

Implementation Pilot Projects (IPP) Latino/Latinx Hub

**Community-Defined Evidence Practice (CDEP)**

Community defined evidence practices include programs and interventions that are accepted and used by a group or culture, but is oftentimes not accepted, funded, or used in the mainstream mental health system. Within the California Reducing Disparities Projects, these are culturally and linguistically appropriate, as well as trauma-informed programs. They aim to improve the mental health of African American/ Black identified; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+ communities. These practices have been overlooked, erased, and underfunded by Western modalities of mental health treatment, leading to harm and stigma in these populations.

**Humanidad Therapy & Education Services—Sonoma County**

*Humanidad Therapy and Education Services*

Humanidad Therapy & Education Services (HTES) is a multicultural community mental health agency and Marriage and Family Therapist training program. HTES offers low-fee psychological and court affiliated services in Sonoma County. As a therapist mentorship program, the focus is on training and nurturing culturally aware, qualified therapists to serve diverse populations. HTES provides counseling and classes for individuals, couples, families, teens and children. In addition, HTES gives educational lectures and workshops about psychological issues to neighborhoods, schools, non-profits, and private industry. HTES uses clinical and cross-cultural methods to support individual and family wellness. The CDEP addresses a modality that also makes group counseling services unique and reflective of clients. It utilizes the practice of “Convivencia,”- An open and inviting coming together to share personal and collective experiences, with mutual understanding and respect, knowing that everyone plays an important role. These contributions allow for safety, self-awareness, personal and family growth, healing, and change.

*Humanidad Therapy and Education Services Outcome Data*

* Populations served: We Have Served between 260-300 low-income Latino adults living in Sonoma County.
* Hours of service: We have provided about 600 hours of service.
* Outcome Data:
* 90% of the participants feel completely safe and welcomed when they participate in a Convivencia
* 10% of the participants feel safe and welcomed when they participate in a Convivencia
* Programmatic Solutions: “Convivencias” address the stigma associated with seeking mental health services, and create a space for family, respect and relationships where community members feel safe to engage in storytelling and share life experiences while learning from others to increase a sense of belonging, self-esteem, and a quality of life.
* COVID 19 Accommodation: We had to reinvent “Convivencias” to create a virtual meeting room that allows cultural values and human interactions to happen with authenticity and equal benefit to all. We designed a versatile virtual presentation that includes videos and popular music, pictures, digital links. Also, we created different activities to break the ice and allow some fun among the participants: raffles, virtual scavengers, and karaoke.
* Other outcomes? We have embraced the "shelter in place" times by seizing the opportunities that come with having no distances, no borders, no streets to cross and no frontiers dividing us. We accepted the challenge to create equal accessibility for our participants from their own homes and shelters based on our cultural values. We broke the stigma of the technical difficulties too…

Contact: Ana Maria Martinez| 707 525-1515 |amartinez@humanidadtherapy.org| [WEBSITE](http://www.humanidadtherapy.org)

**Integral Community Solutions Institute—Fresno County**

*Atención Plena and Pláticas*

Integral Community Solutions Institute (ICSI) was founded to ensure community health through advocacy and systems change that promotes wellness of body, mind, spirit and soul. ICSI provides clinical mental health and wellness services in partnership with other Central Valley agencies through practices reflecting cultural competence, responsiveness, humility, and development using traditional approaches as well as the latest innovations in integral psychotherapy to address the needs of victims of human trafficking, domestic violence, sexual abuse, those with critical life span concerns, and families in conflict due to intergenerational conflict, acculturation issues, and cultural adaptation. ICSI therapists use a variety of innovative techniques such as Hip Hop therapy and partner with other agencies to provide mentoring and counseling with mindfulness and “pláticas” interventions in each of the programs. ICSI works with mostly the Latino population, women and children, victims of domestic violence, human trafficking and victims of crime. The Latino populations are predominantly Mexican in origin, recent immigrants who are dealing with acculturative stress, intergenerational conflict as well as distancing and loss, and adaptation to a “world of confusion.”

