

15:00:55 – 15:01:55

Martha Kent:

Thank you everyone for joining this webinar, Resiliencia y Prosperidad. We are going to give everyone just a few more seconds to join. But before we start, I'd like to just give a little bit of zoom etiquette. We asked that you put your questions in the Q&A box and that you would use the chat only for event introductions and other event related communications.

So, I guess we'll get started. Welcome again to the Resiliencia y Prosperidad: Strengthening Our Workforce and Driving Recovery in Hispanic/Latino Communities Webinar. Today we will be hearing from SAMHSA' Office of Behavioral Health Equity Team and 4 excellent speakers.

15:01:56 - 15:03:10

Martha Kent:

My name is Martha Kent, and I am a middle-aged woman and I'm wearing a blue dress with red flowers and I have a blue SAMSHA background. I am joined by members of SAMHSA's Office of Behavioral Health Equity and members of the Achieving Behavioral Health Equity Initiative.

So again, I'd like to just remind the audience to be respectful and put respectful language in the chat and that the achieving behavioral health equity initiative does seek to use affirming respectful and recovery-oriented language and all activities. So, we ask that participants do the same.

So now I will turn it over to Larke. She is the senior advisor in the office of the Assistant Secretary for Substance Abuse and Mental Health Services administration. She is the director of the office of behavioral health equity and she is a licensed clinical psychologist who's worked at the Interface of Policy Research and Practice and Behavioral health for nearly 30 years. Larke.

15:03:12 – 15:03:49

Larke Huang:

Right. Thanks very much, Martha. I'm Larke Huang. As Martha said, I'm the director of the Office of Behavioral House Equity at SAMSHA. I am an older Asian woman with a blue background wearing a burgundy sweater. I want to extend my greetings to all of you that are gathered for this webinar acknowledging and celebrating Hispanic Latino Heritage Month. Also, since I see that we have people joining us from around the country. I'd like to share information for SAMHSA distress line giving the potentially catastrophic events in Florida, Georgia, North Carolina, South Carolina, Tennessee, and Virginia. And we wish our colleagues and communities they will be safe during this pending catastrophic storm.

15:04:03 - 15:04:50

Larke Huang:

We often respond to our distress line to catastrophic events such as this and I think they'll be link in the chat to our SAMHSA distress line. We are so pleased that you've taken the time to join us at this event. The focus of our office, office of behavioral health equity is to advance equity and behavioral healthcare with a specific focus on underserved and often marginalized populations and communities across the

country. We carry out this work through the primary functions of our agency. That is through our grant making, our training and technical assistance, and through our convening efforts through bringing people, partners, policymakers together.

To address such issues as challenges and access to services, acceptability of services by our diverse community's affordability, accountability to the different cultural perspectives on prevention, treatment, and recovery in mental health and substance use. We bring to greater visibility the behavioral health challenges in many of our underserved communities. Yeah, we also highlight and celebrate the incredible, innovative and effective work. They have created to advance the well-being of their communities. This is what we want to do today highlighting the challenges but also the incredibly resourceful and innovative work going on in Latino Hispanic communities to advance behavior health and wellbeing.

15:05:37 - 15:06:41

Larke Huang:

To kick off this event, I have the pleasure of introducing our leader at SAMHSA, Dr. Miriam Delphin-Rittmon, the Assistant Secretary for Mental Health and Substance Abuse in the US Department of Health and Human Services. A few brief words about Dr. Delphin-Rittmon, prior to being appointed by President Biden to lead SAMSHA, she served as commissioner of the Connecticut Department of Mental Health and addiction services for 6 years. Prior positions held at DMS included Deputy Commissioner, Senior Policy Advisor, and director of the department's Office of Multicultural Healthcare Equity. Her role as commissioner was committed to promoting recovery oriented integrated and culturally responsive services and systems that foster dignity, respect and meaningful community inclusion. In addition, she served on the Faculty and Yale's Department of Psychiatry for 20 years, most recently as adjunct associate professor. And previously as an assistant professor and clinical professor and instructor, and director of cultural competence and health disparities research and consultation with the Yale University program for recovery and community health.

15:06:51 – 15:08:09

Larke Huang:

I've known Dr. Dolphin Ritman for many years. And prior to her becoming my boss at SAMSHA. So I want to add a few additional comments to her bio. She is an incredible leader for SAMHSA.

She leads with a sense of urgency. That it is an imperative that we bring down drug overdose deaths, suicide deaths that we make services and supports accessible and accessible to all communities. She motivates and drives us as her staff with a mix of compassion and forthright accountability. She provides us the tools to get problems solved and is respectful of each person's centers, offices, and mission driven efforts. And relentless in her support, I have served under 4 different presidential administrations, which means 4 different leaders at SAMHSA. I'm truly grateful for Dr. Delphin-Rittmon's laser focus in reducing inequities in behavioral health across populations and her dedication to bringing attention and resources to the most underserved communities in our country.

She has also helped us with those policymakers around her. Recognize that our nation's well-being is only as good as the least wellbeing among us. So now let me turn it over to Dr. Miriam.

15:08:14 - 15:09:20

Dr. Delphin-Rittmon:

Thank you so much for that wonderful introduction, Mark. And I just want to say good afternoon, everyone. Thank you so much for being with us to celebrate Hispanic Heritage Month. We know that every year from September 15th through October 15th we set a time we set aside time to be able to celebrate the culture and accomplishments of Hispanic populations. And it's always such a pleasure to be able to do this. We also know that September 15th is the anniversary of the independence of for Latin countries including Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua. So really quite an important month. We have in September and through October as well. We're really excited about today's webinar.

It is one of the many events that's taken place across the federal government, including at the Department of Health and Human Services. And so, pleased to be able to celebrate, Hispanic Heritage Month with everybody. I'm going to share a little bit of the data from our NSDUH. That's our national survey on drug use and health, which recently came out that just outline some of the recent data that we're seeing with respect to Hispanic Latino Americans.

15:09:30 – 15:10:21

Dr. Delphin-Rittmon:

So for example we see that Hispanic Americans of any race make up about one-fifth or 19% of the US population in 2023 making it really the second largest group after an on Hispanic white populations. And so at SAMHSA, we are real interested in looking really across populations, but then also disaggregating and looking at data by specific populations, looking at where we see any disparities or a lack of equity and then really looking at where we can and what we can do to help to promote equity overall.

I'm so share some of our data from the NISTA that shows where there are areas of difference for Hispanic populations. So for example, among people age 12 or older, about 23% of Hispanic populations have engaged in binge alcohol use over the past month, and this is the highest rate of all racial ethnic groups. In addition, in 2023 about 18% of Hispanic adolescents aged 12 to 17 were most likely to have a major depressive episode compared to black or Asian adolescents.

15:10:39 – 15:11:08

Dr. Delphin-Rittmon:

Further, among Hispanic adults, age 18 or older who had a major depressive episode in the past year. African Americans and then Latinos were least likely then white Americans to have received mental health treatment in the past year. And finally, among adults, 18 or older, Hispanic adults, that is about 17%, were less likely than multiracial or white adults to have received any type of mental health treatment in the past year. So with this data as a whole, underscores and lets us know is that behavioral health work force and addressing the behavioral health needs of Latino Americans is critically important.

