



HEALTH
EDUCATION
COUNCIL

MENTE SANA, VIDA SANA

HEALTH EDUCATION COUNCIL – VANESSA VAZQUEZ, LUPITA RODRIGUEZ,
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PURPOSE, DESCRIPTION AND IMPLEMENTATION

MSVS addressed unmet mental health needs among Latinx immigrant adults in Sacramento-area counties by increasing depression knowledge, improving early identification of depression symptoms and related health risks, and strengthening timely linkage to culturally and linguistically appropriate services. Intended outcomes included reduced delays to care, increased enrollment/retention, and improved mental health among counseling participants.

MSVS used a sequenced service model: Outreach & Education, Preventive Health Screenings, Referral & Follow-up, and Crisis Counseling. Activities were delivered with language-accessible education and service navigation in a trusted location, the Mexican Consulate in Sacramento, to support engagement for the population served.

EVALUATION DESIGN AND METHODS

TIME PERIOD: May 2022–December 2025.

DESIGN: Utilization-focused mixed-methods evaluation; single-group pre–post (within-participant) design (no comparison group).

QUANTITATIVE DATA: Program records: pre/post 1-item depression knowledge assessment and pre/post PHQ-9 scores for MSVS participants (paired t-tests).

QUALITATIVE DATA: Convenience sample: semi-structured interviews (participants, staff, partners), participant audio narratives, and desk review of project documents/literature.

RESULTS

PARTICIPANT PROFILE

Demographic	Percentage
Age Group	
18-20	1.7%
20-39	26.8%
40-49	30.0%
50-59	24.2%
Over 60	16.7%
Gender	
Male	60.7%
Female	39.3%
Medical Insurance	
Insured	45.1%
Uninsured	54.9%
Country of Birth	
Mexico	96.0%
Other (LATAM/USA)	4.0%

1,008

TOTAL
PARTICIPANTS
SERVED

82%

SCREENED FOR
DEPRESSION

46%

REQUESTED
REFERRAL

80%

ENROLLED IN
SERVICES

DEPRESSION SEVERITY IMPROVED AFTER COUNSELING

-3.25

MEAN POINT
CHANGE

Pre 11.6 (SD 5.4) →
Post 8.35 (SD 4.50);
t(44)=3.57, p<.001; n=45

MISCONCEPTIONS REDUCED AFTER EDUCATION

“Willpower alone
cures depression”

23%
PRE

6%
POST

LISTEN TO THEIR STORIES

Hear from *Estela*, *Maria* and *Hermila** as they share the impact MSVS had on their lives.



SCAN THE
QR CODE

*Participants elected to share their name

NEXT STEPS AND KEY TAKEAWAYS

Work clearly demonstrates that co-locating mental health services in trusted spaces effectively reaches underserved populations.

Infusion of cultural knowledge in the implementation shows that bilingual/bicultural staff are essential for building trust and reducing mental health stigma.

Practical implications of the work include the need for flexible (telehealth) care and expanding “total health” models in community hubs.

Evidence shows that education reduces stigma (willpower belief dropped from 23% to 6%) and 76% of participants accessed care for the first time.

ACKNOWLEDGMENTS

This project is supported by the California Department of Public Health, Office of Health Equity (CRDP Contract # 16-10522). We are deeply grateful to the Consulate General of Mexico in Sacramento for hosting MSVS and providing a welcoming home for our community.

Special thanks to Kaiser Permanente and the nursing programs at Chamberlain, Samuel Merritt, Pacific and Sacramento State Universities. Their collaboration allows us to provide integrated, whole-person care.

MSVS was made possible through the essential mental health support of UNAM’s Mental Health mhGAP Initiative, Sacramento State Counseling, and Daniel Cisneros, PhD, LPCC, NCC.

We honor the dedication of the Health Education Council team: L. Aviña Mendoza, A. Garcia, V. Vazquez, D. Oto-Kent, J. Padilla, and L. Rodriguez.





WHAT IS A CONVIVENCIA?

Humanidad Therapy and Education Services (*Humanidad*) developed its Convivencia programs specifically to address a nexus of needs and barriers. By offering mental health education, peer support, and group counseling in Spanish within community spaces, the programs meet people where they are—both linguistically and culturally. The Convivencia model deliberately centers **familismo** (family connectedness), **confianza** (trust), and **personalismo** (warm, relationship-based communication) to create the safe, culturally affirming environments essential for engagement, while building resilience and reduce mental health stigma for Latinx families.

In this safe and trusting environment, community members can engage in storytelling, share life experiences, and learn from one another while increasing their understanding of mental health.

The Community Convivencias are one-time events while the Youth Group Convivencias occur over 8 weeks, and have been a main focus of the phase 2 study.

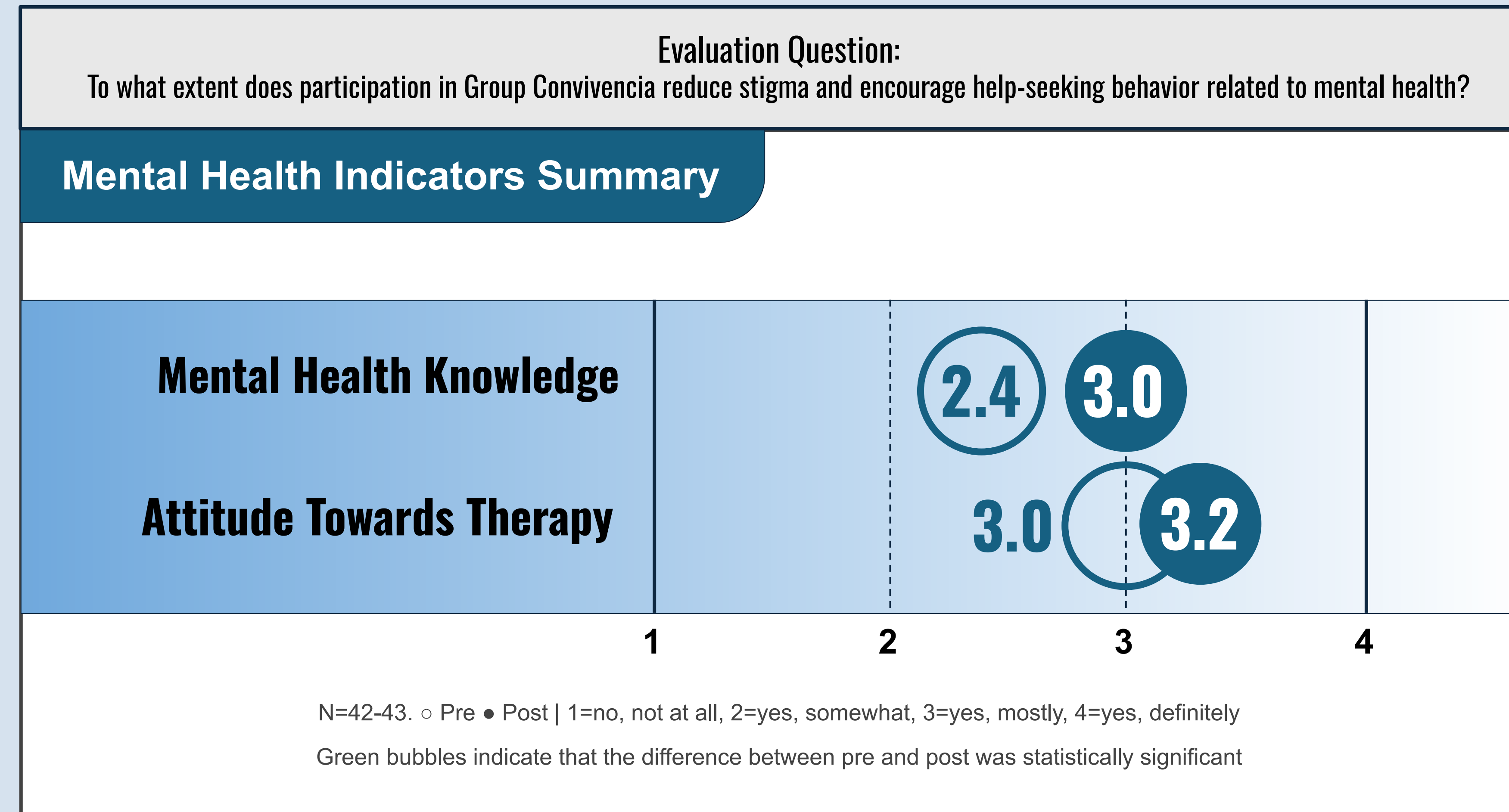


Evaluation Design and Methods

- The local evaluation design used for the Youth Group Convivencia was mixed methods, combining quantitative and qualitative assessment techniques to capture both measurable outcomes and participant perspectives.
- The design included a single intervention group, with pre- and post-program surveys matched for participants who completed both assessments.
- The time period for data collection presented here spans Spring 2023 through Spring 2025.
- Quantitative data were collected via paper-based pre- and post-program surveys including Statewide Evaluation (SWE) measures and locally developed measures assessing self-esteem, social support, emotional regulation, mental health knowledge, and attitudes toward therapy. Paired-sample t-tests were used to assess statistically significant changes between pre- and post-assessments.
- Qualitative data were collected through focus group interviews introduced in 2024, conducted separately with youth participants and therapy teams, audio-recorded, transcribed, and analyzed using NVivo with a grounded theory approach.
- Strategies used to incorporate cultural knowledge included a Community-Based Participatory Research (CBPR) approach, bilingual instruments and facilitation, use of culturally familiar terms, and engagement of Humanidad staff and community partners in interpreting findings within cultural frameworks.

What The Results Show

- Findings show that participation in Youth Group Convivencia was associated with significant improvements in both mental health knowledge and attitudes toward therapy, suggesting reduced stigma and increased openness to seeking professional help.



- There were statistically significant gains in all three knowledge items: understanding how trauma affects mental health, how to recognize signs and symptoms of poor mental health, and where to access available resources.
- Qualitative data from focus groups shows the program consistently delivers on emotional awareness and regulation skills (62%) and stress management skills (36%).
- There was a statistically significant gain in one attitude item related to viewing therapy positively (“I think therapy is a good way to solve mental problems”).

“A mí me hizo cambiar mi pensamiento porque yo pensaba que la terapia era para gente que se sentía triste y amargada, nada más. Y ahorita siento que no, siento que me gusta.”

