



**Improving Outreach to
Underserved Communities in the
Proposition 47 Grant Program
Engaging Hispanic and Latino Participants**

June 28, 2024



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Executive Summary

Background

The Proposition 47 grant program administered by the Board of State and Community Corrections (BSCC) provides grant funding to governmental agencies to provide mental health and substance use disorder treatments and diversion programming to people with prior involvement in the justice system. Research has found that Hispanic and Latino people are less likely to receive mental health and substance use disorder treatments. The National Alliance on Mental Illness (NAMI) identified several barriers that Hispanic and Latino people face when attempting to obtain mental health treatment including, language, lack of medical insurance, legal status, stigma, and finding culturally competent care. To assess whether this pattern emerged in Proposition 47 participants, comparisons of participant data were compared to county level arrest data and population distributions. Analyses showed that approximately half of grantees served proportionally fewer participants who identified as Hispanic or Latino. However, three grantees that had high rates of Hispanic and Latino participants. On the surface, there was little similarity among the three grantees' Proposition 47 projects. They were geographically diverse, received differing amounts of grant funds, and varied in their recruiting and implementation procedures.

The Board conducted an evaluation to explore the strategies and procedures used by these three grantees to successfully engage, recruit, and retain participants in mental health and substance use disorder treatment programs who are Hispanic or Latino. A better understanding of effective strategies and procedures identified as effective allow BSCC staff to provide grantees technical assistance which includes specific recommendations for increasing engagement in Hispanic and Latino participants. The specific research question was:

What factor(s) contributed to the effectiveness of engaging participants who identified as Hispanic or Latino in the mental health and/or substance use disorder treatment program?

Methodology

A total of forty-three participants took part in semi-structured focus group interviews. Four participants were from the lead county agencies that received the Proposition 47 funds and administered the projects. Twenty-four participants were employed by Community Based Organizations (CBOs) who partnered with the county agencies, including managers, supervisors, and staff who worked directly with the Proposition 47 participants. Fifteen people who received Proposition 47 services as participants also took part in the focus-group interviews. All focus-group interviews were conducted through an online meeting platform (Zoom) using a structured interview protocol. All questions were designed to explore the engagement and retention of Hispanic and Latino participants. Transcripts were analyzed to identify themes that emerged from the interviews.

Results

Analysis of the focus group interviews revealed two primary themes related to engaging Hispanic and Latino participants in mental health and/or substance use disorder treatment programs: hiring practices and trust. Specifically, hiring culturally competent staff, including bilingual staff, into a culturally competent organization, and hiring staff with lived experience were identified as important factors. Trust, at all levels, also contributed to the successful engagement of Hispanic and Latino participants, including participant trust, inter-agency trust, and community trust. Participants reported the need to be able to trust the staff providing the services and having a “safe space” that allowed them to feel comfortable expressing themselves. Inter-agency trust led to better communication and collaboration among service providers resulting in comprehensive services provided to participants. When describing inter-agency trust, many staff described using a collaborative governance approach, where all organizations had input in decisions affecting their projects. Staff also noted that establishing trust with the Hispanic and Latino community, or having social capital, provided a foundation for establishing participant trust.

Recommendations

Based on the evaluation, there are six recommendations for organizations to increase the engagement of people who identify as Hispanic or Latino in mental health and substance use treatment programs:

- **Ensure that the organization is culturally competent in Hispanic and Latino cultures.**
This can be accomplished through training and hiring, including hiring staff who are bilingual. Having an organization that understands and respects the Hispanic and Latino cultures, and that has staff who can provide services in participants’ native language can impact program efficacy.
- **Hire staff who are capable of modifying evidence-based treatment programs, so they incorporate aspects of the Hispanic and Latino cultures.**
Clinical staff providing the mental health and substance use disorder programs should have the training to implement evidence-based treatment programs, and an understanding of what components of the program make it effective. This knowledge, in conjunction with an understanding of the Hispanic and Latino cultures, will allow the clinical staff to integrate culture into the program while maintaining the integrity of the evidence-based program.
- **Hire staff with lived experience.**
Participants receiving services reported that having staff who had similar backgrounds and experiences made them more relatable, easier to talk to, and motivated participants to continue in the program because they knew success was possible.
- **Identify and engage strategies that will facilitate participant trust.**
Examples of strategies that can facilitate participant trust include creating a safe space, having mentors with lived experience, and avoiding any discussion of legal

status until trust is established. Unlike mainstream mental health services, effective services for people who identify as Hispanic or Latino are ones that work to establish trust with the participant.

- **Use a collaborative governance model with partner organizations.**

Components of a collaborative governance model include having face-to-face dialogue, a commitment to the process, a shared understanding, trust building, and facilitative leadership (Ansell & Gash, 2007).

- **Establish community trust.**

Community trust, or social capital, can be obtained by engaging in restorative practices, having a positive presence in the community, listening to members of the community, attending cultural events, and supporting local businesses.

Discussion

The findings from the focus group interviews suggest that hiring culturally competent staff and staff with lived experience, along with establishing trust at all levels were the primary factors that contributed to the grantees' success with engaging the Hispanic and Latino people in mental health and substance use disorder treatments. These factors essentially reduced or eliminated the barriers NAMI identified for Hispanic and Latino participants receiving services, including language, lack of medical insurance, legal status, stigma, and locating culturally competent care. It is important to note that these findings are specific to the Hispanic and Latino population and may not generalize to other populations or even other regions of the country.

