

LA CLINICA DE LA RAZA

CULTURA Y BIENESTAR PROGRAM

Final Local Evaluation Report

California Reducing Disparities Project (CRDP)
Statewide Evaluation (SWE) Community-Defined Evidence Practice (CDEP)

Evaluation of the Effectiveness of Prevention and Early Intervention Services for Latinx and Indigenous families in Alameda County
Local Evaluation Time Period 2022-2025

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Executive Summary

This final Local Evaluation Report presents a summary of the Phase 2 Extension evaluation study for La Clinica de La Raza, Cultura y Bienestar Program (CyB). This report provides detailed information on the background of the mental health issues facing Latinos in Alameda County, California, as well as the methodology used to evaluate this Community-Defined Evidence Practice (CDEP). In addition, data results from both the qualitative and quantitative evaluation study are presented along with data-based suggestions on how to expand and enhance CyB to further increase access to high quality, culturally appropriate services for Latinos.

Hispanic/Latinx and Indigenous populations in Alameda County have historically shown low use of mental health services. Low utilization rates for this population result from several factors, including lower access to cultural and language-specific services, lack of knowledge about mental health services, lack of medical insurance and high cost of mental health services, cultural stigma associated with receiving mental health care and the growing fear among immigrants to engage with institutions and service providers due to the current political climate. Strategies for outreach, screening, assessment, early intervention, and treatment programming for this underserved populations are much needed. La Clinica de la Raza has been providing a range of publicly funded health and mental health services and programs to serve Spanish-speaking and immigrant populations for over 50 years, and it has developed a comprehensive community level approach to engage Hispanic/Latinx and Indigenous adults, youth, and families into prevention and early mental health intervention services. Cultura y Bienestar (CyB) is a “community-defined evidence program” that offers a comprehensive, community-based approach toward mental health access and services for Latinx populations living in the Oakland and south Alameda County regions. Our approach offers multiple, culturally acceptable avenues to access services for a population that may otherwise fear traditional mental health services.

The purpose of the CRDP funded study was to evaluate core components of the Cultura Y Bienestar (CyB) model. As part of the California Reducing Disparities Phase II Pilot project, a mixed-methods approach to the CyB evaluation proved beneficial. The local evaluation team and CyB staff worked together successfully to implement a rigorous quantitative and qualitative evaluation. A pre-post evaluation design was used for the quantitative outcome study, as well as a post and (30 day) follow-up evaluation design for the community events, while key informant interviews were collected to determine the effectiveness of Cultura y Bienestar (CyB) traditional healing practices. Outcome data from the SWE Core measure points to several significant project results. For CyB participants who participated and completed both the pre and post-survey in phase II extension (n=190) several serious mental health problems were reduced. Based on pre-post measures, participants reported reductions in symptoms of depression, anxiety and reported reduced interference in daily functioning due to mental health problems (all $p < .001$). For example, when asked, “In the past 30 days how often did you feel nervous, hopeless, restless, or fidgety, depressed, that everything was an effort and worthless”, the analysis shows that the **participants improved with decreased mental health symptoms at post-survey** administration. For example, 35% reported feeling **worthless** (A little to All of the Time) at the pre-test, while at

the post-test only 33% reported feeling **worthless** (A little to All of the Time) Another example, 53% reported feeling **hopeless** (A little to All of the Time) at pretest, while at posttest only 33% felt **hopeless** (A little to All of the Time) at the post.

High client satisfaction ratings also provide evidence about Cultura Y Bienestar (CyB) service acceptability. Our qualitative data findings corroborate positive client outcomes from the SWE measure. Taken together, the findings here support the richness of CyB as a community-based, early intervention and prevention program. The program model and services offered are highly valued, regardless of the service location.

Introduction - Literature Review

Demographics of Population Served by Cultura y Bienestar (CyB)

Cultura y Bienestar serves large areas of central and southeast Alameda County, including East Oakland, Hayward, San Leandro, Fremont, Union City, Dublin and Livermore. These are traditionally areas with limited access to health and mental health services among ethnic and linguistic minority groups and low-income and immigrant families. Large segments of the populations that Cultura y Bienestar (CyB) serves in Alameda County are low-income families who earn less than 200% of the Federal Poverty Level. These residents include Latino and Indigenous immigrants and other Black, Indigenous and People of Color (BIPOC) communities, uninsured residents, and Medi-Cal beneficiaries. Latinos represent nearly 1 out of 4 residents in Alameda County (23.94%), and their average household income is about one-fourth lower than that of non-Hispanic/Latino residents. (Source: www.healthyalamedacounty.org) About 16.15% of all residents in Alameda speak only Spanish at home, which represent about 2 out of 3 Latino residents in the area. (Source: www.healthyalamedacounty.org) Monolingual, Spanish-speaking, and Mam-speaking immigrants represent two of the most vulnerable populations in the area of influence of CyB. The communities we serve confront many cultural and linguistic barriers to access health and other social services. As a result, residents often avoid interacting with large systems of care that are intimidating and complex to navigate (CyB Mam Needs Assessment 2024). Recently, changes in the political climate and increased anti-immigrant discourse have contributed to greater vulnerability among these populations regarding mental health disorders, as well as a decreased likelihood of accessing adequate and timely treatment.

Behavioral health needs are significant among the population CyB partners serve. In Alameda County, 10% of adults report serious psychological distress. Of those who reported psychological distress, 50.1% reported being unable to work for more than 8 days in the previous year due to their mental health, and 15.8% reported experiencing moderate to severe social impairment in the past 12 months. Meanwhile, 10.3% reported prescription medication for mental/emotional health problems in the past year. COVID has significantly increased the need for behavioral health services. Despite this high need, evidence demonstrates that Latinos typically underutilize behavioral health services due to cultural beliefs about mental health, inappropriate treatments, lack of Spanish-speaking mental health care providers and the protective effects of family and social networks of support (Vega et al. 1999). The Alameda County Health Data Profile (2014) states that; "hospitalization rates for racial/ethnic minorities may be disproportionately high due to barriers in obtaining a proper diagnosis, treatment, and management of mental illness." A significant reason for this high rate is the lack of training among service and healthcare providers to appropriately identify and intervene when signs and symptoms of mental health challenges are shown among their clients/consumers. We intend to close these gaps by empowering community members to provide support to others in their community and to their healthcare providers by bridging some of the cultural, linguistic and knowledge barriers that often get on the way of appropriate identification of mental health challenges and timely access to services and treatment.

Alameda County has 1.7 million people, with 23.9% being of Hispanic /Latinx origin. Hispanics in Alameda County, when compared to other ethnic/racial groups, underutilize public mental health services, with only 10% of this population receiving mental health care (Alameda County Behavioral Health, Adult Specialty Mental Health Services Report, August 2017). Penetration rates for this population are even lower at <6% and reflect a profound disparity in access and utilization of mental health care for the Hispanic/Latinx population in Alameda County (the penetration rate is calculated by taking the total number of adults who received a number of SMHS and dividing that by the total number of Medi-Cal eligible adults for that FY). Low utilization rates for this population likely results from a number of factors, including lower access to cultural and language-specific services, lack of knowledge about mental health services, and cultural stigma associated with receiving mental health care, as well as some structural factors such as transportation, low income and lack of insurance coverage.

Specific to Latinx/Hispanics populations, immigration-related stress and acculturation stress is associated with poor behavioral health and is predictive of higher drug use (Cervantes et al. 2018), risky sexual behavior (Levy, Page-Shafer, Evans, Ruiz, Morrow, Reardon et al., 2005) and mental health symptoms (Cervantes, Fisher, Padilla & Napper, 2016). These findings are important in the context of racial and ethnic disparities in health, given that minorities report more exposure to chronic and acute stress than do non-Hispanic Whites (Boardman & Alexander, 2011).

Acculturative stress is a distinct but related construct, referring to culturally-based stressors including discrimination, context of reception, and bicultural stress (Cervantes et al. 2012; Salas-Wright and Schwartz 2019). Discrimination is being excluded, attacked, and/ or viewed suspiciously due to ethnicity (e.g., Greene, Pahl, and Way 2006). Context of reception refers to the opportunity structure that immigrants encounter (e.g., Portes and Rumbaut 2014). Bicultural stress is the conflict between expectations and demands imposed by two cultures (e.g., Romero and Roberts 2003). Acculturative stressors likely co-occur in U.S. Latinx immigrants; the accumulation of multiple stressors is likely more hurtful than any single stressor (Córdova and Cervantes 2010; Ennis, Ríos-Vargas, and Albert 2011; Salas-Wright and Schwartz 2019).

Acculturation and acculturative stress have theoretical links to alcohol or drug use. Acculturation may lead to adopting permissive attitudes or normative beliefs about drinking or drug use; retaining heritage practices and cultural identity may have the opposite effect (e.g., Caetano 1987). In a meta-analysis of 88 samples of 68,282 Latinx adults (Lui and Zamboanga 2018), acculturation was not linked to drinking frequency or volume ($r_s = .01, .02$), but was positively related to drinking intensity ($r = .09$), heavy episodic drinking ($r = .05$), and hazardous drinking ($r = .06$). Acculturative stress may lead to maladaptive coping with alcohol or drug use to emotionally disengage when stress appears insurmountable (e.g., Carver, 1989; Crockett et al. 2007). Further, acculturative stress may disrupt protective aspects of family functioning. Familism refers to the importance of one's family or placing family needs above individual needs. Familism creates a sense of obligation of family care and consideration when making decisions, and is believed to protect against unhealthy behaviors, including alcohol or drug use (De La Rosa et al. 2005). Acculturative stress in Latinx adults has been linked to substance use disorders (Ehlers et al. 2009), drinking problems (Lee et al. 2013), hazardous drinking (Jankowski et al.

2020), and alcohol use (Sanchez et al. 2015); and to alcohol and polysubstance use in Latinx adolescents (Berger Cardoso et al. 2016; Goldbach et al. 2016), although acculturative stress failed to differentiate drinking patterns of Latinx participants in treatment in one study (Arciniega et al. 1996)

Low access to behavioral health care for all Americans continues to be a public health concern. Over 17 million adults did not receive *needed* treatment at a specialty facility for their substance use. Hispanics had the lowest rates of any mental health services (7.3%) of any racial and ethnic group and much lower than use rates in the general population (17.6%), SAMHSA (2015). Low use of behavioral health among immigrant Hispanics has been associated with deportation fears, low insurance coverage rates, lack of knowledge about existing services and cultural taboos surrounding behavioral health care.

No evidence-based opioid prevention programming for immigrant families exists. Perhaps the intervention with the strongest evidence of potential effectiveness, *Familias Unidas* has not studied opioid prevention outcomes (Pantin, 2003). A study of *Strengthening the Bonds of Chicano Youth* (El Proyecto de Nuestra Juventud) included 450 high-risk youth in an established, non-immigrant community setting but did not test for opioid prevention or reduction (Varela, 2001). Similarly, The Bridges universal prevention program included middle schools that were located in the disadvantaged neighborhoods in Phoenix, Arizona, with the highest enrollment of Mexican origin students (ranging between 69% and 82% has not focused on opioid use or prevention (Arizona Department of Education 2005).

Substance abuse treatment interventions also exist to address intra-familial stress in Hispanic families, such as Brief Strategic Family Therapy (BSFT; Santisteban, et al., 2003) and more recently, Culturally Informed Family Therapy for Adolescents (CIFTA; Santisteban, et al, 2011). Randomized controlled trials of *Familias Unidas* suggest that strengthening the family system, rather than targeting specific health behaviors, is efficacious in preventing and reducing cigarette smoking, illicit drug use, and unsafe sex in Hispanic adolescents (Prado, et al., 2007; Pantin, et al., 2009). Unfortunately, this curriculum is parent-centered and requires prolonged involvement of highly trained (MS/MA or higher) bilingual intervention staff (Prado, et al., 2006), an asset frequently lacking in new Latino settlement communities. *Storytelling for Empowerment* (Nelson & Arthur, 2003) helps adolescents at risk for substance use, HIV, and behavioral health problems, but there is no evidence of effectiveness with opioids in immigrants. *Strengthening the Bonds of Chicano Youth* emphasizes cultural strengths, but it does not incorporate a parent education or family component. *Bridges to High School* has a family component but does not take on the stressors of Mexican immigrant youth or families. No existing program has been tested to determine its effectiveness in curbing opioid use in the at-risk and growing Latino youth population. Effective opioid interventions must promote healthy coping strategies for acculturation- and immigration-based stressors (Cervantes et al., 2016).

Studies of school-based drug prevention show promise. In one study to test a school- and home-based version of Beginning Alcohol and Addictions Basic Education Studies (BABES), a parent-child interaction component for home use (BABES Plus) was compared to a classroom-only version of BABES (BABES Only) and a no-treatment control group. The quality of the home

environment improved, and depressive symptoms decreased over the post-intervention period for the BABES Plus group, but not for the other two groups. The BABES Only group had greater parent involvement in school activities at 6 months post-intervention, compared to the other groups. The effect of the BABES Plus intervention was demonstrated at 6 months for environmental and parental risk factors. In an earlier randomized study of Keep a Clear Mind (KACM) students received four weekly correspondence lessons designed to be completed at home with a parent. KACM students reported significantly less perceived peer use of alcohol, tobacco, and marijuana, as well as significantly less peer pressure susceptibility to experiment with cigarettes. Mothers in the KACM program reported significantly more recent and frequent communication with their children about refusing drugs, and significantly greater discussions with their children regarding how to resist peer pressure to use alcohol, tobacco, and marijuana. Intervention program fathers reported significantly more communication with their children concerning how to resist peer pressure to drink alcohol and use tobacco, and significantly greater motivation to help their children avoid drug use. No significant differences were found between groups on student intentions to use drugs. These data suggest a print medium that emphasizes parent-child activities holds promise for accessing families and enhancing drug prevention communication. Results from a study of the in-house version of Project Northland were conducted among a large cohort of 6th graders in the sixth-grade home-based intervention, the Slick Tracy Home Team. Findings of broad-based participation across sex, race, and risk status were documented (Williams, et. al, 1995).