[It made me change my thinking. Because I used to think that therapy was only for people who felt sad and bitter. And now I feel that's not the case, I feel like I liked it.]

“Aprendí que está bien tener problemas y que aunque uno no lo crea muchos también sufren en diferentes niveles.”

[I learned that it's okay to have problems and that even though one might not believe it, many others also suffer at different levels.]



Key Takeaways/Next Steps

This evaluation's most significant finding is clear: both Community Convivencia and Youth Group Convivencia successfully engaged highly vulnerable immigrant populations in culturally competent environments that reduced stigma and improved access to trauma-informed mental health care.

- Youth Convivencia addresses a critical gap by providing group counseling in participants' native Spanish, creating space for authentic expression that English-only services cannot offer. Despite an evolving curriculum, sustained requests from multiple schools reflect the program's ongoing relevance and impact. These outcomes position the Convivencia model as an effective Community-Defined Evidence Practice (CDEP)—a culturally responsive approach with strong potential for replication in communities seeking to support immigrant populations and advance mental health equity.
- We intend to extend the program beyond eight weeks or offering graduated levels of support (introduction, continuation, alumni groups) might allow for deeper therapeutic work and sustained symptom reduction.
- We also intend to extend the model to additional high schools across Sonoma County, particularly those serving large populations of Spanish speaking newcomer students.
- As the model continues to demonstrate effectiveness with this vulnerable population, there is potential to share these culturally grounded practices more broadly through documentation and knowledge-sharing with other organizations serving newcomer Latinx youth.

Acknowledgments

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Atención Plena and Pláticas:

A Latino Cultural Wealth Approach Youth Mental Wellness



Integral Community Solutions Institute

Location

Fresno County, CA

Groups Served

- Latinx children, youth and families
- Our community-defined approach is the last hope for our student population at the Community Justice Center and other Fresno urban locations
- For our young Latinx population this Program is often the last resort to break the school-to-prison pipeline
- Past experience: high absenteeism, defiant behavior, fighting, drug use, gang involvement, recidivism

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Methods

ATENCIÓN PLENA: MINDFULNESS WITH A LATINO TWIST

The students go through a 12-session Bienestar Curriculum (e.g., anger, depression, anxiety, substance abuse, mindfulness, communication and relationships, grief and loss, self-esteem, wellness, leadership and life skills, and self-compassion). The combination of poetry, lyrics and sound beats, the students kids convey their emotions and feelings via hip hop. Students also go on weekend retreat where they practice mindfulness.

PLÁTICAS (MENTAL HEALTH CONVERSATIONS)

Pláticas, as a practice, is grounded in the Latino Indigenous wisdom tradition that goes back thousands of years. It is a form to transmit knowledge regarding well-being, mental wellness, psychological, and healing trastornos (emotional imbalances), and related themes addressed through familiar cultural formats such as canciones (songs), dichos (sayings), cuentos (stories), and poesía (poetry).

MIXED METHODS EVALUATION

Pre/Post surveys we collected = 128 pre and 142 post surveys for the SWE team. These measures helped us to document mental health improvement over time. The school site from which we collected data (a traditional high school) agreed to share all the relevant school data that we needed, as well as give us access to the youth receiving the treatment for conducting surveys.

Results

Our quantitative findings show the effectiveness of our CDEP over the last three (3) years. Quantitatively, we collected 128 pre and 142 post SWE surveys. In all this data, our findings showed that our CDEP was effective in supporting youth as they improved navigating the school system and improving their mental health and wellness. The SWE survey showed that our CDEP helped youth to improve in accessing the protective factors that help them cope with school and life, and psychological distress and functioning. The SWE data showed improvement in all measures. All in all, we saw growth, excitement about our CDEPs, CDEPs that were delivered effectively, and CDEPs that were positively affecting the lives of youth.

Sample of Findings

Pre, Post, and Change of Protective Factors for Youth, By Mean and Numbers

At present...	Pre/ Post (n)	Pre Mean	Post Mean	Mean Change
your culture gives you strength	123/142	2.14	1.94	+ 0.20
you feel connected to the spiritual/ religious traditions of the culture you were raised in	119/139	2.27	2.07	+ 0.20
your culture is important to you	119/140	1.92	1.75	+ 0.17
your culture helps you to feel good about who you are	119/140	2.03	1.87	+ 0.16

Note: Likert Scale: 1=Strongly Agree; 2=Agree; 3=I am Neutral; 4=Disagree; 5=Strongly Disagree. A +/- system of showing change in growth or decline was used for readability purposes.

Pre, Post, and Change of Protective Factors for Youth During the Past 30 Days, By Means and Numbers

About how often during the past 30 days did you feel...	Pre/ Post (n)	Pre Mean	Post Mean	Mean Change
isolated and alienated from society?	120/140	3.53	3.84	- 0.31
connected to your culture?	122/141	2.34	2.10	+ 0.24
marginalized or excluded from society?	118/140	3.54	3.76	- 0.22
balanced in mind, body, spirit and soul?	118/141	2.55	2.36	+ 0.19

Note: Likert Scale: 1=All the time; 2=Most of the time; 3=Some of the time; 4=A little of the time; 5=None of the time. A +/- system of showing change in growth or decline was used for readability purposes. It is important to note that, for some indicators, a negative change represents an improvement, as it reflects a reduction in undesirable experiences (e.g., isolation or marginalization).

Discussion

- Data showed our CDEP helped youth improve in accessing protective factors that help them cope with school, life, and psychological distress/functioning

- The SWE data showed improvement in all measures.

- We saw growth, excitement about our CDEPs, CDEPs that were delivered effectively, and CDEPs positively affecting the lives of youth

- Results show the importance and effect of our CDEPs and our Bienestar Curriculum

- Our CDEPs changes lives, uplifts youth, and disrupts the school-to-prison pipeline

- Our youth felt a connection in how our Latina/o therapists embedded culture in their delivery and our Bienestar Curriculum

Recommendations

1. We need to continue to offer our CDEP to at risk youth, but also expand to other demographics in our community
2. We need to continue funding, and searching for sustainability efforts, as this program is a significant resource in our community for at risk youth
3. We need to continue to develop our Bienestar to different demographics in our community
4. We now have our Bienestar curriculum written as a manual in English and Spanish, but we need to move forward in translating it in Arabic, Hmong, and Punjabi
5. Need to standardize attendance and dosage tracking of our program, particularly our Bienestar curriculum sessions

California Reducing Disparities Project



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CENTRO DE APOYO LATINO

IMPLEMENTATION PILOT PROJECT - LATINX PRIORITY POPULATION

CALIFORNIA REDUCING DISPARITIES PROJECT PHASE 2 EXTENSION | NOVEMBER 2023 - MAY 2025



BACKGROUND

Centro de Apoyo Latino (CAL) program utilizes "Cultura de Salud" (Culture of Health) a service delivery model, rooted in "The Enchilada Approach to Reawakening Therapy" (Fernandez & Barnes 1978), a framework developed by La Familia Counseling Center (LFCC) founders over 50 years ago that identifies eight key culturally based principles deemed essential for delivering effective community-based mental health care.

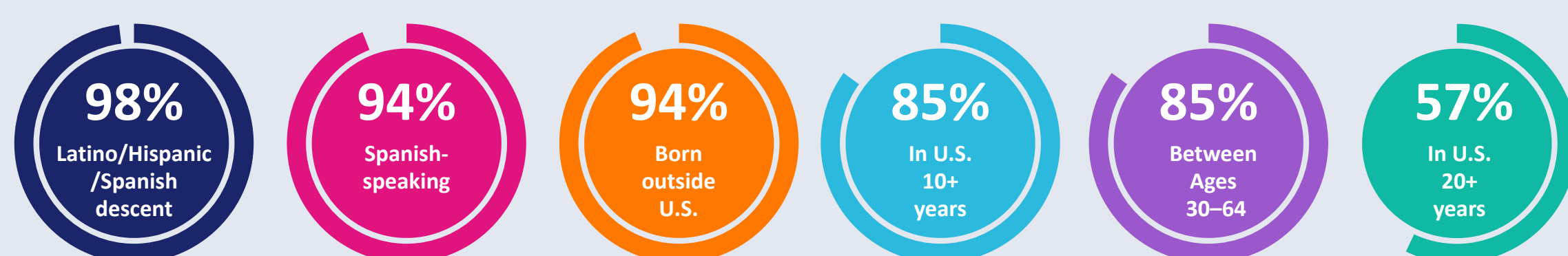


CDEP DESCRIPTION

The Centro de Apoyo Latino (CAL) program was developed to address the growing needs for culturally and linguistically responsive mental health services among Latinos in the Sacramento region, where many face geographic and systemic barriers to care.

In response to these persistent barriers, the CAL program provided outreach, navigation, and short-term therapy with warm handoffs to long-term providers, all grounded in the Eight Principles of "Cultura de Salud," reinforcing La Familia's unique position to address the growing needs for culturally and linguistically responsive mental health services.

CAL Client Demographics (n = 114)



CAL's multidimensional approach to treatment and care operationalizes the eight culturally responsive principles found in the "Cultura de Salud" in three ways:

- Outreach & Educational Workshops
- Navigation Services
- Individual & Group Therapy Sessions



EVALUATION DESIGN

The CAL program helps us to understand the value of integrating the "Cultura de Salud" principles into our community mental health programs. This evaluation phase sought to answer three primary questions:

- To what extent does program participation strengthen individual wellness and resilience?
- To what extent does program participation reduce risk factors for mental illness?
- To what extent does the program approach improve retention in CAL services?

The multidimensional program design required for "Cultura de Salud" also highlights the need for mixed methods in the evaluation process.

CAL Evaluation Mixed Method Approach	
Latent Variable Analysis	<ul style="list-style-type: none"> • Quantifies latent variables in context • Structure Equation Modeling
Feedback Informed Treatment	<ul style="list-style-type: none"> • Measures clinically significant changes • Treatment informed by client response
Ordinal Logistic Regression	<ul style="list-style-type: none"> • Quantifies probability of client success • Pre & Post treatment conditions
Content Analysis	<ul style="list-style-type: none"> • Identified themes using client voices • Inductive coding through Grounded Theory

Multiple data sources also help validate post treatment evaluation outcomes:

1. Statewide Evaluation (SWE) data for Pre and Post treatment comparison.
2. Sheehan Disability Scale (SDS) data for measuring the likelihood of improved wellness.
3. Feedback Informed Treatment (FIT) data for measuring clinically significant changes in wellness
4. Semi-Structured Client and Staff Interviews to identify themes important to understanding client satisfaction and utilization.

