THE CALIFORNIA LATINO LEGISLATIVE CAUCUS AND THE CONCILIO OF LATINO MENTAL HEALTH AGENCIES

CHALLENGES AND SOLUTIONS TO MENTAL HEALTH SERVICES FOR LATINOS/AS IN CALIFORNIA

WEDNESDAY, SEPTEMBER 30, 2015
2:00 PM – 3:30 PM CAPITOL BUILDING, ROOM 126
SACRAMENTO, CA AGENDA

WELCOME AND INTRODUCTIONS:

2:00 PM  Moderator: Sergio Aguilar-Gaxiola, MD, PhD, Director, Center for Reducing Health Disparities, UC Davis

PRESENTATIONS:

2:05 PM  OVERVIEW OF THE CALIFORNIA REDUCING DISPARITIES PROJECT LATINO REPORT
Sergio Aguilar-Gaxiola, MD, PhD, Director, Center for Reducing Health Disparities, UC Davis School of Medicine

2:20 PM  CALIFORNIA ESTIMATED NEED FOR MENTAL HEALTH SERVICES FOR LATINO/AS AND THE TREATMENT GAP
Henry Villanueva, EdD, Latino mental health expert

2:30 PM  RECOMMENDATIONS TO TREATMENT GAP
Rachel Guerrero, LCSW, Retired, Chief of the Office of Multicultural Services at the California Department of Mental Health; Principal, Guerrero Consulting

2:45 PM  LATINA ADOLESCENT SUICIDE
Luis García, PsyD, Vice President of Latino Services, Pacific Clinics

3:00 PM  NEXT STEPS
Refujo “Cuco” Rodriguez, Chair of the Board, National Compadres Network
Richard Zaldivar, President and Founder, The Wall Las Memorias Project

3:10 PM  Comments, Questions & Answers

3:30 PM  Adjourn

ASSISTANCE FOR THIS BRIEFING PROVIDED BY CALIFORNIA LATINO LEGISLATIVE CAUCUS
UC DAVIS CENTER FOR REDUCING HEALTH DISPARITIES CALIFORNIA PROGRAM ON ACCESS TO CARE/
UC BERKELEY SCHOOL OF PUBLIC HEALTH UC DAVIS CAPITOL SPEAKER SERIES
Challenges and Solutions to Mental Health Services for Latinos

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
Community-Defined Solutions for Reducing Mental Health Disparities in Latinos

Sergio Aguilar-Gaxiola, MD, PhD
Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities
UC Davis, School of Medicine

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
Overview

- Key Issues in Latino Mental Health Care
- California Reducing Disparities Project (CRDP)
- CRDP Latino Strategic Planning Workgroup
- Strategic Directions to Reducing Disparities in Latino Mental Health Care
- Community-Defined Evidence Promising Programs and Practices for Latinos
Key Issues In Latino Health and Mental Health Care

- The 5 A’s:
  1. Accessibility
  2. Affordability
  3. Availability
  4. Appropriateness
  5. Advocacy

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
The Treatment Gap in Latinos

- Between 50% to 90% of people with serious mental disorders have not received appropriate mental health care in the previous year

- Latinos:
  - have less access to mental health services
  - are less likely to receive needed care
  - are more likely to receive poor quality care when treated than whites
California Reducing Disparities Project: Background

- Began in 2009
- Focused on five targeted populations:
  - African Americans
  - Asian/Pacific Islanders
  - Latinos
    - Lesbian, Gay, Bi-sexual, Transgender, Questioning youth (LGBTQ)
  - Native American populations
- Represents the voice of the communities
- Funded with MHSA resources
- A public investment in "growing new programs and practices that work"

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California Reducing Disparities Project

- Main goal was to develop a Statewide Comprehensive Strategic Plan

- Identify community-defined promising practices, models, resources/approaches helpful for county program planners, practitioners, and policy makers in designing programs to better address the needs of these communities

- Contribute culturally relevant recommendations from each ethnic/cultural group to develop a comprehensive statewide strategic plan towards the reduction of mental health disparities
CRDP Latino Strategic Planning Workgroup

