

**LATINOS AND MENTAL HEALTH:
REDUCING THE DISPARITIES**

Agenda

- I. Welcoming Remarks 11:00**
 Assemblymember Tom Ammiano, Chair, LGBT Caucus
- II. Overview 11:10**
 Al Hernández-Santana, Executive Director, LCHC
- III. Community Panel 11:15 – 11:45**
- **Leticia Alejandre**, Executive Director, California Family Resource Association *“Community-Based Family Strengthening Organizations; The Key to Addressing Mental Health Disparities”*
 - **Maria Lemus**, Executive Director, Vision y Compromiso *“How the Promotores Model Facilitates Access to Mental Health in California Communities”*
 - **Rene Oliver**, Substance Abuse and Mental Health Services Administration Project Director, MAPP, Inc. *“The SAMHSA Project: The Effects of Budget Cuts on Mental Health”*
 - **Richard Zaldivar**, Executive Director, The Wall Las Memorias *“HIV, Meth, and Mental Health”*
- IV. Reducing Disparities Provider Panel 11:45 – 12:15**
- **Mario Guerrero**, Government Affairs Director, Equality California *“LGBTQ Mental Health Disparities Project: An Overview”*
 - **Dr. Sergio Aguilar-Gaxiola**, Director, UC Davis Center for Health Disparities *“Status of Latino RFP for the California Reducing Disparities Project”*
 - **Alfredo Aguirre**, President, California Mental Health Directors Association *“Reducing the Disparities: County Implementation of the MHSA”*
- V. Closing Remarks 12:20**
 Senator Gil Cedillo, Chair, Latino Legislative Caucus

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**LATINOS AND MENTAL HEALTH:
REDUCING THE DISPARITIES**

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April 29, 2010

State Capitol, Room 447



FAST FACTS ABOUT MENTAL HEALTH AND LATINOS IN CALIFORNIA

Latinos are the Fastest Growing Ethnic Group in California

- By about 2016, Latinos are expected to outnumber non-Hispanic whites in California; and by about 2042, Latinos are projected to become the racial/ ethnic majority in the state. (PPIC, 2009)
- The projected rate of increase of Latino youth from 1995 to 2015 is 59 percent compared to the 3 percent net reduction of White youth.
- By 2030, Latinos will comprise one-fourth of all children and youth in the United States.
- Overall, Latinos make up about 16% of the non-elderly population, but about 30% of the uninsured. (NLBHA, 2009)



Latinos suffer from higher rates of depression, anxiety and suicidal ideation

- Latinos have the highest rates of depression among ethnic groups and are at high risk for anxiety and stress, according to the Hispanic Health Alliance.
 - The findings of the Los Angeles Epidemiologic Catchment Area Program study show that in comparing U.S.-born Mexican Americans to immigrants from Mexico, U.S.-born populations had higher rates of mental health disorders.
 - The National Latino and Asian American Study suggests that overall psychiatric disorder prevalence rates are higher among Hispanics who had migrated to the United States before the age of 13 years or after the age of 34 years than among those who had migrated at other ages. (Acevedo et al. 2007)
- Approximately 13 percent of Latino high school students have attempted suicide, compared with 7.3 percent of blacks and 6.7 percent of whites;
 - 18.9 percent of Latinas in high school attempted at least one suicide within a year's period.
 - Death from homicide is almost five times higher for Latino youth (28%) than their white peers (5.8%). (NLBHA, 2009)



Latinos access mental health services at disproportionately lower rates.

Lack of language access and Latino professionals in the field, coupled with stigma and inappropriate assessment, evaluation and treatment, add to barriers for low rate of access to much needed behavioral health programs.

Latinos are underrepresented in the mental health professions:

- Latinos account for only 1% of U.S. psychologists. (NLBHA, 2009)
- Often clinicians who lack an understanding of language and culture and how Latinos/Hispanics express distress and other internal states may unwittingly misdiagnose, “pathologize,” or miscalculate the severity of the person’s needs. (Florez & Kaplan, 2009)



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Latinos view health differently

- Latinos seek mental health treatment through their primary care providers (Rios et al., 2005)
- Hispanics have long been recognized to have a holistic understanding of health; even the language reflects the close ties between body and the mind. For example, *Estar sano* (to be healthy) usually denotes both health and mental health, without the split that can exist between the two in the delivery of services within the U.S. (Acevedo, 2007)

Social Stigma affects perception of accessing mental health services.

- Latinos reluctance to utilize mental health services may best be described by the *dicho* (saying) “*No se lava la ropa en casa ajena*” (One must not wash their dirty clothes in someone else’s home). In other words, problems are handled within the family and should not be discussed or revealed outside of the home (Flores & Kaplan, 2009)

Latinos are affected by changes in cultural expectations

- Acculturation to the norms and mores of the United States increases the risk of substance abuse and psychiatric disorders.
- The Mexican American Prevalence and Services Study [MAPSS] provides empirical support for the notion that the process of acculturation negatively affects the mental health outcomes of Hispanics in the United States, which observed that as Mexican immigrants acculturate to societal conditions in the United States their mental health worsens. (Acevedo, 2007)



Sources:

- Acevedo, G., Manny González, Victoria Santiago and Carlos Vargas-Ramos. 2007. *The State of Latino Health and Mental Health*. NY: Centro de Estudios Puertorriqueños, Hunter College (CUNY) policy report v1 n4.
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April 28, 2010

TO: Members of California Latino Legislative Caucus and
The Latino Coalition for Healthy California

FROM: Patricia Ryan, MPA, Executive Director
Stephanie Welch, MSW, Associate Director, MHSA

**SUBJECT: Latinos and Mental Health – Reducing the Disparities and County
Implementation of the Mental Health Services Act (MHSA)**

On behalf of the California Mental Health Directors Association (CMHDA), we appreciate the attention of the Latino Legislative Caucus and Latino Coalition for a Healthy California in sponsoring an informational briefing to identify and explore strategies to address the disparities in access and quality of mental health services for Latinos. CMHDA represents the directors of public mental health authorities in counties (and some cities) throughout California. The primary goal of our Association, pursuant to a three-year strategic plan, is to *“advocate for equity and full inclusion of vulnerable populations, and secure social justice as measured by access to necessary quality services that promote mental health, wellness, resiliency and recovery in our communities.”* CMHDA acknowledges that the Latino population experiences some of the highest levels of disparities in the community-based mental health system in California. As a result, we believe that advocating for policies that include protection of budget resources and support reducing disparities should be important, despite our current fiscal crisis.