Contact: Fausto G. Novelo |951-970-1145| NoveloFG@gmail.com| [WEBSITE](https://icsi.solutions/)

**Latino Service Providers—Sonoma County**

*Testimonios*

Latino Service Providers (LSP) was founded in 1989 by Latino leaders in education, government, and social service sectors. It is currently comprised of over 1300 members from multiple sectors such as, neighborhood groups, schools, public and private health, behavioral health organizations, social service, immigration and naturalization agencies, etc. The LSP mission is to serve and strengthen Latino families and children by building healthy communities and addressing stigma and disparities in mental health within Sonoma County. Testimonios is based on the community health outreach and education model, recruiting and training up to 20 youth “Promotores” per year from the local schools that have health pathway programs with the anticipation of retaining at least 12 of them. These bilingual and bi-cultural students who express an interest in healthcare will be introduced to an opportunity to gain real-life training and experience in raising mental health awareness with messages that reduce stigma and promote information and resources about early identification and intervention in a manner that is appropriate and acceptable to the Latino community.

*Testimonios Outcome Data*

* Populations served: 120 bilingual and bicultural Latino youth ages 16-25.
* Hours of service: 14,400 hours+
* Outcome Data: Over 90% reported that they would seek services for themselves if the need ever arose. One Youth Promotor said: “I started going to therapy because of Latino Service Providers and this whole experience, just to help myself cope with my daily life.”
* Programmatic Solutions: The Testimonios Project is designed to train Latinx youth, ages 16-25 years, to be mental health “Youth Promotores” via a structured training program and gives them ample support and opportunities to present mental health education and resources to the Latinx community.
* COVID-19 Accommodation: Staff met this challenge by having more opportunities to engage online with Youth Promotores. Cohort #4 had more paid training opportunities in the form of webinars that kept them engaged and interested in the mandatory community health worker course. LSP staff also made sure to send Youth Promotores any resources their families could benefit from and included a few Youth Promotores in the Disaster Relief for Immigrants program LSP was leading.
* Other outcomes? Nearly all Youth Promotores reported an increase in confidence due to the program. One YP said: “I’m not the most confident person, but I’m definitely more confident on where I stand in my community and that I do have a voice and that I can change something.”

Contact: Stephanie Manieri | 707-837-9577| smanieri@latinoserviceproviders.org | [WEBSITE](https://latinoserviceproviders.org/)

**Health Education Council—** **Sacramento, San Joaquin, Stanislaus, and Yolo County**

*Mente Sana, Vida Sana*

Since 2009, the Health Education Council (HEC) has partnered with the Consulate General of Mexico in Sacramento to develop and administer the Ventanilla de Salud (VDS) or “Health Window” program (identified as a community-defined evidence practice) at the Sacramento Mexican Consulate and has coordinated free health-related services. The Ventanilla de Salud Mental (VDSM) or “Mental Health Window” program will operate in VDS and its mobile activities throughout the 24-county region that it serves, but will focus in four primary counties: Sacramento, San Joaquin, Stanislaus, and Yolo. These four counties have a large Latino population and are home to large numbers of people with Mexican origins that seek services at the Consulate General of Mexico in Sacramento. The Ventanilla de Salud has been identified by the community as a promising site for mental health programs to reach the Latino community. As one in 50 Ventanillas de Salud nationwide, the Sacramento VDS has the potential to serve as a model to be replicated in additional Mexican consulates in the United States. The Ventanilla de Salud Mental Health program will utilize strategies to address prevention, early detection and treatment of mental disorders and will also be working to reduce chronic disease in Latinos at-risk of and/or suffering from mental illness.