- The CRDP Latino SPW started July 1, 2010

- The main goal was to produce a community-defined, strength-based, culturally and linguistically appropriate report on reducing disparities in mental health services for Latinos

- Identified and engaged a diverse range of Latino stakeholder representatives at the state, regional, and local levels

- Stakeholders included consumers, providers, public agencies, and representatives of community interests, that had diversity in terms of gender, age, and mental health and health issues

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
CRDP Latino SPW: Governance and Structure

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
The Concilio

- The *Concilio* is comprised of more than 30 leaders from across the state

- Members range in age, socio-economic status, education, sexual orientation and gender

- Members facilitated each forum in their local area and identified individuals, CBOs, etc. that should attend
Latino Strategic Planning Workgroup – CONCILIO

http://www.latinomentalhealthconcilio.org
# Forum Sites by City, Region & County

<table>
<thead>
<tr>
<th>City or Community</th>
<th>Geographical Region</th>
<th>County</th>
<th>Study Participants by County (N = 559)</th>
<th>* Latino Population % of County or School</th>
<th>** Latino Penetration Rates % by County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland</td>
<td>Bay Area</td>
<td>Alameda</td>
<td>60</td>
<td>25.4%</td>
<td>5.0%</td>
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<tr>
<td>Salinas</td>
<td>Bay Area</td>
<td>Monterey</td>
<td>69</td>
<td>75.0%</td>
<td>3.4%</td>
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<tr>
<td>San Jose</td>
<td>Bay Area</td>
<td>Santa Clara</td>
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<tr>
<td>Camino</td>
<td>Central</td>
<td>El Dorado</td>
<td>21</td>
<td>12.1%</td>
<td>3.2%</td>
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<tr>
<td>Fresno</td>
<td>Central</td>
<td>Fresno</td>
<td>40</td>
<td>50.3%</td>
<td>2.7%</td>
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<tr>
<td>Sacramento</td>
<td>Central</td>
<td>Sacramento</td>
<td>14</td>
<td>26.9%</td>
<td>4.0%</td>
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<tr>
<td>Stockton</td>
<td>Central</td>
<td>San Joaquin</td>
<td>52</td>
<td>40.3%</td>
<td>2.7%</td>
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<tr>
<td>Arcadia</td>
<td>Southern</td>
<td>Los Angeles</td>
<td>30</td>
<td>12.1%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Carson (Cal State University)</td>
<td>Southern</td>
<td>Los Angeles</td>
<td>54</td>
<td>41.5%</td>
<td>3.6%</td>
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<tr>
<td>Cerritos (high school)</td>
<td>Southern</td>
<td>Los Angeles</td>
<td>13</td>
<td>15.2%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Huntington Park (high school)</td>
<td>Southern</td>
<td>Los Angeles</td>
<td>20</td>
<td>98.5%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>Southern</td>
<td>Los Angeles</td>
<td>32</td>
<td>48.5%</td>
<td>3.6%</td>
</tr>
<tr>
<td>San Diego</td>
<td>Southern</td>
<td>San Diego</td>
<td>39</td>
<td>28.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Solvang</td>
<td>Southern</td>
<td>Santa Barbara</td>
<td>34</td>
<td>29.2%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Chico</td>
<td>Superior</td>
<td>Butte</td>
<td>40</td>
<td>15.4%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Sources: *U.S. Census Bureau, 2010; Los Angeles Unified School District, 2010; ABC Unified School District, Cerritos, 2010; California State University, 2010; California Department of Education, 2011; **External Quality Review Organization, 2010
SOLUCIONES DEFINIDAS POR LA COMUNIDAD PARA REDUCIR DISPARIDADES EN LOS SERVICIOS DE SALUD MENTAL QUE RECIBEN LOS LATINOS

INFORME Poblacional del Grupo Latino de Trabajo de Planificación Estratégica del Proyecto de California para Reducir Disparidades

Full report (PDF) available at:
http://www.latinomentalhealthconcilio.org/mhsa/crdp-latino-population-report/