The Need to Reduce Disparities in Mental Health Services for Latinos is Evident:

The Latino community is rapidly growing in California, which currently represents twenty-five percent of the Latino population nationally. This population is expected to double by 2050. Rather than access traditional mental health services, Latinos are twice as likely to seek treatment for mental illness in other settings such as primary care clinics or through the faith community. The barriers to accessing services are particularly acute due to the stigma associated with mental illness among Latinos. Less than 1 in 11 Latinos with a diagnosed mental illness are willing to contact mental health specialists. Counties and their community-based partners in service delivery are developing strategies to prepare to meet the needs of California’s largest ethnic population, and the Mental Health Services Act (MHSA) is the essential resource available to support necessary changes to practice and service delivery.

The Imperative Role of the Mental Health Services Act in Reducing Disparities:

The MHSA, passed by voters in November 2004, provided county mental health systems with a critical funding source to expand effective community-based services to reach the nearly 60% of those living with disabling mental illness that were not being served due to decades of chronic underfunding. As implementers of the MHSA, counties play a primary role and carry great responsibility in the transformation of local mental health systems, which includes efforts to reduce disparities in service access and quality. The MHSA has made it possible for counties to begin to re-engineer mental health services to provide and contract for services that better embody the five primary values of the MHSA, which include:

- ❖ Community Collaboration
- ❖ Consumer and Family Driven Services and Supports
- ❖ Cultural Competency
- ❖ Recovery, Resiliency and Wellness Oriented
- ❖ Integrated Services

At this stage of implementation, counties and their partners in service delivery are learning from each other and making changes to better meet MHSA goals. One example includes the availability of training and technical assistance to counties to learn how to maximize the flexibility of MHSA requirements in order to design culturally competent strategies that meet the unique characteristics of ethnic and cultural populations. Another example includes counties' efforts to learn how to build the capacity of local ethnic and culturally-specific community-based organizations so they can compete for MHSA contracts and directly provide services to their communities. The foundational elements necessary to create a mental health service system capable of reducing disparities for ethnic and cultural populations are beginning to be built.

Challenges to Progress - A Budget Crisis Coupled with Fiscal Policies that Restrict Access:

In the midst of counties' progress in this critical work, threats to the MHSA continue to loom, as evidenced this year in the Governor's January state budget proposal to redirect roughly \$900 million in MHSA funds to fulfill two years of the state's obligations for other community mental health programs. Without the MHSA, counties would not be able to continue making progress in reducing disparities. Furthermore, counties would have to cut services so deeply that accomplishments already achieved would likely be erased. In addition to the Governor's proposal, the Legislature has already reduced community mental health funding over the past few years and, due to the economic crisis, key revenue sources that support community-based mental health programs have significantly declined.

Counties are further restricted by fiscal policies that determine how, when and what services can be expended and for which individuals. For example, under the Medi-Cal Specialty Mental Health program, which counties administer, Medi-Cal beneficiaries with serious mental illness are entitled to medically necessary services. State general funds provide some funding to county Mental Health Plans to provide these services. However, **that state general fund allocation was reduced by 50% in 09/10, with no change in county responsibilities.** Any expenditure beyond the state allocation that is needed to serve this population must be funded from county Realignment and other non-federal funds. Under this program, county Mental Health Plans (MHPs) are federally required to pay **the full, up-front cost** of providing services to eligible beneficiaries. After services are delivered and paid for, counties submit electronic claims to the state to access federal reimbursement. Realignment, Mental Health Services Act (Prop. 63), and other county funds must increasingly be used as the

source of local match to cover all Medi-Cal mental health program costs -- until federal reimbursement is received by the county.

Additionally, the economic downturn of recent years has reduced MHSA revenues that would support programs in fiscal years 2010-11 through 2012-13. An 8.5% decline in Vehicle License Fees in 2008-09 is resulting in an overall 4% to 5% Realignment decline in 2009-10. With significant reductions to State General Fund and Realignment revenues for mental health, MHSA funding has become virtually the only source for providing community-based, non-institutional mental health services to adults with serious mental illness. Outpatient and rehabilitation services are virtually disappearing, except for those funded fully or partially by MHSA dollars.

Preserving the availability of MHSA funds is critical to counties' ability to continue to reach those who have been traditionally unserved or underserved, using culturally competent strategies. Without the MHSA, our goal of eliminating disparities in access, retention and quality of mental health services cannot be realized.

Determining the Impact of the MHSA and Future Directions:

We know that the MHSA has already made a tremendous difference in the lives of many individuals throughout California. CMHDA strongly supports any statewide effort at quantifying, analyzing and assessing the impact of the MHSA on reducing disparities for traditionally unserved and underserved ethnic and cultural communities. Counties are poised to support such an effort, and have already begun to collect information about the populations they serve and the performance of their programs.

In the interim, and for the purposes of the legislative briefing today, CMHDA would like to take this opportunity to share some highlights regarding MHSA implementation. We have pulled together some examples of successful programs that target Latino populations in a few counties across the state. This is simply a snapshot, but we welcome the opportunity in the future to provide a more thorough analysis of the impact of county MHSA implementation, including providing more success stories for the members of the Latino Legislative Caucus and the Latino Coalition for a Healthy California. If you have any questions or comments about issues related to county implementation of the MHSA, please contact our staff, Stephanie Welch at swelch@cmhda.org or 916-556-3477 x 152. Ms. Welch can also link you to your local county mental health director or MHSA coordinator.