Contact: Nicamer Tolentino| 916-556-3344| Ntolentino@healthedcouncil.org | [WEBSITE](https://healthedcouncil.org/)

**La Clínica de la Raza —Alameda County**

*Cultura y Bienestar*

Cultura y Bienestar (CyB) addresses two areas of community need. First, Latinos are four times less likely than African Americans and more than two times less likely than Caucasians to be served in the mental health system (Alameda County MHSA Community Services and Supports (CSS) Plan, 2006). Second, Latinos living in the United States have poorer mental health status than their counterparts in their country of origin (CRDP Latino Report; Alderete, 2000). CyB is a prevention and early intervention program targeting Latinos at high risk for experiencing mental health problems in Alameda County whose purpose is to reach the following goals: 1) successfully engage unserved & underserved Latinos, 2) improve Latinos’ knowledge about mental health issues and decrease mental health stigma, 3) decrease acculturation stress & early mental health symptoms, and 4) increase mental health service use. CyB’s desired outcomes are to: decrease mental health problems & reduce disparities in mental health care among low income Latinos in Alameda County. CyB uses five of the six core strategies from the CRDP Latino Population report including: 1) peer-to-peer approaches, 2) family psychoeducational curricula to increase family & extended family involved & promote health & wellness, 3) promotes culturally relevant wellness & illness management, 4) increases community capacity by building on community strengths to improve Latino behavioral health outcomes, and 5) reduces stigma through media & education.

*Setting and Population Served*

Promoting and delivering mental health and wellness to Latino communities throughout Alameda County

*Key Outcomes*

* Short term
	+ Reached and engaged un/underserved Latinx persons
	+ Built capacity of other agencies and community leaders to provide culturally and linguistically appropriate care
* Middle term
	+ Increased early detection and self-care for mental health disorders
	+ Reduced mental health stigma among communities served
	+ Increased community and family resiliency
* Long term
	+ Improved access to county-based services and treatment
	+ Increased and strengthened strategies and solutions that are rooted and based in the community being served
	+ Reduced mental health disparities affecting communities of color and other underserved population

*Focus Groups*

The focus groups evaluation was conducted November 4-5, 2019. The purpose of the CyB program’s Focus Groups was to provide data that will help to improve the services of the CyB program clients. Clients were recruited from each of the four La Clínica service sites including: La Clínica, La Clínica East Bay, La Familia Hayward, and Tiburcio Vasquez. The CyB site coordinator recruited a total of 10 focus group participants at each site. Focus groups were conducted at each of the four La Clínica service sites. Interview length for each focus group was approximately one to one and a half hours long. Spanish and English-speaking participants were included. Twenty-three focus group participants were interviewed. Ninety percent (90%) of the participants were female and (9%) were male. The majority of all participants (30%) were 36-45 years of age.

*Summary of Focus Groups:*

Based on recorded interviews several important themes emerged.

All focus group participants that were interviewed had positive perceptions about the CyB staff.

“Environment is positive, more spacious room than other services and equipped with games. But it really does not matter where they are held even if it’s in the parking lot, it’s what people bring to it and the services being delivered.” Another participant mentioned “With all the problems that we may have, we come here and feel very well” and another said, “I worked with Monica for several sessions - I felt relaxed, it was very private, I felt comfortable to talk. I wish there were more sessions than what I did, but it was very good.” – *Program Participant*

Participants felt welcomed, important, and felt that their problems and concerns were taken seriously in a professional way.

“I felt very welcomed here -in my very first session I left with a desire to return; the sessions have been for my son … I'm very happy and my son feels that he can trust them, and he has friends to talk to without feeling ashamed or being judged. I have seen the change in him and see how he is much happier now.” – *Program Participant*

When asked about knowledge gained from CyB, specifically in regard to mental health, participants were very satisfied with the knowledge gained about stigma and repeatedly mentioned how the CyB services helped them identify and communicate about sources of personal and familial stress, conflict and depressive symptoms.

“I learned that mental health and physical health go hand in hand - we are mostly concerned with our physical health and forget about our mental health.” – *Program Participant*

In addition, participants gained knowledge about the importance of communication within the family, the connection between physical health and mental health.

“I feel mental health is basic and important for everyone because that way we all help one another.” – *Program Participant*

Promoting cultural resilience was noted throughout. Concepts of “familismo” were emphasized as was the concept of “confianza.”