Each of the programs mentioned above has some core components that are relevant to CyB and have been incorporated into some of the CyB core component strategies. These programs typically focus on familismo and reducing acculturation stress and are available in Spanish and in some Indigenous languages common in the area of influence of the program. Similarly, CyB has an emphasis on working with families and addressing cultural strengthening and acculturation. All CyB program components are available in Spanish.

CDEP Purpose, Description & Implementation

A. CDEP Purpose

The Cultura y Bienestar (Culture and Wellness) Program is a project of La Clínica de La Raza in collaboration with La Familia Counseling Services and Tiburcio Vázquez Health Center. Together, these three agencies have almost a century and a half of experience providing health and other social services to Latinx communities in Alameda County and serve a large geographical area in the central, south and eastern areas of the county. Our partnership allows the program to serve families from Central and East Oakland, including the Fruitvale district with a large Latinx and Indigenous population all the way to Hayward, Union City, Newark, Dublin and Livermore as well as other smaller jurisdictions such as City of Alameda, San Lorenzo, Castro Valley and San Leandro. All these agencies have a strong presence in their respective communities. La Clinica de La Raza, founded in 1974, serves three counties in the Bay Area with a full range of healthcare services including primary care, prenatal care, adolescent health, school-based health services, dental, vision, health education and other preventive services. Behavioral health is one of La Clinica's main focuses, providing a range of outpatient mental health services including psychotherapy, psychiatry, and psychoeducational services. Cultura y Bienestar is part of this system providing early intervention and prevention services. As the lead agency in this partnership, La Clinica takes on most of the contractual, fiscal, and other financial and fiduciary responsibilities to ensure our program meets its commitments and obligations with funders and other regulatory entities. Tiburcio Vasquez Health Center is also a well-established health care provider in the East Bay with nearly 50 years of experience serving residents of the central and south regions of Alameda County, providing a wide range of health and preventive services to Latinx and other diverse and low-income and underserved communities. La Familia Counseling Services has more than 40 years of experience providing specifically mental health services for Latinxs in the greater Alameda County region. It started in Hayward in 1975 and over the years has added a number of sites in Oakland, Livermore, Ashland, and other parts of the county with a range of counseling services that include youth development services, family therapy, group education, prevention services, substance abuse treatment, violence prevention, diversion and reentry services for Latinxs and others in Alameda.

In 2006, California voters passed proposition 63, also known as the Mental Health Services Act (MHSA), which provided a steady stream of funding for community mental health services through the establishment of what is now known as the *millionaire's tax*. Part of the mission of this funding and program is to address health inequities among underserved ethnic and linguistic populations. In 2010, the state of California, through the Alameda County Behavioral Health Services Agency, made this funding available for community-based organizations to create programming to address these inequities. This program is known as the UELP Program (Underserved Ethnic and Linguistic Populations), and it has helped create or strengthen about half a dozen programs serving different populations providing prevention and early intervention services that are culturally relevant and linguistically competent and that address the specific needs of each one of these communities. La Clinica de La Raza's Mental Health Department took the lead to seek this funding, and in an effort to amplify the reach and impact of these resources, it reached out to its current partners to establish an alliance to ensure more people in a larger

geographical area were served. Over the years, this partnership has evolved into a solid collaborative with a great deal of communication and coordination that shares models, information, and resources to ensure services of high quality and that respond to the emerging needs of our individual populations. In 2018, the partnership was awarded additional funding through the California Department of Public Health, Office of Health Equity to plan and implement the California Reducing Disparities program, which primarily supports the evaluation of our interventions and encourages planning for long term sustainability and dissemination of our models.

This program is a Latino-focused mental health prevention and early intervention program that provides outreach, education, and consultation to the Latino and Indigenous communities and those who serve these populations in Alameda County. The goal of this program is to promote mental health and emotional well-being through education, consultation, and the practice of traditional healing methods. More specifically, the program aims to reach the following goals: 1) successfully engage unserved and underserved Latinxs, 2) improve Latino's knowledge about mental health issues and decrease mental health stigma, 3) decrease acculturation stress & early mental health symptoms, and 4) increase mental health service use. The desired outcomes are to decrease the incidence of severe mental health problems & reduce disparities in mental health care among low-income Latinos and Indigenous families in Alameda County. The Cultura y Bienestar Program uses five of the six core strategies from the California Reducing Disparities Project (CRDP) Latino Population report, including: 1) peer-to-peer support to individuals; 2) family psychoeducational curricula to increase family and extended family involvement and to promote health & wellness; 3) promote culturally relevant wellness & illness management; 4) increase community capacity by building on community strengths to improve Latino behavioral health outcomes; and 5) reduce stigma through media & education.

B. CDEP Description & Implementation Process

Within these categories, CyB offers a range of individual and group services and interventions that meet the needs of the diverse populations each of our partnering agencies serves. All services are provided in a linguistically and culturally appropriate manner in Spanish, English and more recently in Mam, as well as responding to other community and specific group needs. Some specific groups served by our program include TAY, seniors, parents, and recent immigrants. Our partnership has four sites run semi-independently by each of the three partnering agencies including two sites (one in Hayward and one in Livermore) run by La Familia Counseling Services, one site in Union City managed by Tiburcio Vasquez Health Center and one more in Oakland administered by La Clinica de La Raza. Each one of the sites run by La Familia and Tiburcio Vasquez Health Center employs two peer health educators and a mental health specialist supervisor and a site supervisor. The site in Oakland has three peer health educators on staff as well as a mental health specialist, two administrative assistants and a program manager. Our entire program is composed of 18 staff members, including 10 peer health educators, 4 mental health specialists, 3 program assistants and one site supervisor and a program manager. Additionally, La Clinica as the lead agency provides financial, planning, and other higher-level administrative support to the program. Site supervisors and mental health specialists meet twice a month to review progress, to address administrative and training issues, and to troubleshoot any challenges that educators

may be confronting. The entire collaborative staff meets once a month to share expertise and knowledge and to support each other and receive information and resources to improve their work. During these meetings, peers reinforce their skills and knowledge about traditional healing and community-based practices for wellness and healing. Peer educators act independently when providing outreach and other group and individual services to members of the community. However, our model also requires that they consult regularly with their respective mental health specialist in their team to ensure cases are of adequate level of complexity and to ensure that any safety concerns are addressed by a licensed clinician in the team. If a case is determined by Mental Health specialist to be outside of the scope of the peer health educators practice, the individual case can be either reassigned to the Mental Health specialist or referred out to higher level of service or to other services as appropriate. Mode of services includes both individual and group-based interventions. Among the individual interventions our program offers are 1) short-term prevention and early intervention counseling and psychoeducational services, 2) outreach and promotion services, and 3) Information and referral services. These services are delivered by trained peer educators, who adhere to a strict model of supervision and code of conduct that ensures they are supported and trained appropriately to improve outcomes and reduce risks. They are able to assess and connect participants with appropriate services when more complex treatment is needed. Individual interventions are delivered in an ongoing basis and take significant time and effort by our team. Prevention visits are generally offered to individuals who educators encounter during their outreach activities or to clients referred to our program by other departments or outside agencies. These often-one-time sessions are informational in nature and provide assistance to participants in identifying resources or specific tools to cope with everyday stressors. Educators offer basic tools such as mindfulness or herbal teas, that participants can use to start coping with everyday mental health challenges. During these sessions educators might offer information and referral services as needed. Additionally, educators may offer early intervention services in the form of short-term psychoeducational and peer support services. These sessions are limited to 6 encounters and are intended to provide participants with specific tools to address and cope with mental health challenges utilizing a wide range of approaches, including traditional healing methods and community-based interventions. Similarly, during early intervention sessions, educators might initiate referrals to other services as needed, such as immigration and labor legal services, housing and shelter services as well as higher level mental health services. These referrals are different to the ones provided during prevention sessions in that educators will assist participants in connecting to the services and follow up after a few days to make sure participants are receiving services or to try and initiate a new referral if the initial one did not result in a formal connection to services. More recently the anti-immigrant rhetoric in the news has caused a great deal of fear and anxiety among many of the participants in our program. This initially has impacted participation and engagement, as families are choosing to stay home rather than attend groups or events to be extra safe. This is currently an evolving and changing context in our community that our program is monitoring closely to be able to respond appropriately. Each of the program components is clearly described and linked to our outcomes in the Cultura y Bienestar logic model found in **Appendix 1**.

Group interventions include support groups, psychoeducational workshop series, stand-alone workshops, traditional healing events, traditional celebrations, and ceremonial activities as well as community events. These activities are also ongoing throughout the year in the different

agencies that are part of the collaborative. Each partner agency in the CyB collaborative has the flexibility to schedule activities according to their own needs, context, and capabilities. Support groups include a group for Latinx women and one for Latino men in Oakland that provide gender-specific information and education to help these groups cope with some of the mental health challenges they face. Facilitators offered culturally relevant tools to address some of these challenges, including addressing issues of gender roles, toxic masculinity as well as ceremonies and other rituals to help individuals manage some of these issues better. Additionally, partner agency Tiburcio Vasquez offered a support group for recent immigrants to help participants identify and cope with some of the most common adjustment challenges faced by recent immigrants and refugees. Other groups offered by this agency include a Women's Support Group, focused on self-awareness, personal growth, and resilience, as well as the Wellness Support Group, which, through a comprehensive support approach, offers early mental-health intervention services to patients with chronic conditions. Additionally, the senior support group provides a space for connection and community to avoid isolation. These support groups are ongoing, and anyone can join at any time. They occur weekly and, in some cases, monthly. Workshops are scheduled on a regular basis on average including parent education series at ARISE schools in Oakland, youth summer programs at La Familia Hayward and Livermore, and youth educational groups utilizing curricula such as Joven Noble in Hayward and Union City. More recently, our program rolled out Familia Adelante, an evidence-based program that supports youth 10-14 years old and their parents with information and education on some of the topics most commonly affecting Latino families. These include acculturation stress, effective communication, substance use, violence prevention and sexuality and STD among others. Additionally, we have created our own curriculum and materials to cover such topics as migration and mental health and gardening and healing, and we are currently developing material to address stigma in the Latinx community around mental health. We also offer ongoing support groups for Latino men, a healing circle for Latinas and 2 support groups for seniors in Oakland and Hayward. A youth leadership development group also is organized once a year by partner agency La Familia in Livermore.

In addition to these groups, CyB organizes monthly workshops on a range of topics, including traditional healing practices and others such as relevant holidays, back to school information sessions and gender or age specific topics. Also, each partnering agency organizes 6 traditional healing events a year. These events are gatherings in which a traditional healer offers teachings and opportunities for participants to engage in traditional practices to prevent mental health challenges or to cope more effectively with these issues when they arise.

CyB is also a resource for service providers and community leaders around community mental health. Our mental health specialists as needed deliver workshops and provide consultation to schoolteachers, faith-based leaders, and other organizations that request help from our program.

Our multiagency program utilizes a diversity of ways of obtaining and incorporating community and client feedback into our regular programming. Some of these methods are formal processes, and others involve more informal communication with clients and community members by our team's peer educators and mental health specialists. Each one of the partnering agencies has a different approach to obtaining client and community input. The most common way to obtain

this information is through the direct contact that our team of educators has with the community and their clients. Our team of well-trained educators live and are part of the communities they serve, thus giving them a very unique position when it comes to hearing directly from their own communities about what are needs, strengths, opportunities and wisdom that can be used in their planning of activities. This knowledge is also often relayed back to program manager and coordinators to then be incorporated into the larger planning and strategic planning processes for the program. This method has been effective in bringing input from particular communities served by our program, including seniors and youth, and more recently, Indigenous families. Other methods used by our program include applying client evaluation surveys among attendees to our events to gather participants' suggestions and needs. We also have established relationships with community-based groups that inform our planning and implementation processes. An example of this is a collaboration our program has developed with Grupo Desarrollo Maya, a group of young Indigenous leaders in our community that continues to advise us around the needs of their community and about ideas for activities to reach out and engage these families in our program. In the next few months, we will launch a formal client advisory board (CAB) which we hope will assist us in gathering some of this information, feedback, ideas, and wisdom in a much more systematic and formal way.

CyB Program Component #1

Outreach, Engagement, and Education-CyB Promotores provide outreach and education at community locations (schools, churches, senior centers, streets, etc.), events (such as Dia de Los Muertos celebrations), and through group platicás. Promotores provide culturally relevant information, mental health education (for example stress coping skills) and resources for mental health and wellness. Outreach activities range from quick 1 hour tabling at an event or platica to an 8-hour long Dia de los Muertos event or Mother's Day celebration. They can occur during the daytime, evenings, and often during weekends when many of our clients and their families are available. Single session platicás or 1.5-2-hour discussions/workshops introduce a wellness topic such as parenting to the group. Through sharing and discussion, they emphasize recognizing existing strengths, developing coping skills, and reducing stressors and other risks. The number of participants varies from 15-300 people depending on the location and time of the event. It is important to note that while we adhere to a series of specific topics that include such areas as depression, anxiety, stigma, parenting, relationships, and others, we also tailor some of these workshops to the specific needs of the group we are serving.

