



Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos

Consensus Statements and Recommendations

Prepared by the

**United States Department of Health and Human Services,
Office of Minority Health and the National Resource Center
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EXECUTIVE SUMMARY

There is a crisis affecting Latinos in need of behavioral health and the behavioral health workforce in the United States. While at over 15% of the overall population, not including the four million residents of Puerto Rico, Latinos are visibly absent from all areas of the behavioral health professions including medicine, nursing, psychology and social work. Although a sizable population to be reckoned with, a critical mass cannot be found in positions of leadership, or on national board and advisory committees. Due to the shortage of Latino professionals in behavioral health, issues pertaining specifically to the Latino behavioral health agenda go widely unnoticed and unaddressed.

The crisis is statistically substantiated in the numbers—with the numbers woefully inadequate. Latino physicians comprise less than 3%; clinical psychologists at 1%; 4.3% of social workers and 1.7% of registered nurses. Sadly, actual numbers may be lower as these percentages do not incorporate professionals who work specifically in behavioral health, or account for levels of cultural competence and provider bilingual language capabilities--- skills which are vital to serving persons with limited English proficiency (LEP).

An increased Latino behavioral health leadership and workforce is the only way of ensuring health equity and progressing towards the elimination of disparities. A multidisciplinary workforce will contribute to leadership at all levels, enhancing high-quality research, training, and newly developed culturally competent evidence-based interventions for health promotion, prevention, and treatment targeting Latino communities. Currently, Latinos remain overrepresented in many of the nation's most vulnerable populations, such as the homeless, the uninsured, the poor, the incarcerated, as well as in the child welfare and juvenile justice systems. The 2008 National Healthcare Disparities Report showed few improvements with the level of health disparities for Latinos remaining static or increased-- with numerous examples pointing to limited access to meaningful care, linguistic and cultural barriers, and poverty. Although a number of factors can be attributed to the existing barriers for Latinos in need of behavioral health care, disparities in the availability of, access to, and the provision of quality, culturally and linguistically competent behavioral health services, can be improved with a more diverse and multidisciplinary bilingual and bicultural workforce.

In an effort to address the Latino behavioral health workforce crisis, the United States Department of Health and Human Services (US DHHS) Office of Minority Health (OMH), and its grantee, the National Resource Center for Hispanic Mental Health, convened the nation's first-ever roundtable discussion on developing a mental health workforce for Latinos, titled ***Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos***. A group of nearly 50 leaders in Latino behavioral health participated, including representatives from US DHHS leadership, national health and mental health associations, national guild organizations, national Latino advocacy organizations, Latino mental health leadership, state and national foundations, public and elected officials, universities and professional schools, researchers, students, providers, and health and mental health promoters. The event aimed to develop consensus statements and recommendations specifically focused on ensuring meaningful access to behavioral health care services through the development of a diverse workforce for Latinos.

The Expert group arrived at consensus statements, numerous recommendations, and action items to serve as a blueprint and guide for improving the Latino behavioral health condition.

The five consensus statements are:

- 1. The Latino population in the U.S. is facing a public health crisis due to poor or unmet behavioral health needs.**
- 2. The lack of a bilingual and bicultural behavioral health workforce plays a significant role in disparities across all three key areas of behavioral health care service delivery.**
- 3. Meaningful access to behavioral healthcare for Latinos in the U.S. is a social justice issue.**
- 4. Latinos deserve a diverse, multidisciplinary, bilingual and bicultural behavioral health workforce.**
- 5. The time for action is NOW!**

As follow up to the recommendations, a formal steering committee was organized and resulted in the development of the *Alliance for Latino Behavioral Health Workforce Development*. The Alliance will lead and implement the final consensus recommendations, and be charged with creating a process for developing and monitoring an action-oriented educational awareness and advocacy plan while engaging multiple stakeholders from across the nation. Yet, with so many obstacles to overcome and so little support, a report and an Alliance is understandably not enough to achieve all goals. To successfully achieve the goals of this initiative and create long-standing change there will need to be careful examination of the recommendations, investments in education, support from the public-private partnerships, and a full commitment to parity.

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Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos

Consensus Statements and Recommendations

STATEMENT OF NEED

Latinos in the United States consists of individuals from nearly 20 Latin American countries across the Americas. As a group, Latinos are the largest minority population in the country, with over 47 million people or 15% of the overall population; a group projected to triple in size by 2050¹. In addition, there are approximately four million residents of Puerto Rico, a Commonwealth of the U.S., most of whom are U.S. citizens. Yet, despite the soaring population, the number of Latino health and behavioral health providers is woefully inadequate, with physicians comprising less than 3%²; clinical psychologists at 1%³; 4.3% of social workers⁴; and 1.7% of registered nurses⁵. These percentages do not take into account the bilingual language capabilities of the provider, which is vital to serving persons with limited English proficiency (LEP). This lack of diversity among behavioral health professionals has been found to be a contributor to disparities in the availability of, access to, and the provision of quality, and culturally and linguistically competent behavioral health care to Latinos. Latino leaders in the behavioral health and education fields strongly believe that building a more robust and multidisciplinary behavioral health workforce for Latinos can have a positive impact toward eliminating disparities.

In 2009, the U.S. Department of Health and Human Services (US DHHS) Office of Minority Health (OMH) convened a series of meetings with leaders from across the nation to address the critical shortage of bilingual and bicultural behavioral health providers. These efforts culminated in an initiative titled, *Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos*, aimed at developing consensus and recommendations specifically focused on ensuring meaningful access to behavioral health care services by developing a diverse workforce.