Background and Purpose

Proposition 47 Grant Program and Racial Distribution of Participants

Proposition 47, also known as the Safe Neighborhoods and Schools Act of 2014, was a voter-approved initiative with the primary purpose of reducing low-level felonies (non-serious, nonviolent property and drug crimes) to misdemeanors. The net savings to the state due to reductions in the number of incarcerated people would be used, in part, to provide funds for mental health and substance use treatment programs designed to reduce the recidivism rate of people who are involved in the legal system. The Board of State and Community Corrections (BSCC) was tasked with administering Proposition 47's grant program for public agencies to provide mental health and substance use disorder treatment, and diversion programs for justice involved people. In addition, grantees could also use the funds for other recidivism-reduction services such as housing assistance, employment related services, and civil legal services. Eligibility requirements for participants included a history of mental health issues or substance use disorder and involvement in the justice system.

To date, the BSCC has administered three rounds of Proposition 47 grant funding. The first funded 23 grantees between June 16, 2017 and August 15, 2021 (referred to as Cohort 1), the second round funded 21 grantees between August 15, 2019 and May 15, 2023 (referred to as Cohort 2), and the third is funding 24 grantees between September 1, 2022 and March 1, 2026.

Research has shown that people who identify as Hispanic or Latino are less likely to receive mental health and/or substance use disorder treatment. According to estimates from the National Survey on Drug Use and Health (2020), Hispanic and Latino adults with mental health conditions were less likely to receive mental health care compared to all adults in the U.S. with a mental health condition (34 percent versus 45 percent)¹. The National Alliance on Mental Illness (NAMI) identified several barriers Hispanic and Latino people face when attempting to obtain mental health services including language, lack of medical insurance, legal status, stigma, and finding culturally competent care². There is a similar pattern with substance use disorder (SUD) treatment; Hispanic and Latino adults with a SUD were less likely to received treatment relative to all adults in the U.S. with a SUD (9 percent versus 12.2 percent)² stemming from the same barriers noted above.

Considering this research and the focus of the Proposition 47 grant program, the racial distribution of adult participants who received services through the first two Cohorts of grant funded projects was compared to the 1) racial distribution of the population in the county, and 2) racial distribution of arrest rates for felony property and drug crimes in the county.³ Based on these comparisons, for both Cohorts, approximately half of the grantees served proportionally fewer participants who identified as Hispanic or Latino. It is important to note that there was no expectation or requirement for project participants to have proportional representation and it may not even be expected depending on the

¹ <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>, retrieved May 19, 2022.

² <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>, retrieved May 17, 2022.

³ The comparison included Cohort 1 and Cohort 2 participants. However, at the time of the comparison, only the first two years of participant data were available for Cohort 2.

target population identified by the grantee. However, three Proposition 47 grantees were providing services to Hispanic and Latino participants at a rate higher than the 1) proportion of arrests for felony property or drug crimes, or 2) relative to the population distribution within the county. The Board conducted an evaluation to explore the strategies and procedures used by the three Proposition 47 grantees to successfully engage, recruit, and retain participants who are Hispanic or Latino. The specific research question was:

What factor(s) contributed to the effectiveness of engaging participants who identified as Hispanic or Latino in the mental health and/or substance use disorder treatment program?

To answer the research question, the BSCC conducted semi-structured focus-group interviews with staff from the lead agencies, their community-based organization (CBO) partners, and participants. The information will assist future grantees with engaging and retaining participants from the Hispanic or Latino population in need of mental health and substance use disorder treatment, with a focus on reducing racial and ethnic disparities in the population of people receiving treatment and services in the Proposition 47 grant program. Additionally, this information will allow BSCC staff to provide better technical assistance to grantees working to engage and retain participants who are Hispanic or Latino in their mental health or substance use treatment programs.

Overview of Grantees that Participated

Three grantees, selected for their ability to effectively engage participants who identify as Hispanic or Latino participated in this research project. The grantees are geographically diverse, located in the Southern, Central, and Northern California regions. One grantee received funding from the small funding category (up to \$1 million), while two received funding from the large funding category (up to \$6 million).⁴ All three grantees received Proposition 47 grant funds as part of Cohort 1 and Cohort 2.

The general implementation of each of these three grant projects varied greatly. One project distributed funds to a Community Based Organization (CBO) that provided primarily case management to participants and assisted with referrals to agencies and organizations that could address their needs. A second project distributed the funds across multiple CBOs and partner agencies with one CBO serving as the primary hub. The third project directed funds to one CBO to provide most services, and referrals to participants when their needs exceeded the CBOs capabilities, such as participants with severe mental illness. For one project, county agency staff provided mental health and/or substance use disorder treatment. For another project, these services were provided by a partner CBO. For the third project, participants could receive these services through the county agency, a CBO, or both. In terms of recruiting practices, one project recruited participants primarily through homeless outreach. Another project recruited primarily through jail in-reach and reentry planning. The third project recruited participants through

⁴ As described in the Proposition 47 Requests for Proposals released in 2016 and 2018 (https://www.bscc.ca.gov/s_bsccprop47/).

a variety of sources including a sobering center, which was also partially funded by the Prop 47 grant, referrals from other partner agencies, and self-referral.