MHSA Implementation Highlights Changing the Delivery of Mental Health Services

Full Service Partnership Programs (FSPs):

FSPs are programs that make up the majority of MHSA spending and aim to provide the individual, youth, child or family with "whatever it takes" to meet service goals and to receive needed supports in the community. FSPs provide intensive case management services, including mental health treatment, employment and education services, housing, transportation, and substance abuse services.

A **Riverside County** FSP program designed to target Latino youth by using **Multidimensional Family Therapy (MDFT)** has reported initial success. This evidence-based practice uses family therapy to provide culturally appropriate interventions and services for youth and their families. **Seventy-six percent of the enrollees in this program are Latinos ages thirteen to eighteen.** Two years after initial program implementation, the services and supports provided have **reduced**

incarceration and probation status by over 50%, and nearly eliminated school expulsions for enrollees.

A **Contra Costa County** FSP program called ***Families Forward***, administered by Families Unidas and Asian Pacific Psychological Services, targets unserved and high risk children and youth 0-18 years of age, including Latinos. The program is designed to address populations whose cultural differences have traditionally excluded them from mental health services. This program is also seeing promising results. An analysis of 12 months pre-enrollment to 12 months post -enrollment demonstrated an **80% decrease in arrests and a 77% increase in school grades.**

In **San Diego County** FSP Programs for children, youth, adults and older adults are all designed with cultural and language-specific services, to address access disparities and reduce the stigma associated with mental health services for unserved and underserved ethnic populations. A measure of **increased access is increased penetration rates**, which measure how many individuals are being served, compared to the estimated number of people who need services. **Between 2001 and 2007, the county was able to increase the penetration rates for Latinos by 2% for children and youth and by 4% for transition age youth.** The county is hopeful that with the addition of FSP Programs, data between 2007 and 2010 will demonstrate even higher penetration rates.

Outreach and Engagement of Ethnic and Cultural Populations:

Outreach and Engagement strategies include using MHSA funds to support activities to reach, identify and engage unserved individuals and communities in the mental health system, and to reduce disparities that have been identified by the county.

In **Monterey County**, **services to Latinos over the past five years have increased by 49% with the greatest increase, 79%, in the 0-25 age group.** The increase in services to Spanish-speaking consumers is attributed to MHSA investments in staff cultural competency training, recruitment/retention of bilingual clinicians and patient service representatives, and expansion of Promotores projects with existing grassroots community-based organizations -- the Center for Community Advocacy (CCA) and the Central Coast Citizenship Project (CCCP).

Integrated Services and Community Collaboration:

An "integrated service experience" is when a client, and possibly a client's family, is able to access a full range of services provided by multiple agencies, programs and funding sources in a coordinated manner. The MHSA accomplishes this through partnerships with other service providers like primary health care clinics. A truly integrated service experience is only possible with community collaboration where the county mental health department is actively engaging with other community providers, agencies, organizations and other stakeholders to share information and resources.

San Diego County is using MHSA resources to develop stronger partnerships and integrated services with primary care providers. Data demonstrates that Latino populations are more likely to use primary care centers and clinics to access mental health services and supports. Included in this effort is an evidence-based program, **IMPACT** that addresses co-occurring depression and diabetes conditions for the older adult population.

San Benito County is using MHSA funds to support the **"Esperanza Center,"** a drop-in community center that uses peers to target Spanish-speaking individuals in need of services. As one of California's smallest counties, San Benito is leveraging its MHSA funds for mental health services

with resources in the existing community, such as neighboring shelters. In addition, Latino clients can access one-on-one counseling by using a telemetry program that provides Spanish-language therapists for clients through a television.

Prevention and Early Intervention (PEI):

PEI programs aim to prevent mental illnesses from becoming severe and disabling, as well as improve timely access to services for underserved and unserved populations, particularly for ethnic and cultural populations. Strategies to prevent suicide and to reduce the impact of mental health stigma and resulting discrimination also can be funded with this resource. In addition, a special statewide PEI project, **The Reducing Disparities Project**, will direct \$60 million in resources over a 4-year period to implement strategies to improve access, quality of care and outcomes of services.

Contra Costa County is using PEI funds to partner with **La Clinica de la Raza**, a Federally Qualified Health Center (FQHC) with over 7,300 medical patients. Using strategies from universal prevention to early intervention, the program targets Latinos across the lifespan. By providing mental health screenings, referrals and brief interventions for high-risk groups in a physical health care setting, the county aims to increase access and quality of services to the underserved Latino community. **The Latina Center**, a community-based agency dedicated to developing the leadership of Latina women, is using PEI funds to expand and enhance its **“Primero Nuestros Niños”** Parenting Education and Support Project to reach 300 parents who will support strong emotional, social and educational development of children and youth ages 0-15.

Workforce, Education and Training (WET):

WET plans at the local level aim to develop strategies that reduce workforce shortages as well as train current staff to have the necessary skills to implement MHSA programs. Some examples of WET activities include workforce staffing and support, training and technical assistance, mental health career pathway programs, residency and internship programs and financial incentives programs such as loan re-payment programs.

Many counties have noted the importance of WET funds to make investments in a future workforce that is not just bilingual and bicultural, but also more accurately reflects the overall population of California. **Santa Cruz, Monterey and San Benito Counties** collaborated through their WET plans to create a Masters in Social Work (MSW) program at California State University Monterey Bay, which begins in the fall of 2010. **The initial goal is to attract 190 students over a three-year period and graduate students with a 90% bilingual and bicultural rate.**

While hiring new staff is a challenge due to the budget crisis -- which has led to hiring freezes and layoffs -- some counties have been able to sustain their increased number of bilingual staff. At the close of 2009, **Monterey County has been able to increase its bilingual staff by 48% since 2003-2004.**

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April 21, 2010

TO: California Latino Legislative Caucus
Latino Coalition for a Healthy California

FROM: Gladys C. Lee, LCSW
District Chief for Planning, Outreach & Engagement Division

MHSA SERVICES TO LATINOS IN LOS ANGELES COUNTY

Los Angeles County Department of Mental Health (LAC-DMH) provides an array of services and supports to Latinos through Mental Health Services Act (MHSA) funded programs. LAC-DMH has engaged in the following activities supporting services to Latinos in Los Angeles County:

- Implementation of Full Service Partnership Programs for all age groups;
- Implementation of System Development Programs for all age groups;
- Outreach and engagement services/strategies to underserved communities
- Development of community incubation strategies to assist ethnic specific community based organizations to become eligible to contract for services with LAC-DMH
- Implementation of strategies to increase ethnic consumer involvement in self help, wellness and recovery activities within their cultural context
- Implementation of workforce development strategies to increase the number of individuals capable of providing culturally and linguistically appropriate services to Latinos, and
- Implementation of Prevention and Early Intervention Evidence-Based Practices, Promising Practices and Community-Defined Evidence Programs.

