Promotores in Mental Health in California and the Prevention and Early Intervention Component of the MHSA

Policy Paper
November 2008

Funded by The California Endowment and prepared by the Center for Multicultural Development at the California Institute for Mental Health.

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William Rhett-Mariscal, Ph.D.

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Acknowledgements

This policy paper was developed in collaboration with an Advisory Committee of technical experts, including *promotores*, representatives from agencies and organizations experienced with training and effective partnership with *promotores*, and representatives from state and county public mental health. The work of the Advisory Committee and the development of the policy paper were funded through the support of The California Endowment. William Rhett-Mariscal, Ph.D., of the Center for Multicultural Development at the California Institute for Mental Health, was the primary author. The Advisory Committee consisted of the following technical experts:

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Introduction

Promotores de salud (health promoters) play a key role in advancing the well-being of the communities they serve. *Promotores* are individuals who provide health education and support to community members, provide their services in the community, and are generally from the community they serve. Because of the relationship they have with their community, they are particularly effective at reaching Latinos and other unserved and underserved families and individuals. They can help address multiple barriers to accessing services, such as those related to transportation, availability, culture, language, stigma, and mistrust. Although more widely engaged in the field of physical health, *promotores* increasingly address mental health concerns as well.

"Since *promotores* work in the community and can play such an important role in promoting wellness … they are ideal for PEI programming."

As mental health providers in California become more aware of the role *promotores* play in fostering wellness in Latino communities, the Prevention and Early Intervention component of the Mental Health Services Act (MHSA) provides new funding opportunities for supporting and expanding partnering with *promotores* in mental health. The MHSA was passed by voters in 2004, providing funding to support the transformation of the public mental health system in California. To help foster this transformation, the Act promotes core values and goals such as recovery, resilience, wellness, cultural competence, and calls for improved access for underserved populations.

The Prevention and Early Intervention (PEI) component of the MHSA is particularly well suited for supporting the work of promotores in mental health. The PEI component is one of the primary drivers in the Act towards achieving the goal of transforming the public mental health system because it provides an investment in promoting wellness and intervening early on in the manifestation of mental health concerns – areas that have not had public funding for decades in California. One of the goals of the Act is to transform the public mental health system from one that serves people who must "fail first" to get services, to one that is a "help first" system, supporting people before they become so devastated by the effects of mental illness that the public mental health system is all that is available for them. The guidelines for accessing PEI funding indicate that PEI services should be provided to prevent the onset of mental illness or intervene early in its manifestation. They also state that PEI activities should be carried out preferably in natural community settings and should aim to reduce ethnic, racial, and cultural disparities. Since *promotores* work in the community and can play such an important role in promoting wellness for Latinos in California, they are ideal for PEI programming.

This policy paper addresses the role of *promotores* in advancing the mental health of Latino communities in California and the opportunities for partnering with *promotores* in Prevention and Early Intervention. We start with a look at the challenges Latino communities in

California often face, discuss the characteristics of *promotores* and their role in the Latino community, explore the opportunities presented by the PEI component of the MHSA for funding the work of *promotores* in mental health, and then provide specific recommendations for supporting this work. The appendix contains a resource list of some current *promotores* programs in California addressing mental health concerns.

The policy paper was developed in collaboration with *promotores*, representatives from agencies and organizations experienced with training and effective partnership with *promotores*, and representatives from state and county public mental health. As such, this paper represents the collective wisdom provided by their expert testimony. It is not a document that was constructed by strict adherence to consensus building.

Background – Latinos in California

Latino Communities

Through their work, *promotores* and staff in agencies serving Latino communities become familiar with challenges faced by the Latino families and individuals they serve. These challenges have an impact on wellness and *promotores* often have to find ways to support people struggling with a wide range of difficulties in their lives.

The *promotores* who contributed to the development of this policy paper identified several social and emotional challenges that Latinos may face in California. These challenges include:

1. Problems with housing
2. Difficulties at work
3. Exposure to violence
4. Problems with immigration and acculturation
5. Lack of health insurance and access to affordable, quality health care
6. Linguistic barriers
7. Lack of culturally competent care

Some of the specific housing challenges faced by many Latinos include overcrowding, the threat of losing their housing and of homelessness, substandard living conditions, and living at a minimal survival level. These precarious living conditions can contribute to Latinos' lack of wellness or make it harder for them to manage an illness.

Some of the difficulties working Latinos may face include long hours and being overworked. They may also suffer workplace abuses. Farm workers often experience isolation, as well as social and economic instability. All of these conditions can impact wellness and the ability to get help when ill.

