



Moving Forward

Voces Latinas Corporation

Introduction

In 2003, a group of Latina social workers – alarmed by the escalating rates of HIV/AIDS infection among Latinas – recognized the dire need for access to culturally and linguistically appropriate resources in Queens. Many infected Latinas are undocumented and lack access to accurate information, services and care. We launched several bilingual community forums in Queens, extending beyond HIV/AIDS awareness to offer resources around healthcare, mental health, immigration, and legal services to target these hard to reach women. Over 100 immigrant Latinas attended these forums to obtain life-saving bilingual information and materials.

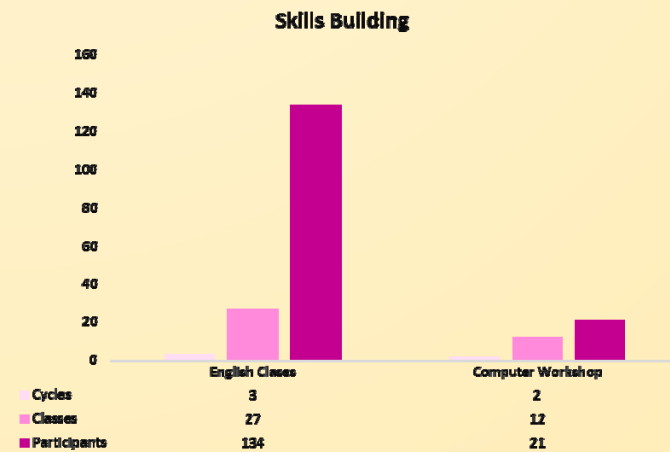
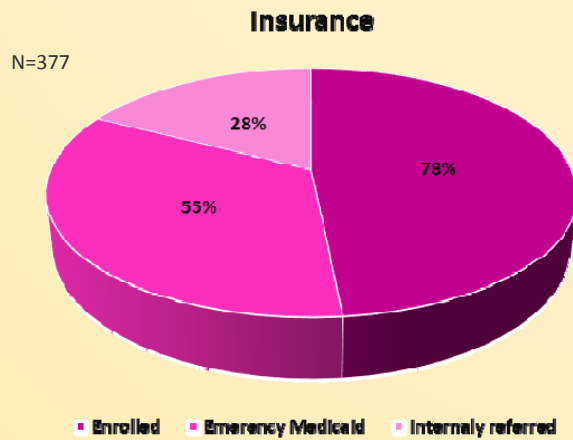
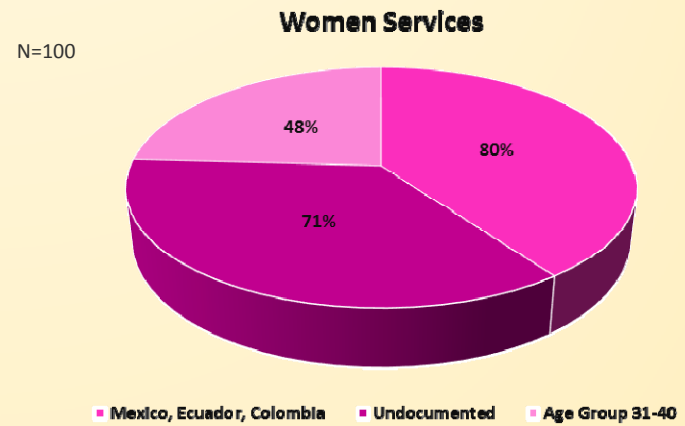
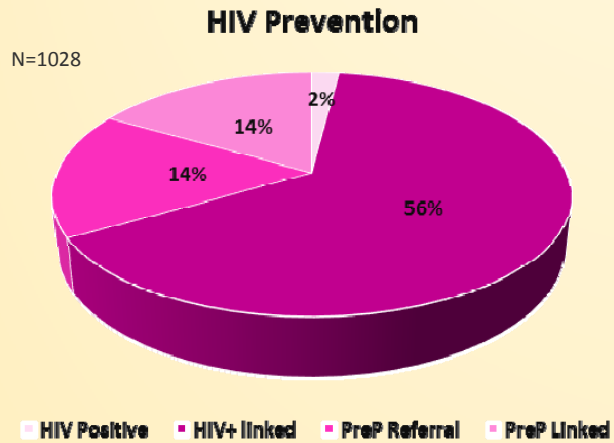
Mission and Community

