Interim Senate Mental Health Committee

Strengthening the Mental Health System for Oregon's Latino Community

Irma Linda Castillo, OCHA Chair

Alberto Moreno OEMS Director, DHS

September 18, 2019

The Oregon Commission on Hispanic Affairs (OCHA) and Research Partners, OHA and DHS

- The Joint Policy Research collaboration on Mental Health & Latinos began in 2017 through a shared interest with OHA and DHS in understanding the Mental Health (MH) needs and current usage by the Latino community statewide for MH services. The goals of the applied policy research are to provide:
  - a comprehensive picture of current usage and analysis
  - Best Practices including cultural relevancy
  - and policy recommendations in the context of a seminal report, the first in 15 years
- OCHA works statutorily to bring Hispanic community voices to Oregon policy making.
- Works intersectionally with the Oregon Commissions on API Affairs, Black Affairs, and the Commission for Women, to support equitable policy making.

Oregon Health Authority

OCHA
Oregon Commission on Hispanic Affairs

DHS
Oregon Department of Human Services

INTERSECTIONALITY

Good policy making incorporates an understanding of the multiple, overlapping factors that play a large role in the life of every Oregonian. It emphasizes the interconnectedness of identities with issues.

The Oregon Advocacy Commissions (OACs) Policy Research Model – Mental Health & Latinos

Mental Health & Latinos Workgroups 2017-19

Leadership Group

Linda Castillo, OCHA Chair

Dr. Joe Gallegos, OCHA

Fariborz Pakseresht – DHS

Patrick Allen – OHA

Policy Workgroup

Linda Castillo, OCHA Chair
Dr. Daniel López-Cevallos, Vice Chair, OCHA

Alberto Moreno, MSW, past OCHA Chair and Director of Office of Equity & Multicultural Services, DHS

Rep Alonso Leon/Leann Knapp, past Chief of Staff

Leann Johnson, Director, Office of Equity & Inclusion, OHA

Sen Heard/ Nikolas Ruiz Anderson, Chief of Staff

Sen Lew Frederick/Troy Duker, Chief of Staff

Community Advisory Council

48 Latino Community Members
MH Practitioners and Advisors

Conveners:
Linda Castillo & Dr. Joe Gallegos

Mental Health & Latinos
Overall Recommendations

1. Addressing the scarcity of mental health providers for Hispanic and rural populations
2. Addressing the lack of comprehensive mental health services within school districts and schools
3. Addressing the lack of culturally and linguistically competent mental health providers
4. Developing an ongoing collaboration across agencies to address Hispanic mental health
5. Coordinating efforts to collect and analyze data
6. Addressing stigma as a barrier for Hispanic Oregonians seeking mental health services

Little is Known About the Emotional Well-Being of the Latino Community

US Census indicates that the Latino population is the largest minority group in the United States

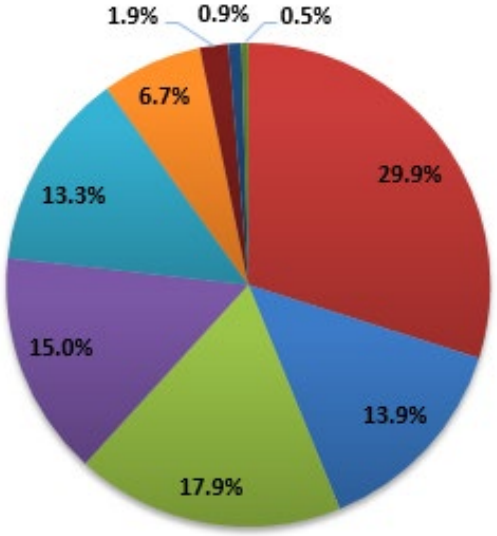
Oregon's Latino population is 13.1%

Little research has been done on best practices in mental health for this population