The following report will provide you with an overview of MHSA funded services and supports provided to Latinos in Los Angeles County.

NUMBER OF LATINOS SERVED BY MHSA FUNDED PROGRAMS IN LOS ANGELES COUNTY

The development of MHSA funded programs increased the array of culturally and linguistically appropriate services to Latinos. These new programs increased the number of Latinos served by the mental health system in Los Angeles County. The increase in services provided to Latinos is demonstrated in the following programs:

"To Enrich Lives Through Effective And Caring Service"

Full Service Partnerships (FSPs):

In the early implementation stages of FSP, providers were having difficulty outreaching to some underserved populations including Latinos. After learning what the barriers to service were and doing more targeted outreach to Latinos, FSP have served more Latinos in this current fiscal year than in years prior. So far in Fiscal Year 2009-10, 3,019 Latinos have been served in FSP across all age groups. This represents 36% of the total clients served from all ethnicities. In Child FSP, 65% of the total clients served are Latino, 48% for Transition Age Youth (TAY) FSP, 21% for Adult FSP, and 12% for Older Adult FSP. FSPs provide outreach and engagement, intensive mental health and supportive services in service locations that are convenient for consumers. Services and supports offered by FSPs reflect five fundamental concepts, including community collaboration, cultural competence, client/family driven service plans, wellness/recovery/resiliency focus and integrated services for the client/family.

System Development Programs:

These programs provide additional supports to individuals requiring non-intensive mental health services. These services aim to transform the mental health system for all age groups by offering services that are recovery oriented and consumer/family driven. There are a number of system development programs providing services to Latinos of all age groups in Los Angeles County. To highlight two programs:

- **Field Capable Clinical Services (FCCS):**

Since the inception of FCCS programs for Older Adults in July 2007, 921 Latino consumers countywide have received FCCS services. In April of 2008, FCCS was expanded to include consumers of other age groups. Since expanding FCCS to all age groups, an additional 3,288 Latino clients have been served. Latino's represent 33% of the clients served in FCCS countywide across all ages. All age group FCCS programs partner with community organizations to provide field based mental health and linkage services. These consumers have access to mobile case management provided by individuals familiar with not only the language and culture, but also the health and social service systems available. FCCS teams have been able to bridge the gap for mono-lingual Spanish speaking residents requiring linguistically competent field-based services. For aging Spanish speaking clients, FCCS programs have provided psycho-education for families struggling to care for parents and grandparent who did not know how to respond to issues like symptoms of major depression, grief, loss of independence, decreased mobility, the effects of alcohol in late life and the emotional adjustment to chronic physical illness.

- Family Focused Wellness Services

These are services provided in a community setting to individuals with mental illness who are in advanced stages of recovery. Individuals in Wellness Centers typically are stable and self sufficient. They are working on life enhancement goals such as returning to work, living independently, and developing social supports. Services include (but are not limited to) individual peer support from consumers of mental health services; self help groups; linkages to community services and supports in areas of health, employment and education; medication services and clinical support as needed. To date, Los Angeles County has 43 Wellness Centers, providing services to 11,760 Latino consumers.

MHSA FUNDED PROGRAMS/SERVICES/STRATEGIES ADDRESSING THE NEEDS OF LATINOS

Outreach and Engagement Strategies

During Fiscal Year 2008-09, LAC-DMH provided outreach and engagement services to approximately 27,304 individuals, which is inclusive of consumers, family members, professionals from community based organizations, education, law enforcement, and faith-based communities. Of this number, approximately 44% or 11,997 were Latinos. Examples of outreach activities include trainings about MHSA and LAC-DMH services, basic mental health education, stress management, domestic violence, self esteem and outreach topics such as "How to Maintain Your Mental Health", "How to Argue Fairly", "Ask a Psychiatrist Night", and "Facing the Challenge of Challenging Times". Outreach and Engagement to the Latino community and other ethnic communities has proven to be a vital component in educating the unserved, underserved and inappropriately served and underrepresented ethnic populations of Los Angeles County on MHSA across all eight service areas.

Incubation Academy

This was designed as a training curriculum to support community-based organizations (CBOs) to become eligible to contract with LAC-DMH to provide services to specific communities and bid for MHSA solicitations. Two levels of training are provided: basic and advanced. In order to increase the pool of qualified providers to serve ethnic communities, fiscal requirements were lessened for those CBOs who will not perform Medi-Cal reimbursable services. Consequently, more CBOs from ethnic communities can qualify to be on the LAC-DMH MHSA Master Agreement List. The Incubation Academy has trained 130 CBOs. A total of 30 CBOs qualified and have been added to the Master Agreement List.

Strategies to increase consumer involvement in self help, wellness and recovery

Over the past year LAC-DMH has sponsored several MHSA funded events to increase Latino consumer involvement in self-help, wellness and recovery activities. To highlight a few:

- Self-help groups
Spanish and English-speaking Self-help groups continue to run at directly operated programs and wellness centers. Some of these self-help groups have embraced the Wellness Recovery Action Plan (W.R.A.P.) as their main methodology and are run by W.R.A.P. trained consumers. Additionally, the self-help group members are visiting and utilizing materials from the Self-help Recovery Libraries as additional resources to support their journey toward wellness and recovery.
- Self-help Recovery Library Project
A total of eight Self-help Recovery Libraries have been implemented in each of the LAC-DMH service areas. The majority of the libraries are housed in Wellness Centers, where they contribute to a welcoming atmosphere for consumers and provide additional mental health, wellness and recovery resources to consumers, family members, and staff. Each Self-help Recovery Library features close to 100 English and Spanish titles, videotapes, multi-lingual mental health brochures and motivational posters.
- Leadership Training
In 2009, a total of seven Latino consumers graduated from the "Leadership Development and Capacity Building Training" at California State University, Long Beach. One of the most salient leadership projects generated by the graduates is the involvement of Latino consumers as Wellness Center Volunteers. The leadership roles of the graduates will continue to be cultivated and supported through the Latino Underrepresented Ethnic Population (UREP) Subcommittee.