¹ U.S. Census Bureau, 2007. Minority Population Tops 100 Million. <http://www.census.gov/Press-Release/www/releases/archives/population/010048.html>

² Physician Specialty Data: A Chart Book, Center for Workforce Studies, 2009. <http://www.aamc.org/workforce/statedatabook/statedata2009.pdf>

³ Closing the Gap for Latino Patients, American Psychological Association, 2005. www.apa.org/monitor/jan05/closingthegap.html

⁴ Licensed Social Workers in the U.S., Center for Health Workforce Studies & NASW, Center for Workforce Studies, 2006. http://workforce.socialworkers.org/studies/chapter2_0806.pdf

⁵ The Registered Nurse Population: Findings from the 2004 National Sample Survey of Registered Nurses, 2004. U.S. Department of Health and Human Services Health and Resources Administration. <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/>

Numerous studies have highlighted that Latinos tend to underutilize mental health services and experience an array of barriers to accessing and receiving quality behavioral healthcare⁶. A key barrier toward achieving meaningful behavioral healthcare for Latinos is the lack of a multidisciplinary bilingual and bicultural behavioral health workforce. This may play a role in the Latino overrepresentation in many of the country's most vulnerable populations such as the homeless, uninsured, poor, and incarcerated, as well as children in the welfare, foster care, and juvenile justice systems.

Bridging the Latino behavioral health provider gap can make a significant improvement in eliminating disparities by offering meaningful access to services⁷. Recent research attributes poor treatment rates to a lack of minority representation in the behavioral health workforce and suggests that enhancing quality in behavioral healthcare could lead to eliminating mental health disparities⁸. Latinos often report experiencing issues of distrust, discrimination, and linguistic and cultural barriers leading to miscommunication, misdiagnosis, and culturally irrelevant and insensitive treatment practices⁹. As a result, behavioral health interventions often have a negative impact on the population, as they experience low levels of satisfaction with treatment, poor to marginal recovery outcomes, high 'no-show' rates for behavioral health follow-up after hospital discharge, and low return rate for services after an initial visit. Studies indicate that these variables improve when the behavioral health providers are bilingual and bicultural¹⁰. A multidisciplinary workforce could also be beneficial by increasing leadership at all levels, enhancing high-quality research, training, and newly developed culturally competent evidence-based interventions for health promotion, prevention, and treatment for Latinos.

All Americans deserve a transformed behavioral health system that envisions recovery. The consequences of not addressing the critical shortage of a diverse and multidisciplinary workforce for Latinos, a significant and growing population, hinders progress toward this vision and leads to potentially negative social and economic outcomes for the well-being of our nation.

OMH SPEARHEADS NEW BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT INITIATIVE: *MOVILIZANDONOS...*

During the Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health (2009), the United States Department of Health and Human Services, Office of Minority Health (OMH) convened a group of Latino behavioral health leaders to further explore expressed concerns among these and other leaders across the nation regarding the need for a more diverse multidisciplinary behavioral health workforce for Latinos. The result of this meeting led to the development of an OMH Latino Mental Health Workforce Committee¹¹ and subsequent initiative on Latino behavioral health workforce development titled *Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos*.

⁶ Guarnaccia et al., 2005; Prieto et al., 2001; Vega, W & Alegria, M, 2001; U.S. Department of Health and Human Services [US DHHS], 2001).

⁷ Miranda et al., 2008.

⁸ ibid

⁹ Guarnaccia et al., 2005

¹⁰ ibid

¹¹ See Appendix A

The *Movilizandonos* Initiative began as a public and private partnership to address the lack of a diverse and multidisciplinary behavioral health workforce for Latinos. OMH in partnership with its grantee, the National Resource Center for Hispanic Mental Health, worked collaboratively with subject matter experts and leaders from across the nation. Key outcomes of the Initiative consist of consensus statements and recommendations that follow, and the later establishment of a formal steering committee---the *Alliance for Latino Behavioral Health Workforce Development*.

THE MOVILIZANDONOS ROUNDTABLE CONSENSUS MEETING

OMH, with its grantee the National Resource Center for Hispanic Mental Health (NRCHMH), convened the first-ever roundtable consensus meeting, *Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce for Latinos* Initiative. Participants included subject matter experts, educators, practitioners, and advocates who presented and discussed best practices in building a bilingual and bicultural behavioral health workforce, as well as proposed new and emergent approaches for Latino workforce development. The invitation-only group of nearly 50 behavioral health leaders and innovators¹² from across the country came together in San Francisco, California on July 9-10, 2009.

The two-day event, consisted of opening remarks by Teresa Chapa, Ph.D., M.P.A., Senior Policy Advisor for Mental Health, US DHHS OMH; Garth Graham, M.D., M.P.H., Deputy Assistant Secretary for Minority Health, US DHHS; Henry Acosta, MA, MSW, LSW, Executive Director, National Resource Center for Hispanic Mental Health; and a video greeting from United States Congresswoman Grace F. Napolitano, California District 38. The event also consisted of three plenary sessions by Federal representatives working on eliminating mental health disparities for racial and ethnic minorities: H. Westley Clark, M.D., J.D., M.P.H., CAS, FAFAM, Director, Center for Substance Abuse Treatment, US DHHS; Kenneth S. Thompson, M.D., Medical Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, US DHHS; and Teresa, Chapa, Ph.D., M.P.A. Additionally, three panel sessions comprised of behavioral health experts and educators currently engaged in Latino behavioral health workforce development efforts were conducted. The panel presentations were followed by four break-out groups¹³ with provisions for reporting statements and recommendations to the entire participant group. A copy of the event's agenda can be found at the end of this report¹⁴.