Both in English and Spanish
Three Major Types of Barriers

1. **Individual-Level Barriers**
   - Stigma
   - Culture
   - Gender (masculinity)
   - Violence and trauma
   - Knowledge and awareness

2. **Community-Level Barriers**
   - Lack of culturally and linguistically appropriate services
   - Shortage of bilingual and bicultural mental health workers
   - Lack of school-based mental health programs
   - Organizational and systemic barriers

3. **Systemic-Level Barriers**
   - Lack of social and economic resources and poor living conditions
   - Inadequate transportation
   - Social exclusion

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Strategic Directions to Reducing Mental Health Disparities in Latinos

1. School-based mental health programs

2. Community-based organizations and co-location of resources (CCHCs are investing heavily in developing behavioral health infrastructure to offer needed services)

3. Community and social media

4. Culturally and linguistically appropriate treatment

5. Workforce development to sustain culturally and linguistically competent workforce

6. Community capacity building and community outreach and engagement
# Community-Defined Strategies and Solutions

## Strategies to Improve Access

<table>
<thead>
<tr>
<th>Community and Cultural Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Identified Strategies</td>
</tr>
</tbody>
</table>

## Core Community-Identified Strategies to Improve treatment

<table>
<thead>
<tr>
<th>Peer-to-peer strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family psycho-education</td>
</tr>
<tr>
<td>Wellness &amp; illness management</td>
</tr>
<tr>
<td>Community capacity-building</td>
</tr>
<tr>
<td>Educational campaigns</td>
</tr>
<tr>
<td>Best practices in integrated services</td>
</tr>
</tbody>
</table>

## Strategic Directions & Recommendations for Reducing Disparities

| Academic and school-based programs |
| Co-locating services |
| Community and social media |
| Workforce development |
| Culturally & linguistically appropriate services |
| Community capacity-building, outreach and engagement |
| MHSA funded programs |

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*The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies*
# Community-Defined Evidence: Examples of Promising Programs and Practices for Latinos

## Latino SPW Matrix of Organizations with Community-Defined Evidence Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Brief description</th>
<th>California region</th>
<th>Criterion 1: Capacity building</th>
<th>Criterion 2: Awareness about mental health</th>
<th>Criterion 3: Community outreach</th>
<th>Criterion 4: Latinos' access to services</th>
<th>Criterion 5: Meaningful practices</th>
<th>Criterion 6: Local adaptations for Latinos</th>
<th>Criterion 7: Interventions and treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Manitos</strong> – serves primarily Spanish-speaking older Latino populations.</td>
<td>Focuses on social and recreational activities that educate older Latinos on nutrition, exercise, health, and well-being.</td>
<td>Central: Sacramento County</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>National Latino Fatherhood and Family Institute</strong> – works with fathers of all ages</td>
<td>Provides training services using culturally competent curricula focusing on family violence, gangs, teen pregnancy, teen fatherhood, and Latino male youth rites of passage.</td>
<td>Statewide: services to many counties in California</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Northern Valley Catholic Social Service Promotores Program</strong> – serves Latino populations in rural areas</td>
<td>Promotes awareness about domestic violence, depression, substance abuse, and anxiety</td>
<td>Northern: Butte County</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Pacific Clinics</strong> – serves Latino children, youth, adults, families, and consumers</td>
<td>Provides an array of services ranging from prevention and early intervention to recovery and wellness maintenance, with a major emphasis on programs for children and families.</td>
<td>Southern: Los Angeles, Orange, Riverside, San Bernardino, and Ventura Counties</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Retiro de Hombres Campesinos  - serves male farmworkers</td>
<td>Provides training sessions to educate fathers about the role they play as a man and head of their household. Also provides advocacy training.</td>
<td>Central: Fresno, San Joaquin, and Tulare Counties</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>The Wall-Las Memorias Project - serves Latino LGBTQ youth and adults and families</td>
<td>The agency provides a wide array of support services and community involvement opportunities for families, churches, and individuals at high risk for HIV.</td>
<td>Southern: Los Angeles County</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ventanillas de Salud - serves Latino Families</td>
<td>Provides knowledge about lifestyles and prevention measures through education and health priorities.</td>
<td>Statewide: services to counties statewide</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Visión y Compromiso - serves Latino families, consumers, and uninsured and underinsured communities</td>
<td>Dedicated to improving socioeconomic and health outcomes of underrepresented communities through support, enhancement, and advocacy of promotoras and community health workers (CHWs).</td>
<td>Statewide: services to counties statewide</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Acknowledgments