- Grass root organization located in the heart of Jackson Heights - 10 years working in Western Queens.
- We aim to reduce both violence and HIV among immigrant Latinas.
- We believe that people from the community are the best educators.
- Our “promotora” model is integrated in all of our programs.
- Non-traditional practices.
- We are a community driven culturally specific organization.

Western Queens

- 60% come from South America (Peru, Argentina, Uruguay, Ecuador, Colombia and Bolivia) and Mexico. Many cross the border through coyote system, tourist visas, other visas
- Many Latinos residing in WQ are afraid of seeking services due fear of government systems such as hospitals, schools, police, legal, social support services, etc. Most of this fear is rooted in being deported and not knowing English to communicate their needs.
- Latino families generally have more than two children to support and have family back in their home countries.
- Statistics on health needs (Insert here)

Voces Latinas at Glance



Connections to Care (C2C)

The goal of the SIF C2C model is to improve mental health and other outcomes for New Yorkers in poverty by improving the capacity of nonprofit community-based organizations to perform mental health interventions. This initiative is in partnership with Mayor's Fund and Catholic Charities Mental Health Behavioral Clinic.

Spanning roughly five years, C2C aims to:

- Improve mental health outcomes of participants
- Increase up-take and retention of participants receiving mental health services
- Reduce avoidable hospitalizations and emergency room visits
- Increase the health stability of CBO participants
- Increase participants' ability to achieve other targeted program-specific outcomes in areas such as employment and education
- Sustainably maintain proficient use of skills in evidence-based practices by CBO staff during the program period and beyond
- Increase the evidence base demonstrating the effectiveness of this approach

Modalities

A. Screenings: We are using PHQ9 to screen for depression (9+ positive score) and PCL5 to screen for trauma (33+). Screenings are offered to client on the first appointment unless client declines.

B. Motivational Interviewing: Is directive, participant-centered counseling style for eliciting behavior change by helping participants to explore and resolve ambivalence. Direct service staff (case managers, patient navigators, and group facilitators) are participating in the Mayor's Fund MI Institute. 100% of staff has been selected for the supervisory track.

C. Mental Health First Aid: A national program to teach the skills to respond to the signs of mental illness and substance use disorders and misuse. Voces Latinas direct service staff have been certified in MHFA.