15:11:19 – 15:11:55

Dr. Delphin-Rittmon:

And it is so vital that we have a workforce that is both culturally and linguistically skilled and diverse to be able to provide robust and appropriate and quality care for this population. At the same time, we know that there are gaps, right? There are gaps between the need for service and the supply of practitioners overall. And then what we look by race and ethnicity, we know there are shortages of Hispanic Latino practitioners as well. We recognize that these shortages and workforce are often even more difficult for underserved and culturally diverse populations. And so as we work to increase the diversity of the behavioral health workforce, we know that training is so critical and it's so critical to be able to, equip the workforce with the skills to be able to work cross-culturally.

15:12:10 – 15:12:56

Dr. Delphin-Rittmon:

So I'm going to share a little bit about some of the work that's happening across SAMSHA, particularly within the Office of Behavioral Health Equity. So grateful for Dr. Huang's leadership and for just the really important work that's happening across the Office of Behavioral Health Equity, their laser focus on addressing these workforce issues and challenges as well as a range of other equity is from a multi-dimensional perspective. And so we do some of this work through grant making significant investments in training and technical assistance through a range of convenings across a number of different areas that get at an address structural inequities that also address barriers in access to care and also the lack of familiarity. And therefore, the training to increase awareness of diverse cultural and racial ethnic groups. So just a few areas of work within the office of behavioral health equity.

15:13:07 – 15:13:43

Dr. Delphin-Rittmon:

So through initiatives such as our NNED which stands for the national network to eliminate disparities this is a network of over 1,200 community-based organizations serving underserved communities and under-resourced communities across the country. If you're not connected with them, NNED, please check it out. It's a wonderful way to get connected to a really diverse network that is committed to addressing the needs of diverse groups.

In addition to that through the Elevate CBO's Initiative, that work is focused on sort of building the organizational capacity of community-based organizations assisting with them with things like grant making, being able to apply and develop a budget all the different pieces and critical parts of grant making.

15:13:56 – 15:14:31

Dr. Delphin-Rittmon:

In addition to that, through our newly awarded, Hispanic Latino Behavioral Health Center of Excellence, which provides training, technical assistance, geared specifically towards culture responsive interventions, outreach and engagement strategies. It's such an important resource. So certainly, check that out as well. But again, a lot of that work there is geared towards helping to increase capacity and skill. But again, a lot of that work there is geared towards helping to increase the capacity and skill of the

workforce to be able to help to increase the capacity and skill of the workforce to be able to work with diverse the capacity and skill of the workforce to be able to work with diverse, Hispanic and Latino populations, across the and through this initiative, we are working to build a behavioral health workforce, again, that's poised to work across a continue of care with diverse populations, particularly Hispanic Latinos.

15:14:39 – 15:16:16

Dr. Delphin-Rittmon:

So in today's webinar, we're really excited because you'll get to hear from a diverse set of practitioners that are doing really important work in the community with Latino populations. Important work that's meeting individuals and communities where they are addressing the diverse cultural needs of communities and working to promote overall health and wellness. So again, thank you so much to our speakers who are here with us to share their work. So I am looking forward to their presentations and their work. We are excited about learning more about, also what actions we need to take to ensure behavioral health and well-being within Hispanic Latino communities. We also want to continue to foster a culture of making it okay to reach out for help that, we often say it's okay not to be okay.

And so, with that, I'll end by just sharing 2 resources and one and Dr. Huang mentioned this is our disaster distress helpline and then also like to share about our 988 suicide and crisis lifeline which is available 24 Hours a Day 7 days a week. There's a press 2 option for individuals that are Spanish speaking. And again, that is a real valuable resource for individuals who are experiencing any type of mental health challenge, substance use challenge, or a suicide-related challenge. So again, thank you so much for the opportunity to be here. Thank you so much, everybody, for joining us. Thank you for the work that you're doing day in and day out to meet the needs of the populations that you're working with to include Latino populations. And I will now go ahead and turn the floor over to Martha. And again, thanks for joining us, everyone.

15:16:23 – 15:19:53

Martha Kent:

Thank you, Dr. Delphin-Rittmon. You may see a poll pop up just in a minute or so. We would just ask you to answer these 3 poll questions. The poll should pop up and you could answer those questions. So thank you so much for participating in the poll. The 1st question is to indicate the region served by your organization and this is listed by HHS region. It will be up for about 30 seconds. The next question will focus on your organization's focus area. Okay, thank you. So here are the results of the poll. So in this question you can select multiple answers. And we just would like to know what your organization's focus area in its primary healthcare is, mental health, substance use, education or special education, child welfare, youth engagement, family support advocacy, juvenile justice, or criminal justice, immigrant or refugee services, finance housing. There's also transportation listed, public health, or if it's not listed, there's an option. Okay, so we're going to close that poll question.

In our last poll question, we'll focus on the population served by your organization. Please select the population served by your organization. Thank you and we'll close this poll question and see the results. Thank you so much for participating in our poll. I would like to introduce our speakers, and we have 1st we have Ruth Yannis.

15:20:05 – 15:21:12

Martha Kent:

Ruth Yenis is the founder and owner of Voces De Vida, and she is a bilingual by cultural and binational licensed clinical social worker with over 20 years of experience as an interpreter and a translator. The next speaker is Dr. Jessenia D. Zayas-Ríos. She is the program manager at the Hispanic and Latino Behavioral Health Center of Excellence. She's an educational research a researcher when and she also is working as the again the program manager for the Hispanic and Latino Center of Excellence, which is an educational research center focused on bringing training and technical assistance to healthcare providers and professionals and she also serves as the and Latin A communities to enhance the access to health care services in Puerto Rico and all of the United States.

Next, we have Manuel Jimenez. He is the regional director of Law Familiar Central Valley. He has worked in the middle health profession for over 32 years. And our last speaker is Dr. Haner Hernandez. He is a public health professional with more than 36 years of experience in planning, implementing and evaluating substance use disorders, mental health, HIV and AIDS, HCV, problem gambling, and related services. He's also a person in live recovery and Dr. Haner Hernandez is committed to uplifting the voices of people in recovery and in the wellness processes. So I would like to pass the baton over to Ruth.

15:22:12 – 15:23:07

Ruth Yáñez:

Hi, everyone, welcome. Thank you so much for allowing me to be here today with all of you. It's a pleasure. Like they were saying, my name is Ruth Yanez, actually but two letters in my last name do not exist in the Western abc. So, sometimes my last name gets butchered. But my name is Ruth Yanez, and my pronouns are she her, and I am a proud 1st generation Mexican immigrant who is originally from Chihuahua, Mexico.

I am also a mental health therapist, a behavioral health advocate, a wife, a mom, daughter, older sister, and I currently live in Albuquerque, New Mexico. In Albuquerque, in New Mexico, I should say Spanish is our proclaimed language. And unfortunately, language barriers are a significant challenge, even here. Especially when it comes to behavioral health.

