



December 2006

...in many areas dealing with the Latino community there was little or no progress.

The mental health system needs to quicken its pace toward a holistic system.

Latino Perspectives

REPORTS ON ISSUES OF VITAL CONCERN TO THE LATINO COMMUNITY

Latino Mental Health – One Year Later: Creeping Towards Progress

Principal Contributors: Frank Argote-Freyre, Henry Acosta, Elsa Candelario, Frank R. Solano and Daniel Santo Pietro

A year after the Hispanic Directors Association of New Jersey (HDANJ) convened its first roundtable on mental health issues the panel was reconvened (August 11) to measure progress and assess new challenges facing the public mental health system and its delivery of treatment to Latinos across New Jersey. This was done in collaboration with the New Jersey Mental Health Institute (NJMHI). The data in last year's report suggests Latinos greatly underutilize mental health services and that the lack of cultural competency within the system is a major reason.

The panel found that the Department of Human Services made some efforts to address the specific cultural and linguistic concerns of the Latino community, but improvements were at best modest. This report will revisit the issue of Latinos in the mental health system, offer a list of recommendations, and discuss successes and failures during the past year.

First, the notable changes. In the closing days of the Codey Administration, two Latinos members of this roundtable were appointed to the Governor's Council on Mental Health Stigma. Henry Acosta, Deputy Director of NJMHI, and Elsa Candelario, Chairperson of the Hispanic Directors, serve on the Council, which, after some delay, is now meeting on a regular basis. Candelario serves as chair of the council.

Earlier this year, the Council sponsored a statewide forum on mental health stigma

where the needs of Latino mental health consumers and family members were considered. The Council is in the process of developing several statewide programs to combat stigma. In addition, the current state budget allocated \$3 million to expand the number of bilingual clinicians. Last year, the panelists recommended the increase to \$3 million, because the \$1 million recommended by the Governor's Mental Health Task Force was woefully inadequate and amounted to no more than the hiring of 15 to 20 additional mental health professionals across New Jersey. This victory was tempered by the fact that the state Division of Mental Health Services decided to use \$900,000 of this money to establish three cultural competency institutes to provide cultural training to those working with mental health consumers.

However, in many areas dealing with the Latino community there was little or no progress. Most of the recommendations set forth by the Mental Health Roundtable in our report, issued September 2005, remain unfulfilled. Negotiations and discussions on some of these measures are still underway.

As with the original report, the biggest concern remains the inadequate representation of Latinos at all levels of the mental health system, from clinicians to mental health screeners, and policy-makers. There was minimal progress in making mental health services culturally competent and increasing public education programs geared to the Latino community. Last June, Governor Jon Corzine announced the establishment of a "Latino Working Group" within his administration to address issues of concern to our community

continued

and we will be looking to see whether this new approach can help push this mental health agenda forward.

As part of our roundtable discussion, the panel met with Human Services Assistant Commissioner Kevin Martone, responsible for the Division of Mental Health Services, on August 11, and followed that up with correspondence to ascertain progress on issues of concern to the Latino community. At this point, there are still no Latinos with any policy role within the Division, an area that we urge the Assistant Commissioner to immediately address. Furthermore, there is inadequate representation of Latinos on New Jersey's professional licensing boards or county mental health boards. Last year, the panel recommended that "at least one Latino should be appointed to every county mental health board in New Jersey, especially when the Latino population of the county exceeds five percent." We were unable to obtain information about the ethnic and racial

composition of those boards, so it is difficult to know whether progress has been made on this recommendation. At the roundtable Assistant Commissioner Martone pledged to compile the pertinent data for our review in the near future, something that has yet to be done.

The panelists debated the information provided by Martone, and then reviewed and revised the eight recommendations set forth last year. The revised recommendations, they now number 11, reflect changing conditions and the efforts by the panel to adapt and refine earlier strategies. At the time of the initial recommendations, the panel pledged to periodically reunite to report on their implementation or the lack thereof and this is part of that process.

The new and revised recommendations are:

1. The establishment of an Office of Cultural and Linguistic Competency within the Governor's Office to assess state programs and whether they meet the needs of New Jersey's diverse community. Mental health issues need to be a priority within this newly established office.

