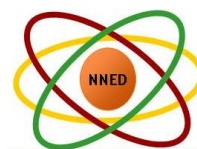


**Brief Inventory of
Culturally-based Behavioral Health Practices
for
Latinos/Hispanics
in the
United States
Submitted to
Human Resources Research Organization (HumRRO)**

**Community Defined Evidence Project (CDEP)
A Joint Initiative of
the National Latino Behavioral Health Association (NLBHA)
the National Network to Eliminate Disparities (NNED)
in association with
the Department of Child & Family Studies, Louis de la Parte Florida Mental Health
Institute at the University of South Florida**

June 30, 2009



Introduction

This brief monograph summarizes an inventory of culturally-based behavioral health practices that successfully serve Latino/Hispanic populations in the United States. The practices here summarized were investigated in-depth as part of the Community Defined Evidence Project (CDEP), which was established to identify and examine innovative practices that positively affect behavioral health services, supports, interventions, and outcomes with diverse Latino/Hispanic communities throughout the country. The Community-Defined Evidence Project (CDEP) seeks to evolve and contribute to a developing body of knowledge that takes into consideration cultural values and beliefs, including non-Western indigenous knowledge and world views to assess the results of practices and treatments for Latinos. The central goal of the CDEP is to identify and document innovative and best practices used successfully in Latino/Hispanic communities, distill the “essential elements” of these practices and develop measurement criteria that may prove useful in evaluating community defined evidence and facilitate knowledge transfer to other communities of color experiencing disparities in behavioral health.

Community Defined Evidence is defined as a set of practices that communities have used and determined to yield positive results by community consensus over time. These practices may or may not have been measured empirically, but have reached a level of acceptance within the community. Community Defined Evidence takes a number of factors into consideration, including worldview and the historical and social contexts of a given population or community, which are culturally rooted. It is not limited to clinical treatments or interventions and can therefore include practices that increase accessibility, availability, and utilization of services, as well as other organizational or service delivery practices that ultimately improve behavioral health outcomes. Community Defined Evidence can be seen as a supplement to evidence based practices (EBPs), which emphasize clinical testing of practices and do not often consider cultural appropriateness in their application.

The Community Defined Evidence Project seeks to learn from a variety of organizations nationwide using innovative, community-based practices to address behavioral health topics. CDEP sites were selected via a nomination process conducted from July through September of 2008 that identified a total of 57 organizations or programs and a subsequent screening interview process conducted with representatives from each of these. A total of 19 sites were selected for in-depth study, having provided evidence of ongoing and substantial community participation in the development and ongoing implementation and evaluation of the practices studied, as well as potential for presenting evidence in the following key areas:

1. Clear knowledge of the Latino/Hispanic population(s) being served

2. Clear articulation of a practice designed to address the behavioral health needs of the population(s) of focus
3. Evidence of practice utilization
4. Potential for demonstrating outcomes
5. Demonstrated or potential for sustainability of practice(s) and related outcomes

From March through June 2009, the Community Defined Evidence Project study team conducted interviews via site visit and telephonically to gather in-depth information related to the practices identified for each site. Interviews were completed with a total of 16 organizations; three organizations were unable to participate in the CDEP due to time or other constraints. A cross-section of stakeholders was interviewed including site personnel, community partners, consumers, and family members. Interviews were conducted by bilingual interviewers, including local consultants with knowledge of the population(s) of focus.

The summaries presented in this document compile information gathered through the interviews, as well as reviews of documents for each of the CDEP Study Sites. The profiles are organized by type of practice, as identified during Phase I of the CDEP. These include: capacity building and consciousness-raising, community outreach, increasing service accessibility, innovative engagement practices, interventions and therapies, local adaptations of Evidence Based Practices (EBPs), and organizational practices, and practices that raise public awareness about mental health. The summaries are followed by an appendix, which lists all of the documents reviewed in preparation for the data collection phase of the CDEP.

Capacity Building and Consciousness-Raising Practices

Enlace Comunitario

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Albuquerque, NM 87108
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Website: <http://www.enlacenm.org>
Executive Director: Claudia Medina

Practice: Raising consciousness among Latina survivors of domestic violence

Description of Practice: Using a training curriculum designed for Latino families that deals with the realities of the immigration experience, Enlace Comunitario works to build domestic violence victims' consciousness of their rights and potential while raising awareness of the greater impact of domestic violence in society. In clinical work with victims, individuals are considered to be political beings, and an effort is made to raise consciousness regarding women's rights, abilities, and potential. They also work to raise awareness about the impact that domestic violence has on all of society, not simply on individuals.

Populations served: women; children; youth; families; adults; elders; across lifespan

Utilization and outcome measures reported reported: consumer surveys; consumer letters and testimonials; consumer referrals/word of mouth; former consumers volunteer or work as promotoras and/or create peer support groups

History: The mission of Enlace Comunitario is to eliminate domestic violence and advance immigrant's rights within the Latino/Hispanic community. Established in 2000, Enlace Comunitario provides services and advocacy for Spanish speaking immigrant victims of domestic violence. These services, which were previously unavailable in Albuquerque, include counseling, legal services, community education, leadership development and organizing to impact system change. Enlace Comunitario's vision is to help foster a society where immigrants become a collective and transforming force.

Currently Enlace Comunitario provides direct services to approximately 600 families a year while affecting many more through its community development and outreach efforts.

Key Practice Components:

Use of former consumers as promotoras: As part of their program to assist Latina survivors of domestic violence and their families, Enlace Comunitario has developed a cadre of promotoras who have graduated from their services/program. Program graduates who demonstrate leadership skills and a desire to work with other women entering the program are trained using a curriculum that focuses on consciousness-raising with survivors of domestic violence.

Once they get back their self-esteem several of them have been identified by the staff as having leadership abilities and potential and we invite them to be part of these trainings. In these leadership trainings we raise the awareness or what we call “concientización” ...so that they can become agents of change meaning they are trained to be community educators but from a perspective of we can change the roots of the problem. We can all— if we put our two cents in, if everyone of us participated in the community— eventually we can eliminate domestic violence. So it is raising that awareness...they do presentations in Spanish in the schools, churches, community centers that spreads the message that provides information about what resources are available in this country for victims of domestic violence that also informs about our free services but goes beyond that. It invites the community to come together and find solutions to ...domestic violence AND the roots of the problems in this community.

Although many programs use the *promotor/a de salud* model of outreach, Enlace Comunitario’s use of promotoras is based on models used within low-income communities in Latin America – one that is familiar, especially, for the immigrant women who use their services. The consciousness-raising work that these promotoras do (as described by Enlace Comunitario staff) is also rooted in the Latin American tradition of empowering community members who are not aware of their general and political rights. Although there is an emphasis on addressing domestic violence, Enlace Comunitario staff report that they often work to educate women more widely regarding their civil and human rights, often with regard to immigration issues.

Interviews Completed: A total of 15 interviews were conducted via telephone with Enlace Comunitario stakeholders: staff interviews = 7; consumers/former service user interviews = 6; and community partner interviews = 2. All 15 interview respondents were adult females.

Key Search Terms: domestic violence; mental health; Latinas; promotoras

Northeastern Center

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Website: www.nec.org

Program Director: Gilberto Pérez

Practice: The Bienvenido Program

Description of Practice: The Bienvenido Program is a training curriculum that focuses on building the emotional and behavioral health of immigrant Latinos and reducing the risk of reliance on substance abuse or of mental illness due to the trauma experienced during migration and/or the experience of living in an ongoing marginalized status. Additionally, the program works to raise the awareness of Latino immigrants about mental health issues and services. The Bienvenido curriculum focuses on the following areas:

- Assisting participants in acknowledging the trauma they have experienced and their current social status to help them recognize sources associated with maladaptive behavior;
- Educating clients about mental health and enhanced quality of life introduces the potential for hope of a better standard of living;
- Using a group format for presentation of information and group discussion creates a supportive peer network;
- Awareness of behavioral risks and assets will follow increased community integration and improved social status.

Populations served: youth; adults; elders

Utilization and outcome measures reported reported: utilization rates are tracked; training fidelity checklists; (planned) functional gain assessment to be administered to participants three months and six months after program completion.

History: A nonprofit organization, the Northeastern Center provides prevention, treatment and inpatient services to people in Northeastern Indiana. In response to a large influx of Latino immigrants beginning in the 1990's, the Northeastern Center conducted a needs assessment in 2002 to gain insight into the mental health needs of the local Latino

population. The assessment revealed that local Latinos had a high incidence of depression and substance abuse and a very low usage of mental health services. A key finding was that many Latino immigrants had never felt “welcomed” to their new home in Indiana.

Gilberto Pérez of the Northeastern Center began the Bienvenido Program in 2003 as a way to help local Latinos cope with the trauma of immigration, reduce feelings of isolation, and begin the process of adjustment to a new culture. Bienvenido provides a flexible curriculum whereby a facilitator guides a group discussion that allows Latino immigrants to share experiences and learn positive coping strategies. The program has reached over 5,000 Latinos, 96% of whom are Mexican, in both rural and urban settings in northeastern Indiana. A central strategy of the Bienvenido Program is to forge strong partnerships with other organizations, as well as train and empower local facilitators so that the program can function autonomously in numerous settings.

