Community Defined Evidence Project (CDEP)

Preliminary Quantitative and Qualitative Findings

2009

A Joint Initiative of the
National Latino Behavioral health Association
and the
National Network to Eliminate Disparities
in association with
The University of South Florida

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Introduction

This report provides preliminary findings of the Community Defined Evidence Project (CDEP), designed to identify and document innovative and best practices used successfully in Latino/Hispanic communities across the country. The CDEP has focused on those practices developed at the community level which positively affect services, supports, interventions, and outcomes with diverse Latino/Hispanic populations throughout the country. The knowledge gained through collection of information from diverse communities about such practices is intended 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 distill the "essential elements" of innovative, culturally-focused 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 and which 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 and Treatments, which emphasize empirical testing of practices and do not often consider cultural appropriateness in their application.

In July 2008, the Community Defined Evidence Project distributed a nationwide call for nominations to identify practices that Hispanic/Latino communities have used and found to yield positive behavioral health results over time. Practices identified through the CDEP nomination process were reviewed for possible inclusion in the project from August through September 2008. A total of 56 nominations were received during the nomination period from a wide variety of organizations throughout the country. Of these nominations, a total of 16 organizations agreed to participate in the data collection phase of the study by allowing CDEP Study Team members to interview staff, as well as taking the time to coordinate interviews with relevant community partners, current and former consumers, and family members. In-depth interviews were conducted with a total of 246 respondents from March through June 2009. Although the interviews were generally qualitative in nature, basic demographic information was also collected for each participant. In addition, each participant was asked to respond to a series of survey items to indicate perceptions related to: experiences receiving services; barriers to behavioral health services for Latinos/Hispanics; and importance of using specific practices or strategies designed to increase access and/or utilization of behavioral health services by Latinos/Hispanics in the United States.

This report presents preliminary quantitative and qualitative findings from these interviews. The first section provides a demographic and statistical overview for three sets of stakeholder groups: consumers/family members, organizational staff, and community partners. The second section of this report outlines preliminary qualitative findings for two study sites that hosted site visits by the CDEP Study Team and facilitated person-to-person interviews. Preliminary qualitative findings are outlined primarily according to themes emerging through initial analysis of interviews and will serve as the foundation for the conceptual framework used to analyze the remaining interviews. The following appendices have also been included in this report: Appendix A contains the interview protocols used in the study and Appendix B outlines emerging themes for qualitative analysis.

October 2009

Section 1. Demographic and Statistical Overview of CDEP Study Respondents

Interviews were conducted with a total 246 respondents in 2009. Although the interviews were generally qualitative in nature, basic demographic information was collected for each participant. Respondents were also asked to answer a series of survey items to indicate views related to: experiences receiving services (consumers and family members); perceived barriers to behavioral health services for Latinos/Hispanics (organizational staff and community partners); and perceived importance of using specific practices or strategies designed to increase access and/or utilization of behavioral health services by Latinos/Hispanics in the United States. This section presents figures for each of these stakeholder groups: consumers/family members, organizational staff, and community partners. A demographic and statistical report that highlights responses for each of the 16 CDEP Study Sites is currently being developed and will be made available to sites in January 2010.

Consumers & Family Members

Rather than evaluate how a particular agency uses a practice, the intent of the Community Defined Evidence Project (CDEP) is to establish a process for community use and support of a particular practice that has been deemed to "work for them" and that can be documented in a systematic way, as well as the degree to which it can be measured given its endorsement by the community. Because of this emphasis on establishing community use and support of a given practice, CDEP data collection prioritized interviewing of consumers and family members to gather their experiences, opinions, and perceptions about successful behavioral health practices available within their communities, whether the practices used within the organizations of focus within the study have "worked" for them, and why. Consumers and family members were recruited by representatives at each of the CDEP Study Sites who worked closely with the CDEP Study Coordinator at the University of South Florida. Although funding and time constraints prevented data collection with a representative sample of consumers and family members for each organization that participated in the study, every effort was made to conduct interviews with an equivalent number of consumers and staff members at each site to ensure diverse perspectives with regard to implementation of the practices under study.

This section provides a demographic overview of the consumers and family members that were interviewed at all of the participating CDEP Study Sites and outlines their responses to 38 survey questions. Consumer and family members were grouped together for purposes of reporting because both of these stakeholder groups answered the same demographic and survey items and the overall number of family respondents was quite small (n=12).

During each interview, respondent category (i.e., consumer or family member), gender, and language of preference for the interview were noted. Table 1 gives a breakdown of figures of respondent type and gender, as well as the language in which the interview was completed.

Table 1. Overview of Respondents

Category	Frequency	Percentage
Respondent Type		
Consumers	90	88
Family Members	12	12
Total	102	100%
Gender Breakdown		
Female	76	75
Male	26	25
Total	102	100%
Interview Language		
English Consumers Family Members	28 24 4	27 24 4
Spanish Consumers Family Members	74 65 9	73 64 9
Total	102	100%

Respondents were also asked to identify their country of birth (Table 2). This question was open-ended and responses varied greatly. Many contained cities or regions of countries in Latin America, or lengthier explanations. For the purposes of analysis, responses were collapsed to identify reported country only. Nearly half of all consumer and family respondents reported their country of birth as Mexico. Sixteen percent of the sample identified the United States as their country of birth, followed by 14% of respondents who identified their country of birth as Puerto Rico. The remaining sample of respondents is fairly evenly distributed between nine countries representing the Spanish-speaking Caribbean, Central America, and South America.

Table 2. Reported Countries of Birth

Countries	Frequency	Percentage
Mexico	49	48
USA	16	16
Puerto Rico	14	14
Dominican Republic	4	4
El Salvador	3	3
Honduras	3	3
Colombia	2	2
Argentina	1	1
Cuba	1	1
Ecuador	1	1
Nicaragua	1	1
Panama	1	1
Missing/No response	6	6

In addition to country of birth, respondents were asked to identify their race/ethnicity, relying on the categories currently in use by the U.S. Census (Table 3). Respondents were given an opportunity to select one or more of these categories and/or report identity in their own words. Census categories for race and ethnicity were included in the interview protocol because of their wide use by federal (OMB Directive No. 15), health, and social service agencies and general recognition. Unlike the Census, however, a singular list was provided to respondents combining racial and ethnic categories. The majority of consumers and family members interviewed identified as Hispanic/Latino.

Table 3. Reported Race/Ethnicity

Race/Ethnicity	Frequency	Percentage
Hispanic/Latino	94	92
Multicultural/Multiracial	3	3
African American/Black/Afro-Caribbean	0	0
American Indian/Alaska Native	0	0
Asian/Asian American	0	0
Native Hawaiian/Pacific Islander	0	0
Bicultural/Biracial	0	0
White/Anglo	1	1
Other or Unknown	3	3
Missing/No response	1	1

Consumers and family members were asked to report the length of time in services at the respective study sites. Those consumers and/or family members who were no longer receiving services were asked to report the total length of time that they had previously received services from the behavioral health organization under study. Table 4 shows that nearly 70% of respondents indicated that they had been using services for less than five years. Just over 40% of the sample reported being in services for less than one year.

Table 4. Self-reported Service Use

Amount of Time Using Services	Frequency	Percentage
Less than 1 year	44	43
1-4 years	25	25
5-9 years	21	21
10 or more years	9	9
Not Applicable	1	1
Missing/No response	2	2
TOTAL	102	100%

Respondent Perceptions Related to Service Delivery Practices

Before answering the open-ended questions, consumer and family respondents were also asked to respond to a series of Likert-type items designed to gather their perceptions on the importance of using specific strategies or practices designed to increase access and/or utilization of behavioral health services among Hispanic/Latino populations in their local communities and whether such practices were being used at the organization where they or their family members had received services. Overall responses are presented as a series of bar graphs that group questions into the following thematic areas: practices related to cultural and linguistic competence; practices used to increase cultural relevance of services; and practices/strategies used to increase service accessibility. For each area, graphs are used first to illustrate respondents' opinions about the perceived importance of using such practices and subsequently to report on whether such practices are implemented by the behavioral health organization under study. Narrative following each graph highlights notable findings.

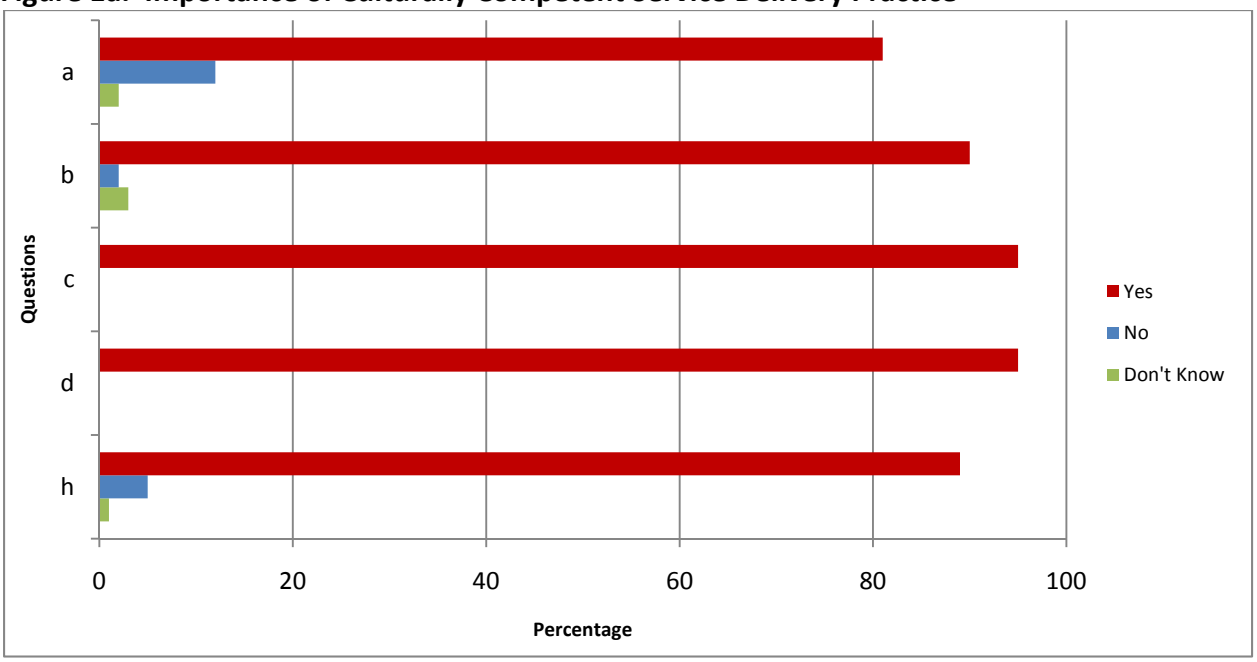
The original questions were presented to respondents within a checklist format and allowed for the following possible responses: (1) yes; (2) no; and (3) don't know. Although respondents were encouraged to answer using only the variables presented, many of them qualified their responses or provided additional discussion. This information was captured during audio recording of interviews; it will be analyzed as part of the qualitative data and presented in future work related to the CDEP but is not addressed in this report. (Appendix A includes the interview protocols used in the study.)

Practices Used to Ensure Culturally Competent Service Delivery

Five of the items included in the checklists posed questions about the practices used to ensure cultural and linguistic competence in service delivery. These questions focused on concrete practices, such as use of Spanish in verbal and written interactions, as well as questions related to family input in service planning and delivery, which has been found to affect utilization rates in populations of color (Hernandez, Nesman, Isaacs, Callejas, & Mowery, 2006; McKay, Pennington, & McCadam, 2001). Figure 1a presents overall responses for the following questions:

> *It is important to me that any organization where I get services…*
>
> a. Asks questions about my family's customs and traditions.
> b. Respects my beliefs about the types of treatment that my family wants.
> c. Communicates with me in Spanish, if that is what I want to speak.
> d. Provides the forms I need to sign, brochures and treatment instructions in Spanish when I need them.
> h. Has agency employees who share my culture/ethnicity.

Figure 1a. Importance of Culturally Competent Service Delivery Practice



About 95% of consumer and family respondents indicated that they felt it was important for *any* behavioral health agency to communicate with them and provide written information in Spanish, when needed. The majority of respondents indicated that they felt it was important for behavioral health organizations to provide verbal and written communication in Spanish (question c & question d), although 5 % of respondents failed to provide a response to these questions. (Missing items not included in Figure 1a.) A review of missing responses indicates that these respondents were primary English-speakers and did not feel the need to receive services in another language. Questions related to family participation and input in services did not elicit as much consensus among respondents, although a majority of respondents indicated that they felt family input is important in service delivery. Twelve percent of respondents indicated that they did not consider it important for behavioral health agencies to ask questions about their family's customs and traditions (question a). With regard to the question about whether it is important for agencies to respect family beliefs (question b) about the types of treatment provided, 2% of respondents indicated that they did not feel this to be important and another 3% indicated that they did not know. Almost 90% of respondents felt it was important for agencies to have employees that share the same culture/ethnicity (question h).

Figure 1b presents overall responses related to whether consumers and families felt that the behavioral health agency under study (and where they had received services) implemented the five basic cultural competence practices noted above. The questions presented in Figure 1b are:

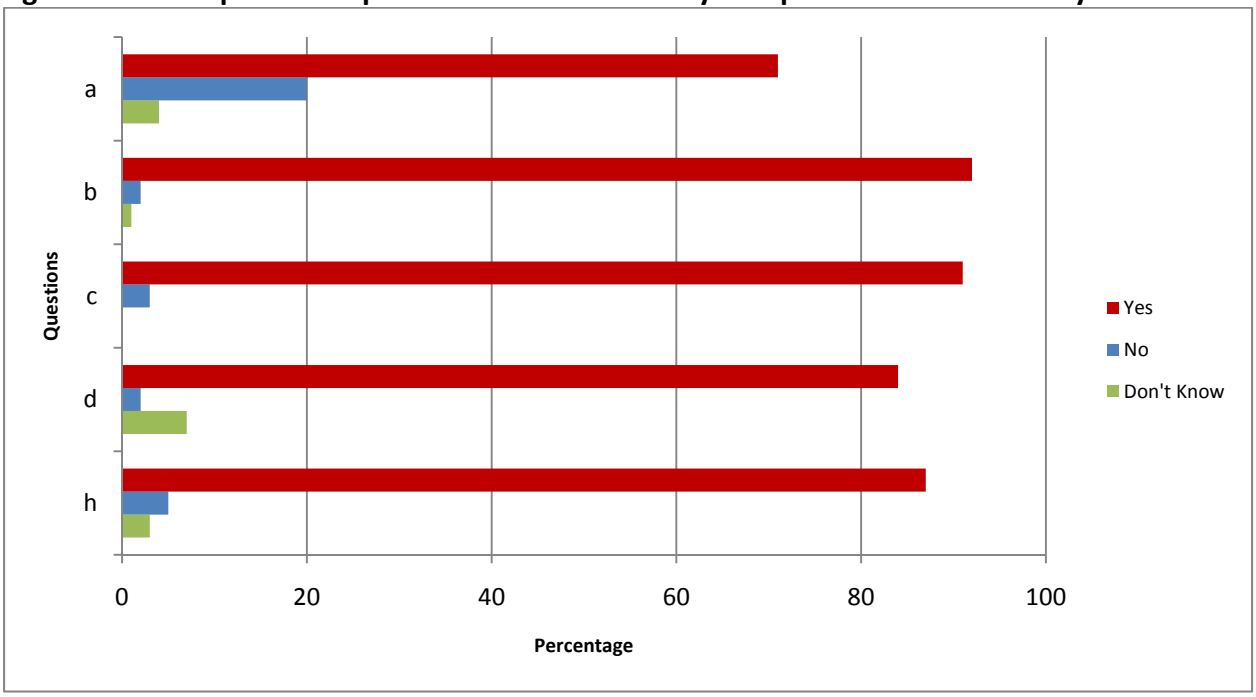
At [name of the organization under study], do they:

a. Ask questions about my family's customs and traditions?
b. Respect my beliefs about the types of treatment that my family wants?
c. Communicate with me in Spanish, if that is what I want to speak?

d. Provide the forms I need to sign, brochures and treatment instructions in Spanish when I need them?

h. Have staff who share my culture/ethnicity?

Figure 1b. Perceptions - Implementation of Culturally Competent Service Delivery Practices



The majority of respondents indicated that the behavioral health agencies where they received services did indeed implement the five basic cultural competence practices presented in the checklist. However, there was more variation in responses. Just over 90% of respondents indicated that staff at the CDEP study site where they received services communicated verbally with them in Spanish (question c) and respected their beliefs about the types of treatment their family wants (question b). Interestingly, only 84% of respondents indicated that written forms and information were provided in Spanish (question d). Twenty percent of respondents indicated that they were not asked about their family's culture and traditions by staff at the study site (question a). Five percent of respondents indicated that agency staff did not share their culture/ethnicity while another 3% indicated they did not know if this was indeed the case (question h).

Practices Used to Increase the Cultural Relevance of Services

Nine of the items included in the checklist posed questions about practices that were identified as "increasing cultural relevance" in behavioral health services. These practices focus on more interpersonal interactions, which have been identified as important in the engagement of Latino/Hispanic populations in services (e.g., perceived "warmth" of service delivery staff and informal activities/environment), as well as support and inclusion of traditional cultural and/or

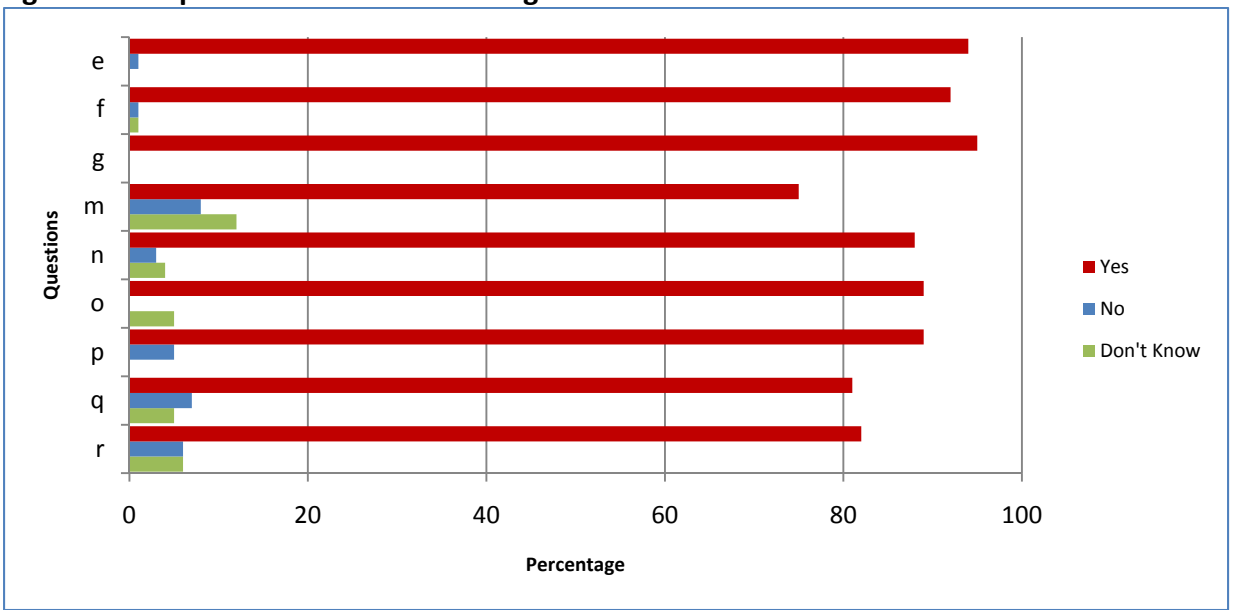
spiritual beliefs related to health and well-being (See Kouyoumdjian, Zamboanga, & Hansen, 2003).

Figure 2a presents overall responses for the following questions:

It is important to me that any organization where I get services…

e. Greets me and communicates with me in a warm, personal manner.
f. Takes my family's needs into consideration.
g. Understands my point of view as a Latino/a or Hispanic.
m. Respects my decision to go to a traditional healer, such as a *curandero* or *yerbero*.
n. Supports my involvement with my church.
o. Respects and supports my faith/religion in the services I receive.
p. Participates in cultural events within my community.
q. Organizes social activities such as dances, pachangas, fiestas, dinners, etc.
r. Talks to me about *susto*, *nervios* or other *trastornos*.

Figure 2a. Importance of Practices Designed to Increase Cultural Relevance in Services



Overall, the majority of respondents indicated that they felt it was important for behavioral health agencies to implement such practices. Questions e., f., and g., which dealt with the perceptions related to feeling welcome and understood from a cultural vantage point – individually and as members of families– elicited the highest proportion of positive responses. There was less agreement with regard to the importance of agencies supporting the use of indigenous healing and/or health concepts (questions m. and r.). Only 75% of respondents felt it

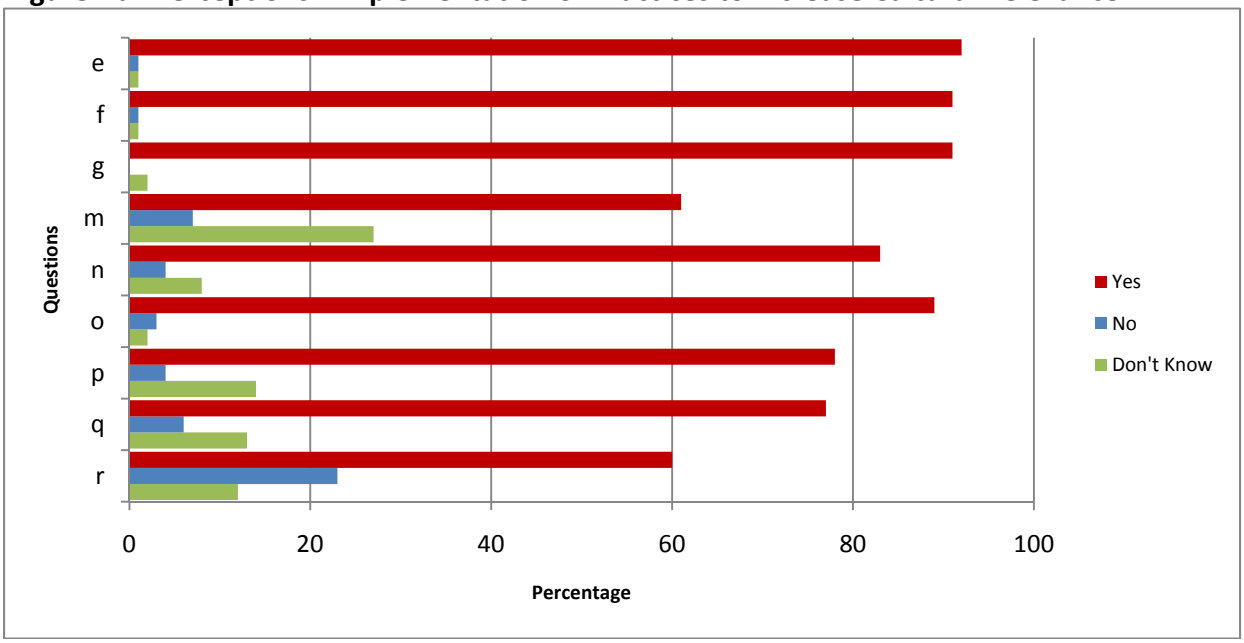
important for behavioral health agencies to respect consumer decisions to seek help from traditional or cultural healers (e.g., *curanderos*, *yerberos*, etc.), while 82% of respondents felt it important for agencies to use culturally relevant terms related to behavioral health (e.g., *susto*, *nervios*, etc.). With regard to discussion of indigenous healers, there was some reticence noted on the part of some respondents to admit to the use of such practices within particular study sites. Discussion related to this topic was captured on audio recordings of interviews and will be investigated more closely during qualitative analysis.

Figure 2b presents overall responses for the following questions:

At [name of the organization under study], do they…

e. Greet me and communicate with me in a warm, personal manner?
f. Take my family's needs into consideration?
g. Understand my point of view as a Latino/a or Hispanic?
m. Respect my decision to go to a traditional healer, such as a *curandero* or *yerbero*?
n. Support my involvement with my church?
o. Respect and support my faith/religion in the services I receive?
p. Participate in cultural events within my community?
q. Organize social activities such as dances, pachangas, fiestas, dinners, etc.?
r. Talk to me about *susto*, *nervios* or other *trastornos*?

Figure 2b. Perceptions - Implementation of Practices to Increase Cultural Relevance



As with the questions highlighted in the previous graph (Figure 2a) the majority of consumers and family members surveyed reported positive responses to the questions listed in Figure 2b. Over 60% of respondents indicated that agency personnel from whom they received services at CDEP study sites discussed behavioral health using widely recognized cultural concepts, such as *susto* or *nervios* (question r) (See Alegría, Canino, Ríos, Vera, Calderón, Rusch, & Ortega, 2002; Guarnaccia & Rogler, 1999; Hernandez et al., 2006; Koumoudjian et al., 2003; Pumariega, Glover, Holzer 3rd, & Nguyen, 1998). Sixty percent of respondents also indicated that they felt their decision to seek help from an indigenous healer was supported by the agency (question m). With regard to these questions in particular, respondents often noted that discussion of cultural concepts or alternative forms of healing might be considered outside the purview of formal behavioral health services. Discussions relevant to these particular questions will be investigated more fully during qualitative analysis of interviews.

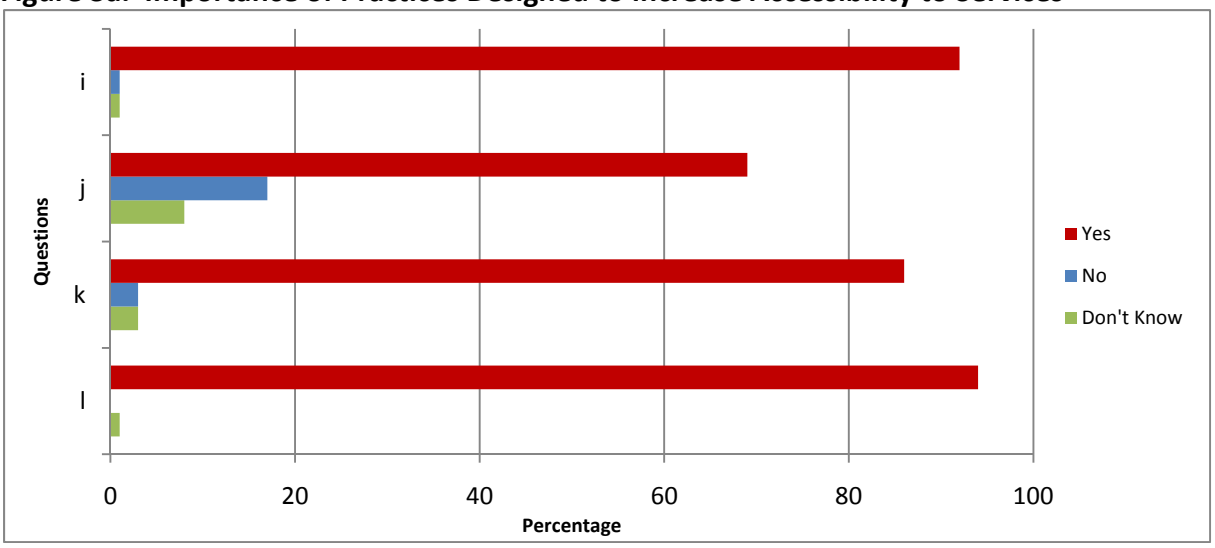
Practices and Strategies Designed to Increase Service Accessibility

Four of the items included in the checklist posed questions about practices and strategies used to increase accessibility to behavioral health services. These practices address location and cost of services, which have been shown to affect whether services are used (See Alegría, Canino, Ríos, Vera, Calderón, Rusch, & Ortega, 2002; Hernandez et al., 2006; Koumoudjian et al., 2003; Pumariega, Glover, Holzer 3rd, & Nguyen, 1998). Figure 3a presents overall responses for the following questions:

It is important to me that any organization where I get services…

i. Offers services near my home.
j. Offers services in my home.
k. Provides transportation to and from appointments.
l. Offers free or low-cost services.

Figure 3a. Importance of Practices Designed to Increase Accessibility to Services



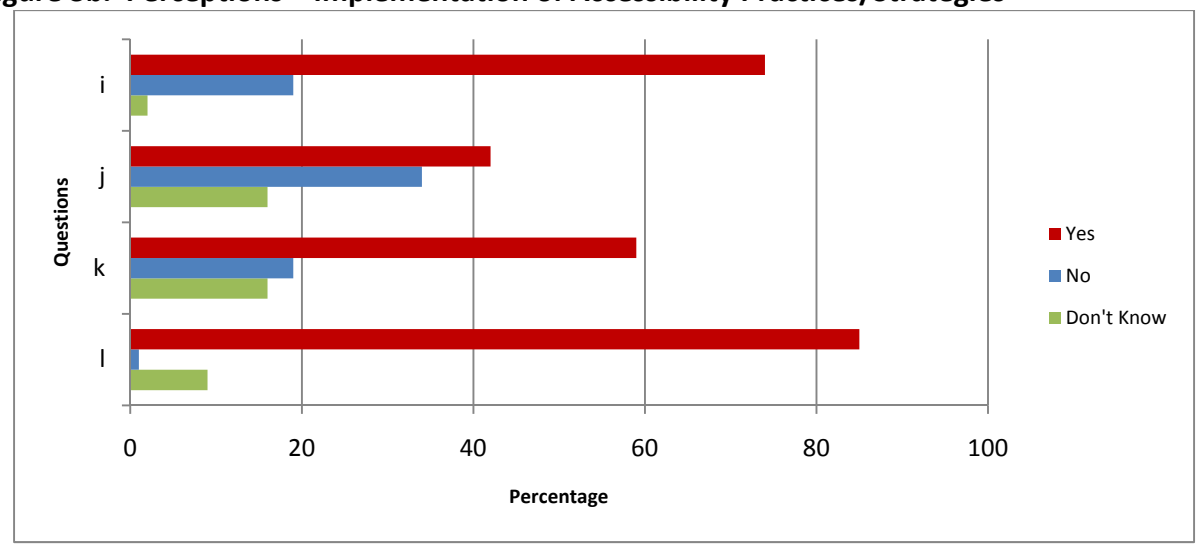
Overall, consumer and family respondents indicated that they felt it was important for any behavioral health agency to implement the four strategies/practices noted to increase accessibility to services. Over 90% of respondents said it was important to offer services in close proximity to their homes and to offer services for free or reduced cost (question i. & question l).