The Division of Empowerment and Advocacy continues to support programs to empower the Latino community. Some examples include:

- Annual Esperanza Conference – advancing consumer self-help and recovery skills and knowledge and challenging self-stigma in a completely Spanish language conference for mental health consumers. Over 300 in attendance last year and projections for this year is over 400.

- Technical Assistance, capacity building and in-kind resources for Latino/Spanish-speaking consumer advocacy groups.
- Spanish-language NAMI Familia-a-familia trainings and support for families conducted in collaboration with Los Angeles area National Alliance on Mental Illness (NAMI) chapters.
- Anti-stigma through arts projects for Spanish-monolingual communities, including displays of art work by clients and family members have been conducted at Placita Olvera and other community settings.
- Four Community Fairs in predominantly Latino areas were conducted in partnership with Latino Behavioral Health Institute.

STRATEGIES TO INCREASE PARTICIPATION OF UNDERSERVED COMMUNITIES IN THE MHSA STAKEHOLDER PLANNING PROCESS AND FOR CAPACITY BUILDING

Underrepresented Ethnic Population (UREP) Subcommittees

One of the cornerstones of the Mental Health Services Act is to empower UREP. It aims to expand services to include culturally and linguistically competent approaches to ethnic communities that have been historically marginalized by the mental health system and to give them a voice in the stakeholder process. In its effort to increase participation from ethnic communities, LAC-DMH has formed five (5) UREP groups to represent the interests of and express the mental health service needs of their respective communities: African/African-American, American Indian, Asian Pacific Islander, Eastern-European/Middle Eastern and Latino. All UREP Subcommittees are comprised of professionals, consumers, family members, advocates and community members. Each UREP has representation on the LAC-DMH MHSA Delegates Stakeholder process and has made recommendations for Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities/Information Technology and Innovation (INN) Plans.

"Training for and Services provided by Promotores de Salud"

Each UREP group received funds for capacity-building projects. The Latino UREP Subcommittee identified access to mental health services as a priority for the Latino community. Cradled by the Latino UREP, the "Training for and Services provided by Promotores de Salud" project targets the increase in access and acquisition of mental health services by the Latino population via Promotores de Salud trained in mental health. The training will support the development and increase the capacity of Promotores de Salud to perform specialized mental health to work with the Latino communities by preparing them with the skills necessary for successful conduction of mental health

outreach to the Latino indigent population and monolingual Spanish-speaking communities. Once trained in mental health, the Promotores will be able to: 1) Conduct outreach and engagement efforts specifically targeting monolingual Spanish-speaking Latinos, who often lack information on mental health and services available in their communities; 2) Increase the enrollment of Latino families in FSP; 3) Develop/implement Spanish self-help groups for Latino individuals suitable for this level of intervention. As part of their outreach work, Promotores will address cultural misconceptions on mental health, stigma, and collaborate with FSP/FCCS/Wellness Programs in the linkage of Latinos to mental health services that are appropriate to their needs. Trained Promotores will receive supervision upon completion of their mental health training as they conduct outreach, engagement, linkage and self-help group services.

DEVELOPMENT OF CULTURALLY APPROPRIATE SERVICES TO LATINOS IN OTHER MHSA FUNDED PLANS

PEI Plan

Los Angeles County is in the process of implementing its MHSA PEI Plan, which was approved by the MHSA Oversight and Accountability Commission (OAC) on August 27, 2009. The Los Angeles County population is comprised of nearly 50% Latinos and the population is relatively younger than the county as a whole. The MHSA Stakeholders determined that 65% of the PEI funds should be for children ages from 0 to 25 years old and youths and their families. In addition, to children and youth, a PEI priority population includes groups for which there are disparities of access to mental health services, which includes the Latino population. The Department will be implementing Evidence-Based Practices (EBPs), Promising Practices, and Community-Defined Evidence (CDE) programs, the majority of which will serve the Latino population. Specific programs that are intended to serve Latino populations include:

- LIFE Program (Loving Intervention for Family Enrichment) Program, an adaptation of Parent Project, a national model which is a 22-week skills-based curriculum for parents of children at risk of or involved with the juvenile justice system and multi-family group therapy. This CDE was designed for low income Latino families with monolingual (Spanish) parents of children at high-risk of delinquency and/or school failure.
- The Mothers and Babies Course "Mamás y Bebés", a prenatal intervention program designed to prevent the onset of major depressive episodes during pregnancy and postpartum. Developed in Spanish and English, this EBP uses a cognitive-behavioral mood management framework, and incorporates social learning concepts, attachment theory, and socio-cultural issues. The goal of the

intervention is to help participants create a healthy physical, social, and psychological environment for themselves and their infants. The program is specifically designed to be culturally sensitive and linguistically appropriate for immigrant, low-income Latinas. The Mothers and Babies Course "Mamás y Bebés" has been implemented with Latina mothers at risk for depression during pregnancy and postpartum.

- Promotores de Salud Para Nuestra Tercera Edad (Health Promoters for Our Third Age or Community Health Workers for Latino Older Adults), a CDE where volunteer community members are trained in outreach and education activities specific to common physical health conditions in older Latino adults and their associated mental health conditions (e.g., diabetes and depression). Volunteers are trained to conduct basic physical health status assessments and to follow-up with participants who have evidence of chronic health conditions (including knowledge of local referrals).
- Group Cognitive Behavioral Therapy (CBT) for Major Depression, an action-oriented psychosocial therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behavior and "negative" emotions. This EBP focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state. Cultural tailoring and case management show increased effectiveness for low-income Latinos.