Key Practice Components:

Implementation within the community: The Bienvenido Training Curriculum is implemented through the training of facilitators who then train participants within diverse community settings, including local churches, community centers, and community partners where immigrant, Spanish-speaking Latinos/Hispanics are receiving services. In this way, training participants do not have to travel to the Northeastern Center, a mental health clinic. Rather, they can begin to address mental health and other needs with other community residents who are experiencing similar issues. An interview respondent described the program in this way:

Bienvenido is a mental health education that goes to the community, and it's not necessarily housed in a metropolitan center. So it's at a literacy center, it's at church, it's at a health center, it's at a health coalition, it's at a factory. So that has been effective in placing the service that we offer outside of the metropolitan center. So people can feel less threatened, and they feel more comfortable with seeing that person from Northeastern Center.

As the respondent quoted above notes, reaching out to residents in need of information related to potential substance abuse issues or isolation and depressive symptoms allows residents to begin to come to terms with their mental health or substance abuse needs within their own community while ameliorating the stigma often associated with these topics within Latino/Hispanic communities. Further, the ongoing development of a “Bienvenido Facilitator Network” has allowed for continuous interaction and feedback gathering from the community.

The Bienvenido facilitator network are people we've trained in the curriculum but they're community members. And they have their job in the factory, they're graphic designers, they're physicians, they are teachers, and they're in community. And we meet with them monthly to offer more training but also

to get feedback from them. So therefore, these people are telling us, “Well, maybe you need to think about doing Bienvenido in this place. Or you need to think about revising [a section of the training program].”

Interviews Completed: A total of 30 interviews were conducted during a site visit with Northeastern Center stakeholders: staff interviews = 6; consumers/former service user interviews = 16; and community partner interviews = 8. All 30 interviews were conducted adult.

Key Search Terms: mental health; trauma; migration; depression; substance abuse; prevention; early intervention

Community Outreach Practices

ASC, Inc.

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Saint Louis, MO 63144-2735

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Fax: (314) 752-8272

Website: www.asc-cares.org

Executive Director: C. William Chignoli, M.D.

Practice: Building trust in the community through outreach

Description of Practice: As part of its efforts to help immigrant families adapt to mainstream American society, ASC conducts outreach through home visitors so as to build trust with service users, many of whom are undocumented. ASC also hosts a weekly radio show that presents discussion of important issues for the community. They provide service users with information on how to get to specific places in the city (e.g. other agencies, hospitals, etc.)

Populations served: children; youth; families; adults; elders

Utilization and outcome measures reported: progress captured during home visits; outcomes reviewed informally; monthly meetings to discuss client progress

History: ASC, Inc., founded in 1993, provides collaborative public and private sector support programs to help immigrant and refugee families integrate into American society. ASC meets the needs of the community by providing social services, medical mobile unit, mental health counseling, case management, an after school program for children 6-13, parent training academies, and adult education in a bilingual, bicultural environment. These services are provided by bilingual certified professionals throughout the community at churches, schools and school districts, hospitals, and public and private agencies.

Key Practice Components:

Increased outreach to the undocumented immigrant community: When Acción Social Comunitario began in 1993, the agency experienced high demand for mental health services from the St. Louis area's underserved Latino population, which consists of a high proportion of undocumented immigrants from Mexico and Central America. However, after 2000, intense policing and surveillance by immigration authorities drastically altered the way Latino consumers as well as funders responded to the organization. As one respondent described, fear of apprehension by authorities prevented undocumented clients from seeking needed services.

The crackdown on immigration caused people in the community to change their behaviors. People stopped coming. All of the funds disappeared.

ASC responded by taking its services directly to Latino consumers' neighborhoods, conducting programs in restaurants, supermarket basements, and even families' homes.

Clients felt safer and more comfortable receiving services within a secure, familiar environment. For example, ASC recruited volunteers from local universities to provide in-home, after-school tutoring to Spanish-speaking immigrants' children.

Here it is very difficult to bring people in. People don't come. So, the only way is to let people know [what is available]. Or, in the case of my profession, let them know we can help their children. And now, I have a program that, I have enough volunteers from different colleges, and they go to families' homes. It's a safer way, because the parents can be at home, and the tutors can be with the children, and help them with their homework.

Moreover, providing services' within clients' homes is a way of making the experience less formal, more personal, and ultimately more effective.

...the practices that tend to be less manualized and less formal and much more personal [work best]. Going – we have a practice where we'll go to where the consumer is from time to time, and that seems to work really well. Going to their home, instead of making them come to our office. That seems to really be effective.

Interviews Completed: A total of 6 interviews were conducted with ASC stakeholders: staff interviews = 2 and consumers/former service user interviews = 4. Three interviews were conducted with female adults, and three were conducted with male adults.

Key Search Terms: mental health; domestic violence; substance abuse; migrant workers; immigrants; undocumented population

Practices that Increase Service Accessibility

Chemical Abuse Services Agency, Inc. (CASA)

690 Arctic Street

Bridgeport, CT 06608

Phone: (203) 339-4112

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Program Director: José Torres

Practice: Proyecto Nueva Vida

Description of Practice: The result of a coalition between three agencies: CASA, Optimum (formerly Bridgeport Mental Health Center), and the CO-OP Center, Proyecto Nueva Vida works to reduce barriers to mental healthcare among Latinos in Bridgeport and surrounding communities. The key areas they address are: 1) provision of bilingual and bicultural services to the community; 2) creating an atmosphere of *personalismo* to build *confianza* with Latinos receiving services; 3) increasing accessibility of Latino-focused neighborhood based substance use treatment and programs; 4) development of a service system that incorporates cultural resources, including indigenous healers and treatments, the importance of family/friends/community, and addresses stigma; and 5) development of a coordinated system of care.

Proyecto Nueva Vida takes “a holistic approach” to serving the population. They have made changes to their assessment protocol to identify issues and have developed additional programs to address emerging needs and problems. The incorporation of cultural traditions in healing and recovery is especially important. Ceremonies often include families; they seek participation from the whole community and cultural leaders (caciques); and they incorporate practices such as smudging and storytelling with their service users.

Populations served: adults; families

Utilization and outcome measures reported: utilization and retention rates; success rates; recovery monitoring; admissions and successful discharges tracked;
Keywords: substance abuse; HIV/AIDS; indigenous healers/practices; prevention; mental health;

History: In response to rising heroin use and HIV among Latinos in Connecticut, the state Department of Mental Health and Addiction Services (DMHAS) established the Latino Outreach Initiative in 2001. While this program succeeded in bringing 1,619 Latinos into treatment programs in its first six months, it quickly became apparent that the existing service system was unprepared to handle the influx of Latino patients. Consequently, SAMHSA funded DMHAS to establish a culturally competent model of services that could increase both accessibility and retention rates for Latino clients. This

initiative gave birth to Proyecto Nuevo Vida in Bridgeport, a city experiencing particularly high rates of intravenous drug use and HIV. Three agencies collaborated in the project: CASA, Inc.; the Co-op Center; and Optimum.

The staff involved in Proyecto Nueva Vida is not only bilingual and bicultural, but receives training in how to provide culturally competent services. The project focuses on three areas: behavioral health and substance abuse, vocational development, and HIV/infectious disease treatment. It removes barriers to treatment by incorporating traditional healing practices, emphasizing culturally appropriate core values such as *personalismo* and *confianza*, and utilizing existing family and social networks within the Latino community. From 2001 to 2006, Proyecto Nueva Vida served more than 500 Latinos in Bridgeport and made over 1,500 contacts. Approximately 70% of service users are Puerto Rican, while the remainder reports a variety of backgrounds.

Key Practice Components:

Providing services with a Latino/Hispanic focus: Staff involved with the Proyecto Nueva Vida often noted the importance of providing culturally competent services. However when discussing cultural competence, they most often referred to the importance of infusing their services with traditions and practices familiar to their majority Puerto Rican/Hispanic Caribbean consumers.

Cultural competence is the most important thing; to bring this to the forefront and get to know each other. There are many “White” agencies that provide services for Hispanics. But this is a Hispanic program – this is not a White agency that simply provides you with a service. And I think that makes a great difference, in that sense, the large variety in the cultural aspects included in our treatments, having the family, having Areito festivals [music and dance with roots in pre-Columbian Taino ceremonies/rituals]...

Although staff respondents stressed the need to serve all consumers (despite cultural background) in a culturally competent manner, they especially emphasized the importance of highlighting the cultural traditions and achievements of their consumer population – many of whom struggle with severe substance abuse while living in extreme poverty conditions.

Flexibility of services: While flexibility is often a hallmark of non-profit organizations, CASA, Inc. staff discussed their organization’s flexibility in providing services to their consumers despite lack of funding. As one administrator noted during his interview, the effort to provide services in the face of difficult funding restrictions was seen as an obligation to give back to the local Hispanic community on the part of the organization.