Figure 3b presents overall responses for the following questions:

At [name of the organization under study], do they…

i. Offer services near my home?
j. Offer services in my home?
k. Provide transportation to and from appointments?
l. Offer free or low-cost services?

Figure 3b. Perceptions – Implementation of Accessibility Practices/Strategies



Eight-five percent of respondents reported that they received free or low-cost services at the behavioral health agency under study (question l). Only 59% of respondents indicated that organizations provided transportation to consumers or family members (question k). Less than half of respondents indicated that agencies provided in-home services (question j).

Personnel at CDEP Study Sites

In-depth interviews were also conducted with a cross-section of personnel at each of the CDEP study sites to gather information about the development, implementation, and evaluation of identified practices focused on Latino/Hispanic behavioral health. A total of 93 staff respondents were interviewed, roughly the same as the number of consumers interviewed for the study. This section provides a demographic overview of the staff members interviewed, and outlines responses to a series of survey questions and checklists related to the Latino/Hispanic population served by their respective agencies, perceived barriers to behavior health services experienced by local Latinos/Hispanics, and their opinions related to the importance of implementing specific strategies concerned with increasing cultural and linguistic competence in service delivery, cultural relevance of services, access to services, and behavioral health practice development.

Table 5 gives a breakdown of staff respondent gender, as well as the language in which the interview was completed.

Table 5. Demographic Overview of Staff Respondents

Gender	Frequency	Percentage
Female	57	61
Male	36	39
Total	93	100%
Interview Language	**Frequency**	**Percentage**
English	71	76
Spanish	22	24
Total	93	100%

Respondents were also asked to identify their country of birth. As with consumer respondents, this question was posed as an open-ended one, and responses varied greatly. Many contained cities or regions of countries in Latin America, or lengthier explanations for their response. For the purposes of analysis, responses were collapsed to identify reported country only. Because of the wide variation in responses, the countries listed have been divided into two tables: countries of origin in Latin America, the Spanish-speaking Caribbean, and the United States (Table 6a) and countries of origin located in other regions (Table 6b).

Table 6a. Reported Countries of Birth – Latin America and USA

Countries	Frequency	Percentage
USA	40	43
Mexico	13	14
Puerto Rico	12	13
Colombia	7	8
Dominican Republic	3	3
Ecuador	2	2
Honduras	2	2
Argentina	1	1
Costa Rica	1	1

Cuba	1	1
Guatemala	1	1
Venezuela	1	1
Total	84	90%

Table 6b. Reported Countries of Birth – Other

Countries	Frequency	Percentage
Haiti	1	1
Russia	1	1
Spain	1	1
Missing/No response	6	7
Total	9	10%

In addition to country of birth, respondents were asked to identify their race/ethnicity, relying on the categories currently in use by the U.S. Census. Respondents were given an opportunity to select one or more of these categories and/or report identity in their own words. The majority of staff members interviewed identified as Hispanic/Latino.

Table 7. Reported Race/Ethnicity

Race/Ethnicity	Frequency	Percentage
Hispanic/Latino	62	67
White/Anglo	12	13
Multicultural/Multiracial	7	8
Other or Unknown	3	3
Asian/Asian American	2	2
Bicultural/Biracial	2	2
American Indian/Alaska Native	1	1
Missing/No response	4	4

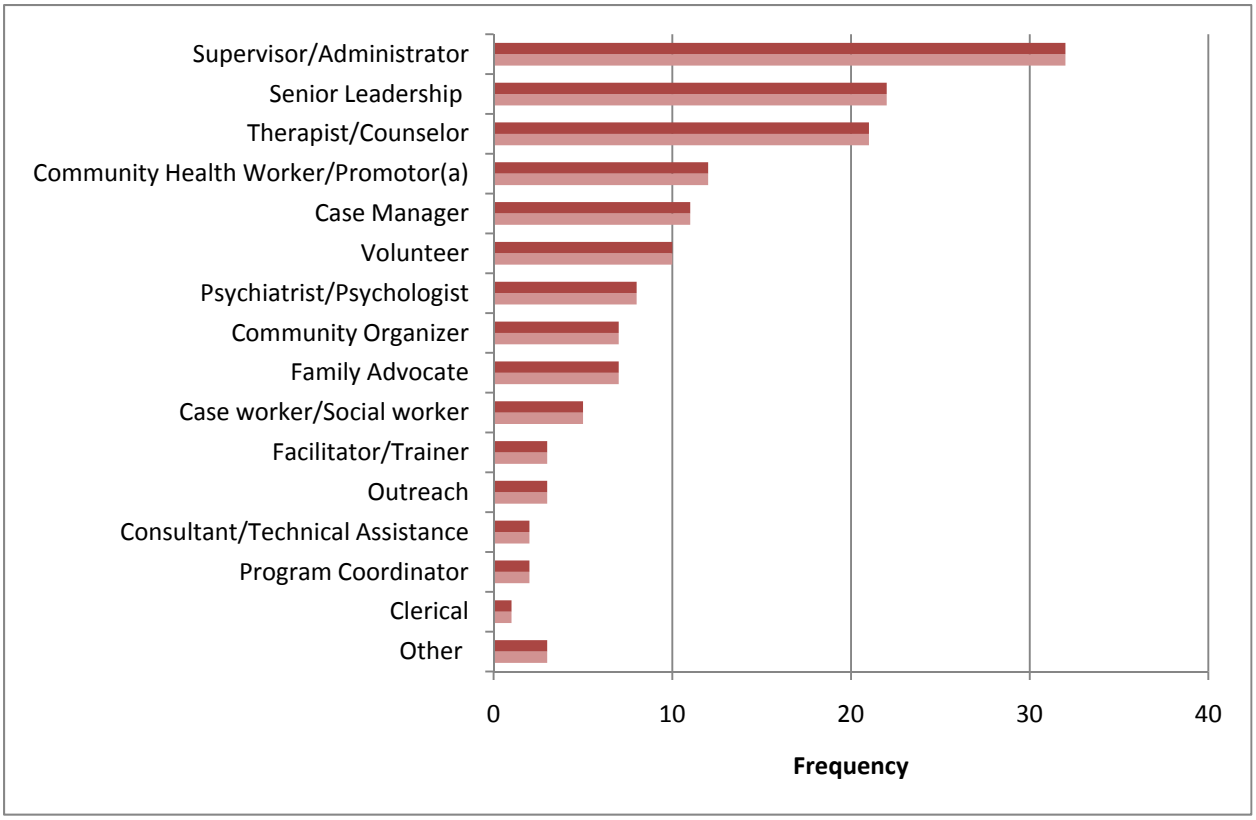
As noted earlier, a key component of the community-defined evidence concept is the notion that continued input from community members, including consumers, family members, and other key stakeholders is vitally important in the development of successful behavioral health practices. In reviewing and assessing potential study sites, the CDEP Study Team used knowledge and continuous interaction with populations/communities of focus as an important criterion for possible inclusion in the study. Most of the CDEP study sites can be characterized as community-based, non-profit organizations with long histories of service in their respective locations. In an attempt to gauge the relationship between site staff and the communities in which they worked, staff respondents were asked whether they resided within the community or neighborhood in which they provide services. Table 8 shows that over half of the staff members interviewed reported living within the communities/neighborhoods in which they provide services.

Table 8. Reside within Community where Services Are Provided

	Frequency	Percentage
Yes	58	62
No	31	33
Missing/No response	4	4

Figure 4 provides an overview of the organizational roles reported by each respondent (n=93). Staff members were asked to identify their current position or role (open-ended question) and/or select from one of a number of categories listed. Responses were later grouped into the categories presented in the graph. The majority of staff members interviewed identified themselves as part of their respective organizations' administration or senior leadership.

Figure 4. Respondents' Organizational Roles



Perceptions Related to Service Use Population

Staff members at study sites were asked to respond to a series of checklists designed to gather estimates related to the consumers they serve. Table 9 shows the countries of origin reported for Latino/Hispanic consumers served at respective study sites. For this checklist, respondents were asked simply to check off all of the countries in which their Latino/Hispanic consumers were born; as a result totals exceed 100%. Mexican origin of consumers was reported most often by staff respondents.

Table 9. Countries of Origin (Latin America) – Service Use Population

Geographic Areas	Frequency	Percentage
Central America		
El Salvador	49	53
Honduras	45	48
Guatemala	44	47
Costa Rica	27	29
Nicaragua	26	28
Panama	13	14
South America		
Colombia	41	44
Ecuador	37	40
Peru	33	36
Venezuela	26	28
Argentina	25	27
Chile	23	25
Bolivia	19	20
Brazil	19	20
Paraguay	10	11
Uruguay	14	15
Other	3	3
Caribbean		
Puerto Rico	56	60
Dominican Republic	44	47
Cuba	35	38
Other	1	1

North America		
Mexico	82	88
Other (U.S.)	32	34

Respondents were also asked to identify all of the other non-Latino/Hispanic populations served by their respective organizations. Most respondents reported serving African Americans/Blacks and Anglos/Whites in addition to Hispanic/Latinos (Table 10).

Table 10. Populations Served – Other than Latino/Hispanic

Populations	Frequency	Percentage
African American/Black/Afro-Caribbean	60	65
Asian American	40	43
American Indian/Native Alaskan	32	34
Native Hawaiian/Pacific Islander	9	10
Anglo/White, non-Latino	61	66
Other	7	8

With regard to Latino/Hispanic consumers, respondents were also asked to identify a number of socio-cultural characteristics in their respective service use populations (Table 11). This question was posed as a checklist and respondents were given the opportunity to select as many of the categories listed as applied in their respective organizations. As a result, the figures listed exceed 100%.

The majority of respondents indicated that they served immigrant populations from Latin America and the Caribbean, although over 80% of respondents also noted that they served consumers who had been born in this country of immigrant parents or were members of families whose settlement predates the formation of the this country (e.g., respondents in the U.S. Southwest). Eight-four percent of respondents indicated that they served undocumented immigrants. With regard to language preference, a majority of respondents indicated that they served bilingual consumers, while 83% of respondents indicated that they served Spanish-monolingual consumers.

Table 11. Socio-cultural Characteristics Associated with Latino/Hispanic Consumers

Factors	Frequency	Percentage
Acculturation		
First generation in the US	86	93
Second generation in the US	77	83
Multiple generations in the US	59	63
Transient/seasonal	50	54
Legal immigrants	72	77
Undocumented immigrants	78	84
Language Preference		
Speak Spanish/Portuguese only	77	83
Speak English only	40	43
Speak an indigenous language	33	36
Speak English and Spanish/Portuguese	85	91

Respondent Perceptions Related to Service Delivery Practices

Staff members were also asked to respond to a series of Likert-type items designed to gather their perceptions on barriers to behavioral health services among Hispanic/Latino populations in their local communities and perceived importance of using specific strategies to increase access and/or utilization of services. The original questions were presented to respondents within a checklist format and allowed for the following possible responses: (1) yes; (2) no; and (3) don't know. Although respondents were encouraged to respond using only the variables presented, many of them qualified their responses or provided additional discussion. This information was captured during audio recording of interviews and will be analyzed as part of the qualitative data and presented in future work related to the CDEP, but is not addressed in this report. (Appendix A contains copies of the interview protocols used in the study.)

Barriers to Behavioral Health Services

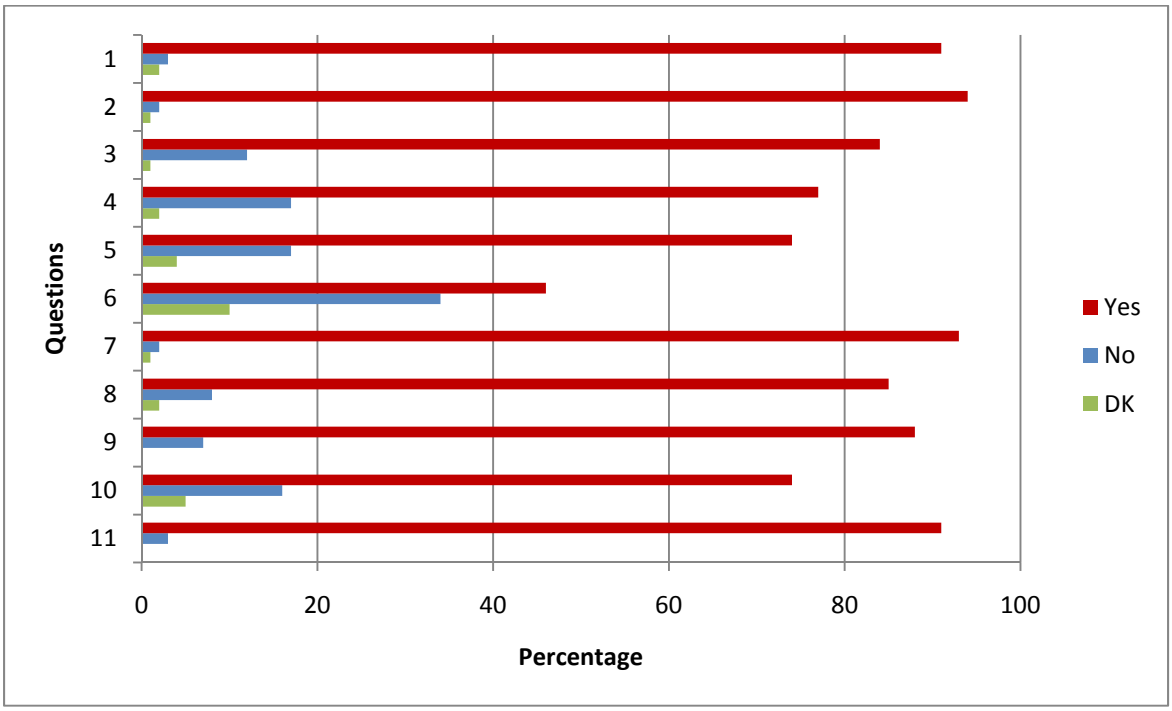
The list of items presented to staff respondents asked them to identify whether particular factors constituted barriers to accessibility for behavioral health services in local Latino/Hispanic populations (See Hernandez et al., 2006; Kouyoumdjian et al., 2003). Table 12 lists the

questions related to barriers that were included in the survey portion of the interview. Figure 5 illustrates overall responses for each of the items related to barriers.

Table 12. Questions – Potential Barriers to Behavioral Health Services

Potential Barriers
1. Cost/expense of services.
2. Inadequate insurance coverage.
3. Services are not available in Spanish or indigenous languages.
4. Services are not available in the community/neighborhood where Latino/Hispanic service users reside.
5. Service staff are non-Latino/non-Hispanic.
6. The Latino/Hispanic community has a preference for traditional/indigenous healers/*curanderos.*
7. A stigma in the Latino/Hispanic community associated with people who seek behavioral health services.
8. Mistrust of organizations that provide behavioral health services.
9. Fear of identification by police or immigration authorities.
10. Distinct beliefs about behavioral health in the Latino/Hispanic community (e.g. susto, nervios)
11. A lack of information/awareness about available services.

Figure 5. Perceptions on Access Barriers for Latino/Hispanic Consumers



Overall, the barriers most commonly identified for Latinos/Hispanics in communities where CDEP study sites provide services are: inadequate insurance coverage (question 2. – 94%); stigma within local Latino/Hispanic populations preventing Latinos/Hispanics from seeking formal behavioral health services (question 7 – 93%); cost/expense of services (question 1– 91%); and lack of information/awareness about available services (question 11– 91%). Although more than 50% of respondents believed that nearly all of the items were indeed barriers for Latinos/Hispanics in their communities, only 74% of respondents felt a general lack of Latino/Hispanic staff at agencies (question 5) and cultural beliefs related to behavioral health in Latino/Hispanic communities (question 10) posed a barrier. In additional discussion related to barriers, many respondents reported that they felt that there were often *more* services or resources available for individuals with no insurance, because of Medicaid and/or county-level public insurance for low-income, uninsured families, than for individuals with insurance that did not provide for behavioral health services. A number of respondents reported that recent outreach and community education efforts related to behavioral health had engendered positive changes in this regard. A number of respondents also said that they had seen more acceptance on the part of Latinos/Hispanics regarding therapy and other interventions related to depression and anxiety. Overall, however, providers generally identified stigma related to more chronic conditions (i.e., bipolar disorder, schizophrenia, etc.) as a source of ongoing shame or embarrassment for some consumers and their families. Discussion related to stigma will be further analyzed with qualitative data.

Just under half of respondents identified consumers' reliance on indigenous or traditional healers (e.g. *curanderos*, *yerberos*, etc.) as a potential barrier to formal behavioral health services. Many of the CDEP study sites support indigenous beliefs and knowledge related to health and well-being among their consumer populations or incorporate traditional healers within their services. However, a number of respondents noted that exclusive reliance on indigenous/traditional healers was a potential barrier to services and resources for specific mental illness and/or substance abuse.

Respondent Perceptions on Importance of Service Delivery Practices

The next series of items asked respondents to indicate whether they felt that the specific behavioral health practices presented in each question were "important" in the delivery of effective behavioral health services. The practices listed were not limited to interventions and included questions related to consumer engagement, outreach, agency climate, cultural and linguistic competence, etc. Overall responses to these items are presented in a series of bar graphs that group questions into the following thematic areas: practices related to cultural and linguistic competence; practices used to increase cultural relevance of services; practices/strategies used to increase service accessibility; and factors related to practice development. The graphs presented in this section only include responses given in the response categories included in the protocol: (1) yes; (2) no; and (3) don't know. Narrative following each graph highlights notable findings.

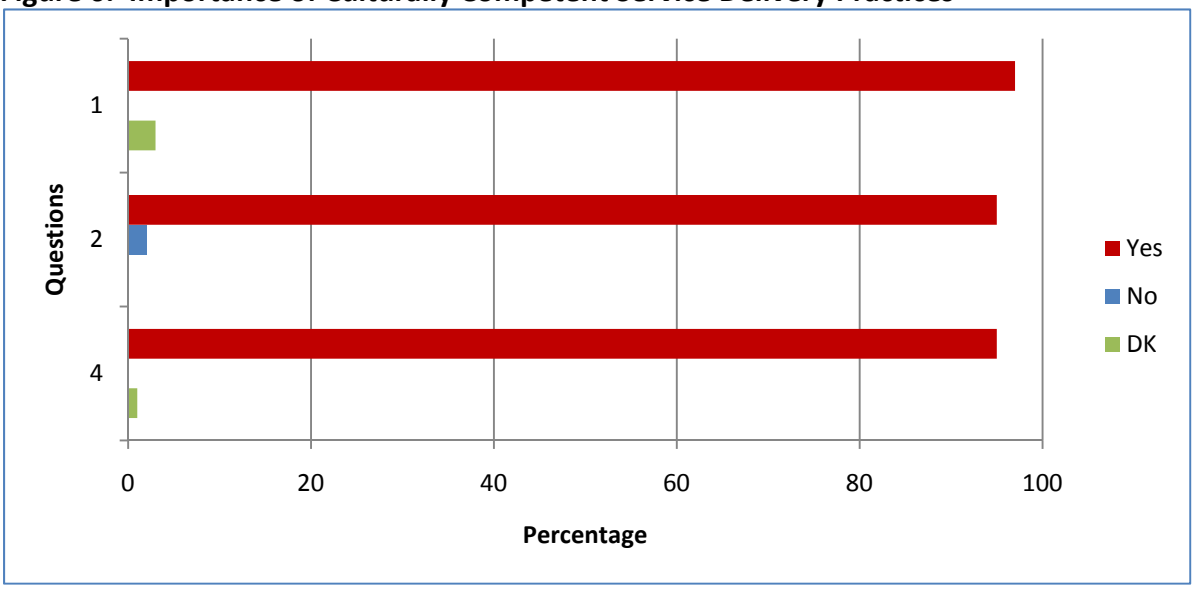
Practices Used to Ensure Culturally Competent Service Delivery

Three of the items included in the checklists posed questions about practices used to ensure culturally and linguistic competence in service delivery. These questions focused on concrete practices, such as use of Spanish in service delivery, maintaining staff from cultural backgrounds represented in consumer population(s), and family involvement in treatment/service provision planning. Figure 6 presents overall responses for the following questions:

*Please answer "yes" if you feel the [following] practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics.*

1. Provide services in Spanish/indigenous languages.
2. Maintain staff from similar cultural backgrounds.
4. Ensure family members are involved in the treatment/service provision process.

Figure 6. Importance of Culturally Competent Service Delivery Practices



Staff respondents overwhelmingly identified implementation of these practices as important for agencies seeking to provide effective behavioral/health service for Latinos/Hispanics.

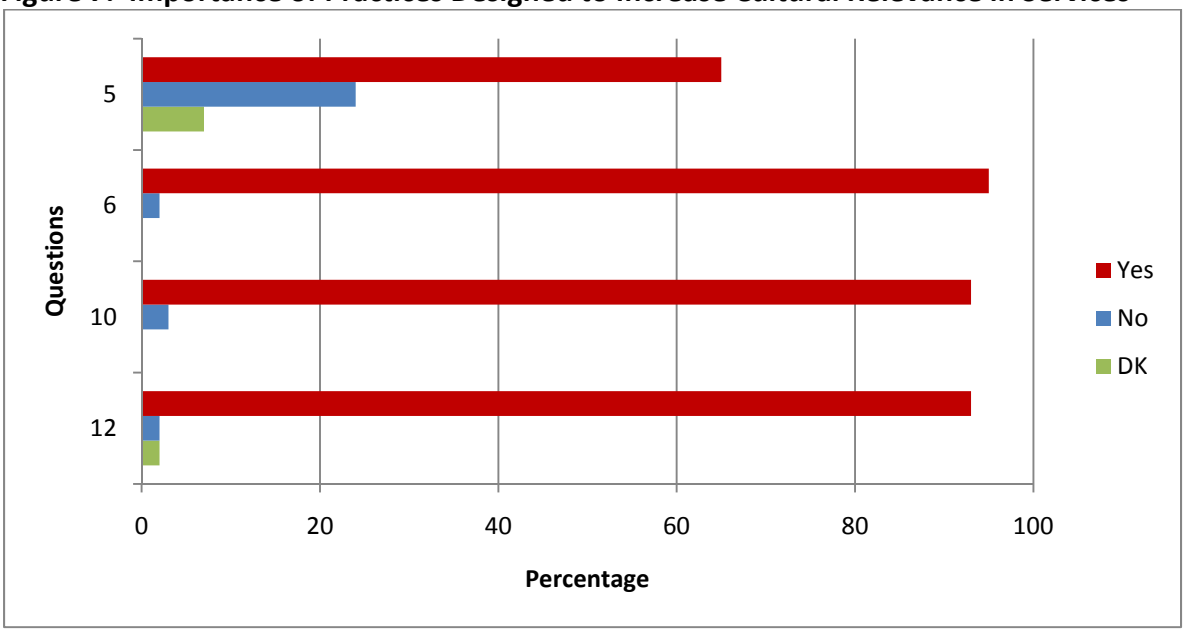
Practices Used to Increase the Cultural Relevance of Services

Four of the items included in the checklist posed questions about practices that were identified as "increasing cultural relevance" in behavioral health services. These practices focus on more interpersonal interactions, which have been identified as important in the engagement of Latino/Hispanic populations in services (e.g., perceived "warmth" of service delivery staff and informal activities/environment), as well as support and inclusion of traditional cultural and/or spiritual beliefs related to health and well-being (See Kouyoumdjian et al., 2003). Figure 7 presents overall staff responses for the following questions:

*Please answer "yes" if you feel the [following] practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics.*

5. Work in tandem with traditional healers/*curanderos*.
6. Understand cultural beliefs related to behavioral health, such as *susto* or *nervios*.
10. Incorporate a less formal, more personal touch into all levels of the service process.
12. Partner with churches or other institutions within the Latino community.

Figure 7. Importance of Practices Designed to Increase Cultural Relevance in Services



The majority of staff respondents felt it was important to understand cultural beliefs related to behavioral health in local communities (question 6 – 95%). Ninety-three percent of staff respondents also reported that it was important for agencies to maintain more personable environments where consumers felt comfortable (question 10) and to partner with local churches to which consumers belong (question 12). Only 65% of staff respondents indicated that it was important for behavioral health providers to work "in tandem" with indigenous/traditional healers (e.g. *curanderos*) (question 5). While a number of CDEP study sites do work closely with such healers and/or incorporate traditional healing methods within their services/interventions, slightly over a third of respondents said that they did not feel it was important to incorporate such practices within their treatment protocols.

Practices and Strategies Designed to Increase Service Accessibility

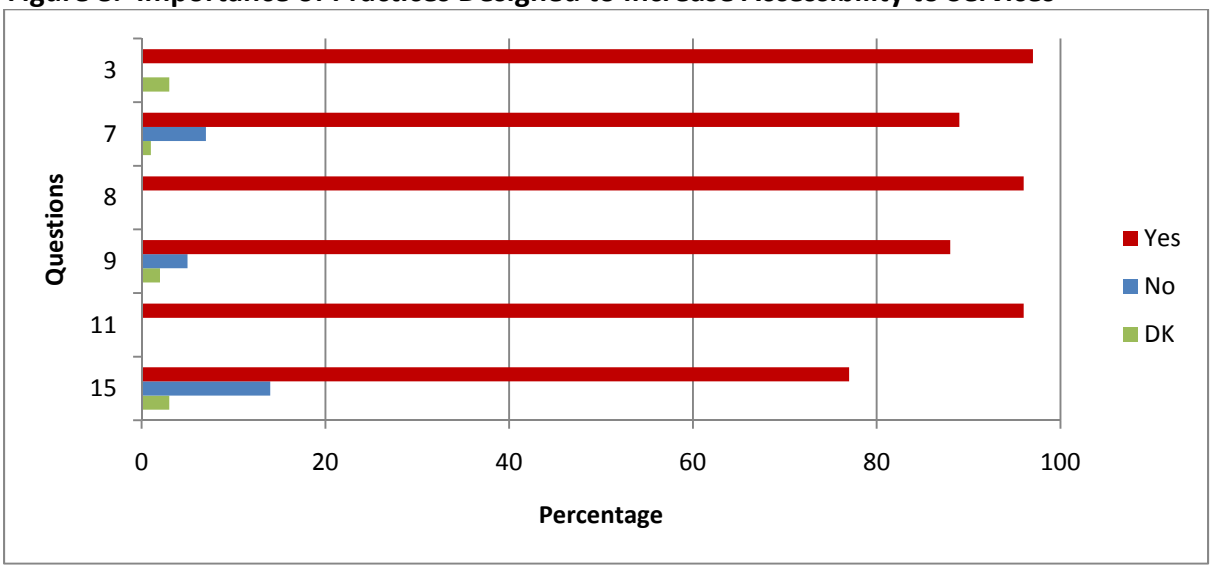
Six of the items included in the checklist posed questions about practices and strategies used to increase accessibility to behavioral health services. These practices address location and cost of services, which have been shown to affect whether services are used (Alegría et al., 2002;

Hernandez et al., 2006; Kouyoumdjian et al., 2003; Pumariega et al., 1998). Figure 8 presents overall staff responses for the following questions:

*Please answer "yes" if you feel the [following] practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics.*

3. Engage in ongoing community outreach.
7. Utilize community members to conduct outreach to potential service users.
8. Locate services within the community where service users reside.
9. Provide free transportation to service users.
11. Provide free or low-cost services.
15. Provide all physical health and behavioral health services in a single point of entry.

Figure 8. Importance of Practices Designed to Increase Accessibility to Services



Overall, staff respondents indicated that practices designed to increase accessibility to services were important for behavioral health agencies serving Latinos/Hispanics to implement. Nearly all of the respondents indicated that it was important for agencies to conduct continuous outreach (question 3), locate services in the neighborhoods where Latino/Hispanic consumers reside (question 8), and to provide free or low-cost services (question 11). There was less agreement with regard to the use of community members (e.g., former consumers, local residents, etc.) in outreach efforts (question 7 – 89%) and the provision of free transportation (question 9 – 88%). A number of staff respondents indicated that they did not think it best to use former consumers or local residents as outreach workers because of confidentiality issues and/or stigma on the part of consumers, who would not want their condition(s) made known to other residents within the community. With regard to provision of free transportation, respondents felt that it would be difficult to expect community-based organizations to undertake the costs of such an effort. However, many staff respondents indicated that their organizations/programs provided

transportation assistance such as bus passes or discounts. Only 77% of respondents felt it important to provide medical and behavioral health services in one location (question 15). Staff respondents who did not support this practice also cited confidentiality issues as a factor (i.e., behavioral health consumers would have to interact with others who were simply receiving medical care and might fear their particular needs or conditions would be made more readily available within the community).