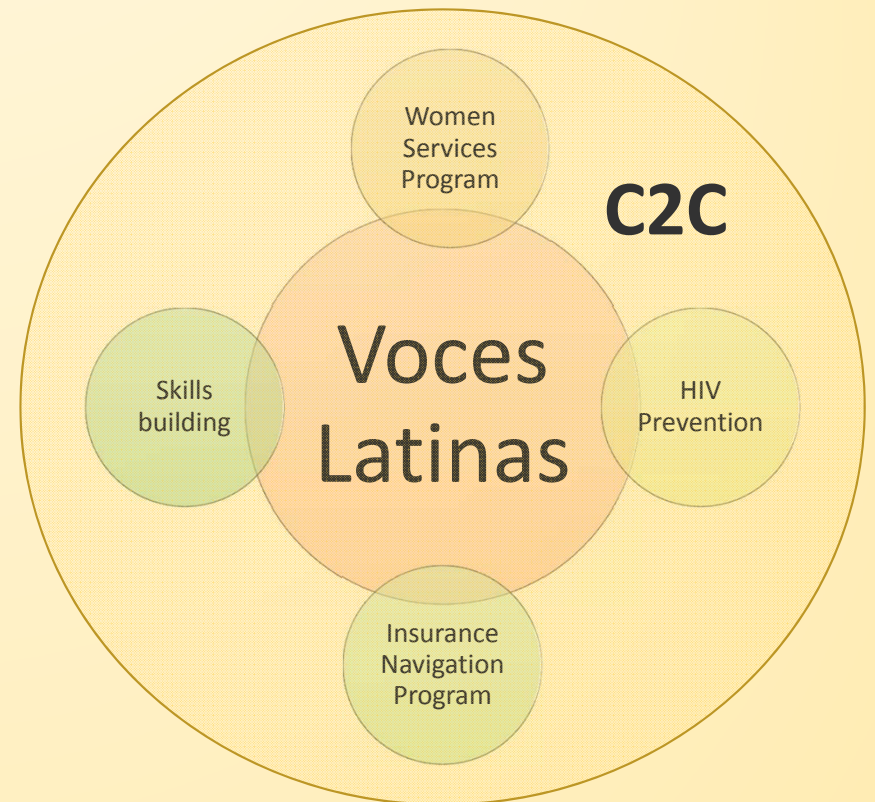
D. Psychoeducation: Is used by staff to provide individuals with a mental health condition and their families with information that empowers them to understand the condition and deal with it in an optimal way, and get connected to services.

MHP: Chatholic Charities Behavioral Health Center (CCBHC)

- Began collaboration in 2016 for this grant
- Role of MHP
 - Trainings and coaching in modalities
 - Client consults
 - Main referring site for MH
 - On-site therapy for clients (Tuesday)

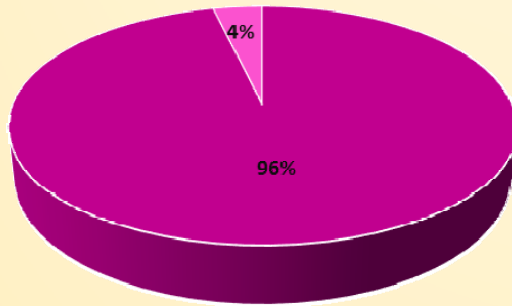
Connections to Care (C2C) at Voces Latinas

- Connections to Care is an added service to Voces Latinas programming.
- Any client or participant can/is screened to participate in C2C.
- A client or participant must receive at least ONE modality to be enrolled in the program.
- If scoring positive in one or both of the screenings, case worker update service plans according to the client need and apply the modality necessary.
- Screenings are repeated after three months to measure progress, and if necessary, discuss a plan with MHP for long term therapy.
- 100 achieved 54%