Methodology

Participants

A total of 43 people (22 males, 21 females) participated in the semi-structured focus-group interviews. Four participants were from the county agencies that received the Proposition 47 funds and managed the grant projects. Twenty-four participants (12 males, 12 females) were employed by the CBOs who contracted with the county agencies, including managers, supervisors, and staff who worked directly with the Proposition 47 participants. Fifteen people (8 males, 7 females) who received Proposition 47 services as participants also took part in the focus-group interviews. Proposition 47 participants included people who were currently or had previously received services through the grant. Prop 47 participants were recruited to participate in the focus group interviews by CBO staff. All participants were at least 18 years of age and had been or were currently enrolled in the Proposition 47 program for at least 30 days and received mental health and/or substance use disorder treatments. Proposition 47 participants received a \$50 gift card to compensate them for their time. Figures 1 and 2 provide a breakdown of gender and race/ethnicity, respectively. All study procedures were reviewed and approved by an independent Institutional Review Board.

Figure 1. Gender of interview participants.

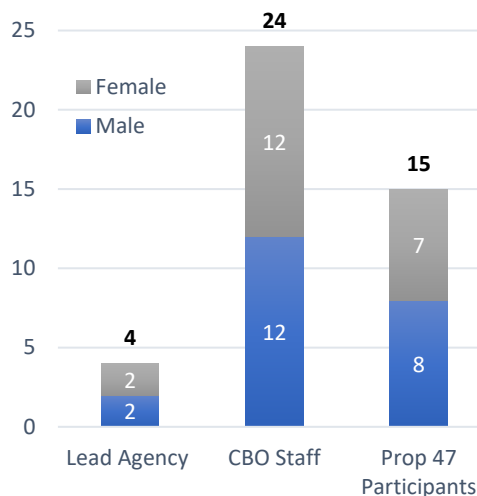
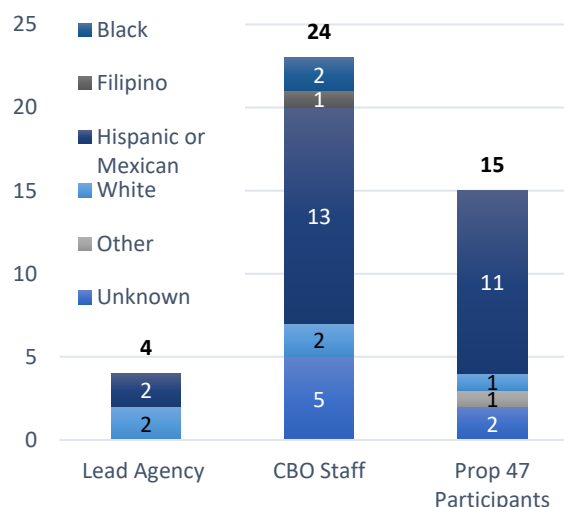


Figure 2. Race/ethnicity of interview participants.



Focus Group Interviews

Researchers participating in this project included two BSCC Research staff with Ph.D.s (Psychology [Researcher A] and Sociology [Researcher B]), two BSCC Research staff with master's degrees in Psychology (Researchers C and D), and one BSCC Research staff with a bachelor's degree (Ecology, Evolution, and Conservation Biology [Researcher E]). Researchers worked with local county agencies and CBOs to set up interview times that minimized the impact on day-to-day operations. All focus group interviews were conducted via an online meeting platform (Zoom). Participants were able to access the platform from their own electronic devices or from electronic devices provided by the CBOs. CBO staff were available to assist participants who were unfamiliar with the online meeting platform. Interviews were conducted separately for lead agency staff, CBO staff, and Prop 47 participants to

facilitate disclosure and minimize judgment. Lead agency staff included project directors and/or programmatic leads from county governmental agencies. CBO staff included a wide range of positions including peer navigators, case managers, mental health clinicians, alcohol and drug counselors, housing navigators, and managers. One interview with a Prop 47 participant was conducted in Spanish using an interpreter. All other interviews were conducted in English.

All focus group participants received and signed the consent form in advance of the interview. Contents of the consent form were verbally reiterated at the beginning of the interview, and participants were given an opportunity to ask questions prior to the start of the interview. Additionally, a poll was administered through the Zoom platform to all participants requesting them to identify their gender and race/ethnicity. Responses to the poll were anonymous. Once these were completed, instructions for the focus group interviews were provided (e.g., review of the purpose, no right or wrong answers, you do not have to answer any question you do not want to, etc.). After instructions were provided, the researchers started the Zoom recording.

A structured interview protocol was developed to guide the discussion. While all questions were designed to explore engagement and retention of participants who identified as Hispanic or Latino, each group had a slightly different set of questions. Lead agencies were the architects behind the project, so their questions focused on their trainings and experience working with Hispanic and Latino people, as well as the planning, design, and implementation of their Prop 47 projects. CBO staff were asked about their recruiting and retention practices as they related to Hispanic and Latino participants. Finally, Proposition 47 participants were asked about their experience in the program. Interview questions for each group can be found in Appendices A through C. While BSCC staff strove to adhere to the questions, some questions were not asked due to time constraints, and some follow-up questions, not included in the appendices, were asked based on the information provided during the interviews. For each of the focus groups, one researcher facilitated the discussion, while another served as an observer and took notes.

Data Validation

Transcripts of all interviews were generated by the online meeting platform. Prior to analysis, all transcripts were independently verified by Researchers A, C, and E by comparing the written transcripts generated by the platform to the actual recording. During the verification process, transcripts were also anonymized, with any names of individuals, agencies, organizations, and locations removed. All focus group participants were assigned a participant ID. Once all transcripts had been verified independently for accuracy by two of the three researchers, the audio-video recordings of the interviews were destroyed.