Latinos also face exposure to violence – both violence in the community and domestic violence. Violence can affect Latinos' mental health as well as their physical health. Repeated exposure to violence can lead to trauma related symptoms.

Some Latinos face challenges due to immigration, acculturation, and their immigration status or the immigration status of family members. The conditions that led to immigrating, the immigration experience itself, and the challenges of acculturation can all be stressful and traumatic. Immigration status can limit access to services. Immigrants may also fear public agencies and are often traumatized by the actions of public agents. Some immigrants also experience exploitation by individuals taking advantage of their immigration status, level of acculturation, and lack of familiarity with how things work in the United States. Even Latinos who are not immigrants may suffer from discrimination related to immigra-

tion enforcement. Latinos at work, in schools, or on busses have been stopped, asked to provide documentation, and taken into custody if they don't have adequate documentation available. Thus, the experience of immigration and acculturation can pose heavy burdens on Latino families and individuals and impact their emotional wellness.

Latino needs may go unaddressed because of the scarcity of culturally-appropriate services and alternatives.

Latinos who lack health insurance face challenges getting medical attention when they need it. Health providers often struggle to find ways of serving people who don't have insurance. Latinos without insurance may get minimal, inconsistent, and incomplete services. Uninsured Latinos and even those with health insurance experience limited access to affordable and quality health care. This situation contributes to poor health and poor health outcomes.

Latinos further struggle when providers, institutions, and organizations with inadequate linguistic and cultural capacity cannot effectively serve them. There is considerable linguistic diversity among Latinos. California Latinos include indigenous migrants. There are hundreds of indigenous groups with distinct cultures and languages throughout Latin America. Latinos with limited English proficiency, whether they are Spanish-speaking or speakers of an indigenous language, may not be able to find service providers with the linguistic capacity necessary to adequately understand and serve their needs.

Latino individuals and families also encounter significant barriers to needed services stemming from limited provider or organizational cultural competency. Latinos in California are shaped by the cultures and traditions of the many distinct nationalities in the Americas. Providers who can not bridge the cultural divide of these diverse values and worldviews offer services that are not necessarily culturally relevant to the Latinos they attempt to serve. Latino needs may go unaddressed because of the scarcity of culturally-appropriate services and alternatives. These limitations impact Latinos in all areas of their lives, including education, employment, housing, law, law enforcement, health, finances, and social services.

Latinos may encounter additional barriers to accessing services when they need them. Some of these barriers include:

- not knowing how to navigate systems
- not having the necessary documentation required to access services
- scarcity of services
- community suspicion of governmental services

The following section outlines challenges Latinos encounter specifically related to mental health and accessing mental health services.

Latinos and Mental Health Services

Latinos face significant disparities in access and appropriateness of mental health services. The Surgeon General's 2001 report on race, culture, ethnicity and mental health found that studies consistently indicate that "Hispanics" with diagnosable mental disorders are receiving insufficient mental health care (U.S. Department of Health and Human Services, 2001).[1] In one national analysis of respondents who reported the presence of any psychiatric disorders in the present year, only 5.9% of Latinos reported using specialty mental health care compared to 11.8% of non-Latino whites (Alegria et al., 2002). A national study on unmet need reports that 88% of "Hispanic" children in need of mental health services did not receive care in comparison with 76% of white children (Kataoka et al., 2002), while a national study on adult unmet need reported similar results, with the percentage of "Hispanics" with perceived need for alcohol, drug abuse, and mental health treatment receiving no care (22.6%) close to double the percentage of whites (12.5%) receiving no care (Wells et al., 2001).

In California, the population of Latinos continues to increase while disparities in access to mental health services persist. By 2010 Latinos are projected to be 39% of the California population, and within 30 years Latinos are projected to be over 50% of the population (California Department of Finance, 2004). Despite this increase in population, Latinos continue to disproportionately experience disparities in access to mental health services. California data on disparities mirrors the results of national studies. A San Diego County study found that white youths with one or more mental health diagnoses were 2.2 times more likely than Latino youths to receive specialty outpatient mental health services (Hough et al. 2002). A study of Mexican-American adults in Fresno County found that only 8.8% of Mexican-Americans with diagnosable mental disorders had used mental health services during the past 12 months (Vega et al., 1999).

Several factors impact Latino access to mental health services in California. The public mental health system shares one critical characteristic with other public systems in California: limited linguistic capacity and cultural competence. In fact, public mental health has comparatively less funding and fewer funds specifically available to increase linguistic and cultural capacity than the physical health care system.