CyB Program Component #2

Support Groups-CyB Promotores create an opportunity to engage in a more in-depth dialogue with at-risk Latinxs community members around the interconnection of mental health and overall wellness. These multiple session support groups are for men, women, seniors, transitional age youth, and children. These support groups are hosted at locations that are trusted by the Latino community and include community members experiencing a range of mental health risk factors and stressors. Groups are scheduled during the day, evening or weekends depending on the preference of participants and last 2 to 4 hours. Some groups follow an established curriculum (i.e., Cara y Corazon, which is 8 sessions), and others are drop-in groups for different

subpopulations such as men, women, or seniors or on topics such as stress and anxiety. There are a variety of different groups and participation may range from 5-30 people. Overall, 62% of participants are female, 92% Latino, and 82% prefer services in Spanish. While participants may hear about support groups at outreach or traditional healing events, they can also learn about support groups from community partners, the CyB website, by dropping by a CyB office or being referred by other participants. Some groups currently happening in our program include, Joven Noble a 12-week support group for high school students, 1 group for seniors in Livermore called Los Años Dorados, a separate group in Union City and 3 more support groups for seniors in Oakland. Additionally, the program runs a weekly drumming circle/support group, a gardening group and soon will start an arts and crafts support group for adults.

CyB Program Component #3

Home/Community Visits- During home visits (prevention and early intervention services) Program peer educators provide between one and six visits to offer individual/family support. During these visits, Promotores hear concerns, provide support, and deliver mental health promotion education, information, and skills building to build on protective factors and allow participants to learn methods to address early signs of mental health problems. Typically, these 30–90-minute visits address issues such as depression (tristeza), trauma, grief (luto), anxiety (nervous/susto), and stress through these brief intervention services. When the participants' severity is high or by participant preference, a visit will be conducted by a mental health specialist who builds on protective factors and focuses on symptom and risk reduction. A key element during these sessions is reaffirming the use of traditional healing and community-based practices to address emotional, spiritual or community health challenges. Educators might resort to a range of practices that they themselves have been trained on and can offer to participants such as herbal teas, limpias (cleansings) ceremony, altar building, drumming, thumb holding, tapping, physical activity, movement, or dance, among others. Educators might offer other options such as gardening and community service activities as means to assist participants to build community, ground themselves in traditional practices for farming and connecting with mother earth as a form of healing.

While participants may hear about our services at outreach events, traditional healing events, or support groups, they can also learn about this component of the program from community partners, the CyB website by dropping by a CyB office or being referred by other participants.

CyB Program Component #4

Training and Consultation for community leaders- Training topics include depression, trauma, anxiety, and suicide. We also offer consultation around traditional healing practices and culturally rooted interventions to help leaders and services providers identify and manage some common mental health challenges among their clients. These 1.5-3 hours long trainings and consultations are provided either one-to-one or in group format for teachers, group or church leaders, coaches, health professionals, and community service agencies to provide education about risk factors, identification of signs/symptoms, supporting individuals/families, and linking community members to treatment when needed. Additionally, MH Specialists provide training for mental

health providers at other CBOs. This training includes information on using “dichos” and other culturally responsive approaches and tools to engage Latinos, acculturation, and migration issues, and use cultural approaches to working with children with behavioral health issues and their families. For example, some of these consultations might discuss how teachers can use storytelling or how physicians can identify early signs of depression and what services are available to support their clients. Participation varies between 15-40 people in each group training session, or individual sessions are also available.

In addition, the program trains and provides support and consultation to promotoras offering psychoeducation on various topics relevant to the immigrant and Latinx communities—such as immigration grief, positive parenting, resilience, and self-care—as this constitutes a major part of the CBO trainings. Since promotoras are such important members at the community level, it is through these CBO trainings that they are able to fulfill a fundamental role in prevention and early detection for families at risk within the community

Participants may hear about training and consultation for community leaders from community partners, the CyB website, outreach, or word of mouth. Our team of peers also makes presentations to the public including in schools and in some local media outlets that help in getting the word out about this particular service we offer.

CyB Program Component #5

Traditional Healing and Cultural Events Method: Traditional Healing workshops and Cultural Events are held regularly in the community and last 2-3 hours. These events draw an average of 30-70 participants. They include workshops or demonstrations on such topics as therapeutic drumming circles, natural herbal remedies, building altars, or making “Papel Picado” or sugar skulls. These events are conducted in each geographic region of Alameda County and are facilitated by Traditional Healers with the support of program staff who discuss the history of the approach, demonstrate the traditional methods, and teach individuals and families how they can use these methods to support their own health and wellness. Our program has identified a circle of traditional healers that support our clients with a range of different healing practices that include drumming, traditional music, movement and physical activity, nutrition, medicinal herbs, arts and crafts as well as sweat lodges and ceremonial activities. Participants are reached through advertisements, the CyB website, referrals, outreach, or volunteer promotores. Traditional Healing workshops are considered entry level services, if during these events educators identify clients that need additional support they may refer them for individual visits, support groups or to other community partners as needed.

CyB Program Component #6

Referral and Linkage -Across all strategies, a key component to CyB’s PEI services is to link Latinxs with available specialty mental health services beyond the scope of this project or other social services as needed, if those services are appropriate and desired. CyB connects community members to County centralized services for further screening, information, and referral, making

every effort to make “warm hand-offs.” When needed, CyB staff describe their confidence in a referral organization, offer to help link them to treatment and make sure that they feel comfortable with the services to help participants more readily accept linkages. This builds on all the other elements of the program. Participants in outreach events, traditional healing events, support groups, and home visits may receive referral and linkage.

Local Evaluation Questions

The initial Phase II extension CyB evaluation questions were submitted with the original evaluation plan are listed below.

1. Was the CyB program effective in building, supporting or sustaining cultural resilience?
2. Was the CyB program effective in reducing social isolation and feelings of marginalization?
3. Was the CyB program effective in reducing Anxiety?
4. Was the CyB program effective in reducing Depression?

Evaluation Design & Method

A. Design

As part of the California Reducing Disparities Phase II Extension, both a statewide and local evaluation were conducted. As part of the local evaluation, both quantitative and qualitative design was used so that statewide survey evaluation data and Key Informant Interviews can be combined to determine the effectiveness of Cultura y Bienestar (CyB). Behavioral Assessment Inc. (BAI) served as the independent local evaluator and managed the design and implementation of process and outcome evaluation activities. Dr. Richard Cervantes served as the Lead Evaluator. Donna Camacaro, Research Associate, supervised data management and oversaw data analysis for the reports. Behavioral Assessment Inc. staff convened monthly with project personnel to review evaluation-related activities, including recruitment, retention, and updates on data management. CyB provided BAI staff with a monthly roster of all recruited participants. This participant list identified individuals by ID number and included sections for each administration point (Pre-Baseline and Post Surveys).

B. Sampling Method and Size

CyB’s intended target was 120 Latino participants. The SWE Core Outcome Measure data was to be collected from adult participants. A total of n=220 completed SWE Core Outcome Measures were submitted for the statewide evaluation.

A total of 220 pre-surveys and 190 post-surveys have been collected since the onset of the program. A total of 190 matched Pre-to-Post surveys were collected. Clients were recruited from each of the four La Clínica service sites including: La Clínica, La Clínica East Bay, La Familia Hayward, and Tiburcio Vasquez.

The attrition rate for this component of the evaluation is 14%; that is, 14% of those who responded to the pre-SWE survey did not respond to the post-SWE survey. Most of these cases

involved clients who dropped out from the program or individuals whom we could not contact after they completed the program. The specific reasons for these scenarios are unknown. Potential factors include time constraints related to the length of the post-survey (60–90 minutes) and concerns regarding current political issues, which may have influenced participants' decisions to complete or attend the program.

C. Measures and Data Collection Procedures

Several qualitative and quantitative evaluation measures were used as part of the local evaluation. These mixed methods of data collection provided multiple sources of data and information to address the evaluation questions.

Quantitative Measures

The instrument that was used during the CyB project was the **Statewide Evaluation SWE CDEP Participant Questionnaire.**) This questionnaire addresses a) access /utilization items, b) stigma and other barriers to help seeking items, c) psychological distress and functioning, (Kessler et al. 2002) d) satisfaction/appropriateness/quality/outcomes of services items and the consumer-based cultural competency inventory, e) subjective religiosity/spirituality items, f) social connectedness items, g) cultural connectedness items and h) demographics. For the purpose of this outcome analysis, The Kessler measure scores were modified to capture discrete mental health symptom clusters (E.g., Depression, Anxiety, Culture Resilience, Culture Connectedness and Marginalized (Social isolation)). Conceptual sub scores were calculated, and reliability estimates for the adapted sub scores are presented in Table 1. The questionnaire was collected at two time points: pre and post. Staff were trained in SWE data collection administration.

An additional tool utilized in the CyB project was **the Community Event Post/Follow-Up Questionnaire.** The Community Event questionnaire aimed to collect data on the impact of culturally based community events organized by CyB on the wellbeing and mental health of participating community members. The in-house developed survey includes: 1) a Consent Form, 2) questions assessing the event's impact on community members' health and wellbeing, with culture serving as a key aspect, and 3) demographics. In addition, the questionnaire requests minimal contact information in order to invite participants to a follow-up survey.

Qualitative Measure

The Key Informant Questionnaire was developed by the local evaluator in collaboration with program staff. The following questions were asked during each interview:

1. What is your traditional healthy practice? Please describe the practice.
2. How did you learn your traditional healing practice or philosophy?
3. What are the cultural principles or philosophies used in your traditional healing practice?

4. What kind of things do you teach about salud mental through the traditional healing practice?
5. What impact does your practice have on client well-being?
6. What part of the traditional healing practice do your participants like the most? Why?
7. How can your traditional healing practice be more integrated into western mental health practices?
8. Do you have any suggestions for how we can improve the CyB services overall?

In addition, an informed consent form was created and collected at the time of the interview. Participants were made aware of the audio recording and were offered an opportunity to ask questions for clarification.

D. Fidelity Measurement

No Specific fidelity tools were used as this CyB program has many fluid components and is not a curriculum driven model.

E. Data Analysis Plan Implemented

For our quantitative analysis, SPSS v 28 was utilized to conduct all data transformation, coding, reliability and means testing analysis using paired t-test for matched samples.

Results

A. Quantitative Data Findings

SWE Participant Demographic Profile

SWE surveys were collected at 4 different sites, La Clinica, La Clinica Hayward, La Familia East Bay, and Tiburcio Vazquez. A total of **220** surveys were collected from all 4 sites at Baseline. Ninety-four were collected for La Clinica, 35 for La Clinica Hayward, 15 for La Familia East Bay and 76 for Tiburcio Vazquez.

Appendix 2 shows the demographic analysis for n=220 program participants. Out of a total of 220 responses, the majority of the participants, (26%) do not speak English at all. Followed by (24%) who do not speak English very well. Nineteen percent (19%) speak English somewhat fluently and (16%) speak English Fluently. Eighty six percent (86%) indicated that their preferred language is Spanish. Four percent (4%) indicated that their preferred language is English. A small number of participants, (8%) preferred both Spanish and English. Two percent mentioned other languages such as Mam or Mam and Spanish. Eighty-four percent (84%) indicated that they were born outside of the US while 10% were born in the US. Eighty percent have not spent time on a

settlement for refugees or held by ICE. Thirty-five percent (35%) of the participants are temporarily not working. Twenty-seven percent (27%) are currently employed full-time or part-time. Eight percent (8%) of the participants were male, and 90% were female. Eighty-two percent (82%) were Heterosexual, (1%) were Bisexual, 1% are Queer, (1%) are Pansexual and (1%) percent Asexual. Seven percent (7%) of the participants are between 18-29 years of age, 12% percent of the clients are between 30-39 years of age, 10% are between 40-44 years of age, 12% are between 45-64 years of age, (33%) are between 50-64 years of age and (25%) are 64 or older years of age. Regarding race and ethnicity, (61%) are Hispanic, (33%) are multi-racial, (1%) are Asian, (1%) are White, (1%) are Black/African American, and (1%) are from the Caribbean. Of those participants that are Hispanic, (63%) are Mexican/Chicano, (4%) are Salvadoran, (12%) are Guatemalan, (1%) are Honduran, (3%) are Peruvian, 1% are Chilean, (2%) are Nicaraguan, and (4%) are other Latino.

Regarding other baseline participant characteristics most of the clients (96%) reported having fair to excellent health. A very low percentage (4%) of the participants reported poor health. In terms of current mental health care and utilization, Baseline data analysis shows that 87% of the clients currently have insurance. Forty-four percent of the participants stated that their mental health was not good in the past 30 days. Thirty-eight percent stated that their poor physical and mental health kept them from doing their usual activities such as self-care/recreation, work or school. In the past 12 months, due to mental health, emotions, nerves or use of alcohol or drugs (23%) saw a traditional healing professional, (32%) saw a community helping professional, (51%) saw a primary care physician and (38%) saw a mental health professional.

The sample is highly representative of the CDEP Universe of clients served. For example, data for La Clinica mental health service client recipients for 2020 as reported to Alameda County Dept of Mental Health showed that 38% percent of our clientele marked themselves as being Hispanic or Latino, more than 81% reported Spanish as their primary language. About 57% of participants did not specify their ethnic background.

Anxiety, Depression, Culture Resilience, Social Isolation, and Cultural Connectedness

The evaluation team conducted comparative analysis to determine other program outcomes. Specifically, paired t-tests were computed for 5 core mental health factors that are conceptually linked to our CyB mental health outcomes including, Psychological Distress “Anxiety”, Psychological Distress “Depression”, Cultural Resilience, Social Isolation, and Cultural Connectedness/Spiritual Balance. The composite mental health factors described above were all analyzed using the original scoring codes designated by PARC in the SPSS database and were NOT re-coded for this CyB analysis. However, the findings are carefully interpreted despite the counterintuitive scoring.

For the current report, reliability analyses were conducted for each of the scales using Cronbach Alpha. As can be seen in the following table, all 5 of the scales were well above the acceptable range of .70.