Participants in the *Movilizandonos* Consensus meeting included representatives from US DHHS leadership, national health and mental health associations, national guild organizations, national Latino advocacy organizations, Latino mental health leadership, state and national foundations, public and elected officials, universities and professional schools, researchers, students, providers, and health and mental health promoters.

The four distinct break-out groups allowed participants to work strategically, hone-in on their respective expertise, and craft statements and recommendations. Each group consisted of at least ten people and was facilitated by a behavioral health professional. The selected topics for the

¹² See Appendix B

¹³ See Appendix C

¹⁴ See Appendix D

break-out groups were identified by OMH and its aforementioned committee and grantee prior to the event. The majority of the participants self-selected into groups. The topic and title of the break-out groups were as follows:

- A) Best Practices in Education and Training
- B) Workforce Development: Recruitment and Retention
- C) Developing Pathways for Leadership
- D) Fiscal Development and Support for a Sustainable Latino Mental Health Workforce

At the conclusion of the break-out sessions, each group prepared a presentation of their outcomes that was delivered to the entire roundtable membership and served to generate a robust discussion. This then led to an agreement process on the specific strategies to be formulated into the *Movilizandonos* consensus statements and recommendations towards a culturally and linguistically competent and multidisciplinary behavioral health workforce for Latinos.

One recommendation was to organize a formal steering committee that would lead and implement the final consensus recommendations, and resulted in the formation of the *Alliance for Latino Behavioral Health Workforce Development*¹⁵. The Alliance is also charged with creating a process for developing and monitoring an action-oriented educational awareness and advocacy plan while engaging multiple stakeholders from across the nation.

The *Movilizandonos* consensus statements and recommendations are intended for a diverse group of stakeholders, such as local, state and national health and mental health leaders, appointed and elected officials, state and national institutions and organizations that train, license, accredit, employ and represent behavioral health professionals, corporate and foundation leaders, media personnel, and others interested in eliminating the disparities that currently exist in the availability, access, and provision of quality, and culturally and linguistically competent behavioral health services for Latinos. The *Movilizandonos* Roundtable participants urge all key stakeholders to consider incorporating the recommendations and action steps cited in this report as a means to address the critical behavioral health needs of the Latino community.

THE MOVILIZANDONOS CONSENSUS STATEMENTS

Participants of this roundtable communicated and agreed upon the following five consensus statements:

- 1. The Latino population in the U.S. is facing a public health crisis due to poor or unmet behavioral health needs.** As Latinos continue to grow in numbers throughout the nation, this crisis will impact the quality of life for all Americans. Failure to address the behavioral health needs of this large and significantly growing population will result in severely negative health, social, and economic consequences across the nation.

¹⁵ See Appendix E

- 2. The lack of a bilingual and bicultural behavioral health workforce plays a significant role in disparities across all three key areas of behavioral health care service delivery:** a) availability of; b) meaningful access to; and c) the provision of quality care.
- 3. Meaningful access to behavioral healthcare for Latinos in the U.S. is a social justice issue.** Disparities in availability, access, and provision of quality, culturally and linguistically competent behavioral health care for Latinos must be adequately addressed and supported by public and private entities. These services will provide a fair opportunity to live meaningful, independent and productive lives, while eliminating Latino overrepresentation in high-need and vulnerable populations.
- 4. Latinos deserve a diverse, multidisciplinary, bilingual, and bicultural behavioral health workforce.** This is critical in order to experience better treatment outcomes, patient satisfaction, and overall improved quality of care.
- 5. The time for action is NOW!** Latinos can no longer afford the negative impacts of a fragmented and culturally irrelevant and insensitive behavioral health care system.

THE MOVILIZANDONOS CONSENSUS ACTION ITEMS

The following recommendations reflect consensus reached by all event participants, who firmly believe that a collective effort and focus will lead to the successful implementation and attainment of all suggested areas. It is anticipated that such changes will contribute to the elimination of disparities in the availability of, access to, and the provision of meaningful quality and culturally and linguistically competent behavioral health services for Latinos.

CONSENSUS ACTION ITEMS

A. Federal Institutions:

Engage Federal Institutions to Advance a Latino Behavioral Health Workforce Development Agenda

It is imperative and timely for federal institutions to engage in dialogue about the critical need for developing a behavioral health workforce to meet the needs of Latinos and to work collaboratively to establish legislative mandates. For example, the American Recovery and Reinvestment Act (ARRA) of 2009¹⁶ allocated \$500 million in funding to bolster and expand the health professions workforce. This allotment includes partial funding toward loan forgiveness programs for Licensed Clinical Social Workers (LCSW), Psychiatric Nurse Specialists, Marriage and Family Therapists (MFT), and Licensed Professional Counselors. Given the correct level of

¹⁶ Health Professions Programs, 2009.
<http://bhpr.hrsa.gov/recovery/sds/sdscall080609.pdf>

focus and inclusion, these are all potentially positive steps towards building a behavioral health workforce for Latinos.