15:23:16 – 15:24:18

Ruth Yáñez:

As someone who has grown up navigating these challenges, I understand how crucial it is to provide culturally sensitive and accurate translation and interpretation for individuals in need of support. So today I'm here to talk about why this is important and things to consider.

The creation of Vida is deeply intertwined with my personal and professional journey. Like I said as a 1st generation Mexican immigrant, diagnosed with complex PTSD, depression, ADHD and anxiety, and as a survivor of a suicide attempt, I have experienced the complexities of mental health challenges firsthand. My journey has felt my passion to create a space where individuals, especially those from immigrant and

historically marginalized backgrounds can find culturally sensitive, compassionate or comprehensive care.

15:24:21 – 15:25:00

Ruth Yáñez:

Having worked as a community health worker in a medical social worker, I saw that gap in the behavioral health services for immigrant communities, particularly for those who face language and cultural barriers. I also work nationally addressing the needs of the Latino, Latinx communities in South and gaps exist across the country. Possibly that was founded to address those gaps and to provide a place where individuals can heal in a way that honors their cultural identities and personal experiences as well as shared expertise when trying to these communities through consultation. Translation and interpretation support my personal and professional experiences strike my commitment to ensuring that everyone, regardless of their background, can access the care they need to thrive with full language support and culturally appropriate services.

15:25:17 – 15:25:55

Ruth Yáñez:

I also believe in the importance of Collaboration with my obligation, especially as a woman of color. We often feel that we owe it to society or because I am deeply passionate about something I should work for free. So for me, it's really important that I promote. We're in this together and we don't know anyone anything and so with that being said, my goal is to work in partnership with individuals and organizations to end the cycle of oppression. Not so many communities space, why are we respecting their autonomy and dignity?

15:26:02 – 15:27:09

Ruth Yáñez:

So, okay, well, like I said today, I'm here to talk about the importance of interpretation and translation. In doing at the culturally and with the appropriate way. So, interpretation and translation and behavioral health setting isn't just about switching between languages. It's about capturing the meaning behind the words. Behavioral health terms and expressions often carry deeper emotional weight. And if not interpreted with care, the person's true meaning can be lost or even misunderstood. This is especially important when we consider the use of words with double meaning. I will say 'double entendres' but I am butchering that word. So, I say double meanings which are phrases or words that have multiple meanings in the U.S.A. Language barriers in behavioral health services are a real and persistent issue. And as someone who works closely with Spanish speaking communities. Immigrants, newcomers, asylum seekers, refugees. I see how lack of access to interpretation and translation services can prevent people from getting the health that they really need.

15:27:17 – 15:27:57

Ruth Yáñez:

Many of my clients have even walked them into local organizations, and they're told, oh we don't have a bilingual staff so we can help you when by law we can't be saying that and yet it continues to happen. So

therefore, my work focuses on bridging this gap by offering culturally relevant and empathetic interpretation translation as well as direct care services through my clinical practice in case management that way the community can be heard validated and understood unfortunately, and this is one of my biggest pet peeves. I'm in organizations turn to online translators like Google Translate and now we have artificial intelligence (AI) to bridge language gaps.

15:28:07 – 15:28:51

Ruth Yáñez:

However, relying on these tools is not only ineffective, but it's also unethical, especially behavioral health settings. Online translators as well as AI typically offer literal translations that lack cultural contexts. For example, an online translator might perfectly translate the words, but completely miss the emotional and cultural significance behind the phrases, idioms or expressions. This can result in misinterpretation of critical mental health issues and could lead to poor outcomes for individuals seeking help. In fact, many of them don't even come back to seek services, right? Because they're often misunderstood. So, I put an example here on the slide is it's a Google translation gone wrong and as you can see the original statement says "a woman writing her motorbike in leather stopped to give a light to a boy in overalls carrying a jack and a milling cutter" and if you cut her sorry and if you see the how the translator translated it. The literal translation would state "a woman riding a motorcycle in leathers stopped to give birth to a boy in the monkey wearing a cat and a strawberry."

15:29:29 – 15:30:14

Ruth Yáñez:

Believe it or not this happens a lot too with mental with behavioral health concepts because a lot of the time the terminology doesn't exist. In the language we know that behavioral concepts are always evolving as well. I want to touch on the 5 misconceptions when it comes to translation because again, I often hear Oh, but they're bilingual so they can do translation interpretation support. But we don't actually understand that it's a lot more complex than that. And just because I'm bilingual, it doesn't mean that I am qualified or trained to offer the services. And so, the 1st misconception is anyone can translate. And so, like I said, many people mistakenly believe that knowing a foreign language means you can translate.

15:30:25 – 15:31:12

Ruth Yáñez:

This misconception overlooks several key points. First, understanding a language is different from knowing it well enough to translate. It may, if many struggle to write effectively in their own language, how can they be expected to do suing another?

Second, effective translation requires proficiency in at least 2 languages. Your native language and then a foreign one. You must grasp the grammar of both and be skilled in handling nuances as well as being interested in languages and aware of cultural differences. I often say, you have the legal staff and if you want to use them as interpreters, translators, we need to check for proficiency before we do that.



And so the next one, translation is an art that requires careful thought even for a skilled professional it typically takes us long or longer to translate a text and to write it.

15:31:23 – 15:31:51

Ruth Yáñez:

Even experienced translators thought that encountered racist or structures that cause them to pass extending the translation process when I offer translation support, I often get asked how long will this take and I tell them, well, how long did I take you to write it? As you were there brainstorming your ideas and that's probably how long it's going to take me to translate it, especially because we're not just doing a little translation, but we're doing the cultural pieces.

And so the 3rd one, many activities seem easy when done by skilled professionals. But their expertise comes from years of practice like a ballerina, a doctor, right? Translation demands intense concentration, requiring careful consideration of every word, phrase and idioms in both, the source in the target language.

15:32:17 – 15:33:06

Ruth Yáñez:

I often tell people, I came to the US when I was 10, the moment I became fluent in English I was interpreting for my parents, translating things for my parents. And I would like to validate all of the children that served us that we shouldn't do that. I tell people I've been interpreting a translation since I was 10 years old, and I have only had that experience for myself as well as for my peers. The 4th point is becoming a translator demands extensive study, a lifetime to master a language. Proficiency is an ongoing journey as each translation ranks new knowledge. And so, like I said, translators must mean team, high quality work, do lifelong learning in their field and subject matter. And like I said before, we know behavioral terminology is always changing.

15:33:13 – 15:33:57

Ruth Yáñez:

So, I am constantly reading articles. I do a lot of training in Latin America so I can learn about what's new. Oh, it's the how does it translate to the US with the evidence-based practices here. So, there's a lot that goes into it and then lastly, many mistakenly believe that any translator can handle any text. We know that this is false. Translators can only work within their expertise as understanding every word of a source, text is essential specialized technical text or be translated by those with relevant knowledge in those fields. Sadly, we don't really have training for mental health professionals to be interpreters or translators. We have training for code interpreters. We have training for those who are medical interpreters, but we don't really have something like that for mental health.