Table 1: Subscales (N=190)	# Items	Reliability
Psychological Distress “Anxiety”	2	.81 good reliability
Psychological Distress “Depression”	4	.84 high reliability
Cultural Resilience	4	.90 high reliability
Social Isolation	2	.75 good reliability
Cultural Connectedness/Spiritual Balance “Protective Factors”	2	.80 good reliability

The following table highlights pre-post survey findings for matching samples in each scale, comparing prescores with postscores. As shown in Table 2, for the mental health outcomes, there was significant improvement in Psychological Distress-Anxiety, and Psychological Distress-Depression from Pretest to Posttest administration. Regarding the cultural variables, there was no significant change in Cultural Resilience, Social Isolation, and Cultural Connectedness from Pretest to Posttest administration.

Table 2: Outcome Changes (N=190)	PRE-Mean Score	POST-Mean Score	T-Value	Probability
Psychological Distress “Anxiety” (2)	6.68	7.25	-3.35	p<.001 Significant improvement
Psychological Distress “Depression” (4)	15.72	16.38	-1.90	p<.058 Significant improvement
Cultural Resilience (4)	5.99	5.89	.354	p<.724 No Significant Change
Social Isolation (2)	7.50	7.66	-.814	p<.417 No Significant Change
Cultural Connectedness/Spiritual Balance “Protective Factors” (2)	3.58	3.70	-.767	p<.444 No Significant Change

CyB Post Program-Staff Satisfaction Questions

One hundred and eighty-nine (189) participants filled out the post survey, see **Appendix 3**. Within the post survey, participants were asked post satisfaction questions regarding staff and program satisfaction. Overall participants were satisfied with the program and staff and were very positive about the cultural proficiency and relevance of the staff and programming. For example:

- **Overall Satisfaction:** 74% strongly agreed and 24% agreed that they liked the services received.
- **Recommendation:** 77% strongly agreed and 21% agreed that they would recommend the agency to a friend or family member.
- **Service Availability:** 64% strongly agreed and 30% agreed that services were available at convenient times.
- **Staff Interaction:** 68% strongly agreed and 27% agreed that it was easy to talk to the staff.

- **Respect for Race/Ethnicity:** 78% strongly agreed and 21% agreed that the staff respected their race and/or ethnicity.
- **Respect for Religious/Spiritual Beliefs:** 81% strongly agreed and 18% agreed that the staff respected their religious and/or spiritual beliefs.
- **Respect for Gender Identity/Sexual Orientation:** 78% strongly agreed and 20% agreed that the staff respected their gender identity and/or sexual orientation.
- **Flexibility of Staff:** 72% strongly agreed and 22% agreed that staff were willing to be flexible and provide alternative approaches to meet their needs.
- **Respect for Cultural Beliefs:** 79% strongly agreed and 19% agreed that the staff respected their cultural beliefs, remedies, and healing practices.
- **Effectiveness in Daily Problems:** 50% strongly agreed and 41% agreed that they dealt more effectively with daily problems as a result of the program.
- **Symptom Reduction:** 38% strongly agreed and 33% agreed that their symptoms/problems were not bothering them as much due to the program.
- **Travel Time:** 75% of participants traveled 0-29 minutes to participate in program activities.
- **Virtual Attendance:** 96% of participants were able to attend activities or receive services virtually instead of in-person.

Community Event Post/Follow-Up Questionnaire

Community Post Participant Demographic Profile

Fifty-three total participants filled out the Post questionnaire, see **Appendix 6**. A total of 37 participants filled out the follow-up (30 day) questionnaire. The survey measured various aspects of mental health awareness, confidence in seeking help, and the impact of cultural practices on their well-being.

The following presents a summary of the demographic profile of the participants.

- **Age:** The majority of participants are aged 61 and over (40%), followed by those aged 41-50 (26%). The smallest age group is 20-30 (4%).
- **Gender:** Most participants are female (83%), with males making up 15% and non-binary individuals 2%.
- **Sexual Orientation:** The majority identify as straight/heterosexual (87%), with small percentages identifying as gay/lesbian (2%), queen/pansexual (2%), and prefer not to say (9%).
- **Hispanic/Latino:** A significant majority consider themselves Hispanic/Latino (96%), with only 2% saying no and 2% preferring not to say.
- **Ethnicity:** Most participants are Mexican/Mexican American (82%), followed by Central American/Mexico (12%), Central American (2%), South American (2%), and other (2%) .
- **Race:** The largest racial group is Indigenous Central American/Mexico (59%), followed by White (15%), Black/African American (2%), Native American/Alaska Native (2%), and prefer not to say (13%).

- **Languages Spoken at Home:** The majority speak Spanish (58%), followed by Spanish and English (38%), Mam (2%), and English (2%).
- **Born Outside of the USA:** Most participants were born outside of the USA (76%), with 22% born in the USA and 2% preferring not to say.
- **Average Number of Years in the USA:** The average number of years participants have lived in the USA is 34 years.

Community Event Post to Follow-Up Data Analysis Summary

A total of n=37 matched surveys were obtained through June 2025. The following table presents the comparative data analysis results of the community survey conducted with 37 participants, focusing on their experiences and perceptions after participating in the CyB community events. The survey measured various aspects of mental health awareness, confidence in seeking help, and the impact of cultural practices on their well-being. Overall, the survey results indicate positive outcomes.

- **Confidence in Seeking Help:** After the activity, 63% of participants strongly agreed that they felt more confident in reaching out for help with mental health challenges, which increased to 68% at follow-up.
- **Awareness of Resources:** 69% of participants strongly agreed that they were aware of resources and services to help with mental health challenges, post-activity, slightly decreasing to 65% at follow-up.
- **Language and Confidence:** 80% of participants strongly agreed that having information and services provided in their native language increased their confidence in seeking mental health services post-activity, though this decreased to 65% at follow-up.
- **Cultural Relevance:** 72% of participants strongly agreed that the information and materials provided during the activity reflected their cultural background post-activity, decreasing to 62% at follow-up.
- **Respect for Culture:** 80% of participants strongly agreed that their culture, language, and background were acknowledged and respected during the activity, decreasing to 68% at follow-up.
- **Managing Emotions:** 72% of participants strongly agreed that the skills and information provided during the activity would help them manage their emotions in the future, decreasing to 65% at follow-up.
- **Healing through Cultural Practices:** 78% of participants strongly agreed that the cultural practices presented during the activity offered them an opportunity to heal or feel well, decreasing to 62% at follow-up.
- **Recognizing Emotions:** 70% of participants strongly agreed that they were better able to recognize emotions and feelings that can signal serious mental challenges, post-activity, decreasing to 59% at follow-up.

In summary, the cultural activity had a positive impact on participants' mental health awareness, confidence in seeking help, and the perceived value of cultural practices in promoting well-being. However, there was a slight decline in some areas at follow-up, indicating the need for ongoing support and reinforcement of these positive outcomes. Overall, the comments reflect a mix of positive feedback and constructive suggestions for improvement. The participants appreciated the clarity of the survey and the cultural activities, while also providing valuable insights on how to enhance the survey experience.

B. Qualitative Data Findings – Key Informant Interviews

Purpose of the Key Informant Interview Evaluation Sub Study

The purpose of the CyB program's Key Informant interviews is to determine the effectiveness of our traditional healing approaches and other non-traditional Mental Health Services in meeting the needs of our Latino immigrant population. As part of the qualitative the evaluation was particularly interested in learning about healing practices, methods, and healing philosophies regarding an array of traditional practices. CyB has incorporated these practices to augment standard mental health practices and as a way to offer services that may be more acceptable to the growing immigrant community. The Key Informant Interview Guide was developed by the local evaluator with help from the PD and CyB staff. The interview has 8 open ended questions that asked participants about their traditional healing practice, the cultures and philosophies used in their traditional healing practice, how their traditional healing practice impacts mental health and a client's wellbeing and how traditional healing can be integrated into the western mental health practices.

Key Informant Procedures

The initial sampling plan included eight Key Informant interviews conducted annually. Two traditional healers were selected from each of the four La Clínica service sites: La Clínica, La Clínica East Bay, La Familia Hayward, and Tiburcio Vasquez. Interviewers asked the traditional healers about their practices and how these relate to well-being. After consent was given by each participant, interviews were recorded. All the interview responses are kept confidential. Evaluation staff conducted the qualitative interviews, each lasting approximately one and a half hours. The key informant interviews identified various factors related to the skills, capacities, methods, and underlying principles of traditional healing services. Due to scheduling conflicts, participant hesitancy, and the specified data collection period, the final sample size was n=7. Each participant received a gift card at the end of the interview.

Key Informant Findings Summary

The following two summaries are from 2 Key Informant reports shown in full in **Appendix 4**. The reports were completed in June 2024 and June 2025. A total of 7 traditional healers were interviewed. Five females and 2 male traditional healers.

Summary from Cohort 1 Completed June 12, 2024

The findings taken from these key informant interviews include **1)** The unique approaches to increasing access and acceptability of traditional healing practices for mental health, **2)** There is a wide range of healing practices that are acceptable and have positive impacts, and **3)** These services should be expanded or combined with traditional services as there is a market for these services among Hispanic/Latino people. Mainstream mental health services for Latinx populations are often inappropriate, not language specific, or otherwise do not address the needs of this growing population. Standard mental health services may stigmatize Latinx individuals and can result fear of seeking out services. On the other hand, traditional health practices can have a positive benefit to overall well-being, can be more acceptable to Latinx immigrants and do not run the risk of stigmatizing individuals who may need mental health care. The key informant interviews conducted here were meant to help document specific traditional healing practices that are widely acceptable among Latinx adults, learn more about the actual practices, as well as the benefits received by participants of Cultura y Bienestar Traditional Healing services.

Summary from Cohort 2 Completed June 24, 2025

The findings taken from these key informant interviews include a Unified Vision Across Practices as well as, **1)** Ancestral Connection & Cultural Roots, each healer embraces ancestral wisdom as a foundation for healing. They believe that reconnecting with cultural heritage, whether through nature, traditional foods, or ritualistic ceremonies—can spark meaningful healing in both mind and body. **2)** Holistic Well-being, all three view the healing process as multifaceted. They address mental, emotional, spiritual, and physical dimensions, asserting that true well-being comes from balancing these interconnected elements. **3)** Experiential, Sensory Engagement, their methods are deeply experiential. **4)** Integration with Western Practices, all three suggest that blending traditional healing with Western mental health approaches can offer a more comprehensive support system. They advocate for an integrative model where community, tradition, and modern therapeutic practices intersect.

This synthesis underscores how, despite their different mediums of expression—gardening, cooking, and ceremonial rituals, they share the same belief: healing is most profound when it taps into the deep, ancestral connection to nature, culture, and community.

Discussion and Summary of Evaluation Findings

The CyB program funded by CRDP Phase II Extension offers a comprehensive, community-based approach toward mental health access and services for Latinx populations living in the Oakland/Alameda region. As noted in the program description and logic model, our approach offers multiple culturally acceptable avenues to access services for a population that may otherwise fear traditional mental health services. The service model in prevention offering cultural and resilience-based strategies in counseling settings. A collaborative approach that relies on four partner organizations, has serves as the strategies framework for our work.

A mixed methods approach to the CyB evaluation proved beneficial. The local evaluation team and CyB staff successfully worked together to implement a very rigorous evaluation. Staff capacity was built in terms of survey administration, data management, and participant protection/IRB issues.

The quantitative project evaluation findings first demonstrate that the CyB project was successful in recruiting and serving Latinx/Hispanic clients who need prevention and support services. All the clients are Latinx/Hispanic. Baseline information on mental health symptoms clearly indicates that clients enter CyB services with needs for mental health services and typically have less insurance coverage than found in the general population.

Outcome data from the SWE Core measure points to a number of significant project results. Clients reported reductions in symptoms of depression, and anxiety. High client satisfaction ratings also provide evidence about CyB service acceptability.

Overall participants were satisfied with the program and staff and were very positive about the cultural proficiency and relevance of the staff and programming. Participants strongly agreed that staff respected their cultural beliefs, religious beliefs, sexual orientation, and race. In addition, participants “strongly agree to agree” that their symptoms were not bothering them as much due to the program and that they dealt more effectively with daily problems as a result of the program.

The Community Post Event Survey highlighted that the cultural activities had a positive impact on participants' mental health awareness, confidence in seeking help, and the perceived value of cultural practices in promoting well-being.

The use of Key informant interviews highlighted the unique approaches to increasing access and acceptability of traditional healing practices, the wide range of acceptable healing practices, and the positive impacts of these services. The findings suggest that these services should be expanded or combined with traditional services to better serve Hispanic/Latino people

Taken together, the findings here continue to support the richness of CyB as a community based, early intervention and prevention program. The program model and services offered continued to be valued, regardless of the service location.

What is Next for CyB

Over the next years, CyB will continue its work dismantling stigma and promoting health and wellness in our communities. We plan to engage in a conversation with staff members about ways to enhance our practices and compile a more formal guide that can be more easily shared among educators and partnering agencies so that we can benefit from each other's knowledge and experience supporting our clients. This includes the creation of a curriculum that we intend to use to train other community agencies on our model, so that they can adapt the CyB model to their own agencies, staff and communities. This effort is currently in their way, and we hope it

will be completed early next year. We hope to pilot this curriculum sometime in the summer of 2026.

With the passage of proposition 1 (Behavioral Health Services Act) in February of 2024, many of the support systems we came to rely on for funding and administrative and otherwise support will go away within the next couple of years. Our program will be forced to pivot and adapt to this new reality to ensure we continue to be available to serve our communities, and we stay true to the model of services we have developed over the past decade and a half. We are currently exploring the new landscape and gathering information to help us make decisions on our next steps for our program. In addition, in the immediate future, we will be engaged in a great deal of advocacy efforts to demonstrate to policy makers and others in positions of power the value of our model to deliver good quality preventive services to our communities. We hope this will bring some support to our program to help us continue providing services.