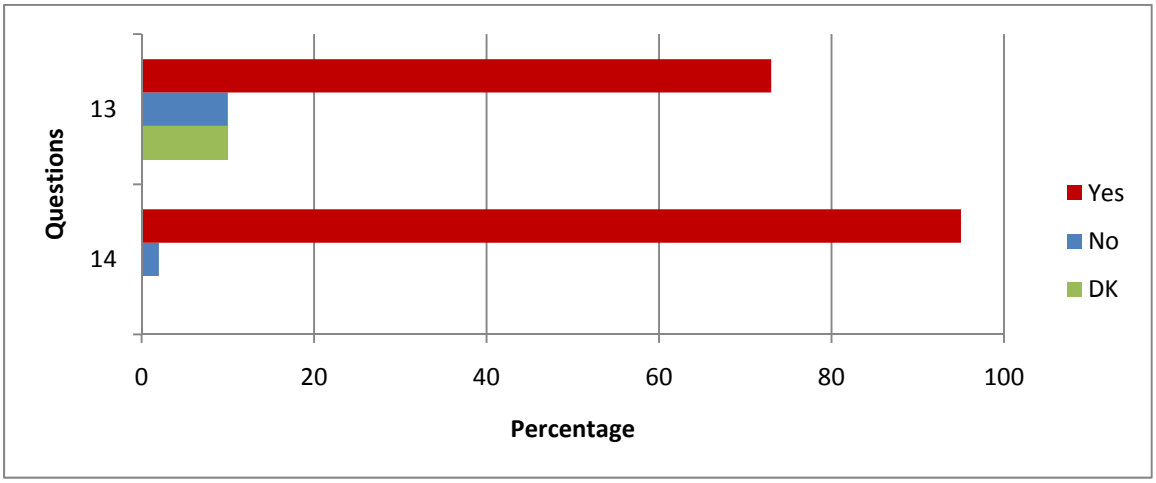
Evidence Used in Development/Implementation of Behavioral Health Practices

The list presented to staff members also included two items designed to capture attitudes related to implementation of evidence-based practices and using community feedback in the development of practices. Figure 9 presents overall responses for the following questions:

*Please answer "yes" if you feel the [following] practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics.*

13. Use practices that are scientifically proven to work.
14. Gather feedback from the community about which practices are most effective.

Figure 9. Perceptions Related to Evidence Used to Develop/Implement Practices



The first item presented in Figure 9 relates to the implementation of research-based practices and whether behavioral health organizations that serve Latino/Hispanic populations should use such practices. Seventy-three percent of providers indicated that they felt it was important for agencies to implement practices developed from a research base (question 13). During discussion of this item in particular, a number of staff respondents highlighted the lack of Latinos/Hispanics and other people of color in the randomized control trials used to test and identify practices as evidence-based. Ninety-five percent of respondents indicated that it was important for behavioral health organizations to gather consumer feedback about which practices are more effective (question 14).

Community Partners at CDEP Study Sites

In-depth interviews were also conducted with a cross-section of community partners at each of the CDEP study sites to gather information about the development, implementation, and evaluation of identified practices focused on Latino/Hispanic behavioral health. A total of 51 community partner respondents that were identified by representatives at each of the 16 CDEP study sites were interviewed. Community partners who participated in the study were generally knowledgeable about the behavioral health practice identified for their respective site, and/or were actively involved in implementation of the identified practice. This section provides a demographic overview of the community partners interviewed, and outlines responses to a series of survey questions and checklists related to the Latino/Hispanic population that they serve within their home organizations (as opposed to those populations served by study sites). As with staff members, community partners were also asked to provide their views on perceived barriers to behavior health services experienced by local Latinos/Hispanics, and their opinions related to the importance of implementing specific strategies concerned with increasing cultural and linguistic competence in service delivery, cultural relevance of services, access to services, and behavioral health practice development.

Table 13 gives a breakdown of community partner respondent gender, as well as the language in which the interview was completed.

Table 13. Demographic Overview of Community Partner Respondents

Gender	Frequency	Percentage
Female	38	75
Male	13	25
Total	51	100%
Interview Language	**Frequency**	**Percentage**
English	41	80
Spanish	10	20
Total	51	100%

Respondents were also asked to identify their country of birth. The question was posed as an open-ended one, and responses varied greatly. Many contained cities or regions of countries in Latin America, or lengthier explanations for their response. For the purposes of analysis, responses were collapsed to identify reported country only (Table 14).

Table 14. Reported Countries of Birth – Community Partners

Countries	Frequency	Percentage
USA	22	43
Mexico	6	12
Colombia	5	10
Puerto Rico	4	8
Cuba	2	4
Dominican Republic	2	4
Guatemala	1	2
Honduras	1	2
Nicaragua	1	2
Panama	1	2
Venezuela	1	2
India	1	2
Italy	1	2
Missing/No response	3	6
Total	51	100%

In addition to country of birth, respondents were asked to identify their race/ethnicity, relying on the categories currently in use by the U.S. Census. Community partner respondents were given an opportunity to select one or more of these categories and/or report identity in their own words. The majority of community partners interviewed identified as Hispanic/Latino (Table 15).

Table 15. Reported Race/Ethnicity

Race/Ethnicity	Frequency	Percentage
Hispanic/Latino	33	65
White/Anglo	12	24

Multicultural/Multiracial	2	4
Other or Unknown	2	4
Asian/Asian American	1	2
Bicultural/Biracial	1	2

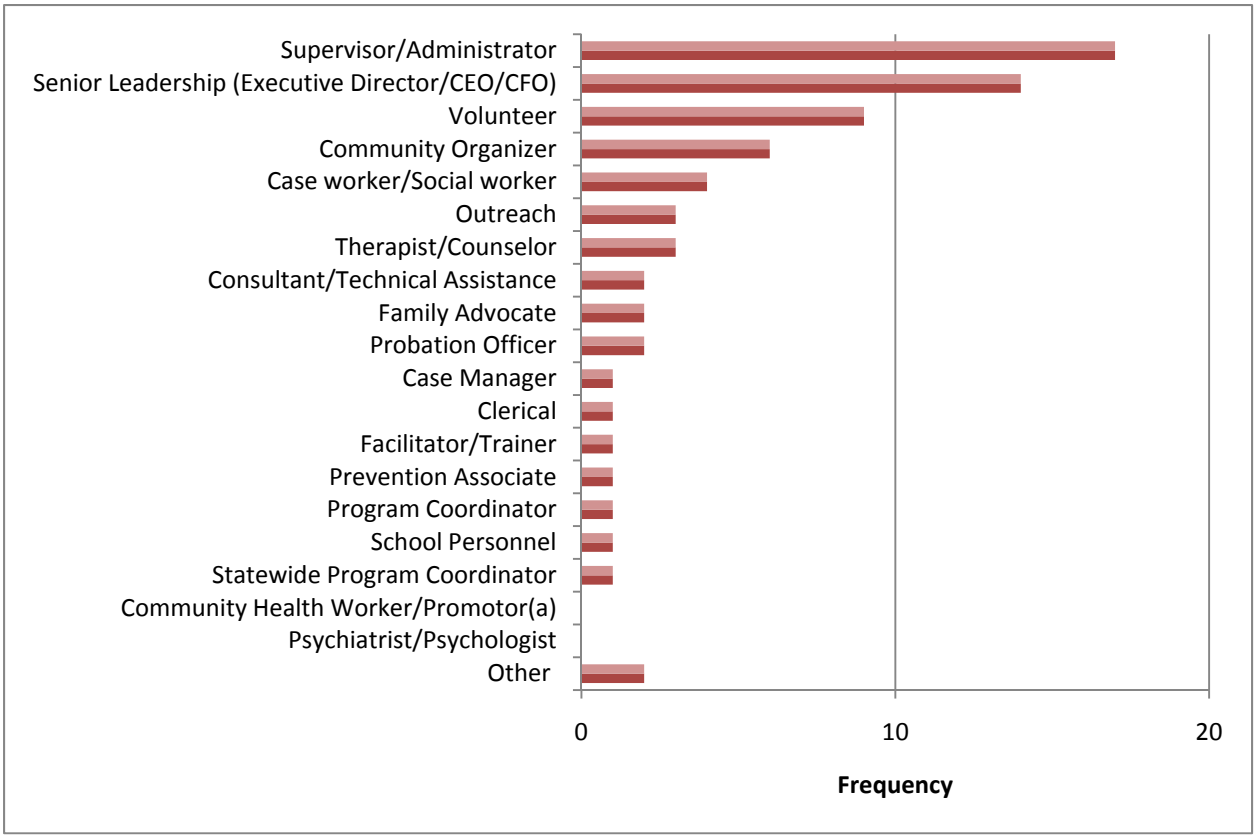
As noted earlier, a key component of the community-defined evidence concept is the notion that continued input from community members, including consumers, family members, and other key stakeholders is vitally important in the development of successful behavioral health practices. In an attempt to gauge the relationship between partner agency staff and the communities in which they worked, community partner respondents were asked whether they resided within the community/neighborhood in which they provide services. Table 16 shows that two-thirds of the community partners interviewed reported living within the communities/neighborhoods in which they provided services.

Table 16. Reside within Community where Services Are Provided

	Frequency	Percentage
Yes	34	67
No	15	29
Missing/No response	2	4

Figure 10 provides an overview of the organizational roles reported by each community partner respondent (n=51). Community partners were asked to identify their current position or role (open-ended question) and/or select from one of the categories listed. Responses were later grouped into the categories presented in the graph. The majority of community partners interviewed identified themselves as part of their respective organizations' administration or senior leadership.

Figure 10. Respondents' Organizational Roles



Perceptions Related to Service Use Population

Respondents at study sites were asked to respond to a series of checklists designed to gather estimates related to the consumers that they serve in their home organizations/agencies. (While most community partners respondents were themselves service providers, other respondents who worked at the state level or with local churches, for instance, were unable to answer all of these questions.) Table 17 shows the countries of origin reported for Latino/Hispanic consumers. For this checklist, respondents were asked simply to check off all of the countries in which their Latino/Hispanic consumers were born; as a result totals exceed 100%. Mexican origin was reported most often by staff respondents.

Table 17. Countries of Origin (Latin America) – Service Use Population

Geographic Areas	Frequency	Percentage
Central America		
El Salvador	29	57
Guatemala	29	57
Honduras	23	45
Costa Rica	16	31
Nicaragua	16	31
Panama	14	28
South America		
Colombia	21	41
Argentina	17	33
Ecuador	16	31
Chile	15	29
Peru	15	29
Venezuela	15	29
Brazil	11	22
Bolivia	8	16
Paraguay	6	12
Uruguay	6	12
Other	1	2
Caribbean		
Puerto Rico	27	53
Dominican Republic	22	43
Cuba	19	37
Other	1	2

North America		
Mexico	46	90
Other (U.S)	10	20

Respondents were also asked to identify all of the other non-Latino/Hispanic populations served by their respective organizations. Most respondents reported serving African Americans/Blacks and Anglos/Whites in addition to Hispanic/Latinos (Table 18).

Table 18. Populations Served – Other than Latino/Hispanic

Populations	Frequency	Percentage
African American/Black/Afro-Caribbean	39	77
Asian American	19	37
American Indian/Native Alaskan	15	29
Native Hawaiian/Pacific Islander	8	16
Anglo/White, non-Latino	38	75
Other	3	6

With regard to Latino/Hispanic consumers, respondents were also asked to identify a number of socio-cultural characteristics in their respective service use populations (Table 19). This question was posed as a checklist and respondents were given the opportunity to select as many of the categories listed as applied in their respective organizations. As a result, the figures listed exceed 100%. The majority of community partner respondents indicated that they served immigrant populations from Latin America and the Caribbean, almost 80% of respondents also noted that they served consumers who had been born in this country of immigrant parents. Eight-eight percent of community partner respondents indicated that they served undocumented immigrants. With regard to language preference, a majority of respondents indicated that they served bilingual consumers, while 86% of respondents indicated that they served Spanish-monolingual consumers.

Table 19. Socio-cultural Characteristics Associated with Latino/Hispanic Consumers

Factors	Frequency	Percentage
Acculturation		
First generation in the US	47	92
Second generation in the US	40	78
Multiple generations in the US	32	63
Transient/seasonal	25	49
Legal immigrants	40	78
Undocumented immigrants	45	88
Language Preference		
Speak Spanish/Portuguese only	44	86
Speak English only	27	53
Speak an indigenous language	13	26
Speak English and Spanish/Portuguese	46	90

Respondent Perceptions Related to Service Delivery Practices

Community partners were also asked to respond to a series of Likert-type items designed to gather their perceptions on barriers to behavioral health services among Hispanic/Latino populations in their local communities and perceived importance of using specific strategies to increase access and/or utilization of services. The original questions were presented to respondents within a checklist format and allowed for the following possible responses: (1) yes; (2) no; and (3) don't know. Although respondents were encouraged to respond using only the variables presented, many of them qualified their responses or provided additional discussion their responses. This information was captured during audio recording of interviews and will be analyzed as part of the qualitative data and presented in future work related to the CDEP but is not addressed in this report. (Appendix A contains copies of the interview protocols used in the study.)

Barriers to Behavioral Health Services

The list of items presented to community partner respondents asked them to identify whether particular factors constituted barriers to accessibility for behavioral health services in local Latino/Hispanic populations. Barriers that have been highlighted in the literature for Latinos/Hispanics include: lack of insurance, cost of services prevent families from seeking services, as well as lack of information about available services, which can decrease utilization of services (Callejas, Nesman, Mowery, & Hernandez, 2008; Flisher, Kramer, Grosser, Alegria, Bird, Bourdon, Goodman, Greenwald, Horwitz, Moore, Narrow, & Hoven, 1997; Prince Inniss, Nesman, Mowery, Callejas, & Hernandez, 2009). Table 20 lists the questions related to barriers that were included in the survey portion of the interview.

Table 20. Questions – Potential Barriers to Behavioral Health Services

Potential Barriers
1. Cost/expense of services.
2. Inadequate insurance coverage.
3. Services are not available in Spanish or indigenous languages.
4. Services are not available in the community/neighborhood where Latino/Hispanic service users reside.
5. Service staff are non-Latino/non-Hispanic.
6. The Latino/Hispanic community has a preference for traditional/indigenous healers/*curanderos.*
7. A stigma in the Latino/Hispanic community associated with people who seek behavioral health services.
8. Mistrust of organizations that provide behavioral health services.
9. Fear of identification by police or immigration authorities.
10. Distinct beliefs about behavioral health in the Latino/Hispanic community (e.g. susto, nervios)
11. A lack of information/awareness about available services.

Figure 11. Perceptions on Access Barriers for Latino/Hispanic Consumers

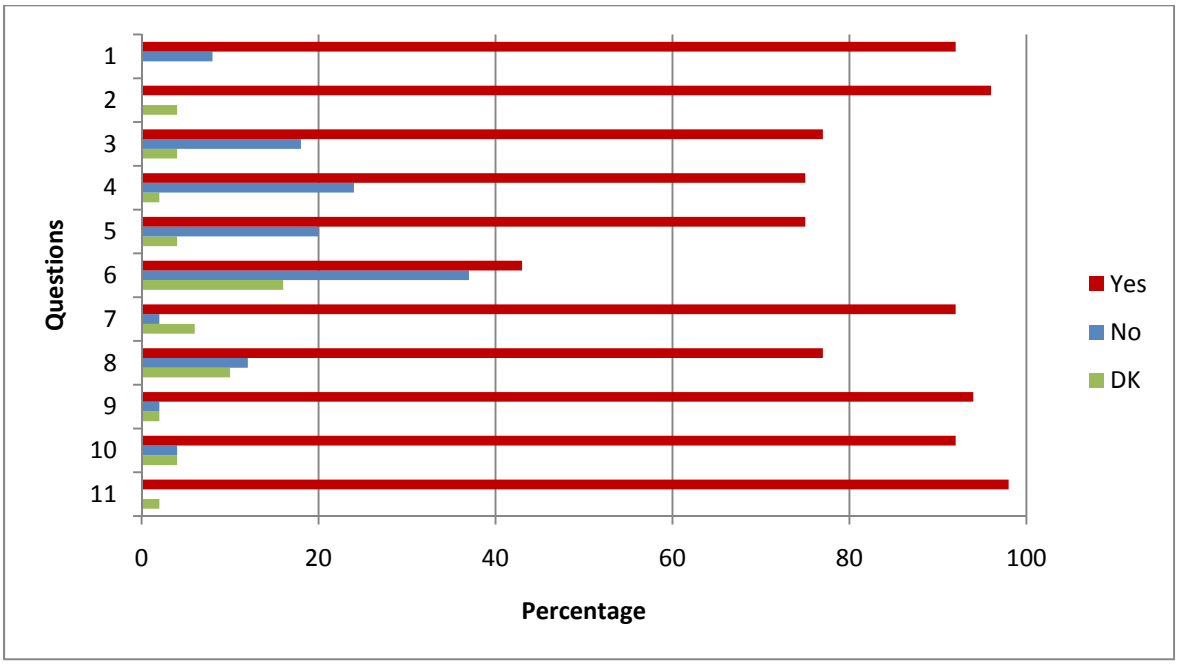


Figure 11 illustrates community partner responses for each of the items related to barriers. Overall, the barriers most commonly identified for Latinos/Hispanics in communities where respondents work and/or provide services are: lack of information/awareness about available services (question 11 – 98%); inadequate insurance coverage (question 2. – 96%); fear of identification by immigration authorities or police (question 9 – 94%); cultural beliefs related to behavioral health in Latino/Hispanic communities (question 10 – 92%); and stigma within local Latino/Hispanic populations prevented Latinos/Hispanics from seeking formal behavioral health services (question 7 – 92%). The majority of respondents identified 10 of the items as barriers for Latinos/Hispanics in their communities. Less than half indicated that they believed a preference for indigenous healers was a potential barrier to behavioral health services.

Respondent Perceptions on Importance of Service Delivery Practices

The next series of items asked respondents to indicate whether they felt that the specific behavioral health practices presented in each question were "important" in the delivery of effective behavioral health services. The practices listed were not limited to interventions and included questions related to consumer engagement, outreach, agency climate, cultural and linguistic competence, and other areas. Overall responses to these items are presented in a series of bar graphs that group questions into the following thematic areas: practices related to cultural and linguistic competence; practices used to increase cultural relevance of services; practices/strategies used to increase service accessibility; and factors related to practice development. The graphs presented in this section only include responses given in the response categories included in the protocol: (1) yes; (2) no; and (3) don't know. Narrative following each graph highlights notable findings.

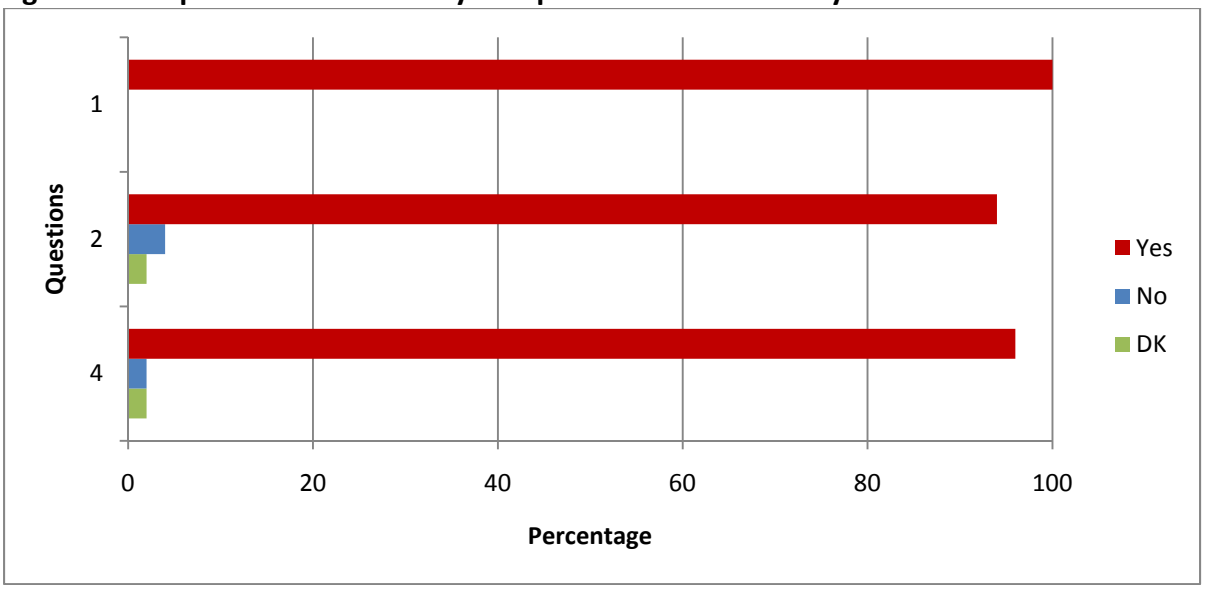
Practices Used to Ensure Culturally Competent Service Delivery

Three of the items included in the checklists posed questions about practices used to ensure culturally and linguistic competence in service delivery. These questions focused on concrete practices, such as use of Spanish in service delivery, maintaining staff from cultural backgrounds represented in consumer population(s), and family involvement in treatment/service provision planning (Callejas et al., 2008; Prince Inniss et al., 2009). Figure 12 presents overall community partner responses for the following questions:

*Please answer "yes" if you feel the [following] practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics.*

1. Provide services in Spanish/indigenous languages.
2. Maintain staff from similar cultural backgrounds.
4. Ensure family members are involved in the treatment/service provision process.

Figure 12. Importance of Culturally Competent Service Delivery Practices



Community partner respondents overwhelmingly identified implementation of all of these practices as important for agencies seeking to provide effective behavioral/health service for Latinos/Hispanics.

Practices Used to Increase the Cultural Relevance of Services

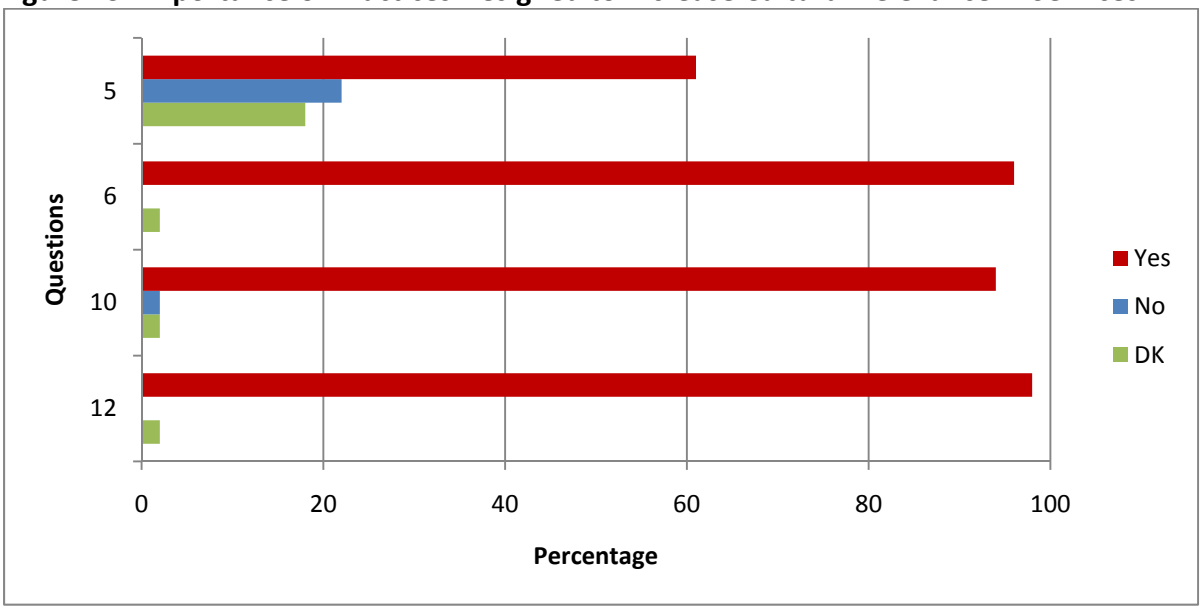
Four of the items included in the checklist posed questions about practices that were identified as "increasing cultural relevance" in behavioral health services. These practices focus on more interpersonal interactions, which have been identified as important in the engagement of Latino/Hispanic populations in services (e.g. perceived "warmth" of service delivery staff and

informal activities/environment), as well as support and inclusion of traditional cultural and/or spiritual beliefs related to health and well-being (See Kouyoumdjian et al., 2003). Figure 13 presents overall community partner responses for the following questions:

*Please answer "yes" if you feel the [following] practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics.*

5. Work in tandem with traditional healers/*curanderos*.
6. Understand cultural beliefs related to behavioral health, such as *susto* or *nervios*.
10. Incorporate a less formal, more personal touch into all levels of the service process.
12. Partner with churches or other institutions within the Latino community.

Figure 13. Importance of Practices Designed to Increase Cultural Relevance in Services



The majority of community partner respondents felt it was important to partner with local churches to which consumers belong (question 12 – 98%) and to understand cultural beliefs related to behavioral health in local communities (question 6 – 95%). Ninety-four percent of community partners reported that it was important for agencies to maintain more personable environments where consumers felt comfortable (question 10). Only 61% of community partner respondents indicated that it was important for behavioral health providers to work "in tandem" with indigenous/traditional healers (e.g. *curanderos*) (question 5).

Practices and Strategies Designed to Increase Service Accessibility

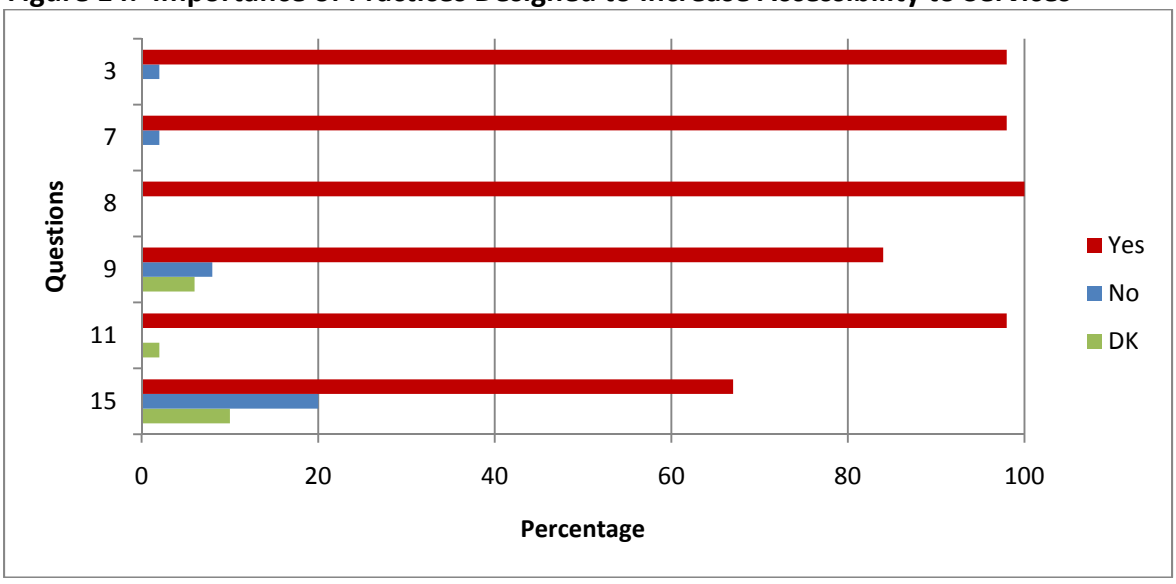
Six of the items included in the checklist posed questions about practices and strategies used to increase accessibility to behavioral health services. These practices address location and cost of services, which have been shown to affect whether services are used (Callejas et al., 2008;

McKay et al., 2001). Figure 14 presents overall community partner responses for the following questions:

*Please answer "yes" if you feel the [following] practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics.*

3. Engage in ongoing community outreach.
7. Utilize community members to conduct outreach to potential service users.
8. Locate services within the community where service users reside.
9. Provide free transportation to service users.
11. Provide free or low-cost services.
15. Provide all physical health and behavioral health services in a single point of entry.

Figure 14. Importance of Practices Designed to Increase Accessibility to Services



Overall, community partner respondents indicated that practices designed to increase accessibility to services were important for behavioral health agencies serving Latinos/Hispanics to implement. All of the community partner respondents indicated that it was important for agencies to locate services in the neighborhoods where Latino/Hispanic consumers reside (question 8). Ninety-eight percent of community partners indicated that it was just as important to conduct continuous outreach (question 3), use community members (e.g., former consumers, local residents, etc.) in outreach efforts (question 7), and to provide free or low-cost services (question 11). There was less agreement with regard to the provision of free transportation (question 9 – 84%). As with staff respondents, community partners noted that most community-based organizations are limited in funding and could not afford to provide transportation to consumer appointments and meetings. Only 67% of respondents felt it important to provide medical and behavioral health services in one location (question 15). Some respondents felt that

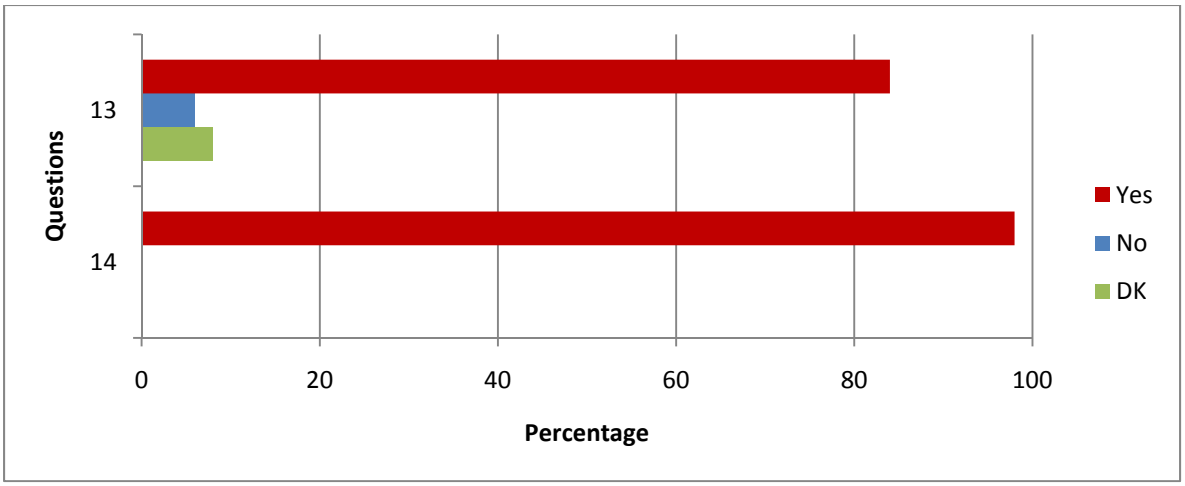
co-location of medical and behavioral services might cause consumers concern with regard to confidentiality and stigma related to mental illness.