Practices that Increase Service Accessibility (cont.)

For Hispanics, flexibility is the most important thing. For instance, our residential services are very expensive [for the organization]... CASA has an obligation to always keep beds open for uninsured consumers that...CASA absorbs this cost; CASA has a true commitment. [We work to provide] that possibility to always work against the obstacles to provide our services. And in the end, that is less costly...it provides an opening to increase services...CASA maintains that obligation and promise.

Interviews Completed: A total of 24 interviews were conducted with CASA, Inc. stakeholders: staff interviews = 10, consumers/former service user interviews = 7, family member interviews = 3, and community partner interviews = 4. Eleven interviews were conducted with female adults, and 13 were conducted with male adults.

Key Search Terms: substance abuse; mental health; housing; HIV/AIDS; indigenous healers/practices; prevention

ConnectFamilias

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Website: www.connectfamilias.org
Lead contact: Betty Alonso

Practice: Coordinated service delivery model that includes service providers, working closely with trained community health workers, and active community residents.

Description of Practice: The ConnectFamilias model was developed to increase access to services and change the way that services are delivered to families in Little Havana by streamlining service delivery practices through a strong partnership between providers and the community. The model includes three main components: a Service Provider Network; Community Health Workers and Natural Helpers, who are trained to connect community members to providers; and La Alianza Hispana de la Pequena Habana, a coalition of community residents focused on addressing pressing community issues using a community development model.

Populations served: Children; youth; families

Utilization and outcome measures reported: service use data; service outcomes; family and child functioning measures

History: Established in 2007 with funding from the Annie E. Casey Foundation and the Children's Trust, the ConnectFamilias collaborative is an outgrowth of the Little Havana Community Partnership which was created in 1994. ConnectFamilias is a collaborative of partners representing a wide array of stakeholders. Built on the premise that children do better when their families are strong, and families do better when they live in places that help them succeed as parents and productive citizens, ConnectFamilias is working to improve the Little Havana Community in order to have healthier children and families, and a safe and strong community. They work closely with the City of Miami, City of Miami police, various offices within Miami-Dade County, and Miami-Dade Public Schools in order to coordinate and leverage existing community resources.

ConnectFamilias promotes family and community safety by helping families in Little Havana manage their external environment, building neighbors' capacity to take on formal and informal leadership roles in their community and address the needs of children, youth and their families to improve neighborhood safety. The Service Provider Network, an integrated network of service providers and Community Health Workers/Natural Helpers, ensures families have services that work for them and are connected to formal and informal supports within their neighborhood.

Key Practice Components:

Dealing with 'respeto' among consumers: ConnectFamilias staff who participated in interviews identified “*respeto*” or respect as an important cultural construct within Latino/Hispanic populations that must be addressed in sensitive way – acknowledging that *respeto* has a different connotation depending on the party to which it is being addressed. For ConnectFamilias staff, working with families in a culturally responsive manner that acknowledges the nuances of how certain cultural constructs or characteristics are operationalized was also an important way to show consumers that the organization and its staff respects them, as well.

With Latinos, we know that there's a respect for professionals. But we also know that there is an apprehension or a fear, especially with our lower literacy families, to go and get the help “sola.” So the same thing, the respect kind of keeps them away. So by partnering [with them], both giving them – OK, we have a professional here who can help you, but we also have someone who's just like you, in the natural helper, who's here, and they're going to be that bridge, and kind of hold your hand, and doing the home visits, and doing all of that, both the professional and the natural helpers doing that, really has just torn down barriers...

The importance of the family among Latinos: ConnectFamilias services were designed to address family needs. Although they must identify a child as an initial point of contact, the development of a service plan for the entire family ensures that needs and issues affecting the identified child are addressed in a family-centered way. According to staff, this is an important aspect to working with Latino/Hispanic families.

*We work with the family, not an individual, and that was definitely the design for Latinos. Why? Because we understood the Latino family member comes with all their family and their extended family. So, we looked at it from who lives in your household and expanded the definition of family. Because traditionally, when you think of family, you think of mom, dad, and the kids. And that's your family, that's it. But the reality with Latino families is that the family may mean the sister and her kids, you and your kids, and the abuelita. And that's all in one household. So that, to that child and that family, is **the family**.*

Interviews Completed: A total of 17 interviews were conducted with ConnectFamilias stakeholders: staff interviews = 4, consumers/former service user interviews = 1, family member interviews = 5, and community partner interviews = 7. All 17 interviews were conducted with female adults.

Key Search Terms: early intervention; prevention; connection to services; family safety; system navigation

Connecticut Latino Behavioral Health System

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Website: www.ctlbhs.org
Director: Dr. Luis Añez

Practice: Formation of a regional collaborative of culturally and linguistically appropriate recovery-oriented services

Description of Practice: In order to combat increasing waiting lists for services, the Connecticut Latino Behavioral Health System was formed as a collaborative of 13 agencies in the New Haven area. The collaborative allows for sharing of resources and coordination of national recruiting processes that target bicultural, bilingual practitioners and staff.

Populations served: adults; elders

Utilization and outcome measures reported: service provision data; utilization rates; client response reports (clinicians)

History: The Connecticut Latino Behavioral Health System (CT LBHS) was created in 2007 after two years of initial planning based upon demographic trends and information that the available resources offered by local providers could no longer meet the ever expanding demand for behavioral healthcare services for the Spanish-speaking Latino community. The identified concerns among local agency leaders during the initial planning period included: 1) the difficulty of recruiting and retaining competent bilingual/bicultural staff; 2) limited training, education, and consultation opportunities to learn about the implementation of evidence-based treatment practices with monolingual Latinos; and 3) limited sources of funding that are inclusive of and available to multiple agencies. Thus, shared awareness at the local, regional and state level led to a joint effort among behavioral health providers, key personnel at the CT Department of Mental Health and Addiction Services, and CT State legislators, to develop and successfully implement systemic strategies that would ultimately reduce short-term, ineffective alternatives to care and increase the availability of long-term, responsible, and cost-effective solutions.

With funding allocated from the Connecticut State Legislature, CT LBHS expands upon an existing and longstanding relationship among its 13 member agencies. As a short term goal, this collaborative, consisting of leading bilingual and bicultural agencies, provides accessible culturally and linguistically appropriate behavioral health services for the Latina/o community. Long-term goals with regard to the transformation of the local

behavioral healthcare system include:

- Increasing the availability of bilingual and bicultural staff trained to provide clinical and rehabilitative services to Latinos.
- Promoting the utilization of evidence-based practices with a Latino population.
- Expanding community programming to serve the Latino community.
- Establishing a Council of Advisors to advocate and support systemic change.
- Providing comprehensive and continual training and education opportunities to new and existing professional staff.
- Developing an effective consultation mechanism for providers seeking information on treating their Latino clients.
- Creating a national network to recruit and retain professional Latino treatment staff.
- Conducting a comprehensive program evaluation to ensure that issues are being identified and effectively addressed.
- Replication of the CLBHS model at the state level.

Key Practice Components

The role of “confianza” in service delivery to Latino/Hispanics: CLBHS staff emphasized the importance of co-locating services and providing “one-stop shopping” in behavioral health for their Latino/Hispanic clients. However, they characterized that it was successful because they had developed trust or *confianza* with the local Latino/Hispanic population.

It’s very hard to ask our clients who come in to go out of the agency to access other services. So I think, when they come in, because of the various needs they have and the multiple needs they have, we constantly do have to refer out for different things. And being able to explain to someone that there’s a partnership, that we can vouch – and this speaks more to the value of “confianza” and trust with the population. And being able to tell them, you can go there, I spoke to so and so, and making the contact, that the client can see that there’s an active, ongoing relationship between the Hispanic Clinic, let’s say, and an outside agency, really helps in terms of that person staying in services and following through.

The importance of *confianza* is also emphasized when training staff regarding important cultural values within Latino/Hispanic communities. Staff at CLBHS reportedly works to identify consumer values prior to implementation of particular interventions.

At the trainings what we do is... educate people around the values, and what are the main values that we have found to be important when working with Latinos in early

phase of treatment. So, at the time of engagement. Let's say "confianza." And then, how would you use a motivational interviewing skill, or type of communicating, to integrate – to assess, first, if that value is important to a client—and if it is, integrate it into the treatment. And then this is something that becomes part of the regular treatment plan... So they may be asked, specifically, "How important is confianza to you?" in an open-ended question. And then we work with them on how do you reflect that, how do you summarize that, so that it can be assessed accurately enough, and then if it seems important, to integrate that into the treatment that they're doing.

Interviews Completed: A total of 14 interviews were conducted via telephone with CLBHS stakeholders: staff interviews = 4, consumers/former service user interviews = 5, family member interviews = 1, and community partner interviews = 4. All 14 interviews were conducted with adult respondents.