Part of this new landscape includes strengthening our ability to provide evidence based and community define evidence practices such as Familia Adelante, Joven Noble as well as other curriculums like Mental Health First Aid. Additionally, all our staff have been trained in the Lay Counselor Academy to enhance their ability to provide early intervention services, and we are actively seeking opportunities to train our staff on topics that may be required to enter into the new model of BHSA such as substance use prevention and early psychosis identification.

As a program, we are facing significant challenges in the coming years, particularly in the areas of sustainability and scalability. With respect to sustainability, we are engaged in substantial advocacy efforts to highlight the critical contributions that Community Evidence-Based Programs make to mental health prevention and early intervention. Our priority is to ensure that more than fifteen years of pioneering work in community-driven mental health approaches in California are not dismantled as a result of the new budget priorities, which emphasize treatment for severe mental illness and substance use disorders. To support this goal, we are training both our staff and community members to become actively involved in advocacy efforts. We are also presenting our program and its extensive evidence—demonstrating strong and consistent effectiveness—at various national and international conferences. Additionally, we are strengthening the collaborative structure among the program's three founding agencies to preserve the value and richness of an interdisciplinary, cross-agency model.

In terms of scalability, we are committed to continuing the development of a comprehensive training and implementation manual for other agencies across counties in California that may be interested in adopting a community-driven, evidence-based model for mental health prevention and early intervention. Our aim is to provide meaningful support to agencies—and potentially entire counties or behavioral health departments—seeking to implement this innovative and preventive approach to mental health care.



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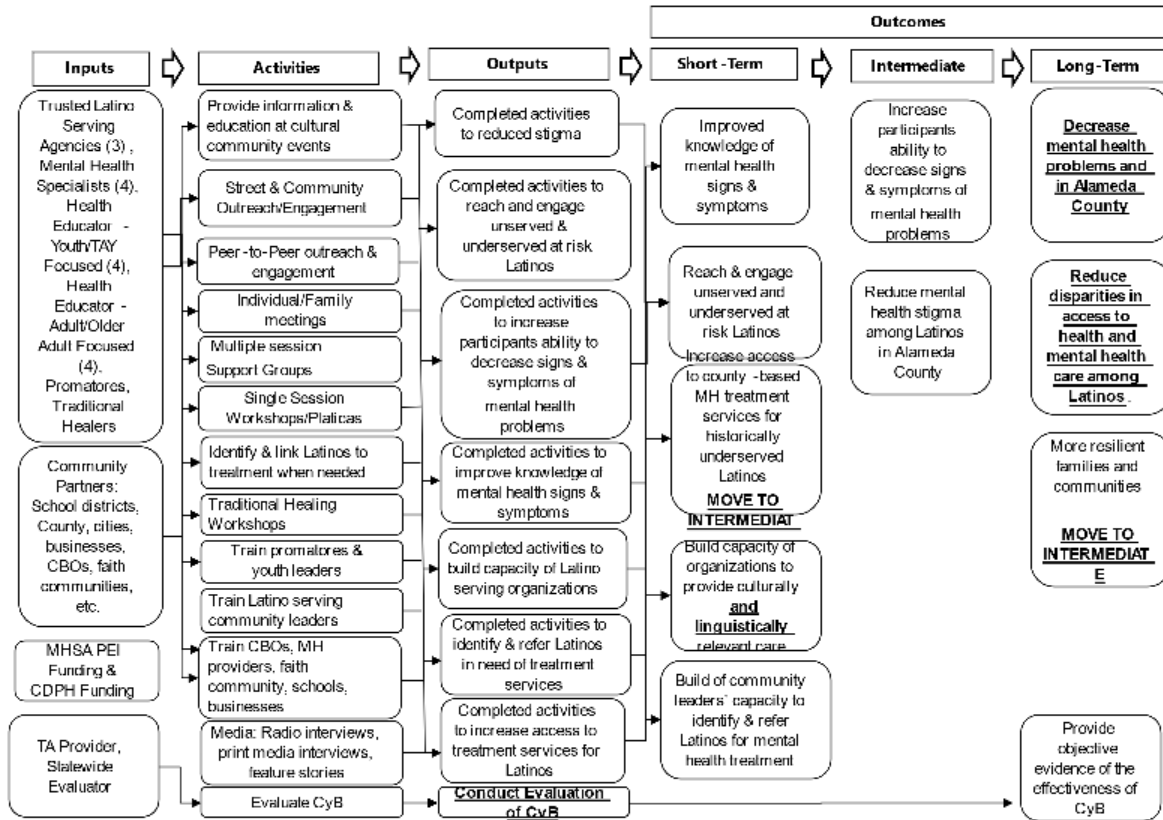
Appendices

Appendix 1

La Clinica de La Raza, Inc. Cultura y Bienestar Program (CyB)

Goal: Improve the mental health status and reduce disparities in access to care for

low-income Latinos in Alameda County



Appendix 2

Table 1: Client Demographic Profile	N=220 Baseline Participants
Gender	
Male	8%
Female	90%
Left Blank	2%
What is your sexual orientation?	
Heterosexual	82%
Bisexual	1%
Queer	1%
Pansexual	1%
Asexual	1%
Age	
Between 18-29 years of age	7%
Between 30-39 years of age	12%
Between 40-44 years of age	10%
Between 45-49 years of age	12%
Between 50-64 years of age	33%
65 or older years of age	25%
Left Blank	1%
What is your race or ethnic origin?	
Latino, Hispanic, or Spanish	61%
• Mexican	63%
• Salvadoran	4%
• Guatemalan	12%
• Honduran	1%
• Peruvian	3%
• Chilean	1%
• Nicaraguan	2%
• Other	4%
How well can you speak the English language?	
Fluently	16%
Somewhat Fluently	19%
Not very well	24%
Know some vocabulary, but can't speak in sentences	15%
Not at all	26%
What is your preferred language?	
English	4%
Spanish	86%
Spanish and English	8%
Other Language (MAM)	2%
Were you born in the US?	
Inside the US	10%
Outside the US	84%
Refused	5%
Don't Know	1%
Have you ever spent time in a temporary area for refugees or displaced persons or been held at ICE facilities?	
Yes	4%
No	80%
Refused	2%
Don't Know	3%
Left Blank	11%

Appendix 3

Table 3: Program Satisfaction		N=189 Participants
I like the services that I received here.		
Strongly Agree		74%
Agree		24%
I am Neutral		1%
Not Applicable		2%
I would recommend this agency to a friend or family member.		
Strongly Agree		77%
Agree		21%
Disagree		1%
Strongly Agree		1%
Not Applicable		1%
Services were available at times that were good for me.		
Strongly Agree		64%
Agree		30%
I am Neutral		4%
Not Applicable		2%
When I first called or came here, it was easy to talk to the staff.		
Strongly Agree		68%
Agree		27%
I am Neutral		3%
Strongly Agree		1%
Not Applicable		2%
The staff here respect my race and/or ethnicity.		
Strongly Agree		78%
Agree		21%
I am Neutral		1%
Not Applicable		1%
The staff here respect my religious and/or spiritual beliefs.		
Strongly Agree		81%
Agree		18%
I am Neutral		1%
Not Applicable		1%
The staff here respect my gender identity and/or sexual orientation.		
Strongly Agree		78%
Agree		20%
I am Neutral		1%
Not Applicable		1%
Staff are willing to be flexible and provide alternative approaches or services to meet my needs.		
Strongly Agree		72%
Agree		22%
I am Neutral		2%
Not Applicable		4%
The people who work here respect my cultural beliefs, remedies and healing practices.		
Strongly Agree		79%
Agree		19%
I am Neutral		1%
Not Applicable		1%
I deal more effectively with my daily problems, as a direct result of my involvement in the program.		

Strongly Agree	50%
Agree	40%
I am Neutral	8%
Not Applicable	2%
My symptoms/problems are not bothering me as much, as a direct result of my involvement in the program.	
Strongly Agree	38%
Agree	33%
I am Neutral	17%
Disagree	2%
Strongly Disagree	1%
Not Applicable	9%
On average, how long did it take you to travel to participate in a typical activity or service connected to this program?	
0-29 Minutes	75%
30-59 Minutes	13%
1 hour but less than 1 hour 15 minutes	6%
75-89 Minutes	2%
1.5 hours or more	4%
I was able to attend activities or receive services related to this program virtually instead of in-person.	
Yes	4%
No	96%

Appendix 4

LA CLÍNICA DE LA RAZA-CULTURA Y BIENESTAR PROGRAM
CALIFORNIA REDUCING DISPARITIES PHASE 2 PILOT PROJECT

TRADITIONAL HEALER KEY INFORMANT INTERVIEWS EVALUATION FINDINGS

PREPARED BY BEHAVIORAL ASSESSMENT INC.
JUNE 12, 2024



BEHAVIORAL
ASSESSMENT
INC.

INTRODUCTION TO CULTURA Y BIENESTAR

As part of the California Reducing Disparities phase 2 extension, both a statewide and local evaluation are being conducted. As part of the local evaluation, both a quantitative and qualitative design is being used so that statewide survey evaluation data and Key Informant information is combined to determine the effectiveness of Cultura y Bienestar (CyB) traditional healing practices. This report will highlight findings from the Key Informant Interviews that were conducted in March and April 2024.

The Cultura y Bienestar (Culture and Wellness) Program is a project of La Clínica de La Raza in collaboration with La Familia Counseling Service and Tiburcio Vázquez Health Center. This program is a Latino focused mental health prevention and early intervention program that provides outreach, education, and consultation to the Latino community and those who serve Latinos in Alameda County (Oakland). The focus of the evaluation will involve the assessment of our traditional healing programming, as well as our community traditional healing events, support groups and psychoeducational groups.

PURPOSE OF THE FOCUS GROUP STUDY

The purpose of the CyB program's Key Informant interviews is to determine the effectiveness of our traditional healing approaches and other non-traditional Mental Health Services in meeting the needs of our Latino immigrant population. We were particularly interested in learning about healing practices, methods, and healing philosophies regarding an array of traditional practices. CyB has incorporated these practices to augment standard mental health practices and as a way to offer services that may be more acceptable to the growing immigrant community.

The Key Informant Interview Guide was developed by the local evaluator with help from the PD and CyB staff. The interview has 8 open ended questions that asked participants about their traditional healing practice, the cultures and philosophies used in their traditional healing practice, how their traditional healing practice impacts mental health and a client's wellbeing and how traditional healing can be integrated into the western mental health practices.

PROCEDURES

Clients were recruited by La Clinica de la Raza Project Director Alberto Rendon. A total of 4 traditional healers were recruited. The Key Informant Interviews were conducted by the evaluation team, Dr. Cervantes, and Delia Reyes primarily in Spanish. Interview length for each KII was approximately one hour long. After consent was given by each participant, interviews were recorded. All of the interview responses were kept confidential. Each participant received a gift card at the end of the interview.

MEASURES

The Key Informant Questionnaire was developed by the local evaluator. The following questions were asked during each interview:

9. What is your traditional healthy practice? Please describe the practice.
10. How did you learn your traditional healing practice or philosophy?

- a. What are the cultural principles or philosophies used in your traditional healing practice?
- b. What kind of things do you teach about salud mental through the traditional healing practice?
- 11. What impact does your practice have on client well-being?
 - a. What part of the traditional healing practice do your participants like the most? Why?
 - b. How can your traditional healing practice be more integrated into western mental health practices?
- 12. Do you have any suggestions for how we can improve the CyB services overall?

The following are summaries of each CyB Program Key Informant Interview

INTERVIEW #1: Dr. A.

1. What is your traditional healthy practice?

Dr. A practices Medical Biomagnetism Therapies, learned in Mexico, which consist of placing magnets in different parts of the body to balance the pH. Dr. A graduated as a medical doctor but decided to leave allopathic medical practice and focus on natural therapies that do not use chemicals. Her practice is based on Bioenergetics and the energy that all living beings have, similar to Kinesiology practiced in the United States. Kinesiology uses the body's muscle responses to know exactly where there is a pH imbalance, which can indicate the presence of fungi, viruses, bacteria, parasites, or an organ that is not functioning properly. As described by Dr. A, the patient comes in and tells Dr. A their discomfort. Dr. A checks their feet to see the response of the muscles. She determines if the patient can contract a muscle or can make it longer depending on where they need help. Dr. A does a visual scan of the body, and if she finds an imbalance, she places magnets on the affected area until it balances out. Patients do not need to remove their clothes, but they should put aside metal objects and cards with chips or magnetic stripes. The magnets are made of neodymium and are placed on different parts of the body to balance the pH. If the muscles contract, the negative pole is used, and if they elongate, the positive pole is used. Dr. A does not use chemicals in her practice. The people who seek her out the most are those with diagnoses of chronic and degenerative diseases, as well as emotional problems such as anxiety and depression and who are tired of taking antidepressants, anxiolytics that do not improve their symptoms and are often feeling worse and are looking for something more natural to improve their health.

2. How did you learn your traditional healing practice or philosophy?

Dr. A learned her Biomagnetism practice in Mexico, studying two diploma courses for three years and taking updates since then. She learned directly from the discoverer of the technique, Dr. Isaac Goiz Durán. Dr. A experienced the therapy itself after receiving a medical diagnosis that required surgery and a colostomy. After looking for other options, she was recommended to people practicing iridology, herbalism, and biomagnetism, and eventually found Dr. Goiz. The experience was wonderful and led her to leave allopathic medical practice to focus on more natural and harmless therapies for the person. As a result, it was not necessary to live with that colostomy bag in her abdomen.

3. What are the cultural principles or philosophies used in your traditional healing practice?

Dr. A discusses the cultural principles and philosophies used in the practice of traditional culture in Mexico. She mentions that people look for non-chemical methods that are harmless to their health and that magnets or magnetized stones, such as ferrite, are used, which the Mayans already used to balance their bodies. Dr. A prefers to use rocks or plants that won't cause harm. According to Dr. A, although there is not much data on the use of these practices, it is known from drawings and pictograms that the Mayans used them.