This combination of multiple analytical approaches with multiple data sources allows us to infuse scientific methods into the evaluation process in a manner that highlights, rather than ignores, important cultural indicators of and for wellness.

FOR MORE INFO



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QUANTITATIVE FINDINGS

Statistical analysis of client reported Pre and Post treatment data provides compelling evidence that CAL clients experienced significant improvement in mental well-being following treatment. Finding from the 2021 evaluation period were noteworthy, positive findings for the 2025 evaluation period were even more pronounced after COVID restriction on public meeting were lifted.

2021	Clients were:	2025
9x	More likely to report improvements in the ability to perform at work or school.	19x
8x	More likely to report improvement in performing/managing household chores.	17x
9x	More likely to report improvements in social life.	21x
6x	More likely to report improvements in relationships with family and friends.	31x

QUALITATIVE FINDINGS

Academic research shows that there is a strong relationship between client satisfaction and positive patient-reported mental health outcomes. Our Content Analysis of client and staff interviews, uncovered factors that led to client satisfaction. These factors showed how "Cultura de Salud" can help us design effective community mental health programs.

Grounded Theory Conceptual Map: CAL Satisfaction

Therapeutic Alliance	"They listened to me"	Intervention, stabilization, & engagement
Navigation	"They helped me"	Support, connectivity, & engagement
Whole Person Approach	"They cared about me"	Physical, social, & mental wellness
Family Integration	"They included my family"	Emotional resilience
Cultural Integration	"They understood me"	Safety & trust
Service Located In The Community	"They are here for me"	Accessible resources

CONCLUSION

Centro de Apoyo Latino (CAL) provides and demonstrates how culturally and linguistically responsive, multidimensional care, grounded in the "Cultura de Salud" principles, serves as a central mechanism for healing for clients experiencing urgent and crisis-level mental health conditions.

Leticia Blanca Galicia Morales (she/her)
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Purpose, Description & Implementation

Living with Love is a culturally defined 8-workshop mental health and domestic violence program by and for the Indigenous, Mexican, Migrant, and Latino populations.

Goals:

- **REDUCE** depression, anxiety, DV, socio-cultural and linguistic isolation, and stigma
- **INCREASE** knowledge/ access to support resources

Cultural Knowledge Strategies



• **Promotoras:** trained community health workers who are trusted members of the community, and share in or are deeply familiar with the culture, language, values, and life experiences of the community.

- **Language:** Spanish/Mixteco interpretation
- **Confidentiality**
- **Cultural items**
- **Group OR Virtual and in-person one-on-one classes:** accommodate community needs
- **Community Advisory Board (CAB)**
- **In Lak'ech (You Are my Other Me):** poem by Juan Valdez based on indigenous Mexican collectivist point of view

In Lak'ech

You are my other me
If I do harm to you,
I do harm to myself
If I love and respect you,
I love and respect myself

Evaluation Design & Methods

Mixed methods, quasi-experimental pre-post design with comparison group.

2- year evaluation period: 8/2023-7/2025

- **Pre/Post & Intake Surveys**
 - Interviewer-administered survey in Spanish and Mixteco
 - CAB consulted on linguistic/cultural aspects
 - Post administered after 4-6 weeks of classes (intervention) or waiting period (comparison)
- **Focus Group (intervention group only)**
 - Spanish/Mixteco consecutive interpretation
 - MICOP office - trusted space
 - Led by trusted/trained promotoras
 - Audio recordings transcribed and translated
 - MICOP and UCLA conducted coding



Results

Why LwL?

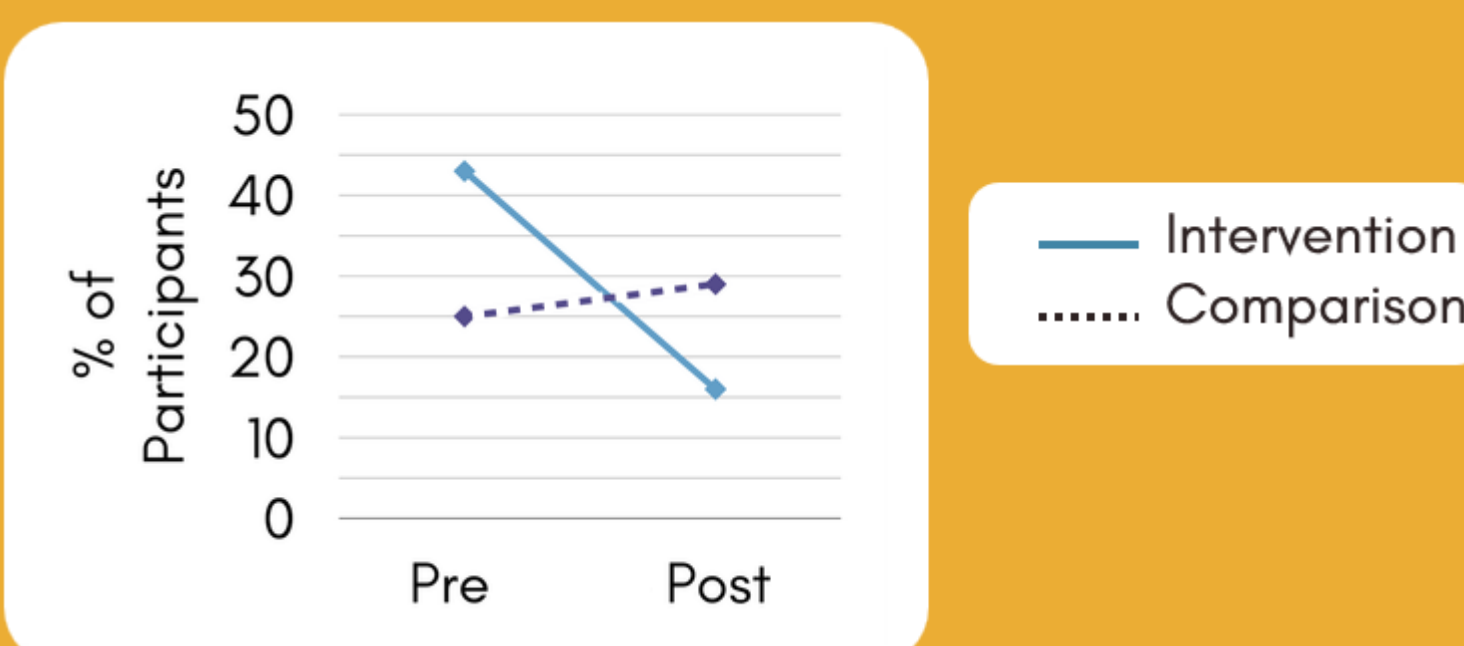
Learn to manage your emotions & behaviors	46 (42.6%)
Be heard and be able to express	43 (39.8%)
Strengthen the relationship & communication of couple and/or children	43 (39.8%)
Personal improvement	31 (28.7%)
Healing of past wounds or current situations	27 (25%)
Learn to educate children	24 (22.2%)
Identity & learn what mental health & wellness tools are	20 (18.5%)
Know what is a healthy and unhealthy relationship (DV)	16 (14.8%)
Learn info to help a family member with mental health/substance abuse challenges	11 (10.2%)
Family Law required	14 (13.0%)
Other	7 (6.5%)

Depression and Anxiety Symptoms (p=.0001, referred by court system p=.0003)

"...the first time I came here, I had a headache and wasn't feeling ok...and now I feel happier..."

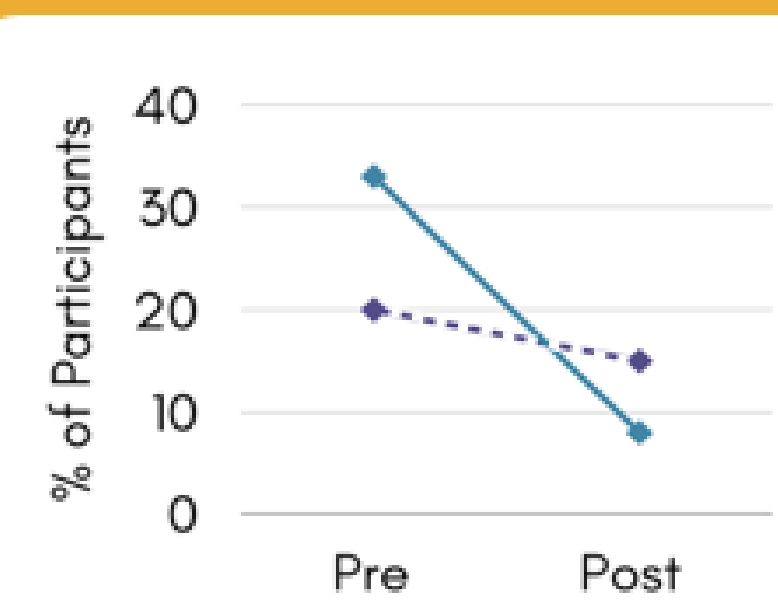
Female,
Mixteco translation

Fast breathing/increased heart rate - sometimes & always
(intervention p=.0005) (comparison p=0.919)



Stress Management (p<.0001)

Difficulty relaxing - always
(intervention p=.0001) (comparison p=0.855)

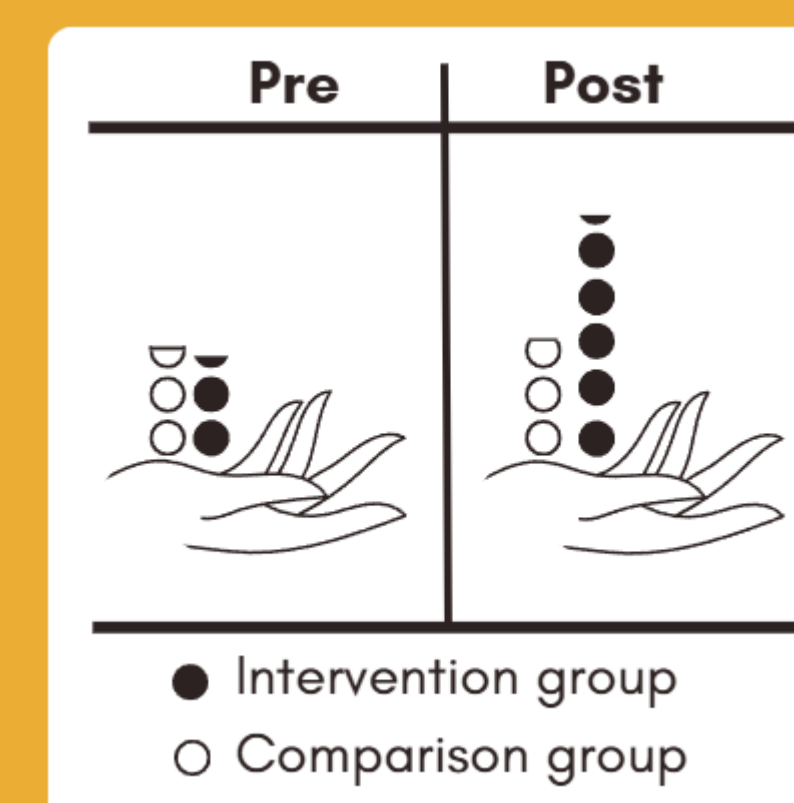


"I go for a walk when I feel like I'm about to get stressed... listening to music relaxes me a lot, or I start singing... and breathing helps too."

