



## Mental Health Care

**Desired Population Result:** All residents of Little Havana with a mental illness or disorder will have access to quality mental health services.

### Primary Community Indicator(s):

1. Adults who are limited in any way in any activities because of physical, mental or emotional problem in Miami Dade County.

### What do we propose to do to turn the curve?

**Strategy 1:** Establish the use of health screening (mental health, alcohol and substance abuse, physical health, and domestic violence, and other risk factors) for use by professionals and paraprofessionals in a variety of settings in Little Havana.

**Strategy 2:** Implement a bilingual public education campaign to promote healthy behaviors and community connections to alleviate the burden of mental illness, binge drinking and misuse of prescription medication, or other mind altering substances.

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**Strategy 1:** Establish the use of health screening (mental health, alcohol and substance abuse, physical health, and domestic violence, and other risk factors) for use by professionals and paraprofessionals in a variety of settings in Little Havana.

**Population Focus:** The focus of screening is all residents of Little Havana (as young as 5 years of age).

**Estimated Direct Reach:** 1,000 individuals screened per year.

**Estimated Indirect Reach:** 2,250 family members of screened individuals per year.

### Implementation strategies *components include but not limited to:*

The first phase of addressing access to Mental Health Services in Little Havana is to increasing the number of providers and paraprofessionals in Little Havana trained in mental health screening practices and interventions can increase the system's capacity to identify and refer and link those at risk of mental illness, who might not otherwise receive care and treatment. The implementation steps include but not limited to:

### Engagement of partners:

- The Mental Health Sub-council to monitor and guide system change efforts designed to increase the use of mental health screening on the part of professionals and paraprofessionals.
- Mental Health Sub will work to engage local community clinics and FQHCs, as well as community-based organizations (CBOs) with CHWs and/or Certified Peer Specialists to increase awareness for changing the local system to improve identification of mental illness and the need for treatment among Little Havana residents. Partners such as Peñalver Clinic, Care Resources, and the UM Pediatric Mobile Unit, will be engaged early on.

### **Implementation plan development and trainings:**

- Mental Health/ Substance Abuse Sub-council will work with clinical facilitator will guide the development and design of screening tool (includes mental health, alcohol and substance abuse, physical health, and domestic violence and child maltreatment).
- The clinical facilitator will work with school district counselors (i.e. student services) to facilitate implementation of universal screening among students.
- Training and technical assistance will be provided for clinic and CBO administration and staff to seamlessly incorporate these screenings into their everyday practice and increase access to mental health screening for individuals at risk for depression and other mental disorders.
- The Clinical Facilitator will also work to establish a mechanism for billing of mental health screening and brief interventions such as SBIRT so that the intervention is sustainable.
- The initial targeted partners are expected to yield a potential reach of 1,000 individuals and their family members for a combined reach of over 3,000 residents per year.
- The Clinical Facilitator will conduct evaluations developed in conjunction with the MH/SA sub-council.

### **How will the strategy be measured?**

#### **How much will we do?**

# of health screening training conducted.

# of individuals trained.

# of different types of professionals and paraprofessionals conducting screenings.

# of locations where screening is performed.

# of professionals and paraprofessionals conducting mental health screenings.

#### **How well will we do it?**

% of trained individuals who meet criteria for competent delivery of mental health screening following training.

% of residents identified with mental health concerns.

% of residents successfully linked to services (attend at least one appointment with preferred provider, e.g., therapist, religious leader) (if tested positive).

% of clients who report accessing **culturally responsive mental health services**.

% of clients who screen negative for mental health concerns (after screening).

**Is anyone is better off?**

#/% of clients who report accessing **quality mental health services**.

#/% of clients who report improvements in mental health after receiving quality services.

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**Strategy 2:** Implement a bilingual public education campaign to promote healthy behaviors and community connections to alleviate the burden of mental illness, binge drinking and misuse of prescription medication, or other mind altering substances.

**Population Focus:** Residents age 0 months to 100+ years old in Little Havana.

**Estimated Direct Reach:** All Little Havana Residents and visitors.

**Estimated Indirect Reach:** Visitors and general audiences via media outlets in some instances, residents may directly view public media campaign material and utilize this information to help family and/or friend access mental health services.

**Implementation strategies components include but not limited to:**

Partners will establish a Little Havana leadership team to oversee public media campaign development and implementation. The leadership team will work to engage local community clinics and FQHCs, community-based organizations (CBOs), and media outlets/organizations to promote healthy behaviors and community connections to alleviate the burden of mental illness.

Communications consultant to work with MH/SA Sub Council and Host Council in the design and launch or public campaign.

Examples include as but are not limited to:

- Design messaging and social media sites.
- Conduct focus groups to design thoughtful messages relevant to youth and mental health stigma, and disseminate these messages using Facebook, Twitter, YouTube, blogs, and other social media outlets.
- Engage Hispanics news media and the entertainment industry in supporting educational programs that promote balanced and informed portrayals of mental health problems, LGBTQ issues, and mental health services.
- Create and disseminate “foto novelas”, which are stories told with photos and dialogue, to promote greater understanding of mental health and substance abuse and services.
- Coordinate with Spanish radio and television stations that have large Hispanics audiences, and promote educational programs that can raise awareness about mental health issues. Direct many of the messages to youth audiences. Some of the Spanish radio and television stations, programs, and personalities that can be targeted to include but not limited to: (e.g., Mira TV, Radio Mambi 710 AM - WAQI, Radio Caracol 1260 - WSUA AM 1260).
- Create recordings of meaningful conversations in which Hispanic families with individuals who are successfully recovering from a mental illness share their stories and unique perspectives.

Research cobranding opportunities with national and local campaigns such as but not limited to Mes de la Salud Mental <http://www.mentalhealthamerica.net/mes-de-la-salud-mental>

- Deliver recordings via various mainstream and ethnic media outlets.
- Seek the lowest cost/highest reach strategies for reaching residents through different media mediums including print, radio, internet, and video.

### **How will the strategy be measured?**

#### **How much will we do?**

# of different media campaign strategies developed.

# of outlets that media campaign is implemented.

# of different types of outlets that campaign is implemented.

# of campaigns implemented across all media mediums.

# of campaigns implemented per media medium (print, radio, video, and internet).

#### **How well will we do it?**

% of individuals reached by media campaign by type of medium.

% of residents who identify positive mental health behaviors following campaign.

% of residents successfully linked to services (attend at least one appointment with preferred provider, e.g., therapist, religious leader) who attribute source of referral to media campaign.

#### **Is anyone is better off?**

#/% of residents who report using positive mental health behaviors due to media campaign.

#/% of residents who report accessing **quality mental health services** due to media campaign.

#/% of residents who report increased willingness to access mental health services due to the media campaign.