Data Analysis

An inductive thematic analysis (Nowell, Norris, White, & Moules, 2017) was used, providing the flexibility to focus on the ideas that emerged from the data. An iterative process was used for analyses; coding structure was developed after review of the

transcripts and revised after a second transcript review; there were no pre-existing themes of interest. The codes were then grouped into themes, followed by developing definitions of the themes. Data were reanalyzed with the existing themes, resulting in the further refinement of themes and sub-themes. Atlas.ti (version 23), qualitative analysis software, was used for all coding analyses. Due to resource limitations, only Researcher A was available to develop the coding structure and themes.

Results

Analysis of focus group data revealed two primary themes and several sub-themes related to engaging Latino and Hispanic participants in mental health and/or substance use treatment programs. The two themes identified revolved around hiring practices and establishing trust.



Hiring Practices

- Culturally Competent
- Lived Experience



Trust

- Participant Trust
- Inter-Agency Trust
- Community Trust

Hiring Practices

A consistent theme that emerged across every interview was the importance of staffing - hiring the right people to do the job. For the purposes of this qualitative analysis, hiring practices was defined as the characteristics of the people hired to provide the services to clients, and those involved in the development and administration of the program. This was particularly pronounced in interviews with participants who were enrolled in a program, with 93% making a positive reference to the staff they worked with. Having the appropriate staff in place to provide services to clients is crucial, however equally important was having the appropriate staff to develop and administer the projects. Two aspects of staff that emerged

HIRING PRACTICES:
CHARACTERISTICS OF THE PEOPLE HIRED TO PROVIDE SERVICES TO CLIENTS, AND THOSE INVOLVED IN THE DEVELOPMENT AND ADMINISTRATION OF THE PROGRAM.

during the focus group interviews were having 1) culturally competent staff and 2) staff with the appropriate experience, particularly lived experience.

Cultural Competency

For the purposes of this report, any discussion of cultural competence is specific to Hispanic and Latino cultures. Cultural competency is important at both the organizational level and the individual level (Bhui, 2007). Bhui et al., describes organizational level cultural competence as organizations that actively design and implement services that meet the needs of their service users at all levels, including culturally and linguistically. Individual level cultural competence was described as having the knowledge and skill to acknowledge, accept and value similarities and differences within, between and among culturally diverse groups (Bhui).



Cultural competency

Organizational: organizations that actively design and implement services that meet the needs of their service users at all levels, both culturally and linguistically.

Individual: having the knowledge and skills to acknowledge, accept, and value similarities and differences within between, and among culturally diverse groups.

An understanding of how one's culture influences their approach to mental health and substance use treatment is essential to providing effective treatment (Bhui, 2007; Bredström, 2019; Tran & Tran 2022). In the United States, treatment of mental health conditions uses a bio-psychiatric diagnostic approach based on diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and many believe that the manual is "ethnocentric and rests upon a narrow understanding of culture" (Bredström, 2019, p. 348; see also Lopez & Guarnaccia, 2000). While the DSM-5 acknowledges that cultural differences exist in how many psychiatric disorders present themselves in individuals, it still only recognizes symptoms identified in Western cultures as "universal". A clinician not familiar with the unique characteristics of a client's culture may result in a misdiagnosis and an inappropriate treatment plan.

All governmental agencies and CBOs interviewed for this project demonstrated cultural competency at both the organizational and individual levels, including the lead agency staff who had little interaction with project participants. All lead agency staff interviewed were involved in the development and implementation of the Proposition 47 projects, and had the background, training, and experience to develop a project that respects, understands, and appreciates the Hispanic and Latino cultures. These staff had obtained advanced degrees in social work or psychology, and received additional training related to cultural humility, diversity, equity, and inclusion. They also had prior experience working directly with underserved populations, particularly the Hispanic and Latino population. Additionally, two of these staff, who were in key positions integral to the development of their Proposition 47 grant projects, identified as Hispanic or Latino.

Lead agency staff indicated that the Hispanic and Latino culture was considered when developing their Proposition 47 projects. For example, staff noted that they appreciated

the flexibility of the Proposition 47 funding and the ability to define homeless, so it met the needs of the community they were serving. Specifically, the U.S. Housing and Urban Development (HUD) defines a person as homeless if they 1) lack a fixed, regular, and adequate nighttime residence, 2) they will imminently lose their primary nighttime residence, or 3) they are fleeing or attempting to flee a dangerous or life-threatening condition. While this definition may broadly be applicable in the United States, it may not be an appropriate definition for Hispanic and Latino people. The Latino community's value of *familismo*, strong ties to immediate and extended family members (Ayón, 2010), often results in families taking in family members who would otherwise be homeless. As one lead agency staff noted about the majority Hispanic and Latino community they serve, "We don't really have that robust of a homeless population. Well, why is that? It's because the families are taking on individuals at their expense. And it's because...the family is perceived differently."