Among Latinos, stigma about mental illness also significantly limits access to mental health. Stigma prevents people from seeking help from a system that focuses on services to people with serious mental illness. In addition, Latinos who experience emotional distress in physical ways may not get the help they need because they lack mental health literacy – a familiarity with mental health and an understanding of which symptoms can be addressed through mental health services.

[1] Note that statistics based on U.S. census data use a demographic category designated as "Hispanics" and that this category includes people from Spain. This paper focuses on the underserved population of California who are predominantly from Mexico, Central and South America.

The design of the public (and private) mental health system creates hurdles that people must overcome to get help and treatment. Insurance requirements fail to take into account cultural norms related to care seeking behavior and they do not acknowledge that cultural relevance of services is critical to appropriate and effective care. Prior to MHSA funding, Medi-Cal was essentially the only way indigent Latinos could obtain mental health services through the public mental health system. Access to Medi-Cal to cover the mental health needs of indigent Latinos is dependent upon meeting a definition of "functional impairment" and "medical necessity" that rarely coincides with the cultural framework that shapes Latinos' experience and reporting of illness and wellness. Latinos who decide to seek help from the mental health system, despite stigma and uncertainty about cultural and linguistic capacity, don't get served if the clinician determines that their symptoms do not meet the medical necessity criteria for Medi-Cal funding. This means that Latinos who seek help may experience the system as unable to help them, adding to negative perceptions about the public mental health system.

"Considering California's current deficits in its mental health workforce, one of the most effective ways to decrease stigma and increase access to mental health care for Latinos is to increase support for the work of *promotores* in preventing mental illness and promoting wellness."

Strategies for addressing disparities in Latinos' access to services include increasing the presence of Latinos in the mental health workforce, increasing ties with Latino communities by using *promotores*, addressing systemic barriers to care for Latinos, and integrating mental health services into medical clinics that serve Latinos. A paper published by the National Council of La Raza in 2005 discussing disparities in Latino mental health endorsed these strategies among others (National Council of La Raza, 2005).

California currently has a significant deficit of Latinos in the mental health workforce. A workforce needs assessment conducted by Allen, Shea, and Associates for the California Department of Mental Health in 2006 indicated that Latinos are underrepresented in California's public mental health workforce by about 17%. They also found that language proficiency, cultural competency, and diversity of the workforce were top mental health workforce needs and challenges reported by California counties (Allen, et al., 2006).

Considering California's current deficits in its mental health workforce, one of the most effective ways to decrease stigma and increase access to mental health care for Latinos is to increase support for the work of *promotores* in preventing mental illness and promoting wellness. *Promotores* have been formally and informally addressing the mental health needs of the communities they serve, but without any significant support. It is time to make a concerted effort to bring this effective practice into more extensive use to support the mental health of Latinos in California.

Promotores

General Characteristics of *Promotores*

Promotores and other community health workers have proven effective at helping meet the physical health needs of communities they serve. Partnering with *promotores* is an effective means for increasing access and promoting health knowledge and healthy behaviors (Andrews, et al., 2004; Brownstein, et al., 2007; Krieger, et al., 2005; Balcazar, et al., 2005).

"Promotores and other community health workers have proven effective at helping meet the physical health needs of communities they serve."

Because *promotores* come from the communities they serve, they can address access barriers that arise from cultural and linguistic differences, stigma, and mistrust of the system. Furthermore, since they usually provide services in the community when and where it is convenient to community members, they help decrease barriers due to limited resources, lack of transportation, and limited availability.

In addition to coming from the communities they serve, *promotores* can be characterized by three Ps:

- presence in the community
- persistence
- patience[2]

Having enough patience, persistence, and presence in the community helps to build the community's trust in the work of *promotores*. Relationship with the community is one of the key factors that distinguish *promotores* from other health workers.

Promotores have a unique set of skills and are being engaged across California at different levels and in different ways. *Promotores* are formally and informally engaged in some communities as part of the workforce. They provide outreach to link people to services, information, and health support. They may help with community triage. They facilitate support groups. They meet people in the community (e.g., meeting them over coffee - *tomando un cafecito*). They often impact whole families, providing different levels of support for each family member. They typically serve Latinos with limited economic means. With training and support they can address both the mental and physical needs of people they work with, attending to the mind/body connection. They often have lived experience in the health area they address.

The educational background of *promotores* can vary significantly. Some *promotores* are

[2] Marta Flores, Family Health Center, San Diego, in Plain Talk: The Story of a Community-Based Strategy to Reduce Teen Pregnancy (Annie E. Casey Foundation, 1998).

health care professionals who received their training and licensure in their country of origin and work as *promotores* because their background is not easily transferrable for licensing in California. Other *promotores* may have minimal formal education and may find returning to the formal educational system challenging. Despite differences in education, *promotores* are trained in the areas they serve and are interested in assuring the quality of the services they provide.

