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Compiled by Lisa Anspacher,  
Communications Specialist,  
under the direction of Kathy  
Furlong-Norman, Director,  
Resource Information Services.

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## Community Action Grant for Service System Change: The Latino Initiative

The mental health and psychiatric rehabilitation needs of underserved and diverse populations have come to the forefront of the field through varied and diverse activities sponsored by the Center for Mental Health Services (CMHS) under the auspices of the Substance Abuse and Mental Health Services Administration (SAMHSA). Beginning in 1998, SAMHSA's Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT) joined CMHS to make funds available in the Community Action Grant for Service System Change grant program for a special initiative targeted to Latino communities. The purpose of this funding is to support exemplary practices for Latino adults and adolescents with mental health and/or substance abuse problems.

The Community Action Grant program involves two phases of implementation. The first phase (Phase I) of the grant program provides one year of funding designed to *build consensus around exemplary service delivery practices* that would meet the needs of the community. Through the consensus building process, members of the community adapt the exemplary practice

and/or intervention to the target community and work collaboratively to plan how to implement the practice and/or intervention effectively. During the second phase (Phase II) of the grant program, the exemplary practice is implemented along with an eval-

uation of the implementation process. With the completion of both Phase I and Phase II, it is anticipated that both states and individual programs will acquire information on effective treatment models to improve current mental health services and systems.

### Massachusetts Community Action Grant for the Latino Community:

*Modelo de Rehabilitación Vocacional para  
Personas Latinas con Condiciones  
Psiquiátricas y/o Coexistentes*

In 1998, the Center for Psychiatric Rehabilitation, Sargent College of Health and Rehabilitation Sciences at Boston University, joined with the Massachusetts Department of Mental Health and the Massachusetts Rehabilitation Commission to obtain a Phase I Community Action Grant to develop consensus to adapt the Choose-Get-Keep model of vocational rehabilitation for the Latino community. The Choose-Get-Keep approach has empirical evidence supporting its effectiveness, as well as agreement among psychiatric rehabilitation experts as to its significance in the psychiatric rehabilitation field. Since 1984, this approach to vocational rehabilitation has been implemented in numerous communities throughout the United States, but has not been adapted for the unique needs of a diverse population. (Anthony, Howell, & Daley, 1984; Rogers, Anthony, Toole, & Brown, 1991; Daley, et al., 1992; Jacobs, 1997; Unger et al., 1991; Bond et al., 1997).

Upon receiving grant funds for Phase I, project staff began the tasks of building consensus and developing implementation plans with three working groups within the Latino communities of Boston, Lawrence, and Holyoke/Springfield, Massachusetts. Staff and project participants worked

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(left to right) LeRoy  
Spaniol, Associate  
Project Director,  
Nascira Ramia,  
Project Assistant;  
William Anthony,  
Executive Director  
of the Center; and  
Maria Restrepo-Toro,  
Project Principal  
Investigator



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together to identify the barriers and facilitators to implement the Choose-Get-Keep approach with Spanish speaking consumers. In addition, all the Choose-Get-Keep materials were translated into Spanish including the revisions contributed during the consensus building process.

During Phase I, a process evaluation of the consensus building process was also conducted to examine the extent to which consensus was achieved. Using both qualitative and quantitative methods, the evaluation examined the perceived need to develop and implement a culturally competent version of the Choose-Get-Keep manual as well as the feasibility of implementing this revised version for the target population. The evaluation also examined participant satisfaction with the dynamics of the consensus building process and the knowledge gained by project participants regarding the Choose-Get-Keep approach of vocational rehabilitation for Latino mental health consumers. Lastly, the evaluation assisted to clarify the barriers, potential solutions, and recommendations by project participants to implement the modified curriculum.

Maria Restrepo-Toro, the principal investigator of the Community Action Grant emphasizes that the most important aspect of Phase I of the grant was to initiate collaboration and networking between and among the respective agencies. "Our first concern in Phase I was to educate each agency about the psychiatric rehabilitation model. Once that foundation was laid, we discussed and identified the cultural issues of the Latino population that act as barriers to psychiatric rehabilitation. These barriers extend beyond those of the physical aspects of mental illness to include cultural barriers such as poverty, language difficulties, stereotypes in our culture, differences in necessary educational attainment, loss of support systems due to immigration, and discrepancies regarding the value of personal choice versus group choice. Discussing these barriers and making adaptations to the model to address these barriers served to join forces among the various agency representatives."