At a minimum, the following is recommended:

1. DHHS support the development and national release of a marketing campaign similar to the HIV or nursing campaigns to raise awareness of the shortage of behavioral health professionals, specifically those prepared to address the behavioral health needs of Latinos.
2. OMH institutionalize a Latino Behavioral Healthcare Workforce Advisory Council at the White House with Federal partner representation from DHHS, Department of Education, Department of Correction, etc.
3. An interagency Behavioral Health Steering Committee under the Secretaries of Health and Human Services, Departments of Labor, Education and Justice be developed.
4. White House Office of Health Care Reform create an Office of Foundations and Government Relations on Health and Behavioral Health-related Matters at the White House, DHHS, Department of Education, and the Department of Justice.
5. OMH lead in:
 - a. Developing a comprehensive, multi-year strategic plan to advance the creation of a more diverse Latino behavioral health workforce that includes broad representation and participation of such professionals at all public and private levels.
 - b. Requiring the National Center for Healthcare Resource Analysis of the Health Resources and Services Administration (HRSA), Bureau of Health Professions to conduct a gap analysis to identify workforce shortages and immediate opportunities to enhance Latino workforce diversity that is outcome-driven.
 - c. Building an evidence-based infrastructure that supports the design, development, implementation, and evaluation of Latino behavioral health workforce policies.
 - d. Building the capacity of departments, institutions, and agencies involved in the collection and reporting of behavioral health workforce and education data, to include: 1) who is providing the services, 2) who is actually being served, and 3) increase intersectoral communication and coordination.
6. Representation and participation in the President's Health Care Reform process to ensure a Latino behavioral workforce development focus.
7. Office of Foundations and Government Relations on Health and Behavioral Health-related Matters to work with SAMHSA, HRSA, National Institutes of Health: NIMH, NIDA, NIAAA, the CDC, and other agencies to pursue public-private partnership methods for economic support and sponsorship. For example, increase scholarships and loan repayment programs for Latino students and faculty that pursue higher education and training in behavioral healthcare and/or for students who work in ethnically diverse communities with unmet needs.

B. Public and Private Institutions:

Expand Public and Private Partnerships

Public and private institutions play a key role in preparing the United States behavioral health workforce to adequately address the behavioral health needs of all Americans. It is imperative that stronger relations and collaborative partnerships between public and private educational institutions and industry be forged, with a focus on Latino behavioral health, and with particular attention to workforce development efforts.

At a minimum, the following is recommended:

1. DHHS provide technical assistance and support to organizations on how best to develop public-private partnerships in order to increase interns, psychiatric and internal medicine residents, psychologists, nurse practitioners, and clinical placements in rural and urban/inner city areas with disproportionate Latino unmet health needs, and in Mental Health Shortage Areas (MHSAs) as designated by HRSA.
2. DHHS provide technical assistance to community colleges to identify one-to-two year health and behavioral health certificate programs and align them to national cultural and linguistic competency standards.
3. DHHS fund a national organization to provide capacity building and technical assistance to public and non-profit behavioral health advocacy organizations.
4. DHHS create and support opportunities aimed at enhancing behavioral health grant writing by providing assistance to individuals and non-profit organizations applying for such grants with the appropriate and necessary skills needed to ultimately secure funding.
5. Increased representation on board of directors of public-private foundations, as well as on political, influential, and other positions of leadership.
6. DHHS fund a national organization to provide resources on various Latino behavioral health issues, including resources for secondary and post-secondary education. Students seeking to pursue a career pathway in behavioral health should be provided guidance by this national entity.
7. Support development of local community partnerships in order for behavioral health programs to be motivated to take responsibility for their own workforce development.
8. Support mentorship, real-life work experiences, and leadership training opportunities to improve and sustain the Latino behavioral health workforce.
9. Create a mechanism to establish ongoing contact with state leaders in order to improve and strengthen the influence of Latino behavioral health provider networks.
10. Incorporate and enhance visibility of peer support groups and promotores/as as part of the Latino behavioral health workforce.

C. State Licensing and Academic Accrediting Bodies:

Implement National Cultural and Linguistic Competency Standards in Behavioral Health Training Programs

Cultural and linguistic competence (CLC) is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations¹⁷. The lack of culturally and linguistically competent behavioral health providers affects the quality of behavioral health care received by Latinos. Conversely, the provision of behavioral health in a culturally and linguistically competent manner is fundamental in any effort to ensure meaningful access to services for all population groups.

At a minimum, the following is recommended:

1. DHHS and the Department of Education require and implement national standards for CLC accreditation and credentialing for all behavioral health training and certification programs, especially for those working with Limited English Proficient (LEP) populations.
2. DHHS to develop formal standards for academic institutions and state licensing boards to collect and report uniform data of graduates and behavioral health professionals by race, ethnicity, and language capabilities, and by actual degree and licensing/re-licensing periods. Data should be made available for public access.
3. Standardized licensure and certification across the U.S. to allow for interstate portability.
4. Facilitate the licensure and accreditation process for foreign-born and trained behavioral health professionals who reside and practice in the U.S.
5. Revamp accreditation of institutions of higher education to include coursework in cultural and linguistic competency for health and behavioral health services.

D. Schools and Training Programs:

Invest in Educational Initiatives at Local, State, and National Levels

Public and private educational institutions play a key role in preparing the nation's future health and behavioral health professionals and leaders. It is imperative that these institutions address the significant underperformance by Latinos at all levels of education, including K-16. They must also receive adequate levels of support and guidance to develop significant approaches that will, in turn lead to a more diverse and multidisciplinary behavioral health workforce for Latinos.