Key Search Terms: mental health; medical/physical health; prevention; early intervention; substance abuse

New Futures

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Website: www.newfutures.org

Executive Director: Karma Kreizenbeck

Practice: Locating services within the communities where service users reside

Description of Practice: New Futures increases access to services by locating services directly within the apartment complexes where consumers live. At its Burien site (which is mostly Latino), New Futures linked 4 apartment units within a low-income apartment complex and converted the space into classrooms, computer labs, and family meeting areas where they provide a number of different programs to address community needs. By locating within the community, the agency hopes to increase access to services and resources for very low-income residents who live there. New Futures maintains a No Wrong Door policy and a holistic approach to serving the community where there is no need for appointments and residents can approach staff for any reason. Natural helpers that are hired from within the community and understand the cultural differences within the local population make house visits and develop programs that have been suggested or requested by residents.

Populations served: children; youth; families; adults

Utilization and outcome measures reported: participation rates are tracked; low attendance rates result in program review and revision; outcomes at child, family, and community levels are collected

History: New Futures began in 1993 as an after school program in a low income high crime apartment complex. Throughout the years New Futures has added resources and supports for these children and their families to create cohesive and safe neighborhoods. New Futures partners with children and families to provide success at school, meeting urgent and basic needs of the families, and assisting in creating informal support networks.

New Futures has four sites in three apartment complexes and impact 3,500 individuals with services that include translation, advocacy with management and schools, support with basic needs like food and clothing, community-building events, outreach, increased social cohesion, and reduced crime.

Key Practice Components:

Building social support networks to help families maintain their unique culture and language: Until very recently, New Futures provided services exclusively to the residents

of the apartment complexes in which their service locations are housed. Staff reported that locating their services within a particular residential area facilitated their efforts to support immigrant families in their efforts to teach their children Spanish and Latino/Hispanic cultural traditions.

We have this unique opportunity to be in the place where [service users] live, and work to build relationships. There's not any set number of appointments they have to have with us. We do have a set of paperwork we ask them to fill out, but again we can be really flexible, if we think a family is going to be uncomfortable with that we don't have to do it right away. There's a lot of flexibility in how we work, and we really try to build genuine relationships with people. And also, we try to build social support systems among the people who are living there, so it's not just that they're having a relationship with our staff. So they have systems of support. Within that community, parents are really concerned about kids losing their culture and their language and they really want them to have literacy in Spanish, not just be orally fluent in Spanish but also literate, so they talked a lot about that with their staff. So as a result, we started an after school program... where we focus on reading and writing Spanish.

Interviews Completed: A total of 14 interviews were conducted with New Futures stakeholders: staff interviews = 5, consumers/former service user interviews = 8, family member interviews = 0 and community partner interviews = 1. All 14 interviews were with adult females.

Key Search Terms: prevention services; early intervention; social services

Innovative Engagement Practices

Sisters of Color United for Education

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Website: www.sistersofcolorunited.org

Executive Director: Belinda Garcia

Practice: Conocimiento Technique

Description of Practice: In all of their programs/interventions, Sisters of Color United for Education begin sessions with a *conocimeinto*, an art technique that allows participants to express who they are, where they come from, their family history, what is important to them, and how they feel about their current life status.

Populations served: children; youth; families; adults; women; HIV

Utilization and outcome measures reported: Formal evaluation records; retention rates; increased knowledge of HIV prevention; reported behavior changes in safe reproductive health practices; evaluation data discussed with staff to solicit feedback; volunteers always available to participate; high attendance at community events.

History: Sisters of Color United for Education (SOCUE) was established in 1991 as a nonprofit organization with the vision of advocating for health equity and improved quality of life predominantly for women of color, their families and their communities. The co-founders wanted to provide education and awareness to the community about the health issues that the community said would make their lives better. These health issues included diabetes, HIV/AIDS, STDs, substance abuse, and domestic violence. They came in with the idea of getting to know the people who were coming to Sisters for services. That is why the *conocimiento* technique was employed with everyone who comes in for services, no matter what service or treatment program one is there to receive. Because of financial resources SOCUE have only recently been able to establish roots in a permanent location within a community. Before this they rented facilities and about the time they began building relationships within the community they would have to move because their lease would run out.

Key Practice Components:

The importance of community input: SOCUE staff emphasized the importance of continually gathering feedback from their consumers in order to develop and implement programs and services that address key community needs. The emphasis on community was established early on in the organization's development and according to respondents, is still adhered to.

[We] always rely on the community to let us know. That is how Sisters started because when [staff member] came into the community she just wanted to give education awareness about HIV. And how she was doing that process was the women that were in the group with me, well we were all like, "We want to know more about this issue, domestic violence, welfare reform, and all these different topics." And how we can make some changes for ourselves? So that is what I think is really important about [her]. She listened to the community. She did not just come in and say, "Oh I am here and I am going to do this." Because you come and you learn the stuff; you get better. She gave us opportunities to learn the stuff, and then we decided what else we wanted to make our lives better. That is how Sisters continues to this day.

As the above quote illustrates, SOCUE staff often identify closely with their consumers, as members of one community working together to initiate positive change.

Interviews Completed: A total of 11 interviews were conducted with Sisters of Color United for Education stakeholders: staff interviews = 5, consumers/former service user interviews = 4, family member interviews = 0, and community partner interviews=2. Nine interviews were conducted with adult females, and two were conducted with adult males.

Key Search Terms: mental health; prevention services; substance abuse; social services; indigenous healers/practices

Interventions and Treatments

Hoy Recovery Program
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Española, NM 87532
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Website: www.hoyrecovery.org
Executive Director: Ben Tafoya

Practice: Incorporating Cultural Healers and Agriculture in Substance Abuse Recovery

Description of Practice: Hoy Recovery works to incorporate traditional cultural healing practices in the treatment of substance abuse. Two of the key ways that they do this are through inclusion of cultural healers and their Agricultural Project. Traditional healers, or *curanderos*, work closely with Hoy Recovery treatment programs. Through a partnership with the University of New Mexico and the Universidad Nacional Autonoma de Mexico in Cuernavaca, Hoy Recovery hosts renowned *curanderos* from Cuernavaca. The *curanderos* partner with agency staff in providing services; traditional healing rituals form an important component of the treatment process. The *curanderos* also participate in Hoy Recovery's annual *Feria de Salud*, or Health Fair. At this event, which is open to the public, *curanderos* provide their services to members of the larger community.

The Agriculture Project treats chemically dependent service users by emphasizing and reinforcing their relationship with the land, an important component of traditional Hispanic culture in the region. The project involves providing physical work producing local crops to help those with chemical dependency issues diminish craving for controlled substances. The program participants work to grow and produce food in the program garden that is then used for residential programs and/or sold at local farmer's markets to generate continued program funding. The project originated from a desire to draw upon the history of the state as an important agricultural center, and to emphasize the connection between nature and healing, as illustrated by natural planting cycles.

Populations served: adults; elders

Utilization and outcome measures reported: satisfaction surveys; completion rates; continued participant involvement following graduation; follow-up at 90 days

History:

With an initial budget of \$50,000, a group of recovering alcoholics established the Hoy Recovery Program in 1974 to provide quality services to people in Northern New Mexico suffering from alcoholism, substance abuse and addictions. Hoy Recovery places an emphasis on serving a diverse client base and providing services to the working poor. The organization works from a central premise that culture strengthens people: "*la*

cultura cura.” Approximately 85% of its service population is Hispanic, and 80% of these come from the local Hispanic population of New Mexico.

Hoy Recovery has developed innovative approaches grounded in the cultural traditions of the local Hispanic population. For example, Hoy Recovery works closely with Hispanic *curanderos* and traditional healers when providing treatment, and incorporates traditional healing practices such as the *temazcal*, a type of sweat lodge used by the Aztecs. In addition, the Agriculture Project recognizes the importance of self-sufficiency and ties to the land among the local Hispanic population. As part of their treatment program, service users participate in growing traditional crops such as red chile and local varieties of corn on 18 acres of land surrounding a ceremonial center, or *santuario*. This provides the therapeutic benefit of working the land while helping service users see themselves as productive, capable people. The crops supply food to Hoy Recovery, and the excess is sold at local farmers’ markets.

Key Practice Components:

Addressing Historical Trauma by Reaffirming Cultural Traditions:

The Hoy Recovery Program recognizes that many of its Hispanic clients have suffered trauma from historically rooted processes such as political and social marginalization, degradation of cultural institutions and loss of land security. Such processes have in part contributed to loss of self-esteem and recurrence to substance abuse. Consequently, as one interview respondent notes, the organization makes a conscious effort to address historical trauma when providing services to Hispanic consumers.

There has to be a discussion on the history – the colonization process, the oppression of minorities... How are you going to improve the situation when oppression is an issue that has never been dealt with? You see it in Native American communities, you see it in black communities because of slavery, with Native and Hispanics it’s the colonization issue, the loss of land grants.

Affirming Hispanic consumers’ traditional values helps strengthen their self-esteem and provides a positive way to cope with historical trauma. According to one respondent,

I was raised here, and a lot of it had to do with respect for culture. And my feeling is that if we strengthen the culture, we strengthen the people. La cultura cura.