"The same characteristics that make *promotores* ideal for helping to address the mental health needs of Latinos in California can apply to other ethnic and cultural communities as well."

Promotores provide their services to the community as paid employees and as volunteers. Some *promotores* do not meet agency hiring standards and yet still have a desire and ability to serve their community. Volunteer *promotores* often receive stipends or incentives to support their volunteer services. Because community-based organizations often have greater funding flexibility than governmental agencies, they tend to be the best conduit for fair compensation for the services of *promotores*.

Many characteristics of *promotores* make them ideal to help improve the mental health of Latinos in California. Their relationship with the community, their familiarity with the language and culture of the people they serve, their expertise working with families and individuals in community settings, their experience in health education and health promotion, and their connection with service providers are all as valuable to mental health providers as they are to physical health providers. Furthermore, in the course of their work in physical health, *promotores* already encounter families and individuals with mental health needs. With specialized training and support, *promotores* can provide mental health prevention and early intervention services and link individuals and families with needed treatment. *Promotores* are thus especially well positioned to provide mental health promotion and prevention services, and they help to increase access to mental health services for underserved and unserved communities such as Latinos in California.

The same characteristics that make *promotores* ideal for helping to address the mental health needs of Latinos in California can apply to other ethnic and cultural communities as well. *Promotores* are found in various communities, performing similar functions as they do for Latino communities. The characteristics of *promotores* in general make them distinct from other health workers, but not necessarily unique to the Latino community. Individual *promotores*, however, are uniquely tied to the community they serve.

It is important to note that effective partnership with *promotores* in mental health requires deliberate planning and expertise and is best not taken on without guidance. There are unique challenges in using *promotores* that should be taken into consideration in any deliberate effort to increase the support for *promotores* in promoting the mental health of Latino communities. The following section outlines some of these challenges.

Challenges in Partnering with *Promotores*

Some of the specific challenges in supporting the work of *promotores* in mental health arise from the characteristics discussed above. There are also additional challenges that should be considered in any effort to increase the widespread engagement of *promotores* in mental health.

Some of the challenges derive from previously described variability in the educational background and employment status of *promotores*. Differing education and skill levels affect the types of services that *promotores* can offer. *Promotores* with a background as a physician, nurse, or psychologist, will have a different skill set than *promotores* who did not complete primary or secondary education. *Promotores* with limited academic skills but a good ability to work with the community may be left out of programs that require additional training that stretches their capacity for formal academic learning. Skill-building and training opportunities should be designed to address these differences among *promotores*.

Agencies seeking to partner with *promotores* face challenges in how to find and allocate funds to support their work. Not all *promotores* meet agency hiring criteria. And certainly not all employees can be *promotores* since not everyone has the respect and trust of the community they serve. Some agencies can support volunteers through stipends and incentives, while other agencies may have difficulty working with volunteers and providing them with adequate support. Employment challenges due to immigration status also impact health coverage. Lack of health coverage can impact the wellness of *promotores* and their ability to serve.

Public and community-based agencies that work with *promotores* face additional challenges. *Promotores* programs are often funded by inconsistent funding sources. Funding instability makes it difficult to build and sustain trust within the community. If there isn't any long term support for *promotores* and agencies cut *promotores* off after they have been working in the community for a few years, the community may lose faith in the ability and commitment of these agencies to help them.

A challenge that affects funding for *promotores* programs is the limited capacity some organizations have to gather data to demonstrate program effectiveness. Funding sources often require a level of data gathering that some agencies don't have sufficient infrastructure to support. Although these agencies might be well qualified for serving the community based on the level of trust they have gained with the community, they might not have the infrastructure required to meet reporting requirements and thus might not get funded.

Some *promotores* programs also struggle to provide sufficient supervision and ongoing training to support the successful work of *promotores*. Although programs require training, supervision and ongoing support to be successful, funding for *promotores* programs doesn't always include these components. *Promotores* programs that don't receive adequate funding to provide supervision and ongoing training have less support to ensure program sustainability and quality.

Promotores also have to deal with gaps in our health and social services system when they attempt to link people to needed services. Finding services that have the necessary linguistic and cultural capacity is often difficult or impossible. The lack of linguistically and culturally appropriate services directly impacts *promotores* and the families they serve, and this problem in the long run threatens the relationship between providers and the community. Community members can lose their trust in a system that makes efforts to increase access to services and yet doesn't also make a commitment to make those services available to the community when they need them.