Evidence Used in Development/Implementation of Behavioral Health Practices
The list presented to community partners also included two items designed to capture attitudes related to implementation of evidence-based practices and using community feedback in the development of practices. Figure 15 presents overall community partner responses for the following questions:

*Please answer "yes" if you feel the [following] practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics.*

13. Use practices that are scientifically proven to work.
14. Gather feedback from the community about which practices are most effective.

Figure 15. Perceptions Related to Evidence Used to Develop/Implement Practices



The first item presented in Figure 15 relates to the implementation of research-based practices and whether behavioral health organizations that serve Latino/Hispanic populations should use such practices (question 13). Eighty-four percent of community partners indicated that they felt it was important for agencies to implement practices developed from a research base. Ninety-eight percent of community partner respondents indicated that it was important for behavioral health organizations to gather consumer feedback about which practices are more effective (question 14).

Summary of Demographic Findings
Overall, the demographic data demonstrate that CDEP study sites serve a diverse population of Latinos/Hispanics from various countries of origin and acculturation levels. Most of the consumer respondents surveyed indicated that they had been receiving services for five years or less. Generally, they report that the organizations under study use work to provide services in a

culturally respectful manner and that help to increase access to behavioral health services in their communities. With regard to staff and community partner respondents, there appeared to be some agreement between barriers to behavioral health services identified for the local population and the practices they deemed important in order to provide behavioral health services effectively. Insights gained from this demographic data provide a general view of the entire study sample and will be further informed by in-depth findings from qualitative analysis of each site. A demographic profile is being created for each of the 16 study sites and will be made available for dissemination.

Section 2. Preliminary Analysis of Qualitative Data

Introduction

This section presents a preliminary review of qualitative findings collected through interviews at two of the 16 study sites participating in the Community Defined Evidence Project (CDEP). A total of 246 semi-structured interviews were conducted with consumers, family members, study site staff and community partners. This preliminary analysis outlines data using common themes and highlights contrasts between two programs that have developed Latino/Hispanic-focused behavioral health practices in distinct settings: the Instituto Familiar de la Raza (IFR) in San Francisco, Califorina and the Northeastern Center (NEC) in Ligonier, Indiana. Although the IFR's Healthy Drumming Program originated in an urban environment and the NEC's Bienvenido Program was created in rural Indiana, both have developed innovative Latino/Hispanic-specific practices for addressing the specific behavioral health needs of community members in their respective areas. Each organization has incorporated community input during the evolution of its practice, and each practice was developed in an actual community environment rather than a clinical or experimental setting.

One of the goals of CDEP is to identify the common and varied characteristics among identified community-based practices and define the essential elements that produce positive behavioral health results. For the purposes of this study, the term "practices" refers to the mechanisms, resources, and supports that providers use to address the behavioral health needs of a given population of focus. In this case, therefore, the term "practices" does not refer solely to interventions or treatments. Rather, behavioral health practices are seen as falling along a continuum that ranges from prevention practices to direct interventions. Included within this concept are specific outreach efforts intended to increase accessibility; engagement practices designed to help people feel comfortable in the service setting; organizational practices that establish or modify existing organizational infrastructure to increase focus of services or programs; as well as interventions that are research-based or those that have been developed at the community level or within the field.

While analysis of qualitative data is still in the early stages, a preliminary list of themes were developed with input from the CDEP Community Steering Group, an advisory body to the project that consists of family members, youth leaders, consumers, disparities researchers, practitioners and policy makers, as well as an initial review of interview transcripts from the two sites that are being presented in this section (See Appendix B for a complete list of emerging themes). The implementation and development of the practices presented here underscores the importance of local context, innovation, adaptability, network creation and capacity-building for shaping behavioral health interventions and service delivery practices for Latinos/Hispanics at the community level. Respondents from each site suggested that practice development was not based not on a one-size-fits-all approach for Latinos/Hispanics, and reported that their agencies encouraged participants themselves to reflect on and define their behavioral health and community needs. Finally, implementation of these practices depends on extensive partnerships developed and maintained by the respective behavioral health organizations, which included representatives from diverse community-based agencies, community leaders and residents, as well as state administrators and funding agencies.

This section will begin with a brief overview of the local contexts that shaped the development of each Latino/Hispanic-focused practice, as well as important community needs and characteristics for each site. This brief introduction to the community will be followed by a review of preliminary impressions related to important strategies employed by each organization in the development and implementation of their respective practices. These initial impressions were arrived at following a brief review of data using the initial themes developed to guide analysis of all interviews conducted with CDEP study sites (Appendix B).

Methods

Qualitative data for the Community Defined Evidence Project (CDEP) were collected at 16 behavioral health organizations across the United States. During Phase I of the CDEP, a total of 57 Latino/Hispanic-focused practices were nominated for possible inclusion in the study. Following a screening and assessment process of nominated practices that took place between July and September 2008, 16 organizations and their practices were selected for more in-depth analysis. Eight initial categories of practices were identified following review and assessment of the nominated practices:

- Capacity building and consciousness raising practices,
- Practices that increase public awareness about behavioral health,
- Community outreach practices,
- Practices that enhance/increase service accessibility,
- Innovative engagement practices,
- Organizational practices,
- Interventions/treatments, and
- Local adaptations of evidence-based practices.

These preliminary categories are not fixed or static and may still undergo refinement with further evaluation of data, but they have facilitated analysis of information up to this point.

CDEP study team members visited six sites to conduct semi-structured interviews in person, while interviews with the remaining ten sites were conducted over the telephone. CDEP study team members carried out a total of 246 interviews between March and June 2009. Separate interview protocols were developed for consumers, family members, providers and community partners (see Appendix A). Questions for consumers and family members addressed their experiences with identified practices, involvement in providing feedback about the practices, and what criteria they felt were important for organizations serving Latinos/Hispanics to take into consideration. Provider staff and community partner interviews focused on identifying needs and barriers to access, obtaining histories of practice development, and collecting information about how practices were developed and implemented in local communities.

The interviews involved a short survey section of yes/no questions as well as a semi-structured component that encouraged respondents to speak at length. Questions focused on soliciting opinions from both community members and provider staff about the needs of the local Latino/Hispanic community and the types of practices that have been or could be most effective

in meeting those needs. Quantitative data from the surveys were tabulated and analyzed in SPSS (version 17.0), while qualitative information from the interviews is being analyzed using Atlas.ti software (version 5.2).

For this report, initial impressions of qualitative data focus on interview responses collected from the Bienvenido Program and Healthy Drumming Program, where the first two site visits were completed. CDEP study team members travelled to Indiana in March, 2009, and San Francisco in April, 2009, to conduct in-depth interviews with program stakeholders at Northeastern Center and Instituto Familiar de la Raza, respectively. The breakdown for total interviews conducted at each organization is listed in Table 21.

Table 21. Interviews Conducted at Sites Reviewed Preliminarily

	Northeastern Center	Instituto Famliar de la Raza
Stakeholders		
Consumers	4	4
Agency Staff	11	6
Family Members	12	0
Community Partners	0	3
Language		
English	8	10
Spanish	19	3
Total	27	13

Background and Context

Practice 1: The Bienvenido Program

Unlike other parts of the country, Indiana has only recently begun to experience significant levels of immigration from Latin America. This reflects changing immigration patterns across the United States in the past two decades, as large numbers of Latinos/Hispanics have begun to settle on a more permanent basis in locations which previously had not had substantial Latino/Hispanic populations. The Latino/Hispanic population of Indiana increased dramatically beginning in the 1990's. One source estimates that the population grew from approximately 215,000 in 2000 to 315,000 in 2007, an increase of 47% ("Indiana University News Room", 2008). Immigration from Mexico has primarily driven this growth. Concurrently, tightening border security policies have changed the nature of undocumented immigration from Mexico in particular, resulting in more permanent immigrant settlement in the United States as opposed to seasonal or annual crossing between the two countries (Cornelius, 2001). It is estimated that between 50,000 and 85,000 undocumented immigrants currently reside in Indiana (Brown-Gort & Guzman, 2008).

The RV industry centered in Elkhart has attracted large numbers of Latino/Hispanic immigrants to northeastern Indiana. One community partner respondent estimates that as many as 40,000

Latinos/Hispanics, more than 90% of whom he/she characterized as Mexican, reside in Elkhart and surrounding areas. Latino/Hispanic immigrants settled not only in Elkhart itself, but in smaller outlying communities which had heretofore experienced extremely limited cross-cultural contact. One such community is Ligonier, a town with a population of just over 4,000 according to the 2000 U.S. Census.

The NEC is a nonprofit organization that provides both inpatient and outpatient services in several rural communities in northeastern Indiana, including Ligonier. In 2002, an NEC staff member and several college students conducted a needs assessment among the Latino/Hispanic community in Ligonier, which identified several areas of concern. For instance, 26% of respondents surveyed reported feeling depressed two to four times weekly, while another 13% acknowledged having thoughts of suicide on a weekly basis. However, 94% said that they had never been to a mental health center. In order to address this need, in 2002 an NEC therapist developed the Bienvenido Program utilizing input from community residents and leaders.

Description of the Practice
Following the review and assessment process conducted for each of the practices nominated for possible inclusion in the CDEP, the study team identified the Bienvenido Program as an example of a consciousness-raising and capacity building practice specifically designed for a local Latino/Hispanic community. For the purposes of the study, the practice was characterized as a training program that focuses on building the emotional and behavioral health of immigrant Latinos/Hispanics in Indiana in order to reduce the risk of substance abuse or mental illness for this population. The practice was developed following information gathered at the community level that local Latino/Hispanic populations may experience stress and/or trauma during the migration process and marginalization within their local communities.

According to staff respondents, the Bienvenido Program was developed based on a formal needs assessment and input from community members and local providers. The program was developed as a training curriculum which encourages discussion and sharing of experiences among Latino/Hispanic immigrants in sessions guided by a trained facilitator, who often is also a community member, and according to staff respondents is based on three core principles: collectivism, cultivation of relationships and community integration. Through sharing and discussion of their immigrant experiences and stories of discrimination, isolation, and economic struggle, participants presented with strategies to help them learn to control stress and cope with the difficulties of acculturation to a new culture. The curriculum is also intended to raise awareness among participants about mental health issues and encourages them to make use of available behavioral health services. According to staff respondents, the Bienvenido Program has reached over 600 Latino/Hispanic immigrants in the area, of whom 98% are of Mexican origin.

Practice 2: The Healthy Drumming Program
In contrast with Ligonier, Indiana, the Latino/Hispanic population of San Francisco is well-established and predates the area's annexation to the United States in 1848. By 1978, the Latino/Hispanic population of greater San Francisco already numbered as high as 130,000. By 2007, the Latino/Hispanic population of the Bay Area was estimated at nearly 1.5 million people.

(Bay Area Census, 2007). San Francisco's Latino/Hispanic population is highly diverse, representing a variety of countries of origin ranging from Mexico to Argentina. This is an important contrast with northern Indiana, where over 90% of Latino/Hispanic immigrants are from Mexico. Moreover, the Bay Area's Latino/Hispanic population encompasses recent immigrants, legal residents, undocumented residents, and citizens whose families have been in the United States for multiple generations, whereas the population in Northeastern Indiana is predominantly composed of immigrants.

The Instituto Familiar de la Raza (IFR) was established in the Mission District of the city in response to a 1978 survey which found that only 6.9% of San Francisco's Latino/Hispanic population made use of mental health services (IFR, 2009). The IFR began operations in 1980 with the goal of providing services based on the cultural and spiritual values of area Latinos/Hispanics, both U.S. and foreign-born, as well as other people from diverse cultures. The IFR focuses its services on three main areas: education and prevention; direct client services; and research, training and needs assessment. 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 and practices. Incorporating indigenous knowledge and traditions into healing forms a key emphasis of many IFR programs, including La Cultura Cura, which focuses on Latino/Hispanic youth.

In 1999, one of the staff psychologists at IFR worked to develop a program which would blend indigenous music and cultural traditions into a therapeutic intervention for youth at risk of engaging in violence or gang activity. A musician, as well as a clinician, he had previously conducted research indicating that certain drum rhythms produce a therapeutic neurological response enhancing stress and anger management (Nuñez, 2005). According to staff respondents, the drumming circles were developed to allow participants to express themselves both verbally and through drumming, leading to a shared healing process while emphasizing rituals and traditions from Afro-Caribbean, Mexican, and South American societies. Initially, drumming focused almost exclusively on addressing the needs of youth with experiences of family and community violence. More recently, circles have expanded to include larger groups in more open community settings.

Initially, the practice was designed to engage at risk youth in the Mission District in positive community building, cultural affirmation, and age appropriate intervention. The model is rooted in indigenous medicine which integrates ancestral wisdom, plant medicine; sensory-motor, ecology of space, sound, and spirit to facilitate a holistic healing process. It also blends conventional and traditional principles, and has evolved into a theoretical model, comprised of scientific, empirical, and clinical applications. Since its inception ten years ago, the practice has expanded to include a weekly drumming group for youth, a monthly healing circle for violence prevention workers in the Mission District, and a quarterly community drumming circle for all. The drumming practice has also been integrated into community celebrations and used to facilitate trauma recovery debriefing events.

Description of the Practice

For purposes of analysis, the study focused primarily on drumming circles as an innovative treatment modality focused on helping local Latino/Hispanic youth at-risk for gang activity or involvement in the juvenile justice system to cope with issues of anger and violence using cultural symbols and traditions. The drumming circles for youth typically consist of 10 to 15 males ranging in age from 12 to 17. Youth gather in a circle along with two or more facilitators, who are IFR staff members. Each circle begins with a collection of drums (used typically in Latin America, the Caribbean, and Africa) at its center. Participants are then given an opportunity to select the instrument they would like to play. Each circle also includes an altar that holds various objects used in rituals that form part of each drumming circle. Rituals such as burning sage are an important part of the circles, and facilitators explain the historical significance and indigenous roots of these practices. According to IFR respondents, the drumming circles utilize prayer and chanting and emphasize traditional spirituality, health beliefs, and the importance of culture as part of the healing process, as well as components of therapy and psychology. Part of each drumming circle is devoted to discussion of issues, particularly those involving family or community stress or violence, that youth might be experiencing. According to respondents, the combination of drumming, ritual and group discussion helps youth confront and cope with experiences of violence and feelings of anger.

Local Behavioral Health Needs

While the participants in the Healthy Drumming Program and the Bienvenido Program live in distinct settings and have largely experienced different immigration and acculturation patterns, they share many social and behavioral health needs in common. Disparities regarding socioeconomic level and access to behavioral health services affect each population.

One staff respondent affirmed that most Bienvenido participants struggle against economic, linguistic and political barriers that increase the difficulty of acculturation to the United States and augment the risk of mental health problems.

> *The people who participate in Bienvenido would be between 5 and 7 years [in the U.S.]. It's legal and illegal immigrants. Predominantly, they would be factory workers, or low-skill paid jobs. The population that we serve is probably, in terms of the consumers that have come here, are either right at poverty or they're a little bit over… they're not middle class… The population that we're serving also is monolingual. So the people that are here less than 7 years sometimes have difficulty with the language.*

Similarly, an IFR staff member identified marginalized status as contributing to behavioral health needs for Bay Area Latinos/Hispanics.

> *There are a lot of people who are…disenfranchised and marginalized as a result of economics and of ethnicity. And in this area right here and the Greater Bay Area, there's a lot of families who are suffering from the lack*

of resources and space. Some families will live in one room, and there will be three or four families living in actually one apartment. So there's a lot of stress… What I have seen in our community has been a lot of depression, a lot of anxiety.

This respondent linked the marginalization of some Bay Area community members with negative behavioral health consequences such as anxiety and depression.

A Bienvenido community partner asserted that language, education and lack of insurance coverage create barriers to mental health interventions. She characterized local Latino/Hispanic immigrants as having "low to mid-level education. Like elementary school. Without insurance, very few with insurance." Moreover, the population is not transient but "[s]table in the area; in other words, relatively few move from town to town." This suggests that the Latino/Hispanic immigrant population in the area consists to a large extent of nonagricultural workers who have settled on a permanent basis, rather than migrant laborers.

Economic hardship and lack of insurance coverage has traditionally affected Latino/Hispanic populations disproportionately, while recent immigrants and undocumented immigrants in particular, have much lower levels of insurance coverage than the nonimmigrant population (Berk, Schur, Chavez, & Martin, 2000). Cost and lack of insurance coverage were identified as critical barriers to services by several staff and community partner respondents. These barriers to access are likely to discourage treatment-seeking behavior among Latino/Hispanic immigrants, exacerbating severe mental health illnesses or issues that might occur within the population. In Indiana, according to Bienvenido staff respondents, this issue is further compounded by the state's lack of spending on preventative mental health programs.

The rising anti-immigrant political climate in both Indiana and California has further exacerbated the barriers to health care for undocumented immigrant populations, in particular. In Indiana, recent restrictions denied drivers' licenses to undocumented individuals, and a proposed bill in the state legislature threatened to expel undocumented immigrants using the local police force (Brown-Gort & Guzman, 2008). California, in the wake of Proposition 187[1], has witnessed expulsion of undocumented immigrants who attempted to seek services in hospitals (Berk et al., 2000). This climate has contributed to understandable apprehension among Latinos/Hispanics about using services from community organizations. For instance, an IFR staff member noted that there are many "undocumented families who are afraid to seek services because they feel they may be deported or announced to Immigration…" The concern that providers might turn in undocumented consumers adds to the fear of apprehension undocumented individuals might experience when travelling to and from service locations.

Additionally, Latinos/Hispanics in both locales were characterized as conceptualizing mental health in a negative way or associating it with severe mental illnesses. The majority of staff and community partners interviewed identified stigma as an important component of the local

[1] This ballot initiative denying state-supported healthcare for undocumented immigrants was approved by voters in 1994, but later overturned in federal court. In 1996, Governor Pete Wilson ordered state employees to stop giving prenatal care to undocumented women; this was also successfully challenged in court.

population's perspective on mental health. As one Bienvenido community partner respondent observed, "I think there's a lot of stigma behind the thought [of mental health]. That you're *loco*, you're perceived as being *loco*." Another Bienvenido community partner respondent added, "There is a lot of stigma for mental health. Especially because, I think there is a tradition that it's only for really crazy people." An IFR staff member commented, "I think there's a stigma around [mental health]. I think there's some shame and embarrassment around it, especially in males who feel like they need to be strong enough to deal with this and not need the help and support of anybody else." Consequently, providers at both organizations acknowledged the importance of addressing consumers' fear and stigma in order to develop and implement practices.

Focusing on Local Latino/Hispanic Populations

Each practice was developed to address the cultural needs of consumers in different ways. The Bienvenido Program focuses on addressing stress experienced as part of the immigration process on the part of Mexican and Central American participants who settle in rural Indiana. On the other hand, the Healthy Drumming Program emphasizes indigenous traditions and healing practices to help Latinos/Hispanics, many of whom have longer patterns of settlement in the area, cope with marginalization in an urban setting. Neither practice is a prescribed, generic approach to achieving cultural competence, but rather responds to specific local contexts as well as individual needs of participants.

The Bienvenido Program encourages participants to share their experiences of immigration and acculturation in a group setting. In a sense, the group helps replace the family support systems which participants largely left behind in their home countries. Furthermore, the Bienvenido Program focuses on themes relevant to consumers' experiences as Latinos/Hispanics, such as encounters with perceived racism and discrimination or the difficulties of overcoming language barriers. Participants are encouraged to reflect on how mainstream society in Indiana differs from that of their own home communities, yet are simultaneously urged to bridge these differences so they can feel more integrated into their new communities.

Bienvenido consumers noted that discussion of immigration and acculturation issues often proved valuable. One participant affirmed that "… all the themes that were talked about in reality suited everybody well, because you remember when you arrived in this country, you remember when you didn't know English, when you didn't have work… You identify with the themes that are dealt with." Another participant noted that "It's scary when you arrive [in the U.S.]. You don't know what to do. We talked about all that [in Bienvenido]." For these individuals, sharing experiences of immigration to the U.S. proved valuable.

Respondents at the IFR characterize many of the Latinos/Hispanics living in the Bay Area as *desubicado*, or disconnected from important cultural traditions. This is especially pertinent to youth whose parents were immigrants, or who immigrated to the U.S. at a very young age. As one consumer observed, the pressure to acculturate to mainstream U.S. values is particularly intense for youth: "I'm definitely Americanized. Anybody who's in this country is. And, you know, if you came from somewhere else, recently, eventually you're going to turn into it." This strong pressure to become Americanized may sometimes conflict with youth's identity as Latinos/Hispanics.

The Healthy Drumming Program seeks to reinforce Latino/Hispanic identity in a positive way while achieving healing. According to one IFR staff member, this involves incorporating symbols, rituals, rhythms, and other forms of indigenous knowledge that have long been important in various settings throughout Latin America. The staff member stresses that it is important to:

> *[u]tilize symbols and principles that are associated with [the]Caribbean and Latin America. Central and South. Specifically looking at the indigenous population of the countries and how they live life through a process that is circular, as opposed to linear. And within the circle having a specific discipline to our approach, or little rituals throughout the larger circle that… spoke to the Latino/Hispanic idea. So, not all Latinos are indigenously oriented but the ones that we work [with] in Instituto, a great number of them come from that background. And so I looked at symbols and colors and sounds and herbs that are utilized by Latinos, and how people sit and what do they talk about. And brought that into the circle. And then some rhythms that spoke to the Afro-Latino/Hispanic experience, and that were really simple so people could feel comfortable replicating them.*

This respondent stressed the program's commitment to incorporating cultural symbols from diverse Latin American settings while also paying attention to local context by noting that many participants come from indigenous backgrounds.

By helping youth engage with cultural symbols and healing methods, the drumming circles seek to create greater attachment to the community and reinforce a positive self-identification as Latinos/Hispanics within participants. One staff respondent described how the drumming circles create a greater sense of connection with community for some participants.

> *… people are* desubicado *or uprooted, and they don't have these roots, or they don't have a connection. And when they come to some of these circles, they feel a sense of community, of equality… And in most instances, people tend to feel part of it, and then little by little work into it. Like when we work with youth we talk to them about our history, about our ancestors, where we come from, [we are] teaching them.*

Thus, emphasis on history and traditions particular to Latinos/Hispanics becomes a means of reinforcing a sense of belonging to a community.

Although both practices are Latino/Hispanic-focused, they engage with the lived experiences of people residing in the communities they serve, which ultimately define, for consumers, what it means to be Latino/Hispanic in the United States today.

Factors that Facilitate the Practices

Flexible Organizational Structure

Both organizations recognize the importance of taking a flexible approach in order to implement practices focused on local Latinos/Hispanics. While flexibility is critical for all community-focused organizations, there are specific ways in which agencies that work with these populations may need to adapt in order to address local contexts and respond to rapidly changing social, political and economic circumstances. Furthermore, the less rigidly structured a practice is, the more potential it has for implementation in a variety of settings, and the more responsive it can be to community feedback.

The structure of the Bienvendio curriculum complements its proactive outreach and multi-site implementation strategy. The NEC has shown flexibility both in incorporating suggestions from community members and in seeking new venues and strategies for implementing the practice. As noted earlier, the curriculum was designed following a needs assessment conducted with the local Latino/Hispanic community, as well as feedback from diverse community residents. This feedback provided the themes which form the basis of the curriculum, such as stress suffered as a result of migration or difficulties with acculturation to the United States. Community feedback also suggested that implementation of Bienvenido should occur outside the NEC. One staff member described the development of the practice as a dialogue with Latino/Hispanic community members:

> *We explored with the people which was consumers that were here. We started creating questions and asked them, well what do you think would be the best way to ask a person about arriving in this country. And what does a person who arrives in this country, what are they going through? Help us understand that. Help me create a question. So, we started creating some questions and then we tested them with that. And then we decided that we would not implement Bienvenido at Northeastern Center. So we actually implemented it at a literacy center. Because the literacy center is where everybody hangs out. They're there, and they're doing English class.*

From its inception, then, the Bienvenido Program incorporated community feedback to shape its practice.

Similarly, IFR sought the advice of community members such as *curanderos, santeros* and other community healers to gain insight into how to incorporate Latino/Hispanic-specific rituals and ceremonies into the drumming program.

Both agencies continue to solicit feedback from consumers about the practices. The Bienvenido Program uses a formal questionnaire process and the Healthy Drumming Program relies on informal dialogue. Nonetheless, both have been able to respond quickly and flexibly to input from consumers and adjust or update the practice according to the input received.

A key juncture in the development of the Bienvenido Program's practice occurred in 2006, when the NEC invited an evaluator from the University of South Texas to help gauge participants' response. Based on participant feedback, the evaluator encouraged Bienvenido to include more discussion and group-focused activities. As one staff member described, this enabled the courses to become more learner-centered and interactive. Now, as one staff respondent describes, Bienvenido "allows the people to ask a question and I allow you to think about it and respond and then you engage each other. So it's not as, I'm teaching you and I'm writing, but we're learning together." Thus, the practice became more learner-centered, which ultimately reinforced its engagement with consumers.

In the drumming circles at IFR, staff members suggested that informal conversation was the best way to solicit opinions from the youth who participate. According to one respondent, "usually, the way we… solicit the feedback is kind of like a checkout. You know, how does it go for you, and what are you taking with you, what are you leaving behind?" Another noted, "just last week a youth goes, 'Well, I have a suggestion… What if we drum for half the time and then we talk the second half?'" To which the staff member responded: "OK, let's do it." The drumming circle was then modified according to the youth's input and with approval from fellow participants.

Although the populations served by each organization do not have identical needs, the flexibility on the part of these agencies enables greater participant involvement in the development and evolution of the practices. While following a basic set of guidelines, the practices can quickly adapt to needs expressed by consumers and are not tied to a rigid formula. Letting participants take an active role in guiding the content of program discussions has proven central to the healing process.

Group-centered Format

Both practices rely on an open, group-centered discussion format. While the Bienvenido Program provides a guidebook which participants follow, facilitators are encouraged to allow discussion to flow freely. Thus, the content of a particular session is largely determined by the participants, and can be sensitive to their immediate needs. One community partner stressed that the group dynamic of the Bienvenido Program made it more accessible to Latino/Hispanic participants.

> *[T]he fact that it's going to be a group also makes it easier because Latinos… have a mistrust of people, especially when they have to go by themselves. So when it's a group, it's easier because there is - there is this feeling that we are all here together.*

According to several Bienvenido participants, the group discussion format helps to alleviate some of the stress associated with migration to this country. One participant noted that during the program, "[w]hen you share your experiences with everyone you learn from the rest as well," and that sharing" helped me to at least know I wasn't the only one going through a tough time." Another respondent stated, "it helped me… to know that there are other people with the same problem as me. That I'm not the only one. There are a lot of us that have this problem." These

comments underscore the Bienvenido Program's practice of raising awareness about mental health issues, and highlight how the practice encouraged network-formation among consumers.

Participants in the Healthy Drumming Program also found the group format beneficial. As in the Bienvenido Program, discussion was facilitated but not tightly controlled; thus, participants felt at liberty to bring up issues of importance. Noted one drumming participant, "it was really unrestricted, really. You could say anything."

Participants in the Healthy Drumming Program, particularly at-risk youth, were often U.S.-born or immigrated to the area at a very early age. However, while immigration and acculturation stress may have been less acute for this population than for Bienvenido consumers, issues of marginalization and economic disparities were very prevalent. In particular, many youth came from single-parent homes. The group discussion format employed within the drumming circles helped participants cope with the stress and trauma associated with family issues and community violence.

When describing drumming circles for male youth, a Healthy Drumming facilitator stated that contrary to "Western psychology where you're not supposed to disclose… you're supposed to be kind of objective and neutral, we get in there" and actively engage youth in dialogue. In this manner, facilitators act as positive male role models while encouraging youth to bring up their own concerns.

> *And the youths say, damn, and you made it here, so you must have done something to get to this place and you're opening and role-modeling about these experiences that you had in my life. The space is open, you know. And then they feel a little bit more comfortable to share theirs.*

The respondent indicated that sharing experiences with a male role model is especially important for the many male youth participants who come from homes without fathers or other important male figures.

Community Partnerships

Partnering with agencies has allowed Bienvenido to implement the practice beyond its original base in Ligonier, Indiana and into a variety of settings throughout the state, and even out of state. Thus, Bienvenido has been implemented in rural settings such as Ligonier, as well as in urban settings like Fort Wayne, Indiana and Baltimore, Maryland. The practice has proven transportable and generalizable to other communities.