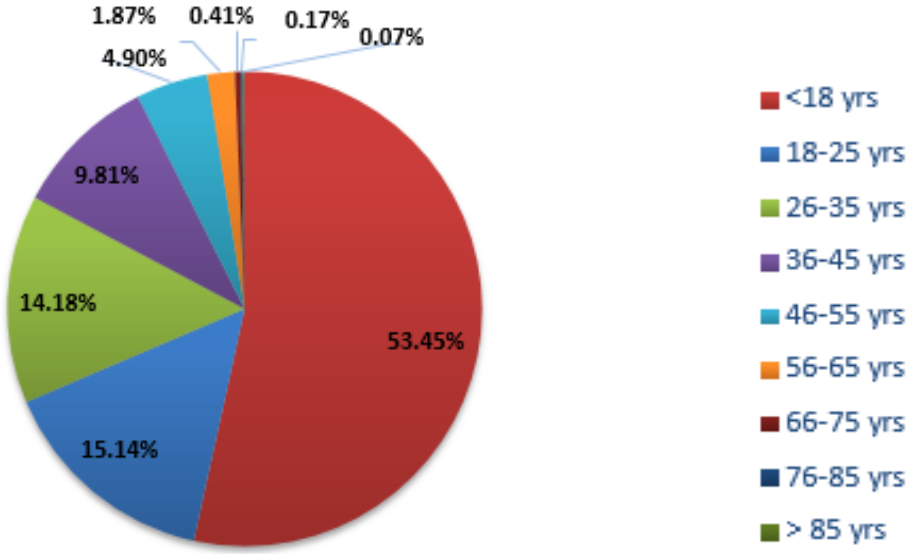
OCHA's Policy Research Studies Regarding Access to Mental Health

STUDY TITLE	TYPE	TOTAL N	Description of Sample
MH Disparities for Latino Oregonians	Quantitative	N=272,538	Oregonians who initiated mental health care between 1983 & 2013 and terminated between 2010 & 2014 who utilize state-sponsored insurance
Barriers to Mental Health for Latinos in Oregon	Qualitative	N=16	Mental Health Providers (MHPs) – urban + rural
Mental Health Service Disparities	Literature review	N/A	Rural focus
Access & Barriers to MH Services for OR's Latino Population	Qualitative	N=8	MHPs- rural

Mental Health Services for Latinos in Oregon is Initiated Most Frequently by School-Age Youth