15:34:07 – 15:34:50

Ruth Yáñez:

I'm some states do but it's only I believe there's only 4 states out of our 52 states. And as you can see, this is a big gap. As I was saying we need to be really careful with words that have double meaning. So

like imagine that you are doing it with your Spanish speaking friends when they ask if you like Chili. Right and everyone laughs while you feel confused. Later you learn the question had a double meaning. Once the embarrassment fades, you realize it's time to explore Spanish double meanings. So mastering words in a second language like Spanish, it's a lot more challenging than in your native time. It requires you to go beyond translation and uncover deeper meaning, serving as a key element in language mastery much like a game of chess.

15:34:58 – 15:35:47

Ruth Yáñez:

For example, if I'm talking about being raw. The original or the literal meaning 'cruda' is hangover, that's how Mexicans say hangover. But if I put it on Google Translate, it's going to give me the word raw because 'cruda' means it's raw but like I said it's actually what we're saying is they're hung over. The word for 'torta' if you put on Google translates, probably can translate it as cake but in reality, in many countries of Latin America, that means actually 'getting slapped in the face,' and in Mexico, that is a Mexican sandwich. So, as you can see, all of this is very complex.

15:35:54 – 15:36:59

Ruth Yáñez:

So on top of that, we also have double meaning when it comes to Sentences, for example. The 1st one here says, "Tener una mente abierta" which the literal meaning is to 'have an open mind'. So as you can see here, this can suggest being receptive to new ideas and experiences, but also when clients are in therapy when they say that they're willing to consider different perspectives of therapy. Or when we say "Echar la cartas" the one that I hear a lot. If I were to put this in a Google translate or if I were using an interpreter that doesn't really understand those cultural factors. The literal meaning would be to deal with the cards, but what they're trying to tell me is, it's metaphorically represents dealing with one's issues of mental state. I'm saying it aloud, I'm being honest, I'm not telling you like this is how it is.

15:37:13 – 15:37:41

Ruth Yáñez:

Another one would be "Encontrar el equilibrio" that I hear a lot and it would mean to find balance. However, an alternative meaning could be to achieve mental stability while balancing various aspects of one's life so just work in personal time. One of my favorite ones is "Sacar la basura", which means "to take out the trash" but what they're trying to say is I'm going to come clean. I'm going to tell you about my negative thoughts and emotions as well as addressing unresolved issues in therapy. So, as you can see, different things can have different meanings depending on the cultural background.

15:37:55 – 15:38:41

Ruth Yáñez:

An interpreter and a translator who understands both the language and the cultural nuances of a community can navigate difficult conversations with sensitivity. Again, for example, in Latino, Latina, Latinx communities, conversations are on suicide or severe mental health issues may be approached differently due to the cultural values. But culturally aware interpreters and or translator can frame these

discussions in a way that feels less stigmatizing, helping the individual open up with that fear or judgment. Also in the Latino, Latinas communities were mental where this often stigmatized, the way we discuss and approach these topics as delegates. The role of an interpreter goes beyond translating words or interpreting the words. It's about understanding the cultural sensitivities helping break down stigmas and making people feel safe enough to express their feelings.

15:38:48 – 15:39:45

Ruth Yáñez:

Right here you have an example of depression. Oftentimes when we ask clients, a lot of them don't use the word depression, they use other terms like “preocupado (worried)” or “solo (lonely)” but they won't tell you the word depression because it's all stigmatized. And they feel a lot of judgment. Someone that's training skill in this area can pick up on those things. In behavioral health, words are powerful, but they don't always have direct equivalent in another languages. Mental health terminology like I said is constantly changing often shaped by cultural shifts in the growing understanding of complex emotional experiences. This is where we run into a significant challenge. Many of these terms simply don't exist in other languages due to cultural stigmas or historical views on emotions and mental health.

15:39:55 – 15:40:36

Ruth Yáñez:

In fact, people from Latin America, a lot of times they don't use award mental health. They use the word “salud emocional”, which is emotional health. When you talk about emotional health, they're more open to talking about their mental health through the lens of emotional health. Another one right for instance terms like trauma informed care or emotional dysregulation are common in English speaking mental health world but may have no clear counterpart in other languages like Spanish. If we translate them literal, we lose a deeper meaning in the persons seeking help might not fully understand the concept or its importance where's the stigma around discussing mental health is ensuring communities can make it even harder for people to relate to these terms.

15:40:41 – 15:41:16

Ruth Yáñez:

That is why we cannot rely on a word for word translation, especially not from electronic tools, AI or even those unfamiliar with mental health nuances. We often use these larger companies' corporations, but they don't have the mental health expertise and there's so much inconsistencies in how things get translated that can also cause a lot of confusion. And so we really need interpreters who understand both the language and the cultural context that they can help explain this evolving behavioral concepts in ways that are both accessible and culturally sensitive.

15:41:25 – 15:42:12

Ruth Yáñez:

So, for example, one that comes up a lot is pure support worker. There's not a term for a pure support worker. In fact, the model doesn't exist in Latin America. So, a lot of times the way that we explain pure support can get very confusing. I was actually in a training in Mexico, and they were talking about the

power of using a peer. The word that they use was “persona Semilla”, which is a seed person, a person that plants a seed and that makes sense, right? And so now when I talk about your support, they tell clients “una persona Semilla” which is peer supporter and right away the light bulb goes up and I get it because they're helping, they're creating a path for me. But those are the right things that you wouldn't know unless you're heavily involved in the field.

15:42:18 – 15:43:05

Ruth Yáñez:

Another one is community health worker for example. So again, the community health worker in fact started at the borders of Mexico and they're actually “Promotoras” or “promotor(a)(e) de salud” but that's not how it gets translated often in all of these text and amp fact sheets. Another one is behavioral health, again, behavioral health is doesn't exist in Latin America, so we often see it as “Salud conductual” but we have to think about why did we use behavioral health? Why do we create the term, right? If to add addiction. So in Spanish, you don't use “Salud conductual,” you actually have to offer the description. So in this case, it would be “Salud mental y adicciones” because that's what we're trying to say or “Salud mental consumo de sustancias” because that's what we're trying to give the message.

15:43:20 – 15:43:51

Ruth Yáñez:

Traumatic informed is another one that I see a lot. When we talk about trauma informed, what we're actually saying is healing centered, right? How can I create a healing centers place? So when I explain traumatic clients, I tell them what are the wounds? I tell them the word trauma in Greek is warmed. So, what are the wounds that you're carrying those emotional bruises? Or how can I create a space that is sealing centered for you and right away right there that makes sense to them. So again, only a handful of states offer certification for mental health interpreters, which speaks to the limited availability of qualified interpreters and who specialized in this field.