Achieving Recovery and Spiritual Growth through Cultural Traditions:

Hoy Recovery emphasizes traditional values through its’ Agriculture Project, which makes working the soil and growing crops a central part of treatment. The agency has found that encouraging consumers’ relationship with the land helps foster the spiritual growth important to recovery efforts.

Because most Hispanics come from an agrarian type of society, we felt this would be a positive move as far as their therapy. One of the things that, Northern New

Mexico and even Mexicans is the ability to work the land and see things grow is very therapeutic. The other hypothesis we have is that we're building a garden in the sense of a wheel – circle, because as human beings we tend to think that food is energy for our body. But there [are] realities and beliefs that by being within where food grows is energy for the spiritual part of you. So if we focus, what we call our Centro de Salud, where they have activities and are involved in being close to the energy of food growing, from a spiritual aspect, it's more beneficial.

A key component of the Agriculture Project is creating a space for consumers which reaffirms their spiritual and cultural identity.

Interviews Completed: A total of 14 interviews were conducted with Hoy Recovery Program stakeholders: staff interviews = 6, consumers/former service user interviews = 7, and community partner interviews = 1. Seven interviews were conducted with adult females, and seven were conducted with adult males.

Key Search Terms: substance abuse; mental health; HIV/AIDS; indigenous healers/practices; agriculture

Instituto Familiar de la Raza

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Website: <http://www.ifrsf.org/>
Executive Director: Estela R. Garcia, DMH

Practice: Therapeutic Drumming Program

Description of Practice: The Therapeutic Drumming Program utilizes music, prayer, chanting, traditional religion and health beliefs, and Western medicine, emphasizing culture as a central part of the healing process for the community they serve. Drumming Circles are held to bring people together to address their needs— especially violence and anger —and to bring about healing through drumming. Such ceremonies, referred to as circles or *círculos*, can include as few as 15 individuals to up to 200 participants, all of whom are involved in playing. Specific movements, chants, and songs that are thought to assist in the healing process are incorporated in the *círculos*.

Populations served: youth; at-risk youth; juvenile offenders; victims of crime; males.

Utilization and outcome measures reported: Pre-post tests; community response

History:

In 1978, a Latino Mental Health Task Force determined that only 6.9% of San Francisco's then 130,000-strong Latino population made use of mental health services. In response, Instituto Familiar de la Raza (IFR) began in 1980, with the goal of providing a mental health center that would reflect the cultural and spiritual values of native-born and immigrant Latinos, as well as other people of diverse cultures. Currently, IFR conducts activities in three main areas: education and prevention; direct client services; and research, training and needs assessment. In the late 1990's, IFR moved into a building in the Mission District. Currently, the agency employs 60 multicultural and multilingual staff from various disciplines and provides service to over 4,000 children, youth and adults through several programs.

Reaffirming the cultural identity of its Latino/Hispanic service users and strengthening the local Latino/Hispanic community is a key priority for IFR, which incorporates indigenous knowledge into many of its programs. For example, the Therapeutic Drumming Program uses traditional drum rhythms from Africa and the Americas to help Latino youth manage stress and to provide communities with a means of coping with incidences of violence. In providing services, IFR seeks to eliminate cultural barriers to access while recognizing the special needs of Latino/Hispanic consumers suffering from immigration trauma, culture shock, poverty and violence.

Key Program Components:

Incorporating indigenous traditions in their services: Staff at the Instituto Familiar de la Raza emphasized the importance that indigenous knowledge and traditions plays in the vision and mission of the agency. Respondents reported that most of their services focus on incorporating traditional ceremonies and practices explicitly. However, they also reported embracing change (and used the development of the therapeutic drumming program as an example in this regard), especially with regard to culture and community.

We try to convey our respect for tradition, our respect for innovation. Tradition and innovation to us are the same, they are the dialecticals. So we're not that place that says... never question tradition ...When we look at the history of our people, we're a people who had to migrate a lot, we are a people of migration, of Diaspora, and we have had to "acomodar" and we have had to really deal a lot with [deshubicación], the displacement of groups, of our "gente." Whether you look in North America, South America, or el Caribe, we have those common shared histories of people that have the shared history of being colonized which we can share with many people across the world. But also a very shared history of really, resiliency, culturally because after so many centuries...you still have this rich "cultura" and it's manifested for some people very clearly through language, when they speak Spanish they just feel connected. But it's even beyond language; It's really about our identity as a people and how we see our core values around "familia", around community, around how we relate to each other... and our natural tendency towards group identity and "familismo" and these are things that are prevailing...they have been written enough for us to say yes this is our truth and we don't apologize for it, this is who we are, this is what we believe... We talk about holding onto, remembering, reclaiming things that are the healthy practices of our families and our traditions and our culture and moving forward and innovating, but not imitating, not emulating something that is not natural to us...(Here, the respondent uses an example of fostering early independence in Latino/Hispanic children.)

Interviews Completed: A total of 15 interviews were conducted with IFR Program stakeholders: staff interviews = 7, consumers/former service user interviews = 6, and community partner interviews = 2. Seven interviews were conducted with adult females, six interviews were conducted with adult males, and two interviews were conducted with male youth.

Key Search Terms: violence prevention; anger management, crime/delinquency reduction, gang intervention; mental health; indigenous healers/practices

Local Adaptations of Evidence Based Practices

El Valor

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Website: <http://www.elvalor.org/>

Executive Director: Dr. Vincent A. Allocco

Practice: Enseñando a Nuestros Niños a Pensar Training.

Description of Practice: El Valor adapted the Spanish-language version of the I Can Problem Solve interpersonal cognitive problem-solving program, which focuses on developing child and family interpersonal skills and preventing aggressive behaviors. They have adapted the Enseñando a Nuestros Niños a Pensar program to address the specific needs and topics of interest of their local families, including additional modules for parents that address child development, acculturation, and interacting with the school system more effectively.

Populations served: children; families

Utilization and outcome measures reported: pre-post tests; narrative feedback; anecdotal evidence of improved child behaviors

History: El Valor, a non-profit community-based organization, was founded in 1973 by a mother with a special needs child. Her dream of a bicultural and bilingual rehabilitation center began in the basement of a community church. El Valor, which means courage, has grown into a multicultural, multipurpose organization that reaches thousands of families locally and throughout the nation.

El Valor strives to not only enrich but also empower people with disabilities and the underserved. They endeavor to be a model for inclusion of people with disabilities and to become a leading organization developing Hispanic leadership.

Key Practice Components:

Communicating the value of a practice in a way that has cultural resonance for consumers: When discussing the adaptation of the I Can Problem Solve EBP, staff at El Valor highlighted the importance of presenting the program in a way that was culturally relevant for families, while maintaining fidelity to the program itself.

We've been able to adapt how we present our message to them ... So we've been able to present it in a way that parents say, "Wow, this is something that can really change my life, and change the way I raise my children, and I wish

Local Adaptations of Evidence Based Practices (cont.)

I would have known this earlier, or I wish my parents would have known this with me.” We can’t change the actual curriculum book, but we’re able to present it in a way that they recognize the importance, even though it may be for them, and often is an internal struggle from the way they were raised by their parents.

Interviews Completed: A total of 16 interviews were conducted via telephone with El Valor stakeholders: staff interviews = 6, consumers/former service user interviews = 8, and community partner interviews = 2. Fifteen interviews were conducted with adult females and one was conducted with an adult male.

Key Search Terms: prevention; early intervention; parent education

Family Service of El Paso

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Website: www.familyserviceofelpaso.com
Executive Director: Richard Salcido

Practice: Adaptation of Cognitive Behavioral Therapy for the local Hispanic population.

Description of Practice: Family Service is currently implementing an adaptation of Cognitive Behavioral Therapy for adult patients with depression and anxiety. Funded through an initiative by the Hogg Foundation, they have reported that their adapted CBT to be particularly effective for their Hispanic clients, many of whom are first-generation Mexicans. They have also begun to use their adaptation of CBT, which is offered in Spanish (as well as in English) and is described as taking into account cultural values and nuances within the community, with individuals who have suffered trauma and couples in need of marital counseling.

Populations served: children (4 to 17); youth; adults; elders

Utilization and outcome measures reported: utilization/retention rates are tracked; continuous administration of PHQ9 and OASIS scales; treatment questionnaires; satisfaction surveys.

History: Family Service of El Paso traces its roots to the Ladies' Benevolent Association, founded in 1893. For over a century, the organization has worked to improve the quality of individual, family and community life in the El Paso area. In 1963, it became affiliated with Family Service of America, changed its name to Family Service of El Paso (FSEP), and shifted its emphasis to counseling. In addition to individual and group therapy, FSEP administers a Teen Parent program through the local school system. The organization's goal is to provide services to everyone in El Paso, regardless of ability to pay. Currently, 85% of its service users are Latino, which is even slightly higher than the proportion of Latinos in El Paso's general population. Through innovative strategies, FSEP has doubled its capacity to meet the needs of underserved populations. In 2002, the agency served 1,000 clients, while in 2008, it served 2,000.

