

ENTRE NOS ...

NEWSLETTER

APRIL 2024



HISPANIC/LATINO
BEHAVIORAL HEALTH
CENTER OF EXCELLENCE



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**Don't miss
Introduction to the National
Enhanced CLAS Standards:
Understanding Disparities and
Building Health Equity (Culturally and
Linguistically Appropriate Services)**

CENTER SPOTLIGHT



Advancing Health Equity: The Enhanced National CLAS Standards

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The Enhanced National CLAS Standards are fundamental for the pursuit of health equity—a fundamental goal ensuring the highest attainable level of health for all individuals—communities across the United States. Most of these communities encounter barriers preventing them from reaching optimal well-being. These obstacles often stem from the intricate web of social determinants of health, encompassing factors such as socioeconomic status, educational attainment, and access to healthcare services. Rooted in historical injustices and contemporary discrimination, health inequities persist, contributing to disparities that not only compromise individual health outcomes but also affect entire neighborhoods and communities.

Among the modifiable factors exacerbating health disparities, the absence of culturally and linguistically appropriate services stands out as a significant concern. These services, which embody respect and responsiveness to diverse cultural and linguistic needs, have emerged as crucial tools in addressing health disparities and improving overall quality of care. Recognizing their efficacy, efforts to implement culturally and linguistically appropriate services have gained momentum, notably through the National Culturally and Linguistically Appropriate Services (CLAS) Standards.¹

Aligned with this, the Hispanic Latino Behavioral Health Center of Excellence (H/LBH CoE) is delighted to extend an invitation to join us for the

second segment of our Enhanced Standard CLAS webinar series, conducted in collaboration with the Central East (Region 3) Addiction Technology Transfer Center (ATTC).

This training session will spotlight essential tools geared towards enhancing services and eradicating health disparities. Utilizing a social justice framework the participants will learn about building health equity, cultural humility, and community engagement. Discussions will be centered on the importance of self-assessment as part of this transformative process.

Participants will be able to: identify self-assessments and introspection among providers as pivotal in culturally responsive services; define relevant terms related to culture, and culturally responsive services; discuss behavioral health bias and identify and address implicit bias.

Presenter will be Haner Hernandez PhD, CPS, CADCI, LADCI is a bilingual psychologist and consultant and has worked for over 36 years in the health and human service field developing, implementing, and evaluating culturally and linguistically intelligent youth and adult health prevention, intervention, treatment, and recovery support programs.

References:

¹National CLAS Standards (hhs.gov)

COMMUNITY PARTNERSHIPS

El Futuro

by Juan Prandoni, PhD, HSP
Clinical Psychologist & Associate Training Director

El Futuro is a community-based nonprofit organization that seeks to transform Latine-serving mental health care in North Carolina and beyond. We provide bilingual and culturally-responsive mental health services including therapy, psychiatry, substance use treatment, and case management in a welcoming environment of healing and hope. Founded in 2001 as a volunteer project by Psychiatrist Dr. Luke Smith, El Futuro addresses the unmet need for bilingual mental health services for North Carolina's growing Latino immigrant community, later incorporated as a nonprofit in 2004. Our mission is to nurture stronger familias to live out their dreams.

As North Carolina's Latine community has grown, so have we. El Futuro is now North Carolina's leading provider of, and trusted resource for, bilingual and culturally-responsive mental health services. We serve more than 2,000 Latine youth and adults every year through outpatient clinics in Durham and Siler City, and reach more than 30 counties with our telehealth services. Our award-winning team includes more than 25 psychiatrists, therapists, social workers, and case managers, supported by program and administrative staff – all of whom hold El Futuro's mission close to their heart.

Beyond direct services, El Futuro is also focused on building a sustainable mental health workforce across North Carolina and beyond. To this effect, in 2018 El Futuro established La Mesita, a Latine Mental Health Professional Training Network to provide a hub for training, support, and community to support North Carolina's providers who may feel isolated, burned out, or otherwise limited



in their access to quality training around best practices for serving our community. Through a variety of free or low-cost didactic programming, La Mesita is helping to bridge the research-to-practice gap, improving Latine mental health service quality, and helping to support and build our state's workforce to reduce disparities in treatment access and quality across our state and beyond.

We are excited to continue our work for the Latine community across North Carolina through our continued partnership with the H/LBH CoE! Over the years-previously as MHTTC- The Center of Excellence has been instrumental in connecting us to some of the brightest minds in the field of Latine mental health so that our audience of providers may have access to the latest evidence-based knowledge. We are confident that with the Center of Excellence's increased capacity for supporting workforce development efforts within Latine communities we will be able to carry on and expand our efforts around North Carolina to help even more *familias* (families) to live out their dreams.