¹⁷ US DHHS OMH
<http://minorityhealth.hhs.gov/>

At a minimum, the following is recommended:

1. Request that DHHS support opportunities to develop program(s) of excellence that will include local, regional, statewide, and federal public-private partnerships that matriculate, retain, and graduate Latino students (i.e. behavioral health workforce) in collaborative care, Health Career Opportunity Programs (HCOP), Centers of Excellence (COE), Area Health Education Centers (AHEC), HRSA, Division of Nursing, American Psychiatric Association, American Psychological Association, Hispanic Science Network, National Latino Psychological Association, and the National Business Group on Health. In addition, work collaboratively with regional consortia to increase the matriculation of Latinos in high school, undergraduate, and graduate programs.
2. Request that DHHS fund and promote model programs and curriculums of national excellence that illustrate a sequence of courses aligned to CLC national standards, beginning in middle school and continuing through high school and college.
3. Create incentives for health and behavioral health educational institutions to recruit and retain faculty whose research focuses on health disparities, communities with disproportionate unmet health needs, and health and behavioral health workforce development for Latinos.
4. Request that the Congressional Hispanic Caucus support and promote the submission of an annual report by health and behavioral health educational institutions, as part of their annual budget report, regarding admissions, retention, and attrition (at all levels of education) of Latino students and faculty, as well as develop formal plans and resource allocation to create a rich learning environment and increase diversity.
5. Create a Latino workforce ‘learning community’ based on best practices, including peer-based and peer-to-peer programs (evidence-based, practice-based, community-defined based). The ‘community’ will determine specific areas of focus, payments, level of assessment and monitoring, as well as type of evaluation needed, modeled after Community-Based Participatory Research (CBPR).
6. Support the development and offering of training programs for behavioral health practitioners to work in a culturally and linguistically competent manner, as well as in behavioral health, primary care, and integrative care settings.
7. Provide support for the offering of local, national, and international Spanish immersion programs within behavioral health training programs (i.e., national and foreign exchange programs).
8. Per licensing period, require a minimum number of Continued Education Units in cultural and social diversity for post-graduates in all states.
9. Support the development and offering of educational training opportunities in CLC to the nation’s current behavioral health workforce.
10. Identify and include post-graduate training opportunities as part of the existing curriculum.
11. Define linguistic competence through mandated and completed supervision and training in Spanish (i.e., provide literature in Spanish) for students to gain expertise and enhanced perspective.
12. Create different standards/scope of services that can then be implemented by individuals with varied levels of Spanish language proficiency.

13. Offer online resources and webinar training opportunities for enhanced Spanish language development and competencies.
14. Closely examine and assess the role of discrimination in education and labor practices, and how it negatively affects workforce development.

E. Funding:

Invest in Sustaining Current and New Innovative Workforce Development Programs

The need to provide meaningful, quality, and CLC behavioral healthcare to Latinos is a national public health issue that must be addressed immediately. The poor and untreated behavioral health needs of Latinos is negatively impacting communities in an array of areas, while contributing to the group's over representation in some of the nation's most high-need, vulnerable populations, such as the homeless, the uninsured, the poor, the incarcerated, and those involved in the child welfare, foster care, and juvenile justice systems.

At a minimum, the following is recommended:

1. DHHS and DOE authorize public-private funding for community-based organizations, associations, and other entities to provide outreach and educational activities aimed at increasing awareness among Latinos of the varied behavioral health professions.
2. DHHS fund collaborative partnerships to expand educational opportunities, conduct outreach to, and increase exposure to, behavioral health professional fields.
3. Increase and widely disseminate replication of best practices and educational models to increase the matriculation of Latinos, including underrepresented students in high school, undergraduate, and graduate programs.
4. DHHS support and sustain federal, public, and private institutional partnerships to provide comprehensive funding for clinical training programs for Latino behavioral health students and professionals. Methods of funding may include stipends, fellowships, internships, grants, loan forgiveness programs, and scholarships.
5. DHHS provide support for the evaluation and possible expansion of currently operating community-defined best practices that aim at identifying, engaging, and retaining Latinos in behavioral health professions.

CONCLUSION

The state of behavioral health for Latinos is in a crisis. At over 15% of the overall population, not including the four million residents of Puerto Rico, Latinos represent a population group to be reckoned with. Yet, despite their enormous presence in the U.S., Latinos experience an inordinate level of health and behavioral health disparities, including gaining meaningful access to care. According to the 2008 National Healthcare Disparities Report¹⁸, the level of health disparities for Latinos remained static or had actually increased, with many examples pointing to

¹⁸ National Healthcare Disparities Report, 2008.
<http://www.ahrq.gov/qual/qdr08.htm>

language barriers and poverty. Additionally, the number of Latino health and behavioral health professionals remain woefully inadequate to meet the needs of this growing population, an injustice at all levels.

Although there are many barriers to achieving parity in care and in the workforce, bridging the provider and leadership gap will make a significant improvement in eliminating disparities. A multidisciplinary workforce will contribute to leadership at all levels, enhancing high-quality research, training, and newly developed culturally competent evidence-based interventions for health promotion, prevention, and treatment targeting Latinos.

An important first step toward addressing the Latino behavioral health workforce shortage is the *Movilizandonos por Nuestro Futuro: Strategic Development of a Mental Health Workforce Initiative*, spearheaded by the US DHHS Office of Minority Health in partnership with its grantee, the National Resource Center for Hispanic Mental Health. In collaboration with subject matter experts and leaders from across the nation, a report of consensus statements and recommendations was developed to serve as a blueprint and guide for improving the Latino behavioral health condition.

The newly formed *Alliance for Latino Behavioral Health Workforce Development* serves to implement the final consensus statements and recommendations. This committee will also create a process for developing, leading and monitoring an action-oriented educational awareness and advocacy plan while engaging multiple stakeholders from across the nation. Yet, with so many obstacles to overcome, and so little support, a report and an Alliance are understandably not enough to achieve all goals. It will take a careful examination of *Movilizandonos* recommendations, investments in education, support of the public-private partnerships, and a full commitment to parity.