WET Plan

The WET Plan was approved April 8, 2009. Since then, the focus has been on developing the twenty action plans/programs that target the needs of the underserved and unserved in our Los Angeles communities, with particular emphasis on the Latino, monolingual Spanish and bilingual English/Spanish community. Given our diverse population and the significant shortages of bilingual and bicultural workforce, Los Angeles County is striving to meet this challenge. Various programs for FY 2008-09 were implemented which included training for consumers, family members, parent advocates/parent partners and individuals interested in providing direct mental health services. Outcomes indicate 26% of the individuals who participated in the trainings are bilingual English/Spanish speaking. The County of Los Angeles WET funded Stipend Program reflects the success in recruitment of bilingual English/Spanish speaking social workers (MSW) and marriage and family therapists (MFT). Forty-two (81%) of MSW stipend recipients and forty (56%) of MFT stipend recipients have been added to our public mental health workforce. Additionally, staff continues to be trained to serve as interpreters in mental health settings. WET is currently funding in Los Angeles County a series of four Interpreter Trainings which consist of three days for

individuals who interpret to an additional one-day for monolingual English speaking providers who utilize interpreters.

LAC-DMH is committed to support continuing effective efforts to reduce disparity and increase access to Latino residents in Los Angeles County in need of mental health services.

If you have any questions regarding this report, please contact me at (213) 251-6801 or via email at glee@dmh.lacounty.gov.

GL:dkh

c: Marvin J. Southard, Director
Robin Kay, Chief Deputy Director
Dennis Murata, Deputy Director

The Promotoras/Community Health Workers Network



Mission: The *Promotoras/Community Health Workers* Network is committed to community well being by supporting Promotoras and Community Health Workers as change agents

Background:

Promotoras and Community Health Workers (P/CHWs) play a critical role in promoting community-based health education and prevention, particularly in communities that have been historically underserved by the U.S. health care system. Promotoras represent a rich spectrum of characteristics that makes them the bridge between health care institutions, professional providers and community residents in need of health care services. A descriptor that captures Promotoras' natural capacity to provide "genuinely holistic health prevention is the notion of "ecological relevance" (Castro et al., 1996); *Promotoras* are indigenous to Latino immigrant communities they serve, speak the same language, are intrinsically involved in the host community, and are committed to providing "*servicio de corazón*" (heartfelt service). As a result, they are able to provide culturally sensitive service, establish trust in the community and receive feedback from communities. The Promotora/CHW spectrum includes diverse titles and roles within health and human service agencies such as peer educator, health advocate, outreach worker, block parent, community health worker, and Promotora, among others.

In times of health program cutbacks, skyrocketing healthcare costs, and increasing health disparities among the Latino population, community-based alternatives to healthcare prevention are necessary. Consequently, Promotora and CHW programs are being integrated increasingly across California and the U.S they are prominent in both rural as well as metropolitan areas. Nevertheless, they often express to feel undervalued, as one focus group Promotora/CHW noted:

"We serve as translators, counselors, educators, community mobilizers, and advocates for policy changes... We have ample experience and skills and yet we are not recognized as legitimate healthcare workers. We are often ignored and deserve to be acknowledged as an effort to lift the quality of the health care delivery system."

For this reason, through grounded theory methodology *Vision y Compromiso* integrates the Promotora/CHW perspective into its mission, vision, objectives and activities. The main goal of *Vision Y Compromiso* is to support Promotoras/CHWs to maintain the integrity and authenticity of their work.

The Promotoras/CHWs Network uses the term Promotoras to honor the high female representation in the *Promotor/a* workforce. It is also recognized that males are an important part of this labor force and both males and females are important elements to the network. The Promotoras/CHWs Network is the first statewide effort in California to respond to the support, development, communication, and legitimacy issues of CHWs and Promotoras.

**For information please contact
Maria Lemus, Executive Director
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The Promotoras/Community Health Workers Network



Mission: The *Promotoras/Community Health Workers* Network is committed to community well being by supporting Promoters and Community Health Workers as change agents

The Promotoras/Community Health Workers Network is designed to address existing problems that contribute to poor quality of health and general under or mis-use of the health care system. Vision y Compromiso, in collaboration with network partners across California and the United States and the many dedicated Promotora visionaries believe that Promotoras are a unique strategy to facilitate the provision of health services to greater number of poor, working poor and un/underinsured communities, particularly in Latino communities.

The Promotoras/CHWs Network works in a region-based community building model to:

- Reduce disparities of health among California's underserved native-born and US-born Latinos
- Strengthen the Promotora/CHW workforce
- Create culturally competent tools sensitive to underserved communities
- Promote and facilitate the replication of Promotora/CHW programs in order to maintain authenticity in their work
- Systematically document and disseminate community betterment data based on the collective analysis, experience, and perspective of California's and other state Promotoras and CHWs
- Increase the awareness of the presence, strength and vital role of the Promotora/CHW in our communities among community leaders, administrators and policy-makers.
- Increase the sense of hope and vitality in our communities by working in unity

Activities: The integration of the Promotora/CHW perspective in the following activities is essential to fulfilling *Vision Y Compromiso's* mission:

- Leadership and Capacity Building
- Advocacy/Policy Development
- Workforce Development: personal and professional
- Social Capital Building: Linkage and networking
 - Ongoing regional convening's of Promotoras/CHWs
 - Statewide stake-holder convening's
 - Annual Promotora/CHW conferences
 - Newsletter
 - Website
- Community-Based/Participatory Evaluation and Research

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Latino Coalition for a Healthy California Briefing

