



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

L. Ragosta, LMFT

[Lragosta@tarzanatc.org](mailto:Lragosta@tarzanatc.org)

818-996-1051 ext. 2263

# 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”

## Promotora Model



# 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

## Positives

- Co-located clinic within agency
- Substance use Treatment Resources within the agency
- “Speaking the Same Language” : Communication across disciplines (doctors, Substance use Counselors, nurses, therapists)

## Areas for Consideration

- Not physically integrated together, even 1 floor can make a difference – staff mixers helped to improve communication
- Accessibility to provide mental health service to Substance Use Residential Treatment Clients
- Trainings, webinars to help staff communication
- Client defined/chosen providers – partnering is a necessity

# 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 client 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!