2. Provide adequate funding for the development and implementation of several targeted public education and media campaigns geared to the Latino population and aimed at heightening the awareness, acceptance and understanding of mental illness, available treatments, and the elimination of stigma associated with the disease. The campaign should be designed with input from appropriate

Latino mental health specialists. This recommendation has been largely ignored since our last report. The Governor's Council for Mental Health Stigma could spearhead this effort.

3. The hiring and appointment of Latinos to policy and regulatory positions at all levels of the mental health system. Throughout the state, programs and regulations are being developed with little or no input from Latino mental health professionals. There are currently no Latinos with a policy-making or administrative role at the state Division of Mental Health Services. There are shockingly few Latino professionals sitting on professional and licensing boards, including the Board of Medical Examiners, Board of Social Work Examiners and the Board of Psychological Examiners. The panel renews its recommendation for the appointment of more Latinos to these boards and asks that the state redouble its efforts to ensure that county mental health boards have Latino representation. We await a precise statistical breakdown by Assistant Commissioner Martone and the Director of the Division of Consumer Affairs within the Office of the Attorney General before commenting further on the issue. We know there are few Latinos in decision-making roles; the statistics will make it clear just how few there are.

4. We urge the state to revisit our original recommendation and allocate an additional \$1 million to expand outpatient services in Spanish. State utilization data indicate that over 60 percent of Latinos that access publicly-funded mental health services do so in an outpatient setting. Expanding availability of such services is critically

Building Bridges to a Better Life



Hispanic Directors Association
of New Jersey (HDANJ)

Latino Perspectives is published by:

Hispanic Directors Association
of New Jersey (HDANJ)
90A Jersey Avenue, P.O. Box 25
New Brunswick, NJ 08903

Tel 732 828-7606
Fax 732 828-7526
www.hdanj.org

Chairperson, Board of Trustees
Elsa Candelario

Executive Director
Daniel Santo Pietro

Project Manager
Jesselly De La Cruz

*HDA Roundtables are supported by the
Hispanic Federation Latino CORE Initiative*

important and great for New Jersey as this setting is much more cost effective than having Latinos access mental health services during a crisis or ending up in more restrictive and costly settings such as state correctional facilities.

5. Every county mental health screening center in New Jersey should be required to have, at minimum, one bilingual, bicultural mental health screener on call, 24 hours a day. Mental health screeners play a critical role in New Jersey’s mental health system and serve, for many Latinos, as a first provider of mental health assessment and diagnosis. Many Latinos are routinely misdiagnosed, inappropriately hospitalized, and discouraged from accessing services because of an initial bad experience at a mental health screening center. The Division of Mental Health surveyed the screening centers, but no follow-up action was taken.

6. New Jersey must establish a \$1 million scholarship program for students interested in pursuing mental health careers that could be extended to mental health consumers in recovery. A program for those pursuing mental health careers would increase the number of Latinos entering mental health professions. Targeting mental health consumers would allow those struggling with mental health issues to pursue productive careers. All studies show a strong correlation between poverty and rates of mental illness. In our previous recommendation we did not offer a dollar figure for this program. The panel now believes this initiative can be started rather modestly

Comparison New Jersey Medicaid Reimbursement Rates		
	Medicaid Rates of Hospital Based CMHC	Medicaid Reimbursement rates for non-hospital based CMHC
Injectable Medication Visit	\$ 64.00	\$ 2.50
Brief medication management w/MD	\$ 112.00	\$ 9.00
Intake, Adult/child, LCSW	\$ 212.00	\$45.00
Psychiatric Evaluation adult/child, MD	\$ 321.00	\$45.00
Individual Therapy, LCSW 50 min.	\$ 165.00	\$26.00
Individual Therapy, LCSW 30 min.	\$ 86.00	\$13.00
Group therapy, LCSW, 10 clients	\$ 97.00	\$ 8.00
Partial Hospitalization Program (Hospital Based CMHC 5 hours per day)	\$ 385.00	\$ 0.00
Partial Care Program at Non-Hospital base CMHC 5 hours per day	\$ 0.00	\$77.00

*Hospital CMHC Medicaid reimbursable rates are negotiated annually. Rate of reimbursement varies from 70-85% of billable charges.