“The confidence they instill in you builds trust and the games and activities they do with children helps build communication and trust.” – *Program Participant*

Traditional healing practices were mentioned by numerous participants as a well-accepted, culturally appropriate mental health care that emphasizes ‘cariño’, a form of cultural respect and interpersonal interaction seen in traditional settings. – *Program Participant*

“The therapy is like an altar to the dead to help cure us. It's something very comforting that the program does for us, we do not lose our traditions.” – *Program Participant*

When asked if the CyB program helped their families, participants expressed they were happy, relaxed, and noticed a change for the good. Some indicated they had a better attitude, and some felt more family unity.

“When I am relaxed it helps other family members relax as well…helps with family communication, my son could see positive changes and he got involved (in getting help).” – *Program Participant*

Other CyB services participants received was Drumming Therapy, which helped with anxiety and Zumba exercise classes. School-based programs for youth (“Joven Noble”) were also noted.

“I registered my daughter in a program in school called ‘Team Together’; they help them with their homework and they also have many other activities. They have their own time and their own space and it is important for them. I also use the drum therapy on my girls when they go wild, it helps a lot with the children when they have anxiety.” – *Program Participant*

**Individual Success Stories**

*Case # 1*

During the fall of 2019 one of our educators was presenting the “Mental health awareness series” where some of the themes included mental health promotion, stress, anxiety, depression, emotional and psychological trauma, and post-traumatic stress disorder.

The participant was always on time, attentive, and quiet. She looked sad, tired, and around her eyes had quite prominent dark circles. She did not miss one of the workshops. At the last meeting, we had a celebration, so we ate together and talked about what the participants felt comfortable sharing regarding their experience with the workshops. This participant commented that she was very grateful because she felt that what she learned moved her to take actions that saved her life. She stated that when she started attending the workshops, she was in such distress that she was thinking in taking her life to put at end to her suffering. However, since the very first workshop she learned that mental health issues are very common, and that it is normal and valid to look for professional health. By the third workshop, she got the courage to schedule an appointment and talk about her feelings with her PCP. She was referred to a psychiatrist. She attended her appointments and she started taking medicine. She felt hopeful and she was teaching her 13 and 2 years old children the self-help techniques she had leaned, such as deep breathing and listening to soothing music.

*Case #2*

AL is a woman in her mid-50s who suffered a terrible care accident that left her in pain and would often re-experience vivid memories related to that event. She was unable to afford conventional therapy and had all but given up searching for services. A friend recommended CyB and at first AL was skeptical as to what the services could provide her. The Clinician assessed the trauma and decided to use some grounding exercises and other trauma informed interventions to help the client. After a while, AL began to remember the details of her accident and by the time the prevention sessions ended she was driving again and reported feeling at peace.

*Case #3*

J. is a woman in her late 30s who had been assaulted at her job two weeks prior to deciding to reach out for help. J. reported that she had called numerous agencies and had not heard back from any of them prior to receiving a call back from La Familia Counseling. After that first session J. reported feeling very grateful for the service. The client continued to educate herself on the physiological/psychological effects of her trauma and by the end of the six sessions she reported no longer experiencing that initial fear.

*Case #4*

A single Honduran mother called-in concerned seeking help for her 13yr old daughter how had showing some defiant behavior. After consulting with mother and daughter, he could see this family had a lot of needs. The mother had to work 2 jobs to support her 2 daughters all by herself. They live in a 2-bedroom apartment along with other family members. The 13-year-old was really stressed out and worried about the financial struggles of her mother and at the same time dealing with her academic work, which seemed to be a very frustrating process, especially with the new online learning context. After a CyB case discussion, the team agreed that the intervention should include helping the client manage her stress and create strategies to better manage her new online schooling and also connect her family to community resources to help ease the financial issues they were having at the time. The mother was connected to food banks and to Tiburcio Vasquez Health Center so she could get medical insurance assistance. After closing the case, educator followed up with the client and her mother to see how they were doing. It was rewarding to hear that this client was doing much better and how she was able to pass all her classes. Also, her mother expressed feeling less stress after connecting her to community resources.