In sum, the availability of culturally and linguistically competent behavioral health services for Latinos, which is inclusive of a skilled bilingual and bicultural workforce, is considered a national priority and shared responsibility. Inattention and limited action towards an effective resolution carries the potential to compromise the nation's well-being. Despite challenging circumstances, successful long-term transformation is possible with collaboration and support from key stakeholders (i.e., federal, public, and private institutions, schools and training programs) who have the ability to foster meaningful change within the existing workforce, and promote development of future behavioral health professionals. Such investments will likely result in an overall improved behavioral health landscape that offers the possibility of recovery for all Americans and brings us closer to the elimination of health disparities.

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APPENDIX A
LISTING OF OMH LATINO MENTAL HEALTH
WORKFORCE COMMITTEE

Maria José Carrasco, M.P.A.
Director
Multicultural Action Center
NAMI (National Alliance on Mental Illness)

Manuel Paris, Psy.D.
Assistant Professor of Psychology (in Psychiatry)
Yale University School of Medicine, and
Deputy Director, Hispanic Services
Connecticut Mental Health Center – The Hispanic Clinic

Juan Ramos, Ph.D.
Retired, National Institute of Mental Health, NIH
Nationally Recognized Latino Mental Health Leader and Advocate

Rick Ybarra, M.A.
Program Officer
Hogg Foundation for Mental Health
The University of Texas at Austin

FEDERAL REPRESENTATIVES:

Teresa Chapa, Ph.D., M.P.A.
Senior Policy Advisor, Mental Health
US DHHS, Office of Minority Health

Alicia Gonzalez
Intern, Hispanic Association of Colleges and Universities
US DHHS, Office of Minority Health Intern

OMH GRANTEE

Henry Acosta, M.A., M.S.W., L.S.W.
Executive Director
National Resource Center for Hispanic Mental Health

APPENDIX B
LISTING OF MOVILIZANDONOS ROUNDTABLE PARTICIPANTS

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National Resource Center for Hispanic Mental Health

Sergio Aguilar-Gaxiola, M.D., Ph.D.
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Center for Reducing Health Disparities
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Luz Alvarez, M.A., Ed.S.
Former Program Coordinator
Partners for Culturally Competent Behavioral Health Service Delivery to Hispanics
New Jersey Mental Health Institute, Inc.

Guillermo Brito, Ph.D.
Executive Director
National Latino Behavioral Health Association

Maria José Carrasco, M.P.A.
Director
Multicultural Action Center
National Alliance on Mental Illness

Dario Collado, M.A.
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Latino Leadership Initiative
Harvard Kennedy School

Melinda Cordero
Associate Director
Visión y Compromiso

Geoffrey Cox, Ph.D.
President
Alliant International University

Ingrid E. Diaz, M.A., M.S.W., L.C.S.W.
Training and Consultation Specialist
UMDNJ - University Behavioral HealthCare

Milton A. Fuentes, Psy.D.
President-Elect
National Latina/o Psychological Association

Alicia Gonzalez
Intern, Hispanic Association of Colleges and Universities
US DHHS, Office of Minority Health Intern

René González, M.A.
Executive Director
Student Services and Corporate HNIP
Hispanic Association of Colleges and Universities

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Chief, Office of Multicultural Services
California State Department of Mental Health

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Monterey County Health Department, Behavioral Health Division

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Bristol-Myers Squibb Company

Courtney Lang, J.D.
Senior Director
Advocacy and Alliance Development
Wyeth Pharmaceuticals

Amaro J. Laria, Ph.D.
Director
Dr. Cynthia Lucero Latino Mental Health Training Program
Massachusetts School of Professional Psychology, and
Faculty, Harvard Medical School Department of Psychiatry

Maria Lemus
Executive Director
Visión y Compromiso

Gustavo Loera, Ed.D.
Director of Educational Research and Development
Mental Health America of Los Angeles

Igda E. Martinez, Psy.D.
Post Doctoral Research Fellow
Institute for Health, Health Care Policy and Aging Research
Rutgers, the State University of New Jersey

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Program Director
Los Angeles County Department of Mental Health

Octavio N. Martinez, Jr., M.D., M.P.H., M.B.A.
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Hogg Foundation for Mental Health
The University of Texas at Austin

Theresa Miskimen, M.D.
Treasurer
American Society of Hispanic Psychiatry

Matthew R. Mock, Ph.D.
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John F. Kennedy University

Eduardo Morales, Ph.D.
Distinguished Professor of Psychology
Director of Workforce Development
California School of Professional Psychology, San Francisco
Alliant International University

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Alliant International University

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National Hispanic Science Network
University of Miami School of Medicine

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Yale University School of Medicine, and
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Connecticut Mental Health Center – The Hispanic Clinic

Lynda Perdomo-Ayala, M.S.W., C.S.W.
National Association of Puerto Rican and Hispanic Social Workers

Melanie Perez, Ph.D.
Instructor in Clinical Psychology/Research Scientist
New York Psychiatric Institute/Columbia University

Ivan Quervalú, Ph.D., L.M.S.W.
Puerto Rican Family Institute, Inc., and
National Association of Social Workers, New York City Chapter

Virginia Quiñonez, Psy.D.
Chair and Associate Professor
Clinical Counseling Department
The Chicago School of Professional Psychology