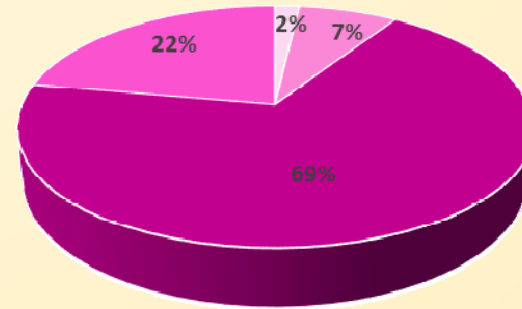
Client Profile

Gender Identity



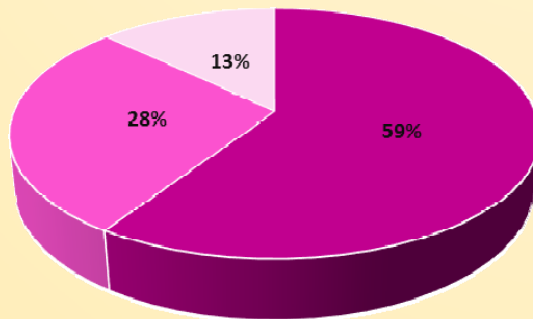
■ Women ■ Other

Age Group Distribution



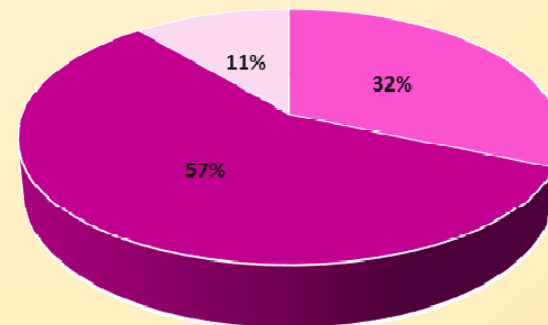
■ 18 to 20 ■ 21 to 24 ■ 25 to 44 ■ 45 to 64