*Case #5*

In late June 2020, 2 of our clients that had been living in DV shelters with their children went into transitional housing, however, due to COVID-19 and other limitations they did not have a way to bring into their new home things like dishes, pots and pans, bedding, silverware, bake ware. We contacted the *Tri-Valley Women’s Action Group* and *Livermore Indivisible* and immediately they helped provide all of the items the 2 clients needed, along with gift cards and groceries. A team from Lawrence Livermore Lab heard what was going on and asked how they could help. Most of the items that the clients needed had been received, however the clients’ children did not have summer clothes and second-hand stores were not opened yet. The team from LLL asked the sizes and gender and bought the children summer clothes!

**Programmatic Success Stories**

*Case #1*

CyB organized and helped facilitate the Latino Women Empowerment Training Series, implemented in collaboration with City of Newark Recreation and Community Services Department. The series of trainings focused on self-care, resilience and mental health promotion among Latino women. With an average of 20 participants each session was not only focused on education and promotion of mental health, but also early detention of cases and intervention among family’s participants. Latino women have a key role to play within their families and are a vulnerable population due to not only the historical gender discrimination but also due to their immigrant status. Therefore, Latino women are a fundamental piece of the CyB preventive/intervention program.

Case #2

In October 2019, CyB (Tri-Valley) was awarded a $10, 000.00 grant from the Pleasanton Latina Giving Circle for our hard work and dedication to the Latino Community of the Tri-Valley region. With this grant we were able to invite well known traditional healers to provide more workshops to our community, provide weekly care packages to our senior population; which consisted of sensory bottles, lavender pillows and organize a Mother’s Day concert for “Abuelas y Madres” via Zoom, just to name a few. We were also able to purchase supplies and groceries for our community to help them lessen their stress and anxiety due to job losses, shelter in place and the uncertainties we are all facing.

Case #3

CyB Tri-Valley has also provided continuous support to our seniors before and during the pandemic. We have provided (before the COVID-19) weekly meetings on Fridays offering prevention workshops, creating a support system among the participants; the pandemic had not stopped us from providing services to our seniors, we have kept them busy dropping off yarn and crocheting needles to keep them busy, signing them up for Meals on Wheels, shopping and delivering groceries; all of this to keep them from stressing out because they might have ran out of milk, tortillas or other supplies

Contact: Alberto Perez-Rendon| 510-535-8406| aperez-rendon@laclinica.org| [WEBSITE](http://www.laclinica.org)

**La Familia Counseling Center— Sacramento**

*Cultura de Salud*

Cultura de Salud (CdS) is a service delivery model that utilizes 8 culturally responsive principles through short term mental health services which aim to prevent and/or reduce signs of mental illness including depression, trauma and anxiety for Latinos in Sacramento County by increasing access/utilization of culturally and linguistically appropriate mental health services to improve and strengthen family stability, resiliency, community cohesion and individual wellbeing. The mental health services are offered to Latino adults through a program called Centro de Apoyo Latino (CAL) which is designed to increase knowledge and awareness about mental illness and decreases factors that lead to severe mental illness. This CDEP addresses the following phase one priority population strategy: Culturally and linguistically appropriate treatment to improve the wellness and resiliency of Latino families and reduce the risk factors that, when unmet, lead to reduced penetration and retention rates and costly higher-level services.

*Cultura de Salud Outcome Data*

* Populations served: 278 undocumented adults, mainly Spanish speaking Latinos
* Hours of service: We have provided approximately 300 hours of group therapy.
* Outcome Data: Participants report normalizing mental health after experiencing services through La Familia’s CDEP. For many of our participants it is the first time attending therapy in their lives. Participants learn positive coping mechanisms and tools through short-term therapy.
* Programmatic Solutions: CAL provides individual short-term therapy, therapeutic support groups, and warm hand offs. The CMHW’s provide culturally and linguistically competent services, build trust with clients, assess the type of resources needed, and accompany them to receive the service the first time.
* COVID-19 Accommodation: Due to COVID-19 our population struggled to adapt to the new technology methods of communication. There was a barrier for our clients to access technology devices and internet connection due to the lack of financial resources. LFCC staff also had to adapt to provide services through virtual means. The agency maintained its doors open to the public, with some restrictions and taking precautions to insure the safety of staff members and clients. Services were hybrid, with some clients receiving services through telehealth and others by coming into the office. In addition, we created a peer support line with the intention to support community members navigate COVID-19 resources. Lastly, LFCC became a free COVID-19 community testing site.
* Other outcomes? Our CDEP Local Evaluator conducted qualitative interviews with our IPP participant’s to capture how COVID-19 impacted them.