Phase II of the Massachusetts Community Action Grant involves training practitioners in both English and Spanish to implement the model, *Modelo de Rehabilitación Vocacional para Personas Latinas* con

*Condiciones Psiquiátricas y/o Coexistentes*, known as the Choose-Get-Keep Approach to Vocational Rehabilitation for Latino Individuals with Psychiatric and Co-occurring Conditions, in the five selected sites throughout the state. There is also continued collaboration with the Massachusetts Department of Mental Health, the Massachusetts Rehabilitation Commission, and the Peer Education Project supported by Vinfen Corporation to share responsibility for implementation at the designated sites to ensure dissemination and fidelity to the revised approach, and to assist with recommendations for funding all components of the model over time. Consistent with the Latino community's focus on family integration, consumers and family members are invited and encouraged to participate in project planning activities and trainings. Additionally, to ensure success, key stakeholders at both the state and regional level, including consumers, families, provider agencies, and advocacy groups, will work together with the local implementation sites.

Lisa Matrondola, the program coordinator for Employment and Education at the Massachusetts Department of Mental Health (DMH) emphasizes that DMH recognizes the importance of meeting the vocational and employment needs of Latinos consumers who are underserved in the area of vocational rehabilitation. The training and networking provided to practitioners through the Community Action Grant for Service System Change is helping to eliminate misconceptions and barriers toward employment for Latinos in Massachusetts.

### *For information about Latino Initiatives*

Maria Restrepo-Toro  
Center for Psychiatric Rehabilitation  
Boston University  
940 Commonwealth Avenue West  
Boston, MA 02215

Phone: 617/353-3549

Fax: 617/353-7700

E-mail: [mertor@bu.edu](mailto:mertor@bu.edu)

## Implementation Sites



**M**aria Restrepo-Toro (left) with Cassie Roche, Team Leader of the Latino Clinical Outpatient Program at Mount Tom Mental Health Center.

### Career Initiatives in Lawrence, MA

Based in Lawrence, Massachusetts, Career Initiatives is an education and employment services program that aims to help consumers gain employment opportunities through career assessment, resume development, and school placement initiatives. Although Career Initiatives had previously implemented the Choose-Get-Keep approach, Latino consumers had experienced limited success with employment. Aimee Rusman, Director of Career Initiatives, describes that working with other stakeholders during Phase I of the Community Action Grant increased staff awareness that lower employment retention for the Latino consumer was due, in part, to an overemphasis on choosing and not enough attention to getting and keeping a job. Participating in the training will assist staff to re-evaluate and adapt the Choose-Get-Keep approach to better meet the skills and support needs of the consumers and boost retention rates, but more importantly, will help consumers find increased satisfaction with the process and the resulting job. For more information on the Lawrence initiative, contact Aimee Rusman, Director of Career Initiatives at 978/682-3163.

### North Charles Community Career Links in Somerville, MA

Sandra Dorsainvil, Program Director of Community Career Links, emphasizes that the mission and goals of their program clearly state the importance of helping people achieve employment. Atilio Finol, a job developer at Community Career Links and a member of the Latino community is currently serving Latino consumers and expects the Latino program participants to rise drastically because of recent marketing to other local community programs. Sandra notes that unlike many programs serving people with psychiatric disabilities, Community Career Links is interested in matching an appropriate service model to meet consumers' needs creatively. For example, in talking with referral sources, staff learned that a few consumers who receive services hold college degrees from their countries of origin. Helping these individuals resume their professional skills is not a challenge since Community Career Links does help consumers develop career goals. For more information on the Cambridge initiative, contact Sandra Dorsainvil, Program Director, at 617/547-2992 or email [mbx2@earthlink.net](mailto:mbx2@earthlink.net).

### Casa Primavera Club House in Roxbury, MA

Staffed and managed by Latinos, Casa Primavera provides a safe and supportive environment for many mental health consumers who have had problems both accessing and adapting to the mental health system due to language and cultural barriers. In addition to being language-and-culture friendly, Casa Primavera emphasizes helping members learn English and other skills that will help them survive and cope in the wider culture. During weekdays, clubhouse activity focuses on the "work-ordered day," with members and staff working in units and/or teams consisting of La Cocina, El Kiosko, Oficina, and Mantenimiento. Members also participate in the Employment Resources Unit to develop their skills and interests for competitive employment. Career planning, job finding, substance abuse education, English classes, job support, and a transitional employment program assist members to move toward employment positions that reintegrate members into the community. Veronica Nielsen-Vilar, Director of Casa Primavera, stresses that the work of the Community Action grant is critical to both the current and future growth of culturally relevant mental health and rehabilitation services for Latinos. "As the only Latino clubhouse program in Massachusetts, I see the training for Modelo de Rehabilitación Vocacional para Personas Latinas con Condiciones Psiquiátricas y/o Coexistentes and the adaptation of vocational services as essential for our Latino communities." For more information on Casa Primavera contact Veronica Nielsen-Vilar at 617/445-8017.

