PROGRAMS

I. EDUCATE THE COMMUNITY

- Offer basic introductory mental health courses for the community (Mental Health 101) that includes information on the initial steps families can follow to help relatives suffering with mental illnesses.
- Utilize the media to outreach and provide information to the community through radio, television, public access channels and community service ads.
- Implement community events utilizing language that is appropriate.
- Conduct education in various settings such as churches, schools, colleges, family resource centers, and county centers.

II. EDUCATE THE STAFF

- Educate staff on cultural variances in the Latino community. Consider levels of acculturation and different subgroups within Mexico and among different Latin American countries.
- Become aware and understand cultural nuances such as idioms and dialects.
- Implement programs that promote cultural internships, cultural exchanges and immersion programs to promote staff understanding and sensitivity to the Latino culture.
- Conduct research that is relevant to the Latino culture and community.
- Understand cultural boundaries related to how Latinos might describe/define a mental illness for instance “nervios”, “mal de ojo”, or “empacho”.

III. IMPLEMENT NEW PROGRAMS

- Implement new programs that offer culture specific services and include the following models:
 - o Peer support groups with facilitators who can start the dialogue with clients in Spanish and English.
 - o Family support groups to educate the family about mental health services.
 - o Presentations for education groups about weekly medication support programs.
 - o Services made available after working hours or on weekends to reach clients who work from 9:00am to 5:00 pm.

- Mobile support groups who provide information about financial issues and available services and programs. The mobile services can serve as the initial connection in visiting fields. The mobile support groups can also have experts or licensed therapists.
- Childcare services for families.
- Medication support/education programs that include a multidisciplinary team comprised of family advocates, nurses, case managers and clinicians.
- Financial help through CMSP (adults instead of Medi-Cal).
- Parents helping parents program.
- Mentor programs, which also include guide facilitators, in-home and after care services.
- RICA program.

IV. CONNECT WITH CURRENT SUCCESSFUL PROGRAMS

- Modify the “One-Stop” concept to also include childcare and meals dispensation. Childcare should be meaningful where children can learn new skills while a family member receives help.
- Connect with programs that mirror the community and population they serve.

V. OTHER RECOMMENDATIONS

Community-based programs

- Implement programs that are available to participants who work 9:00 am - 5:00 pm (for instance, after regular working hours or on weekends).
- Have mobile units that go to the field and include Licensed Practitioners of the Healing Arts (LPHA).⁴

⁴ Other licensed practitioner of the healing arts” means any health practitioner ...who is licensed in the State to diagnose and treat individuals with the physical or mental disability or functional limitations at issue, and operating within the scope of practice defined in State law.

STRATEGY #4

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

PRIORITY #1 CO-LOCATION IN FAMILY RESOURCE CENTERS

PRIORITY #2 ENGAGEMENT PROCESS

PRIORITY #3 CLINIC ENVIRONMENT AND DROP-IN CENTERS

PRIORITY #4 FAMILY ADVOCATES AND FOLLOW-UP SERVICES

I. CO-LOCATE IN FAMILY RESOURCE CENTERS

- Co-locate mental health services in family resource centers where other important needs for families are also addressed.

II. ENGAGEMENT PROCESS

- Focus on the first three sessions. Most people dropout before the third session. The first session is usually used as an introduction and an assessment of the client's mental health status; the second is to initiate counseling; by the third session, the result is often a no-show.
- Modify engagement on an ongoing basis. High numbers in dropout rates require that a new engagement process be used to increase access and retention rather than alienating assessment. On the other hand, the paperwork required to document each session is overwhelming.
- Engage specific groups like fathers, a population not often willing to engage in services.
- Ensure that staff takes the time to figure out what clients identify as their needs and reasons for their visit as part of the engagement process and to promote a more welcoming and empowering approach.
- Make sure that staff is sensitive about forms that request the Social Security Number (SSN) as these may intimidate people who are undocumented.
- *"It is important to ask clients: what do you need? What would make counseling comfortable for you? And listen to what they say."*

III. CLINIC ENVIRONMENT AND DROP-IN CENTERS

- Ensure that clinics are welcoming, inviting, and promote a friendly environment.
- Offer services at places where multiple needs can be met (for instance, at a family resource center where families go for food).
- Ensure front-line staff, like receptionists, speak the language and are culturally competent, "personality is very important."
- Provide services at a central location and within the community (e.g., churches).
- Deliver in-home services to assist with transportation and childcare needs.
- Create drop-in centers, which do not require lots of information/paperwork from clients yet offer referral services.