Female,
Mixteco translation

Mental Health Resources (p<.0001)

Mean # of resources known
(intervention p<.0001) (comparison p=0.3351)



Standard Deviation

- Intervention (n=84) pre= 1.933, post= 2.19
- Comparison (n=41) pre= 1.1356, post= 1.526

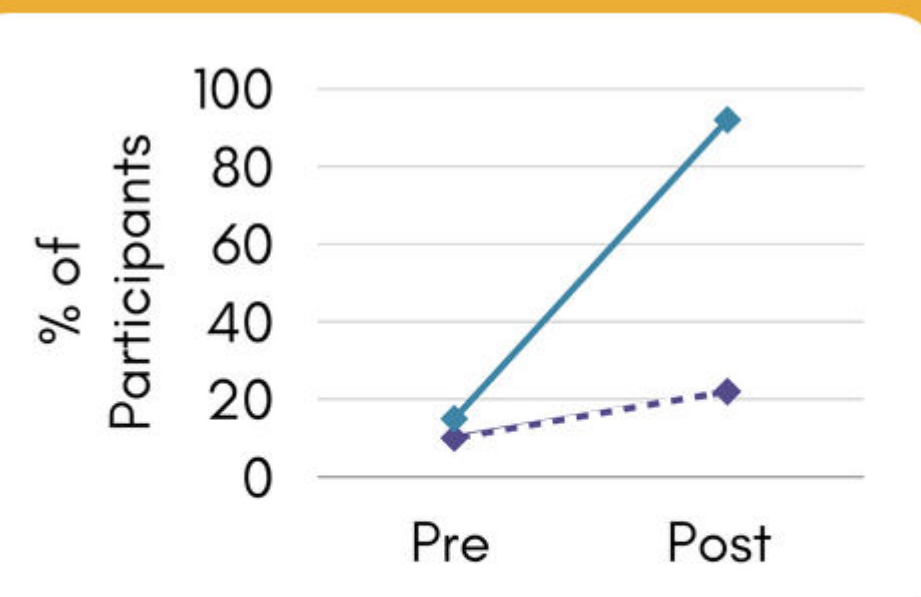
Subgroup: Men

- 18 men participated in program
- Trends show improvements in all evaluation areas



Domestic Violence Knowledge (p<.0001)

Heard of a DV safety plan
(intervention p<.0001) (comparison p=0.059)



"The majority... thought that if they don't get hit, it's ok...because in our community, the man is boss and has a right to yell...[It is also believed] that the [proper] way to educate is with blows but after participating...they share, 'I learned that is not good and now my relationships with my kids and partner have improved'"

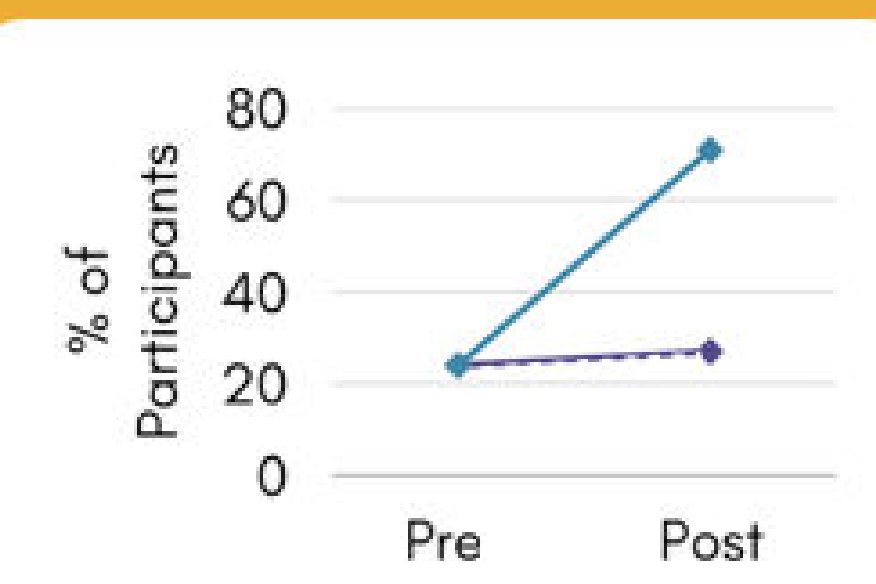
LwL Promotora,
Leticia Blanca Galicia Morales



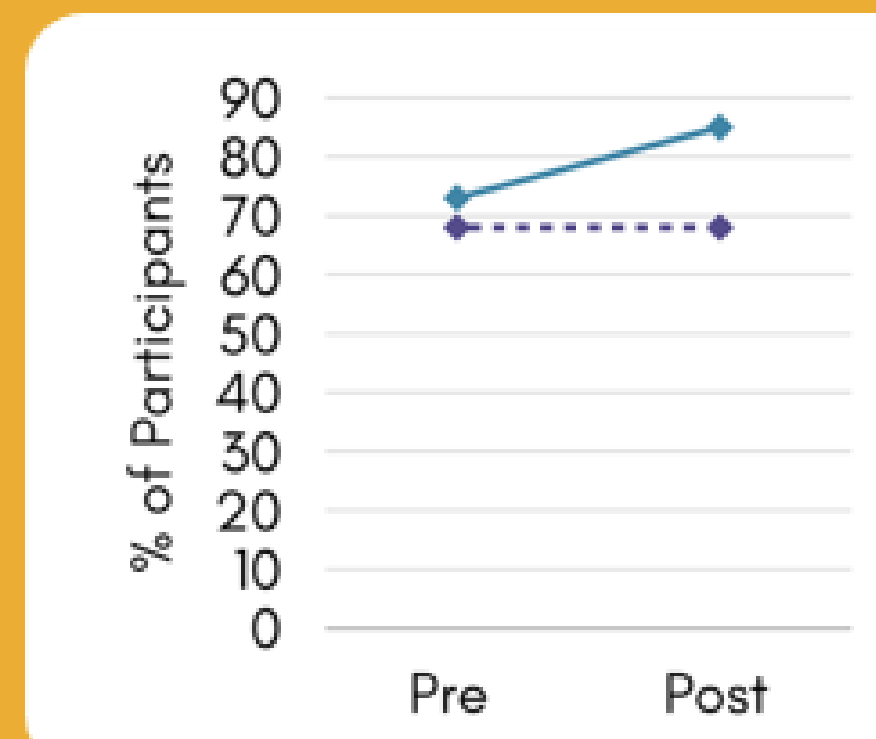
Mental Health Knowledge & Stigma* (p<.0001)

*Changes in stigma more pronounced in those referred by law

Understand depression well
(intervention p<.0001) (comparison p=0.801)

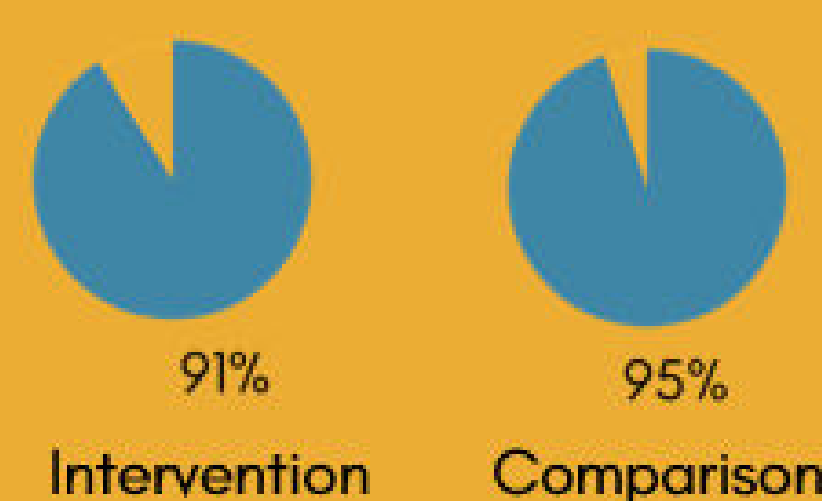


Comfort in sharing about receiving mental health support, with family and/or friends (intervention p<.0001) (comparison p=1)



Culture

Both intervention and comparison groups maintained cultural traditions at high rates at pre-evaluation



Self Esteem

"...A participant wore a mask at the beginning of the workshops and at the end shared that she covered herself out of shame but now accepts herself as she is and shows her face."

LwL Promotora, Teresa Isabel Santos Ramirez

"I did not like myself, did not love myself, did not respect myself, did not value myself... my self love has evolved because I have learned...to love myself more, to value myself more, to respect myself more, to take care of myself..."

Male, Spanish translation



Key Takeaways & Next Steps

Data shows the transformative positive effects Living with Love has had on individuals, families, and the community. We had statistically significant desirable outcomes for intervention group in all areas regardless of age, gender, Indigenous identity, marital status, years in US, Spanish proficiency, and whether they were referred by law or came voluntarily.