Age at Beginning of Therapy 1983 - 2013

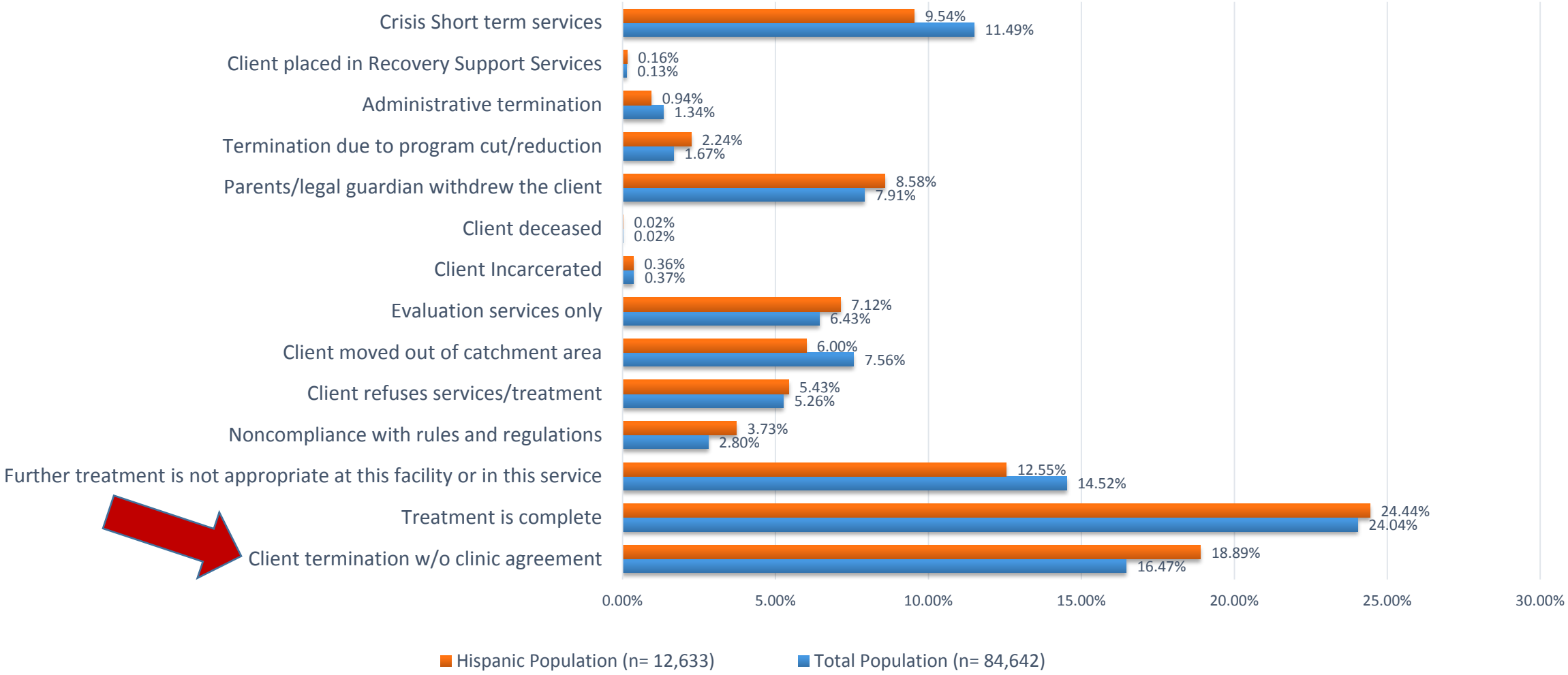


General Population (n= 272,538)
Median age: 29 years

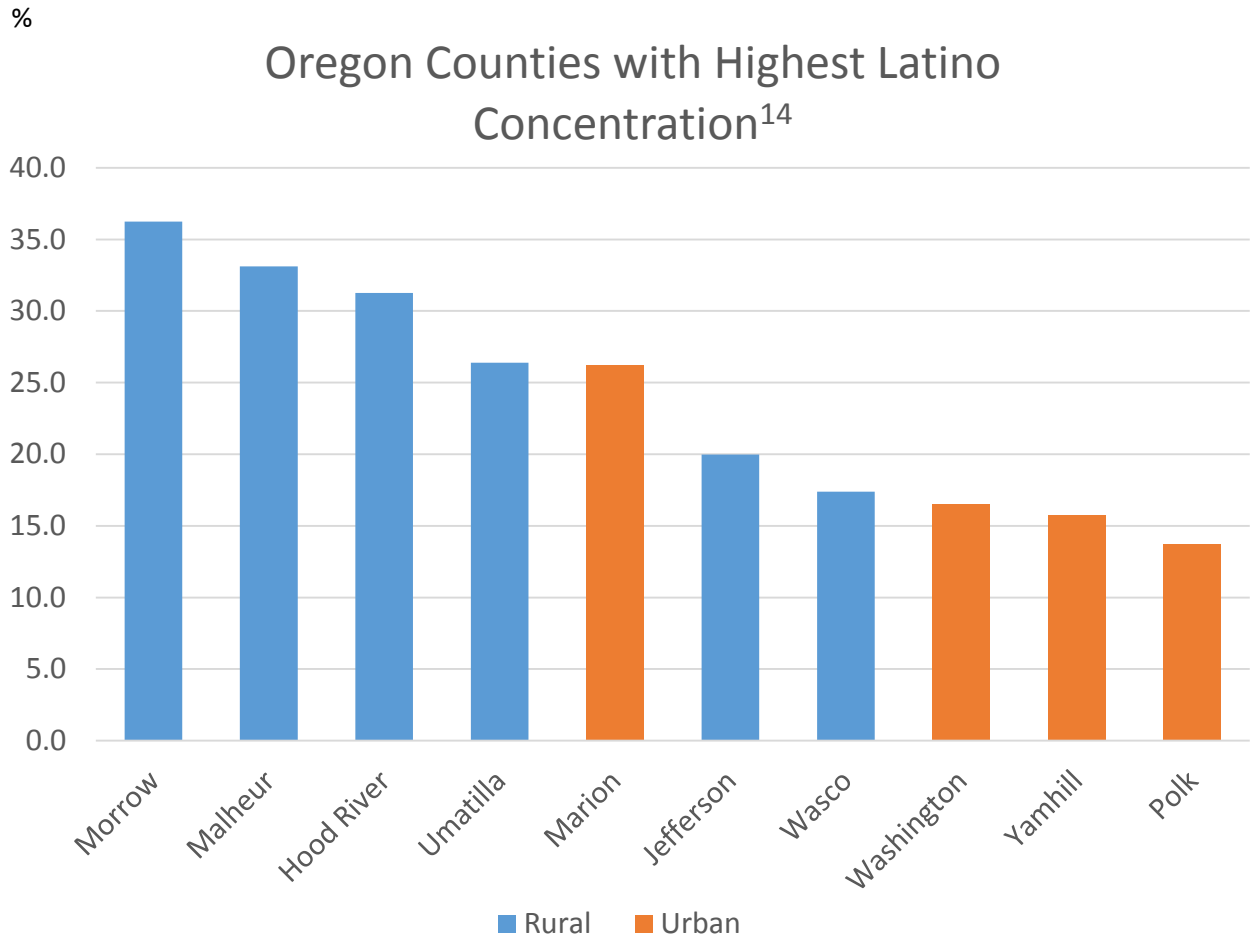
Hispanic Population (n = 22,800)
Median age: 17 years

Key Finding: School is a critical point of access for mental health services for Latino youth, with 15.32% of youth being referred by school, as compared to 10.94% of the total population.