Rachel Guerrero, Independent Mental Health Consultant and Past Director, California Department of Mental Health Office of Multicultural Services

Jahmal Miller, Marina Augusto, Edward Soto, and Kimberly Knifong
California Department of Public Health Office of Health Equity

With Contributions From:

The Latino Mental Health Concilio

County Mental Health Ethnic Managers
Forum Participants: Individuals, Communities, and Organizations Across California

With Generous Support From:

CA Department of Public Health Office of Health Equity
UC Davis Center for Reducing Health Disparities

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
CRDP Latino Population Reports

PLEASE VISIT OUR WEBSITE AT:

http://www.latinomentalhealthconcilio.org/
California Estimated Need for Mental Health Services

Prevalence Estimates compared to Number of Medi-Cal Beneficiaries Served per Year

Henry Villanueva, PhD

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
CA Estimated Need for Mental Health Services:
Ages 0-65+, <200% Poverty Rate, All Ethnicities
Total Number of Cases

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Total Cases</th>
<th>Est. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>259,266</td>
<td>2,861,128</td>
</tr>
<tr>
<td>African American</td>
<td>75,564</td>
<td>823,972</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>61,680</td>
<td>1,239,561</td>
</tr>
<tr>
<td>Native American</td>
<td>8,369</td>
<td>78,058</td>
</tr>
<tr>
<td>Multi Ethnic</td>
<td>25,128</td>
<td>257,163</td>
</tr>
<tr>
<td>Hispanic</td>
<td>552,804</td>
<td>6,865,926</td>
</tr>
</tbody>
</table>

Sources: CA Mental Health and Substance Abuse System Needs Assessment Final Report: February 2017

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
CA Estimated Need for Mental Health Services: Whites

Prevalence Estimates for Populations >200% poverty level
Source: California Mental Health and Substance Use System Needs Assessment
Final Report: February 2012

Number of Medi-Cal Beneficiaries Served per Year
Source: CA External Quality Review Organization (EQRO)
CA Estimated Need for Mental Health Services: African Americans

Prevalence Estimates for Populations >200% poverty level
Source: California Mental Health and Substance Use System Needs Assessment
Final Report: February 2012

Number of Medi-Cal Beneficiaries Served per Year
Source: CA External Quality Review Organization (EQRO)

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>CY09 Prevalence Rate (%)</th>
<th>CY10 Prevalence Rate (%)</th>
<th>CY11 Prevalence Rate (%)</th>
<th>CY12 Prevalence Rate (%)</th>
<th>CY13 Prevalence Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penetration Rate (%)</td>
<td>10.10</td>
<td>10.22</td>
<td>10.30</td>
<td>10.13</td>
<td>10.05</td>
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</table>
CA Estimated Need for Mental Health Services: Asian / Pacific Islanders

Prevalence Estimates for Populations >200% poverty level
Source: California Mental Health and Substance Use System Needs Assessment
Final Report: February 2012

Number of Medi-Cal Beneficiaries Served per Year
Source: CA External Quality Review Organization (EQRO)

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>CY09 Prevalence Rate (%)</th>
<th>CY09 Penetration Rate (%)</th>
<th>CY10 Prevalence Rate (%)</th>
<th>CY10 Penetration Rate (%)</th>
<th>CY11 Prevalence Rate (%)</th>
<th>CY11 Penetration Rate (%)</th>
<th>CY12 Prevalence Rate (%)</th>
<th>CY12 Penetration Rate (%)</th>
<th>CY13 Prevalence Rate (%)</th>
<th>CY13 Penetration Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.98</td>
<td>4.25</td>
<td>4.98</td>
<td>3.99</td>
<td>4.98</td>
<td>4.00</td>
<td>4.98</td>
<td>3.78</td>
<td>4.98</td>
<td>3.52</td>
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</tbody>
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CA Estimated Need for Mental Health Services: Native Americans