In turn, implementing the practice allows different community agencies to engage with consumers in a new way, by providing a unique service. One community partner described how the Bienvenido Program complemented its ESL classes:

> *A family has all kinds of issues and needs, and to teach them English but not to teach them why they need English, why they need to fit into the community, why they need to be a volunteer, why they need to have a good*

job. Expectations of a community of an immigrant population - good or bad - but to be able to talk to that in conjunction with what we're doing is just really important. It makes the whole program so much more successful.

Implementing the practice with ESL students allowed this agency to serve community members in a more holistic way, by addressing acculturation needs alongside language instruction.

The IFR has also developed and maintained key partnerships with other agencies in the community. For instance, the IFR maintains a partnership with the juvenile justice system, which refers at-risk youth to the Healthy Drumming Program as an alternative to juvenile justice involvement. IFR also refers consumers to a variety of partner agencies to assist youth and families in a more holistic fashion, beyond mental health issues alone. According to one IFR staff member:

It's not only the mental health area that a person needs help doing, right? They come here with other issues. So we need to be able to say, OK, we can connect you here. And what does that mean, connecting a person to another organization? Well, it means having a relationship with this organization. Well, so that way when this person goes…we know each other, right? So it's connecting people to other services, other organizations that are able to help them in a way that we're not able to help them.

Thus, partnering with other organizations in the community allows both agencies to implement their practices with a broader range of consumers, as well as to provide additional assistance to those that need it. In addition, partnerships help agencies to provide a wider range of services and assist consumers in a more holistic fashion, by meeting multiple needs. This is particularly important for marginalized Latino/Hispanic population whose with multiple needs such as medical services, economic survival, and access to services.

Community Response to the Practices

Both practices have sought to empower participants and community members in different ways. The Bienvenido Program encourages participants to seek more active involvement in the community, while also developing a cadre of community members as facilitators of programs. The Healthy Drumming Program focus on strengthening self-esteem of participants through spirituality, which is seen as a way of helping participants see themselves as more empowered, capable members of society.

Participants describe how the drumming circles produce positive feelings that heighten their sense of capability and well-being. One participant stated, "After drumming circles I feel that everything has a solution, you know. That things have solutions and I do what I have to do and things will fall into place. I feel more energetic and more focused …" Another participant asserted that the drumming circles helped overcome shyness and improve self-expression:

"Considering, how my first two years I actually didn't talk a whole lot. Now, I talk a lot but not enough to get in trouble. I know when I want to talk and when I don't. And I mostly speak what I think." Additionally, participants described their participation in the drumming circles as an introduction into the world of music, and some have gone on to study arts and music in area universities.

Working with immigrants who often feel isolated from the larger community, the Bienvenido Program aims to encourage greater participation in social and even political life. Stated one staff respondent:

> *We're moving people toward community integration where now they can be a part of community. And [as for] mental health, the conduit, that mechanism, is giving them better tools, better skills, to feel more confident, have stronger self-esteem. To feel like they belong in this community.*

Thus, helping participants raise self-esteem is seen as integrally tied to their participation in community life. Bienvenido sessions also emphasize how consumers can take advantage of available services in the local community and encourage them to be more active in speaking with local institutions such as schools. One participant described how Bienvenido encouraged greater interaction with the larger community:

> *You have to, yes, be with your own culture, but also integrate with other cultures. Because that is part of the life we lead here… And principally in my case it is for my children, because they are involved in school.*

Like this respondent, other consumers indicated that being able to communicate effectively with staff at their children's schools was an important issue for them.

Bienvenido aims to help consumers create support networks that last beyond the duration of the nine-week course. According to one participant:

> *There was more communication among the group afterwards. Because some said, I came here, but I was thinking about my family and my homeland. That's the main thing, is that you come here and leave behind your family. But, everybody was separated. And afterwards in the group we now felt comfortable with each other.*

Thus, for this respondent, the group discussion format helped participants feel more at ease with each other, even after the sessions had ended.

The Bienvenido Program has been able to expand due to its strategy of training community members to work as facilitators, who are not tied to a particular agency but can work within their

own communities with the support of the NEC and Bienvenido Program staff. This approach not only builds a local workforce within the community, but also is seen as creating generating community and support networks since Bienvenido courses are conducted by fellow community residents who often share participants' immigration experiences.

Furthermore, once community members train as facilitators, it often leads them to become more active within the larger community setting. According to one NEC staff member:

> *We have facilitators who prior to training were not heavily involved in community or activities. And it's been fascinating to see the last two years - two and a half years - see those facilitators become involved in more activities in their communities. So they're volunteering for health fairs, they're volunteering to help with food pantries, they're volunteering to help communities deal with community dialogue issues. So they're actually going to community dialogue meetings. And they're - they're not necessarily people who are documented, but they just feel like they want to contribute.*

Consequently, the practice helps community members overcome barriers of isolation and marginalization that often accompany their immigration experience and incorporates them into the life of the greater community.

Discussion

The differences between the practices used by the Bienvenido and Healthy Drumming programs are significant and noteworthy. IFR is a well established organization with longstanding roots in San Francisco and a sizable staff of Latino/Hispanic bilingual professionals. The Healthy Drumming Program is an intervention that is implemented in an urban setting, with Latino/Hispanic consumers ranging from recent immigrants to U.S.-born youth with native fluency in English. The Healthy Drumming Program places a particular emphasis on indigenous knowledge and healing practices as it works to address the behavioral health needs of its participants. It is an example of an innovative treatment/intervention that was designed to ameliorate anger and violence, especially among male youth, many of whom are involved with the juvenile justice system.

In contrast, the Bienvenido Program conducts sessions exclusively in Spanish to individuals who have primarily arrived in the U.S. during the past decade. It helps participants cope with the trauma of their immigration experiences through discussion and dialogue, while helping them overcome fear of interacting with the larger society. The program represents an innovative step taken by the NEC to address the needs of an emerging Latino/Hispanic community in rural Indiana. It is currently implemented in multiple locations, both urban and rural, and outside of the agency itself, incorporating community members as facilitators. It is an example of a practice that seeks to build capacity among its Latino/Hispanic service users.

However, strong similarities between the practices implemented by each organization deserve consideration. They have a number of components in common. Both utilize a group discussion

format and focus on creating a collective healing process, as opposed to focusing on individual therapy. This underlies the particular importance of support networks for Latinos/Hispanics who might be less comfortable with the individual, provider-patient model prominent in Western psychology. Moreover, the facilitators of the groups are not detached observers in the traditional Western sense, but active participants working toward shared goals with consumers.

In addition, each organization has recognized the importance of aligning with other community-focused agencies. This seems to be of particular importance for the Bienvenido Program, given the local context within which it operates. Partnering with other agencies helps reduce the fearfulness and stigma that represent barriers to mental health services for the local population, and allows the NEC to implement the Bienvenido Program with a much larger group of participants than it could reach on its own. IFR also works a network of community partners to meet the total needs of its consumers on an ongoing basis. Both organizations recognize that consumers have additional needs that directly impact mental health, such as housing, literacy, English fluency and economic support, and work to meet those needs in-house and through referral to community resources.

Another important consideration is that both practices represent a conscious effort to reach out to Latino/Hispanic consumers by going beyond mainstream models of behavioral health services as well as the doors of their particular agencies. Both organizations take steps to go beyond the doors of the agency and meet consumers on familiar territory.

Both agencies offer a comfortable, culturally appropriate and responsive environment for Latino/Hispanic consumers which can help reduce fear and stigmatization associated with mental illness. For instance, the focus on drumming appeals to consumers who enjoy music, making the overall intervention more enjoyable and comfortable yet still intimately connected to meeting the mental health needs of the consumers. Bienvenido presents itself to the community as a forum for consumers to discuss the transition to life in the United States, and operates in settings such as schools or churches which are already familiar to participants. Ultimately, the practiceassists consumers not only with their transition issues, but also it begins to address behavioral health needs that may not have been identified.

The similarities identified in these practices (and the agencies that have developed and implement them) can help lead us to identification of the essential elements of successful community-based practices for Latino/Hispanic populations. However, additional investigation is required to further refine understanding of which factors are most significant, which can be characterized as “essential elements” of identified practices and how they might contribute to forming a community defined evidence model. A preliminary list of these commonalities, identified for the Healthy Drumming Program and the Bienvenido Program, is presented below.

- Creating a collective healing process through group interaction. This involves departing from the Western, one-on-one model of mental health and recognizing the importance of family and community support for many Latinos/Hispanics.
- Providing a space for consumers to create their own support networks.

- Implementing practices outside of mental health centers/organizations in settings accepted and trusted by participants.
- Partnering with organizations important to local Latino/Hispanic communities. Depending on local context, this may include churches, schools, ESL programs, or grass-roots organizations.
- Going beyond the mainstream mental health paradigm to address consumers' needs holistically. Recognizing that socioeconomic and mental health needs are often intertwined.
- Engaging in dialogue about the practice with community members and consumers on an ongoing basis.
- Positive mental health outcomes result from increasing community attachment and building capacity among consumers to be active participants in community life.
- Raising awareness of mental health topics involves using terminology and cultural symbols that are comfortable for local Latino/Hispanic populations. These cultural values can vary widely according to the experiences of each community, and must be explored with local consumers.

According to staff respondents at each agency, behavioral health organizations should be responsive to the issues important to consumers within their real world contexts and in keeping their worldviews and perspectives. The practices outlined in this report encourage consumers to participate in defining their own healing process by incorporating their feedback to develop and shape the practices rather than adhering to inflexible service delivery and treatment models.

Finally, it is useful to consider the distinction between the terms efficacy and effectiveness. Whereas efficacy indicates how well a particular intervention or practice works under ideal conditions, such as a controlled experiment, it often fails to predict outcomes in real-world settings where multitudinous environmental and social factors come into play. Effectiveness, on the other hand, describes how well a practice works in the real world, in the actual environment where consumers and providers live and interact. What ultimately matters to consumers and communities is not how well a practice works under experimental conditions (efficacy), but how well it works in the "real world" (effectiveness). Practices developed or tested in isolated experimental contexts, although they may be efficacious, may struggle to account for the various barriers faced by Latino/Hispanic consumers. Moreover, controlled clinical experiments often limit the possibilities for consumers to provide feedback and participate in decision-making about the development of practices. In contrast, the two practices examined here developed within communities, and from their conception have sought to overcome barriers that limit effectiveness. Development within community settings allows for the growth of practices that work and respond to the articulated needs of consumers. In this manner, consumers and the community at large ultimately have a greater say in determining what practices are effective.

The emphasis on community feedback and input in the development and implementation of behavioral health practices, which is illustrated by the preliminary findings outlined for the sites

here presented, is a hallmark of community defined evidence.[2] Community defined evidence emphasizes the critical role of a particular "community of consumers" in determining whether a practice "works" for them, through acceptance and continued utilization of this practice as well as evidence of positive outcomes as defined by the consumer within her/his cultural context. The preliminary findings presented in this report suggest that consumers have played an integral role in the development and continued implementation of the respective practices. Preliminary findings also suggest that the providers work with local communities in a culturally responsive way that incorporates and addresses community perspectives and beliefs related to behavioral health and well-being. Ongoing data analysis will focus on these aspects of practice implementation at all 16 CDEP study sites and will work to identify the essential elements and unique aspects of all of the practices identified as part of this study. It is anticipated that further study will be conducted on outcome data for each site to help assess the degree of "success" for each of the identified practices to help further refine the definition of community defined evidence.

[2] The working definition of Community Defined Evidence (CDE) is "a set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community."

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Appendix A – CDEP Study Protocols

Consumer Protocol, English Version

INTRODUCTION

Thank the participant for agreeing to participate in the study. Introduce the study, covering the following information.

Purpose of study:

We know from the 1999 U.S. Surgeon General's report that some people have more difficulties getting behavioral health services than other people. In this study, rather than just focusing on these problems, we want to learn from organizations that have been able to help people get the services they need. We especially want to learn how organizations have made sure that behavioral health services are accessible to and appropriate for families of all cultural backgrounds, ethnicities and languages.

In order to learn more about the work that [name of organization] does, I'll ask you some questions about the services provided by [name of organization] and your experiences with these. Then I'll ask you for more specific information about the way Family Service does therapy with Latinos. We expect this will take about 1 ½ hours of your time.

Informed Consent:

We want to make sure that you have voluntarily agreed to participate in this interview. [name of organization] has already given us permission to do interviews, but we would also like your permission to interview you and tape record the conversation. I am going to go over some things that you need to know before you give us your permission. Please listen carefully and then tell us whether or not you are willing to participate.
Be sure the participant understands the Informed Consent form and signs it, or if on the phone, gives you permission to sign. If they do not want to be tape recorded, ask if they are willing to do the interview without taping it and if you may take notes while listening.

Ask: *Do you have any questions before we begin?*

<u>KEY CONCEPTS TO REMEMBER TO ADDRESS:</u>

Services designed specifically for Latinos/Hispanics
Adaptations of services for Latino/Hispanic consumers
How the community perceives the organization
What practices do respondents feel work successfully with Latinos/Hispanics
How this respondent defines success and measures improvement

Please answer "yes" or "no" to the following questions **about how they provide services** at [name of organization], to the best of your knowledge.

At [name of organization], do they:	YES	NO	DON'T KNOW
a. Ask questions about my family's customs and traditions?	1	2	3
b. Respect my beliefs about the types of treatment that my family wants?	1	2	3
c. Communicate with me in Spanish, if that is what I want to speak?	1	2	3
d. Provide the forms I need to sign, brochures and treatment instructions in Spanish when I need them?	1	2	3
e. Greet me and communicate with me in a warm, personal manner?	1	2	3
f. Take my family's needs into consideration?	1	2	3
g. Understand my point of view as a Latino/a or Hispanic?	1	2	3
h. Have staff who share my culture/ethnicity?	1	2	3
i. Offer services near my home?	1	2	3
j. Offer services in my home?	1	2	3
k. Provide transportation to and from appointments?	1	2	3
l. Offer free or low-cost services?	1	2	3
m. Respect my decision to go to a traditional healer, such as a *curandero* or *yerbero*?	1	2	3
n. Support my involvement with my church?	1	2	3
o. Respect and support my faith/religion in the services I receive?	1	2	3
p. Participate in cultural events within my community?	1	2	3
q. Organize social activities such as dances, *pachangas*, *fiestas*, dinners, etc.?	1	2	3
r. Talk to me about *susto*, *nervios* or other *trastornos*?	1	2	3

Now, please indicate by answering "yes" or "no" whether you feel it is **important** for any provider of services to do the following things.

It is important to me that any organization where I get services…	**YES**	**NO**	**DON'T KNOW**
a. Asks questions about my family's customs and traditions.	1	2	3
b. Respects my beliefs about the types of treatment that my family wants.	1	2	3
c. Communicates with me in Spanish, if that is what I want to speak.	1	2	3
d. Provides the forms I need to sign, brochures and treatment instructions in Spanish when I need them.	1	2	3
e. Greets me and communicates with me in a warm, personal manner.	1	2	3
f. Takes my family's needs into consideration.	1	2	3
g. Understands my point of view as a Latino/a or Hispanic.	1	2	3
h. Has agency employees who share my culture/ethnicity.	1	2	3
i. Offers services near my home.	1	2	3
j. Offers services in my home.	1	2	3
k. Provides transportation to and from appointments.	1	2	3
l. Offers free or low-cost services.	1	2	3
m. Respects my decision to go to a traditional healer, such as a *curandero* or *yerbero*.	1	2	3
n. Supports my involvement with my church.	1	2	3
o. Respects and supports my faith/religion in the services I receive.	1	2	3
p. Participates in cultural events within my community.	1	2	3
q. Organizes social activities such as dances, pachangas, fiestas, dinners, etc.	1	2	3
r. Talks to me about *susto*, *nervios* or other *trastornos*.	1	2	3

ROLE OF ORGANIZATION

The following questions are about [name of organization] and how they have worked with you and/or your family.

1. How did you find out about [name of organization]?

- **What kind of services were you looking for?**
- **How did you know you could find them at [name of organization]?**

Prompts:

- Referred by someone in the community?
- Referred by another agency?
- Court-ordered?

2. What kind of help did you get before you came to [name of organization]?

- **Were other organizations as helpful as [name of organization]? *If a difference is reported, ask* Why is this organization more helpful?**

Prompts:

- Were previous organizations from within the community?
- Did previous organizations have Latino/Hispanic-focused services?

3. How welcome do you feel when you come to [name of organization]?

Prompts:

- What is the environment like?
- Are staff friendly and helpful?
- Is it a comfortable environment for Latinos/Hispanics?

4. Please describe the services you get from [name of organization].

Prompts:

- What type?
- How often provided?
- Where are they provided?
- Who provides them?

5. Were family members or other community members that you wanted involved invited to participate in the services that you or your family member were receiving?

PRACTICES FOR LATINOS/HISPANICS

Next, we would like to ask you about practices that [name of organization] uses when working with individuals of Latino/Hispanic background

6. We are very interested in learning more about how [name of organization] uses [name of practice] when working with Latino/Hispanic families. Have you been involved with this practice in any way?
(Interviewer: If no, skip to question 13).
6a. If so, please describe your experience.

7. What did you think about [name of practice]? Would you say that it helped you in any way? If so, how?
Prompt:

- How did the practice affect their overall service experience?

If the practice incorporates cultural or traditional healing methods, ask the following question:
8. Was this practice one that was familiar to you from previous experience? If so, what was your previous experience with it?
If not, please tell us why you considered using this practice when it was offered.

- **Did the fact that they offered this practice shape your perception of this organization?**

Prompt:

- Does this practice incorporate traditional or cultural healing methods?

9. How does [name of organization] make sure they are really helping you achieve your goals?
Prompt:

- Do they communicate regularly with you or your family members?

10. Does [name of organization] ever meet with community members to ask about the needs of the local community? Have you been involved in this?
Prompts:

- Probe for what they think are the most important needs in their community – general and behavioral health related.
- Are there needs in the local community that [name of organization] is not aware of?

11. Were you involved in helping to develop [name of practice], by giving suggestions or feedback? If so, please describe your experience as part of this process.
Prompt:

- If yes, were other family or community members involved?

12. Do you continue to provide feedback to [name of organization] about the practice? If so, please describe your experience in this process.
Prompts:

- Does the organization convene a group of service users?
- What kind of information do the staff at [name of organization] collect from you in order to assess whether [name of practice] works for you?

IMPACTS OF SERVICES

Now, we would like to ask you about how the practices and services that you have received from [name of organization] have helped you.

13. What kind of impact has [name of organization] made on your life?

- **What is the most positive change that you have noticed as a result of the services that you have received at [name of organization]?**

Prompts:

- What is it that makes the organization effective?
- What do you feel are the most important things [name of organization] accomplished with your family?

14. How did [name of organization] explain to you what services they were going to offer you or your family member?

- **Do you feel that they did a good job of explaining how they would work with you and your family?**

15. For service users who are no longer receiving services -- Does [name of organization] conduct follow-up with you to assess how you are doing currently?

Prompts:

- Does the organization ask clients for feedback?
- Is there follow-up after services are completed?
- Does she/he still maintain a relationship with the [name of organization]?

PRACTICES FOR LATINOS/HISPANICS

Next, we would like to ask you about practices that [name of organization] uses when working with individuals of Latino/Hispanic background

16. Do you feel you could go elsewhere to get the same type of service that you receive from [name of organization]? Why or why not?

Prompt:

- Is the organization perceived as unique?

17. Would you feel comfortable recommending [name of organization] to other people in your family or community? Why or why not?

Prompt:

- Have they already recommended [name of organization] to anyone?

18. Tell me why [name of organization] works well or does not work well with Latinos/Hispanics.

Prompts:

- Look for specific examples of practices geared toward Latino/Hispanic service users.
- Services in Spanish?
- Awareness of culture?
- A warmer, more personal environment?
- Cultural background of staff?

19. What has [name of organization] done that shows they understand you as a Latina/o or Hispanic?

- **Can you give me an example of a time they did a really good job understanding your cultural background?**

Prompt:

- Look for examples of specific practices beyond just speaking Spanish.

20. In your opinion, what else can [name of organization] do to effectively help Latinos/Hispanics?

Prompt:

- How does this person define an effective practice?

21. What can other agencies learn from [name of organization] to help the people they serve?

22. What would you say are the three most important things [name of organization] accomplishes for the community and families it serves?

23. Do you think [name of organization] has a good reputation among Latinos in your community? Why or why not?

Prompts:

- Is the organization perceived as part of the Latino community?
- How do community members hear about [name of organization]?

24. Is there any additional information you feel it is important for us to know about [name of organization]?

DEMOGRAPHIC INFORMATION

We would like to ensure that we have received input from a diverse group of interview participants to understand how organizations can provide high quality services for a diversity of

families. Would you be willing to tell us how you identify yourself in terms of race/ethnicity, and/or country of origin?

25. How would you classify your ethnicity or race?_____
[Interviewer: Fill in the respondent's self-description above. You can use the categories below as a guide, if needed.]

_____ American Indian/Alaska Native
_____ Asian/Asian American
_____ Black/African American/Afro-Caribbean
_____ Hispanic/Latino
_____ Native Hawaiian/Pacific Islander
_____ White/Caucasian
_____ Bicultural/biracial
_____ Multicultural/multiracial
_____ Other or Unknown

25a. What country are you from??

26. How long have you lived in your present residence? (Check one)

_____ less than a year **_____ 5-9 years**

_____ 1-4 years **_____ 10 or more years**

27. Do you live near where [name of organization] is located?

_____ yes **_____ no**

28. How long has your family been using services at [name of organization]? (Check one)

_____ less than a year **_____ 5-9 years**

_____ 1-4 years **_____ 10 or more years**

Thank you very much for your time. The information you provided today will be very valuable in helping us identify ways for organizations to work successfully with Latino/Hispanic families.

Consumer Protocol, Spanish Version

INTRODUCCIÓN

Agradezca al participante por aceptar participar en el estudio. Introduzca el estudio, cubriendo la siguiente información.

Propósito del estudio:

Sabemos por el informe General del Cirujano de U.S. 1999 que los latinos/hispanos tienen más dificultades en conseguir servicios de salud mental que otra gente. En este estudio, más bien que centrarnos en estos problemas, deseamos aprender de las organizaciones que han podido ayudar a la gente a conseguir los servicios que necesitan. Deseamos especialmente aprender cómo las organizaciones se han asegurado que los servicios de salud mental sean accesibles y apropiados para familias de todos los fondos culturales, pertenencias étnicas y lenguajes.

Para aprender más sobre el trabajo que [nombre de la organización principal]*, hace le haré algunas preguntas acerca de los servicios proporcionados por* [nombre de la organización principal] *y sus experiencias con éstos. Entonces le pediré información más específica acerca de* [nombre de la práctica] *y si usted piensa que esta práctica es eficaz en servir a individuos y familias de fondos hispanos/latinos. Esperamos que esto tome cerca de 1 ½ horas de su tiempo.*

Consentimiento informado:

Deseamos cerciorarnos de que usted haya acordado voluntariamente participar en esta entrevista. [Nombre de la organización principal] *ya nos ha dado el permiso de hacer entrevistas, pero también quisiéramos su permiso para entrevistarle y para grabar la conversación. Voy a repasar algunas cosas que usted necesita saber antes de que usted nos dé su permiso. Por favor escuche cuidadosamente y después nos dice si usted está dispuesto o no a participar.*

Asegúrese que el participante entiende el proceso del consentimiento informado y que le da el permiso de comenzar la entrevista. Si no desean ser grabados, pregunte si están dispuestos a hacer la entrevista sin grabarla y si usted puede tomar notas mientras que escucha.

Pregunte: *¿Usted tiene preguntas antes de que comencemos?*

<u>CONCEPTOS CLAVES PARA ACORDARSE DE TRATAR:</u>

Servicios diseñados específicamente para los latinos/hispanos
Adaptaciones de los servicios para usuarios de servicio latinos/hispanos
Cómo la comunidad percibe a la organización
Qué prácticas sienten los participantes trabajan con éxito con los latinos/hispanos
Cómo este participante define éxito y mide la mejora

Fase II de CDEP: Protocolos del usuario de servicio

Por favor conteste a las preguntas siguientes **sobre la entrega de servicios** en [nombre de la organización principal] al mejor de su conocimiento.

En esta organización :	**Si**	**No**	**No sabe**
a. ¿Hacen preguntas acerca de las costumbres y tradiciones de mi familia?	1	2	3
b. ¿Respetan mi creencia sobre los tipos de tratamiento que mi familia desea?	1	2	3
c. ¿Se comunican conmigo en español, si ese es el idioma que deseo hablar?	1	2	3
d. ¿Proporcionan las formas que tengo que firmar, folletos e instrucciones de tratamiento en español cuando los necesito?	1	2	3
e. ¿Me saludan y comunican conmigo de una manera amable, personalizada?	1	2	3
f. ¿Toman en consideración las necesidades de mi familia?	1	2	3
g. ¿Entienden mi punto de vista como Latino/hispano?	1	2	3
h. ¿Tienen empleados en la agencia que comparten mi cultura/pertenencia étnica?	1	2	3
i. ¿Ofrecen servicios cerca de mi hogar?	1	2	3
j. ¿Ofrecen servicios en mi hogar?	1	2	3
k. ¿Proporcionan transporte hacia y desde los lugares de las citas?	1	2	3
l. ¿Ofrecen servicios gratis o económicos?	1	2	3
m. ¿Respetan mi decisión de consultar a un curador tradicional, como un *curandero o yerbero*?	1	2	3
n. ¿Apoyan mi participación con mi iglesia?	1	2	3
o. ¿Apoyan mi fe/religión en los servicios que recibo?	1	2	3
p. ¿Me tratan en conjunto como persona, no sólo mi salud mental?	1	2	3
q. ¿Participan en acontecimientos culturales dentro de mi comunidad?	1	2	3
r. ¿Organizan actividades sociales como bailes, *pachangas*, fiestas, comidas, etc.?	1	2	3
s. ¿Me hablan sobre *susto o nervios* u otros *trastornos*?	1	2	3

Ahora, por favor indique si usted siente que es **importante** para cualquier proveedor de servicios desarrollar las siguientes prácticas.

Es importante para mí que cualquier organización donde consigo servicios…	**Si**	**No**	**No sabe**
a. Haga preguntas sobre las costumbres de mi familia y sus tradiciones	1	2	3
b. Respete mis creencias acerca de los tipos de tratamiento que mi familia quiere.	1	2	3
c. Se comunique conmigo en español si es el idioma que yo quiero hablar	1	2	3
d. Proporcione las formas que tengo que firmar, folletos e instrucciones de tratamiento en español cuando los necesito	1	2	3
e. Me salude y comunique conmigo de una manera amable, personalizada	1	2	3
f. Tome en consideración las necesidades de mi familia	1	2	3
g. Entienda mi punto de vista como Latino/hispano	1	2	3
h. Tenga empleados en la agencia que comparten mi cultura/pertenencia étnica	1	2	3
i. Ofrezca servicios cerca de mi casa	1	2	3
j. Ofrezca servicios en mi casa	1	2	3
k. Proporcione transporte hacia y desde los lugares de las citas	1	2	3
l. Ofrezcan servicios gratis o económicos	1	2	3
m. Respete mi decisión de consultar a un curador tradicional, como un *curandero o yerbero*	1	2	3
n. Apoye mi participación con mi iglesia	1	2	3
o. Apoye mi fe/religión en los servicios que recibo	1	2	3
p. Me trate en conjunto como una persona, no sólo mi salud mental	1	2	3
q. Participe en acontecimientos culturales dentro de mi comunidad	1	2	3
r. Organice actividades sociales como bailes, *pachangas*, fiestas, comidas, etc.	1	2	3
s. Me hablen sobre *susto o nervios* u otros *trastornos*	1	2	3

PAPEL DE LA ORGANIZACIÓN

Las siguientes preguntas son sobre [nombre de la organización principal] y cómo han trabajado con usted y/o su familia.

1. ¿Cómo se enteró usted acerca de [nombre de la organización principal]?

- **¿Qué clase de servicios buscaba usted?**
- **Cómo sabía usted que podría encontrarlos en [nombre de la organización principal]?**

Notas para el entrevistador:

- Referido por alguien de la comunidad?
- ¿Referido por otra agencia?
- ¿ Ordenado por la Corte?

2. ¿Qué clase de ayuda consiguió usted antes de que usted viniera a [nombre de la organización principal]?

- **Fueron otras organizaciones tan útiles como [nombre de la organización principal]? *Si se reporta una diferencia, pregunte* porqué es esta organización más útil?**

Notas para el entrevistador:

- ¿ Las organizaciones anteriores estaban dentro de la comunidad?
- ¿Las organizaciones anteriores tenían servicios enfocados a los latinos/ Hispanos?

3. ¿Qué tan bienvenido se siente usted cuando viene a [nombre de la organización principal]?

Notas para el entrevistador:

- ¿Como es el ambiente?
- ¿Es el personal amistoso y colaborador?
- ¿Es un ambiente cómodo para los Latinos/ hispanos?

4. Describa por favor los servicios que usted consigue de [nombre de la organización principal].

Notas para el entrevistador:

- ¿Qué tipo?
- ¿Cuantas veces proporcionado?
- ¿Dónde fueron proporcionados?
- ¿Quién los proporciona?

5. ¿Fueron invitados a participar miembros de la familia u otros miembros de la comunidad que usted quería involucrar en los servicios qué usted o su miembro de familia recibían?

PRÁCTICAS PARA LATINOS/HISPANOS

Ahora, quisiéramos preguntarle acerca de las prácticas que [nombre de la organización principal] utiliza cuando trabaja con los individuos de fondo hispano/latino

6. Estamos muy interesados en conocer más sobre como [nombre de la organización principal] usa el [nombre de la práctica] cuando trabaja con familias Latinas/Hispanas. ¿Ha estado su familia implicada de algún modo con esta práctica?
(Entrevistador: Si no, pase a la pregunta 13).

