

# CULTIVATING WELLNESS: A NEWSLETTER CELEBRATING LATINO BEHAVIORAL HEALTH

## CULTIVANDO EL BIENESTAR: UN BOLETÍN DE NOTICIAS CELEBRANDO LA SALUD MENTAL LATINO

NEWSLETTER: QUARTER 2 • ISSUE 2 • APRIL 2022

### OUR MISSION

The mission of the National Hispanic and Latino Addiction and Prevention Technology Transfer Centers is to provide high-quality training and technical assistance to improve the capacity of the workforce serving Hispanic and Latino communities in behavioral health prevention, treatment, and recovery. We disseminate and support the implementation of evidence-based and promising practices to enhance service delivery, promote the growth of a diverse, culturally competent workforce, and bridge access to quality behavioral health services. We are committed to increasing health equity and access to effective culturally and linguistically grounded approaches.

### PROVERB "DICHO" OF THE QUARTER

Spanish: *“Una mano lava la otra y las dos lavan la cara”*

ENG: One hand washes the other and both wash the face.

Our interpretation: this is a proverb and it means that we must all work collectively to achieve our desirable outcome. Also, we must be willing to support those who need a helping hand because one day we might need it ourselves.

### THIS ISSUE GROWING OUR OWN: PLANTING SEEDS FOR THE FUTURE OF LATINO BEHAVIORAL HEALTH

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#### Inclusivity Statement

The National Hispanic and Latino ATTC and PTTC understand that there is a lot of important discussion focusing on the terminology individuals choose to use for racial, ethnic, heritage and cultural identification. There are different terms such as Latinos, Hispanics, Latinx, Latine, Chicano, and others, all equally valuable. We advocate for self-identification for every person. For purposes of this newsletter and additional uses, our Centers are using the term Latino and Hispanic.



**Fred Sandoval, MPA**  
**NLBHA Executive Director**

As noted in the Summary of Proceedings, “With SAMHSA and the Center for Mental Health Services (CMHS) support, the “National Congress for Hispanic Mental Health” was held in March 2000. The key stakeholders represented a broad spectrum of the mental health services community -- from policy makers to consumers, service providers to researchers, faith community leaders to families.

They worked in partnership with leaders from national organizations; Federal, State, and local government officials; representatives from foundations and universities; and political officials from State and national legislatures. Stakeholders and partners worked hard during the two-day meeting in March, producing a comprehensive National Agenda for Hispanic Mental Health that established goals and recommendations in topic areas including consumer and family education, early intervention, and prevention, improved mental health services, standards, accreditation and regulation, human resource development and research.

The Agenda, supported by the consensus of the National Congress, provides a foundation for Hispanic leaders to increase their ability to impact on mental health services in America.”

## HIGHLIGHTS

The National Latino Behavioral Health Association (NLBHA) was one of many recommendations resulting from the National Hispanic Mental Health Congress under the President Clinton Administration. Then Substance Abuse Mental Health Services Administration (SAMHSA) Administrator Dr. Nelba Chavez convened more than ninety national Hispanic Leaders from across the country to meet and produce recommendations to address the gaps, needs, financing, research, program development and capacity in the entire mental health system to effectively serve the Hispanic population.

One of the key priorities of the Congress was “Improving Human Resources and Training the Next Generation.”

The Congress knew that increasing access to mental health services would require a workforce essential to providing culturally and linguistically appropriate services. Thus, included in the final Action Plan was this position of members of the Congress, “The mental health service needs of a growing Hispanic community must be met with a significant infusion of culturally competent and linguistically appropriate personnel into community-based systems across the country.

National Congress participants believed that, most importantly, Hispanics need to be appointed to key leadership positions at the national, state, and local levels, with a specific commitment to work towards a Federal government workforce that is representative of the U.S. population. Hispanics must be recruited actively to work at all skill levels within the mental health workforce.

Staff who are culturally and linguistically competent and are knowledgeable of the socio-cultural basis of Hispanics’ daily lives are essential. Initiatives should be undertaken to increase the numbers of bi-cultural and bi-lingual professionals. Further, strategies must be developed to attract Hispanic youth to mental health careers.”