4. What kinds of things do you teach about mental health through traditional healing practice?

Dr. A is a traditional healer who works with physical symptoms and pH imbalances in the body. However, she recommends that people seek help from a mental health expert before working with her. The time it takes to heal a person varies depending on the body and the number of imbalances they have. Dr. A does not make diagnoses or physical tests but is guided by the body's responses and muscle responses. She always tells patients that it's very necessary that they seek help from a counselor, a psychologist, or a mental health therapist. She also emphasizes the importance of nutrition and exercise education to maintain a balance in health.

5. What impacts does your practice have on your client's well-being?

Dr. A talks about the impact of her practice on client well-being and mentions that most people leave very happy after working with her. Many of her clients work in areas such as construction and painting, and they don't care about the way they eat, so they come to her for nutrition advice. Dr. A does not have a fixed fee, but clients can pay whatever they want, from \$50 - \$120. When patients come to her, they do not need to have a previous diagnosis, as she detects pH imbalances through muscle response.

6. What part of the traditional healing practice do your participants like best? Why?

Dr. A believes that the body speaks for itself, and patients trust their body more than anything else. She gives an example of a patient who had forgotten about his stomach and reflux problems until she pointed out the areas of discomfort during a scan. Patients leave her treatment feeling satisfied because she dedicates the necessary time to ask their body questions. Dr. A only sees patients two days a week due to her registration and permit process. She can see up to six patients a week, but six is a heavy workload for her as each session lasts around an hour and 15 minutes. The only downside to her therapy is that it is not covered by medical insurance, and some patients find it expensive. She asks patients to be mindful of her time and expenses. Dr. A practices traditional healing and her patients are satisfied because they trust what their body tells them. Dr. A takes all the time to ask your body as much as you need.

7. How can your traditional healing practice be more integrated into Western mental health practices?

Dr. A talks about the integration of traditional medicine with Western medicine, mentioning that in Mexico it was tried for many years, but they received threats and prohibitions from the Ministry of Health. She practices biomagnetism but refers to it as Par Bio magnetics due to the ban in Mexico. Dr. A has many patients in San Francisco and some in Hayworth and Union City, but she finds it difficult to get around due to the weight of the magnets she uses in her practice.

8. Do you have any suggestions on how we can improve CyB's services in general?

Dr. A and the interviewer discussed how to improve La Clinica's services and the wellness program. Dr. A suggests spreading the word about the services and giving patients a sense of security, so they feel comfortable using them. She also suggests the creation of a 24-hour crisis line for mental health. Dr. A talks about her practice of Par Bio magnetics, which is based on science and not religion. Par Bio magnetics uses two poles to balance the pH of the body and has been in use since the 1980s. Dr. A also mentions that many patients are afraid to use a crisis line and that some are not comfortable sharing personal information with strangers.

INTERVIEW #2: Mr. I.

1. What is your traditional healthy practice?

Mr. I is a Spiritual Guide and Healer from Guatemala. He has worked to improve the services of the Community and Behavioral Health Services (CyB) for the Mayan and indigenous communities. Mr. I talks about the cultural and philosophical principles of traditional medicine, emphasizing the inter-connectedness of spiritual and physical health. He explains how traditional practices, such as ceremonies and the use of medicinal plants, contribute to mental and emotional well-being. Overall, he emphasizes the value of traditional medicine and the use of natural remedies for various ailments. Mr. I leads a men's group that discusses topics such as male health, sexual health, and Diabetes. The group also engages in artistic activities, which have been shown to have a connection to mental health. The cultural aspect of art allows individuals to express their emotions and experiences, which can be therapeutic. The group has been creating art for six months and members have said that it helps them to process their emotions and relax. One member shared that without the group, he may have been drinking on the streets due to difficulty finding work at his age. The representative from the Department of Health was moved by the profound impact that art has had on the group members and left in tears. The connection between art and healing has been proven, making it an important part of culture. The community of Mayamam, which has a large population of Quichés (Mayan people), is located in Alameda County. Mr. I, who conducts ceremonies for his clients, has clients from various indigenous backgrounds such as Maya, Yucatán, Mexico, Venezuela, and Colombia. He helps them understand the meaning of Nahual and provides them with information about their culture. Mr. I has been working as a spiritual guide for 19 years and as an independent interpreter for 26 years in the community. He receives many calls from people who need help, and he refers them to the appropriate resources depending on their needs. He asks them what kind of help they need, whether it's for drug and alcohol programs, ceremonies, shelters, or churches. He respects their beliefs and doesn't

force them to do anything. He has conducted ceremonies to help people balance their energy and has seen positive results. One of the ceremonies he conducts is called a "limpia" or saturation, which involves using a combination of medicinal herbs. Mr. I explains that his job as a guide is a 24-hour commitment, and he may be called upon to help someone with spiritual needs at any time.

2. How did you learn your traditional healing practice or philosophy?

Mr. I explains the challenges faced by immigrants in the United States, particularly those who do not speak English. He shares his experience of helping a young man who only spoke the Quiché language and was mistaken for a gang member by the police. Mr. I intervened and explained the situation to the police but was later told by a white officer that he should forget his dialect and learn English. This experience motivated Mr. I to become an interpreter and advocate for his community. The incident highlights the importance of language barriers and the discrimination faced by non-English speakers in the United States.

3. What are the cultural principles or philosophies used in your traditional healing practice?

The Mayan worldview emphasizes the interconnection between the spiritual and physical realms and the unity between nature and humanity. This world view is passed down through generations and is the foundation for the principles and values of Mayan healers and spiritual guides. The Mayan understanding of the cosmos includes the recognition of the importance of animals and nature in the interconnectedness of all things. This understanding shapes the philosophy and principles of Mayan individuals and their approach to life. Mr. I discusses the importance of the Mayan calendar and its relationship with the human body. He explains that there are two types of calendars, the ceremonial calendar of 260 days and the agricultural calendar of 365 days. These calendars are celebrated with four annual events, including the sacred Mayan New Year, which falls on May 3rd. The numbers of one to thirteen are related to the movements of the body, and when multiplied by 20, it equals 260 days. The events celebrated in the community include the Mayan New Year, Women's Day, Children's Day, and Day of the Dead. During the pandemic, Mr. I worked with the city of San Francisco to create videos in four Mayan languages to pass on information to those who cannot read or write. When asked about the number of people he serves, Mr. I suggest conducting a survey, as his work with spirituality is confidential. However, he acknowledges that there is a large community that could benefit from his services. Mr. I, also an independent interpreter, discusses his work providing interpretation services for the Mam language in Alameda County.

4. What kinds of things do you teach about mental health through traditional healing practice?

Mr. I led a group of approximately 50 men who provided support to individuals without access to healthcare or legal status during the COVID Pandemic. He emphasizes the importance of self-care from a Mayan perspective, which includes physical, social, mental, and emotional aspects. He also discusses the concept of "nahual," which represents

balance, harmony, and protection in Mayan culture. Understanding one's nahual can help individuals deal with negative energies and emotions. Traditional practices such as ceremonies and medicinal plants are also used to promote healing. Sometimes people want to have a Mayan ceremony where they use candles, incense, copal, and they offer tobacco. Mr. I stresses the importance of self-care for those in helping professions, as their own well-being can affect their ability to help others.

5. What impact does your practice have on the client's well-being?

When asked how his practice reflects on the well-being of his clients, Mr. I explains that sometimes they use a lemon or a candle, but it is important to have knowledge about the Mayan calendar and nahuales (spiritual guides), and their relationship with the body and mind. They use small candles depending on the client's belief and pass them over the body before lighting them. They can also use an egg or herbs like rosemary or rue. The practice is influenced by different beliefs such as Evangelical, Catholic, Protestant, or Mayan spirituality. His clients are satisfied with his services and even take pictures of what he gives them. They believe that understanding their culture helps them succeed in life.

6. What part of the traditional healing practice do your participants like best? Why?

Mr. I discusses the use of medicinal plants in traditional medicine. He notes that during the Pandemic, many people claimed to have avoided getting sick by using these plants. They provide an example of making tea with ginger, garlic, honey, and lemon to help with cold symptoms; also mentioned is the use of chamomile tea for insomnia. He notes that people enjoy learning about these plants and their uses, and that they are often requested for presentations. Highlighted is the importance of traditional practices, such as using Florida water for relaxation. His role as a guide is to help people in social, physical, economic, and spiritual aspects of their lives. He has helped people from different religious backgrounds such as Evangelicals, Catholics, and Protestants.

7. How can your traditional healing practice be more integrated into Western mental health practices?

Mr. I believes that traditional medicine plays an important role in the Bay Area, as many people work with medicinal plants and have been practicing for years. He notes that traditional medicine is different from modern medicine, but it is well-known in the area and is often used by people who need it. These practitioners are not necessarily Mayan, but they are known as curanderas or “yerberas.” He believes that traditional medicine could be applied to meet the needs of the people who use it. Mr. I conducts workshops in schools and motivates parents to educate their children about their cultural history. He believes that many indigenous communities have traditional medicinal knowledge that is not being passed down to younger generations. He suggests implementing educational workshops on traditional medicine to help those who need it. Mr. I has seen many cases where people are prescribed medication when their issues may be related to their energy or nahual (a spiritual guide). He emphasizes the importance of confidentiality in his work, and therefore does not keep records of the people he helps. He believes that spiritual matters are sacred and should be treated with respect. He also expresses concern that if

he were to only be available during office hours, he may not be able to help someone in need in a timely manner.

8. Do you have any suggestions on how we can improve CyB's services in general?

Mr. I discusses the concept of decolonizing culture and how it relates to protecting natural resources. He explains that many people may not understand the meaning of this term, which involves returning to traditional practices and protecting the earth from harmful pesticides. By doing so, we can improve our physical and mental health and achieve spiritual and emotional well-being. The La Raza clinic in Oakland has gardens and works with young people, including presentations on medicinal plants and workshops on incense usage. The clinic is located in the center of the Maya community in Oakland and is frequented by many people. Mr. I is familiar with the clinic and its programs, he teaches workshops on how to prepare and use herbal remedies, such as the popular Agua Florida lotion. He explains that many plants are used externally rather than internally. The workshops cover the uses of different plants, including saturations for cleansing. Mr. I notes that not only the Maya community, but also many non-Maya people, are interested in herbal medicine. He believes it is important to continue to validate traditional medicine practices, as many people in the community are not accustomed to modern medicine. Mr. I has an independent contract with a group who calls him to perform invocations at events. Invocations involve explaining the nahual of the day, which is the energy associated with a particular day in the Mayan calendar. This is not a religious prayer, but a Mayan prayer.

The interviewer asks if there is anything else the group can provide to help Mr. I reach the community in Alameda County. Mr. I suggests that more funding for the clinic would allow for more frequent workshops, which would benefit not only him but also other Mayan students who have recently arrived in Oakland. Mr. I shares an example of a shooting that occurred at a school in Oakland, which left many students traumatized. He was called upon to perform a ceremony for the Maya students who were affected by the incident. The ceremony was attended by the entire school, including teachers and staff. The ceremony involved an explanation and interpretation of the ceremony, as well as the use of medicinal plants to treat the students' trauma. The students were given a symbol of a sprig of rosemary, which left them satisfied and wanting more. One student even requested an individual ceremony. The interviewer asks if there is a way for the clinic to share this knowledge with the Maya population in general, and Mr. I suggest that the clinic could hire a full-time specialist in this area if they had enough funding. Mr. I suggests that it would be beneficial to train promoters to work directly with the Indigenous or Mayamam community in Oakland, as the current issue in the Bay Area is fentanyl overdose. Parents may not be aware of what fentanyl is, but their children may have learned about it through school. However, the problem is the lack of funding to train more promotoras to work with the community. Mr. I believes that more promotoras should be trained to work directly with the community to address this issue. He discusses the challenges of reaching and gaining the trust of indigenous communities in Guatemala to encourage vaccination against COVID-19. He notes that there is a history of medical experimentation on indigenous people by the United States, which has led to a lack of trust in vaccines. The speaker emphasizes the importance of building trust with the

community by using appropriate language and showing interest in their culture. Mr. I also notes that many indigenous people are hesitant to share personal information, which makes it difficult to reach them with information about vaccines. Overall, he highlights the need for culturally sensitive approaches to vaccine outreach in indigenous communities. Mr. I, as a Guatemalan speaker of Quiché and Mam, discusses his work in training organizations to ask the right questions to ensure aid reaches the communities in need. He suggests that more funding should be allocated to train promotoras who work directly with communities and schools. While he does not work directly for a clinic, he has an independent contract and is often called upon to speak on various topics. He leads workshops for men and women, including embroidery workshops for women. He also volunteers with organizations that work on alcohol and drug prevention and helps individuals who seek guidance on leaving such habits. He estimates seeing around five individuals per week outside of his work and volunteer commitments. Mr. I explained that artistic activities can reduce stress and promote mental well-being, and that culture can be a means of expressing human experience. The interviewer emphasizes the importance of quantifying the need for services among the indigenous population in Alameda County and asks for information on the size of the population and the prevalence of mental health issues. Mr. I shares an anecdote about interpreting for a court case involving alcohol and drug abuse, highlighting the importance of addressing the root causes of these issues.

INTERVIEW #3: Ms Z.

1. What is your traditional healthy practice? Please describe the practice.

Ms. Z is a traditional healer who practices Storytelling. She is invited into sessions where she gathers people in a community and goes through a process that includes mindfulness and discussion about norms and boundaries. People are placed into pairs or trios where they share a story from their life, learnings, or journey. The listeners reflect and write their story and do some artwork along with it. Ms. Z is invited to lead storytelling sessions for various reasons, such as leaving a story behind for loved ones or sharing a story about her own life. She believes that it is hard to be an immigrant in this country and that it is crucial to have someone be able to sit and listen and not judge, but just really hear who you are and where you come from. Ms. Z does not give any prompts for people to tell their stories, and the sessions last about an hour and a half. She brings something simple for people to work on as they're talking, such as crayons and paper, and they'll draw as they're telling their story or when they finish. At the end, when they come back together in a circle, they share a bit of their story or what they've made. If they have time, they sing because they are a community that also sings.