Prevalence Estimates for Populations >200% poverty level
Source: California Mental Health and Substance Use System Needs Assessment
Final Report: February 2012

Number of Medi-Cal Beneficiaries Served per Year
Source: CA External Quality Review Organization (EQRO)

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>CY09</th>
<th>CY10</th>
<th>CY11</th>
<th>CY12</th>
<th>CY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence Rate (%)</td>
<td>10.72</td>
<td>10.72</td>
<td>10.72</td>
<td>10.72</td>
<td>10.72</td>
</tr>
<tr>
<td>Penetration Rate (%)</td>
<td>10.83</td>
<td>9.80</td>
<td>10.23</td>
<td>9.09</td>
<td>8.92</td>
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</table>
CA Estimated Need for Mental Health Services: Others

Prevalence Estimates for Populations >200% poverty level
Source: California Mental Health and Substance Use System Needs Assessment
Final Report: February 2012

Number of Medi-Cal Beneficiaries Served per Year
Source: CA External Quality Review Organization (EQRO)

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>CY09</th>
<th>CY10</th>
<th>CY11</th>
<th>CY12</th>
<th>CY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence Rate (%)</td>
<td>9.77</td>
<td>9.77</td>
<td>9.77</td>
<td>9.77</td>
<td>9.77</td>
</tr>
<tr>
<td>Penetration Rate (%)</td>
<td>7.71</td>
<td>6.02</td>
<td>4.49</td>
<td>7.39</td>
<td>5.86</td>
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CA Estimated Need for Mental Health Services for: Latinos

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>CY09</th>
<th>CY10</th>
<th>CY11</th>
<th>CY12</th>
<th>CY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence Rate (%)</td>
<td>8.05</td>
<td>8.05</td>
<td>8.05</td>
<td>8.05</td>
<td>8.05</td>
</tr>
<tr>
<td>Penetration Rate (%)</td>
<td>3.46</td>
<td>3.47</td>
<td>3.68</td>
<td>3.81</td>
<td>3.92</td>
</tr>
</tbody>
</table>

**Prevalence Estimates for Populations >200% poverty level**
Source: California Mental Health and Substance Use System Needs Assessment

Final Report: February 2012

**Number of Medi-Cal Beneficiaries Served**

*The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies*
CA Estimated Need for Mental Health Services:
<200% Poverty Rate, All Ethnicities for CY 2013

Prevalence Estimates for Populations
>200% poverty level
Source: California Mental Health and Substance Use System Needs Assessment
Final Report: February 2012

Number of Medi-Cal Beneficiaries Served per Year
Source: CA External Quality Review Organization (EQRO)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Prevalence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>9.06 9.56</td>
</tr>
<tr>
<td>African American</td>
<td>9.17 10.05</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4.98 3.52</td>
</tr>
<tr>
<td>Other</td>
<td>9.77 5.86</td>
</tr>
<tr>
<td>Latino</td>
<td>8.05 3.92</td>
</tr>
</tbody>
</table>
Recommendations to Treatment Gap

Rachel Guerrero
Principal, Guerrero Consulting
Past Director, California Department of Mental Health Office of Multicultural Services

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
Recommendations

1. Adopt and implement the recommendations of the Concilio's 2012 *Community-Defined Solutions for Latino Mental Health Care Disparities* report to improve access and utilization of mental health services in all counties and reduce mental health care disparities.
2. Ensure continued support for the work of the California Department of Public Health, Office of Health Equity implementation of the California Reducing Disparities Project (CRDP) Phase II to grow and evaluate community-defined programs and practices with demonstrated evidence that they work.
Recommendations (Cont’d 3)

3. Direct the California Department of Health Care Services (CDHCS) and California Department of Public Health (CDPH) to complete a statewide performance reporting system and publicize benchmarks that outline annual goals for expanding access to mental health care to Latinos and that includes setting county targets for improvements.