To ensure issues related to cultural competency, diversity, and inclusion were incorporated into the programs, some lead agency staff noted the importance of including this in organizational documents such as Policy and Procedures and contracts with providers. For example, one staff noted that they "include[d] a lot of language in our policies and procedures that were specifically to bring in and embrace diversity". Staff from another lead agency also noted that their contracts include cultural relevancy requirements for all of their providers. These activities align with Substance Abuse and Mental Health Services Administration's (SAMHSA, 2014) guidelines for achieving organizational cultural competence. SAMHSA also suggests that organizations should proactively plan for language services. Two lead agencies required CBOs to hire bilingual staff. As one staff member noted, "It's a very simple thing, but it's amazingly powerful to say we only want bilingual staff [which] has dramatically increased the number of Latino clients that we have served". One bilingual clinician noted how critical it is "when we're talking about being able to express how people are feeling, how people are doing in that moment...Sometimes it's harder [for participants]...to describe things in English."

Another staff member indicated the presence of bilingual staff was important in developing trust with the community but noted that it went beyond language, "providing services, not just linguistically, but culturally appropriate. And also, really looking at not-traditional methods of reaching the community". This approach described by the lead agency staff was highlighted in greater detail during the interview with their CBO partners. One CBO staff member noted:

"The evidence-based practices [for group therapy] that are developed are old, and most of them are actually developed for Caucasian males between the ages of roughly 25 and 45 and they don't easily translate...One of the things [the clinicians] have done is...gone out of their way to really develop the skills that were originally attached to the model... so that they work with the population that they have. I remember [Clinician's name] telling me how important gatherings were for her culture. She's made her groups into a gathering and the clients like to come. If I were to see that group happening in [another part of the state], I would wonder what is going on. But it really

works. She has stayed within the ethical guidelines and has made the group a culturally appropriate group.”

Across multiple focus group interviews, stigma related to mental health in the Hispanic and Latino culture was identified as a barrier to treatment. This is consistent with research which found that Latinos, especially those who are born outside of the United States, Spanish speaking, or less acculturated to the U.S., were less likely to receive mental health care (Pérez-Flores & Cabassa, 2021). With this knowledge,

the programs participating in the focus group interviews frequently sought out alternative methods to healing. Research has shown that programs targeted to a specific cultural group were four times more effective than traditional interventions (Griner & Smith, 2006). For example, one grantee partnered with a CBO that practices from a La Cultura Cura perspective, which is a philosophy that recognizes the importance of culture, traditions, and indigenous practices in healthy development and healing. One of the core components of this approach is the use of healing circles (círculos). Additionally, because of the stigma associated with mental health care in the Latino community, this provides another avenue to provide that service without the stigma. One CBO staff member described it as “something that they can really resonate with, as far as their culture, spiritual beliefs, and then by default with those partnering agencies having that trust, they might be more willing to engage in the other services.”

Another CBO clinician incorporated the use of pláticas, which is “an expressive cultural form shaped by listening, inquiry, storytelling, and story making that is akin to a nuanced, multi-dimensional conversation” (Guajardo & Guajardo, 2013) Pláticas is an important context for learning in the Latino communities. What makes their approach unique is that the clients and staff participate. One of the clinical managers described this approach compared to the more traditional, clinical approach.

“Coming from other organizations, and other work, that's not normal. As a practitioner you don't share about yourself. You don't share about your vulnerabilities or your stories. Well, one of the things that we do here, again appropriately, it's done with boundaries and done with a level of appropriateness, we all share with each other. We're all part of that secret circle of community that's created together, and we all participate in that. Which I think, sets a completely different tone...It sets a completely different environment and space.”

In both of these cases, staff noted that the approach used is not consistent with the traditional approach to mental health care in the United States. However, in both cases, the clinicians had the academic training to provide mental health services but found that the traditional approach did not engage their clients. Because of their desire to help their clients heal and an understanding of the culture, they were able to modify existing clinical

“She's made her groups into a gathering and clients like to come...She stays within the ethical guidelines and has made the group a culturally appropriate group.”

- CBO Staff

programs by incorporating aspects of the Hispanic and Latino culture, while still adhering to evidence-based program and ethical guidelines. These approaches are consistent with findings from a systematic review of research examining effective approaches to reducing mental health stigma for Latino adults in the U.S. (Pérez-Flores and Cabassa, 2021). They found that interventions were successful when cultural elements were embedded into the interventions to engage the Hispanic and Latino participants.

Lived Experience

In addition to hiring staff that are culturally competent, the importance of experience was also repeatedly articulated during the focus group interviews, particularly staff with lived experience, often referred to as peer navigators. Peer navigators are generally staff with lived experience, which can include experience with mental health conditions, substance use disorder, or justice involvement. There has been extensive research over the past twenty years demonstrating the effectiveness of peer navigators in supporting persons with mental health conditions (Davidson, Bellamy, Guy, & Miller, 2012) and substance use disorder (Bassuk, Hanson, Green, et al., 2016; Eddie, Hoffman, Vilsaint, et. al., 2019; Ojeda, Munson, Jones, et. al., 2021; Satinsky, Doran, Felton, et. al., 2020). For example, Ojeda et al., found that transition age (16–24-year-old) minority youth in Southern California who received peer support attended more outpatient mental health visits relative to similar youth who did not receive peer support.

All three Proposition 47 grant projects participating in these interviews relied on hiring staff with lived experience, many having previously gone through the program for which they now work. One CBO manager described people who are formerly incarcerated with a history of substance use or mental health conditions as an untapped workforce. The manager noted that there are artificial barriers for these people, primarily prior criminal convictions, and suggested CBOs should talk about assistance with expunging eligible convictions as part of the employee benefit package. Another CBO staff believed peer navigators were effective at overcoming barriers with the Latino and Hispanic people. As the staff member described it, “it changes the narrative of who is approaching them. I think when they are able to see reflections and mirrors of individuals who have lived experience...there’s a connection that they see”. One peer navigator who was formerly justice involved noted how when describing their experiences while incarcerated to people who have never been incarcerated, they often do not know what to say or how to respond, and how having that experience allows for a connection to be made. As the CBO staff member described it, “I just met you, but I know where you’re coming from because I’ve been locked up in there before too. I get it. I understand how it feels in there. I know how it smells. Everything that contributes to you wanting to flip out, I understand that.”