- Offer attractive and enjoyable childcare services for families, which might include soccer practice, art or computer classes. Families are more likely to access services while “waiting for kids” vs. just being there to receive the service.
- Provide meals and organize lunch and dinner groups.
- Have activities that target the dads, for instance sports activities or events that attract dads and incorporate them as part of therapy services or support groups.
- Offer support groups for women, men, teens and therapy orientation and education groups. Support groups can be run or staffed by peers or therapists.
- Create clubs for moms (cooking) or dads (soccer) where information about mental health services is shared.

IV. FAMILY ADVOCATES AND FOLLOW-UP SERVICES

- Remind clients with appointment cards and phone calls.
- Conduct follow-up home visits if appointments were missed (after reminder call/card).
- Address literacy issues.
- Meet with families ahead of time at their homes to build trust.
- Use peer mentors to welcome and assist new clients.
- Use the “Families Helping Families” model.
- Dedicate Spanish-speaking staff that will not get diverted to other tasks that create cancellations or waiting lists.
- Create new programs that focus on peer group, mentorship opportunities, and support family members access to different services.
- Understand language barriers that may exist even within families.
- If interpreters are utilized, ensure they are trained and understand the population being served.
- Have family advocates assist clients with filling out forms and accompany them to appointments.
- *“When families don’t come back stay with them, ask what would be helpful, why did they leave?”*

V. OTHER RECOMMENDATIONS

Outreach

- Conduct outreach in elementary schools and make services part of the curriculum. The way to do it is by making counseling part of the regular school day and not to call it “counseling.” Engage parents to be part of the process.
- Normalize mental health treatment like medical treatment to reduce taboos and stigmas associated to having a mental illness.
- Implement interventions that are family centered.

Encourage enrollment in mental health careers

- Offer educational support to employees so they can further their education.
- Provide scholarships to bilingual/bi-cultural students seeking a therapy license.

Pilot projects

- Implement pilot programs in areas that have already created networks and partnerships with the public/private sectors as they can be more readily enhanced to take on proposed recommendations.
- Create services that will bridge existing services between agencies to add other needed components (e.g., childcare services).

Funding

- Secure funding to support required positions to provide needed services.

STRATEGY #5

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

PRIORITY #1 EQUAL ACCESS

PRIORITY #2 AUDIT SYSTEM

PRIORITY #3 COMMUNITY INCLUSION

PRIORITY #4 SERVE TARGET POPULATION

Group five noted that the vast majority of participants at the present session are affiliated in a formal manner with mental health with a limited number of consumer participation. The group also outlined there are some participants who have a formal relationship with mental health that were originally consumers (e.g., promotores/as).

I. EQUAL ACCESS

- Ensure access to behavioral health services by the Latino community.

II. AUDIT SYSTEM

- Make sure that accountability and standards are met through a valid audit system.
- Demand institutional commitment to create standards for serving the Latino population.
- Enforce standards that create equal access.
- Develop an audit to address cultural competence to evaluate the entire organization.

III. INCLUSIVE OF COMMUNITY

- Look at target population to obtain community input as to how services should be provided.
- Focus on programs that are consistent with cultural values.

IV. OTHER RECOMMENDATIONS

- Increase staffing that is bilingual/bicultural.
- Increase programs that emphasize the cultural dimensions more than the clinical dimensions.
- Identify outcome measures and produce meaningful outcomes.
- Promote cultural competence.
- Collect data on Assertive Community Treatment (ACT) programs to determine what staffing and service looks like.
- Identify programs/practices that have proven effective with Latino population specifically.