15:44:00 – 15:44:43

Ruth Yáñez:

The shortage of certified professionals is particularly concerning when you consider that there are over 41 million Spanish speakers in the US. There is a severe lack of bilingual mental health providers to service the population effectively. In fact, for every 5,000 Spanish-speaking individuals, there is only one bilingual mental health provider available. This disparity highlights the pressing need for more trained interpreters in the mental health profession who can offer culturally and linguistically appropriate care. Language access is not just about translation, it's about understanding empathy and healing. So I urge you all to continue supporting efforts that expand behavioral health interpretation and Translation Services across the country and together we can ensure that every individual no matter their language or background can find the help that they need.

15:44:55 – 15:45:46

Ruth Yáñez:

And so again, as someone who lives and works in a community where Spanish is the proclaimed language, the main language, I see the profound impact that culturally sensitive interpretation and translation has on mental health outcomes. The gap between the numbers, Spanish-speaking individuals and the availability of eligible mental health providers is significant. But with proper interpretation, with proper training, we can reach that gap and ensure that everyone has access to the care they need regardless of language barriers. There are a lot of bilingual people that are not necessarily mental health professionals interested serving and in helping our communities, but they just need the appropriate training to be able to do this and serve.

So that set there for me. Thank you all so much for your time. My contact information is on this slide. If there's anything I can do or support you with please let me know, muchas gracias. And then, Jessenia you're next.

15:45:59 – 15:46:35

Jessenia D. Zayas-Ríos:

Thank you very much, Ruth, for that wonderful presentation. I'm so honored as well to be part of this panel of good collaborators and all the presenters that are presenting today. My name is Jessenia, Zayas-Rios. I'm from Puerto Rico and I'm the program manager of the Hispanic Latino Behavioral Center of Excellence. My pronouns are she her and I am behavioral health specialist combined with a public health education background. Today, I'm wearing a black dress.

15:46:43 – 15:47:24

Jessenia D. Zayas-Ríos:

Our Center of Excellence is founded by the U.S. Department of Health and Human Services' Office of Behavioral Health Equity (OBHE) Substance Abuse and Mental Health Services Administration (SAMHSA). The Center of Excellence is the Hispanic Latino concentrating behavioral health topics, issues, and situations that we established in advance of behavioral health equity principally for Spanish and Latino communities. As a center of excellence, we are promoting and supporting the sustainability of behavioral health equity by promoting community driven, person center, and sensitive recovery pathways and recovery supports that target diverse Hispanic Latino communities.

15:47:41 – 15:48:40

Jessenia D. Zayas-Ríos:

As part of our work, principally we are working very hard as a consultant but also as technical assistance initiative that we elaborate dissemination and implementation of evidence-based and culturally informed behavioral health information. It encompassed different webinars that we do in life open to Hispanic Latino population but the entire population nationwide fact sheets, other products that are developing in both languages as curriculum and training materials. I would like to highlight that these kinds of products and initiative or activities are provided in both languages. So, one of our missions is that translation is a bi-level to all our activities to provide the information also to Hispanic and Latino communities.

15:48:46 – 15:49:26

Jessenia D. Zayas-Ríos:

The training and technical assistance actually we are doing activities virtually but also face to face. That's why we coordinate with all our collaborators of our center of excellence that provide the information to all the behavioral health providers that are working in community-based organizations. We provide support approaches for mental health and behavioral health providers in primary care setting, community and faith-based organizations, research institutions, institutions on higher education serving is Hispanic and Latino communities and recovery service providers as well, statewide or regional, local or federal entities.

15:49:37 – 15:50:32

Jessenia D. Zayas-Ríos:

Behavioral health services implementations are also based by consulting our different products that we are developing and are available in our website. So, the information is always, or we are working very hard to have to have all the information both in Spanish and English to provide the language access to all our collaborators. The information that we actually include in our training sessions or technical assistance to all our collaborators is skill development throughout educational training and technical assistance. Training opportunities and technical assistance for a specific Hispanic and Latina populations are also including peers, LGBTQ populations, indigenous people, among others. Ongoing consultation services include visit organization and intensive technical assistance as well.

15:50:44 – 15:51:58

Jessenia D. Zayas-Ríos:

One of the initiatives that we are developing but also, we already published is our Playbook that is focused on the equity in behavioral health and communities and the Spanish and Latino communities. This is a playbook that we are publishing to all our communities because the aim of this playbook is to highlight the behavioral health disparities among the population. So, it's very informative for you to all to know about the proposed solutions and best practices to train and retain the various Hispanic and Latino behavioral health workforce.

So, what is to consider in this information? The lack of bilingual and cultural behavioral health workforce plays a significant role in disparities across key areas of behavioral health care service delivery. Meaningful access to behavioral health care for Latinas in United States is a social justice issue. Latina deserves a diverse, multidisciplinary, bilingual, and bicultural behavioral health workforce. That's why we are working very hard to provide equity and diversity. Racial and ethnic diversity among health providers professionals is essential to health equity and has shown to promote better access to healthcare to understand behavioral health issues for the Hispanic and Latino population as well to better meet the health needs and increasing diverse population.

15:52:06 – 15:52:54

Jessenia D. Zayas-Ríos:

Providers with the information that we provide in this playbook provider who I will identify as part of the minority groups as you see in the graphic that I put in slide; you see literally that the vast majority of

the behavioral health providers are non-Hispanic. So, it's more than to highlight the underserved population but also, they need to have Hispanic and Latino behavioral health providers attending this kind of community. We also include data about enrollment in this playbook studies related to behavioral health and how this diversity is specifically lacking.

15:53:08 – 15:54:03

Jessenia D. Zayas-Ríos:

In this playbook, we also propose solutions and best practices in order to promote equity, in order to enhance and collaborate with behavioral organizations and community-based organizations to integrate strategies to increase Latino professionals in behavioral health careers and leadership positions. That's why one of our initiatives in our Center of Excellence is the implementation of a Leadership Academy. Recently, in the last summer we implemented our 1st empowerment and leadership academy for Hispanic and Latino behavioral health providers, and this initiative is designed to train and retain a diverse Hispanic in a behavioral health workforce. It is focused on capacity building, culturally responsive leadership development to equip practitioners with skills needed to serve and advocate to this diverse Latin communities effectively.

15:54:13 – 15:55:10

Jessenia D. Zayas-Ríos:

The primary goal of this initially is to foster leadership skills among Latin providers in the behavioral workforce with help facilitate transformative change in their behavioral health organizations improving services delivery and advanced behavioral health equity. This Leadership Academy is aligned with the United States Department of Health and SAMHSA which aims to enhance health or quality and expand health workforce to meet needs of diverse communities by offering health professionals development opportunity, encourage integrated collaborative health care training work for skills and increasing diversity, inclusion, representation of behavioral health providers. Hispanic Latino that are wanting to have a leadership position that can collaborate on enhancing the organization to better attend this community.