- Culture is integral to individual and collective success
- Similar info unavailable in Mixteco elsewhere
- Connection with promotoras allows deeper dialogue
- Several found strength to leave DV situations

Future considerations

- Deeper analysis among men and couples
- Longer-term follow up
- Evaluate impact of modifications on success in other communities
- Presentations on program processes and results
- Facilitator's guide to train others
- Expand to MICOP Santa Barbara County
- Seek funding from court systems
- Copyright curriculum

Acknowledgements

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Coordinadora de Evaluación

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Evaluadora Local

Propósito, Descripción, e Implementación

Viviendo Con Amor es un programa culturalmente definido de 8 talleres para la salud mental y violencia doméstica creado por y para las poblaciones indígenas, mexicanas, migrantes, y latinas.

Metas:

- **REDUCIR** depresión, ansiedad, violencia doméstica, aislamiento sociocultural y lingüístico, y estigma
- **AUMENTAR** conocimiento y acceso a recursos de apoyo

Estrategias de Conocimiento Cultural



Promotoras: trabajadoras comunitarias entrenadas de salud que son miembros comunitarias de confianza y comparten o tienen familiaridad profunda con la cultura, lenguaje, valores, y experiencias vividas de la comunidad.

- Lenguaje: Interpretación Español/Mixteco
- Confidencialidad
- Objetos culturales
- Talleres en grupo O virtuales y en persona 1 a 1 para adaptarse a las necesidades de los participantes
- Consejo Comunitario (CAB)
- In Lak'ech (Eres Mi Otro Yo): poema por Juan Valdez basado en el punto de vista colectivista de Mexicanos Indígenas.

In Lak'ech

Tu eres mi otro yo
si te hago daño a ti
me hago daño a mi mismo
si te amo y respeto
me amo y respeto yo

Métodos y Diseño de Evaluación

Métodos mixtos, diseño pre-post-experimental cuasixperimental con grupo de comparación.

Periodo de evaluación de 2 años: 8/2023-7/2025

- **Encuestas Pre/Post- y Formulario de Admisión**
 - Encuesta administrada en español y mixteco
 - El CAB fue consultado en aspectos lingüísticos y culturales
 - Administración post tras 4-6 semanas de clases (intervención) o periodo de espera (comparación)
- **Grupo de enfoque (solo grupo de intervención)**
 - Interpretación consecutiva en español/mixteco
 - Oficina MICOP - espacio de confianza
 - Dirigido por promotoras entrenadas y de confianza
 - Grabaciones de audio transcritas y traducidas
 - MICOP y UCLA realizaron codificación



¿Por qué Viviendo con Amor?

Aprender a gestionar sus emociones y comportamientos	46 (42.6%)
Ser escuchado y poder expresarse	43 (39.8%)
Fortalecer la relación y la comunicación de pareja y/o hijos	43 (39.8%)
Superación personal	31 (28.7%)
Sanar heridas del pasado o situaciones actuales	27 (25%)
Aprender a educar a los hijos	24 (22.2%)
Identificar y aprender de las herramientas de salud mental y bienestar	20 (18.5%)
Conocer qué es una relación sana y qué no lo es violencia domestica	16 (14.8%)
Información para familiar con problemas de salud mental o sustancias	11 (10.2%)
Referido por la corte	14 (13.0%)
Otro	7 (6.5%)

Resultados

Síntomas de Depresión y Ansiedad

(p=.0001, referido por el sistema judicial p=.0003)

"...la primera vez que vine, tenía dolor de cabeza y no me sentía bien... y ahora me siento más feliz..."

Mujer, traducción de mixteco

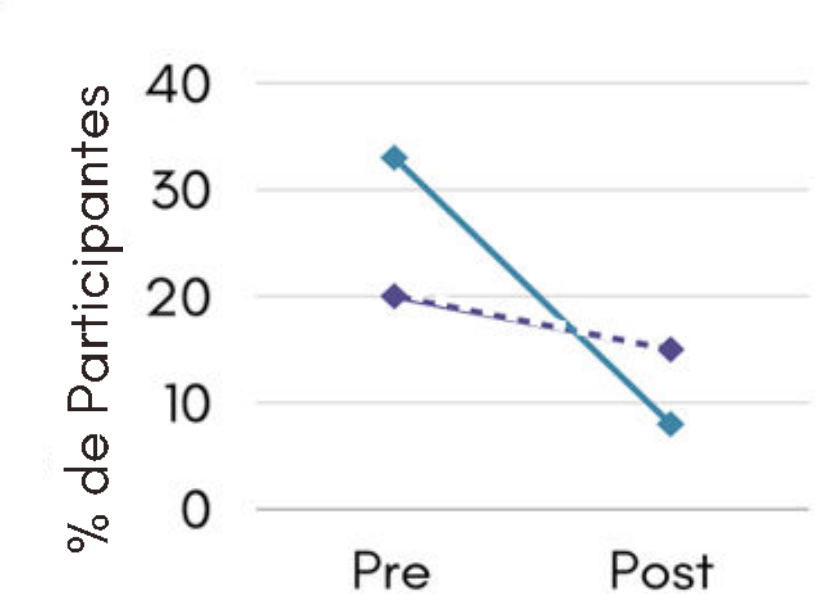
Experimentaron respiración acelerada/aumento de la frecuencia cardíaca, a veces y siempre (Intervención p=.0005) (Comparación p=0.919)



Manejo del Estrés

(p<.0001)

Dificultad para relajarse, siempre (Intervención p=.0001) (Comparación p=0.855)



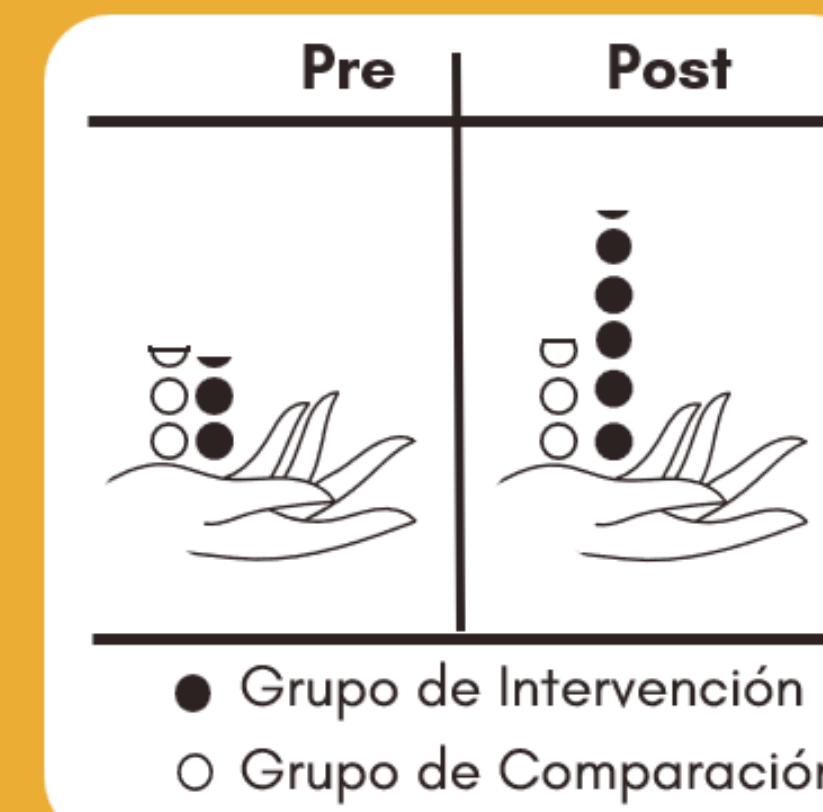
"Salgo a caminar cuando siento que me voy a estresar... escuchar música me relaja mucho, o me pongo a cantar... y respirar también me ayuda."

Mujer, traducción de mixteco

Recursos de Salud Mental

(p<.0001)

Medio # de recursos conocidos por cada grupo (Intervención p<.0001) (Comparación p=0.3351)



Desviación Estándar

- Intervención (n=84) pre= 1.933, post= 2.19
- Comparación (n=41) pre= 1.1356, post= 1.526

Subgrupo: Hombres

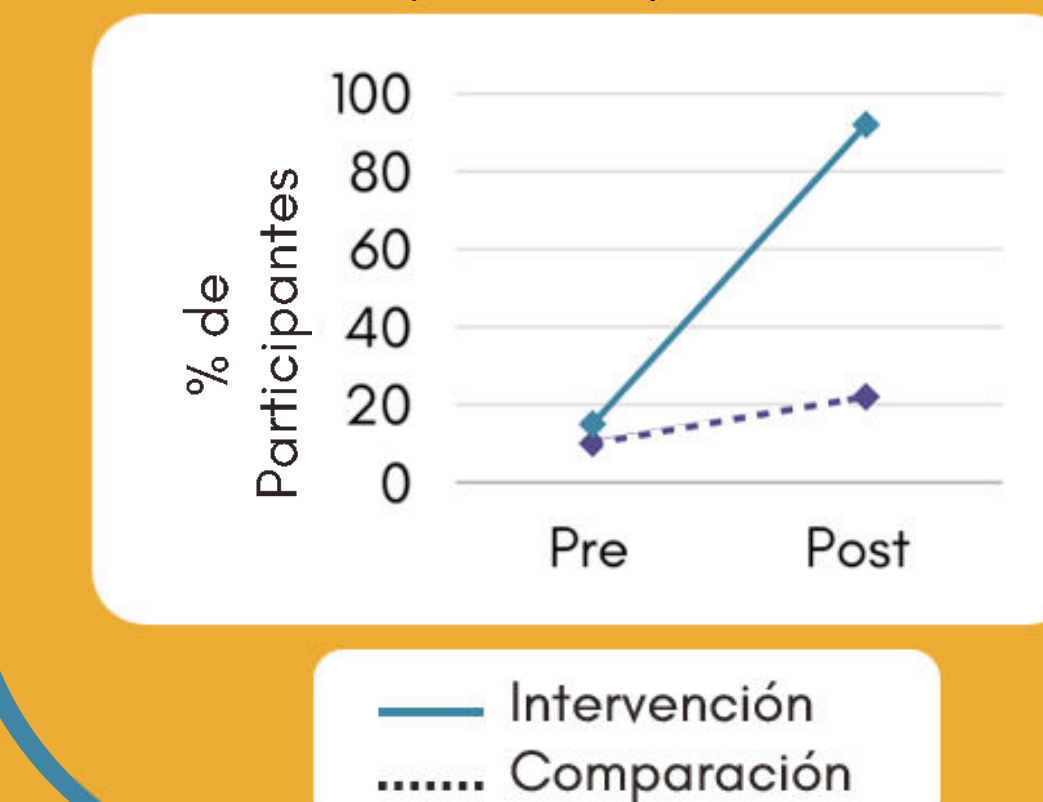
- 18 hombres participaron
- Las tendencias muestran mejoras en todas las áreas de evaluación.