"Rather than launching *promotores* programs themselves, public mental health agencies should consider supporting organizations and individuals who already have that relationship with the community."

These are among the challenges public mental health agencies face as they become increasingly aware of the role *promotores* play in promoting community wellbeing and begin to support the work of *promotores*. Currently in California only a few county mental health systems have attempted to incorporate *promotores* into their mental health programs. California's county mental health agencies have to date made only piecemeal efforts to support the work of *promotores* in mental health. Public mental health agencies have not always coordinated their initiatives with the work of *promotores* organizations that are experienced in supporting *promotores* in physical health and could expand their scope to address mental health needs. Since a core characteristic of *promotores* is the relationship they have with the community, public agencies may encounter difficulties if they decide to start a new *promotores* program, particularly since they themselves are among the institutions not usually trusted by the community. Rather than launching *promotores* programs themselves, public mental health agencies should consider supporting organizations and individuals who already have that relationship with the community.

Below we discuss how the Prevention and Early Intervention component of the MHSA provides new funds and programming for mental health promotion in California. These funds could be used to build on the work of *promotores* to support the mental and emotional wellness of Latino communities and could help address some of the funding challenges that have limited the widespread engagement of *promotores* in mental health.

Prevention and Early Intervention Funding

The MHSA provides an unprecedented opportunity to develop and implement strategies for addressing the disparities in access to mental health treatment services for Latinos. Some counties have started funding *promotores* to address disparities in Latino access through MHSA funds designated to increase outreach and engagement to MHSA treatment programs (known as Community Services and Supports). It is our view that the Prevention and Early Intervention (PEI) component of the MHSA is particularly promising for addressing treatment disparities since its ultimate aim is to reduce the demand for treatment services. Targeting PEI activities to underserved and unserved communities such as Latinos can reduce the unmet need for services by reducing the incidence of mental illness and the subsequent need for treatment as well as increasing linkages to treatment services when they are needed.

The PEI component provides ongoing funding to county mental health agencies for programs that aim to prevent mental illness, promote wellness, and intervene early in the manifestation of mental illness. The PEI component also provides for an initial four years of funding for statewide initiatives, including initiatives to address suicide prevention, stigma and discrimination, student mental health, and the needs of ethnic and cultural communities.

PEI programs carried out at the county level must address the Key Community Mental Health Needs and Priority Populations identified in State Department of Mental Health Guidelines for PEI funding. Counties must engage in a Community Planning Process to select the specific Key Community Mental Health Needs and Priority Populations that their PEI programs will address and the strategies they will use to achieve desired outcomes. The Community Planning Process has to include representatives from State specified community sectors. PEI programs should preferably be carried out in natural community settings and should link individuals to needed treatment services.

Since "disparities in access to mental health services" is one of the five Key Community Mental Health Needs specified in the PEI Guidelines, strategies that have been found effective at addressing these disparities are likely to be an important component of PEI programming. As the effectiveness of *promotores* at increasing access to services becomes more widely known, we anticipate that interest will grow in funding *promotores* through PEI.

Since "underserved cultural populations" are one of the six Priority Populations specified by the State, strategies that have proven effective for serving Latinos should also be of interest for PEI programming. *Promotores* have proven their effectiveness for addressing the needs of the Latino communities they serve.

Education, health, and individuals, families, and community-based organizations representing underserved communities are specified as partners in the Community Planning Process. Some agencies and organizations in these sectors have experience with *promotores* and are recommending partnering with them as a strategy to address the Needs and Priority Populations selected through the Community Planning Process. This process has led to growing interest in using PEI funding to support *promotores* and their work in promoting wellness for Latinos.

Counties are also interested in developing programs that promote wellness and can be carried out in natural community settings. *Promotores* both work in the community and have experience in promoting wellness. The work of *promotores* in physical health promotion and prevention may be more consistent with mental health prevention and wellness promotion than the practice of traditional mental health treatment providers. Thus, there are exciting possibilities for effective partnerships with existing *promotores* programs in physical health through MHSA prevention and early intervention funding.