15:55:18 – 15:55:52

Jessenia D. Zayas-Ríos:

Given the Latina population this opportunity to be a healthcare professional in this field face barriers in their careers and leadership are trajectory. That's why we are supporting them in this 1st academy, this is the 1st of the different academies that we will have in our center. This academy offers this way and opportunities to behavioral health providers to be a voice to be a leader, and participate in a series of supported resources, training, offering and learning experiences to navigate these challenges that they are facing daily in their organization. Building confidence by these competitive and leadership skills, leverage their unique perspective or a span within the field.

15:56:08 – 15:56:41

Jessenia D. Zayas-Ríos:

The behavioral health Hispanic and Latina Empowerment Leadership Academy (ELA) aims to train and retain a diverse Latine behavioral health workforce skilled in culturally responsive practices, enhancing care quality and ensure the workforce can adapt to future challenges. This initiative will collaborate in the organization to have inclusion in their retention of behavioral health providers and enhance healthcare systems by implementing culturally responsive learning frameworks that address disparities in behavioral health services and strategies to exclusive leadership within diverse communities.

15:56:56 – 15:57:42

Jessenia D. Zayas-Ríos:

Training in this behavioral or leadership academy experimentally based on process orienting. They are Guided by the mentor so they are not alone and they will process to a reflective or self-reflective guidance as a core of components. Ten participants are also engaged in our reflective practices to understand the culturally perspective of the themselves and how to enhance and collaborate between them in amid the organizations to their support the community that they want to serve the Hispanic and Latino communities. We live below the mentor's guidance to demonstrate participants for participation in skill of commitment, culture, responsive.

15:58:00 – 15:58:34

Jessenia D. Zayas-Ríos:

Finally, they will develop different efforts like bilingual, incorporated bilingual material as Ruth mentioned in her presentation, the translation and the bilingual documentation. Performance in this field is very important for the for the community that we serve creating inclusive waiting areas. A strategy in culturally effective into assessment forms or implement or enhance different forms that are already performed in the organizations how to be inclusive in this different assessment that already exist or have a translation correctly. In this, for this community to promote inclusive hiring practices and implementing multiple supervision practices. So, we are very excited, we are very happy to have this initiative running. We are in our 4th month of this academy but also, we are beginning the efforts as well of our new policy academy that also we invite different students to promote and enhance or create different public policies aligned with the Hispanic and Latino needs.

15:59:06 – 15:59:55

Jessenia D. Zayas-Ríos:

So, this another effort that it's based on the literature that it's completely necessary to help the Hispanic and Latine communities. This is my contact information, the website and my email on the slide. Also, you can look to our social media, web page and all the products that are available both in Spanish and English for all the behavioral providers in the community. Now, is that turn of, Manuel Jimenez. Thank you very much.

16:00:05 – 16:00:45

Manuel J. Jiménez:

Alright, thank you very much. My name is Manuel Jiménez and I'm an aging grey long hair, Chicano from California, and I'm wearing a Carolina Blue right now. First of all, I'd like to thank the Office of Behavioral



Health Equity for hosting this webinar, and I want to thank all the presenters because I'm impressed by what everyone is saying and I know right after me, Dr. Hernandez is going to speak. I was able to hear him speak at a recent conference in San Antonio, so we're very fortunate that he's here as well. So, I would like to talk to you a little bit about Central Valley.

16:00:59 – 16:01:52

Manuel J. Jiménez:

I want to talk a little bit about how we got to be La Familia Central Valley. I'm a retired behavioral health director here in California and the last county where I was the director was Alameda County in the Bay Area. When I retired, I returned home to the Central Valley to Turlock and I met a gentleman by the name of Jeffrey Lewis and he was the president and CEO of a legacy health endowment, which is a small endowment in the town of Turlock. He had a vision of creating an urgent care center to serve the community who was in a mental health crisis and could see and wanted the community to be able to see a clinician, a therapist or even a psychiatrist just by walking in the front door. So we made that available for the community.

16:02:03 – 16:03:18

Manuel J. Jiménez:

We actually went by several names. Back in 2020, we were 1st known as A Step Forward A Path to Wellness, and that was the first 6 months of our program. Then, 6 months later we became a nonprofit, and it was known by First Behavioral Health Urgent Care Center. Within a month, we started in January and in a month we were providing services in three different school districts here in the Central Valley, Stanislaus, and Merced counties and those were real small communities.

One school district is in there, and the other was in Patterson, and then we provided services in at Water Community School. In that water, which is part of, Merced County Office of Education and one of the things that I think made our program unique is that I didn't start out to start a Latino program. But we became a Latino provider. One of the 1st therapists I hired was a young lady by the name of Roseline Ramirez and she continues to be with us. I'm very proud of her because she was a recent graduate and now she's 1 of our licensed clinicians.

16:03:24 – 16:04:36

Manuel J. Jiménez:

We're fortunate to have her with us. Later on, I we had two clinicians working for us and then we added a clinical supervisor, a gentleman by the name of Juan Perez who has had a lot of experience working in county government and social services. Then, he also worked for a local authority called qualified health center. We started to grow even more, we worked in a small community in a town called Gustine and let me say this about Gustine because I was born in Gustine. Gustine is a very small community in Merced County. If you have ever been to the Central Valley, we're big on agriculture. We're really the breadbasket not only for America, but we also import or export. A lot of our fruits and vegetables and rice to all over the world. So, I was born Gustine and then I was Baptized in the next town over which is only about 5 miles called Newman and I started school in Crows Landing which is even a smaller town. I

don't even think there's a blinking light in Crows Landing. It's really nice because now we have a therapist at Bonita Elementary School where I started school and so I'm very proud of that.

16:04:56 – 16:06:03

Manuel J. Jiménez:

So we grew quite rapidly. Two years after we started, we increased our staffing to about 25 employees and we partnered at that time with La Familia in a grant from SAMHSA. We were awarded a grant of 5 million dollars. So, La Familia and Alameda County got about 2.5 each. We expanded to more schools in Merced and Stanislaus County. Because I was born in a small town, I have a strong commitment to our rural communities. We're in schools that just have maybe an elementary school or an elementary school and junior high. But we're really committed to those small communities because most of the services for mental health services and other social programs are in Modesto, which is the county seat for Stanislaus County. In the city of Merced in Merced County, there's not many services in those rural communities.

16:06:13 – 16:07:29

Manuel J. Jiménez:

So that's why we have a strong commitment to those communities, and I will talk more about that. So after those 2 years, we needed some infrastructure. Because one of the things we lacked was the infrastructure. So that's when we merged with La Familia in Hayward. And Hayward La Familia had been serving the Bay Area for over 45 years and La Familia in the Bay Area was started by some students at UC Berkeley. So, if you look at our core values down there where it says belonging, partnership, self-determination and social justice, I think some of those students from Berkeley really emphasize the social justice department part of La Familia as well as integrity and a sense of belonging, partnership and self-determination. La Familia Central Valley continues to grow, and we recently expanded our programming to Madera County, which is another small rural community where they lack the ability to hire Spanish speaking therapist. So, we provide telehealth services with them.