Conocimiento Sobre la Violencia Doméstica

(p<.0001)

Han oído hablar de un plan de seguridad para VD (Intervención p<.0001) (Comparación p=0.059)



"La mayoría... pensaban que, si no les golpeaban, no pasaba nada... porque en nuestra comunidad, el hombre manda y tiene derecho a gritar... [También se cree] que la forma [correcta] de educar es con golpes, pero después de participar... comparten: 'Aprendí que eso no es bueno y ahora mis relaciones con mis hijos y mi pareja han mejorado'"

Promotora, Leticia Blanca Galicia Morales



Amor Propio

"... Una participante llevaba mascarilla al inicio de los talleres y al final compartió que se cubría por vergüenza, pero ahora se acepta tal y como es y muestra su cara."

Promotora, Teresa Isabel Santos Ramirez

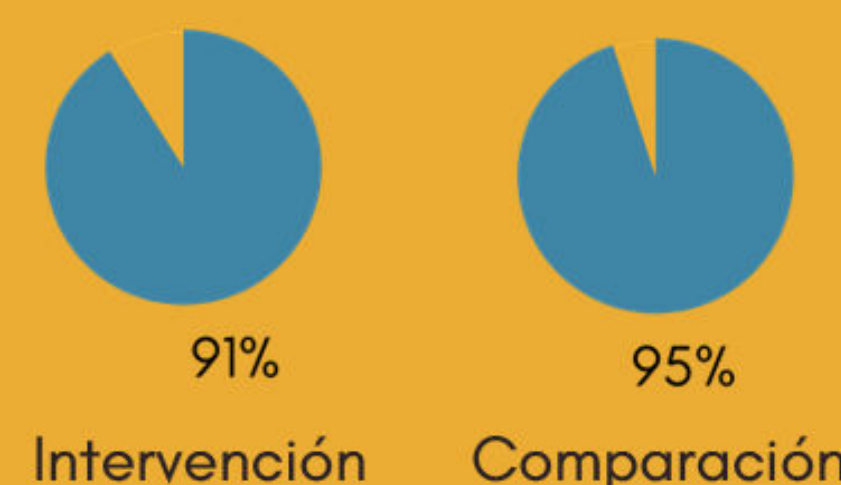
"No me quería, no me amaba, no me respetaba, no me valoraba... mi amor propio ha evolucionado porque he aprendido... a querarme más, valorarme más, respetarme más, cuidarme..."

Hombre, traducción del español



Cultura

Tanto los grupos de intervención como los de comparación mantuvieron las tradiciones culturales a altas tasas en la preevaluación

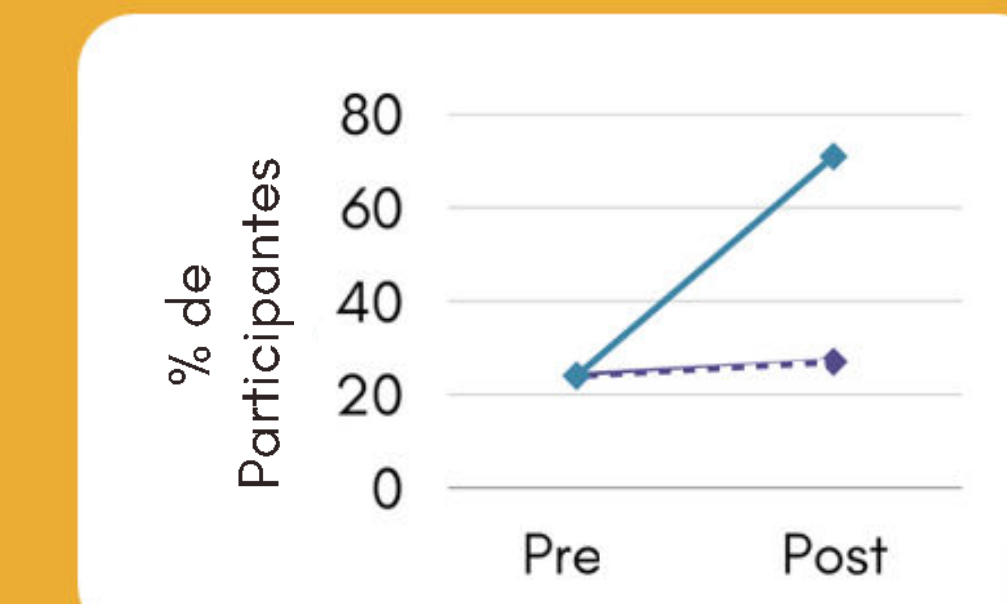


Estigma * y Conocimiento Sobre Salud Mental

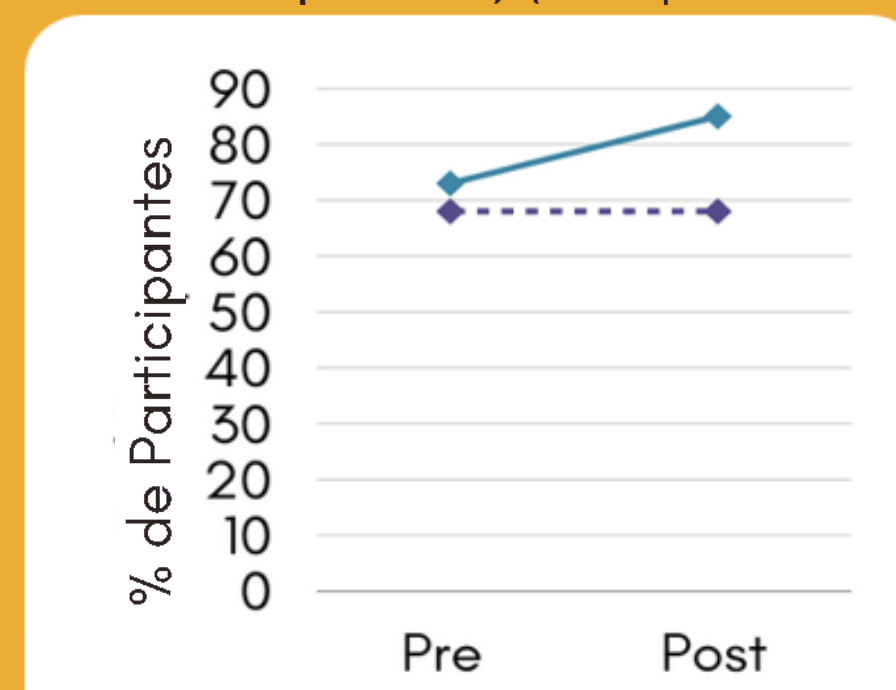
(p<.0001)

*Cambios en el estigma fueron más pronunciados en aquellos referidos por la corte

Conocen bien la depresión: (Intervención p<.0001) (Comparación p=0.801)



Se sienten cómodos compartiendo con familiares y/o amigos el hecho de estar recibiendo apoyo en salud mental: (Intervención p<.0001) (Comparación p=1)



Intervención
Comparación

Puntos Clave y Próximos Pasos

Los datos muestran los efectos positivos transformadores que el programa ha tenido en las personas, familias y comunidad. Obtuvimos resultados estadísticamente significativos y deseables para el grupo de intervención en todas las áreas, sin importar edad, género, identidad indígena, estado civil, años en EE. UU., dominio del español y si fueron referidos por ley o vinieron voluntariamente.

- La cultura es fundamental para el éxito individual y colectivo
- No hay información similar en Mixteco en otros sitios
- Conexión con las promotoras permite un diálogo más profundo
- Varios encontraron fuerzas para salir de situaciones de violencia doméstica

Consideraciones futuras

- Análisis más profundo entre hombres y parejas
- Seguimiento a largo plazo
- Evaluar el impacto de las modificaciones en el éxito en otras comunidades
- Presentaciones sobre procesos y resultados
- Guía para facilitadores para entrenar a otros
- Expansión a MICOP del Condado de Santa Bárbara
- Buscar financiación de los sistemas judiciales
- Conseguir derechos de autor para el currículo

Agradecimientos

Extensión de la Fase II del Proyecto de Reducción de Disparidades de California 2022-2025. Este trabajo fue posible en parte gracias a fondos recibidos del Proyecto de Reducción de Disparidades de California del Departamento de Salud Pública de la Oficina de Equidad en Salud en California, Contrato #16-10525.

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LOCATION

Alameda County, CA
Oakland & South Alameda



GROUPS SERVED

- Latinx & Central American Indigenous population :
- Urban & Suburban Setting
 - Low Income
 - Uninsured or underserved
 - Immigration experience
 - All ages : Children, Youth, Transitional Age Youth (TAY), Adults, Seniors

OVERVIEW

- Background :**
- Ongoing structural inequities impact the mental health and well-being of groups served .
 - **Cultural, linguistic, and structural barriers** to accessing appropriate mental health services .
- Cultura y Bienestar (CYB) :**
- Culturally rooted mental health prevention and early intervention program . Traditional Healing Practices are emphasized .
 - Community -based collaborative .
- Purpose :** Address the mental health needs of the communities it serves .
- Approach :**
- * Non -stigmatizing
 - * Holistic view of health *
 - Community -defined
 - * Culturally, linguistically relevant
 - * Honors history & traditions
 - * Fosters community building