Latino Minors More Likely to Terminate Treatment Early



A High Percentage of Latinos Reside in Rural Oregon, Yet the Number of Rural MHPs is Extremely Low – Case Loads High



County	Ratio of Population to Mental Health Providers	Proportion of Hispanic Residents
Morrow	150:1	36.2%
Malheur	220:1	34.0%
Hood River	280:1	31.3%
Umatilla	300:1	26.8%
Marion	150:1	26.7%

Qualitative Findings:
Systemic Barriers to MH Access - the MHP Perspective

"[There are] no culturally specific services for Latinos, no bilingual providers, and interpreters are often used in a crisis situation and this really doesn't work well and creates barriers."

- Lack of culturally specific Mental Health(MH) services
- Lack of bilingual and bicultural providers
- Fear of obtaining services due to political climate
- Inadequate funding for MH services
- Lack of integrated MH services
- Lack of awareness/education about MH services
- Lack of acute mental health services for Latino
- Lack of professional support and sustainable structure for bilingual/bicultural providers

Individual Barriers to MH Access – the MHP Perspective

Fear	Lack of insurance, inability to pay
MH services not culturally relevant - MH caters to dominant culture – not community or family oriented - Shortage of bilingual/bicultural therapist – reliance on interpreters - Cannot use alternative therapies (curanderos) b/c not billable - Compartmentalized MH services, not integrated	External factors - Childcare - Inappropriate facilities – enhance barriers of fear & stigma - Transportation - Lack of flexible and evening hours
Stigma *"There is shame and stigma regarding mental health in general so, accessing services outside of the home in a very specific way, like going to a mental health clinic, is not something that we see as often for this population."*	Lack of education about MH issues/services

Community Advisory Council (CAC) Problem and Solution Statement

Scarcity of mental health providers in Hispanic and rural populations	• Ensure service penetration in all counties by increasing investments in School Based Health Centers (SBHCs). In those counties where no SBHC's exist, provide funding support to Federally Qualified Health Centers (FQHC)'s for onsite integrated behavioral and mental health services. • Ensure that all districts implement trauma-informed practices, since schools that are trauma-informed necessarily include practices that are equitable and culturally specific, reduce stigma, and foster relationships and student empowerment, increasing the application of trauma-informed practices will complement other proposed solutions listed herein. • Establish service and outreach metrics for CCO's to remove perverse incentive to not provide mental health services to non-English speaking members. • Require CCOs to contract with Culturally Specific mental health providers, SBHC's and FQHC's for outreach, education and other related mental health services if equitable service metrics are not being met.
Lack of culturally and linguistically competent mental health providers	• Create a Latino Mental Health Shortage Designation program in Oregon, modeled on the current federal program. • Build in differential financial incentives for bilingual, bicultural mental health provider recruitment. • Create a Latino Behavioral Health Collaborative across all University Systems to prepare future bilingual and bicultural Latino mental health providers that includes a Latino Peer Mental Health Specialist Certification program and consideration of the roles that all mental health providers can play in filling this lack, including Qualified Mental Health Associates (which includes peer-peer-to-peer counselors and community services) and Qualified Mental Health Professionals (which includes social workers, nurse practitioners of psychology, psychiatrists, psychologists, and counselors). • Develop and implement guidelines for Foreign Provider certification program. • Increase cultural competency training for supervisors working in communities of color and intersectional communities. Doing so will enable development of cross-cultural models and culturally-respectful mental health care. • Develop and support culturally competent practitioners working in communities of color to become supervisors who will train and mentor new practitioners with a culturally competent framework.

Community Advisory Council (CAC) Problem and Solution Statement, cont'd.