6a. Si es así, por favor describa su experiencia.

7. ¿Qué piensa usted acerca de esta práctica, [nombre de la práctica]? ¿Diría usted que esto le ayudó de algún modo? ¿De ser así, cómo?

Notas para el entrevistador:

- ¿Cómo la práctica afectó su experiencia total del servicio?

Si la práctica incorpora métodos de curación culturales o tradicionales, haga la siguiente pregunta:

8. ¿Era esta práctica una que era conocida por los miembros de su familia por la experiencia anterior? ¿De ser así, cuál fue su experiencia anterior? Si no, por favor díganos por qué usted consideró usar esta práctica cuando le fue ofrecida.

- **¿El hecho de que ellos le ofrecieran esta práctica formó su percepción sobre esta organización?**

Notas para el entrevistador:

- ¿Esta práctica incorpora métodos curativos tradicionales o culturales?

9. ¿Cómo hace [nombre de la organización principal] para asegurarse que realmente están ayudando a su familia?

Notas para el entrevistador:

- ¿Se comunican ellos regularmente con usted o los miembros de su la familia?

10. ¿Ha reunido [nombre de la organización principal] con miembros de la comunidad para preguntar sobre las necesidades de la comunidad? Si es así, Ud. ha estado involucrado en alguna de estas reuniones?

Notas para el entrevistador:

- Investigue lo que ellos piensan son las necesidades más importantes en su comunidad - salud general y salud mental.
- [nombre de la organización principal] no se ha enterado de alguna necesidad en la comunidad local?

11. ¿Estuvo envuelto usted en ayudar a desarrollar a [Nombre de la práctica], dando sugerencias o información? Si es así, por favor describa su experiencia como parte de este proceso.

Notas para el entrevistador:

- Si es así, también estuvieron envueltos miembros de la familia del participante o de la comunidad local?

12. ¿Usted o los miembros de su familia siguen proporcionando información a [Nombre de la organización principal] sobre la práctica? Si es así, por favor describa su experiencia en este proceso.

Notas para el entrevistador:

- Convoca la organización a un grupo de usuarios de servicio?
- Qué clase de información colecta de usted el personal de [Nombre de la organización principal] a fin de valorar si él [Nombre de la práctica] trabaja para usted?

IMPACTOS DE SERVICIOS

Ahora, quisiéramos preguntarle acerca de como las prácticas y los servicios que usted ha recibido de [nombre de la organización principal*] *le han ayudado.

13. ¿Qué clase impacto [nombre de la organización principal] hizo en su vida?

- **Cuál es el cambio más positivo que usted observo como resultado de los servicios que usted ha recibido en [nombre de la organización principal]?**

Notas para el entrevistador:

- ¿Que es lo que hace a la organización efectiva?
- ¿Cuales siente usted que son las cosas más importantes que [nombre de la organización principal] logro con su familia?

14. ¿Cómo [Nombre de la organización principal] le explicó a usted que servicios le iban a ofrecer a usted o a su miembro de familia?

- **¿Siente usted que ellos hicieron un buen trabajo explicándole cómo trabajarían con usted y con su familia?**

15. Para los usuarios de servicio que ya no están recibiendo servicios -- [Nombre de la organización principal] hace seguimiento con usted para determinar cómo le está yendo actualmente?

Notas para el entrevistador:

- ¿La organización le pide opinión a los clientes?
- ¿Hay alguna carta de seguimiento después de que se terminan los servicios?
- ¿Él/ella todavía mantienen una relación con [nombre de la organización principal]?

16. ¿Siente usted que podría ir a otra parte a conseguir el mismo tipo de servicio qué su familia recibe en [Nombre de la organización principal]? ¿Por qué o por qué no?

Notas para el entrevistador:

- ¿La organización se percibe como única?

17. ¿Se sentiría usted cómodo recomendando a [Nombre de la organización principal] a otra gente en su familia o comunidad? ¿Por qué o por qué no?

Notas para el entrevistador:

- ¿Han recomendado ya a [nombre de la organización principal] a alguna persona?

18. Dígame porqué [nombre de la organización principal] trabaja bien o no trabaja bien con los latinos/hispanos.

Notas para el entrevistador:

- Busque ejemplos específicos de prácticas enfocadas hacia usuarios Latinos de servicio.
- Servicios en español?
- Conciencia de cultura?
- ¿Un, ambiente más caluroso y personalizado?
- Personal que comparte mi cultura?

19. ¿Qué ha hecho [nombre de la organización principal] que demuestra que lo entiende a usted como latino/o ó como hispano?

- **¿Puede usted darme un ejemplo de alguna vez que ellos hicieron un trabajo realmente bueno entendiendo su fondo cultural?**

Notas para el entrevistador:

- Busque ejemplos de prácticas específicas más allá de hablar español.

20. ¿En su opinión, qué más puede [Nombre de la organización principal] hacer para ayudar con eficacia a los latinos/hispanos?

Notas para el entrevistador:

- ¿Cómo define esta persona una práctica eficaz?

21. ¿Qué pueden aprender otras agencias de [nombre de la organización principal] para ayudar a la gente que sirven?

22. ¿Cuáles diría usted son las tres cosas más importantes que [Nombre de la organización principal] logra para la comunidad y las familias que sirve?

23. ¿Piensa usted que [Nombre de la organización principal] tiene una buena reputación entre los Latinos/Hispanos en su comunidad? ¿Por qué o por qué no?

Notas para el entrevistador:

- ¿La organización se percibe como parte de la comunidad latina?
- ¿Cómo oyen los miembros de la Comunidad acerca de [nombre de la organización principal]?

24. ¿Hay alguna información adicional que usted siente que es importante que sepamos sobre [Nombre de la organización principal]?

INFORMACIÓN DEMOGRÁFICA

Quisiéramos asegurarnos que hemos recibido la contribución de un grupo diverso de participantes en la entrevista para entender cómo las organizaciones pueden proporcionar servicios de alta calidad para una diversidad de familias. ¿Usted estaría dispuesto a decirnos cómo usted se identifica en términos de raza/pertenencia étnica, y/o a país de origen?

25. ¿Cómo clasificaría usted su pertenencia étnica o raza?_____

[Indique como el respondiente se identifica. Si es necesario, puede usar las categorías abajo como guías.]

_____ Amerindio / Natural de Alaska
_____ Americano Asiático/Asiático
_____ Negro/Africano Americano/Africano Caribeño
_____ Hispano/Latino
_____ Natal Hawaiano/ Isleño Pacífico
_____ Blanco/Caucásico
_____ Bicultural/biracial
_____ Multicultural/multirracial
_____ Otro o Desconocido

25a. ¿De qué país es usted?

26. ¿Cuánto tiempo ha vivido usted dentro de su domicilio actual? (Marque Uno)

_____ Menos de un año **_____ 5-9 Años**
_____ 1-4 Años **_____ 10 o Más años**

27. ¿Cuánto tiempo ha estado su familia utilizando servicios en [Nombre de la organización principal]?

_____ Menos de un año **_____ 5-9 Años**
_____ 1-4 Años **_____ 10 o Más años**

Muchas gracias por su tiempo. La información que usted proporcionó hoy será muy valiosa en ayudarnos a identificar maneras para que las organizaciones trabajen con éxito con familias Latinas/Hispanas.

Family Member Protocol, English Version

INTRODUCTION

Thank the participant for agreeing to participate in the study. Introduce the study, covering the following information.

Purpose of study:
We know that some people have more difficulties getting behavioral health services than other people. We are interested in learning from agencies that have been able to help people get the services they need. We especially want to learn how agencies have made sure that behavioral health services are available and meaningful for families of all cultural backgrounds, ethnicities and languages.

In order to learn more about the work that [name of organization] *does, I'll ask you some questions about the services they provide and you or your family's experiences with these. Then I'll ask you more specific information about* [name of organization] *and whether you think they do a good job of helping people from Hispanic/Latino backgrounds. We expect this will take about 1 ½ hours of your time.*

Informed Consent:
[Name of organization] *has already given us permission to do interviews, but we would also like your permission to interview you and tape record the conversation. I am going to go over some things that you need to know before you give us your permission. Please listen carefully and then tell us whether or not you are willing to participate.*

Be sure the participant understands the Informed Consent form and signs it, or if on the phone, gives you permission to sign. If they do not want to be tape recorded, ask if they are willing to do the interview without taping it and if you may take notes while listening.

Ask: *Do you have any questions before we begin?*

KEY CONCEPTS TO REMEMBER TO ADDRESS:

Services designed specifically for Latinos/Hispanics
Adaptations of services for Latino/Hispanic consumers
How the community perceives the organization
Why family members feel culturally specific services are important
What services do families feel are most effective for Latinos/Hispanics?

CDEP Phase II: Family Member Protocols

Please answer "yes" or "no" to the following questions **about how they provide services** at [name of organization], to the best of your knowledge.

At this organization, do they:	**YES**	**NO**	**DON'T KNOW**
a. Ask questions about my family's customs and traditions?	1	2	3
b. Respect my beliefs about the types of treatment that my family wants?	1	2	3
c. Communicate with me in Spanish, if that is what I want to speak?	1	2	3
d. Provide the forms I need to sign, brochures and treatment instructions in Spanish when I need them?	1	2	3
e. Greet me and communicate with me in a warm, personal manner?	1	2	3
f. Take my family's needs into consideration?	1	2	3
g. Understand my point of view as a Latino/a or Hispanic?	1	2	3
h. Have agency employees who share my culture/ethnicity?	1	2	3
i. Offer services near my home?	1	2	3
j. Offer services in my home?	1	2	3
k. Provide transportation to and from appointments?	1	2	3
l. Offer free or low-cost services?	1	2	3
m. Respect my decision to go to a traditional healer, such as a *curandero* or *yerbero*?	1	2	3
n. Support my involvement with my church?	1	2	3
o. Support my faith/religion in the services I receive?	1	2	3
p. Treat me as a whole person, not just my behavioral health?	1	2	3
q. Participate in cultural events within my community?	1	2	3
r. Organize social activities such as dances, *pachangas*, *fiestas*, dinners, etc.?	1	2	3
s. Talk to me about *susto*, *nervios* or other *trastornos*?	1	2	3

Now, please indicate by answering "yes" or "no" whether you feel it is **important** for any provider of services to do the following things.

It is important to me that any organization where I get services…	**YES**	**NO**	**DON'T KNOW**
a. Asks questions about my family's customs and traditions.	1	2	3
b. Respects my beliefs about the types of treatment that my family wants.	1	2	3
c. Communicates with me in Spanish, if that is what I want to speak.	1	2	3
d. Provides the forms I need to sign, brochures and treatment instructions in Spanish when I need them.	1	2	3
e. Greets me and communicates with me in a warm, personal manner.	1	2	3
f. Takes my family's needs into consideration.	1	2	3
g. Understands my point of view as a Latino/a or Hispanic.	1	2	3
h. Has agency employees who share my culture/ethnicity.	1	2	3
i. Offers services near my home.	1	2	3
j. Offers services in my home.	1	2	3
k. Provides transportation to and from appointments.	1	2	3
l. Offers free or low-cost services.	1	2	3
m. Respects my decision to go to a traditional healer, such as a *curandero* or *yerbero*.	1	2	3
n. Supports my involvement with my church.	1	2	3
o. Supports my faith/religion in the services I receive.	1	2	3
p. Treats me as a whole person, not just my behavioral health.	1	2	3
q. Participates in cultural events within my community.	1	2	3
r. Organizes social activities such as dances, pachangas, fiestas, dinners, etc.	1	2	3
s. Talks to me about *susto*, *nervios* or other *trastornos*.	1	2	3

ROLE OF ORGANIZATION

The following questions are about [name of organization] and how they have worked with your family.

1. Please tell me a little bit about your relationship with [name of organization].

- **What kind of services were you or your family member looking for?**
- **Did you help choose this agency for you and your family? If not, who did?**

Prompts:

- Referred by someone in the community?
- Referred by another agency?
- How did you know you could find them at [name of organization]?

2. Did your family member receive services from any other organization before he/she came to [name of organization]?

- **Were other organizations as helpful as [name of organization]?**

Prompts:

- Were previous organizations from within the community?
- Did previous organizations have Latino/Hispanic-focused services?

3. How welcome do you feel when you come to [name of organization]?

Prompts:

- What is the environment like?
- Are staff friendly and helpful?
- Is it a comfortable environment for family members or other informal supports?

4. Please describe the services your family gets from [name of organization].

Prompts:

- What type?
- How often provided?
- Where are they provided?
- Who provides them?

5. Were family members or other community members that you wanted involved invited to participate in the services that you or your family member were receiving?

PRACTICES FOR LATINOS/HISPANICS

Next, we would like to ask you about practices that [name of organization] uses when working with individuals of Latino/Hispanic background

6. We are very interested in learning more about how [name of organization] uses the [name of practice] when working with Latino/Hispanic families. Has your family been involved with this practice in any way?

(Interviewer: If no, skip to question 9.)

6a. If so, please describe your experience.

7. What did your family members think about this practice, [name of practice]? Would you say that it helped you in any way? If so, how?
Prompt:

- How did the practice affect their overall service experience?

If the practice incorporates cultural or traditional healing methods, ask the following question:
8. Was this practice one that was familiar to your family members from previous experience? If so, what was your previous experience with it?
If not, please tell us why you considered using this practice when it was offered.

- **Did the fact that they offered this practice shape your perception of this organization?**

Prompt:

- Does this practice incorporate traditional or cultural healing methods?

9. How does [name of organization] make sure they are really helping your family?
Prompt:

- Do they communicate regularly with family members?

10. Does [name of the organization] ever meet with community members to ask about the needs of the local community? Have you been involved in this?
Prompts:

- Probe for what they think are the most important needs in their community – general and behavioral health related.
- Are there needs in the local community that [name of the organization] is not aware of?

11. Were you involved in helping to develop the [name of practice], by giving suggestions or feedback? If so, please describe your experience as part of this process.
Prompt:

- If yes, were other family or community members involved?

12. Do you or your family members continue to provide feedback to [name of organization] about the practice? If so, please describe your experience in this process.
Prompts:

- Does the organization convene a group of service users?
- What kind of information do the staff at [name of organization] collect from you in order to assess whether the [name of practice] works for you?

IMPACTS OF SERVICES

Now, we would like to ask you about how the practices and services that you have received from [name of organization] have helped you.

13. What has [name of organization] done that has helped your family the most?

Prompt:

- What is it that makes the organization effective?

14. How did [name of organization] explain to you what services they were going to offer you or your family member?

- **Do you feel that they did a good job of explaining how they would work with you and your family?**

POPULATION OF FOCUS

The following questions focus on how [name of organization] is able to serve the Latino/Hispanic community.

15. Do you feel you could go elsewhere to get the same type of service that your family receives from [name of organization]? Why or why not?

Prompt:

- Is the organization perceived as unique?

16. Would you feel comfortable recommending [name of organization] to other people in your family or community? Why or why not?

Prompt:

- Why would they feel comfortable recommending [name of organization]?

17. Tell me why [name of organization] works well or does not work well with Latinos/Hispanics.

Prompts:

- Look for specific examples of practices geared toward Latino service users.
- Services in Spanish?
- Awareness of culture?
- A warmer, more personal environment?
- Cultural background of staff?

18. What has [name of organization] done that shows they understand you as a Latina/o or Hispanic?

- **Can you give me an example of a time they did a really good job understanding your cultural background?**

Prompt:

- Look for examples of specific practices beyond just speaking Spanish.

19. In your opinion, what else can [name of organization] do to effectively help Latinos/Hispanics?

Prompt:

- How does this person define an effective practice?

20. What can other agencies learn from [name of organization] to help the people they serve?

21. What would you say are the three most important things [name of organization] accomplishes for the community and families it serves?

22. Do you think [name of organization] has a good reputation among Latinos/Hispanics in your community? Why or why not?

Prompts:

- Examples of outreach.
- Is the organization perceived as part of the Latino/Hispanic community?

23. Is there any additional information you feel it is important for us to know about [name of organization]?

DEMOGRAPHIC INFORMATION

We would like to ensure that we have received input from a diverse group of interview participants to understand how organizations can provide high quality services for a diversity of families. Would you be willing to tell us how you identify yourself in terms of race/ethnicity, and/or country of origin?

24. How would you classify your ethnicity or race?_____

[Interviewer: Fill in the respondent's self-description above. You can use the categories below as a guide, if needed.]

_____ American Indian/Alaska Native
_____ Asian/Asian American
_____ Black/African American/Afro-Caribbean
_____ Hispanic/Latino
_____ Native Hawaiian/Pacific Islander
_____ White/Caucasian
_____ Bicultural/biracial

_____ Multicultural/multiracial
_____ Other or Unknown

24a. What country are you from?

25. How long have you lived in your present residence? (Check one)

_____ less than a year **_____ 5-9 years**

_____ 1-4 years **_____ 10 or more years**

26. Do you live near where [name of organization] is located?

_____ yes **_____ no**

27. How long has your family been using services at [name of organization]? (Check one)

_____ less than a year **_____ 5-9 years**

_____ 1-4 years **_____ 10 or more years**

Thank you very much for your time. The information you provided today will be very valuable in helping us identify ways for organizations to work successfully with Latino/Hispanic families.

Family Member Protocol, Spanish Version

INTRODUCCION:

Agradezca al participante por aceptar participar en el estudio. Introduzca el estudio, cubriendo la siguiente información:
Objetivo del estudio:
Sabemos que algunas personas tienen más dificultades que otras para conseguir servicios de salud mental. Estamos interesados en aprender de las agencias que han podido ayudar a la gente a obtener los servicios que ellos necesitan. Especialmente, queremos saber cómo las agencias se han asegurado que los servicios de salud mental estén disponibles y sean significativos para las familias de todos los fondos culturales, pertenencias étnicas y lenguajes.

A fin de aprender más sobre el trabajo que [Nombre de la organización principal] hace, le haré algunas preguntas sobre los servicios proporcionados por ellos y las experiencias de su familia con éstos. Entonces le preguntaré información más específica sobre [Nombre de la organización principal] y si usted piensa que ellos han acertado en el servicio que les prestan a individuos y familias hispanas/Latinas. Consideramos que esta entrevista tomará aproximadamente 1 hora y media de su tiempo.
Consentimiento Informado:
Queremos asegurarnos que usted ha consentido voluntariamente en participar en esta entrevista. [Nombre de la organización principal] nos ha dado ya el permiso de hacer entrevistas, pero también nos gustaría su permiso de entrevistarle y grabar la conversación. Voy a revisar algunas cosas que usted tiene que saber antes de que usted nos dé su permiso. Por favor escuche con cuidado y luego díganos si usted quiere participar.

Esté seguro que el participante entiende la forma de Consentimiento Informado y la firme, o si en el teléfono le da el permiso de firmar. Si ellos no quieren que se grabe la entrevista, pregunte si ellos quieren hacerla sin grabar y si usted puede tomar notas mientras está escuchando.

Pregunte: *¿Tiene alguna pregunta antes de que comencemos?*

CONCEPTOS CLAVES PARA ACORDARSE DE TRATAR:

Servicios diseñados específicamente para los Latinos/Hispanos
Adaptaciones de servicios para consumidores Latinos/Hispanos
¿Cómo la comunidad percibe la organización?
¿Por qué los miembros de familia sienten que los servicios culturalmente específicos son importantes?
¿Qué servicios sienten las familias Latinas que son los más eficaces para los Latinos/Hispanos?

Por favor conteste las preguntas siguientes **sobre la prestación de servicios** en [Nombre de la organización principal] según lo mejor de su conocimiento.

En esta organización, ellos:	**Si**	**No**	**No Sabe**
a. ¿Hacen preguntas sobre las costumbres de mi familia y sus tradiciones?	1	2	3
b. ¿Respetan mis creencias acerca de las formas de tratamiento que son importantes para mi familia?	1	2	3
c. ¿Se comunican conmigo en español si es el idioma que yo quiero hablar?	1	2	3
d. ¿Proporcionan las formas que tengo que firmar, folletos e instrucciones de tratamiento en español cuando los necesito?	1	2	3
e. ¿Me saludan y comunican conmigo de una manera amable, personalizada?	1	2	3
f. ¿Toman en consideración las necesidades de mi familia?	1	2	3
g. ¿Entienden mi punto de vista como Latino/hispano?	1	2	3
h. ¿Tienen a empleados que comparten mi cultura/pertenencia étnica?	1	2	3
i. ¿Ofrecen servicios cerca de mi casa?	1	2	3
j. ¿Ofrecen servicios en mi casa?	1	2	3
k. ¿Proporcionan transporte hacia y desde los lugares de las citas?	1	2	3
l. ¿Ofrecen servicios gratis o económicos?	1	2	3
m. ¿Respetan mi decisión de consultar a un curador tradicional, como un *curandero o yerbero*?	1	2	3
n. ¿Apoyan mi participación con mi iglesia?	1	2	3
o. ¿Apoyan mi fe/religión en los servicios que recibo?	1	2	3
p. ¿Me tratan en conjunto como persona, no sólo mi salud mental?	1	2	3
q. ¿Participan en acontecimientos culturales dentro de mi comunidad?	1	2	3
r. ¿Organizan actividades sociales como bailes, *pachangas*, fiestas, comidas, etc.?	1	2	3
t. ¿Me hablan sobre *susto o nervios* u otros *trastornos*?	1	2	3

Ahora, por favor indique si usted siente que es importante que cualquier proveedor de servicios forme parte en las prácticas siguientes:

Es importante para mí que cualquier organización donde consigo servicios …	**SI**	**NO**	**No Sabe**
a. Haga preguntas sobre las costumbres de mi familia y sus tradiciones	1	2	3
b. Respete mis creencias acerca de los tipos de tratamiento que mi familia quiere.	1	2	3
c. Se comunique conmigo en español si es el idioma que yo quiero hablar	1	2	3
d. Proporcione las formas que tengo que firmar, folletos e instrucciones de tratamiento en español cuando los necesito	1	2	3
e. Me salude y comunique conmigo de una manera amable, personalizada	1	2	3
f. Tome en consideración las necesidades de mi familia	1	2	3
g. Entienda mi punto de vista como Latino/hispano	1	2	3
h. Tenga empleados que comparten mi cultura/pertenencia étnica	1	2	3
i. Ofrezca servicios cerca de mi casa	1	2	3
j. Ofrezca servicios en mi casa	1	2	3
k. Proporcione transporte hacia y desde los lugares de las citas	1	2	3
l. Ofrezcan servicios gratis o económicos	1	2	3
m. Respete mi decisión de consultar a un curador tradicional, como un *curandero o yerbero*	1	2	3
n. Apoye mi participación con mi iglesia	1	2	3
o. Apoye mi fe/religión en los servicios que recibo	1	2	3
p. Me trate en conjunto como una persona, no sólo mi salud mental	1	2	3
q. Participe en acontecimientos culturales dentro de mi comunidad	1	2	3
r. Organice actividades sociales como bailes, *pachangas*, fiestas, comidas, etc.	1	2	3
t. Me hablen sobre *susto o nervios* u otros *trastornos*	1	2	3

FUNCION DE LA ORGANIZACIÓN

Las siguientes preguntas son sobre [Nombre de la organización principal] y como ellos han trabajado con su familia.

1. Por favor cuénteme un poquito sobre su relación con [Nombre de la organización principal].

- **¿Qué tipo de servicios buscaba usted o los miembros de su familia?**
- **¿Ayudo usted a elegir esta agencia para usted y su familia? Si no es así, ¿quién lo hizo?**

Notas para el entrevistador:

- Recomendado por alguien en la comunidad?
- Recomendado por otra agencia?
- Como sabía usted que podría encontrarlos en [Nombre de la organización principal]

2. Su miembro de familia recibió servicios de cualquier otra organización antes de que él/ella vinieran a [Nombre de la organización principal]

- **Fueron las otras organizaciones tan útiles como [Nombre de la organización principal]?**

Notas para el entrevistador:

- Las organizaciones anteriores provenían de la misma comunidad?
- Las organizaciones anteriores tenían servicios enfocados a la comunidad Latina/Hispana?

3. ¿Se siente usted bienvenido cuando viene a [Nombre de la organización principal]?

Notas para el entrevistador:

- Como es el ambiente?
- El personal es amistoso y colaborador?
- Es un ambiente cómodo para miembros de familia u otros apoyos informales?

4. Por favor describa los servicios que su familia consigue en [Nombre de la organización principal].

Notas para el entrevistador:

- Qué tipo?
- Con qué frecuencia fue proporcionado?
- Quien los proporciona?

5. ¿Fueron invitados a participar miembros de la familia u otros miembros de la comunidad que usted quería involucrar en los servicios qué usted o su miembro de familia recibían?

PRÁCTICAS PARA LATINOS/HISPANOS

Ahora, nos gustaría preguntarle sobre prácticas que [Nombre de la organización principal] usa trabajando con individuos de descendencia Latina/Hispana

6. Estamos muy interesados en conocer más sobre como [nombre de la organización principal] usa el [nombre de la práctica] cuando trabaja con familias Latinas/Hispanas. ¿Ha estado su familia implicada de algún modo con esta práctica?
(Entrevistador: Si no, pase a la pregunta 9.)

6a. Si es así, por favor describa su experiencia.

7. ¿Qué pensaron los miembros de su familia acerca de esta práctica, [nombre de la práctica]? ¿Diría usted que esto le ayudó de algún modo? ¿De ser así, cómo?
Notas para el entrevistador:

- Cómo la práctica afectó su experiencia del servicio en general?
-

Si la práctica incorpora métodos de curación culturales o tradicionales, haga la siguiente pregunta:
8. ¿Era esta práctica una que era conocida por los miembros de su familia por la experiencia anterior? ¿De ser así, cuál fue su experiencia anterior? Si no, por favor díganos por qué usted considero usar esta práctica cuando le fue ofrecida.

- **¿El hecho de que ellos le ofrecieran esta práctica formó su percepción sobre esta organización?**

Notas para el entrevistador:

- Incorpora esta práctica métodos tradicionales de curación o culturales?

9. ¿Cómo hace [Nombre de la organización principal] para asegurarse que realmente están ayudando a su familia?
Notas para el entrevistador:

- ¿Se comunican ellos con regularidad con miembros de la familia?

10. ¿Ha reunido [nombre de la organización principal] con miembros de la comunidad para preguntar sobre las necesidades de la comunidad? Si es así, Ud. ha estado involucrado en alguna de estas reuniones?
Notas para el entrevistador:

- Investigue lo que ellos piensan son las necesidades más importantes en su comunidad - salud general y salud mental
- [nombre de la organización principal] no se ha enterado de alguna necesidad en la comunidad local?

11. ¿Estuvieron envueltos usted o los miembros de su familia en ayudar a desarrollar a [Nombre de la práctica], dando sugerencias o información? Si es así, por favor describa su experiencia como parte de este proceso.

12. ¿Usted o los miembros de su familia siguen proporcionando información a [Nombre de la organización principal] sobre la práctica? Si es así, por favor describa su experiencia en este proceso.

Notas para el entrevistador:

- Cómo se le presenta la información a la organización?
- Es este un proceso formal?
- Convoca la organización a un grupo de usuarios de servicio?
- Cómo averigua el personal de [Nombre de la organización principal] si el [Nombre de la práctica] trabaja para usted?

IMPACTOS DE SERVICIOS

Ahora, quisiéramos preguntarle acerca de como las prácticas y los servicios que usted ha recibido de [Nombre de la organización principal*] *le han ayudado.

13. ¿Qué ha hecho [Nombre de la organización principal] que ha ayudado más a su familia?

Notas para el entrevistador:

- Qué es lo que hace a la organización eficaz?

14. ¿Cómo [Nombre de la organización principal] le explicó a usted que servicios le iban a ofrecer a usted o a su miembro de familia?

- **¿Siente usted que ellos hicieron un buen trabajo explicándole cómo trabajarían con usted y con su familia?**

POBLACIÓN DE FOCO

Las preguntas siguientes se centran en cómo [Nombre de la organización principal] puede servir a la comunidad Latina/Hispana.

15. ¿Siente usted que podría ir a otra parte a conseguir el mismo tipo de servicio qué su familia recibe en [Nombre de la organización principal]? ¿Por qué o por qué no?

Notas para el entrevistador:

- Es la organización percibida como única?

16. ¿Se sentiría usted cómodo recomendando a [Nombre de la organización principal] a otra gente en su familia o comunidad? ¿Por qué o por qué no?

Notas para el entrevistador:

- Por qué se sentirían ellos cómodos recomendando a [Nombre de la organización principal]?

17. Dígame porque [Nombre de la organización principal] trabaja bien o no trabaja bien con los Latinos/Hispanos.

Notas para el entrevistador:

- Busque ejemplos específicos de prácticas enfocadas hacia usuarios Latinos de servicio.
- Servicios en español?
- Conciencia de cultura?
- ¿Un, ambiente más caluroso y personalizado?
- Personal que comparte mi cultura?

18. ¿Qué ha hecho [Nombre de la organización principal] que demuestra que lo entiende a usted como Latina/o ó como hispano?

- **¿Puede usted darme un ejemplo de alguna vez que ellos hicieron un trabajo realmente bueno entendiendo su fondo cultural?**

Notas para el entrevistador:

- Busque ejemplos de prácticas específicas más allá de hablar español.

19. ¿En su opinión, qué más puede [Nombre de la organización principal] hacer para ayudar con eficacia a los Latinos/Hispanos?

Notas para el entrevistador:

- ¿Cómo define esta persona una práctica eficaz?

20. ¿Qué pueden aprender otras agencias de [Nombre de la organización principal] para ayudar a la gente que sirven?