With specialized training, support, and funding for *promotores* in mental health, *promotores* could be key partners in PEI programs. *Promotores* programs in PEI could involve, among other things, supporting *promotores* to:

- provide emotional support to individuals and families
- facilitate support groups
- provide mental health education to address the challenges Latinos face including co-morbidity of mental illness with physical diseases
- provide self-help training
- identify and refer people in need of additional services
- offer support for accessing resources and navigating systems

Counties will also be drawn to the idea of partnering with *promotores* with lived experience in mental illness. The MHSA as a whole promotes employment in the service system of people with lived experience with mental illness as well as their family members. Since *promotores* often are people with relevant lived experience and draw upon this experience in their work, they will be ideal partners to carry out this vision of the MHSA. However, stigma about serious mental illness is a challenge in the Latino community. This will mean that some *promotores* organizations that partner with public mental health will have to grow to be more inclusive and supportive of individuals with lived experience in serious mental illness and their family members, just as the public mental health system is also changing as a result of the MHSA.

Although at the time of writing eight counties have had their initial plans for PEI funding already approved and many counties are in the middle of their planning process, PEI funding is ongoing. Counties who do not initially decide to include *promotores* in their PEI programming, will have the flexibility to do so in the future.

As a result of evolving MHSA requirements, counties are also now beginning to develop

integrated services plans rather than separate State approved plans for each component of the MHSA. As counties look at their MHSA programming as a whole, they will begin to identify overlap among the different components. This could mean that counties that have started funding *promotores* to help with outreach and engagement under the Community Services and Supports component might see the value of expanding the role of *promotores* to include PEI services.

"Counties will also be drawn to the idea of partnering with *promotores* with lived experience in mental illness."

In addition to the PEI programming that will be supported at the county level, an initial investment of $15 million in PEI money has been committed annually for four years to support statewide projects for reducing ethnic and cultural disparities. As of the date of this position paper, the State and its stakeholders have not yet determined what strategies will be promoted. The State Department of Mental Health has set aside $1.5 million to fund the development of a strategic plan for the use of these statewide PEI funds. This funding for planning will be used to help identify prevention and early intervention practices that are particularly well suited for meeting the needs of five specific ethnic and cultural communities. One of those communities is the Latino community. *Promotores* are highly likely to be identified in the strategic planning process and supported by a statewide project targeted to meeting the needs of Latinos.

Whether new PEI programming that includes partnering with *promotores* in mental health is developed at the county level or at the state level—or both, such programming should consider the unique opportunities and challenges in these new and evolving partnerships. Specific recommendations for supporting the work of *promotores* in PEI are presented below.

Recommendations for Implementation

As new opportunities arise for public mental health and *promotores* to partner in promoting the wellness of Latino communities, knowledge gained from the work of *promotores* should inform the development of high-quality, sustainable *promotores* programs. Specific recommendations for implementing and supporting *promotores* programs in mental health can be grouped into the following areas: developing *promotores* programs, capacity building, and quality assurance and improvement.

Developing *Promotores* Programs In Mental Health

Implementation Partners

The principal recommendation for developing high-quality and sustainable *promotores* programs in mental health is to fund and support existing organizations that have experience training and working with *promotores*. Community-based organizations with well established *promotores* programs already work with *promotores* who are respected in their communities. These organizations have experience training *promotores* to do the unique work of *promotores*. They also often have more flexibility for hiring *promotores* as employees or supporting them as volunteers. Collaboration and contracting with organizations that have historical ties and are trusted by the community helps ensure that the goal of increasing community access will be met. Expanding programs that have effectively served Latinos, such as those developed by Latino-led organizations experienced in serving their community, helps ensure success meeting community needs.

"Collaboration and contracting with organizations that have historical ties and are trusted by the community helps ensure that the goal of increasing community access will be met."

For these reasons, we do not recommend building a new *promotores* program from the ground up in an organization that has no history of partnerships with *promotores* or experience in partnering with them. If a county mental health department is unable to identify a local agency with *promotores* experience, we recommend that a relationship be developed with an experienced organization from another area to provide consultation and technical assistance. An organization with experience partnering with and supporting *promotores* can help with the identification and selection of local organizations that could support a *promotores* program.

Existing *promotores* programs that have focused in the area of physical health are well-suited for expansion to address mental health prevention and early intervention. Mental health prevention and the promotion of emotional wellness are in some ways more similar and complementary to physical health promotion than they are to mental health treatment.

Mental health treatment providers rarely have expertise in prevention because of decades without funding for prevention in public mental health. Programs that work with *promotores* in physical health might also be a good fit for mental health prevention and early intervention programs because of the benefits of addressing physical health and mental health together.

A strategy for selecting *promotores* implementation partners in PEI is to conduct a community assessment of existing organizations that integrate *promotores* in their services. Learning about existing programs, their experience with *promotores*, and their connection with the community, will help identify good candidates for new PEI programming. The best candidates might not turn out to be community-based organizations that already have a history of partnering with public mental health for treatment services. A scan of existing organizations partnering with *promotores* (in mental health, primary care, social services, etc.) can help broaden the pool beyond the usual partners.