4. Require that the CDPH’s Office of Health Equity get involved in the development of guidelines of county Cultural Competency Plans.
5. Hold counties accountable, beyond the very modest investment in the CRDP, for closing the treatment gap for Latinos in behavioral health care services by requiring them to:

a. Identify and implement strategies in their MHSA plans that address behavioral health care disparities. All MHSA plans and programs should include information related to number of clients served by program stratified by race, ethnicity and preferred language in a way that provides documentation on the progress being made in eliminating these disparities.

b. Implement MHSA plans with measurable goals and concrete outcomes serving a larger number of Latinos commensurate to their respective Latino population demographic distribution.
c. Ensure that MHSA plans report the percentage of the budget directly allocated to services that address behavioral health needs of Latino populations.

d. Report and disseminate strategies they have developed and implemented with MHSA resources to grow and sustain the Latino bilingual and bicultural workforce.

e. Partner with schools to increase education and early detection of Latina/o suicide ideation and ensure that individuals and families have access to resources to prevent suicide attempts.
6. Increase funding and redirect MHSA resources to ensure that culturally and linguistically appropriate behavioral health care services and workforce address the unmet needs of the Latino population that are consistent with their growth and place of residence and their demographic distribution by geographic areas.
Final Recommendation

7. Offer loan forgiveness programs for Latinos pursuing careers in mental health and support certificate training career pathway programs that lead to full-employment in community mental health departments. Track by race and ethnicity access to current MHSA workforce training programs.
Latina Adolescent Suicide

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ADVANCING BEHAVIORAL HEALTHCARE

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
Learning Objectives

1. Overview about Suicide
2. Adolescent Suicide Risk Factors
3. Early Prevention and Treatment
Timing of U.S. Suicides

On average:
1 suicide every 13.7 minutes

- Every 1 hour and 48 minutes, a person under the age of 25 completes suicide
- Each day there are approximately 12.6 youth suicides
- Each year there are approximately 10 youth suicides for every 100,000 youth

Suicides in California, Trends

Between 2002 – 2012, California had an average of 3,546 suicides per year, with an average rate of 9.7 suicides/100,000.

2012 saw 3,857 suicide deaths, resulting in a rate of 10.2 suicides/100,000.
Suicides in California by Age, 2012

- Deaths: 1,542; Rate: 16.2/100K
- Deaths: 1,139; Rate: 10.8/100K
- Deaths: 282; Rate: 10.0/100K
- Deaths: 607; Rate: 15.5/100,000
- Deaths: 139; Rate: 21.8/100,000

Ages

- 10-14
- 15-19
- 20-24
- 25-44
- 45-64
- 65-84
- 85+


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Crying Out For Help
Suicide Attempts Reveal Strains on Young Latinas
By Laura Sessions Stepp
Washington Post Staff Writer
Tuesday, January 22, 2008; Page HE01
www.Washingtonpost.com, accessed 1/22/08
Crying Out For Help: Suicide Attempts Reveal Strains on Young Latinas

- Latinas ages 12 to 17 are the largest minority group of girls in the country, and growing

- They are more likely to try to take their lives than any other racial or ethnic group their age

- 25% say they've thought about suicide, about 15 percent attempt it, compared with approximately 10% of white and African American teen girls

- Other studies put the proportion of attempters at 20 percent

Source: Center for Disease Control and Prevention
Percentage of High School Students Who Seriously Considered Attempting Suicide,* by Sex** and Race/Ethnicity,*** 2005

* During the 12 months preceding the survey
** F > M
*** W, H > B

Source: National Youth Risk Behavior Survey, 2005
Percentage of High School Students Who Made a Plan about How They Would Attempt Suicide,* by Sex** and Race/Ethnicity,*** 2005

* During the 12 months preceding the survey
** F > M
*** H > W > B

Source: National Youth Risk Behavior Survey, 2005
Percentage of High School Students Who Actually Attempted Suicide,* by Sex** and Race/Ethnicity,*** 2005