Carmen Ramirez, Ph.D., P.N.P., R.N.
Director, Latino Nursing Career Opportunity Program
The Catholic University of America, School of Nursing

Juan Ramos, Ph.D.
Retired, National Institute of Mental Health, NIH
Nationally Recognized Latino Mental Health Leader and Advocate

Ambrose Rodriguez, M.P.A.
President and Founder
Latino Behavioral Health Institute

Norma Martinez Rogers, Ph.D., R.N., FAAN
President
National Association of Hispanic Nurses
University of Texas Health Science Center

Maria E. Rosa, DrPH., Ph.D.
Vice President Institute for Hispanic Health
National Council of La Raza

Michelle Silva, Psy.D.
Associate Research Scientist, and
Associate Director, Connecticut Latino Behavioral Health System
Yale University School of Medicine, Department of Psychiatry, CMHC/The Hispanic Clinic

Rick Ybarra, M.A.
Program Officer, Hogg Foundation for Mental Health
The University of Texas at Austin

FEDERAL REPRESENTATIVES:

Teresa Chapa, Ph.D., M.P.A.
Senior Policy Advisor, Mental Health
US DHHS, Office of Minority Health

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director
Center for Substance Abuse Treatment
US DHHS, Substance Abuse and Mental Health Services Administration

Garth N. Graham, M.D., M.P.H.
Deputy Assistant Secretary for Minority Health
US DHHS, Office of Minority Health

Ruth Perou, Ph.D.
Acting CDC Mental Health Coordinator
US DHHS, Centers for Disease Control and Prevention (CDC)

Kenneth S. Thompson, M.D.
Medical Director
Center for Mental Health Services
US DHHS, Substance Abuse and Mental Health Services Administration

**NATIONAL RESOURCE CENTER FOR HISPANIC MENTAL HEALTH
EVENT STAFF:**

Henry Acosta, M.A., M.S.W., L.S.W.
Executive Director

Luz Alvarez, M.A., Ed.S.
Project Coordinator

Xiomara Cartagena
Administrative Assistant

APPENDIX C
LISTING OF PARTICIPANTS BY BREAK-OUT GROUPS

GROUP A: BEST PRACTICES IN EDUCATION AND TRAINING

Facilitator: Igda E. Martinez, Psy.D.

Michelle Silva	Carmen C. Ramirez
Melinda Cordero	Gustavo Loera
Amaro Laria	Virginia Quiñonez
Matthew R. Mock	Kenneth S. Thompson (Day 2 only)
Milton A. Fuentes	
Theresa Miskimen	

GROUP B: WORKFORCE DEVELOPMENT: RECRUITMENT AND RETENTION

Facilitator: Melanie Perez, Ph.D.

Rosalina Perdomo-Ayala	Alicia Gonzalez
Rene A. Gonzalez	Ruth Perou
Manuel Paris	Irma Martinez
Rachel Guerrero	H. Westley Clark (Day 2 only)
Judy Jenkins	
Maria E. Rosa	

GROUP C: DEVELOPING PATHWAYS FOR LEADERSHIP

Facilitator: Ingrid Diaz, M.A., M.S.W., L.C.S.W.

Maria Lemus	Sergio Aguilar-Gaxiola
Dario E. Collado	Elena Padrón
Juan Ramos	Hilda Pantin
Octavio N. Martinez	
Norma Martinez Rogers	
Courtney Lang	

**GROUP D: FISCAL DEVELOPMENT AND SUPPORT FOR A SUSTAINABLE
LATINO MENTAL HEALTH WORKFORCE**

Facilitator: Luz C. Álvarez, M.A., Ed.S.

Jesse J. Herrera	Ambrose Rodriguez
Guillermo Brito	
Ivan Quervalu	
Rick Ybarra	
Eduardo Morales	
Garth Graham (Day 1 only)	

FACULTY:

Henry Acosta, M.A., M.S.W., L.S.W.
Executive Director
National Resource Center for Hispanic Mental Health

Maria José Carrasco, M.P.A.
Director
Multicultural Action Center
National Alliance on Mental Illness

Teresa Chapa, Ph.D., M.P.A.
Senior Policy Advisor, Mental Health
US DHHS, Office of Minority Health

APPENDIX D
COPY OF EVENT AGENDA



**Movilizandonos por Nuestro Futuro:
Strategic Development of a Mental Health
Workforce for Latinos**

**July 9-10, 2009
San Francisco, California**



Thursday, July 9th

Day 1

8:00 AM – 9:00 AM: Registration and Continental Breakfast

9:00 AM – 9:20 AM: Welcome

Teresa Chapa, Ph.D., M.P.A.

Senior Policy Advisor, Mental Health, Office of Minority Health
United States Department of Health and Human Services

Garth N. Graham, M.D., M.P.H.

Deputy Assistant Secretary for Minority Health, Office of Minority
Health (OMH), United States Department of Health and Human
Services

Geoffrey Cox, Ph.D.

President, Alliant International University

9:20 AM – 9:45 AM: Overview of Meeting Agenda and Goals

Teresa Chapa, Ph.D., M.P.A.

Current State of Latino Mental Health and Need for Workforce
Development

9:45 AM – 10:45 AM: Panel 1 - Best Practices of Educational Models

Moderator: Henry Acosta, M.A., M.S.W., L.S.W.

Amaro J. Laria, Ph.D.

Director, Latino Mental Health Training Program,
Massachusetts School of Professional Psychology

Gustavo Loera, Ed.D.

Director of Educational Research and Design,
Mental Health America of Los Angeles

Elena Padrón, Ph.D.

