A New Approach for the Delivery of Mental Health Services to the Latino Community

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Mapping the Community

- Learning the needs of the community & clients
- Establishing meaningful partnerships and relationships within the community
- Identify Barriers or Areas for Consideration
- Developing Outreach and Engagement
Models for Outreach and Engagement

Traditional Model

**WHO:** Internal Tarzana Treatment Center staff that outreach in the community, Clinical Supervisor, Program Administrators

**HOW:** Outreach to schools, obtain MOU’s with local schools, attending Service Area Advisory Committee Meeting (SAAC), attending Community Meetings for Faith Leaders, Coalition against Gang meetings, Department of Mental Health Provider Meeting, and outreaching to Department of Mental Health Navigators in the community

**ACCESS:** Typically set up a referral system for potential consumers to access services
Models for Outreach and Engagement

**WHO:** Hispanic/Latino community members who receive specialized training to provide basic health education in the community, although they are not professional health care workers

**WHAT:** Liaisons between their community, health professionals, human and social service organizations

**WHY:** Bridge the gap between community needs and health resources, decrease stigma and “it is easier for them to deliver interventions in a culturally sensitive manner, be perceived as a one with similar values and experiences, and thus create a rapport with program participants faster”
Areas for Consideration

• Levels of Acculturation
• Transgenerational Trauma- Whole Family Treatment
• Partnering with Health Agencies in the community- “Whatever it Takes” Philosophy
• Compassion Fatigue
• Additional Administrative Work to ensure efficacy of programs
### Location, Location, Location

<table>
<thead>
<tr>
<th>Positives</th>
<th>Areas for Consideration</th>
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<tbody>
<tr>
<td>• Co-located clinic within agency</td>
<td>• Not physically integrated together, even 1 floor can make a difference – staff mixers helped to improve communication</td>
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<td>• Substance use Treatment Resources within the agency</td>
<td>• Accessibility to provide mental health service to Substance Use Residential Treatment Clients</td>
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<td>• “Speaking the Same Language”: Communication across disciplines (doctors, Substance use Counselors, nurses, therapists)</td>
<td>• Trainings, webinars to help staff communication</td>
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<td>• Client defined/chosen providers – partnering is a necessity</td>
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Staffing: “Right Fit” Staff

- Bilingual
- Bi-cultural
- Strength Based
- Team Approach: Supervisors, Therapist, Case managers, Psychiatrist, Health Navigators
- Administrative Support funded
Non-Traditional Services

• Culturally defined non-traditional services that help clients improve overall functioning

• **WHAT was requested by clients:** yoga, acupuncture, energy healing, aromatherapy, Zumba/ high energy dance classes, gym memberships

• **WHY:** Clients educated us on what their definition of culturally competent non-traditional services.
Feedback on Non-traditional Services

• Approximately 90% of clients who received our non-traditional services reported improvement in overall mood.
• 100% of our non-traditional providers express gratitude for the opportunity to collaborate with traditional mental health services for the Latino community.
It can be done!