Lack of comprehensive mental/behavioral health services within schools and their districts	• Require that the designation "mental health provider" includes all Qualified Mental Health Associates (QMHAs), including peer to peer counselors and community health workers and all Qualified Mental Health Professionals (QMHPs), including social workers, nurse practitioners of psychology, psychiatrists, psychologists, and counselors. Provide accompanying mandatory training for these providers working in school systems for the first time
Develop an ongoing collaboration/body across agencies to holistically address this emergency	• Convene all regulatory agencies to align certification and equivalency guidelines as well as ensure integrated funding streams. • Redefine funding criteria and priority populations in state block grants to counties and municipalities to ensure that culturally and linguistically specific community based organizations whose staff and boards represent underserved communities receive funding priority over dominant system organizations. • Convene a taskforce including an Intersectional Health Committee of the Commissions (with a Commissioner from each Advocacy Commission), Oregon Department of Education (ODE), Oregon Health Authority (OHA), Department of Human Services (DHS), and practicing mental health providers. This taskforce will represent the different needs and complexities of each group to collaborate together, support each other, and share resources.
Coordinated effort to collect and analyze data	• Establish data metrics for OHA/DHS, ODE, and CCOs to better track service needs and service provisions to Race, Ethnicity, Language, and Disability (REAL+D) defined populations.
Stigma is a barrier to Latinos seeking MH services and speaking with providers	• Launch a community media campaign to reduce stigma and normalize emotional health and wellbeing with the OCHA and the other Advocacy Commissions, State and community partners. • Seek state and federal funding thru NIMH and such other partners and Latino media companies to provide the culturally competent branding and messaging.

Joint Implementation Recommendations

1. Establish a Latino MH Task Force legislatively that will consider and develop policy remedies to eliminate MH disparities for under-represented populations.

2. Resource increases for Latino MH services in Oregon, with specific strategies within key areas, including schools.

3. Develop a comprehensive MH plan to address disparities in Oregon that makes MH services more customized, culturally relevant and linguistically appropriate.

Acknowledgements

Partner Leadership	Project Advisors	Other contributors:
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Fariborz Pakseresht, Director, Oregon Department of Human Services (DHS)	Alberto Moreno, MSW, Director, Office of Equity & Multicultural Services, DHS; past chair, OCHA	Mike Morris, past Interim Director, Behavioral Health, OHA
Patrick Allen, Director, Oregon Health Authority (OHA)	**Research Interns**	Shelley Das, Office of Equity & Inclusion, Oregon Health Authority
Policy Workgroup	Kimberly Voelker, Oregon Health & Sciences University	Commissioner Sharon Meieran, Multnomah County Commissioner
Dr. Daniel López-Cevallos, Vice Chair, OCHA	Diana St. Amour, Western New Mexico University	Anthony Medina, Task Force, Office of University Coordination, HECC
Alberto Moreno, MSW, Director, Office of Equity & Multicultural Services, DHS; past chair, OCHA	Erin Hernandez, Portland State University	Wes Rivers, Public Health Division, OHA
Representative Teresa Alonso León | Leann Knapp, past Chief of Staff	**Special Acknowledgements:**	Diana Hall, Youth and Family Services Division, Multnomah County
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Senator Lew Frederick | Troy Duker, Chief of Staff	**OCHA Commissioners**	Pedro Villagomez, SUN Community Schools Site Manager at Wilkes Elementary, El Programa Hispano Católico
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	Jonathan Chavez-Baez, PhD	Marilou Carerra, Community Health Equity Manager, Oregon Health Equity Alliance (OHEA)
	Ashley Espinoza Valdez	Holden Leung, Executive Director, Asian Health Services Center
	Gustavo Morales (also Community Advisory Council member)	Lisa Gezelter, Policy Analyst, Joint Committee on Student Success
	Josefina Riggs	
	Marisa Salinas	

Mental Health & Latinos Community Advisory Council

Akiko Betcher	Commissioner Sharon Meieran	Jorge Gonzalez	Michele Martinez Thompson
Albert Parramon	Cristina Pinzon	Kate O'Donnell	Kristina Narayan
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Chanpone Sinlapasai-Okamura	JoAnn Hemstreet	Maureen Hinman	Yesenia Silva

Mental Health & Latinos Contact Info

OCHA

- Irma Linda Castillo, Chair
- Dr. Daniel López-Cevallos, Vice Chair
- Dr. Joe Gallegos

DHS

- Fariborz Pakseresht, Director
- Alberto Moreno, OEMS Director

OHA

- Patrick Allen, Director

Oregon Advocacy Commissions Office

- Nancy Kramer, Project Manager
  - Nancy.kramer@Oregon.gov
  - 503-302-9725
- Dr. Connie Kim-Gervey, Policy Analyst/Researcher
  - Constance.kim-gervey@Oregon.gov
  - 503-910-3090