21. ¿Cuáles diría usted son las tres cosas más importantes que [Nombre de la organización principal] logra para la comunidad y las familias que sirve?

22. ¿Piensa usted que [Nombre de la organización principal] tiene una buena reputación entre los Latinos/Hispanos en su comunidad? ¿Por qué o por qué no?

Notas para el entrevistador:

- Ejemplos de alcances.
- ¿Es la organización percibida como parte de la comunidad Latina/Hispana?

23. ¿Hay alguna información adicional que usted siente que es importante que sepamos sobre [Nombre de la organización principal]?

INFORMACIÓN DEMOGRÁFICA

Quisiéramos asegurarnos que hemos recibido la contribucion de un grupo diverso de participantes en la entrevista para entender cómo las organizaciones pueden proporcionar servicios de alta calidad para una diversidad de familias. ¿Usted estaría dispuesto a decirnos cómo usted se identifica en términos de raza/pertenencia étnica, y/o a país de origen?

24. ¿Cómo clasificaría usted su pertenencia étnica o raza?_____

[Indique como el respondiente se identifica. Si es necesario, puede usar las categorías abajo como guías.]

_____ Amerindio / Natural de Alaska
_____ Americano Asiático/Asiático
_____ Negro/Africano Americano/Africano Caribeño
_____ Hispano/Latino
_____ Natal Hawaiano/ Isleño Pacífico
_____ Blanco/Caucásico
_____ Bicultural/biracial
_____ Multicultural/multirracial
_____ Otro o Desconocido

24a. ¿De qué país es usted?

25. ¿Cuánto tiempo ha vivido usted dentro de su domicilio actual? (Marque Uno)

_____ Menos de un año **_____ 5-9 Años**
_____ 1-4 Años **_____ 10 o Más años**

26. ¿Cuánto tiempo ha estado su familia utilizando servicios en [Nombre de la organización principal]?

_____ Menos de un año **_____ 5-9 Años**
_____ 1-4 Años **_____ 10 o Más años**

Muchas gracias por su tiempo. La información que usted proporcionó hoy será muy valiosa en ayudarnos a identificar maneras para que las organizaciones trabajen con éxito con familias Latinas/Hispanas.

Staff Protocol, English Version

INTRODUCTION

Thank the participant for agreeing to participate in the study. Introduce the study, covering the following information.

Purpose of study:

We know from the 1999 U.S. Surgeon General's report that Latinos/Hispanics have more difficulties getting behavioral health services than other people. In this study, rather than just focusing on these problems, we want to learn from organizations that have been able to help people get the services they need. We especially want to learn how organizations have developed practices that are accessible to and appropriate for Latino/Hispanic individuals and families of diverse backgrounds.

Expectations for participation:

In order to learn more about the work that [name of organization] *does, I'll ask you some questions about how individuals and families from Hispanic/Latino cultural backgrounds and ethnicities are served by* [name of organization]. *Then I'll ask you for more specific information about the [**name of practice**] and how it has made* [name of organization] *successful in serving these individuals. We expect this will take about 1 ½ to 2 hours of your time.*

Informed Consent:

We want to make sure that you have voluntarily agreed to participate in this interview. [name of organization] *has already given us permission to do interviews, but we would also like your permission to interview you and tape record the conversation. I am going to go over some things that you need to know before you give us your permission. Please listen carefully and then tell us whether or not you are willing to participate.*

Be sure the participant understands the Informed Consent process and gives you permission to commence the interview. If they do not want to be tape recorded, ask if they are willing to do the interview without taping it and if you may take notes while listening.

Ask: *Do you have any questions before we begin?*

<u>KEY CONCEPTS TO REMEMBER TO ADDRESS:</u>

Practice(s) designed specifically for Latinos/Hispanics
Adaptations of services for Latino/Hispanic service users
How the organization interacts with the community
How staff collect and utilize community feedback
How staff view the identified practice
How the practice is implemented in daily operations

Populations Served

First, we would like to learn which countries your Hispanic/Latino service users come from.

Interviewer: First read the names of the four major regions. If respondent answers yes to a particular region, then read the names of the individual countries within that region

Ethnicity/Geographic Origin (check all that apply)

Central America		**South America**	
Costa Rica		Argentina	
Guatemala		Bolivia	
Honduras		Brazil	
Nicaragua		Chile	
Panama		Colombia	
El Salvador		Ecuador	
Other		Paraguay	
		Peru	
		Uruguay	
		Venezuela	
		Other (specify)	
Caribbean		**North America**	
Cuba		Mexico	
Dominican Republic		Other (specify)	
Puerto Rico			
Other (specify)			

Next, I will read a list of sociocultural factors. Please indicate by answering "yes" if any of these factors describe any of your service users.

Sociocultural Factors (check all that apply)

Acculturation		**Language Preference**	
First generation in the U.S.		Speak Spanish/ Portuguese only	
Second generation in the U.S.		Speak English only	
Family has been in the U.S. for 3 or more generations		Speak an indigenous language	
Transient/seasonal population		Speak English and Spanish/Portuguese	
Legal immigrants			
Undocumented immigrants			

Does your organization also work with non-Latino/Hispanic populations?
(Interviewer: If yes, read the list and check all that apply. Otherwise, skip to the next page.)

Other populations served	
African-American/Black/Afro-Caribbean	
Asian American	
American Indian/Native Alaskan	
Native Hawaiian/Pacific Islander	
Anglo/White, non-Latino	
Other (please specify)	

Next, I'm going to read a list of factors. Please answer "yes" if you consider the factor to be a barrier to behavioral health services for Latino/Hispanic populations, and "no" otherwise.

Explanation:	**Yes**	**No**	**Don't Know**
1. Cost/expense.	1	2	3
2. Inadequate insurance coverage.	1	2	3
3. Services are not available in Spanish or indigenous languages.	1	2	3
4. Services are not available in the community/neighborhood where Latino/Hispanic service users reside.	1	2	3
5. Service staff are non-Latino/non-Hispanic.	1	2	3
6. The Latino/Hispanic community has a preference for traditional/indigenous healers/*curanderos*	1	2	3
7. A stigma in the Latino/Hispanic community associated with people who seek behavioral health services.	1	2	3
8. Mistrust of organizations that provide behavioral health services.	1	2	3
9. Fear of identification by police or immigration authorities.	1	2	3
10. Distinct beliefs about behavioral health in the Latino/Hispanic community (e.g. *susto, nervios*)	1	2	3
11. A lack of information/awareness about available services.	1	2	3

The following section deals with possible behavioral health practices that might be used with Latino/Hispanic populations. When I read the following list, please answer "yes" if you feel the practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics, and "no" otherwise.

Explanation:	**Yes**	**No**	**Don't Know**
1. Provide services in Spanish/indigenous languages.	1	2	3
2. Maintain staff from similar cultural backgrounds.	1	2	3
3. Engage in ongoing community outreach.	1	2	3
4. Ensure family members are involved in the treatment/service provision process.	1	2	3
5. Work in tandem with traditional healers/*curanderos*.	1	2	3
6. Understand cultural beliefs related to behavioral health, such as *susto* or *nervios*.	1	2	3
7. Utilize community members to conduct outreach to potential service users.	1	2	3
8. Locate services within the community where service users reside.	1	2	3
9. Provide free transportation to service users.	1	2	3
10. Incorporate a less formal, more personal touch into all levels of the service process.	1	2	3
11. Provide free or low-cost services.	1	2	3
12. Partner with churches or other institutions within the Latino community.	1	2	3
13. Use practices that are scientifically proven to work.	1	2	3
14. Gather feedback from the community about which practices are most effective.	1	2	3
15. Provide all physical health and behavioral health services in a single point of entry.	1	2	3

Which of the following best describes your role with [name of organization]?

Your current position	
Senior Leadership (Executive Director/CEO/CFO)	
Supervisor/Administrator	
Psychiatrist/Psychologist	
Therapist/Counselor	
Volunteer	
Case Manager	
Community Health Worker/Promotor(a)	
Case worker/Social worker	
Community Organizer	
Family Advocate	
Other (please specify)	

ROLE OF PARTICIPANT

To help us understand your perspective, please tell us a little about your role.

1. How long have you worked with [name of organization]?

- **Has your position changed since you first began working with [name of organization]?**

2. Can you briefly describe your three main responsibilities?

FOCUS POPULATION

Next, we would like to know more about how [name of organization] serves Latino/Hispanic families.

3. What are the main behavioral health needs in the local Latino/Hispanic population?

Prompt:

- What types of unmet needs exist?

4. What do you feel is the greatest challenge in providing behavioral health service to Latino/Hispanic populations in your area?

Prompts:

- How do Latinos/Hispanics in this community think about behavioral health?
- Are there restrictions on who can use services at [name of organization] based on insurance, cost, immigration status?

PRACTICES USED WITH LATINOS

Next, we would like to know more about the practices [name of organization] uses to serve Latinos/Hispanics.

5. How does [name of organization] reach out to Latino/Hispanic neighborhoods or communities that need its services?

- **Can you give examples and describe how it is done?**

Prompts:

- Why is this strategy useful with this population?
- Is it the only way to reach Latino/Hispanic community members, or is it more effective?
- How do you know outreach is successful?
- What connections are made with community persons involved with Latinos/Hispanics? For example: clergy, schools, social services, health services.

6. Within [name of organization], how are staff trained or encouraged to work with local Latino/Hispanic populations?

Prompts:

- Is there systematic training on cultural competence?
- Does the organization communicate its ideal of culturally appropriate services to staff? If so, how?
- Do staff get the tools/preparation they need regarding specific practices to use with Latinos/Hispanics?

7. Of all the practices used by your organization, which have you found to be most effective with Latino/Hispanic service users?

Prompts:

- Very important question – probe for specific information.
- What specific steps did the practice involve?
- Why do you think it was successful?
- How did you determine it was your most effective practice?
- Who did you partner with?
- Did you work with gatekeepers or cultural brokers?

8. [Interviewer: Before asking this question, remind respondent that the purpose of the study is not to evaluate the organization, only to learn more about how to serve Latinos/Hispanics.]

Of all the practices used by your organization, which have you found did not work quite as well with Latino/Hispanic service users?

Prompts:

- Why did you think it was going to be effective?
- How did you find out it wasn't effective?

9. We are particularly interested in the [name of practice] practice that we identified during our screening interviews with you/[name of original contact]. Can you tell me with whom this practice is used within [name of organization]?

- **Why was this practice developed? Can you describe the process involved in developing this practice?**

Prompts:

- With whom is this practice used primarily?
- When was the practice first developed or used by [name of organization]?

10. What is your role in the implementation of the [name of practice] with Latinos/Hispanics in this community?

11. Was this practice developed specifically for use with Latinos/Hispanics?

- **If not, was an effort made to tailor it more specifically for Latinos/Hispanics? If so, describe how.**

Prompts:

- How is the [name of practice] tailored for specific sub-groups within your target population?
- For instance, how does the practice work with Cubans vs. Puerto Ricans, etc.?

12. Were community members or service users consulted or actively involved in the development of the [name of practice]?

13. Does [name of organization] have funding designated specifically for sustainability of [name of practice]? If not, how is this practice sustained?

- **Besides funding, what other resources does [name of organization] provide to support the development and implementation of the [name of practice]? (e.g., staff resources, technical expertise, facilities)**

Prompts:

- How cost-effective is the practice?

14. Can you tell me how the [name of practice] has changed, if at all, from when it was first implemented?

Prompts:

- Probe: How has it evolved?
- Is there a continuous quality improvement process?

15. Does [name of organization] solicit feedback from service users or family members related to how well this specific practice works? Could you describe this process?

- **Has [name of organization] changed [name of practice] based on feedback from the people who have used it?**

Prompts:

- Focus on the specific practice and NOT on the larger array of services or cultural competence in general.
- Is the community involved in this process?
- Are evaluations or satisfaction surveys used?

16. Does [name of organization] collect utilization/retention rates and/or outcome data related specifically to the [name of practice]?

Prompt:

- How is this data obtained and utilized?

17. Thinking specifically about the [name of practice] practice, how do you know that it works?

Prompt:

- Probe for formal measures, as well as anecdotal information, word of mouth, etc.

SERVICE DELIVERY TO LATINOS/HISPANICS

Now, we would like to focus more generally on how [name of organization] serves Latinos/Hispanics

18. Overall, what would you say are the three things [name of organization] does most effectively to assist the Latino/Hispanic individuals and families it serves?

Prompt:

- What are expected or desired outcomes?

19. What other practices are you aware of that [name of organization] has developed specifically for working with Latino/Hispanic populations?

20. Has [name of organization] had to change any of its programs and practices to better meet the needs of Latino/Hispanic service users? If so, what were the changes? How were the changes implemented? What were the results?

21. How does [name of organization] measure overall behavioral health outcomes for the populations it serves?

Prompts:

- How do staff know that programs are effective?
- How is this feedback communicated to staff?
- Are staff encouraged to gather feedback?

22. Compared to other organizations where you have worked, what is unique about how [name of organization] helps Latinos/Hispanics?

Prompt:

- Probe for specific anecdotes, examples.

23. What is the role of [name of organization] within the larger system of services?

- **How does [name of organization] complement the existing service array in your community?**

Prompts:

- Which partners/ supports are available?
- Why are these linkages necessary/effective?
- Does [name of organization] link with community partners and informal supports in order to help Latino/Hispanic service users and their families?

24. How do you think [name of organization] could improve the way it currently provides service to Latinos/Hispanics?

Prompt:

- Does the organization consider staff's input regarding what practices could be more effective?

25. What do you feel are the most important factors to consider when providing services to Latinos/Hispanics in your area?

DEMOGRAPHIC INFORMATION

We would like to ensure that we have received input from a diverse group of interview participants to understand how organizations can provide high quality services for a diversity of families. Would you be willing to tell us how you identify yourself in terms of race/ethnicity, and/or country of origin?

26. How would you classify your ethnicity or race?_____

[Interviewer: Fill in the respondent's self-description above. You can use the categories below as a guide, if needed.]

_____ American Indian/Alaska Native
_____ Asian/Asian American
_____ Black/African American/Afro-Caribbean
_____ Hispanic/Latino
_____ Native Hawaiian/Pacific Islander
_____ White/Caucasian
_____ Bicultural/biracial
_____ Multicultural/multiracial
_____ Other or Unknown

26a. What country are you from?

27. Do you reside within one of the communities where you provide services?

Yes _____ No _____

Thank you very much for your time. We really appreciate it and the work that you are doing to help improve services and outcomes for the Latino/Hispanic community.

Staff Protocol, Spanish Version

INTRODUCCIÓN

Agradezca al participante por aceptar participar en el estudio. Introduzca el estudio, cubriendo la siguiente información.

Propósito del estudio:

Sabemos por el informe General del Cirujano de U.S. 1999 que los latinos/hispanos tienen más dificultades en conseguir servicios de salud mental que otra gente. En este estudio, más bien que centrarnos en estos problemas, deseamos aprender de las organizaciones que han podido ayudar a la gente a conseguir los servicios que necesitan. Deseamos especialmente aprender cómo las organizaciones han desarrollado las prácticas que son accesibles y apropiadas para individuos latinos/hispanos y para familias de diversos fondos.

Expectativas para la participación:

Para aprender más sobre el trabajo que [nombre de la organización principal] *hace, le haré algunas preguntas acerca de cómo* [nombre de la organización principal] *sirve a los individuos y a las familias de fondos culturales y de pertenencias étnicas hispanas/latinas. Entonces, le pediré información más específica acerca de [**nombre de la práctica**] y cómo ha hecho a* [nombre de la organización principal] *acertar en servir a estos individuos. Esperamos que esto tome cerca de 1 ½ a 2 horas de su tiempo.*

Consentimiento Informado:

Deseamos cerciorarnos de que usted haya acordado voluntariamente participar en esta entrevista. [Nombre de la organización principal] *ya nos ha dado el permiso de hacer entrevistas, pero también quisiéramos su permiso para entrevistarle y para grabar la conversación. Voy a repasar algunas cosas que usted necesita saber antes de que usted nos dé su permiso. Por favor escuche cuidadosamente y después nos dice si usted está dispuesto o no a participar.*

Asegúrese que el participante entiende el proceso del consentimiento informado y que le da el permiso de comenzar la entrevista. Si no desean ser grabados, pregunte si están dispuestos a hacer la entrevista sin grabarla y si usted puede tomar notas mientras que escucha.

Pregunte: *¿Usted tiene preguntas antes de que comencemos?*

<u>CONCEPTOS CLAVES PARA ACORDARSE DE TRATAR:</u>

Prácticas diseñadas específicamente para los latinos/hispanos

Adaptaciones de los servicios para usuarios de servicio latinos/hispanos

¿Cómo la organización interactúa con la comunidad?

¿Cómo el personal recoge y utiliza la opinión de la comunidad?

¿Cómo el personal ve la práctica identificada?

¿Cómo la práctica es implementada en operaciones diarias?

Poblaciones servidas

Nos gustaría recopilar información de las características de la población Latina/Hispana que usted sirve, empezando con sus orígenes geográficos.

Entrevistador: Primero lea los nombres de las cuatro regiones principales. Si el entrevistado contesta sí a una región particular, entonces lea los nombres de los países individuales dentro de esa región

Pertenencia étnica/origen geográfico (Marque todo lo que aplique)

América Central		**Sur América**	
Costa Rica		Argentina	
Guatemala		Bolivia	
Honduras		Brasil	
Nicaragua		Chile	
Panamá		Colombia	
El Salvador		Ecuador	
Otro		Paraguay	
		Perú	
		Uruguay	
		Venezuela	
		Otro (especifique)	
Del Caribe		**Norte América**	
Cuba		Interruptores de Hispano (New México /US))	
República Dominicana		México	
Puerto Rico		Otro (especifique)	
Otro (especifique)			

A continuación, leeré una lista de factores socioculturales. Por favor indique contestando "sí" si cualquiera de estos factores describe a cualquiera de sus usuarios de servicio

Factores Socioculturales (Marque todo lo que aplique)

Aculturación		**Preferencia de la lengua**	
Segunda generación en los E.E.U.U.		Hablan Español/ Portugués solamente	
Tercera generación o más en los E.E.U.U.		Habla Inglés solamente	
Población transitoria/estacional		Habla inglés y Español/Portugués	
Inmigrantes legales		Hablan lenguas indígenas	
Inmigrantes indocumentados			

¿Su organización también trabaja con poblaciones no Latinas/ hispanas? *Marque todo lo que aplique*.

Otras poblaciones servidas	
Africano-Americano/negro/Afro-Del Caribe	
Americano Asiático	
Indio Americano/ Nativo de Alaska	
Nativo Hawaiano/Pacífico Isleño	
Anglo/Blanco, No-Latino	
Otro (especifique por favor)	

A continuación, voy a leer una lista de factores. Por favor conteste "sí" si usted piensa que el factor es una barrera para servicios de salud mental para poblaciones Latinas/Hispanas; de lo contrario conteste "No".

Explicación:	**Sí**	**No**	**No sabe**
1. Costo/gasto.	1	2	3
2. Cobertura de seguro inadecuada.	1	2	3
3. Los servicios no están disponibles en español o en idiomas indígenas.	1	2	3
4. Los servicios no están disponibles en la comunidad/la vecindad en donde residen los usuarios de servicio Latino/ hispanos.	1	2	3
5. El personal del servicio es sobre todo no Latino/hispano.	1	2	3
6. La comunidad hispana/latina tiene preferencia por curadores tradicionales/indígenas/*curanderos*	1	2	3
7. Un estigma en la comunidad hispana/latina asociado con la gente que busca servicios de salud mental.	1	2	3
8. Desconfianza de las organizaciones que proporcionan servicios de salud mental.	1	2	3
9. Miedo de ser identificados por la policía o las autoridades de la inmigración.	1	2	3
10. Creencias particulares sobre salud mental en la comunidad hispana/latina (ejemplo: *susto*, *nervios*)	1	2	3
11. Carencia de la información/del conocimiento acerca de servicios disponibles.	1	2	3

La siguiente sección trata con posibles prácticas de salud mental que podrían ser usadas con poblaciones Latinas/Hispanas. Cuando yo lea la siguiente lista, por favor conteste "sí" si usted siente que la práctica es importante para las organizaciones que quieren proporcionar servicios efectivos de salud mental a los Latinos/Hispanos; de lo contrario conteste "No".

Explicación:	**Sí**	**No**	**No sabe**
1. Proporcione los servicios en español/idiomas indígenas.	1	2	3
2. Contrate/mantenga personal de los fondos culturales encontrados en la comunidad local.	1	2	3
3. Empeñarse constantemente en llegar a la comunidad.	1	2	3
4. Asegure que los miembros de la familia están implicados en el tratamiento/proceso de suministro del servicio.	1	2	3
5. Trabaje en conjunto con los curadores tradicionales/*curanderos*.	1	2	3
6. Entienda las creencias culturalmente influenciadas en la comunidad latina/hispana acerca de situaciones de salud mental.	1	2	3
7. Utilice a miembros de la comunidad para llegar a usuarios potenciales del servicio.	1	2	3
8. Localice los servicios dentro de la comunidad donde residen los usuarios del servicio.	1	2	3
9. Proporcione transporte gratis a los usuarios de servicio.	1	2	3
10. Incorpore un toque menos formal, más personal en todos los niveles del proceso de servicio.	1	2	3
11. Proporcione servicios gratuitos o de bajo costo.	1	2	3
12. Se asocie con las iglesias u otras instituciones dentro de la comunidad latina/hispana.	1	2	3
13. Utilice prácticas que científicamente demuestren trabajar.	1	2	3
14. Recolecte la opinión de la comunidad sobre cuales prácticas son las más eficaces.	1	2	3
15. Proporcione todos los servicios de salud física y mental en un solo punto.	1	2	3

¿Cuál de las siguientes describe mejor su papel con [nombre de la organización principal]?

Su posición actual	
Dirección (Director Ejecutivo /CEO/CFO)	
Supervisor/Administrador	
Siquiatra/Psicólogo	
Terapista/Consejero	
Voluntario	
Encargado del caso	
Ayudante de Sanidad de la comunidad /Promotor (a)	
Trabajador del caso/Trabajador social	
Organizador de la comunidad	
Abogado de la familia	
Otro (especifique por favor)	

PAPEL DEL PARTICIPANTE

Para ayudarnos a entender su perspectiva, por favor díganos un poco sobre su papel.

1. ¿Cuánto tiempo ha trabajado usted con [nombre de la organización principal]?

- **¿Ha cambiado su posición desde que usted comenzó a trabajar con [nombre de la organización principal]?**

2. ¿Puede usted describir brevemente sus tres responsabilidades principales?

POBLACIÓN DEL FOCO

A continuación, quisiéramos saber más sobre cómo [nombre de la organización principal] sirve a las familias latinas/hispanas.

3. ¿Cuáles son las principales necesidades de salud mental en la población hispana/latina local?

Notas para el entrevistador:

- ¿Qué clase de necesidades existen que no se han encontrado?
- ¿Qué tipos de disparidades hay?

4. ¿Cuál siente usted que es el desafío más grande en proporcionar servicios de salud mental a la población hispana/latina en su área?

Notas para el entrevistador:

- ¿Cómo piensan los hispanos/latinos de esta comunidad acerca de la salud mental?
- ¿Hay restricciones en quién puede utilizar servicios en [nombre de la organización principal] basado en el seguro, el costo, o el estado migratorio?

PRÁCTICAS USADAS CON LATINOS

A continuación, quisiéramos saber más sobre las prácticas que [nombre de la organización principal] usa para servir a los latinos/ hispanos.

5. ¿Cómo [nombre de la organización principal] llega a latino/hispano vecindades o a las comunidades que necesitan sus servicios?

- **¿Puede usted dar ejemplos y describir cómo se hace?**

Notas para el entrevistador:

- ¿Por qué es útil esta estrategia con esta población?
- ¿Es la única manera de alcanzar a miembros de la Comunidad latina/ hispana, o es más eficaz?
- ¿Cómo sabe usted que el alcance es efectivo?
- ¿Qué conexiones se hacen con personas de la comunidad implicadas con los latinos/ hispanos? Por ejemplo: clero, escuelas, servicios sociales, servicios médicos.

6. ¿Dentro de [nombre de la organización principal], cómo está entrenado el personal o como está animado a trabajar con la población hispana/latina local?
Notas para el entrevistador:

- ¿Hay entrenamiento sistemático en competencia cultural?
- ¿La organización comunica su ideal de servicios culturalmente apropiados al personal? ¿Si es así, cómo?
- ¿El personal adquiere las herramientas/preparación que necesita con relación a prácticas específicas a utilizar con los latinos/ hispanos?

7. ¿De todas las prácticas usadas por su organización, cual ha encontrado usted ser la más eficaz con los usuarios de servicio hispanos/latinos?
Notas para el entrevistador:

- Pregunta muy importante - Pida información específica.
- ¿Qué pasos específicos implicó la práctica?
- ¿Por qué piensa usted que tuvo éxito?
- ¿Cómo determinó usted que era su práctica más eficaz?
- ¿Con quién se asocio usted?
- ¿Usted trabajó con los porteros o los mediadores culturales?

8. (Entrevistador: informe al respondiente que la siguiente pregunta no es para evaluar o calificar a su agencia, sino para aprender de sus experiencias.)
¿De todas las prácticas usadas por su organización, cual ha sido lo más difícil de implementar con los usuarios de servicio hispanos/latinos?
Notas para el entrevistador:

- ¿Porqué pensó usted que iba a ser eficaz?
- ¿Cómo descubrió usted que no era eficaz?
-

9. Estamos particularmente interesados en [nombre de la práctica] práctica que identificamos durante nuestra entrevista de investigación con usted -nombre del contacto original. ¿Puede usted decirme con quién se utiliza esta práctica dentro de [nombre de la organización principal]?

- **¿Por qué esta práctica fue desarrollada? Puede usted describir el proceso implicado en desarrollar esta práctica?**

Notas para el entrevistador:

- ¿Principalmente con quién se utiliza esta práctica?
- ¿Puede usted decirme cuando [nombre de la práctica] la práctica fue primero desarrollada o utilizada por [nombre de la organización principal]?

10. ¿Cuál es su papel en la implementación de [nombre de la práctica] con los latinos/hispanos en esta comunidad?

11. ¿Fue esta práctica desarrollada específicamente para usarla con los Latinos/ hispanos?

- **Si no, ¿Fue un esfuerzo hecho para adaptarla más específicamente para los latinos/hispanos? Si es así, describa cómo.**

Notas para el entrevistador:

- ¿Cómo está [nombre de la práctica] adaptado para los subgrupos específicos dentro de su población de foco?
- Por ejemplo, ¿Cómo trabaja la práctica con los cubanos vs. Los Puerto Riqueños, etc.?

12. Los miembros de la Comunidad o los usuarios de servicio fueron consultados o estuvieron activamente implicados en el desarrollo de [nombre de la práctica]?

13. ¿[Nombre de la organización principal] tiene financiamiento designado específicamente para la sostenibilidad de [nombre de la práctica]? ¿Si no, cómo se sostiene esta práctica?

- **Además del financiamiento, qué otros recursos proporciona [nombre de la organización principal] para apoyar el desarrollo y implementación de [nombre de la práctica]? (Ejemplo; Recursos de personal, maestría técnica, instalaciones)**

Notas para el entrevistador:

- ¿Qué tan rentable es la práctica?

14. ¿Puede usted decirme cómo [nombre de la práctica] ha cambiado, si es que ha cambiado, desde cuando fue implementada?

Notas para el entrevistador:

- Pregunte: ¿Cómo se ha desarrollado?
- ¿Hay un proceso continuo de mejoramiento de calidad?

15. ¿[Nombre de la organización principal] solicita la opinión de los usuarios de servicio o de los miembros de la familia relacionados con que tan bien esta práctica específica trabaja? ¿Podría usted describir este proceso?

- **[Nombre de la organización principal] ¿ha cambiado [nombre de la práctica] basada en la opinión de la gente que la ha utilizado?**

Notas para el entrevistador:

- Céntrese en la práctica específica y NO en el grupo más grande de servicios o de competencia cultural en general.
- ¿Está involucrada la comunidad en este proceso?
- ¿Se utilizan las evaluaciones o las encuestas sobre la satisfacción?

16. ¿[Nombre de la organización principal] colecta utilización/tarifas de retención y/o datos de los resultados relacionados específicamente con [nombre de la práctica]?

Notas para el entrevistador:

- ¿Cómo se obtienen y se utilizan estos datos?

17. ¿Pensando específicamente en [nombre de la práctica] práctica, cómo sabe usted que trabaja?

Notas para el entrevistador:

- Investigue por medidas formales, como también por información anecdótica, la palabra de boca, etc.

ENTREGA DE SERVICIOS A LOS LATINOS/HISPANOS

Ahora, quisiéramos centrarnos más generalmente en cómo [nombre de la organización principal] sirve a los latinos/hispanos

18. En general, ¿Cuáles diría usted son las tres cosas [nombre de la organización principal] hace más efectivamente para asistir a los individuos y a las familias hispanas/latinas que sirven?

Notas para el entrevistador:

- ¿Cuáles son los resultados deseados esperados?

19. ¿Cuáles otras prácticas está usted enterado que [nombre de la organización principal] ha desarrollado específicamente para trabajar con la población hispana/latina?

20. ¿[Nombre de la organización principal] ha tenido que cambiar alguno de sus programas y prácticas para suplir mejor las necesidades de los usuarios de servicio hispanos/latinos? ¿Si es así, cómo fueron implementados los cambios? ¿Cuáles fueron los resultados?

21. ¿Cómo [nombre de la organización principal] mide los resultados generales de salud mental para las poblaciones que sirve?