Assistant Professor, Psy.D. Program,
California School of Professional Psychology,
Alliant International University, San Francisco

Virginia G. Quiñonez, Psy.D.

Chair and Associate Professor, Clinical Counseling Department,
The Chicago School of Professional Psychology

10:45 AM – 11:00 AM: Break

11:00 AM – 12:00 PM: Panel 2 - Best Practices of Latino Recruitment and Retention
Moderator: Rick Ybarra, M.A.

Melinda Cordero

Associate Director, Visión y Compromiso

Igda E. Martinez, Psy.D.

Alumni, Project L/EARN, Rutgers, The State University of New
Jersey

Manuel Paris, Psy.D.

Yale University, Connecticut Latino Behavioral Health System

Ivan Quervalu, Ph.D., L.M.S.W.

Puerto Rican Family Institute, Inc. and National Association of
Social Workers – New York Chapter, Latino Social Work Task
Force

12:00 PM – 1:00 PM: Networking Lunch
Provided on-site

**1:00 PM – 2:00 PM: Panel 3 - The Role of National Organizations and Foundations
in Developing the Mental Health Workforce**
Moderator: Garth N. Graham, M.D., M.P.H.

Milton Fuentes, Psy.D.

President-Elect, National Latina/o Psychological Association

René A. González

Executive Director of HACU Student Services and Corporate Internship Program

Octavio N. Martinez, Jr., M.D., M.P.H., M.B.A.

President, Hogg Foundation for Mental Health
The University of Texas at Austin

Rosalina Perdomo-Ayala, M.S.W., C.S.W.

National Association of Puerto Rican and Hispanic Social Workers

2:00 PM – 2:15 PM

Review of Roundtable Assignments and Expected Outcomes

Henry Acosta, M.A., M.S.W., L.S.W.

2:15 PM – 2:30 PM:

Break

2:30 PM - 4:15 PM:

Roundtable Break-Outs

- A) Best Practices in Education and Training
- B) Workforce Development: Recruitment and Retention
- C) Developing Pathways for Leadership
- D) Fiscal Development and Support for a Sustainable Latino Behavioral Health Workforce

4:15 PM – 4:30 PM:

Break

4:30 PM – 4:45 PM:

Brief Update on Initial Roundtable Discussions

Henry Acosta, M.A., M.S.W., L.S.W.

4:45 PM – 5:00 PM:

Closing Remarks

Teresa Chapa, Ph.D., M.P.A.

Friday, July 10th

Day 2

8:00 AM – 9:00 AM:

Continental Breakfast

9:00 AM – 9:05 AM:

Welcoming Remarks

Teresa Chapa, Ph.D., M.P.A.

9:05 AM – 9:10 AM:

Video Greeting –

The Honorable Grace F. Napolitano

United States Congresswoman, California, District 38

9:10 AM – 9:45 AM: Call to Action

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM

Director, Center for Substance Abuse Treatment,
Substance Abuse and Mental Health Services Administration,
United States Department of Health and Human Services

9:45AM – 10:00 AM: Overview of Day One/Questions & Answers/Review of Roundtable Assignments

Henry Acosta, M.A., M.S.W., L.S.W.

10:00 AM – 10:15 AM: Break

10:15 AM – 12:00 PM: Roundtable Discussions (continued)

12:15 PM – 1:15 PM: Lunch with Special Guest Speaker

Kenneth S. Thompson, M.D.

Medical Director, Center for Mental Health Services,
Substance Abuse and Mental Health Services Administration,
U.S. Department of Health and Human Services

Training Behavioral Health Practitioners to Work in Integrative Primary and Behavioral Healthcare Settings

1:15 PM – 2:15 PM: Presentation of Individual Roundtable Recommendations

Henry Acosta, M.A., M.S.W., L.S.W.

2:15 PM – 3:30 PM: Open Dialogue – Consensus Building – Prioritizing

Henry Acosta, M.A., M.S.W., L.S.W.

3:30 PM – 4:00 PM: Overview of Next Steps and Closing Remarks

Teresa Chapa, Ph.D., M.P.A.

APPENDIX E
LISTING OF MEMBERSHIP OF
ALLIANCE FOR LATINO BEHAVIORAL HEALTH
WORKFORCE DEVELOPMENT

Committee Chair: Henry Acosta, M.A., M.S.W., L.S.W.
National Resource Center for Hispanic Mental Health

Federal Staff Liaison: Teresa Chapa, Ph.D., M.P.A.
US DHHS, Office of Minority Health

Individuals Representing the Following National Organizations/Population:

American Society of Hispanic Psychiatry Theresa Miskimen, M.D.

Promotores/Consumers/Peer Advocates Irma Martinez, M.A.

Latino Behavioral Health Institute Ambrose Rodriguez, M.P.A.

National Latino Behavioral Health Association TBA

National Latina/o Psychological Association Milton Fuentes, Psy. D.

National Association of Puerto Rican and Hispanic Social Workers Lynda Ayala, M.S.W., L.C.S.W.

National Council of La Raza Maria Rosa, Dr.P.H., Ph.D.

National Hispanic Nurses Association Norma Martinez Rogers, Ph.D., R.N., FAAN

At-Large Members:

Maria José Carrasco, M.P.A. Virginia Quiñonez, Psy.D.

Luis Garcia, Psy. D. Juan Ramos, Ph.D

Gustavo Loera, Ed.D. Rick Ybarra, M.A.

Eduardo Morales, Ph.D.

Manuel Paris, Psy.D.