2. How did you learn your traditional healing practice or philosophy?

Ms. Z learned the practice and philosophy of moving on from her elders and received training from Stage Bridge, the oldest senior theater company in the US. She is a member of the National Storytelling Association and the California Storytelling Association, and practices storytelling herself. She will be telling stories at the Marsh in Berkeley in May, as well as at senior assisted living facilities and other community events.

3. What are the cultural principles or philosophies used in your traditional healing practice?

Ms. Z, a storyteller, identifies several cultural principles and philosophies that are used in storytelling practices. These include humility, being non-judgmental, and not having a prompt or storytelling agenda. The building of community in a short amount of time is also important, and small nuances of language, such as greeting strangers with "Hola, amigo," are significant. Additionally, it is important to honor the choice of not sharing personal information. These principles and philosophies are related to storytelling practice and help to create a welcoming and inclusive environment.

4. What kinds of things do you teach about mental health through traditional healing practice?

The interviewer asks Ms. Z about her mental health practice, specifically about how she teaches about mental health and fosters it. Ms. Zarazua explains that she starts with mindfulness and uses intuition to pair people together in groups. She believes that reading body language and understanding group dynamics is important. The interviewer asks if anyone has ever frozen up during a storytelling session, and Ms. Zarazua says that it has only happened once in her ten years of practice. Overall, Ms. Zarazua's approach to mental health involves trusting intuition, being bold, and creating a safe and anonymous space for participants to share their stories.

5. What impacts does your practice have on the client's well-being?

Ms. Z discusses the benefits of storytelling lessons on mental health and well-being. Participants enjoy listening to others' stories and sharing their own, as well as engaging in mindfulness practices such as breathing exercises and tapping. The sessions focus on affirming individuals' identities and experiences and providing support for their journeys. Some participants who have not found success with Western medicine have turned to storytelling sessions for help. Ms. Z has seen positive impacts on participants' well-being, including increased connectedness and joy, and some have even requested longer sessions.

6. What part of the traditional healing practice do your participants like best? Why?

Ms. Z discusses the importance of storytelling and validation in her workshops, particularly for immigrant populations. She emphasizes the sacredness and importance of individuals' stories, regardless of age or background. While some stories are recorded, the lack of funding for storytelling is a challenge. Ms. Z attributes her gift for listening to her experiences with her mother's trauma and her father's teachings on reading people's emotions and body language. She also highlights the resilience and cultural practices that help individuals overcome difficult circumstances, such as humor and pride. The interview concludes with a reminder of the possibilities and potential for individuals to overcome challenges and find strength within themselves.

7. How can your traditional healing practice be more integrated into Western mental health practices?

The interviewer asks how storytelling can be integrated into Western mental health practices, as it is currently underfunded and underappreciated. Ms. Z believes that

intergenerational storytelling can help parents and children dream about possibilities beyond survival, and that this can be brought into schools. She suggests that visioning and vision boards could be a starting point for integrating storytelling into mental health clinics and hospitals. Ms. Z also shares her personal experience of having her dreams discouraged as a first-generation immigrant and emphasizes the importance of encouraging possibilities for future generations.

8. Do you have any suggestions on how we can improve CyB's services in general?

Ms. Z, a former board member of La Clinica, suggests that the organization should focus on building community through programming and leadership development. She recommends that La Clinica provide talks on how to become an organizer and advocate and develop youth and men's groups to create more leaders in the community. Ms. Z also suggests that La Clinica should offer women's circles and teachings on the history of their place and geography to help newer immigrants understand the community's history. She believes that La Clinica should not only be a health provider but also an incubator for activism.

INTERVIEW #4: Mr. C.

1. What is your traditional healthy practice? Please describe the practice.

Mr. C traditional health practice involves drumming in groups with people referred to by Cultura Y Bienestar. The drumming uses a variety of percussion instruments such as drums and congas, and usually starts with easy, standard beats. Participants may also be asked to create their own beats. The practice is aimed at promoting individual recovery and wellbeing.

2. How did you learn your traditional healing practice or philosophy?

Mr. C learned his traditional healing practice through his love for music. He became a drummer as a young man and played in many professional musical and rock groups in the Bay Area. As part of his own recovery, he learned about healing drumming and drumming circles. He was formally trained by a master drumming circle teacher in Hawaii, where he spent several months in his training program. The practice of drumming can help turn attention from stress, worries, and anxieties to a more natural rhythm and can help rebalance emotions.

3. What are the cultural principles or philosophies used in your traditional healing practice?

The drumming comes from many traditional and indigenous practices, including practices from Africa, the Caribbean, and Mexico. The drumming is used to rebalance emotions, learn how to work in harmony with others, and become a team/community.

4. What kinds of things do you teach about mental health through traditional healing practice?

Healing and well-being are part of the drumming circles. It helps people that are especially anxious and shy to open up and to express internal hurt.

5. **What impact does your practice have on the client's well-being?**
For example, I worked with one young man who was also in traditional mental health treatment but was still troubled. The drumming helped him to feel more confident around others and helped him open up in public.
6. **What part of the traditional healing practice do your participants like best? Why?**
They like group togetherness and group acceptance.
7. **How can your traditional healing practice be more integrated into Western mental health practices?**
Few counselors know about traditional drumming practices – not taught in universities or colleges. As a substance abuse counselor, I am able to use drumming as another way of helping people relax and get out of thinking about their problems.
8. **Do you have any suggestions on how we can improve CyB's services in general?** None

Summary

Mainstream mental health services for Latinx populations are often inappropriate, not language specific, or otherwise do not address the needs of this growing population. Standard mental health services may stigmatize Latinx individuals and can result fear of seeking out services. On the other hand, traditional health practices can have a positive benefit to overall well-being, can be more acceptable to Latinx immigrants and do not run the risk of stigmatizing individuals who may need mental health care. The key informant interviews conducted here were meant to help document specific traditional healing practices that are widely acceptable among Latinx adults, learn more about the actual practices, as well as the benefits received by participants of Cultura y Bienestar Traditional Healing services. The findings taken from these key informant interviews include 1) The unique approaches to increasing access and acceptability of traditional healing practices for mental health, 2) There is a wide range of healing practices that are acceptable and have positive impacts, and 3) These services should be expanded or combined with traditional services as there is a market for these services among Hispanic/Latino people. CyB's traditional healing practices and community events have been, and continue to be, significant for the community it serves and for strengthening Latino/Hispanic cultural identity. The program fostered community cohesion and provided a supportive setting at a time when many immigrants may have experienced isolation or hesitated to seek assistance. CyB offered participants an environment to express themselves and engage in healing from stress and psychological trauma through established traditional practices. Additionally, CyB staff and collaborators have significantly enhanced their abilities in data collection, evaluation, and monitoring of key participant outcomes. Evaluation findings were utilized by staff to refine recruitment, retention strategies, and overall program implementation. Final key takeaway, the CyB program model promotes a collaborative community-based approach, involving additional community-based organizations (CBOs) to extend and improve service delivery across a wider urban area.

LA CLÍNICA DE LA RAZA-CULTURA Y BIENESTAR PROGRAM
CALIFORNIA REDUCING DISPARITIES PHASE 2 PILOT PROJECT

TRADITIONAL HEALER
KEY INFORMANT INTERVIEWS
EVALUATION FINDINGS

PREPARED BY BEHAVIORAL ASSESSMENT INC.
JUNE 24, 2025



BEHAVIORAL
ASSESSMENT
INC.

INTRODUCTION TO CULTURA Y BIENESTAR

As part of the California Reducing Disparities phase 2 extension, both a statewide and local evaluation are being conducted. As part of the local evaluation, both a quantitative and qualitative design is being used so that statewide survey evaluation data and Key Informant information are combined to determine the effectiveness of Cultura y Bienestar (CyB) traditional healing practices. This report will highlight findings from the Key Informant Interviews that were conducted in March and April 2025.

The Cultura y Bienestar (Culture and Wellness) Program is a project of La Clínica de La Raza in collaboration with La Familia Counseling Service and Tiburcio Vázquez Health Center. This program is a Latino focused mental health prevention and early intervention program that provides outreach, education, and consultation to the Latino community and those who serve Latinos in Alameda County (Oakland). The focus of the evaluation will involve the assessment of our traditional healing programming, as well as our community traditional healing events, support groups and psychoeducational groups.

PURPOSE OF THE FOCUS GROUP STUDY

The purpose of the CyB program's Key Informant interviews is to determine the effectiveness of our traditional healing approaches and other non-traditional Mental Health Services in meeting the needs of our Latino immigrant population. We were particularly interested in learning about healing practices, methods, and healing philosophies regarding an array of traditional practices. CyB has incorporated these practices to augment standard mental health practices and as a way to offer services that may be more acceptable to the growing immigrant community.

The Key Informant Interview Guide was developed by the local evaluator with help from the PD and CyB staff. The interview has 8 open ended questions that asked participants about their traditional healing practice, the cultures and philosophies used in their traditional healing practice, how their traditional healing practice impacts mental health and a client's wellbeing and how traditional healing can be integrated into the western mental health practices.

PROCEDURES

Participants were recruited by La Clinica de la Raza Project Director Alberto Rendon. A total of 3 traditional healers were recruited. The Key Informant Interviews were conducted by the evaluation team, Dr. Cervantes and Rita Dominguez primarily in English. The interview length for each KII was approximately one hour long. After consent was given by each participant, interviews were recorded. All of the interview responses are kept confidential. Each participant received a gift card at the end of the interview.

MEASURES

The KII Questionnaire was developed by the local evaluator. The following questions were asked during each interview:

13. What is your traditional healthy practice? Please describe the practice.

14. How did you learn your traditional healing practice or philosophy?
15. What are the cultural principles or philosophies used in your traditional healing practice?
16. What kind of things do you teach about salud mental through the traditional healing practice?
17. What impact does your practice have on client well-being?
18. What part of the traditional healing practice do your participants like the most? Why?
19. How can your traditional healing practice be more integrated into western mental health practices?
20. Do you have any suggestions for how we can improve the CyB services overall?

The following are summaries of each CyB Program Key Informant Interview.

Interview Summary of M. Maciel

Maciel, a traditional healer, describes her Mexica and Native American healing practices, which are rooted in the belief that all things are interconnected and composed of the four elements: mental, emotional, physical, and spiritual. Her main practices include smudging with sacred plants like sage, palo santo, and copal to cleanse and balance her energetic body, as well as offering tobacco to Mother Earth as a sign of respect and intention-setting.

Maciel learned these practices through participating in the Mexica moon dance ceremony in Mexico, where she connected with her ancestors and spiritual teachings over the course of nine years. She emphasizes the cultural principles of interconnectedness, balance, and honoring the four directions and elements as central to her healing work.

In her work with clients, Maciel focuses on helping them achieve mental, emotional, physical, and spiritual balance. She finds that her approach, which integrates ancestral and cultural practices, provides clarity, awareness, and a deeper connection to purpose and life for those struggling with issues like anxiety, depression, and trauma. Clients are particularly drawn to the ancestral work and connecting with their lineage and spiritual guides.

Maciel sees her traditional healing practice as complementary to Western mental health approaches, suggesting that integrating ancestral and family constellation work could enhance treatments like cognitive-behavioral therapy. She emphasizes the importance of not just addressing the mind, but acknowledging the interconnectedness of the mind, body, spirit, and emotions.

In terms of her own practice, Maciel works both individually and through workshops and ceremonies, often by word-of-mouth referrals. She tailors the frequency and format of sessions to each client's needs, aiming to provide ongoing support and guidance after the initial sessions to ensure the work is integrated. Overall, Maciel's approach seeks to empower clients by reconnecting them to their cultural roots, ancestral wisdom, and innate creative power as human beings.

Interview Summary of V. Sandoval

The interviewee, Sandoval, describes her traditional healing practice, which focuses on nutrition and healthy cooking classes. She emphasizes the importance of food in human well-being and how it can lead to positive outcomes when approached correctly. Sandoval's approach is rooted in her grandmother's teachings about natural medicine and remedies, which she has further expanded through her own studies in areas like dentistry, biology, and culinary arts.

Sandoval's practice is based on respecting all ideologies and beliefs, as she believes there are no right or wrong answers when it comes to traditional healing. She aims to understand the reasons behind people's preferences or aversions to certain foods, as these may be rooted in past experiences or cultural associations. Sandoval also places great importance on the cultural aspect of her work, as she believes it helps participants feel a sense of belonging and connection to their roots, which in turn positively impacts their overall well-being.

In terms of mental health, Sandoval's practice focuses on helping participants validate their emotions and understand the connection between food and emotional well-being. She teaches them to be mindful and intuitive about their eating habits, recognizing that certain cravings or desires may be linked to emotional or psychological needs. Sandoval creates a safe and non-judgmental environment where participants feel comfortable sharing their experiences and stories.

Sandoval's practice has a significant impact on her clients' well-being, as many have reported making positive changes in their eating habits and lifestyle. Participants often share their experiences with family and friends, further spreading the knowledge and benefits of Sandoval's approach.

When asked about integrating traditional healing practices into Western mental health practices, Sandoval emphasizes the use of techniques like breathing exercises, meditation, and connection with nature. She believes these practices can help calm the nervous system and promote a more comprehensive approach to mental health.

Overall, Sandoval's traditional healing practice is deeply rooted in respect, cultural awareness, and a holistic understanding of the connection between food, emotions, and well-being. Her approach has had a profound impact on the lives of her clients, and she continues to expand her knowledge and skills to better serve her community.