Immigration Status



■ Undocument ■ Document ■ Unreported

Insurance Status



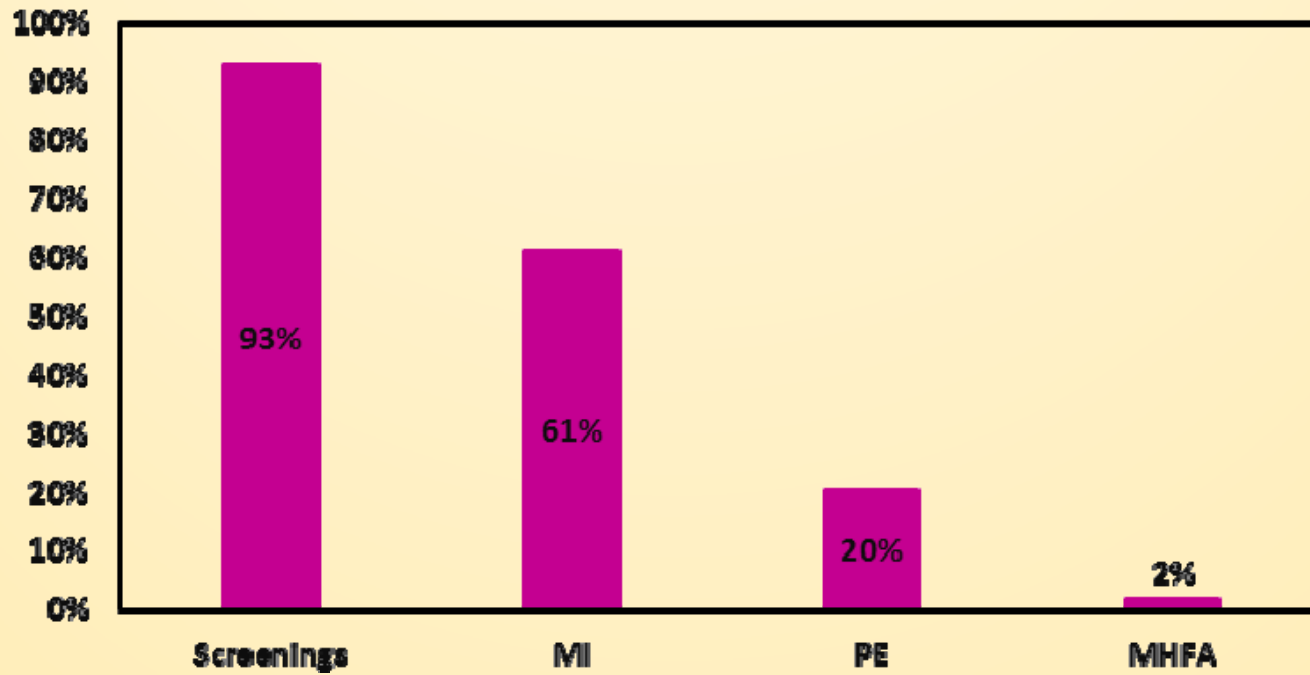
■ Insurance ■ Uninsurance ■ Unreported

Long term therapy vs C2C Modalities

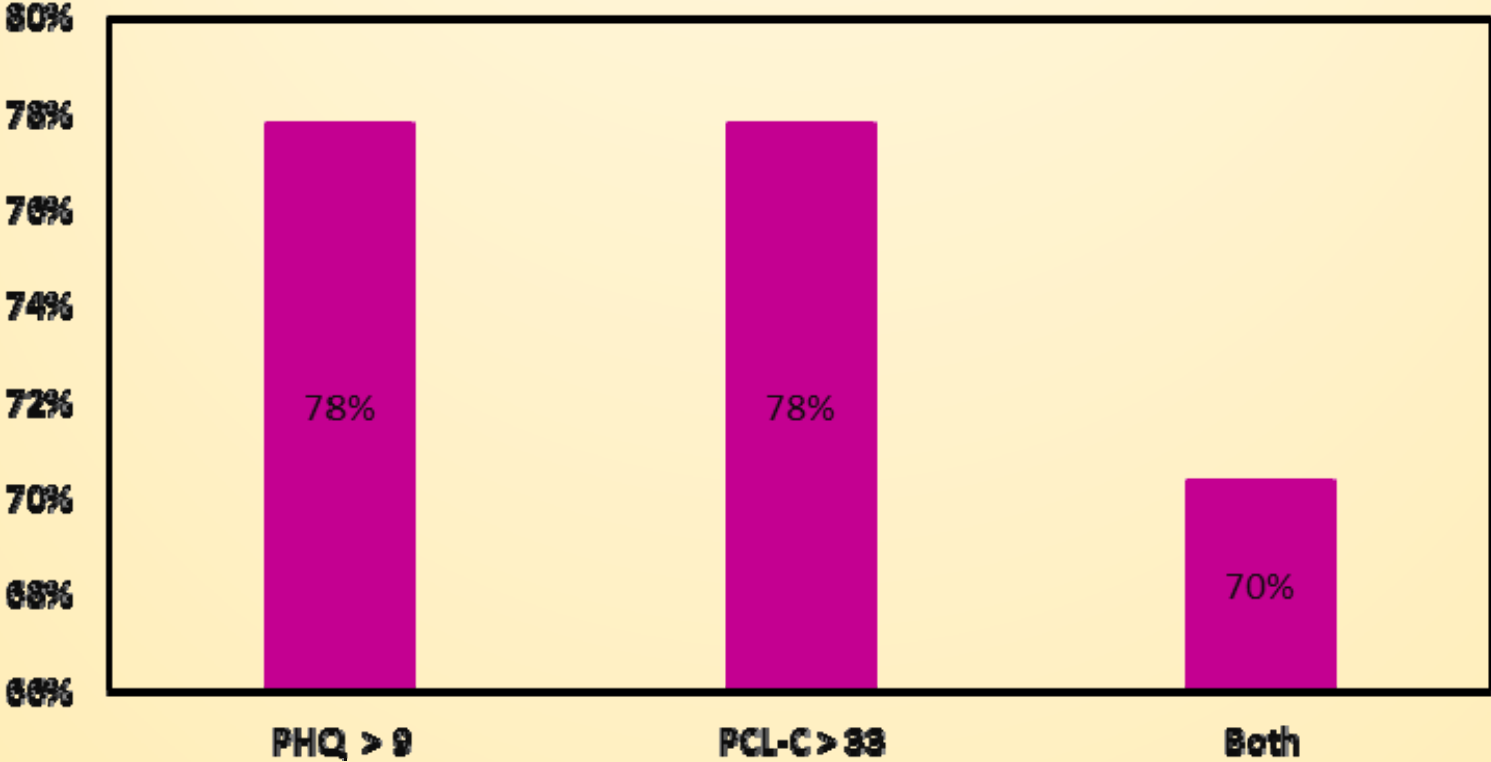
- C2C is an effort to improve mental health outcomes. However, Voces Latinas staff are not trained clinicians.
- We use a strength-based case management method to address client needs and we incorporate the C2C modalities to the service plan.
- Case managers will apply modalities according to the client needs. If more in depth therapy is needed we will do an internal referral to MHP, or an external referral to other partners such as Elmhurst Hospital and Wester Queens. If clients have medical insurance we assist them in finding MH through their primary care provider or directly with their insurance.
- Screenings and assessment show that a high number of our C2C participants are in need of MH services.