Clients also noted the importance of having staff with lived experience with almost half of participants specifically noting this as being beneficial in their recovery. Participants indicated that they felt like the staff understood what they were going through because they had similar experiences, “Because not only were they [the staff] people that understood where I was coming from, they were people that were where I was before.”

Many clients also noted that working with staff with lived experience was motivating for them to continue with the program because the staff demonstrated that success was possible. “A lot of them [the staff] went through what I went through, and a lot of them recovered. So, seeing them and their success stories, it definitely gave me the strength to continue, because it allowed me to see that I can do it.”

These themes parallel the themes that emerged in Satinsky, et al. (2020) who interviewed clients engaged in a substance

use treatment program which included peer navigators on their staff. In their interviews, clients also noted that the peer navigators were relatable and served as role models for recovery.

Not only are peer navigators important in connecting with the participants, but they also play an important role in sharing their knowledge and experience with other staff members. Davidson et al., (2012) indicated that peer navigators can be an effective bridge between clinical staff and participants. Davidson et al., also noted that non-peer staff need to have appropriate training, have a respectful attitude towards all coworkers, and have open discussions related to issues of hierarchy within the organization. One CBO embodied this approach with forty percent of their staff consisting of people who were formerly incarcerated. When describing their hiring practices, the executive officer noted, “we spend a lot of time on hiring and finding folks from the community who really have never held positions like this...It is also training. But also honoring and translating their expertise as a strength to help our team and how we navigate.” The executive officer

“We spend a lot of time on hiring and finding folks from the community who really have never held positions like this...[and] honoring and translating their expertise as a strength to help our team and how we navigate.”

-CBO Staff

“A lot of [the staff] went through what I went through, and a lot of them recovered. So, seeing them and their success stories, it definitely gave me the strength to continue, because it allowed me to see that I can do it.”

-Participant

noted the importance of “being open to learn from the folks that we hire”. This level of respect was observed during a focus group interview when one clinician from the same CBO noted the importance of the peer navigator in “teaching and imparting their knowledge and wisdom with us [clinicians]. That we’re also able to translate things, ‘hey be mindful of that word that you use because we might be using this term here, in the streets it means a whole different thing’. And we might be retriggering them”.

Trust

Interwoven through all of the focus group interviews was the importance of trust, and the importance of establishing trust at multiple levels. For the purposes of the qualitative analysis, trust was defined as the relationship among individuals, organizations, and/or agencies with the belief that they are honest and sincere and will not intentionally inflict harm. First, it is essential that the participant trusts the provider. Second, establishing trust across agencies/organizations is examined. Finally, the CBO needs to establish trust with the community they are serving.

TRUST:

RELATIONSHIP AMONG INDIVIDUALS, ORGANIZATIONS, AND/OR AGENCIES WITH THE BELIEF THAT THEY ARE HONEST AND SINCERE AND WILL NOT INTENTIONALLY INFLICT HARM.

Participant Trust

Trust is an essential component to help a person heal from past traumas and address their mental health needs and/or substance use disorder. *Confianza* is a Hispanic value associated with feeling comfortable expressing their emotions or personal experiences to others (Diaz, Añez, Silva, et al., 2017). Diaz et al., found that for Hispanic and Latino participants receiving mental health treatment, establishing trust with clients was crucial in improving their mental health, even though traditional mental health services are not designed to increase trust. In a focus group interview with CBO staff, one staff member noted the importance of trust in the participants who were gang members seeking to make a positive change in their life.



Participant Trust

Essential component to help a person heal from past traumas and address their mental health needs and/or substance use disorder.

“Trust is a big thing, because we're having individuals trust us to leave a lifestyle that's their security. They [the gang] meet all their needs. To really take a chance and a leap of faith into a lifestyle that's gonna provide the same thing in a positive way. So, I think, having them trust us to really lead them into that path is something huge for them. It's a big step for them to really trust and move forward with that, because they're really leaving everything behind. And to trust an individual that they just met or have been seeing for just some time to really lead them down that path. It could be scary for them at times.”

Several staff also noted that Hispanic and Latino participants may be distrustful of government agencies because they are undocumented. All organizations involved in the focus group interviews reported that they did not ask about or document a participant's immigration status as a way to help establish trust. Some staff noted that after a trusting relationship had been established, they may inquire about immigration status if the

“Trust is a big thing, because we’re having individuals trust us to leave a lifestyle that’s their security.”

- CBO Staff

participant was seeking services where it may be relevant, such as employment or housing. D’Alonzo and Greene (2020) noted that there are additional stressors experienced by undocumented immigrants, and that seclusion is a common response to the fear of being deported. As such, establishing trust with this community is even more important to ensure they are receiving the mental health services they need to ensure they are managing the stressors in a healthy way.