16:07:41 – 16:08:44

Manuel J. Jiménez:

We also have a program in Gustine where we provide a crisis intervention team, or we have a clinician that's housed with the police department, and he will go on calls to evaluate folks who are having a mental health crisis at the time. He actually provides therapy out of the police department, which is a very unique and again we're very fortunate to be able to be in those rural communities because there is a lack of transportation. Especially in our rural community, not necessarily in those towns that I mentioned and that's one of the things that I found in America is that there's a lot of rural communities. In the United States, I see people in here from North Carolina, from Northern California which has a lot of rural communities. One of the things I'm very proud of right now is that we were recently awarded funding from the state of California and also from the federal government do congressional funding to create two mobile mental health connects.

16:09:03 – 16:10:14

Manuel J. Jiménez:

So hopefully by the end of this month, we will be able to purchase those 2 vans. We're going to get some retro fittings so that they can look like an office and they're going to serve our rural communities here in Merced County and Stanislaus County. So, we'll be providing services to some of that one school districts that are in our community. Before I start talking about all our services, I think that you'll see that we're no different than any other I feel outpatient clinic providing behavioral health services. I think what makes our program unique is really the value that we bring. We do promote not only a sense of belonging to our members of our community but also among our staff. We don't have a turnover issue when folks come and work with us, they stay with us. We also are very blessed, and we don't have a recruitment problem as well. I know a while back we had one from my thought up position open and we had over a hundred applicants.

16:10:25 – 16:11:08

Manuel J. Jiménez:

Currently we're hiring three 3 promotoras (mental health specialists) and we have over 50 applicants for each of those positions so we're not having that challenge. So here is some of the outpatient programming that we provide in the community. Of course, we provide individual and family counseling. We also provide mental health or case management services. We also Provide enhanced care management through our local health plans. And providing those services to high-end users out of our managed care programs. We also do referral and linkage to other services. We provide crisis intervention.

16:11:17 – 16:12:31

Manuel J. Jiménez:

We also have therapeutic groups, and we also have culturally appropriate groups for our young people and also for our parents as well. The programs that we use are from the National Composites Network. We also do training and youth mental health first aid, provide veterans services, and couples counseling as well. Again, we have outpatient services, and we accept a lot of private insurance. And we also have the ability to wave people's copay or deductibles. If they have high co-pays or deductibles, we will waive those fees. We also don't turn away anyone. We will provide services to folks who don't have the ability to pay. We recently have established a sliding scale for folks in the community. Another thing that we're very proud of is that we recently got certified and got a contract with the State Department of Health Care Services to build Medi-cal care here in California so that's really good.

16:12:39 – 16:14:04

Manuel J. Jiménez:

There's more information about our services in enhanced care management and that's part of Cal-aim, which is trying to do things differently here in California and providing services to our Medi-cal recipients. A lot of work that we do is school-based services. We have We team up our clinical staff with the staff therapists and promotoras (mental health specialists) who provide case management and resources into our schools providing group services. We also have senior caregiver support for our folks who are 60 and older. We also have a We Care program which is a men's homeless shelter. I think we

definitely want to do more with our homeless population. We also have a program called Stan Connect, that's a recent contract we got.

16:14:11 – 16:16:16

Manuel J. Jiménez:

We're awarded by Stanislaus County, and we are embedded in three of our communities and that's Riverbank, West Modesto, and the Airport District. I briefly talked about our mobile mental health clinics to serve our rural communities. Most of our staff is bilingual, Spanish speaking and I want to talk about a couple of things that are coming up for us. La Familia recently commissioned a workforce development report and tomorrow in Heyward we're going to be hosting a conference and presenting the findings of that. If any of you would like information. A copy of that report you can email me at [mjimenez@livefamilia.org](mailto:mjimenez@livefamilia.org). We have a white paper that I put together a few years back to talk about some of the other disparities regarding behavioral health services. Of course, the work shortage and the lack of mental health services in the Central Valley. Even though our services may not be unique, the delivery system is definitely unique. We have really dedicated staff, and I really appreciate my staff. We have some of our senior staff who have a lot of experience working for county government. Our providers are very new and very young to this profession. So, it keeps us all on our toes and I'm happy for them. So next, I'm going to pass the baton over to Dr. Hernandez. Again, I had the privilege of hearing him speak in San Antonio at the recent conference there. So. Dr. Hernandez.

16:16:32 – 16:17:19

Haner Hernandez:

Thank you, Manuel, for that. I want to begin by saying I'm from Puerto Rico. I live in Massachusetts. I go by he/him, I am wearing a black jacket and a black shirt, and my background is blurred.

I'm going to thank Dr. Huang and the team who put this together and invited us to participate in this important webinar during this Hispanic Heritage Month. You will notice that I'm going to go rather quickly and maybe I'll jump one or two slides or go quickly through them. I am just looking at issues of time and I want to make sure that we end on time with everything that we want to share with you. I am with the New York Citizens Council here in Springfield, Massachusetts and we have existed for over 50 years.

16:17:30 – 16:18:17

Haner Hernandez:

We are born on the heels of the civil rights movement, and you will have my contact information there. I or someone introduced me as Dr. Hernandez, you see a picture here. I do have a PhD and I'm a certified prevention specialist and I'm certified and licensed, but I also need you to know that I also have a GED and my GED earned in prison. It was more challenging to earn a GED in prison than a PhD out here. I am a person in long term recovery which for me means that I haven't used a drug including alcohol for the last 37 years and 10 months. That enables me to be a productive member of my familia here present with you today and all of that. I say that with purpose, because we are talking about workforce and workforce issues and people in recovery would live the living experience have a huge role to play in our field.

16:18:32 – 16:18:59

Haner Hernandez:

We know that in terms of the Hispanic Latino population in the US, we're about 63 million people. We're the largest so-called minority group in the US. We represent all Latin American countries, so we are really diverse and about language is not just about Spanish language. We have a significant population here who speaks Portuguese, right? Our brothers and sisters from Brazil and we have a significant number of people who speak indigenous languages. So we are multilingual.

16:19:01 – 16:19:53

Haner Hernandez:

In terms of how we are overrepresented amongst the people experiencing mental health and substance use disorders. You heard Dr. Delphin-Rittmon talk a little bit more about that, so I won't bore you with the data. We are overrepresented amongst people who are struggling with mental health and yet we are underrepresented in the people who are being engaged in care. This is not just about treatment, right?

In terms of opioid overdose steps, here's a really important piece for us to understand and ground where we are at now historically. We know again that we are overrepresented amongst the people who are dying, and of those of you who lost family, friends, neighborhoods, all of that, my condolences go out to you.

16:20:04 – 16:20:38

Haner Hernandez:

We have lost way 20 people regarding this. Now CDC just announced that we have a 10% decrease in opioid overdose in the country. Opioid overdose that's in the country and already people are applauding and patting themselves on the back, I caution us not to do that because for the Hispanic Latino population as well as for the Native American population in the US and Black and African Americans, those numbers continue to pine. So, we continue to be disproportionately impacted. When we cite that number of 10% decrease, that's for the general population. For our populations, we're hurting, and things are getting worse. So, we need to understand what that looks like and across states and territories in the US we see devastation in terms of these impacts.