## HIGHLIGHTS CONTINUED

The Congress recommended an action step to actively recruit and retain a Hispanic mental health workforce at all educational and skill levels, inclusive of traditional and non-traditional service providers. Four Hispanic leaders who participated in the Congress were subsequently involved with NLBHA: Josie T. Romero, Fredrick Sandoval, Gilberto Romero, and Hank Balderama. NLBHA has since taken this action step and developed the Josie Torralba Romero Scholarship Program. We like to call it, "Growing Our Own."



**Josie Torralba Romero  
Scholarship**  
[CLICK HERE FOR MORE  
INFORMATION](#)

Since its inception, NLBHA has raised funds through charity events and most recently with support of additional public funding has helped make more than 120 scholarships available to Latino students enrolled full-time in a college degree program in social work, psychology, counseling, therapy, and psychiatry.

Of the students who have graduated, 97% have entered the behavioral health workforce. We have two doctoral students who are still in school working to complete their programs. Our workforce development model helps to engage the community in our charity event, brings awareness to behavioral health issues, highlights the value that Latinos place on educational success of Latino students, and moves students from the educational pipeline to the workforce pipeline.

NLBHA's focus on narrowing the scholastic achievement gap, reducing the burden of student loans, increasing study time, reducing work hours, and reducing the stress of paying for rising college tuition costs, are examples of the outcomes we envisioned in bringing the Congress recommendation to fruition. Today this marks two decades of sweat equity, mission-driven purpose, and commitment to "Improving Human Resources and Training the Next Generation."



Hello everyone!

My name is Susie, and I would like to take this opportunity to introduce myself! I'm Mexican-American, and I use the pro-nouns she, her, ella. Mom explains that I was named after her favorite actress at the time I was born, Susan Hayward. I'm not sure but I hope it's true! I am the oldest of two kids in my family, but my younger brother likes to think he is older than I am by bossing me around! I am a mother to a handsome, smart, 10-year-old little boy who loves to indulge his mother by watching disaster movies and I indulge back by watching anything Marvel. In my "spare" time I like to learn about weather and weather patterns.

One of my favorite words in describing weather is a Haboob! Do you know what that means? It's a strong wind that creates super large sandstorms and dust storms accompanied by thunderstorms. They are most common in the summer and occur in the Southwest part of the United States, such as where I'm located, but primarily on the edges of the Sahara Desert in the Sudan. One of my greatest memories as a kid growing up in El Paso, Texas was every Sunday we would go and visit my grandparents house for lunch...which turned into dinner as well, since we couldn't seem to tear ourselves away from the storytelling, singing, dancing, and playing with my cousins.

**Susie Villalobos,  
Ed.D., M.Ed., CCTS-I  
Project Co-Director  
National Hispanic and Latino  
ATTC**



Lunch would consist of *sopa de arroz* (rice soup), *tamales*, *enchiladas*, *guisado* (stew) and fresh homemade flour tortillas, or any combination of those! After eating, my cousins and I would go outside and climb these huge trees my grandfather had out front with little red berries on them, that if eaten were poisonous, but we tried picking them and throwing them at each other during our "tag you're it" games. I miss those days...the days with no electronics, no boredom to speak of and no social media.

I like to tell people I found my calling in public health by accident, but I truly believe our paths are born out of the directions we take in our life experiences. My background as an educated Latina female, along with my cultural upbringing, guided me on my life's journey.

My grandmother on my mother's side taught herself to be a Curandera, and as a kid growing up, I found it intriguing and wanted to learn how to help and cure illnesses. One of my internships during acquiring my Masters' degree was with the Centers for Disease Control and Prevention collecting data for a community health behavior survey. What took me most by surprise were the number of people in my community who had health conditions, which could be avoided if they knew the circumstances under which they became ill. In large part, due to diet, exercise, smoking, drinking or substance use. Once I found my passion in looking at data, and telling the story from that data, I knew I had found my calling.

I like to think the storytelling I learned from my grandparents, along with wanting to be a healer, plays a part in how I tell the story now as a Latina public health advocate and researcher. Upon completing my degree at UTEP, I pursued my doctorate to "sit at the table" as a Latina female with a voice. Even now it doesn't get any easier to be invited to the heady conversations, so my mom always encourages me to bring a folding chair if there isn't space for you. Great advice!

Early in my career I have met such passionate people in the work of serving Latino communities and their families. Now that I am 20 plus years in, I still see those same passionate people and feel lucky to call some of them my amigas! I am honored in the work I do as part of the National Hispanic and Latino ATTC, in contributing to finding treatment and recovery options for those most in need. I have been blessed throughout my life and will continue to advocate for those issues most pertinent during this time such as mental health and substance use. My own family has been touched by both instances and honestly, I can't think of any family who doesn't have someone or knows someone that needs help on these types of issues.