TRENDING TOPICS

Working with Newly Arrived Immigrants

by Scott Bloom, LCSW
Social Worker and Trainer

Over the last two years, “newcomer” youth (refugees, asylum-seekers, migrants) have emerged as one of the school populations most urgently in need of care. In October 2022, New York City declared a state of emergency as migrants and asylum-seekers began streaming into the United States, primarily from South and Central America, seeking to escape their experiences with violence, crime, and poverty. With no other hope for their families’ future, nearly 100,000 undertook dangerous and traumatic journeys over land and water to reach the southern border of the United States and ultimately found themselves in New York City.

An estimated 20,000 of these migrants are children, now enrolled in New York City public schools. Officials have struggled to respond as people from all over the world have arrived, sometimes by the thousands each week. Many have sought shelter with the city, which has a legal obligation to give beds to anyone who asks. Last fall, the city’s homeless shelter population hit a record. It has only grown since then.¹

On top of the persisting behavioral health crisis, the arrival of thousands of migrant children exposed to multiple traumatic experiences (including separation from parents, death of fellow travelers from violence, hunger or injury;

kidnapping; and sexual violence), has led to an urgent and specific need for behavioral health services. With the growing influx of newly arrived immigrants in New York State, it’s important for mental health clinicians to know and understand the basic approaches for engagement through a cultural lens.

Initial Steps Working with Newly Arrived Immigrants

While there are push-pull motivating factors that cause people to migrate, each newly asylum seeker has his or her own set of characteristics that, in interaction with the environment, may place them in varying positions of resilience or vulnerability resulting in acculturative stress². The phases of the migration process: premigration, during migration, and postmigration have specific risks and exposures that may differentially impact youth mental health outcomes, including trauma. This information should be compiled and used to inform interventions, including effects of migration, experiences of racism and discrimination, language and educational barriers, and access to services and resources.

As service providers, we need to key in on how clients’ migration undertaking is perceived, and how they make meaning of the experience



to help them heal from trauma. Making meaning is influenced by many factors related to culture, in understanding why something happened, spiritual rituals associated with meaning and closure, and help-seeking practices. Making meaning of trauma is also influenced by the broader impact of generational or historical trauma, which influences cultural identity and how families and communities understand current experiences of trauma. EX: Espiritismo ^{3, 4}

Keeping that in mind, here are some best practices:

- **Engagement should be helpful**, voluntary (at their own pace) based on trust with all family members; not only to increase the benefits of treatment, but also to ensure the family will accept your recommendations and referrals.
- **Tune into culture specifics and norms** and be able to identify behaviors that may be a trauma response. Listen to the family's concerns, acknowledge the importance of their expressed primary problems, and address first the basic or most urgent needs.
- **Don't assume you know the answers** – ask and state your reason for asking – many who have not established trust will be wondering about the information they share and if you will use it against them.
- **Ask about their journey** – we all have stories we can learn from; this may be the first time they have ever told it to someone outside of their circle.
- **Cultural differences** between the individual and the service provider may also impact the level of communication. Misunderstanding cultural values may lead to difficulties for the clinician in soliciting symptoms and understanding their significance.

For more resources and strategies when working with asylum seekers and recently arrived immigrants, please click on the: <https://mhffcnetwork.org/centers/global-mhffc/resources-support-mental-health-refugees-and-asylum-seekers>

References:

¹Meko, H. (2023, December 6). What to Know about the Migrant Crisis in NY City. The New York Times.

<https://www.nytimes.com/article/nyc-migrant-crisis-explained.html>

²Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46(1), 5–34.

<https://doi.org/10.1080/026999497378467>

³Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, 11(Suppl1), S15–S23. <https://doi.org/10.1046/j.1038-5282.2003.02010.x>

⁴Wilson, J. P. (2007). The lens of culture: Theoretical and conceptual perspectives in the assessment of psychological trauma and PTSD. In J. P. Wilson & C. S.-k. Tang (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 3–30). Springer Science + Business Media. https://doi.org/10.1007/978-0-387-70990-1_1

FEATURED PRODUCTS

WEBINARS



[WATCH HERE](#)

PRODUCTS

MARCH IS NATIONAL SELF-INJURY AWARENESS MONTH

WHAT IS SELF-INJURY AND HOW DOES IT IMPACT HISPANIC/LATINE YOUTH?

Annelie Han and Luz Garcini, PhD., MPH

- Self-injury is hurting your own body to ease painful emotions.
- Self-injury may take many forms such as cutting, burning, or hitting yourself.
- Without treatment, self-injury may lead to suicide if self-injury no longer works.
- Self-injury often starts in adolescence.
- 13% to 23% of adolescents engage in at least one type of self-injury ^{1,2}.
- Self-injury is NOT attention-seeking.