Funding

In developing PEI *promotores* programs it is critically important to provide sufficient funding to adequately support the work of *promotores* in the community. Funding should be inclusive and flexible enough to support ongoing training and supervision, evaluation, the time spent by *promotores* in the program, and to cover the costs for providing their services including transportation, communication, educational materials, and meeting supplies.

Services

Consistent with all MHSA funded PEI projects, the services provided by PEI *promotores* programs should tie into the Priority Populations, Key Needs, and desired outcomes identified in the PEI Community Planning process. Services could include: providing education for mental health literacy and recognition of early signs, providing education and training for mental health self care, identifying and linking people to needed treatment and recovery services, addressing risk factors and protective factors such as fostering connectedness and helping to reduce social isolation, facilitating support groups, promoting wellness, providing assistance with system navigation, and linking individuals and families to other prevention and early intervention programs. *Promotores* programs can cover a range of services, from helping increase access to other services to providing wellness and prevention services in natural community settings.

In addition to identifying the best implementation partners, setting aside adequate funding, and determining the desired PEI services, attention should be paid to capacity building and quality assurance and improvement.

Capacity Building

It is critical to attend to capacity building to ensure the successful development of *promotores* programs. The PEI component of the MHSA provides new opportunities for partnering to promote the mental health of Latinos. Potential partners in these new PEI ventures are likely to benefit from resources, time, and focused attention to capacity building to foster both effectiveness and sustainability.

"Technical support would benefit counties seeking to fund *promotores* PEI programs."

Funding and support for capacity building should be included in any new PEI program that incorporates *promotores*. Community-based organizations with *promotores* experience may need to build their capacity to partner with county mental health agencies or other agencies doing PEI work such as education and primary care. They may also need to increase their capacity to address stigma about serious mental illness and to include and support individuals with serious mental illness and their family members as staff or volunteers. County mental health agencies may need to build their capacity to partner with community-based organizations and organizations that are not traditional treatment providers. *Promotores* might need to build their knowledge and skills to promote emotional wellness and support the mental health of the community in partnership with the broader mental health system.

Some organizations with *promotores* programs could benefit from specific technical assistance and development support to help them be able to successfully compete for county mental health funding. Organizations might also benefit from help in conducting evaluations of their programs and in meeting reporting requirements. Providing this support may be necessary for building quality *promotores* programs in PEI. Several California counties have developed capacity building strategies for organizations that have enabled an expanded network of non-traditional mental health providers to partner and work effectively with these counties. These capacity building strategies are especially pertinent to PEI since PEI services will typically be delivered outside of traditional mental health treatment settings and rely on non-traditional partners.

Counties interested in the development of *promotores* programs in PEI will benefit from support and technical assistance to help ensure these programs are quality programs and sustainable. County mental health agencies in California have found it helpful to work collaboratively with other counties in learning collaboratives and development teams to build and develop model-adherent and sustainable implementation of specific treatment practices. This same kind of technical support would benefit counties seeking to fund *promotores* PEI programs. Support and technical assistance for PEI programming could include help in selecting, partnering with, supporting, and monitoring organizations with *promotores* expertise.

Quality Assurance and Improvement

A final recommendation for PEI *promotores* programming is in the area of quality assurance and improvement. Any poorly implemented program has the potential to do more harm than good. Since the work of *promotores* depends on the relationship with the community and since this work is critical for effectively serving Latinos, it is essential to support the success of well developed and implemented *promotores* programs. Poorly implemented *promotores* programs can jeopardize efforts to build a relationship with the community and limit the effectiveness of other programs that seek to address community needs.

An important strategy to ensure the quality of a *promotores* program is to include members of the target community in discussions about the desired goals and outcomes of the program and in program evaluations. Services can then be assessed to determine how well the program meets these community-defined outcomes. Program goals and outcomes should be reviewed continually with the community to re-assess program effectiveness and relevance. As the needs of the community may change over time, the effectiveness of the program may decrease unless the program is regularly evaluated and evolves to meet the changing needs of the community it serves.

It is also essential to include supervision and ongoing training in any *promotores* program. Supervision and ongoing training are critical means of supporting *promotores* and providing quality assurance. Training and supervision informed by evaluation findings will allow for quality improvement.

Conclusion

Promotores can and should be included in PEI programming in California to the extent that county and state PEI planning processes determine that *promotores* best meet desired outcomes. The PEI component of the MHSA has the potential to significantly expand the role of *promotores* in supporting the mental health and wellness of the communities they serve, Latino and other communities as well. This expansion presents opportunities for significant improvement in community wellness and access as well as potential challenges to the successful implementation of *promotores* programs in mental health in California.