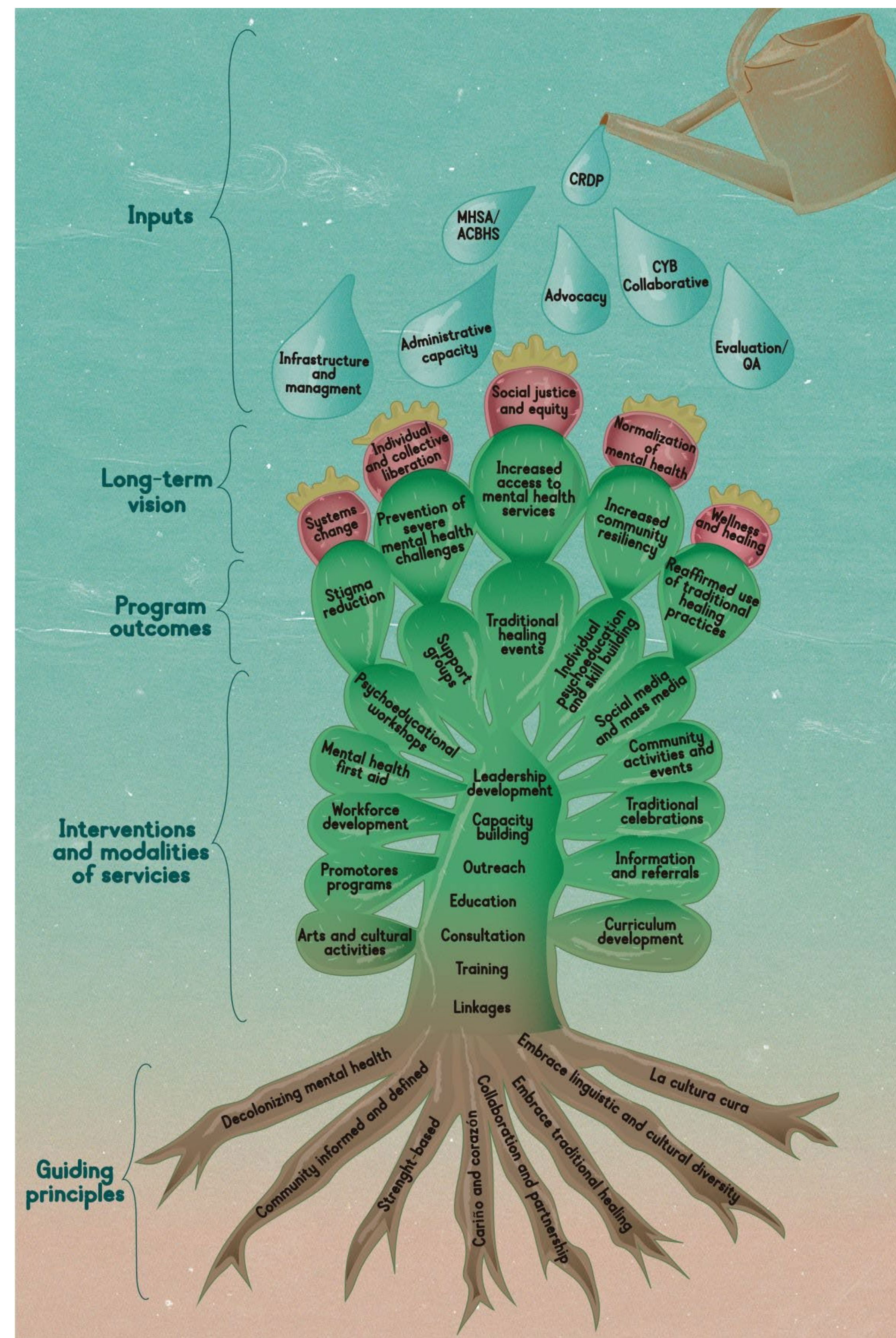
INCORPORATING COMMUNITY KNOWLEDGE

- Ongoing **dialogue** with community leaders and parents .
- CYB educators **rooted in the communities** CYB serves .
- **Relationship -building** with grassroots groups (Desarrollo Maya, MUA, Street Level, etc .).
- Needs assessments



CULTURA Y BIENESTAR MODEL

The Nopal of Cultura y Bienestar represents our program model using a plant that is deeply connected to our cultural heritage and that is a symbol of resiliency and strength .



TRADITIONAL HEALING

Traditional wellness practices and wisdom are grounded in a holistic and interconnected approach to health and wellness :

- Foster cultural affirmation, connection, and community care .
- Support prevention and healing around mental health .
- Expand community outreach .

CRDP Phase 2 Extension :

- **Evaluation of CYB's Traditional Healing (TH) component** .
- Jul. 2022-Dec. 2025: **219** traditional and community events shared among four (4) CYB sites across Alameda County.

LOCAL EVALUATION: DESIGNS, METHODS, AND FINDINGS

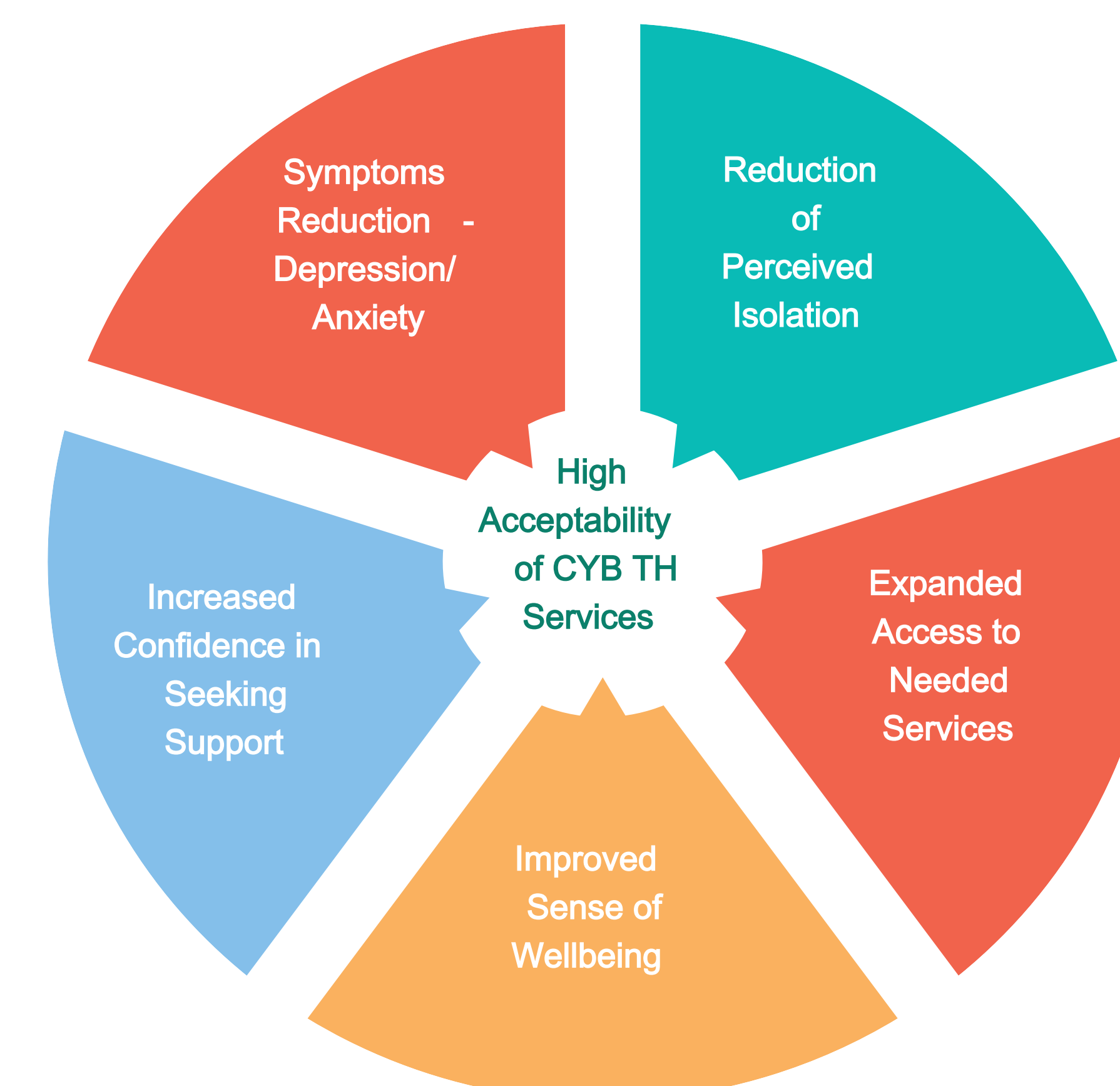
Both qualitative & quantitative data collection methods were applied to Traditional Healing and Community event interventions among four (4) CYB sites across Alameda County :

Tools /Data Collected :

- (Paired T-Test Analysis) Statewide Evaluation CDEP Participant Questionnaire - Traditional Healing (TH) events' participants:
 - Pre surveys: 220, Post surveys: 189
- (Paired T-Test Analysis) Comm. Event Post/Follow Up Questionnaire - Comm. Events' participants:
 - Post Event surveys: 53, Follow-Up surveys: 37
- Key Informant Interviews:
 - Seven (7) Community Traditional Healers

Findings :

- **Significant reductions in symptoms of depression and anxiety**, decreased social isolation, and increased cultural resilience .
- **Strong evidence of CYB services acceptability** : Particularly regarding **staff respect for identity and cultural practices** - essential for building trust .
- Positive impacts on participants' mental health awareness, **confidence in seeking help**, and perceived value of cultural practices in promoting well-being .
- Traditional Healing practices offer acceptable, **non-pathologizing pathways to mental health support** .
- **Increased sense of wellbeing** by rebalancing emotions, fostering connectedness, and reconnecting with cultural roots and ancestral wisdom .



SUMMARY, FUTURE DIRECTIONS, AND KEY TAKE AWAY

Impact Summary :

- **Traditional healing practices**, embedded within a holistic approach to mental health, offer an effective way to expand outreach, strengthen care, and improve community wellbeing .
- Supported by the highly positive CRDP Phase II results on CYB's early intervention services, **the CYB Model's demonstrates its ability to provide meaningful support** for community members with mild to elevated symptoms .

Future CYB Plans :

- In response to changes in mental health services and the political landscape, **CYB will continually pivot and adapt to safeguard the continuum of care** .
- Building on the DHCS-BHS recommendation of the CYB Model, the program will pursue opportunities to strengthen its sustainability and scalability .
- CYB will continue amplifying community -defined evidence practices, like the CYB Model, as a **core part of the continuum -based care to prevent severe mental illness and substance use disorders** .

TAKE AWAY:

The community -based, culturally rooted, and holistic CYB approach is key to expanding outreach and preventing mental suffering and severe mental illness among Latinx and Central American Indigenous community members across service locations.