Submitted by Frank R. Solano, Ph.D., Program Director of the Puerto Rican Family Institute, Jersey City Mental Health Clinic

and produce big results, so we have attached a price tag to the concept.

7. As a result of a class action lawsuit, *New Jersey Protection and Advocacy vs. Davy*, New Jersey must develop thousands of units of housing for mental health consumers as part of its overall mental health program. We recommend that a minimum of 1000 units be set aside for Spanish-speaking mental health consumers. In establishing these units we need to guard against ghettoization, but since Latino mental health consumers have specific language and cultural needs it would be beneficial to provide those

services at housing units with close proximity to each other.

8. The state has still done nothing to adjust the disgracefully low reimbursement rates for free standing clinics. Special attention needs to be paid to bridging the gap between these organizations and medical/hospital providers of similar services. The current reimbursement structure threatens to bankrupt the 28 outpatient free standing mental health clinics that provide services in a community set-the free standing clinics are paid \$26 for one hour of individual therapy as compared to \$165 for a similar service

in a hospital setting. This reimbursement rate is decades behind any rational analysis of the cost of such a service. It is an investment worth making because these free standing clinics can provide services less expensively and that translates into savings for the taxpayers of New Jersey.

9. New Jersey's licensing procedures are bogged down in bureaucratic procedures intended to stymie competition rather than serve the needs of the community. The mental health panel recommends a one-year provisional bilingual license for social workers, psychologists and psychiatrists. This would permit mental health professionals transferring from other states or overseas to work in New Jersey, while they prepare their documentation for their official state license.

10. The state must establish a better system for demographic data collection. The panel recommends that the Division of Mental Health Services offer training programs on the collection of data, particularly in the area of service delivery, workforce and utilization. Better data collection would enable the state to track patterns of treatment for Latinos and other racial and ethnic groups. It would also provide us with a better picture of the

mental health work force. The same recommendation applies to the Division of Consumer Affairs and its record-keeping regarding appointments to professional boards.

11. New Jersey DHS should clarify the impact of the federal Deficit Reduction Act 2005 on mental health services covered by Medicaid and New Jersey Family Care, specifically the requirement that proof of US citizenship be provided upon redetermination. Who will be affected and when will this requirement take effect?

In summary, New Jersey appears to be creeping towards a better mental health system. This snail-like progress provides cold comfort to the thousands, Latino or otherwise, struggling for their sanity and the opportunity to live productive and fulfilling lives. The mental health system needs to quicken its pace toward a holistic system. We hope these recommendations contribute to that process.

Moderator: Frank Argote-Freyre, Ph.D.
Professor, Kean University

Henry Acosta, MA, MSW, LSW

Executive Director, National Resource Center for Hispanic Mental Health/Deputy Director, New Jersey Mental Health Institute

Beatriz Cruz

Director of Behavioral Health Inpatient Services, Department of Psychiatry at Jersey City Medical Center

Marcello Gomez

President & CEO, Best Practices for Children and Families

Gliceria Perez, MSW

Director, Social Services Department for the Puerto Rican Action Board

Martha Silva

Director, National Association for the Mentally Ill en Español in New Jersey

William A. Vega, Ph.D.

Director, Behavioral Health Research and Training Institute for UBHC at UMDNJ

Elsa Candelario, MSW, LCSW

Executive Director, Hispanic Family Center of Southern Jersey

Reverend Nidia E. Fernandez, MA, MDIV

Chair, Multicultural Services Committee at Ancora Psychiatric Hospital

Miguel Koschil, Ph.D.

Executive Director, Sunrise Institute for Mental Health

Daniel Santo Pietro

Executive Director, Hispanic Directors Association of New Jersey

Frank R. Solano, Ph.D.

Program Director, Puerto Rican Family Institute, Jersey City Mental Health Clinic

*This report is a follow-up to recommendations in *"Time for Action: Improving Mental Health Services for the Latino Community,"* September 2005, that was developed by last year's participants. To see a list of last year's participants and the full report, please visit <http://www.hdanj.org>