Interview Summary of V. Santana

Santana is a traditional healer who focuses on connecting participants to the earth, land, and elements through urban farming and sustainable agriculture practices. She leads workshops and experiences that aim to spark positive energy, memories, and a sense of connection to one's ancestors and cultural roots. Santana's approach involves using gardens, plants, herbs, and altars to facilitate sensory experiences, storytelling, and the sharing of ancestral knowledge.

Santana describes her practice as a way to recover and honor ancestral ways of living that had more access to land and connection to nature. She believes this connection has inherent healing powers and can help address mental health challenges by promoting mindfulness, slowing down, and problem-solving. Santana has observed participants experiencing increased joy, hope, and a sense of community through her workshops, which often involve planting seeds, tending to plants, and sharing memories triggered by sensory experiences.

In her work with organizations, Santana adapts her practice to the available space, whether it's an existing garden or a conference room setting where she brings an abundance of plants for participants to interact with. The core elements involve inviting people to smell, taste, and share their associations with the plants, which sparks conversations about ancestral knowledge, gardening techniques, and personal memories. Santana sees this as a way to help people reconnect with themselves, their families, and their cultural heritage.

Santana's practice is grounded in principles of honoring the interconnectedness of physical, mental, and spiritual health, as well as the relationship between human and environmental wellbeing. She aims to create spaces for participants to slow down, observe, and solve problems, drawing parallels between caring for plants and caring for oneself. Santana has seen her approach help clients who were struggling with mental health challenges, as the sensory-based, hands-on activities provided an alternative to traditional talk therapy.

In discussing ways to better integrate traditional healing practices like Santana's into Western mental health services, she suggests exploring opportunities for collaboration, knowledge-sharing, and the development of more holistic, community-based support networks. Santana's insights highlight the value of incorporating ancestral wisdom, mindfulness, and sensory engagement as complementary approaches to addressing the complex, multifaceted nature of mental health and wellbeing.

SUMMARY OF KEY INFORMANT INTERVIEWS

Unified Vision Across Practices

- **Ancestral Connection & Cultural Roots:**
Each healer embraces ancestral wisdom as a foundation for healing. They believe that

reconnecting with cultural heritage—whether through nature, traditional foods, or ritualistic ceremonies—can spark meaningful healing in both mind and body.

- **Holistic Well-being:**

All three view the healing process as multifaceted. They address mental, emotional, spiritual, and physical dimensions, asserting that true well-being comes from balancing these interconnected elements.

- **Experiential, Sensory Engagement:**

Their methods are deeply experiential.

- **Maciel** employs ritualistic elements such as smudging and ceremonial offerings that engage the senses, grounding participants in the healing power of the natural and spiritual world.
- **Sandoval** incorporates nutritional education and healthy cooking to foster a positive emotional relationship with food and cultural traditions.
- **Santana** uses urban farming and sensory experiences with plants and herbs to evoke memories and instill mindfulness.

- **Integration with Western Practices:**

All three suggest that blending traditional healing with Western mental health approaches can offer a more comprehensive support system. They advocate for an integrative model where community, tradition, and modern therapeutic practices intersect.

This synthesis underscores how, despite their different mediums of expression—gardening, cooking, and ceremonial rituals, they share the same belief: healing is most profound when it taps into the deep, ancestral connection to nature, culture, and community.

Appendix 5

LA Clinica de la Raza - Cultura y Bienestar Community Survey Report Prepared by Behavioral Assessment Inc. July 9, 2025

Table 1 displays demographic information for the n=53 individuals who completed the Community Event Post Survey.

Table 1. Participant Demographic Profile	N=53 Participants
Age	20-30: 4% 31-40: 12% 41-50: 26% 51-60: 18% 61 and over: 40%
Gender	Male: 15% Female: 83% Non-Binary: 2%
Sexual Orientation	Straight/Heterosexual: 87% Gay/Lesbian: 2% Queen/Pansexual: 2% Prefer Not to Say: 9%
Do you consider yourself Hispanic/Latino?	Yes: 96% No: 2% Prefer Not to Say: 2%
What is your Ethnicity?	Mexican/Mexican American: 82% Central American/Mexico: 12% Central American: 2% South American: 2% Other: 2%
What is your Race?	White: 15% Black/African American: 2% Indigenous Central American/Mexico: 59% Native American/Alaska Native: 2% Prefer Not to Say: 13%
What Languages are spoken at home?	Mam: 2% Spanish: 58% English: 2% Spanish and English: 38%
Were you born outside of the USA?	Yes: 76% No: 22% Prefer not To Say: 2%
Average Number of Years in USA	34 Years

The following presents a summary of the demographic profile of the participants.

- **Age:** The majority of participants are aged 61 and over (40%), followed by those aged 41-50 (26%). The smallest age group is 20-30 (4%).

- **Gender:** Most participants are female (83%), with males making up 15% and non-binary individuals 2%.
- **Sexual Orientation:** The majority identify as straight/heterosexual (87%), with small percentages identifying as gay/lesbian (2%), queen/pansexual (2%), and prefer not to say (9%).
- **Hispanic/Latino:** A significant majority consider themselves Hispanic/Latino (96%), with only 2% saying no and 2% preferring not to say.
- **Ethnicity:** Most participants are Mexican/Mexican American (82%), followed by Central American/Mexico (12%), Central American (2%), South American (2%), and other (2%) .
- **Race:** The largest racial group is Indigenous Central American/Mexico (59%), followed by White (15%), Black/African American (2%), Native American/Alaska Native (2%), and prefer not to say (13%).
- **Languages Spoken at Home:** The majority speak Spanish (58%), followed by Spanish and English (38%), Mam (2%), and English (2%).
- **Born Outside of the USA:** Most participants were born outside of the USA (76%), with 22% born in the USA and 2% preferring not to say.
- **Average Number of Years in the USA:** The average number of years participants have lived in the USA is 34 years.

A total of n=37 matched surveys were obtained. The following table presents the comparative data analysis results of the community survey conducted with 37 participants, focusing on their experiences and perceptions after participating in the CyB community events. The survey measured various aspects of mental health awareness, confidence in seeking help, and the impact of cultural practices on their well-being. Overall, the survey results indicate positive outcomes.

- **Confidence in Seeking Help:** After the activity, 63% of participants strongly agreed that they felt more confident in reaching out for help with mental health challenges, which increased to 68% at follow-up.
- **Awareness of Resources:** 69% of participants strongly agreed that they were aware of resources and services to help with mental health challenges, post-activity, slightly decreasing to 65% at follow-up.
- **Language and Confidence:** 80% of participants strongly agreed that having information and services provided in their native language increased their confidence in seeking mental health services post-activity, though this decreased to 65% at follow-up.
- **Cultural Relevance:** 72% of participants strongly agreed that the information and materials provided during the activity reflected their cultural background post-activity, decreasing to 62% at follow-up.
- **Respect for Culture:** 80% of participants strongly agreed that their culture, language, and background were acknowledged and respected during the activity, decreasing to 68% at follow-up.
- **Managing Emotions:** 72% of participants strongly agreed that the skills and information provided during the activity would help them manage their emotions in the future, decreasing to 65% at follow-up.

- **Healing through Cultural Practices:** 78% of participants strongly agreed that the cultural practices presented during the activity offered them an opportunity to heal or feel well, decreasing to 62% at follow-up.
- **Recognizing Emotions:** 70% of participants strongly agreed that they were better able to recognize emotions and feelings that can signal serious mental challenges, post-activity, decreasing to 59% at follow-up.

Table 2. Community Survey N=37	Post	Follow-Up
1. After participating in the cultural activity, I feel more confident in reaching out for help when I have a mental health challenge.	Strongly Agree: 63% Agree: 25% Neutral: 0% Disagree: 3% Strongly Disagree: 9%	Strongly Agree: 68% Agree: 13% Neutral: 0% Disagree: 0% Strongly Disagree: 19%
2. After participating in the cultural activity, I am aware of resources and services that can help me or my family when we struggle with mental health challenges.	Strongly Agree: 69% Agree: 20% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 65% Agree: 19% Neutral: 0% Disagree: 0% Strongly Disagree: 16%
3. Having information and services provided in my native language increases my confidence in seeking mental health services when I need them.	Strongly Agree: 80% Agree: 9% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 65% Agree: 19% Neutral: 0% Disagree: 0% Strongly Disagree: 16%
4. The information and materials provided during the activity reflected my cultural background.	Strongly Agree: 72% Agree: 17% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 62% Agree: 22% Neutral: 0% Disagree: 3% Strongly Disagree: 13%
5. My culture, language and background were acknowledged and respected during the cultural activity.	Strongly Agree: 80% Agree: 9% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 68% Agree: 16% Neutral: 0% Disagree: 0% Strongly Disagree: 16%
6. The skills and information provided during the cultural activity will help me in managing my emotions in the future.	Strongly Agree: 72% Agree: 17% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 65% Agree: 19% Neutral: 0% Disagree: 3% Strongly Disagree: 13%
7. The cultural practice presented during the activity offered me an opportunity to heal or feel well.	Strongly Agree: 78% Agree: 11% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 62% Agree: 22% Neutral: 0% Disagree: 3% Strongly Disagree: 13%
8. After participating in the activity, I am now able to better recognize emotions and feelings that can signal serious mental challenges.	Strongly Agree: 70% Agree: 19% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 59% Agree: 22% Neutral: 5% Disagree: 3% Strongly Disagree: 11%
9. After participating in the cultural activity, I have more tools now that can help me cope with difficult times and challenging emotions and feelings.	Strongly Agree: 68% Agree: 19% Neutral: 2% Disagree: 0%	Strongly Agree: 68% Agree: 16% Neutral: 0% Disagree: 3%

	Strongly Disagree: 11%	Strongly Disagree: 13%
10. After participating in the cultural activity, I have more tools now that can help me cope with family members that have challenging emotions and feelings.	Strongly Agree: 68% Agree: 19% Neutral: 2% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 62% Agree: 19% Neutral: 3% Disagree: 3% Strongly Disagree: 13%
11. The information, skills, and knowledge shared with me by Cultura y Bienestar reduced my fear of sharing about my own mental health with others.	Strongly Agree: 62% Agree: 24% Neutral: 3% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 62% Agree: 22% Neutral: 0% Disagree: 3% Strongly Disagree: 13%
12. The cultural practices and values shared with me during the activity help me be more accepting and respectful of family members and others when they share about their mental health challenges with me.	Strongly Agree: 65% Agree: 24% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 70% Agree: 14% Neutral: 0% Disagree: 3% Strongly Disagree: 13%
13. The information and skills shared in this cultural activity helped me understand my relatives, friends or neighbors that have struggled with mental health challenges.	Strongly Agree: 72% Agree: 17% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 68% Agree: 13% Neutral: 3% Disagree: 3% Strongly Disagree: 13%
14. Cultura y Bienestar activities are a safe place to express my feelings.	Strongly Agree: 72% Agree: 17% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 65% Agree: 19% Neutral: 0% Disagree: 3% Strongly Disagree: 13%
15. Cultura y Bienestar activities showed me that there are solutions to mental health challenges.	Strongly Agree: 75% Agree: 14% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 68% Agree: 16% Neutral: 0% Disagree: 0% Strongly Disagree: 16%
16. I am more likely to use cultural and traditional practices for my own wellness after participating in the activity	Strongly Agree: 69% Agree: 20% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 68% Agree: 16% Neutral: 0% Disagree: 3% Strongly Disagree: 13%
17. My culture offers me a safe place to feel well and/or to heal.	Strongly Agree: 66% Agree: 17% Neutral: 6% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 61% Agree: 22% Neutral: 0% Disagree: 3% Strongly Disagree: 14%
18. My community offers me a safe place to feel well and/or to heal.	Strongly Agree: 66% Agree: 17% Neutral: 6% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 53% Agree: 25% Neutral: 5% Disagree: 0% Strongly Disagree: 17%
19. Meeting others with whom I share similar cultural values and speak my language helps me feel well and/or to heal.	Strongly Agree: 78% Agree: 11% Neutral: 0% Disagree: 0% Strongly Disagree: 11%	Strongly Agree: 60% Agree: 24% Neutral: 0% Disagree: 0% Strongly Disagree: 16%
20. I feel like I can rely on Cultura y Bienestar staff for support when I need it to cope with challenging times, feelings, or emotions.	Strongly Agree: 75% Agree: 11% Neutral: 3%	Strongly Agree: 70% Agree: 14% Neutral: 0%

	Disagree: 0% Strongly Disagree: 11%	Disagree: 3% Strongly Disagree:13%
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How can we improve this survey?

- Continue learning from our cultures
- Nothing
- It's fine!
- Everything is great, I just want to keep learning
- Everything is fine. Clear and understandable. Thank you
- Clear and easy
- I need a more qualified psychologist to help my child
- Thank you for the information and for all the workshops
- Good
- Maybe if you allow 3 minutes right after the activity for everyone to fill it out
- The questions are very good
- Everything is fine for now
- The questions are very similar
- In question 34, "what is your race?": Can you address American natives as Native American or Indigenous American in the survey, as the "I" word is an offensive, derogatory term used against Native Americans
- Everything is very good
- Everything is very clear
- I think everything is fine
- On paper
- I like everything
- It's very good
- All good
- Everything perfect
- It is very complete.

In summary, the cultural activity had a positive impact on participants' mental health awareness, confidence in seeking help, and the perceived value of cultural practices in promoting well-being. However, there was a slight decline in some areas at follow-up, indicating the need for ongoing support and reinforcement of these positive outcomes. Overall, the comments reflect a mix of positive feedback and constructive suggestions for improvement. The participants appreciated the clarity of the survey and the cultural activities, while also providing valuable insights on how to enhance the survey experience