- Self-injury is within the continuum of self-harming behaviors and constitutes actual physical harm.
- *Non-suicidal self-injury* (NSSI) is a term used in clinical practice and psychological research. It is a behavior that involves purposely harming oneself without the intention to die.
- NSSI may be a way of coping with emotional distress or expressing intense feelings.

[DOWNLOAD HERE](#)

WHAT ARE WE DOING?

This March, we were in Laredo and Houston, Texas participating in community activities and formalizing collaborative alliances with community-based organizations, such as the Hispanic Health Coalition in Houston and Getaway Community Health Center, Inc, better known as “La Clínica”. In addition, through our visit to Texas A&M International University (TAMIU), we are strengthening ties between the community and academia to collaboratively plan the first activity of the Leadership and Empowerment Academy, and we will anticipate announcing a call for applications by the end of April 2024.

Dr. John Kilburn, Associate Vice President for Research and Projects and Ms. Monica Manrique, Event Services Manager, from TAMIU’s Office of Community Relations and Special Events, welcomed us with enthusiasm for choosing their university to support the development of the behavioral health workforce serving the Hispanic and Latine population. TAMIU is one of the universities that tops the list of having the most students from the Hispanic and Latine population enrolled.

Our visit to the Federal Qualified Health Center, La Clínica, focused on several purposes, namely, to learn about their services, the needs of the Latine population in Laredo and the organization, as well as to establish collaborative agreements to promote the development of the Leadership and Empowerment Academy. Mr. Elmo Lopez, Executive Director, and Ms. Otila Garcia, Director of Education, spoke



Mr. Elmo López, Dr. Jessenia D. Zayas-Ríos, Mrs. Carmen Andújar, and Mrs. Otila García



of their interest in having La Clínica’s workforce, primarily Latine, including promotoras, receive training and technical assistance in behavioral health skills development to strengthen their services.

As part of the visit, Jessenia D. Zayas-Rios, M.D., Program Manager of the Hispanic and Latino Behavioral Health CoE was interviewed for the YouTube program, “Gateway al Día” (**click red button**). Dr. Zayas highlighted the initiatives we are undertaking and what the Center of Excellence offers to support the sustainability of behavioral health equity by promoting community-driven, culturally grounded, and person-centered prevention, intervention, and recovery support pathways for the diverse Hispanic and Latine communities.

This month, we also attended the 7th Annual Latino Health Summit planned by the Hispanic Health Coalition in Houston, Texas, on March 21-22. As part of the event, we met and networked with



WATCH HERE

community organizations, agencies, providers, and students committed to advancing the health and wellness of Hispanic and Latine communities through community, service, and research initiatives. We presented the paper “Reducing Stigma around Mental Health”, by Diane Arms, MA, a member of the Center’s Expert Panel. The presentation on the impact of stigma towards mental illness in our culture and how we can educate ourselves to change the negative perception we have about seeking mental health services and the benefits it offers us. Mirla Lopez, CHW, of the Center’s Steering Committee, also attended the event, connecting with other attendees, organizations, and speakers.



SAVE THE DATE

Sustained Recovery Management for Substance Use & Mental Health Disorders in Latine Communities Webinar in collaboration with El Futuro

[REGISTER HERE](#)

April 12 | 12:00 - 1:30 p.m. | Webinar

Traditional models address substance use and mental health disorders through an acute care approach. Such an approach is inconsistent with the literature that recognizes SUD as a chronic disease and are in poor alignment with the cultural values of Latino populations. Recovery approaches and sustained recovery management propose a partnership with individuals, families and communities that resonate with the values of racialized and marginalized communities such as Latino communities. This model recognizes the multiple variables that contribute to behavioral health including historical trauma and propose a proactive, hope-based approach that considers traditional beliefs, cultural metaphors, multiple pathways to recovery, cultural recovery support systems and a collective view of recovery. This webinar will address the guiding principles of recovery from substance use and mental health disorders. The webinar will center on multiple pathways to recovery. The presenter will discuss how a sustained recovery management approach is viable and consistent with Latino communities and will provide recommendations for professionals working with Latinos with behavioral health challenges.