One aspect of establishing participant trust was the importance of creating a space where clients felt safe to express their needs and emotions. One lead agency staff described it as “the warmth...And it just has to be there. We’ve all walked into offices that are cold. And you know the second you walk in the door. You know, and you see, you feel the difference immediately when you walk in the door of a public agency or CBO that has warmth.” Having an organization within the community was identified as an important contributing factor to establishing trust. Prior to receiving funding, members of one community would have to travel an hour or more to receive substance use disorder treatment. Now the community has a campus that provides inpatient and outpatient treatment, youth prevention services, as well as sober living housing. Staff from the lead agency described it as “a space for the community to go to and it was always intended to be a community hub. People didn’t need to go there because they needed to get services, they could just go there to go there. And so that warmth was created...it became somewhat of a resource hub.” Another staff member also described the importance of the location of the organization, “Just the mere idea of setting up shop in that area where the majority of the population lives...it makes it easier for folks [to trust] because now it’s kind of right in their backyard.” Most participants (80 percent) interviewed who were receiving services from this CBO, also noted that having a positive environment where they felt safe was an important component of their treatment.

While the campus described above is managed by one CBO, many other CBOs have been invited to use the space to provide services. Having access to multiple agencies and services in one location has strengthened its role as a community hub. This approach aligns with research that has found social support was a contributing factor to resilience and positive mental health in Latino immigrants (Revens, Gutierrez, Paul, et. al., 2021). In addition, having multiple organizations using a shared space has helped to improve the relationships among partnering organizations, which in turn has benefited participants.

Another example of having a safe space was the sobering center, where local law enforcement can bring someone who was cited for public intoxication or DUI instead of taking them to jail. One staff member describes the contrast between the two possible outcomes, “The difference is just night and day between what they would experience being booked [in jail], versus being able to be in this care facility where they are able to be with people that treat them with dignity and respect.” Interacting with compassionate staff in the safety of the sobering center increases the likelihood they will continue to receive additional services to treat their substance use disorder relative to if they had been booked in jail.

For another CBO, an analogy of the organization being a home and staff being a family is strongly integrated into the program’s philosophy, and it emerged in multiple focus groups. This approach aligns with *familismo*, discussed earlier. Familismo is a cultural value that emphasizes close supportive family relationships which should be prioritized over oneself; a willingness to sacrifice one’s wants for the good of the family (Campos, Ullman, Aguilera, & Schetter, 2014). Campos et al. demonstrated an association between familism and positive mental health. The lead agency staff who partners with the CBO described the experience for participants walking into their facility, “they tell them [the participants] ‘You’re home now.’ It’s like they are practicing to be a family and what perhaps a healthy family might look like...That sense of belonging, it’s so crucial.” This approach aligns with research that has found social support was a contributing factor to resilience and positive mental health in Latino immigrants (Revens, Gutierrez, Paul, et. al., 2021).

“They tell [the clients] ‘You’re home now’. It’s like they are practicing to be a family and perhaps what a healthy family might look like...That sense of belonging, it’s so crucial.”

-Lead Agency Staff

When interviewing staff from the CBO, the analogy of a home was also described by the executive officer, “When we talk about individuals who are seeking a sense of belonging, a sense of worthiness, and for many the home is a sacred place, and unfortunately for a lot of the individuals we work with, they have not been able to experience that sacredness of safety in their own home. But they are seeking a home and where they find it again, as a community beacon, we hope to provide that sense of home and belonging here.” Similarly, a counselor employed by the CBO described their work as “providing that hub to where it is a safe haven where they feel home. Because when we think of home, what does that mean? It’s so subjective. For many of us, we didn’t have an actual home. To have a place...that we know we can go to and feel safe – it’s huge.” Eighty-six percent of participants receiving services through this CBO also reported having an increased sense of belonging, and all of them specifically used the term “family”. When participants were asked what advice they would give someone who was considering participating in the program, one participant summed up what many participants expressed, “It’s okay to go there. It’s okay to trust them...Whatever it is that you are wanting or willing to do, it’s okay. And if you mess up, it’s okay. They’re still gonna have your back. They’re still gonna

support you. That's a family that will never let you down regardless of where you've been or what you've done."

Inter-Agency Trust

Trust across partner agencies was expressed across multiple focus group interviews. This inter-agency trust leads to better communication and collaboration resulting in better services provided to participants and fewer participants "falling through the cracks" or experiencing a duplication of services (Richardson & Asthana, 2006), as most participants required multiple services from different organizations. One staff member noted, "the relationships and the collaboration across all of the partnering agencies where we're able to communicate what's going on, and really have these clients feel they have this support team from all these different angles, and that we are all on the same page". When discussing working with partner organizations, many of the staff interviewed described what is often referred to as a collaborative governance approach, which has empirical evidence demonstrating its effectiveness at establishing inter-agency trust (Ansell & Gash, 2007; Fung & Wright, 2001; Gray, 1989). Ansell and Gash define collaborative governance as "a governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, and deliverable" (p. 544). Their model of collaborative governance identified face-to-face dialogue, trust building, commitment to process, shared understanding, and intermediate outcomes as essential components of the collaborative process. Many of these components emerged during the focus group interviews.