Thank you for taking the time to read a small part of who I am and how I bring my cultural upbringing, passion, education, and experience in my daily work with our team at the National Latino Behavioral Health Association and the National Hispanic and Latino ATTC. Have a blessed day! ¡Adios! Bye!

## EXPERT SPOTLIGHT! DR. MARILYN SAMPILO



Dr. Marilyn Sampilo exemplifies Latina leadership and what it means to be a true *poderosa* (powerful). She is knowledgeable, articulate, and has a drive for uplifting others. Born and raised in D.C., Doctora Sampilo identifies as bilingual/bicultural with both Peruvian and Filipino heritage. This beautiful *mezcla* (mixture) of cultures, strong family ties, and constant encouragement from her parents, has contributed to her compassionate, brave, and fearless leadership and mentorship style.

As a Pediatric Psychologist, most recently at the Cleveland Clinic in Ohio, she serves youth and their families, so they feel heard, are given high-quality and culturally responsive behavioral health services. Dr. Sampilo is committed to implementing the CLAS Standards in a meaningful fashion.

[CLICK HERE TO ACCESS HER BIO!](#)

This doesn't just happen in her services to her patients, she has revolutionized the DEI landscape at Cleveland Clinic, ensuring that culture is an ever-present conversation and priority in her service delivery, department and for the entire hospital system.

As a leader in culturally and linguistically appropriate care in behavioral health she mobilizes others to think deeper than what we understand as culture. To dive into how deeply rooted social determinants of health are embedded in structural, organizational, and environmental structures and processes. Most importantly, how these bi-directionally impact service delivery models, access to care, and outcomes for our community members.

Dra. Sampilo has continued to serve our communities outside of her full-time work by developing and delivering training and technical assistance for the NLBHA, our National Hispanic and Latino ATTC & PTTC, and many other community organizations across the nation.

A member of the inaugural cohort of our Executive Fellowship and Leadership Academy she was recently nominated (by several of her students and mentees) and awarded the Society of Pediatric Psychology (SPP) Diversity Award at the 2022 SPP Annual Conference.

### QUARTERLY HIGHLIGHTS: WHAT DID WE DO LAST QUARTER & WHAT TO LOOK FORWARD TO?

Please visit our websites to access these resources

- Mini e-book: Women's History Month: Honoring Latina's Resilience [click here to access](#)
- Newsletter Q1: A Healthy New Beginning: A Message of Hope and Healing: [Click here to access](#)
- What LGBTQIA2S+ BIPOC want Prevention Professionals to Know?: [Click here for more information](#)

## CELEBRATE WITH US!

### MAY

[Mental Health Awareness Month](#)

[National Sing Out Day](#)

### JUNE

[National Pride Month](#)

[National Ice Cream Cake Day](#)

### JULY

[National Social Wellness Month](#)

[National Forgiveness Day](#)

# TOWARD OPTIMIZING THE EFFECTIVENESS OF EVIDENCE-BASED INTERVENTION AND PREVENTION PROGRAMS WITH LATINOS<sup>1</sup>

## NLBHA'S ECOMPENDIUM AND GUIDE

- LUIS A. VARGAS, PHD



The movement toward evidence-based programs and practices (EBPPs)<sup>2</sup> began in the field of medicine in the 1960s and early 1970s. In 1964, the Canadian health system was reorganized by L.B. Pearson to provide universal coverage of medical costs. This reorganization gave rise to four new medical schools with a focus on integrating public health into medicine. One of these medical schools, founded at McMaster University, established a new curriculum of “problem-based learning” and evidence-based clinical decision making (Zimmerman, 2013). The latter was based on both research evidence and clinical expertise, in addition to the unique values and situation of individual patients (CIAP, 2016). Another contribution to the EBPP movement came from Archie Cochrane, a British medical doctor/researcher who proposed that researchers should collaborate internationally to systematically examine the best clinical studies in medicine (CIAP, 2016). He stressed the need to bridge the gap between research and clinical practice by using an evidence-based approach. This movement soon moved to the area of behavioral health. The movement has had a very positive effect in promoting the use of programs and practices that have a higher likelihood of effectiveness<sup>3</sup> for patient/client populations receiving behavioral health care services.