FSEP aims to provide services that reflect the needs of its Latino service users. Therapists use a version of Cognitive Behavioral Therapy translated into Spanish and adapted to the values of the local Latino population. Moreover, FSEP began offering more treatment for post traumatic stress in response to a wave of violence in neighboring Juarez, Mexico. FSEP even relocated to a new building to be closer to areas where Latino clients lived, and expanded its operating hours to allow greater access to working service users.

Key Practice Components:

Provision of culturally-specific clinicians: A number of (staff) respondents at Family Service of El Paso felt that an important part of successfully implementing a practice, and specifically, in this case, cognitive behavioral therapy (CBT) is to ensure that clinicians are as closely matched with consumers beyond culture. Respondents reported that other categories such as gender, age, and particularly, acculturation were also considered to be extremely important.

We have a percentage of families that are recent immigrants or are 1st generation here. And so to better serve them we have recruited and hired therapists that we born and raised and trained in Mexico. And I've got right now on full time staff. I've got 2 therapists that were born, raised and trained in Mexico. We have therapists of Mexican descent that are more acculturated that have been here for 2, 3, or 4 generations. And a higher percentage of our population is that, the more acculturated population. And so our sensitivity to acculturation makes us more effective in working with this population.

Key Search Terms: mental health treatment, depression, anxiety, trauma

Interviews Completed: A total of 16 interviews were conducted via telephone with Family Service of El Paso stakeholders: staff interviews = 6, consumers/former service user interviews = 8, and community partner interviews = 2. Fifteen interviews were conducted with adult females and one was conducted with an adult male.

La Familia Guidance Center

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Website: www.lafamiliaguidance.org
Executive Director: Roberto Aviña

Practice: Using family pláticas with Functional Family Therapy (FFT)

Description of Practice: The La Familia Guidance Center uses Functional Family Therapy (FFT) with their Latino families in conjunction with monthly family *pláticas* to discuss progress. They have adapted the way to conduct reframing during therapy sessions and to make sessions more of a discussion with the patient. They work to build relationships with the entire family in order to involve them as a meaningful part of recovery. The *pláticas* are often facilitated by community health workers.

Populations served: children; youth; families; adults

Utilization and outcome measures reported: consumer feedback; satisfaction surveys; utilization and retention rates recorded; treatment progress reviewed regularly

Key Practice Components:

Building rapport with consumers: According to La Familia Guidance personnel who were interviewed, the incorporation of family “pláticas” or talks has facilitated learning on the part of staff related to cultural values and characteristics that may differ by country of origin.

Our method is to meet the families where they're at. We're not here to tell them what they should or should not believe in. We're here to meet them where their frame of mind is at, such as for acculturation. .. Finding a way to work with their culture. We're not here to tell you to forget your culture, or anything like that. .. There's lots of countries in Latin America and obviously I don't know every single value or custom in each country. But part of our job is to learn more about it. I'm from Puerto Rico but part of the things that I've had to do is learn more about the Mexican culture. The families that I have, I ask them to explain to me. When you say, this is how we do things back home, explain to me what you mean. Teach me.

Interviews Completed: A total of 10 interviews were conducted via telephone with La Familia stakeholders: staff interviews = 5, family member interviews = 3, and community partner interviews = 2. Eight interviews were conducted with adult females, and two were conducted with adult males.

Key Search Terms: mental health; prevention services; early intervention;

Organizational Practices

Comunilife, Inc.

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Website: www.comunilife.org

President & CEO: Dr. Rosa Gil

Practice: Multicultural Relational Approach for Diverse Populations

Description of Practice: The Multicultural Relational Approach for Diverse Populations is a comprehensive approach that Comunilife has used to inform the ongoing development of their organizational infrastructure, service delivery practices, development and implementation of programs, and interactions with local communities in order to provide more targeted and cultural relevant programs for its local Hispanic/Latino populations.

The Multicultural Relational Approach for Diverse Populations was developed in 2005 following a directive from the Comunilife Board of Directors to identify an all-encompassing approach to better serve their diverse populations of focus. This approach includes participation from all levels of Comunilife, including the Board, administration, service delivery personnel, paraprofessionals and volunteers, as well as ongoing needs assessments with various service use populations and a formal quality improvement program.

Populations served: Children; youth; adults; elders; Latina teens

Utilization and outcome measures reported: quantitative and qualitative evaluation data, including focus groups; quality improvement program is used to measure implementation of model.

History: Comunilife was founded in 1989 by current President Dr. Rosa Gil and Alfredo Arango and initially focused on training foreign nurses and doctors, helping women obtain their GED degree, and providing mental health services. Its current vision centers on expanding access to housing, health, behavioral health, and social services to underserved populations in New York City, including the homeless and people living with HIV/AIDS, mental illness or addictive disorders. In 1993, the National Coalition of Hispanic Health and Human Services selected Comunilife to train health care professionals on how to provide culturally appropriate service to Latinos. Since then, Comunilife has also collaborated with Dartmouth, Fordham and the University of Rochester in programs designed to raise awareness of how to serve diverse populations.

In 2003, Communilife implemented the Multicultural Policy and Plan. An important component of this is Communilife's Multicultural Relational Approach for Diverse Populations. This model helps staff assess each individual service user's culturally defined values and explanatory models, while integrating components of social networks theory, so as to form an effective basis for treatment and service provision.

Communilife works closely with local Latino populations. Over half of Communilife's clients are Latino/Hispanic, with limited proficiency in English. Of these, approximately 70% are Puerto Rican, 20% Dominican, and 10% Mexican. The organization has developed several programs focusing on Latinos. To address the higher than average suicide rate among Latina adolescents in the New York City area, Communilife performed marketing research and developed the Life is Precious program and Proyecto Vida in 2008. Life is Precious utilizes the Multicultural Relational Approach model and offers mental health support services to Latina teens. Proyecto Vida is a Latina-focused teen suicide prevention program. In addition, Communilife has created a Dominos and Tertulias Club with the aim of reinforcing social support networks and reducing stress among Latino/Hispanic parents.

Key Practice Components:

Staff training: In discussing the ongoing implementation of the Multicultural Relational Approach, which is used within the agency to develop cultural sensitivity in service delivery, respondents emphasized the importance of addressing culture in a more dynamic way. According to respondents, individual staff members of a specific cultural background should not consider themselves multicultural "experts" simply because of their life experiences.

...This has been a very, very challenging thing to do...when we began to teach here....the staff who was Latino was the most resistant, they sat in this room with me and...saying I know, why are you, what do you think you are bringing me any type of thinking and then the African American staff look at me saying, but um wait a minute, we were born here, the patients are born here ...and the Anglo of course had...I would say to you that the Anglo was more receptive, but the idea was to challenge those staff to go back and to think about this inner circle and to tear down the walls of ethnocentrism and racism and to begin to think what is the role [of culture] in [the] life of my patient, the community, the Latino community play in their life....we have to teach staff how to ask questions...

Staff respondents indicated that the approach requires them to delve more deeply into an individual's mindset and understand them within the context of their families and communities and how these connections affect their needs/illness and their recovery.

Interviews Completed: A total of 23 interviews were conducted during a site visit with Comunilife stakeholders: staff interviews = 8, consumer interviews = 8, family member interviews = 1, and community partner interviews = 5. Fourteen interviews were conducted with adult females, six interviews were conducted with female youth, and two were conducted with adult males.

Key Search Terms: mental health; HIV/AIDS; suicide prevention;

Raising Public Awareness about Mental Health

National Resource Center for Hispanic Mental Health

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Executive Director: Dr. Debra Wentz

Practice: National anti-stigma campaign for Latinos

Description of Practice: Media campaigns are used to raise awareness and reduce stigma regarding mental health issues by utilizing media channels, such as *telenovelas*, which appeal to Latino/Hispanic populations and present behavioral health issues in a culturally appropriate manner.

Populations served: children; youth; families; adults; elders; across lifespan

Utilization and outcome measures reported: service request measures before and after campaign.

History: The National Resource Center for Hispanic Mental Health (NRCHMH), a private non-profit organization, was established in October of 2006 as an offshoot of the New Jersey Association of Mental Health Agencies. NRCHMH was created as a national entity in order to more effectively address the disparities facing Hispanics in need of mental health care. It is dedicated to promoting quality mental health services through policy development initiatives, training, technical assistance, research, data collection, best practice development, and anti-stigma and anti-discrimination campaigns.

Key Practice Components:

Gathering feedback from the community: NRCHMH respondents emphasized the importance of incorporating feedback from community members gathered during focus groups and through a project advisory group in their media campaigns. This feedback was then used to develop an innovative way of presenting the issue of mental illness for Latino/Hispanic communities.

Specifically getting input from the Latino population to hear from them versus just trying to get some celebrity to come out and say blah, blah blah. We put it inside a “novela,” which is a soap opera...Again when a mother comes home from food shopping, the kid is locked up in the home. It goes back to the kid and ...[he] is like, “Oh nothing is going on. Well I feel empty my head hurts. My body hurts...”