### Holyoke/Chicopee Area of the Department of Mental Health and the Latino Clinical Outpatient Program, Mount Tom Mental Health Center in Holyoke, MA

"Participating in Phase I reaffirmed the important role that culture plays in shaping an individual's life and recovery process, and how these factors determine the effectiveness of service delivery," says Cassie Roche, Team Leader of the Latino Clinical Outpatient Program at Mount Tom Mental Health Center. Cassie is committed to improving the quality of services for the Latino community, and is hopeful that this initiative will bridge the gap between outpatient services and conventional career centers by creating transitional services to involve consumers in their  
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own rehabilitation and career development. Cassie shares consumers' frustration with the inconsistency between their needs and services available. "The career centers weren't able to provide the services or teach consumers the skills they needed. Most consumers had never seen a resume, much less possessed the skills to put one together."

Mount Tom's first challenge for Phase II is to alleviate the disparity between service demand and service provision by training additional skillful bilingual clinicians. The next, perhaps more difficult, obstacle requires obtaining support from the administrators of career centers and vocational rehabilitation programs—the people responsible for decision making and systemic changes—to implement and assess this initiative. Cassie is hopeful that the administrators will participate in the training sessions and gain a broader understanding of the importance of the cultural issues that must be addressed to provide effective vocational rehabilitation services to the Latino community, as Boston University is providing a wonderful opportunity for skill enhancement and program development.

Marti Sabin, Community Service Manager for the Holyoke/Chicopee area of the Department of Mental Health, has taken the lead in implementing the project training to local programs. Through the local Holyoke/

Chicopee employment Pathways endeavor, Marti emphasizes that the Department of Mental Health (DMH), the Massachusetts Rehabilitation Center (MRC), the Depart-



*Training participants from the Community Action Grant: The Latino Initiative*

ment of Medical Assistance (DMA)/ Massachusetts Behavioral Health Program (MBHP), and contracted public non-profit employment

agencies have articulated a commitment to implement this culturally competent approach into existing community services on an ongoing basis.

Through Pathways, Marti plans to increase local awareness of grant activities and involve practitioners to increase the likelihood that Latino consumers will access appropriately delivered employment opportunities. For more information on the Springfield and Holyoke initiative, contact Cassie Roche, Team Leader and Clinical Supervisor of the Latino Clinical Outpatient Program at the Mount Tom Mental Health Center at 413/536-5473 or email [casroc5@att.net](mailto:casroc5@att.net) or Marti Sabin, Community Service Manager, Holyoke/Chicopee DMH, at 413/587-6241 or email [Martha.Sabin@DMH.state.ma.us](mailto:Martha.Sabin@DMH.state.ma.us).

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Sargent College of Health and Rehabilitation Sciences

Boston University

940 Commonwealth Ave West

Boston MA 02215

Phone 617/353-3549

Fax 617/353-7700

<http://www.bu.edu/cpr/>

### The National Congress for Hispanic Mental Health

The National Congress for Hispanic Mental Health was convened to address issues concerning the improvement of appropriate mental health services, the development of culturally competent training for practitioners, and the creation of prevention measures that will be effective for the Latino community. According to the U.S. Bureau of the Census, Latino people represent the third largest population and it is estimated that the Latino population will develop to be the largest minority group in the United States by the year 2010 (1993).

The challenges faced by Spanish-speaking people include exceptionally high rates of poverty and low levels of literacy and educational attainment. Currently, 30% of the Latino population live below the poverty line and experience an unemployment rate of 62% of that of the general population.

Along with the poverty experienced by Latino people, is an upward surge in both substance abuse cases and reports of difficulties accessing appropriate health services. Less than 18% of Latino people diagnosed with psychiatric disability actually access mental health services. Accountability for this underutilization falls on the failure of the mental health system to impart appropriate services that address their cultural needs; defy language barriers, racial discrimination, and mental illness stigmas; and provide Spanish materials and culturally competent bilingual personnel. These factors place the Latino community at a "significant risk...for experiencing mental health problems" (National Congress for Hispanic Mental Health Proceedings, 2000).