Statistics on Modalities

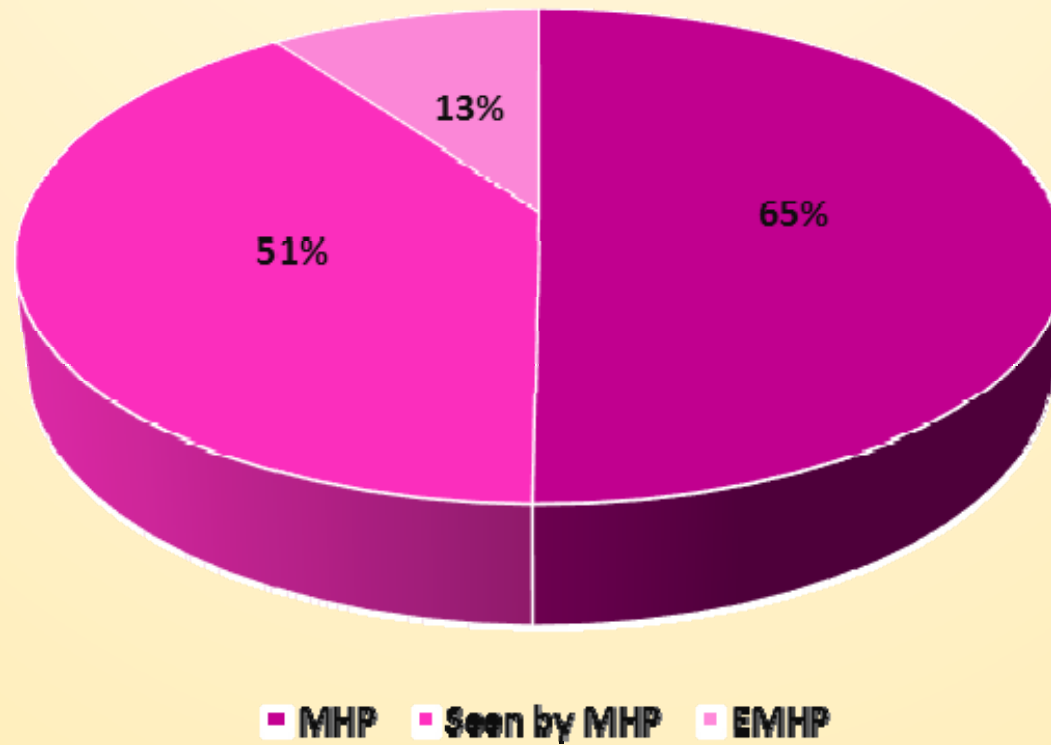
Modalities



Screenings



Referrals and Linkage



Conclusion

Based on our 2016 data, over 70% of the mental health screenings (PHQ-9 & PCL-5) are positive. These results are only among our current clients and participants. These screenings demonstrate the high need for mental health services.

Our MHP, is training and coaching our case manager to alleviate some of the mental health needs our clients present. However, over 90% of these clients are connecting to mental health services for the first time. Our MHP has indicated that clients who are currently in therapy are in need of long mental health service plans. Some of the most common needs for therapy are trauma related to violence (domestic and sexual), trafficking, crossing the border, expectations about the “American” dream vs reality, loneliness, low self esteem.

This approach can be duplicated to other target populations with enough resources available.