* One or more times during the 12 months preceding the survey
** F > M
*** H > W, B

Source: National Youth Risk Behavior Survey, 2005
Latina Adolescent Suicide

- Latina teenage girls attempt suicide more often than any other group
- They tend to become young mothers at an early age
- They don’t complete their education
- They are plagued by rising alcohol and drug use and other social problems

Adolescent Suicide Risk Factors
Adolescent Suicide Risk Factors:

- Previous suicide attempt
- Presence of a psychiatric disorder:
  - Depression
  - Bipolar Disorder
  - Substance Use/Abuse
  - Comorbidity
- Family history of suicide
- Exposure to other’s suicidality
Suicide Risk Factors (Cont’d)

- Significant changes/losses
- Abuse (physical, emotional, sexual)
- Impulsivity, aggression, rage, bullying
- Family loss or instability, significant family conflict (domestic violence, parent’s divorce)
- Thoughts of suicide expressed; continuous talk of death or dying

Source: American Association of Suicidology, Youth Suicide Fact Sheet, 2009
A Suicidal Person may

- Talk about suicide, death and/or no reason to live
- Be preoccupied with death and dying
- Withdraw from friends and/or social activities
- Have a recent severe loss (relationship) or threat of one
- Experience a drastic change in behaviors
- Lose interest in hobbies, work, school, etc.
- Make final arrangements: a youth may give away valuable belongings

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Warning Signs! (Cont’d)

- Have attempted suicide before
- Take unnecessary risks: be reckless, and/or impulsive
- Lose interest in their personal appearance
- Increase their use of alcohol or drugs
- Express a sense of hopelessness
- Be faced with a situation of humiliation or failure
- Have a history of violence or hostility
- Have been unwilling to “connect” with potential helpers

Source: American Association of Suicidology, 2003

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Treatment
Cultural Factors to Integrate Outreach, Engagement, Assessment, and Treatment

- In the engagement process and throughout therapy, clinicians need to remain attentive to the formalities expected in social interactions.

Spending extra time in the process of family engagement with Latinos while keeping the most prevalent and identified values in mind is crucial.

Some of these values are:

- **Personalismo** (Personalism or Familial Self)
- **Familismo** (Familism)
- **Collectivismo/Comunidad** (Collectivism/Community)
- **Respeto** (Respect)
- **Símpatia/Amabilidad** (Kindness/Friendliness)
- **Confianza** (Trust)
- **Marianismo/Machismo**
- **Spiritualidad /Religión** (Spirituality/Religion)
- **Fatalismo** (Fatalism/Fate)
Treatment

- **Family-Focused Treatment**: We cannot treat the child if we are not treating the entire family. Studies have shown that the child has a better prognosis when parents are actively involved in the treatment.

- **Interventions**: All services offered in English & Spanish
  - Individual/Family therapy
  - Case-Management Support Services
  - Psychiatric Services (when appropriate: important to educate and provide needed support in order to minimize fears re: stigma)
  - Group Therapy:
    - Adolescent Process Peer Groups (positive peer support = good prognosis)
    - Parent Educational Groups
    - Parent Process Groups
    - Parenting Classes

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Next Steps

Refujio "Cuco" Rodriguez

Chair of the Board,
National Compadres Network

The California Latino Legislative Caucus and The Concilio of Latino Mental Health Agencies
Next Steps

1. The Latino Legislative Caucus, the California Department of Health Care Services (DHCS) and the California Department of Public Health's (CDPH) Office of Health Disparities are encouraged to take on a more active role in assisting the Concilio and other key Latino stakeholder organizations in developing a strategic plan that is based on these recommendations.

2. The California Department of Health Care Services should identify a more prominent role of the Office of Health Disparities in the development and the oversight of the Cultural Competency Plans.

3. To the extent possible, these recommendations should be included as requirements in the upcoming Cultural Competency Plans and MHSA Annual Updates.

4. Existing workforce development strategies and loan forgiveness programs should be identified and there should be funds set aside for Latinos across multiple disciplines.

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Summary

Richard Zaldivar

President and Founder, The Wall Las Memorias Project