Notas para el entrevistador:

- ¿Cómo sabe el personal que los programas son eficaces?
- ¿Cómo se le comunica es esta información al personal?
- ¿Se anima al personal para que recolecte la información?

22. ¿Comparado a otras organizaciones donde usted ha trabajado, que es único sobre cómo [nombre de la organización principal] ayuda a los latinos/hispanos?

Notas para el entrevistador:

- Pregunte por anécdotas específicas, ejemplos.

23. ¿Cuál es el papel de [nombre de la organización principal] dentro del sistema más grande de servicios?

- **¿Cómo [nombre de la organización principal] complementa el grupo de servicios existentes en su comunidad?**

Notas para el entrevistador:

- ¿Qué socios/soportes están disponibles?

- ¿Por qué son estos acoplamientos necesarios/eficaces?
- ¿[Nombre de la organización principal] se une con los socios de la comunidad y las ayudas informales para ayudar a usuarios de servicio hispanos/ latinos y a sus familias?

24. ¿Cómo piensa usted [nombre de la organización principal] podría mejorar la manera que actualmente proporciona el servicio a los latinos/ hispanos?
Notas para el entrevistador:

- ¿La organización considera la cooperación del personal respecto a qué prácticas podrían ser más eficaces?

25. ¿Cuales siente usted son los factores más importantes a considerar al proporcionar servicios a los hispanos/latinos en su área?

INFORMACIÓN DEMOGRÁFICA

Quisiéramos asegurarnos que hemos recibido la contribución de un grupo diverso de participantes en la entrevista para entender cómo las organizaciones pueden proporcionar servicios de alta calidad para una diversidad de familias. ¿Usted estaría dispuesto a decirnos cómo usted se identifica en términos de raza/pertenencia étnica, y/o a país de origen?

26. ¿Cómo clasificaría usted su pertenencia étnica o raza?_____
[Indique como el respondiente se identifica. Si es necesario, puede usar las categorías abajo como guías.]

_____ Amerindio / Natural de Alaska
_____ Americano Asiático/Asiático
_____ Negro/Africano Americano/Africano Caribeño
_____ Hispano/Latino
_____ Natal Hawaiano/ Isleño Pacífico
_____ Blanco/Caucásico
_____ Bicultural/biracial
_____ Multicultural/multirracial
_____ Otro o Desconocido

26a. ¿De qué país es usted?

27. ¿Usted reside dentro de una de las comunidades donde usted proporciona servicios?
Sí _____ No _____

Muchas gracias por su tiempo. Realmente lo apreciamos y apreciamos el trabajo que usted está haciendo para ayudar a mejorar servicios y los resultados para la comunidad latina/hispana.

Community Partner Protocol, English Version

INTRODUCTION

Thank the participant for agreeing to participate in the study. Introduce the study, covering the following information.

Purpose of study:

We know from the 1999 U.S. Surgeon General's report that some people have more difficulties getting behavioral health services than other people. In this study, rather than just focusing on these problems, we want to learn from organizations that have been able to help people get the services they need. We especially want to learn how organizations have developed practices that are accessible to and appropriate for Latino/Hispanic individuals and families of diverse backgrounds.

Expectations for participation:

In order to learn about the practices used successfully with individuals and families from diverse Latino/Hispanic backgrounds, I'll ask you some questions about your relationship to the [lead organization]. *We would also like to learn more about how the [**name of practice**] has been used to better serve this population. Then I'll ask you some questions about how your partnership with* [lead organization] *has contributed to improving services for local Latinos/Hispanics. We expect this will take about 1 ½ hour to 2 hours.*

Informed Consent:

We want to make sure that you have voluntarily agreed to participate in this interview. [Lead organization] *has already given us permission to do interviews, but we would also like your permission to interview you and tape record the conversation. I am going to go over some things that you need to know before you give us your permission. Please listen carefully and then tell us whether or not you are willing to participate.*

Be sure the participant understands the Informed Consent form and signs it, or if on the phone, gives you permission to sign. If they do not want to be tape recorded, ask if they are willing to do the interview without taping it and if you may take notes while listening.

Ask: *Do you have any questions before we begin?*

<u>KEY CONCEPTS TO REMEMBER TO ADDRESS:</u>

Practices designed specifically to serve Latinos/Hispanics
Adaptations of services for Latinos/Hispanics service users
How the community partner works with [lead organization]
How the partner is involved in implementation of the practice
How this partner defines success and measures outcomes

Populations Served

First, we would like to learn which countries your Hispanic/Latino service users come from.

Interviewer: First read the names of the four major regions. If respondent answers yes to a particular region, then read the names of the individual countries within that region

Ethnicity/Geographic Origin (check all that apply)

Central America		**South America**	
Costa Rica		Argentina	
Guatemala		Bolivia	
Honduras		Brazil	
Nicaragua		Chile	
Panama		Colombia	
El Salvador		Ecuador	
Other		Paraguay	
		Peru	
		Uruguay	
		Venezuela	
		Other (specify)	
Caribbean		**North America**	
Cuba		Mexico	
Dominican Republic		Other (specify)	
Puerto Rico			
Other (specify)			

Next, I will read a list of sociocultural factors. Please indicate by answering "yes" if any of these factors describe any of your service users.

Sociocultural Factors (check all that apply)

Acculturation		**Language Preference**	
First generation in the U.S.		Speak Spanish/ Portuguese only	
Second generation in the U.S.		Speak English only	
Multiple generations in the U.S.		Speak an indigenous language	
Transient/seasonal population		Speak English and Spanish/Portuguese	
Legal immigrants			
Undocumented immigrants			

Does your organization also work with non-Latino/Hispanic populations?
(Interviewer: If yes, read the list and check all that apply. Otherwise, skip to the next page.)

Other populations served	
African-American/Black/Afro-Caribbean	
Asian American	
American Indian/Native Alaskan	
Native Hawaiian/Pacific Islander	
Anglo/White, non-Latino	
Other (please specify)	

Next, I'm going to read a list of factors. Please answer "yes" if you consider the factor to be a barrier to behavioral health services for Latino/Hispanic populations, and "no" otherwise.

Explanation:	**Yes**	**No**	**Don't Know**
1. Cost/expense.	1	2	3
2. Inadequate insurance coverage.	1	2	3
3. Services are not available in Spanish or indigenous languages.	1	2	3
4. Services are not available in the community/neighborhood where Latino/Hispanic service users reside.	1	2	3
5. Service staff are non-Latino/non-Hispanic.	1	2	3
6. The Latino/Hispanic community has a preference for traditional/indigenous healers/*curanderos*	1	2	3
7. A stigma in the Latino/Hispanic community associated with people who seek behavioral health services.	1	2	3
8. Mistrust of organizations that provide behavioral health services.	1	2	3
9. Fear of identification by police or immigration authorities.	1	2	3
10. Distinct beliefs about behavioral health in the Latino/Hispanic community (e.g. *susto, nervios*)	1	2	3
11. A lack of information/awareness about available services.	1	2	3

The following section deals with possible behavioral health practices that might be used with Latino/Hispanic populations. When I read the following list, please answer "yes" if you feel the practice is **important** for organizations who want to provide effective behavioral health services for Latinos/Hispanics, and "no" otherwise.

Explanation:	**Yes**	**No**	**Don't Know**
1. Provide services in Spanish/indigenous languages.	1	2	3
2. Maintain staff from similar cultural backgrounds.	1	2	3
3. Engage in ongoing community outreach.	1	2	3
4. Ensure family members are involved in the treatment/service provision process.	1	2	3
5. Work in tandem with traditional healers/*curanderos*.	1	2	3
6. Understand cultural beliefs about behavioral health, such as *susto* and *nervios*.	1	2	3
7. Utilize community members to conduct outreach to potential service users.	1	2	3
8. Locate services within the community where service users reside.	1	2	3
9. Provide free transportation to service users.	1	2	3
10. Incorporate a less formal, more personal touch into all levels of the service process.	1	2	3
11. Provide free or low-cost services.	1	2	3
12. Partner with churches or other institutions within the Latino community.	1	2	3
13. Use practices that are scientifically proven to work.	1	2	3
14. Gather feedback from the community about which practices are most effective.	1	2	3
15. Provide all physical health and behavioral health services in a single point of entry.	1	2	3

Which of the following best describes your role within [partner agency]?

Your current position	
Senior Leadership (Executive Director/CEO/CFO)	
Supervisor/Administrator	
Psychiatrist/Psychologist	
Therapist/Counselor	
Volunteer	
Case Manager	
Community Health Worker/Promotor(a)	
Case worker/Social worker	
Community Organizer	
Family Advocate	
Other (please specify)	

ROLE OF RESPONDENT

To help us understand your perspective, please tell us a little about your role and your relationship with [lead organization].

1. How long have you worked with [partner agency]?

- **Has your position changed since you first began working with [partner agency]?**

2. What is the relationship between [partner agency] and [lead organization]?

- **Please describe how you and/or your organization established a partnership with [lead organization]?**

Prompts:

- Is there a formal agreement between the two organizations?
- Why did the two organizations begin collaborating?
- Do they work in the same community or provide complementary services?

FOCUS POPULATION

Next, we would like focus on the population served by [lead organization], as well as your organization.

3. Please tell me about the population served by your organization, [partner agency].

4. What are the main behavioral health needs in the local Latino/Hispanic population?

Prompt:

- What types of unmet needs exist?

5. How do Latinos in the community you serve think about behavioral health?

Prompt:

- What do people in the community perceive as pressing behavioral health needs?

6. What do you feel is the greatest challenge in providing behavioral health service to Latino/Hispanic populations in your area?

Prompt:

- Are there restrictions on access to services based on insurance, cost or immigration status?

PRACTICES USED WITH LATINOS

Next, we would like to know more about the practices [lead organization] uses to serve Latinos

7. We are interested in the way [lead organization] uses the [name of practice] with Latino populations. Can you provide us with any observations or insight about how [lead organization] utilizes the [name of practice] with the local Latino/Hispanic population?

8. Please describe your role in the implementation of [name of practice]. ***[Provide description again, if necessary.]***
Prompts:

- How do you encounter/observe the practice in your ongoing collaboration with [name of lead organization]?
- In what types of situations is it most common to see the practice being used?
- Is [name of practice] a necessary component of your partnership with [name of lead organization]?

9. In your view, how has the Latino/Hispanic community responded to the use of this [name of practice]?
Prompt:

- Probe for overall perceptions of Latino/Hispanic response to practice implementation.

10. Why do you think that the community responds in this way?

11. Was your agency involved in the development of this [name of practice] in any way? If so, can you please describe how?
Prompt:

- Was [partner agency] responsible for securing community feedback or participation in the development/ design of practice?

12. From your perspective, what services that [lead organization] provides fill key needs within the Latino/Hispanic community?
Prompt:

- Has [lead organization] gained a reputation for working effectively with Latino/Hispanic populations?

13. From your perspective, what role does [lead organization] play within the larger system of services in your community?
Prompt:

- How does [lead organization] complement the existing service array in your community?

14. What would you say are the three things [lead organization] does most effectively to assist the Latino/Hispanic individuals and families it serves?
Prompt:

- What are expected or desired outcomes?

15. Compared to other organizations you have partnered with, what is unique about how [lead organization] helps Latinos/Hispanics?

16. What types of comments do you typically hear from Latino/Hispanic service users about their experience with [lead organization]?
Prompt:

- What type of reputation does [lead organization] have in the Latino/Hispanic community?

SERVICE DELIVERY TO LATINOS

Now, we would like to focus more generally on how [partner agency] serves local Latinos/Hispanics

17. What would you say are the three things that [partner agency] does most effectively to assist the Latino/Hispanic individuals and families it serves?

18. How are behavioral health outcomes measured, overall, within your agency, [partner agency]?

Prompt:

- Probe for whether they report outcomes to the lead agency [lead organization].

19. Compared with other organizations where you have worked, what is unique about how [partner agency] helps Latinos/Hispanics?

Prompt:

- Probe for existence of other partnerships developed to serve Latinos/Hispanics.

20. From your perspective, what role does [partner agency] play within the larger system of services in your community?

Prompts:

- Which partners/ supports are available?
- Why are these linkages necessary/effective?
- Does [partner agency] link with community partners and informal supports in order to help Latino/Hispanic service users and their families?
- What connections are made with community persons involved with Latinos/Hispanics? For example: clergy, schools, social services, health services.

21. What do you feel are the most important factors to consider when providing services to Latinos/Hispanics in your community?

DEMOGRAPHIC INFORMATION

We would like to ensure that we have received input from a diverse group of interview participants to understand how organizations can provide high quality services for a diversity of families. Would you be willing to tell us how you identify yourself in terms of race/ethnicity, and/or country of origin?

22. How would you classify your ethnicity or race?_____

[Interviewer: Fill in the respondent's self-description above. You can use the categories below as a guide, if needed.]

_____ American Indian/Alaska Native
_____ Asian/Asian American
_____ Black/African American/Afro-Caribbean
_____ Hispanic/Latino
_____ Native Hawaiian/Pacific Islander
_____ White/Caucasian
_____ Bicultural/biracial
_____ Multicultural/multiracial
_____ Other or Unknown

22a. What country are you from?

23. Do you reside within one of the communities where you provide services?

Yes _____ No _____

Thank you very much for your time. We really appreciate it and the work that you are doing to help improve services and outcomes for the Latino/Hispanic community.

Community Partner Protocol, Spanish Version

INTRODUCCIÓN

Agradezca al participante por consentir en participar en el estudio. Introduzca el estudio, cubriendo la información siguiente.

Propósito del estudio:

Sabemos por el informe General del Cirujano de U.S. 1999 que los latinos/hispanos tienen más dificultades en conseguir servicios de salud mental que otra gente. En este estudio, más bien que centrarnos en estos problemas, deseamos aprender de las organizaciones que han podido ayudar a la gente a conseguir los servicios que necesitan. Deseamos especialmente aprender cómo las organizaciones han desarrollado las prácticas que son accesibles y apropiadas para individuos latinos/hispanos y para familias de diversos fondos.

Expectativas para la participación:

Para aprender acerca de las prácticas utilizadas exitosamente con individuos y familias de diversas culturas Latinas/hispanas, yo le preguntaré algunas preguntas acerca de su relación con [Nombre de la organización principal]. Nosotros también querríamos aprender más acerca de cómo [práctica específica] ha sido utilizado para servir mejor esta población. Entonces yo le formularé algunas preguntas acerca de cómo su asociación con [Nombre de la organización principal] ha contribuido a mejorar servicios para latinos/hispanos de esta localidad. Consideramos que esta entrevista tomará aproximadamente de 1 hora y media a 2 horas de su tiempo.

Consentimiento Informado:

Queremos asegurarnos que usted ha consentido voluntariamente en participar en esta entrevista. [Nombre de la organización principal] nos ha dado ya el permiso de hacer entrevistas, pero también nos gustaría su permiso de entrevistarle y grabar la conversación. Voy a revisar algunas cosas que usted tiene que saber antes de que usted nos dé su permiso. Por favor escuche con cuidado y luego díganos si usted quiere participar.

Esté seguro que el participante entiende la forma de Consentimiento Informado y la firme, o si le da el permiso de firmar, por teléfono. Si ellos no quieren que se grabe, preguntar si ellos quieren hacer la entrevista sin grabarla y si usted puede tomar notas mientras está escuchando.

Pregunte: *¿tiene usted alguna pregunta antes de que comencemos?*

<u>CONCEPTOS CLAVES PARA ACORDARSE DE TRATAR:</u>

Servicios diseñados expresamente para Latinos/Hispanos

Adaptaciones de servicios para usuarios de servicio Latinos/Hispanos

Cómo el socio de comunidad trabaja con la organización principal [CDEP Estudio]

Cómo el socio de comunidad está involucrado en implementación de la práctica

Cómo el socio de comunidad define el éxito y mide resultados

Poblaciones Servidas

Nos gustaría recopilar información de las características de la población Latina/Hispana que usted sirve, empezando con sus orígenes geográficos.

Entrevistador: Primero lea los nombres de las cuatro regiones principales. Si el entrevistado contesta sí a una región particular, entonces lea los nombres de los países individuales dentro de esa región

Pertenencia étnica/origen geográfico (Marque todo lo que aplique)

América Central		**Sur América**	
Costa Rica		Argentina	
Guatemala		Bolivia	
Honduras		Brasil	
Nicaragua		Chile	
Panamá		Colombia	
El Salvador		Ecuador	
Otro		Paraguay	
		Perú	
		Uruguay	
		Venezuela	
		Otro (especifique)	
Del Caribe		**Norte América**	
Cuba		Hispano (New México /US)	
República Dominicana		México	
Puerto Rico		Otro (especifique)	
Otro (especifique)			

A continuación, leeré una lista de factores socioculturales. Por favor indique contestando "sí" si cualquiera de estos factores describe a cualquiera de sus usuarios de servicio

Factores Socioculturales (Marque todo lo que aplique)

Aculturación		**Preferencia de la lengua**	
Segunda generación en los E.E.U.U.		Hablan Español/ Portugués solamente	
Tercera generación o más en los E.E.U.U.		Habla Inglés solamente	
Población transitoria/estacional		Habla inglés y Español/Portugués	
Inmigrantes legales		Hablan lenguas indígenas	
Inmigrantes indocumentados			

¿También trabaja su organización con poblaciones No-Latino/Hispanas? (Por favor marque todo lo que aplica)

Otras poblaciones servidas	
Africano-Americano/Negro/Afro-Caribeño	
Americano Asiático	
Amerindio / Natural de de Alaska	
Isleño Hawaiano/pacífico Natal	
Americano / Blanco, no-Latino	
Otro (por favor especifique)	

A continuación, voy a leer una lista de factores. Por favor conteste "sí" si usted piensa que el factor es una barrera para servicios de salud mental para poblaciones Latinas/Hispanas; de lo contrario conteste "No".

Explicación:	**Si**	**No**	**No Sabe**
1. Costo/gasto.	1	2	3
2. Cobertura de seguros inadecuada.	1	2	3
3 Los servicios no están disponibles en español o en lenguas indígenas.	1	2	3
4. Los servicios no están disponibles en la comunidad/vecindad donde los usuarios de servicio Latinos/Hispanos residen.	1	2	3
5. El personal de servicio no es Latino/Hispano.	1	2	3
6. La comunidad Latina/Hispana tiene una preferencia por curador tradicional/indígena, como curandero/yerbero.	1	2	3
7. Un estigma en la comunidad Latina/Hispana asociado con la gente que busca servicios de salud mental.	1	2	3
8. La desconfianza de organizaciones que proporcionan servicios de salud mental.	1	2	3
9. Miedo de identificación por policía o autoridades de inmigración.	1	2	3
10. Creencias distintas acerca de salud mental en la comunidad Latina/Hispana (Ejemplo: susto, nervios)	1	2	3
11. Una carencia de información/conciencia sobre servicios disponibles.	1	2	3

La siguiente sección trata con posibles prácticas de salud mental que podrían ser usadas con poblaciones Latinas/Hispanas. Cuando yo lea la siguiente lista, por favor conteste "sí" si usted siente que la práctica es importante para las organizaciones que quieren proporcionar servicios efectivos de salud mental a los Latinos/Hispanos; de lo contrario conteste "No".

Explicación:	**Si**	**No**	**No Sabe**
1. Proporcionar servicios en español/lenguas indígenas.	1	2	3
2. Mantener personal de fondos culturales similares.	1	2	3
3. Empeñarse constantemente en llegar a la comunidad.	1	2	3
4. Asegurar que los miembros de familia están implicados en el proceso de provisión de tratamiento/servicio.	1	2	3
5. Trabajar en conjunto con curanderos tradicionales/yerberos.	1	2	3
6. Entienda las creencias culturalmente influenciadas en la comunidad latina/hispana acerca de situaciones de salud mental.	1	2	3
7. Utilice a miembros de la Comunidad para llegar a usuarios potenciales del servicio.	1	2	3
8. Localizar servicios dentro de la comunidad donde los usuarios de servicio residen.	1	2	3
9. Proporcionar transporte gratis a los usuarios del servicio.	1	2	3
10. Incorporar un toque menos formal, más personal en todos los niveles del proceso de servicio.	1	2	3
11. Proporcionar servicios gratis o económicos.	1	2	3
12. Trabaje con iglesias u otras instituciones dentro de la comunidad Latina.	1	2	3
13. Utilice prácticas que científicamente demuestren trabajar.	1	2	3
14. Recolecte la opinión de la comunidad sobre cuales prácticas son las más eficaces.	1	2	3
15. Proporcione todos los servicios de salud física y mental en un solo punto.	1	2	3

¿Cuál de las siguientes describe mejor su papel con [nombre del socio]?

Su posición actual	
Dirección (Director Ejecutivo /CEO/CFO)	
Supervisor/Administrador	
Siquiatra/Psicólogo	
Terapista/Consejero	
Voluntario	
Encargado del caso	
Ayudante de Sanidad de la comunidad /Promotor (a)	
Trabajador del caso/Trabajador social	
Organizador de la comunidad	
Abogado de la familia	
Otro (especifique por favor)	

Anotación Importante: **Si no la hecho, por favor confirme con el participante el nombre de la agencia donde el o ella trabaja. Utilice a este nombre en la entrevista donde pide el [nombre del socio]. Gracias.**

Agencia: _____

PAPEL DEL PARTICIPANTE

Para ayudarnos a entender su perspectiva, por favor díganos un poco sobre su papel y su relación con [Nombre de la organización principal].

1. ¿Cuánto tiempo ha trabajado usted con [nombre del socio]?

- **¿Ha cambiado su posición desde que usted comenzó a trabajar con [Nombre del socio]?**

2. ¿Cuál es la relación entre [nombre del socio] y [Nombre de la organización principal]?

- **¿Por favor describa cómo usted y/o su organización establecieron una sociedad con [Nombre de la organización principal]?**

Notas para el entrevistador:

- Existe un acuerdo formal entre las dos organizaciones?
- Por qué empezaron colaborando las dos organizaciones?
- Trabajan ellas en la misma comunidad o proporcionan servicios complementarios?

POBLACIÓN DE FOCO

A continuación, nos gustaría enfocarnos en la población servida por [Nombre de la organización principal, así como su organización.

3. Por favor háblenos sobre la población servida por su organización, [Nombre del socio].

4. ¿Cuáles son las principales necesidades de salud mental en la población hispana/latina local?

Notas para el entrevistador:

- ¿Qué clase de necesidades existen que no se han encontrado?

5. ¿Cómo piensan los latinos en la comunidad que usted sirve acerca de la salud mental?

Notas para el entrevistador:

- ¿Qué percibe la gente en la comunidad como forzando necesidades de salud mental?

6. ¿Cuál siente usted que es el desafío más grande en proporcionar servicios de salud mental a la población hispana/latina en su área?

Notas para el entrevistador:

- ¿Hay restricciones en el acceso a servicios basadas en seguro, costo o estado migratorio?

PRÁCTICAS USADAS CON LATINOS

A continuación, nos gustaría saber más sobre las prácticas que [nombre de la organización principal] usa para servir a los latinos.

7. Estamos interesados en la manera como [Nombre de la organización principal] usa [práctica específica] con poblaciones latinas. ¿Puede usted proporcionarnos alguna

observación o juicio sobre cómo [Nombre de la organización principal] utiliza [práctica específica] con la población latina/hispana local?

8. Por favor describa su papel en la implementación de [práctica específica]. [Proporcione la descripción, nuevamente, si es necesario.]
Notas para el entrevistador:

- ¿Cómo encuentra/observa usted la práctica en su colaboración actual con [nombre de la organización principal]?
- ¿En que tipos de situaciones es más común ver que la práctica es usada?
- ¿Es [práctica específica] un componente necesario de su sociedad con [nombre de la organización principal]?

9. Desde su punto de vista, ¿cómo ha respondido la comunidad latina/hispana al uso de [práctica específica]?
Notas para el entrevistador:

- Averigüe por percepciones generales de respuesta Latino/Hispano a implementación de la práctica.

10. ¿Por qué piensa usted que la comunidad responde de esta manera?

11. ¿Estuvo envuelta de algún modo su agencia en el desarrollo de [práctica específica]? ¿Si es así, puede usted por favor describir cómo?
Notas para el entrevistador:

- ¿Fue su agencia particular responsable de asegurar la evaluación de la comunidad o la participación en el desarrollo/diseño de la práctica?

12. Desde su perspectiva, ¿Qué servicios que [Nombre de la organización principal] provee llenan las necesidades claves dentro de la comunidad latina/hispana?

13. Desde su perspectiva, ¿Qué papel juega [Nombre de la organización principal] dentro del sistema más grande de servicios en su comunidad?
Notas para el entrevistador:

- Cómo [nombre de la organización principal] complementa la gama de servicios existentes en su comunidad?

14. ¿Cuáles diría usted son las tres cosas [nombre de la organización principal] hace más efectivamente para asistir a los individuos y a las familias hispanas/latinas/ que sirven?
Notas para el entrevistador:

- ¿Cuáles son los resultados deseados esperados?

15. Comparado con otras organizaciones con las que usted se ha asociado, qué es único sobre cómo [Nombre de la organización principal] ayuda a los latinos/Hispanos?

16. ¿Qué tipo de comentarios escucha usted típicamente de los usuarios de servicio latinos/hispanos sobre su experiencia con [Nombre de la organización principal]?

Notas para el entrevistador:
Qué tipo de reputación tiene [Nombre de la organización principal] en la comunidad latina/hispana?

ENTREGA DE SERVICIO A LATINOS
Ahora, nos gustaría concentrarnos más generalmente en como [la Nombre del socio] sirve a los latinos/hispanos locales.

17. ¿Cuáles diría usted son las tres cosas que [Nombre del socio] hace más efectivamente para asistir a los individuos y a las familias hispanas/latinas que sirven?

18. ¿Cómo son medidos los resultados de salud mental, en general, dentro de su agencia, [nombre del socio]?
Notas para el entrevistador:

- Averigüe si ellos reportan resultados a la agencia principal [Sitio de estudio de CDEP].

19. ¿Comparado con otras organizaciones dónde usted ha trabajado, qué es único sobre como [Nombre del socio] ayuda a los latinos/hispanos?
Notas para el entrevistador:

- Pregunte por la existencia de otras sociedades desarrolladas para servir a los latinos/hispanos

Conexión de la Comunidad
A continuación, nos gustaría saber más sobre como [nombre del socio] se une a la comunidad.

20. Desde su perspectiva, ¿Qué papel juega [Nombre del socio] dentro del sistema más grande de servicios en su comunidad?

- **Cómo [nombre del socio] complementa la gama de servicios existentes en su comunidad?**

Notas para el entrevistador:

- Que socios /soportes están disponibles?
- Por qué estas conexiones son necesarias/efectivas?
- [Nombre del socio] se conecta con socios de la comunidad y apoyos informales a fin de ayudar a los usuarios de servicio latinos/hispanos y sus familias?
- Qué conexiones se hacen con personas de la comunidad vinculadas con latinos/hispanos? Por ejemplo: Clero, escuelas, servicios sociales, servicios de salud.

21. ¿Cuales siente usted son los factores más importantes a considerar al proporcionar servicios a los hispanos/latinos en su área?

INFORMACIÓN DEMOGRÁFICA
Quisiéramos asegurarnos que hemos recibido la contribución de un grupo diverso de participantes en la entrevista para entender cómo las organizaciones pueden proporcionar

servicios de alta calidad para una diversidad de familias. ¿Usted estaría dispuesto a decirnos cómo usted se identifica en términos de raza/pertenencia étnica, y/o a país de origen?

23. ¿Cómo clasificaría usted su pertenencia étnica o raza?_____
[Indique como el respondiente se identifica. Si es necesario, puede usar las categorías abajo como guías.]

_____ Amerindio / Natural de Alaska
_____ Americano Asiático/Asiático
_____ Negro/Africano Americano/Africano Caribeño
_____ Hispano/Latino
_____ Natal Hawaiano/ Isleño Pacífico
_____ Blanco/Caucásico
_____ Bicultural/biracial
_____ Multicultural/multirracial
_____ Otro o Desconocido

23a. ¿De qué país es usted?

24. ¿Usted reside dentro de una de las comunidades donde usted proporciona servicios?
Sí _____ No _____

Muchas gracias por su tiempo. Realmente lo apreciamos y apreciamos el trabajo que usted está haciendo para ayudar a mejorar servicios y los resultados para la comunidad latina/hispana.

Appendix B: Qualitative Analysis Emerging Themes

Identified Practices –

- Descriptions of each
    - Consumer vs. Staff
- Essential elements
- Degree of agreement found in responses by stakeholder category

Structure –

- Community-based, non-profit organizations
- Note differences/similarities with regard to structure
- Internal communication

Strategy –

- Community needs assessment (formal/informal)
    - Ongoing community feedback
- Program/practice development
- Community outreach
- Evaluation
- Alliances with community partners
- How each organization overcomes linguistic/socio-economic barriers to care

Systems –

- Local community context
- Existing gaps in behavioral health services available to Latinos in each community
- The processes each organization uses to deliver services
- Funding practices
- Macro-level processes affecting service accessibility and delivery (economic inequality, historical trauma, immigration policies, insurance availability)

Style/Culture –

- Latino/Hispanic focused service delivery
- Engagement of community members/consumers
- Involving consumers in service planning/treatment decisions

Staff –

- Hiring and training of internal staff
    - Training of staff in partner agencies

- Building capacity with service users and community members

Skills –

- Differences/similarities among CDEP study sites related to their "distinctive competencies" (what organization does best, ways of expanding or shifting competencies, See Recklies, 2001 document)
- Where each organization specializes (outreach, therapy, recovery)

Shared Values/Superordinate Goals –

- Outline guiding concepts and fundamental ideas reported regarding each organization and the practices identified.