Reducing Mental Health Disparities in Latinos

Sergio Aguilar-Gaxiola, MD, PhD

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UC Davis School of Medicine

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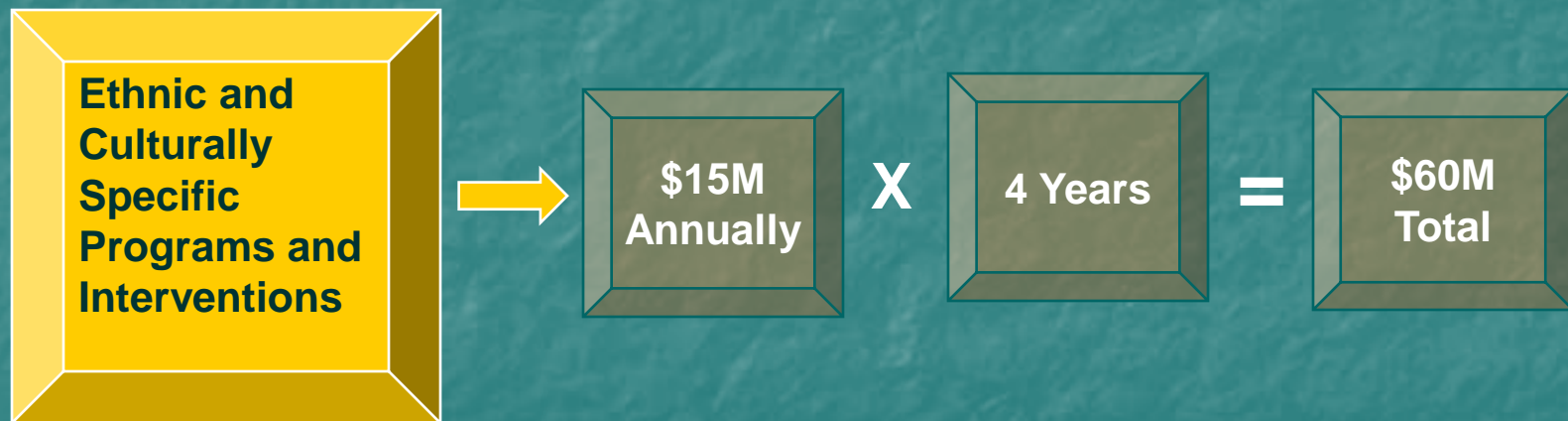
April, 2010

Background

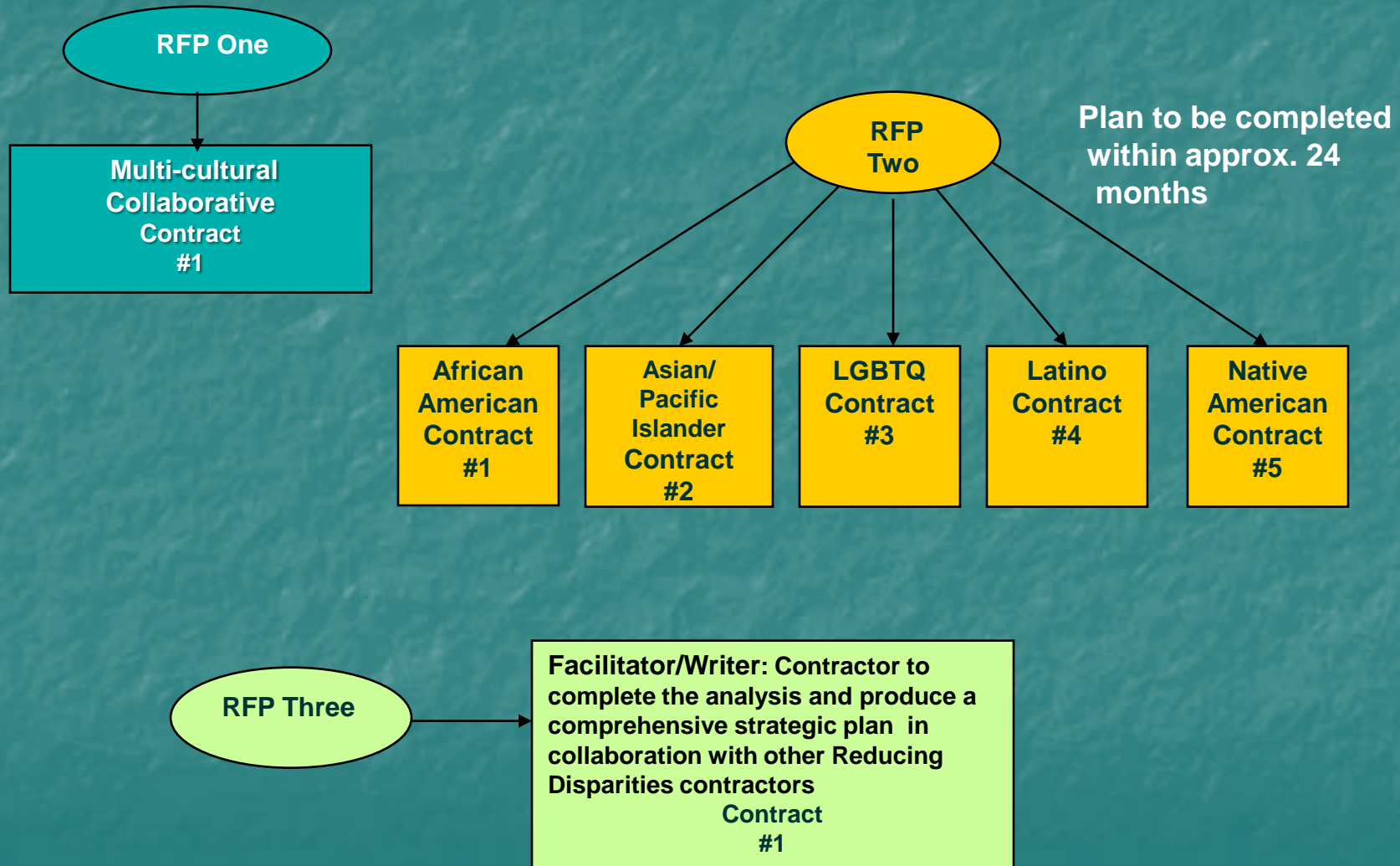
- In January 2007 (amended 9/11/07) the Mental Health Services Oversight and Accountability Commission (MHSOAC) provided the policy direction for Statewide projects including: Ethnic and Cultural Specific Programs and Interventions
- Supported Community Defined Evidence approach*
- In June 2007 the MHSOAC voted to initially focus on five racial, ethnic, cultural, groups to be included in a Statewide project for Ethnic and Cultural Specific Programs and Interventions.
 - *African Americans;*
 - *Asian/Pacific Islanders;*
 - *Latinos;*
 - *Lesbian, Gay, Bi-sexual, Transgender, Questioning youth (LGBTQ); and*
 - *Native American populations*

\$60 Million Statewide Reducing Disparities Project

- MHSOAC approved **\$60M** over four years to support a statewide project for Ethnically and Culturally Specific Programs and Interventions.