By identifying the best implementation partners and planning for and supporting capacity building as well as quality assurance and improvement, public mental health can more effectively collaborate with *promotores* to promote wellness in local communities. Effective partnership with *promotores* requires deliberate planning, expertise, and sufficient funding and support. For the sake of the relationship with the community, this partnership is best taken on with adequate guidance, knowledge, and familiarity with *promotores* and the community being served.

The recommendations set forth in this policy paper are derived from the collective experience of *promotores*, agencies that incorporate *promotores* in their work, and county and state mental health staff familiar with the public mental health system. Our hope is that these recommendations will help guide the successful and sustained implementation and expansion of *promotores* programs helping to prevent mental illness and promote wellness for underserved and unserved ethnic and cultural communities in California.

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Appendix

Promotores In Mental Health Program Directory

The following programs have indicated that they partner with *promotores* in mental health. The extent of this partnership varies significantly across these programs. Contact information has been provided to facilitate an assessment of current activities.

Since funding for *promotores* programs has been inconsistent and *promotores* may address mental health issues to varying degrees, identifying *promotores* programs in mental health and generating a static directory is an imprecise endeavor, especially when done at a statewide level. The following directory is based on information furnished to us after a search of *promotores* programs in mental health. Absence of a program from this directory that was in existence at the time of the search will mean that we did not receive information about the program. We provide this directory as a starting point, reiterating the recommendation that a local assessment of existing *promotores* programs in physical health as well as mental health is an essential first step for funding any new *promotores* programs in mental health.

Alameda

- Casa del Sol
  La Clínica de La Raza
  Leslie Preston
  (510) 535-6200
  lpreston@laclinica.org
  www.laclinica.org

- Educadores Populares
  Multicultural Services, Mental Health Division City of Berkeley
  Hugo Lucero
  (510) 981-5232
  hlucero@ci.berkeley.ca.us
  www.ci.berkeley.ca.us

Contra Costa

- Mujer, Salud y Liderazgo
  Richmond Latina Center
  Myriam Wong
  (510) 233-8595
  myriamwong2003@yahoo.com
  www.thelatinacenter.org/programsEn-MentalHealth.php

El Dorado

- Proyecto Alborada
  Family Connections
  Wendy Wood
  (530) 295-8528
  wendywood@familyconnected.org
  www.familyconnected.org

Lake

- Outreach and Engagement
  Lake County Mental Health Department
  Reyna Lopez
  (707) 263-4338 ext.254
  reynal@co.lake.ca.us
  www.co.lake.ca.us

Monterey

- Promotores Comunitarios de Salud
  Center for Community Advocacy
  Jesus Fernandez
  (831) 753-2324 ext. 16
  jfernandez@cca-viva.org
  www.cca-viva.org

Napa

- Mental Health System Navigators
  Mental Health Division Napa County
  Amanda LaPointe
  (707) 259-8682
  alapoint@co.napa.ca.us
  www.co.napa.ca.us

Orange

- Grupos de Apoyo de Violencia Doméstica y Depresión
  Latino Health Access
  America Bracho
  (714) 542-7792
  americab@latinohealthaccess.org
  www.latinohealthaccess.org

- Victims of Crime Program
  Casa de la Familia
  Yolanda Hernandez
  (213) 384-7660
  nogalespsychi@prodigy.net
  www.drnogales.com

San Diego

- Mental Health and Primary Care Integration Project
  Mental Health Services, San Diego County
  Marty Adelman
  (619) 542-4355
  madelman@ccc-sd.org
  www.ccc-sd.org

San Mateo

- Outreach Groups
  East Palo Alto Mental Health, San Mateo County
  Jei Africa
  (650) 573-2714
  jafrica@co.sanmateo.ca.us
  www.co.sanmateo.ca.us

- Nuestro Canto de Salud
  El Concilio
  Gloria Flores-Garcia
  (650) 373-1084
  gfgarcia1@yahoo.com
  www.el-concilio.com

Shasta

- Navigators, Family Service Specialists
  Mental Health Department, County of Shasta
  Marie Osborne Nancy Greer
  (530) 225-5940 (530) 245-6745
  mosborneo@shasta.ca.us
  www.co.shasta.ca.us

Tehama

- Mental Health Educator
  Mental Health Division, Tehama County
  Fernando Villegas
  (530) 527-5631
  villegasf@tcha.net
  www.co.tehama.ca.us

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