Practices that Raise Public Awareness (cont.)

A lot of ...Latinos talk about somatic complaints vs. they're depressed vs. they are anxious. They just talk about physically everything else hurting. And then the mother says, "Why is he always in his room? Maybe he is sick? And then she says what is this and in the food shopping bag there is a brochure that says depression...And then it's spelled out loss of appetite, decreased sleep, and ...all this other stuff.

So...they felt we should have instead of just having one person talk that's behind a desk that we should do a little soap opera. A vignette of what happened to a lot of them experiencing either their loved one being always locked up in the house always complaining about physical complaints and the parent not understanding what was going on and having this perception of that someone gave him the "evil eye" or they were doing alcohol and drugs. So it was tailored to Spanish to take the perspective of both Latino clients and Latino family members – everything – the whole concept from start to finish they were involved in the development of it.

The *telenovela* format is one that is very familiar to Spanish-speaking viewers of Spanish-language television channels.

Interviews Completed: A total of 7 interviews were conducted with National Resource Center for Hispanic Mental Health stakeholders: staff interviews = 4, consumers/former service user interviews = 2, and community partner interviews = 1. Four interviews were conducted with adult females, and three were conducted with adult males.

Keywords: mental health; anti-stigma; public education; advocacy

Latin American Women's Club

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Website: www.lawcusa.org
President: Nora Hernandez

Practice: Raising awareness of mental health among local Latinas

Description of Practice: Using workshops and educational tools created specifically for Latinas/Hispanas, the Latin American Women's Club (LAWC) aims to raise awareness in the local Latino population and reduce the stigma often associated with behavioral health issues.

Under the umbrella of the North Carolina Mental Health Association, the LAWC works to reduce mental health disparities among Latinas by promoting information and education about mental health and available services. To achieve this, they offer women's workshops (*Talleres de Mujeres*) that use the "*Fuego y Hielo Entre Las Latinas*" guide about mental illness and domestic violence. LAWC has also produced educational brochures and a CD series

Populations served: children; youth; families; adults; elders; across lifespan

Utilization and outcome measures reported: service request measures before and after campaign.

History: Founded in 1999, the Latin American Women's Club (LAWC) is a non-profit volunteer organization that promotes the "emotional, physical, intellectual, economic and social development" of Latinas in North Carolina, the state with the fastest-growing Latino population in the United States. The club builds self-esteem and helps create social support networks through its *Talleres de Mujeres*, monthly workshops held in different parts of the state. Its aim is to reduce disparities, make Latinas more aware of services, and provide information in a manner the community finds appropriate and acceptable. The service population tends to be young and recently arrived in the United States.

Through the workshops, as well as through media, brochures and educational CD's, the LAWC raises local Latinas' awareness of mental health topics. The LAWC hosts a monthly Spanish radio show which discusses topics relevant to the daily lives of Latino listeners, and contributes a monthly article to the local Spanish newspapers. Additionally, on an annual basis the LAWC organizes an annual Latin American Women's Conference and a fashion show which emphasizes emotional beauty and personal development.

Key Practice Components:

Addressing needs as they arise: According to staff responses, because LAWC is one of the only organizations in the Raleigh area that addresses the behavioral health needs of Latina women, they receive a number of calls and requests for information and referrals. Staff respondents noted that it is of utmost importance to try and address these needs when they arise and not simply stick to their schedule of workshops or other planned meetings.

Give each person the time and attention she needs, not just when we get together. Because when someone needs help, they can't wait until the workshop on Saturday comes around. They need help at that moment ...I think that's one of the areas where we've succeeded the most, apart from the information and the workshops, is keeping our ears open to the people who call and say "What can I do, this and this and this happened to me?" "No, look, hold on, I'll get you help here, or I'll call here, or we'll meet and I'll take you to such and such a place."

Interviews Completed: A total of 15 interviews were conducted via telephone with LAWC stakeholders: staff interviews = 8, consumers/former service user interviews = 5, and community partner interviews = 2. Twelve interviews were conducted with adult females, and three were conducted with adult males.

Key Search Terms: mental health; anti-stigma; public education; advocacy

Appendix
List of Documents Reviewed
CDEP Study Sites

The Northeastern Center – Bienvenido Program

- *2004 Bienvenido: Pathfinders support Gilberto Pérez's acculturation curriculum. Waterford Mennonite Church Buzz, April 18.*

Mennonite Sunday school class offers support to the Bienvenido Program.
General background on immigration issues and Bienvenido.

- *Buttgen, Bob. 2002 Survey targets mental health needs of Hispanics. News Sun, December 10.*

Gilberto Pérez describes the results of a survey of 149 Hispanic residents of Ligonier, IN which identified that available mental health services are underutilized. Pérez describes barriers to services for Latinos, such as a lack of Spanish-speaking professionals and a lack of coordination among providers.

- *Casillas, Juliana. 2003 Class helps area Hispanics adjust. News Sun, N.d.*

General overview of the Bienvenido program in its early stages. Gilberto Pérez talks about issues affecting recent immigrants, such as culture shock, and how the Bienvenido Program helps them feel less isolated.

- 2004 Programa beneficiará a más personas Hispanas. KPCNews.com, May 10.*

Article about training of facilitators so that Bienvenido classes could be held outside of Ligonier for the first time. The new facilitators would provide Bienvenido in Elkhart, Goshen and other nearby towns.

- 2006 Inician diálogos comunitarios. El Rincón Latino, September 13.*

In response to the murder of an area Hispanic youth, Gilberto Pérez organized a community dialogue with various stakeholders from Goshen and Ligonier to discuss how to improve relations between Hispanic immigrants and other area residents.

- 2006 Cumbre educa sobre la salud latina. El Rincón Latino, November 15.*

Describes a conference organized by the Northeastern Center and other area organizations, "Building Sustainable Health Initiatives in the Latino Community." Discusses some of the disparities experienced by immigrants in the area of mental health.

- 2003 En colaboración con la UNAM agencias de salud locales posiblemente recibirán talleres sobre la salud mental. El Rincón Latino, December 1.*

Gilberto Pérez of Bienvenido met with other Hispanic mental health professionals and psychology faculty from the Universidad Nacional Autónoma de Mexico in a conference in Chicago to discuss issues and programs for recent Mexican immigrants to the Midwest.

--2007 *Estudiantes se gradúan de Bienvenido. El Rincón Latino, May 9.*

Students from the Noble County school system celebrated graduating from the Bienvenido Program.

• *Hartker, Dennis. 2002 Bilingual therapist building mental health services network. News Sun, March 26.*

This article discusses the growing Latino population in Elkhart County and efforts by Gilberto Pérez to conduct outreach. Provides background on the local Latino population and why area services might be unprepared to address their mental health needs.

• *La Coalición Hispano/Latino de Salud del Condado de Elkhart. 2008 Boletín de Noticias. Summer, Fall.*

Newsletter of the Hispanic Coalition of Elkhart County, a Bienvenido community partner.

• *Northeastern Center's Bienvenido Program. May, 2008 Quarterly Newsletter.*

Newsletter with updates on Bienvenido conferences and trainings in different parts of the state, as well as general news about the program.

--*Spring, 2007 Newsletter.*

Updates on facilitator trainings in Elkhart and Indianapolis.

--*Fall, 2007 Newsletter.*

Talks about the Annual Latino Behavioral Health Summit and recognition for Bienvenido from Governor Daniels. Bienvenido also received the Clarian Health Award for Excellence in Hispanic/Latino Health Care.

• *Northeastern Center. Report to the Community, 2006, 2007, 2008.*

Outlines programs and revenues of the Northeastern Center. Contains Continuous Quality Improvement Data collected during the year.

--*2005 Inaugural Latino Behavioral Health Summit.*

Program from the Summit: “Building Sustainable Behavioral Health Initiatives in the Latino Community.”

--2006 Latino Behavioral Health Summit.

Program from the Summit: “Building Sustainable Behavioral Health Initiatives in the Latino Community.”

- Pérez, Gilberto. 2005 *Helping Latino Immigrant Students Adjust: The Bienvenido Program*. NASW, *School Social Work Specialty Practice Newsletter*, Summer.

Discusses the difficulties immigrant youth might face in adjusting to local schools. Describes how Bienvenido was implemented at a local high school with students in the ESL program.

- Vandennack, Tim. 2008 *Never-ending transition: Immigrants face culture shock, a new language, homesickness and hostility*. *The Elkhart Truth*, March 30.

General discussion of issues facing Mexican immigrants to the area. Contains an interview with one of the Bienvenido facilitators.

Enlace Comunitario

- *Enlace Comunitario, Newsletter 2007-2009*.

Bilingual quarterly newsletter containing news about different Enlace programs, including children’s and young men’s programs. Contains information about domestic violence and answers to questions from women suffering from abuse.

ASC, Inc.

- Hamilton, Keegan. 2009 *The Good Doctor: William Chignoli, who spent the last decade constructing a safety net for local Hispanics, recently turned 70. But he’s far from retiring*. *Riverfront Times*, April 1.