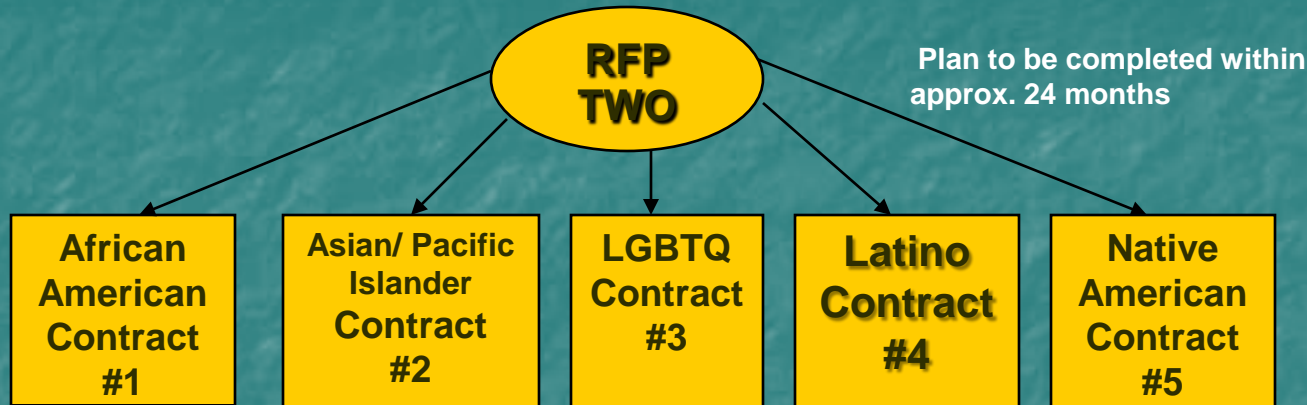


Reducing Disparities Project



Reducing Disparities Project

Major Deliverable: Statewide Comprehensive Strategic Plan



- Each contractor is tasked with contributing ethnic, racial, and cultural relevant recommendations from their respective communities towards the development of a comprehensive statewide strategic plan on how to design a \$60 million statewide project to eliminate barriers.
- The strategic plan will be inclusive of the recommendations from each of the five targeted communities and will identify community-defined promising practices, models/templates, and/or other resources/approaches helpful for county program planners, practitioners, and policy makers in designing programs to better address the needs of these communities and work towards the reduction of mental health disparities.

Reducing Disparities Project

- DMH has oversight of the development of the Strategic Plan.
- Each of the 5 Racial/ Ethnic and Cultural Communities has the lead responsibility for the development of targeted strategic plans.
- Updates will be provided to the MHSOAC, the CMHDA, CA Mental Health Planning Council and other interested parties.
- Each Racial/Ethnic Contractor will work in partnership with multiple community partners and stakeholders knowledgeable of those specific communities.

LGBTQ Mental Health Reducing Disparities Project

A Project of the LGBT Health and
Human Services Network, lead by
Equality California Institute and Mental
Health America of Northern California

LGBTQ Mental Health Reducing Disparities Project

Key Organizations:

- California LGBTQ Health and Human Services Network (The Network)
- Equality California Institute (EQCAI)
- Mental Health America of Northern California

LGBTQ Mental Health Reducing Disparities Project

Overview:

- Funded by the Mental Health Services Act (MHSA) as a state-wide Reducing Disparities Project
- Developed in collaborative process with the leadership of LGBT-specific mental health providers across the state
- 2 year community process led by EQCAI and MHA of Northern California

LGBTQ Mental Health Reducing Disparities Project

GOALS

Produce and disseminate a report of relevant and community-defined recommendations for reducing disparities and eliminating barriers in mental health systems for all underserved LGBTQ constituents.

Engage LGBTQ people as active participants in meaningful, sustainable relationships with state and county systems-of-care.

LGBTQ Mental Health Reducing Disparities Project

Why an *LGBTQ* Mental Health Disparities Project?

- The heavy psychological toll imposed by heterosexism and oppression causes many LGBTQ people to seek mental health services, yet they are often treated by practitioners who are biased, misinformed, uneducated and/or untrained.
- Comparatively little LGB research has been conducted or published, with the bulk of research focusing on HIV/AIDS.
- Studies regarding the transgender population are few, and focus primarily on male-to-female transsexuals seeking hormones and/or surgery.
- Although most attention on suicidality has focused on youth, there is also a strong relationship between same-sex attraction and suicidality in adult men and women.
- Very little research regarding LGBT individuals has focused on or acknowledged ethnic or racial issues as they relate to sexual identity development, sexual minority experiences or mental health issues.
- The limited research conducted with LGBT individuals of racial or ethnic minorities indicates they experience greater stress due to their multiple minority status.

LGBTQ Mental Health Reducing Disparities Project

Project design

Core elements mandated by the proposal

- Establish and convene a Strategic Planning Workgroup (SPW)
- Prepare and disseminate a report of recommendations for LGBTQ populations
- Contribute to the combined report of all 5 RD populations

LGBTQ Mental Health Reducing Disparities Project

Population Report will use multi-method approach to gather information about LGBTQ mental health disparities.

- Literature review
- Surveys
- Community dialogues
- Focus groups
- Key informant interviews
- Participant observation

LGBTQ Mental Health Reducing Disparities Project

Current status

- Project launch with full-time staff on May 1
- Assistant coordinator position to be hired
- SPW positions are available
- Regional meetings are being scheduled now, looking for host organizations throughout California