CONTACTS

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LATINO SERVICE PROVIDERS | YOUTH PROMOTOR INTERNSHIP PROGRAM



DESCRIPTION OF PROGRAM

Latino Service Providers developed a Community-Defined Evidence Practice (CDEP) that is adapted from a *Promotores de Salud* model, the Spanish term for “Community Health Worker”. The heart of the program is the identification, recruitment, training, engagement, and compensation of bilingual-bicultural mental health Youth Promotores, ages 16 to 25 from Sonoma County. The program uses a youth development framework that is designed to support positive racial and ethnic identity development and improve the mental health and well-being of participating youth.

LOCATION

Sonoma County, California



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SUSTAINABILITY



Sustaining our **long-term evaluation** remains a cornerstone of our program's identity, because we believe deeply in understanding the lasting impact of our work. Our initial longitudinal evaluation with alumni from our first six cohorts (2018–2023) revealed compelling evidence of that impact: 85% reported the internship influenced their educational paths, with two-thirds pursuing or completing four-year degrees; 88% credited the program with shaping their career goals, particularly in education and social services; and 93% reported lasting attitude shifts toward accessing mental health services. Alumni consistently described interconnected outcomes in which skill development, cultural connection, and self-confidence mutually reinforced one another, a testament to the holistic nature of what we have built together. Beyond evaluation, sustainability lives in our people. Our leadership capacity continues to grow as returning Youth Promotores step into peer-based **Leadership Roles**, cultivating empowerment from within and demonstrating what it looks like when young people are trusted with real responsibility. To sustain this work financially and structurally over the long term, we are also actively expanding our external funding landscape through **Fee-For-Service** offerings that leverage the deep expertise we have developed, targeted fundraising efforts, and intentional partnerships with new organizations who share our values and vision.

EVALUATION DESIGN + METHODS

- 01 **Evaluation Design**
The evaluation of the Youth Promotor Internship Program used a mixed-methods design. The California Health and Human Services Agency's Committee for the Protection of Human Subjects (CPHS) determined that the evaluation was exempt and approved the exemption in 2017.
- 02 **Evaluation Approach**
Quantitatively, an interrupted time series design used two pre/post YP surveys administered at the start and end of each cohort year. Qualitatively, grounded theory (via exit interviews) and Community-Based Participatory Research were combined to ensure cultural responsiveness.
- 03 **Participation Criteria**
LSP established the following criteria for Youth Promotor participation: Bilingual + Bicultural in English and another language, Ages 16-25, live, work, or go to school in Sonoma County, and willing to commit for one year.
- 04 **Data Collection**
Survey Administration: Pre/post surveys (2018–2025) and an alumni survey (2024)
Exit Interviews: Individual in-person interviews (2018–2021) and group focus interviews (2022–2025); audio recordings were stored on a password-protected computer, transcribed, and destroyed following transcription to ensure participant privacy.
- 05 **Statewide and Local Evaluation Measures**
Statewide: Cultural Connectedness, Psychological Distress, and Program Satisfaction
Local Evaluation Measures: Self-Efficacy, Leadership Confidence, Mental Health Knowledge, Barriers to Care, Willingness to Seek Services, Workforce Skills



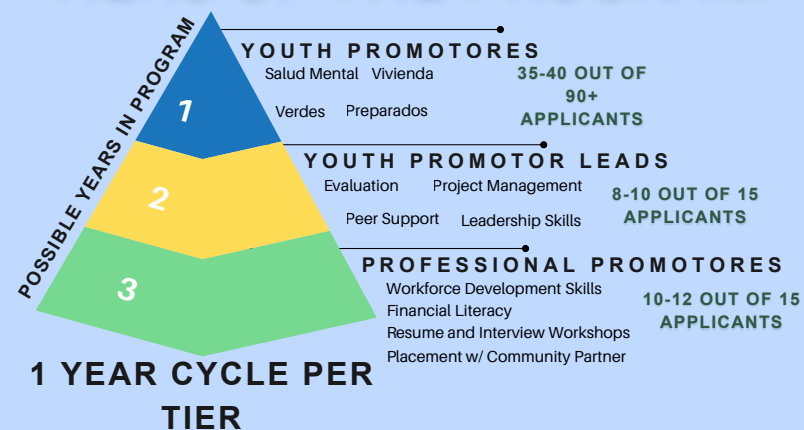
RESULTS*

Cultural Connectedness <ul style="list-style-type: none"> 57% felt more connected to their culture by the end of the program YP described the program as a safe space where they felt seen, accepted and rooted in their Latino identity 	Knowledge <ul style="list-style-type: none"> 92% reported their knowledge about mental health increased YP described how the knowledge led to shifts in attitudes, including personal self-awareness, reduced stigma, and increased compassion YP also gained practical crisis intervention knowledge 	Willingness to Seek Services <ul style="list-style-type: none"> 50% reported being more willing to seek mental health services for themselves
Psychological Wellness <ul style="list-style-type: none"> 60% reported a decrease in psychological distress 	Self-Efficacy & Skills <ul style="list-style-type: none"> 63% reported an increase in self-efficacy YP developed or improved an average of 4 workforce skills 	

* All participants from Cohorts 2 to 8 (2018 to 2025) from both pre-post surveys and focus groups. Alumni results not presented here.



TIERS OF THE PROGRAM



SCALABILITY

Our approach to scaling is both expansive and deliberate. From its inception, our program has grown far beyond its original focus on: **Mental Health Advocacy** and awareness to now encompass **Emergency Preparedness**, a necessity for all people living in California, **Environmental Education**, and **Civic Engagement** with a particular focus on housing and housing policy, reflecting the real issues our Youth Promotores encounter in their own communities. Central to this growth is our commitment to assembling a genuinely diverse cohort, drawing students from 13 different high schools, Santa Rosa Junior College, and Sonoma State, and intentionally recruiting across a wide spectrum of gender identities, abilities, belief systems, socioeconomic backgrounds, cultures, and neurodiversities. At the same time, we have made the conscious and values-driven decision to scale down in certain areas, not only in response to capacity realities but because we hold quality over quantity as a non-negotiable organizational pillar. On the clinical side, expanding **Early Intervention** and therapy utilization requires us to continue addressing structural barriers such as scheduling, transportation, and parental consent, while also growing our future therapist pool so that youth have genuine choice in matching based on gender, professional background, and therapeutic style.



SYSTEMS CHANGE



Our program has always understood that serving young people well means working to change the systems that shape their lives. This commitment has led us to deepen our advocacy work and build relationships with partners we had not previously engaged, including taking our interns and our cause directly to the state capitol in Sacramento to advocate for the funding and programming our communities depend on. This kind of civic action is not peripheral to what we do, it is a living example of the leadership and empowerment we cultivate every day. Equally transformative is our third tier of interns, our **Pro Promotores** who are placed as partners at a range of agencies and organizations aligned with their academic or professional goals. These placements are designed to support real workforce development and, just as importantly, to shift the way community organizations and hiring teams see young people. By integrating our interns into professional spaces as capable contributors, not just volunteers or shadows. We are actively challenging the assumption that young people need to wait their turn, and instead creating pathways for them to begin building meaningful careers right now.

NEXT STEPS + KEY TAKEAWAYS

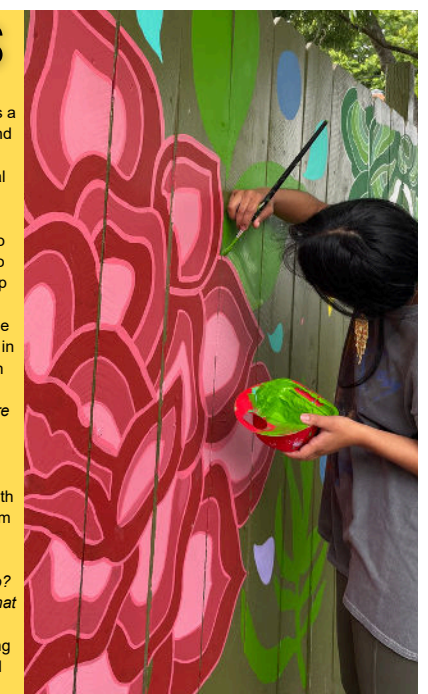
THE THREE TIER MODEL PIPELINE

Tier 1 | Safe Spaces, Cultural Connectedness & Validation LSP's "come as you are" environment gave Youth Promotores a psychologically safe space to show up authentically while exploring their cultural identity, processing personal challenges, and connecting with peers who shared similar experiences around immigration, education, and family. For many, the program became a rare bridge to their Latinx roots and a "second family" that affirmed who they are. Latinx staff modeled this cultural pride while also serving as tangible role models for educational attainment: "It was just very surprising and inspiring seeing them succeed on this level and knowing that this is attainable for me...I know that I'm capable of what they're doing now because I can relate to them all on a personal level." (YP Lead, female, age 19, Cohort 6). This foundation of belonging also meaningfully reduced stigma around mental health, while stigma-related concerns decreased significantly and willingness to seek help increased. Safe peer relationships allowed leadership competencies like communication and facilitation to develop organically.

Tier 2 | Leadership Development & Self-Efficacy Built on that foundation of safety and cultural belonging, the YP Lead role formalized a pathway for youth to step into leadership. Self-efficacy scores increased and YP Leads showed particular gains in leadership confidence as the experience of supporting others deepened their own growth. Youth described tangible shifts in their ability to network professionally, overcome social anxiety, and advocate for their communities. One lead reflected: "Stepping out of your comfort zone...helps you to be more present...you're really paying attention to your YP and making sure they are being heard." (YP Lead, male, Cohort 7). Others discovered strengths they hadn't previously recognized in themselves to become young professionals.

Tier 3 | Professional Development & Workforce Readiness The Pro Promotor tier translates the confidence, cultural grounding, and leadership skills cultivated in earlier tiers into real-world professional experience. Participants are matched with partner agencies for 1 year setting skill development goals alongside agency preceptors while LSP staff actively support them in navigating personal obstacles so external stressors don't impede career growth. This structure ensures that workforce readiness is built not in isolation, but through the same ethic of care and cultural affirmation that defines the entire pipeline. One Pro Promotora captured this shift: "Once I started to work with my organization, they asked me 'What do you want to do? What is the thing that drives your joy and makes you passionate?' I was super taken aback because I've never been asked that question...to not be told what to do was new for me and I liked it a lot." (Pro Promotora, age 20)

The Three Tier Model works because it meets youth exactly where they are, building safety and belonging first, then growing leadership and confidence, and finally translating those skills into real professional opportunities. This is exactly why we will continue to actively seek funding to sustain and expand this program.



IMPLEMENTATION + TIMELINE