Background on Dr. Chignoli, ASC Director. Describes the development of ASC and some of its collaborations with other non-profits and state agencies. Chignoli as well as ASC staff member Cecilia Soibel were interviewed for the article.

CASA, Inc. – Proyecto Nueva Vida

- *Andrés-Hyman, Raquel with Jose Ortiz, Manuel Paris, Luis Añez and Larry Davidson. Guidelines for Addressing the Behavioral Health Needs of People of Latino/Latina Origin.*

The current literature lacks a comprehensive set of guidelines for working with Latinos/Latinas that provides a detailed overview of cultural values, enumerates cognitive and behavioral implications of specific beliefs, and offers discrete treatment recommendations that follow from these beliefs. While not exhaustive, the purpose of the guidelines presented here is to provide programs and providers with a jumping off point in their journey toward greater cultural competence. One of the authors, Jose Ortiz, is from Proyecto Nueva Vida.

- *Torres, Keila. 2009 Drug treatment program for Latinos wins national recognition. Connecticut Post, June 8.*

Article about CDEP and Proyecto Nueva Vida; includes interviews with program participants.

- *Untitled manuscript.*

Report on the background, organization and implementation of Proyecto Nueva Vida, including results from the first five years. Contains tables of data from outcome evaluations.

Connect Familias

- *Connect Familias. Mid-Year Report: 4/1/08 to 12/31/08.*

Describes Connect Familias' model of providing services and its current programs. Contains a short table of goals and outcome data.

Connecticut Latino Behavioral Health System

- *Añez, Luis with Michelle Silva, Manuel Paris and Luis Bedregal. 2008 Engaging Latinos through the Integration of Cultural Values and Motivation Interviewing Principles. Professional Psychology: Research and Practice 39(2), pp. 153-159.*

Practitioners and researchers seek to identify means by which to enhance service delivery to the historically underserved Latino population. Drawing on the authors' experiences with monolingual Spanish-speaking Latinos in a community mental health setting, this article describes the application of motivational interviewing principles to 3 Latino cultural values and offers clinical practice

recommendations to help create a client-centered and culturally congruent therapeutic milieu. Authors work with the CLBHS.

New Futures

- *New Futures. New Times, Spring 2008.*

Newsletter with article about the opening of a new site at Woodridge Park apartments.

--*2006-7 Annual Report.*

Contains information about programs in the different apartment complexes where New Futures operates. Also outlines financial data and strategic initiative for 2010.

Sisters of Color United for Education

- *2009 Sisters of Color United for Education: Colorado's Oldest Promotora Program.*

Description of the different services offered by SCUE, including promotora training and health fairs. Contains an appendix with a brief description of each program offered.

The Hoy Recovery Program

- *(2008) New Mexico Behavioral Health Purchasing Collaborative Cultural Competency Strategic Plan.*

This is a table of goals, objectives, initiatives and measures for different areas, including cultural competency outreach and assessment. The document outlines a plan for how to enhance cultural competence in the New Mexico behavioral health system.

- *Project Trust Partnership. 2008 Executive Summary: Report and Recommendations for Enhancing the Well-Being of Native American Youth, Families and Communities.*

Discusses the importance of recognizing cultural practices and beliefs when providing mental health services to Native American communities. Includes policy and research recommendations.

- *Sangre de Cristo Community Health Partnership. New Mexico Screening Brief Intervention Referral and Treatment Program.*

Presentation describing the scope of services offered by Sangre de Cristo Community Health Partnership, one of Hoy Recovery's community partners. Includes demographic data on population served.

Instituto Familiar de la Raza, Inc.

- *Instituto Familiar de la Raza, Inc. Internship Training Prospectus 2009-2010.*

Summarizes the history and philosophy of IFR and describes internship programs within different areas of the organization.

- *Instituto Familiar de la Raza, Inc.*

Brochure describing the organization's mission and vision. Provides a brief description of the different services offered by IFR.

- *IFR La Cultura Cura: MOCJ Request for Proposal-Diversion. Juvenile Justice Crime Prevention Act (JJCPA) & Crime and Delinquency Reduction Initiative (2008-2010).*

Describes the organizational and fiscal structure of IFR as well as the methodology for La Cultura Cura, a program for youth referred by the justice system. Explains the necessity of culturally appropriate intervention programs for Latino youth, particularly recent immigrants.

- *Nuñez, Sal, PhD. Ceremonial to Free-Style Drumming Circles/Facilitators.*

Discusses the therapeutic benefits of ceremonial drumming and the qualities a facilitator, or healer, must embody to ensure positive outcomes from communal drumming. Also describes the neurobiological impact of repetitive drumming patterns.

--2005 Effects of Drumming on Anxiety in Latino Male Youth. PhD dissertation, Department of Psychology, Capella University.

This study examines the effects of hand drumming on Latino male youth. The author explores drumming as a culturally appropriate clinical methodology for treating Latino male youth suffering from General Anxiety Disorder and Anxiety Disorder Not Otherwise Specified. Descriptive statistical analysis and qualitative case studies are presented.

--*Untitled.*

Unpublished manuscript about the community drumming program and the drumming circles at IFR. Explains the benefits of the drumming circles for communities coping with violence, and describes how drumming helps youth reduce anxiety and increase self esteem.

- (2001)*Building Healing Communities: Reflections on “Conversation of Healers”*.

Highlights of an annual gathering of community service providers, parents and youth from San Francisco’s Mission District. Discusses alternative approaches to healing outside the traditional Western paradigm.

El Valor

- *Shure, Myrna. N.d., Untitled manuscript.*

Brief description of Enseñando Nuestros Niños a Pensar (Raising a Thinking Child), an evidence-based prevention program for children 4-7 years old. By teaching children to problem-solve, the program aims to reduce early high risk behaviors. Outcomes are similar for Spanish and English version.

Family Service of El Paso

- *Villalobos, Griselda. N.d. The Mediating Effect of Acculturation on the Effectiveness of Culturally Adapted Cognitive Behavioral Therapy with Mexican Americans Suffering from Depression. Presentation of thesis defense, Austin, University of Texas.*

Discusses results of research conducted at FSEP comparing a group of patients receiving culturally adapted CBT to a control group receiving CBT without cultural adaptation. While both groups experienced significant improvement, the study concluded that acculturation has a significant impact on depression scores.

La Familia Guidance Center

- *La Familia Guidance Center. 2003 Grant Request to the Bush Foundation.*

Provides an overview of La Familia’s programs, staff and fiscal structure, as well as background on issues for at-risk Latino youth in Minneapolis/St. Paul Latino. Also describes how La Familia implements FFT with Latinos.

--2005 Grant Request to Blue Cross and Blue Shield of MN Foundation.

Proposal to provide FFT to Latino immigrant families in the Twin Cities area.

--2008 Grant Request to Blue Cross and Blue Shield of MN Foundation.

Proposal for community health worker program to conduct outreach with local Latinos.

Comunilife, Inc.

- *Comunilife, Inc. Multicultural Assessment.*

Contains questions providers can use to assess patients' cultural values, as well as ties to families and communities. It includes questions that ask respondents about their immigration experience and process of acculturation.

- *Multicultural Relational Approach for Diverse Populations.*

This document describes the need to determine each patient's culturally influenced perspective on a case-by-case basis, rather than assuming different cultural groups are monolithic. It outlines a one-year Multicultural Training Program designed to help providers take cultural factors into account during treatment.

National Resource Center for Hispanic Mental Health – New Jersey Mental Health Institute

- *Acosta, Henry with Guarnaccia, Peter and Martinez, Igda. 2003 Model Mental Health Program for Hispanics. Mercerville, NJ: New Jersey Mental Health Institute.*

Overview of Changing Minds, Advancing Mental Health for Hispanics project, which examines disparities and barriers to access of mental health services by Hispanics. Contains recommendations on how to improve quality and access of mental health services.

- *Guarnaccia, Peter and Martinez, Igda with Henry Acosta. 2002 Comprehensive In-depth Literature Review with Comprehensive Analysis of Mental Health Issues. Mercerville, NJ: New Jersey Mental Health Institute.*

Outlines four key issues related to providing mental health services to Hispanics: Latino mental health, Latino mental health utilization, Latino mental health

barriers, and Latino mental health clinical best practices. Summarizes results of studies in these areas.

Latin American Women’s Club - North Carolina Mental Health Association

- *Hernandez, Nora. 2008 Hispanic Outreach Initiative: Leading in advocacy, education, awareness and prevention.*

Presentation about the Latin American Women’s Club and its various programs, including women’s workshops, monthly radio shows and newspaper articles, and the annual conference/fashion show.

--Adelante Tú Puedes!

Spanish CD prepared by the LAWC designed to raise awareness and self-esteem of Latinas.

- *North Carolina Mental Health Association. N.d., Proposal for Vivir Más, Vivir Mejor Program.*

Describes Latino mental health educational program, conference held by the LAWC, and disparities in mental health care for the Latino population in North Carolina.