Our field now has quite a few registries that vet intervention and prevention programs as evidence-based (EBPs) and which provide users with descriptions of EBPs for a multiplicity of problems and risk factors. Many government and private funding agencies now require, or strongly encourage, that those seeking funds from them use EBPs. It has become easy for a service agency or organization to simply pick an EBP from one of these registries and implement it. However, there are several important aspects that are often ignored in the zealous desire to use of EBPs. Failure to take these aspects into consideration in selecting and implementing an EBP can lead to outcomes that fall short of those expected.

Most intervention and prevention programs that have been vetted as EBPs are based on outcome data from research studies that are experimental or quasi-experimental (i.e. those based on controlled, ideal conditions with specific inclusion and exclusion criteria) that may be quite different from the results obtained, if the program is applied in the real world.

The population samples of most of the studies used to vet programs as EBPs are comprised primarily non-Hispanic white participants and are what we termed “generic”<sup>4</sup> programs in the eCompendium.

There are very few culturally adapted or culture-specific programs listed in any of the major EBP registries.

The “evidence” in the studies used to vet programs as EBPs is empirical and pertains to the systemic application of the program protocol, with particular attention to program fidelity.<sup>5</sup>

The vast majority of EBP registries do not report on the extent to which a program has a meaningful positive effect; they do not indicate the magnitude of the effect a program had in the research studies (e.g., they do not describe effect sizes).<sup>6</sup> Thus, some programs vetted as an EBP might only have a minimal, albeit “statistically significant,” effect.

Registries that vet programs as EBPs do not explicitly consider or describe the research evidence regarding the contribution of the provider-recipient relationship to the outcome of EBPs.

By focusing primarily on the research evidence pertaining to the systemic application of the program protocol, non-empirical evidence is ignored, specifically, experiential and contextual evidence<sup>7</sup> (see Puddy & Witkins, 2011). However, use of experiential and contextual evidence is essential in the selection of the most appropriate EBP for a given community and in the successful implementation of an EBP in a specific, local community.

# TOWARD OPTIMIZING THE EFFECTIVENESS OF EVIDENCE-BASED INTERVENTION AND PREVENTION PROGRAMS WITH LATINOS<sup>1</sup> NLBHA'S ECOMPENDIUM AND GUIDE

- LUIS A. VARGAS, PHD

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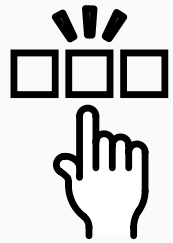


It is important to remember that the focus should not be on simply picking an EBP from a registry but rather on the successful effort to engage in evidence-based practice. This means integrating a selected research evidence-based program with experiential evidence and contextual evidence that is, for the most part, available in the local community in which the EBP will be implemented.

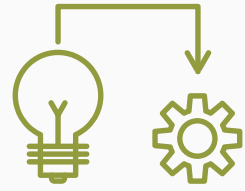
Given that most of the EBPs in current registries are based on research studies that have a preponderance of non-Hispanic white participants, the eCompendium, which is based on six well-known registries, was developed to glean information about their EBPs that might be better suited for use with Latinos. While it includes culturally adapted and Latino culture-specific programs that have been vetted as EBPs, these are very few and do not meet the wide needs of many Latino communities. Consequently, the eCompendium provides users with information pertaining to:



The target problems or risk factors for which the program is intended



The level of intervention (universal, selective, or indicated)<sup>8</sup>



The types of settings in which the EBP can be implemented (e.g., behavioral health agency, school, home, court, community, etc.)



Either the specific percentage (if available) or percentage range of the participants in the studies used in the registry to vet programs as EBPs



Strength of evidentiary support (i.e., good vs. adequate) based on the criteria used by each registry



Cost of the Program



Availability of program materials in Spanish and Portuguese


# TOWARD OPTIMIZING THE EFFECTIVENESS OF EVIDENCE-BASED INTERVENTION AND PREVENTION PROGRAMS WITH LATINOS <sup>1</sup>

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For programs that are school-based, the following information is also provided:



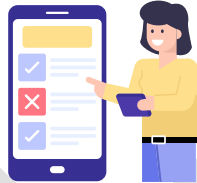
Grade range of the program and grades actually examined in the studies used to vet the program as an EBP



Geographic location of the participants in the studies used to vet the program as an EBP either by state or region (such as Southwest)