16:20:51 – 16:21:32

Haner Hernandez:

It's important to say that. Now we need to build a behavioral hope workforce that is not just talking about treatment. We are talking about prevention because everybody needs prevention. Intervention, the multiple pathways of recurring which include treatment. In other words, not everybody needs treatment, but everybody needs access to someone who has an identified problem to the multiple pathways of recovery and getting better and wellness, right? And then recovery support. So, it is a workforce across the board and not just singular. Most of the money that we spend in the country is for treatment. Do we need more treatment? Of course we do. Do we need treatment that's responsive to

the needs of Hispanic Latino people? Of course we do. But it's also about the other pathways of getting better and wellness, right?

16:21:40 – 16:22:28

Haner Hernandez:

The other piece I want to talk about is that the behavior of hope for Workforce Crisis is in flux and it's in crisis right now. It's been described as primary white female baby boomer and retiring soon, right? The people in need of services are younger and more diverse and that includes people from Hispanic Latino, and a population, right? So younger and more diverse. And so, our folks are overrepresented amongst the people with mental health and substance use issues, but we are underrepresented in the work force. And that is a challenge, but it also provides us with some opportunities. So, what are the opportunities and developments, right? So, if you haven't looked at this report that came out from the US Bureau of Labor Statistics. It says that in terms of employment growth and mental health or psychiatrists, psychology, therapists, counselors, psychiatric aids, social workers, etc. it is expected to triple.

16:22:38 – 16:23:27

Haner Hernandez:

The projection for the typical US in relationship to the typical US job triple is the projection, right? A subset of mental health practitioners specifically we're talking here about mental health counselors, people who work in substance use, behavioral disorders and alike, it's projected to grow even more rapidly, right? Now think about this. Projected to be increased by 19% from about 450,000 workers which we have today to fast forward to 2033 to 534,000. This is the top 20 growing US occupations, right? So. It's important for us to understand that this is an opportunity that we have in front of us.

16:23:29 – 16:24:12

Haner Hernandez:

How do we how do we impact that? Right? And then it's important to mention that the peer workforce has grown significantly over the last decade, decade and a half. And it's more diverse than the previous workforce. But we are not quite there yet, right? So, here's an important question for us to think about. Which is the following, how will we, plural, now we're not just looking at funders and how do we individuals or organizations, policy makers, funders? How will we ensure that the expansion and the behavioral health workforce will be equitable, representative, and responsive to our needs as Hispanic Latino people? How are we going to ensure that? And this requires all hands-on deck. This is not just let let's leave it up to policymakers.

16:24:22 – 16:24:59

Haner Hernandez:

Let's leave it up to other people. We need to be at tables. We need to be at policy decision-making meetings. We need to be in spaces and places where we can affect this. And some of you right now are in a position to hire people who look like us, speak like us, understand, come from our communities. We don't need to wait until others do this. We need to be Get a better handle doing this now. our strengths. They've been talking about here, right? Ruth talked about language; Manuel talked about the services

that are being done there. We are multilingual, we are culturally informed, we have considerable interest in the field.

16:25:01 – 16:25:44

Haner Hernandez:

People would live the living experience. We want to be a part of the solution, and we want to be at the table. We are committed to individuals, families, and entire communities. Those are our strengths. We bring that to this conversation and to this work on our commitment has never been wavering. We are in the forefront of this. So, what do we need to demand and build, right? Here's the piece. That we need to come to those tables with advocacy and with policy questions in mind. Equitable opportunities for participation in the workforce. What is that going to look like? We need fair pay and benefits in line with education, experiences, skills and abilities. Most of our people get hired their multi-legal, but their pay doesn't reflect that, right?

16:25:49 – 16:26:28

Haner Hernandez:

We need career ladders. So, if you come into a position, what is the possibility that you grow into a program director to a supervisor into all of those things, right? We need to provide and expand loan forgiveness opportunities for people. We know that our people are in debt because of going to education and our field doesn't pay a lot of money, right? We need to include people with live and living experiences. In this endeavor. We just need to, their strengths that we bring to that table are enormous. We need to provide adequate quality and ongoing supervision to people. We need to build and expand our workforce development programs that are designed by us and for us, right? With this piece, with the emphasis on by us and for us as opposed to taking things and translating them after the fact.

16:26:36 – 16:27:45

Haner Hernandez:

We have the capacity, we have the leadership, we have the people with the live experience, people with the academic credentials to do this. And we have an ethical and more responsibility to do that. And so, here's a model to consider. I won't spend a lot of time on it here in the New York City. So, in Massachusetts, we have built around getting people credential in our field of substances disorders and the clinical end of things we provide in our field of substances disorders and the clinical end of things. We provide 300 hours' worth of classroom instruction. In our field of substances disorders and the clinical end of things. We provide 300 h worth of classroom instruction. We began in September; we go all the way through June. We place people in internships. We provide ongoing mentoring, which is critical to what we do. We provide guidance and support regarding credentialing, how to get a license, and study guide. We helped State of Ohio get about 300 Hispanic Latino people certified.

16:27:46 – 16:28:16

Haner Hernandez:

So, we know how to do this by way of replicating these models. We're partially funded by the Massachusetts Department of Public Health, and we're interested in developing partnerships at the

federal level, at the state level and we're interested in sharing with you our model, right? We from the New North Citizens' Council thank you for your attention and for everything that you do on a daily basis and we know what's going to happen right after this hurricane hits, right? We know that our people are going to be disproportionately impacted. We have a more or an ethical obligation to reach out to those folks. Thank you very much. I want to kick it back to Jocelyn who's going to close us out.

16:28:26 – 16:29:13

Jocelyn Turcios:

Alright, thank you, Dr. Hernandez, for your wonderful presentation. Hi, everyone. My name is Jocelyn Turcios. I am a public health advisor with the Office of Behavioral Equity. I use she her pronouns, I am a woman wearing a cream blouse and have a blue back round with the SAMHSA logo on it. Thank you again to our speakers for their presentations and thank you to everyone for joining us today. Your input on this event will help us plan for future events. So please complete our feedback survey that is posted on the chat. We will also be sharing related resources and the recording on the net share site once they are available.

On behalf of SAMHSA's Office of Behavioral Health Equity, we want to thank and acknowledge the incredible work you all are doing to improve the behavior of health of Hispanic Latino communities across the country. One of SAMHSA's initiatives and investments focus on this community is the Hispanic Latino Center of Excellence.

16:29:21 – 16:29:55

Jocelyn Turcios:

As a reminder, the COE offers free training, consultations, and resources to behavioral health organizations. If you would like to continue being engaged with this work, we invite you to visit the CEOs website which was shared in the chat. Lastly, we're excited to share that [findtreatment.gov](https://www.findtreatment.gov) is now available in Spanish. The website offers a comprehensive list of treatment facilities across the US. Please, feel free to share these resources with your networks. And once again, thank you all for joining us today. We look forward to seeing you at future events.