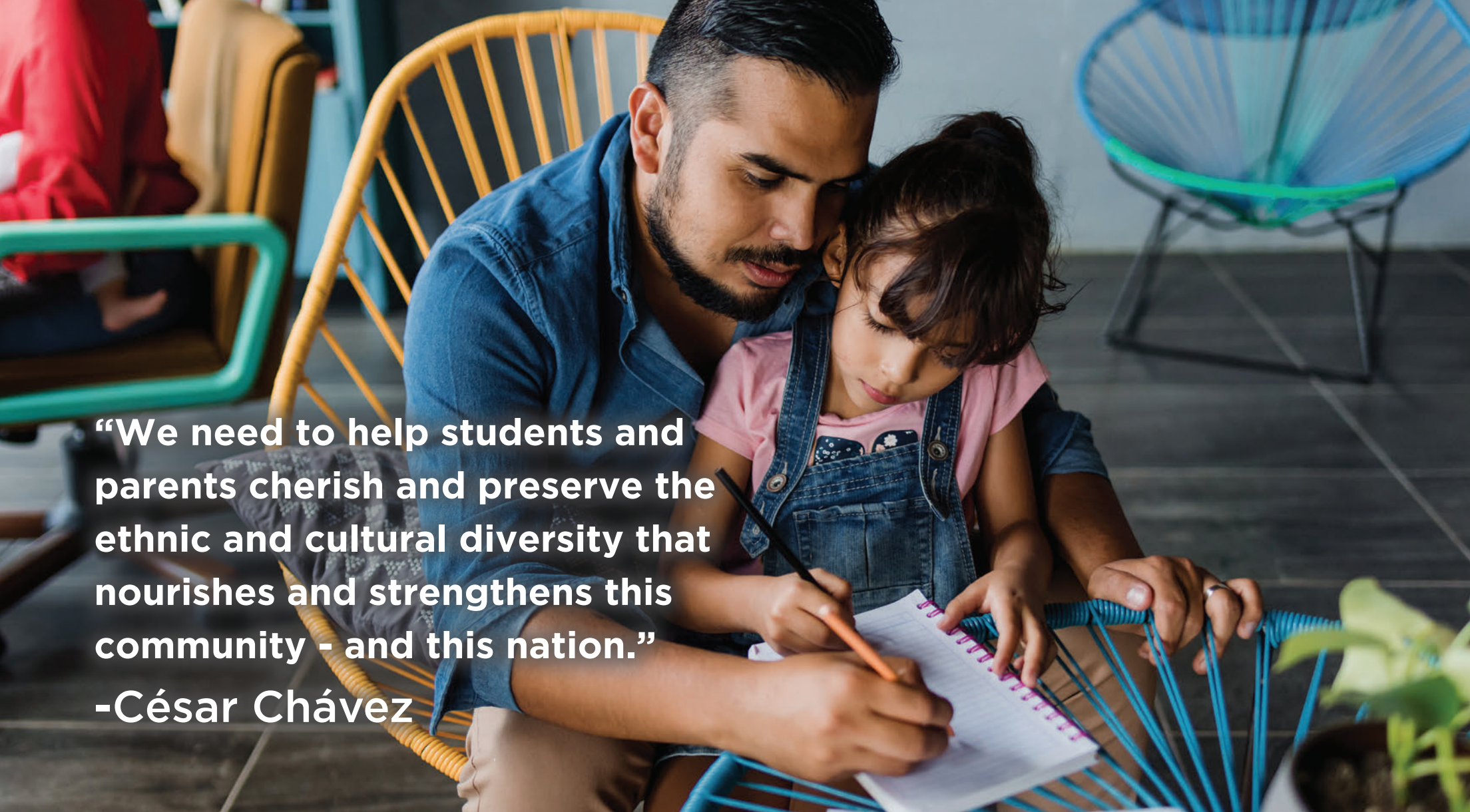
Introduction to the National Enhanced CLAS Standards: Understanding Disparities and Building Health Equity (Culturally and Linguistically Appropriate Services)

[REGISTER HERE](#)

April 25 | 1:00 - 2:30 p.m. | Webinar

This training will explore the development of disparities in the US and their impacts on marginalized and racialized communities.

Utilizing a social justice framework the participants will learn about building health equity, cultural humility, and community engagement. This training will center the Enhanced CLAS Standards, Cultural Self-Assessments and other tools designed to improve services and eliminate health Disparities.



“We need to help students and parents cherish and preserve the ethnic and cultural diversity that nourishes and strengthens this community - and this nation.”
-César Chávez

OUR TEAM

Hispanic/Latino Behavioral Health Center of Excellence Team

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For more information on the H/LBH CoE, visit:

www.hispaniclatinobehavioralhealth.org

You can also contact the center directly by email at:

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CONTACT US



*The Hispanic/Latino Behavioral Health Center of Excellence recognizes the complexities associated with gender and ethnic identification as well as the right of all individuals to self-identify. The Center uses the term Latine with the intention of both facilitating fluent reading and pronunciation and supporting an inclusive and respectful language. Latine is a gender-neutral form of the word Latino that uses the letter e at the end, an idea native to the Spanish language.

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