Population density from which the participants in the studies used to vet the program as an EBP came from (i.e., urban, suburban, or rural)



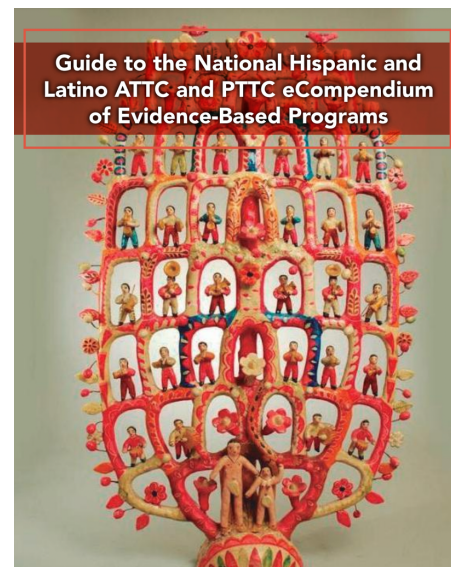
Delivery method (i.e., individual, whole classroom, small group, or school-wide)

Given the lack of culturally adapted or culture-specific programs for diverse Latino communities, the categorization system used in the eCompendium helps users identify EBPs that might be better suited for use with Latinos in particular communities and for particular purposes. For example, a provider, who is interested in a school-based EBP for rural Latino adolescents in a Southwest community at risk for alcohol and substance abuse, identifies three EBPs with similar evidentiary support.

Only one of these EBPs had a substantial number of Latino participants in the studies used to vet it as an EBP rural and it is the only one in which the studies were conducted in Southwest communities. The best choice in this case is obvious.

The Guide is an indispensable companion to the eCompendium. It provides information to better understand the strengths and limitations of EBPs as pertains to their use with Latino populations. It includes information on how provider-recipient relationship can be maximized in the implementation of an EBP. Equally importantly, it provides guidelines (1) to assess the readiness of agencies or organizations to use an EPB and (2) for how to make use of local experiential and contextual evidence in the selection and implementation of an EBP.

To request technical assistance on how to apply the e-compedium, please email:  
 Maxine Henry, MSW, MBA at [maxine@nlbha.org](mailto:maxine@nlbha.org)



**TO ACCESS THE E-COMPENDIUM AND JOIN OUR JUNTOS NETWORK, [CLICK HERE](#)**

References  
 1. Clinical Information Access Portal (CIAP) (2016). Introduction to evidence-based practice: History of evidence-based practice. Retrieved March 17, 2022 from <https://www.ciap.health.gov.au/training/ebp-learning-modules/module1/hist>  
 2. Puddy, R. W. & Witkins, N. (2011). Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence Effectiveness. Atlanta, GA: Centers for Disease Control and Prevention, 2011.  
 3. Zimmerman, A. L. (2013). Evidence-based medicine: A short history of a modern medical movement. Virtual Mentor, 13, 15(1), 71-76. Doi: 10.1001/virtualmentor.2013.15.1.mhst1-1301



## LATINOS CON VOZ PODCAST SERIES



Latina Leaders Episodes available in English, Spanish and Portuguese. [Click here to listen to these conversations.](#)

Problem Gambling Awareness Episodes available in English and Portuguese. [Click here to listen to the episodes!](#)

## MAY IS MENTAL HEALTH AWARENESS MONTH



[Click here](#) to watch a video message developed by our centers celebrating Mental Health Awareness month in the three languages.

Latino Mental Health Equity: Ensuring Quality Behavioral Healthcare, Wellness and Recovery. [Click here](#) to register for this upcoming event.

## EXTERNAL & PARTNER RESOURCES



Peer Recovery Center of Excellence: [Click here to learn more](#)

Opioid Response Network: [Click here to learn more](#)

National Prevention Week: [Click here to learn more and to register and attend the upcoming events!](#)

## ON THE HORIZON: WHAT'S COMING?



National Hispanic & Latino  
**ATTC** Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



National Hispanic and Latino  
**PTTC** Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

2022 National Latino Behavioral Health Conference

**SAVE THE DATE!**  
Latino Behavioral Health Equity  
*¡Juntos Podemos!*  
September 15-16, 2022  
Las Vegas, NV

For more information, please send an email to: [nlhconference@nlbha.org](mailto:nlhconference@nlbha.org)



National Latino  
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National Latino  
Behavioral Health Association **NLBHA**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