Contact: Christian Rojas | (916) 407-6487| christianr@lafcc.org | [WEBSITE](https://lafcc.org/)

**Mixteco Indigenous Community Organizing Project—Ventura County**

*Living with Love*

The indigenous Latina community outreach workers (promotores) of the non-profit Mixteco/Indigena Community Organizing Project (MICOP) developed Living with Love in 2010 as a direct response to the depression and domestic violence they witnessed among indigenous immigrant Latinas. Living with Love (LwL) addresses multiple risk factors: a) Domestic Violence (DV): LwL teaches the cycle of violence theory, the negative impact of DV on the mental health of children, and how to develop a safety plan. b) Social, cultural, and linguistic isolation: LwL is taught from the indigenous collectivist perspective, in indigenous languages, and emphasizes respect for indigenous culture and traditions. The class builds social bonds and encourages engagement. c) Significant daily stressors: LwL teaches meditation and mindfulness skills to reduce stress, encourage self-care practices, and instructs participants on how to apply evidence informed cognitive-behavioral techniques to overcome negative thought patterns. d) Improving accessibility to mental health services: The class introduces participants to the mental health services available to them, and MICOP provides assistance in accessing care.

*Living with Love Outcome Data*

* Populations served: Living with Love has served approximately 454 people during its delivery period, including participants, case management, and Community Advisory Board members. As of September, 2020 181 community members participated in local evaluation activities. Participant ages range from 17-75 years old, with a mean age of 38.3 years.
* Hours of service: Living with Love has provided an estimated 1,393 hours of service to the community throughout the different Project activities, including class delivery, outreach, case management, and Community Advisory Board activities.
* Outcome Data: Participants’ perceptions of social support, the strength of family relationships, and ability to use coping tools taught through Living with Love were significantly greater following the program. Participants’ knowledge of depression, domestic violence were all significantly greater. Participants reported fewer depressive symptoms after program.
* Programmatic Solutions: Led by trained indigenous migrant promotoras, in Spanish/Mixteco, creating safe spaces for participants to open up to people that relate to their experiences. LwL promotes value of family as a symbol of strength while educating using cultural and linguistic appropriateness. LwL achieves wellness through encouragement of self-love and empowerment.
* COVID 19 Accommodation: The Project transitioned its in-person group classes to virtual One-on-One Peer Support Sessions. LwL strengthened its case management to become the bridge between families and agencies to access the services and advocate for participants' needs. LwL started to observe, through the case management, an increase in mental health problems and domestic violence cases, which raised the concern given the lack of culturally and linguistically available services to refer these families, especially under the health emergency.
* Other outcomes? One of our participants shared, "When I arrived to LwL, I felt peace in myself... I felt that human warmth of knowing that I was not alone....I learned to reinforce the trust and communication with my children, to find, accept, and love myself for who I am without fear of beliefs that we carry from our communities."

Contact: Irisela Contreras|805-302-1503| irisela.contreras@mixteco.org | [WEBSITE](https://mixteco.org/)

**About California Reducing Disparities Project (CRDP)**

California Reducing Disparities Project (CRDP), under Prop 63 (Mental Health Services Act), funds 35 culturally responsive, innovative Implementation Pilot Projects (IPPs) across the state of California working in the five population groups: African American/ Black identified; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+. The goal of the CRDP is to simultaneously demonstrate that community derived mental health practices reduce mental health disparities across the five unserved, underserved, and inappropriately served population groups as opposed to traditionally funded mental health services based on Western clinical models.