STRATEGY #6

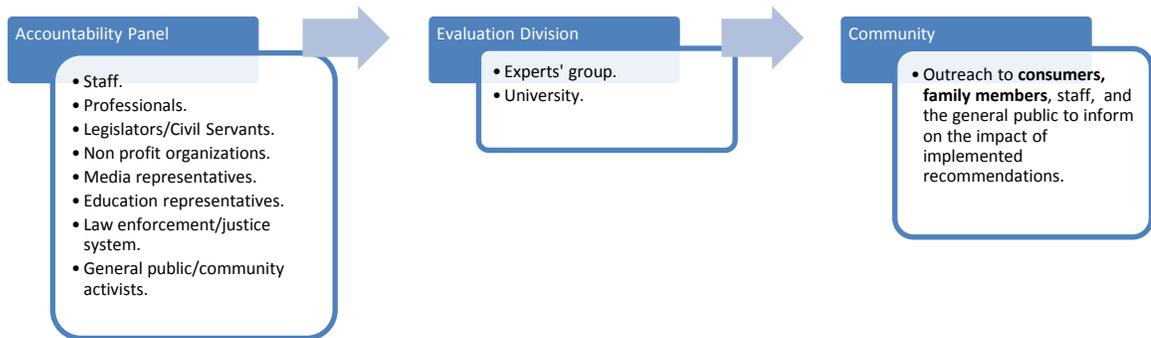
Strategies for design of effective approaches to the evaluation of implemented recommendations

PRIORITY #1 COMPREHENSIVE EVALUATION SYSTEM

I. COMPREHENSIVE EVALUATION SYSTEM

- Develop an evaluation system that measures increase of access to mental health services, retention and quality of service in all implemented programs.
- The evaluations should include the following components:
 - o Accountability/monitoring panel. It is necessary to address the way in which Latino programs are implementing recommendations and to ensure services are being administered consistently and in accordance with the program's stated goals. The accountability panel can be represented by various groups including: staff, consumers, family members, legislators, civil servants, non-profit organizations, and representatives from the education system, the law and justice system, the general public, and the general public community advocates. The accountability panel will also have responsibility to review the different phases of service implementation, demand progress reports and correction plans from programs that are not able to deliver expected results.
 - o Evaluation division. The role of the evaluation division is to analyze data to determine the impact of the implemented recommendations.
 - o Outreach to the community. The review panel will outreach to the community to inform on the progress of programs implementing stated recommendations.
 - o Evaluation of key areas. All programs receiving funding to reduce disparities for the Latino community should produce outcomes that demonstrate increase in access to services, retention and/or decrease of dropouts and improvement in quality of service practices.
 - o Baselines: Identify the baselines to ensure accurate and comprehensive data is used to define current penetration and retention rates and quality of services.
 - o Outcomes. Identify deliverables that measure the immediate effects of programs that serve the Latino community and whether objectives are being met.
 - o Timeframe. Specify when stated goals should be met.
 - o Impact of recommendations. Measure the impact of implemented recommendations in access to services, retention and quality of services for the Latino community. Determine if the program achieved stated milestones.
 - o Progress reports: Programs receiving funding to implement recommendations to reduce mental health disparities for the Latino community should provide ongoing progress reports to the accountability group.

Graphic #1. Evaluation Process



Graphic #2. Recommended outcome areas

Access

- Baseline (penetration rates).
- Timeframes: (specify expected dates, month, year).
- Outcomes (number of Latino clients accessing services).

Retention

- Baseline.
- Define retention (minimum of six months vs. three visits).
- Follow-up interventions.
- Timeframe.
- Outcomes.

Quality of services

- Baseline.
- Surveys, interviews.
- Ongoing review of surveys.
- Provide consistent feedback to clients and staff.
- Identify improvement areas.

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 • Other ideas