One lead agency staff member described the collective decision-making process and stated that an important component to developing trust with the CBO is to rely on them to be the subject matter experts. They noted it is important to learn from the CBO as to what approach works best for the target population. They suggested that, as the subject matter experts, it is important to incorporate the goals of the grant into what the CBO is already doing, instead of trying to change what the CBO does. By incorporating the goals into the CBO's existing operation, there is a greater commitment to the process by both organizations, along with a greater shared understanding of the goals. One example provided by the lead agency staff occurred as the grant was ending. There were extra funds available, and the lead agency reached out to the CBOs how best to use those funds before the conclusion of the grant. "Asking the question and empowering the CBOs to have that, it creates investment on their part into like, 'I'm contributing. I'm not just a contract. What I think and what I'm seeing on the ground with our participants is what's



Inter-Agency Trust

Trust across partner agencies leads to better communication and collaboration resulting in better services provided to participants.

important to the county agency that's overseeing the grant.' We're not just telling them what to do. We're hearing what they think would make the most sense."

Another example of the collaborative governance approach from a different lead agency emerged when discussing the importance of building a trusting relationship between the county agency and the CBO. "I think we have a big responsibility in building that relationship with the providers. A lot of times our CBOs are afraid of us...One of the things that I work with [my] staff is being nonthreatening to our CBOs, building those relationships. I tell my staff when they go out to those programs, 'you build that relationship'." By staff visiting the CBOs in person, having face-to-face dialogue, that inter-

"The relationships and collaboration across all of the partnering agencies where we're able to communicate what's going on, and really have the clients feel they have this support team from all these different angles."

- CBO Staff

agency trust is built. The lead agency staff member noted CBOs are more likely to be transparent and open, especially when they encounter challenges, if they see the government agency as a partner rather than a superior. Ansell and Gash (2007) suggested that leadership, such as what this staff member described, is crucial for establishing inter-agency trust by facilitating dialogue, exploring shared benefits, and establishing rules.

Lead agency staff frequently referred to the importance of their policies and procedures and operational manuals, which could be interpreted as the established rules. One lead agency staff emphasized the importance of documenting everything in the policies and procedures, "If you don't build it into your policies and procedures, you cannot enforce it...Even if you removed yourself...the policies and procedures stay there. And that is a place where anybody can go and review or make anybody accountable for...The mission should be translated into those policies and procedures." While each of these are single examples, Ansell and Gash describe the collaborative governance process as iterative and that building trust requires time.

Not only did lead agency staff discuss the importance of establishing trust between themselves and the CBO, staff from the CBO also noted how the interagency trust benefited them. Staff from one CBO noted "we're 90% people of color, 40% formerly incarcerated...Seeing folks who were incarcerated doing well professionally and giving back with the eclectic team...I think it is unusual for an organization like us, with our makeup, to have such strong relationships with probation, parole, the sheriff's department...To

"I think it is unusual for an organization like us, with our makeup to have such strong relationships with probation, parole, the sheriff's department...To be able to build the trust with the systems has given us a lot of access."

-CBO Staff

be able to build the trust with the systems has given us a lot of access." This CBO provides jail in-reach services and one staff member described how the relationship between the organization and sheriff's department took a long time to establish trust, starting with the

CBO staff sitting in the jail parking lot to speak with people as they were being released. “It was a rocky relationship, building this. As we produced the work and just were out there to serve, you could see the relationship start to build...It’s just the consistency of showing up, being there...This whole relationship with us has turned around where they’re very welcoming. It’s a great rapport between us now.” In addition to the time that it took for the two organizations to develop trust, it also allowed the two organizations to communicate and recognize their shared understanding of the problem. The relationship has now grown to where the CBO staff are no longer sitting outside in the parking lot, they now have a dedicated space within the jail facility. These relationships have also, in part, resulted in systemic changes. The sheriff’s department has ended late night releases, so it is no longer necessary to have CBO staff at the detention center overnight. Staff noted that while they may not always see eye-to-eye, there is a strong mutual respect and that the end goal for both is the same.

Community Trust

Several CBO and lead agency staff noted a general distrust between Hispanic-Latino communities and governmental systems, such as schools and county agencies. Given this, CBO staff frequently discussed the importance of restorative practices when working with the population, “[participants] that are relaying with administrators at a school level, or a probation officer, or a sheriff or a police officer, there hasn’t always been that positive conversation or positive confrontation that can happen, that has to be repaired.” The distrust of government agencies by the Hispanic and Latino community is why it is essential for CBOs to provide initial engagement services.

However, for a CBO to effectively serve the Hispanic and Latino communities, they must have social capital. Social capital is related to the value of social networks and bringing people together with norms of reciprocity (Uslaner, 2001). Adler and Kwon (2002) also incorporated goodwill into the definition, indicating that the goodwill that others have towards us is a valuable resource. In short, to have social capital the CBO has to establish trust with the community. One CBO staff member described the process of establishing trust with the community.

“This site opened and...there wasn't a lot of trust there wasn't a lot of understanding what we [the CBO] were actually doing...over time you can watch more people from the immediate community actually begin to engage...A few people came. Something happened for them. They communicated it back to their community. More people came. And as it's continued on, it's continued to grow in that manner.”



Community Trust

Developing “social capital” or having the value of social networks and bringing people together with goodwill towards others and norms of reciprocity.

A staff member from a different CBO described a different approach to establishing social capital in the community. They described social capital as obtaining a “license to operate”, or approval from the community to operate.

“The license to operate is so critical... [CBOs need to] establish... with the elders of the community, other nonprofit organizations or committed resources, [and] churches in the local vicinity of where they are at. Engage them, talk to the local individuals, the local community members and hear their stories, and hear how they work to support the immediate area. Then enhance that network of collaboration and resources in the immediate area.”

Another strategy that CBOs used to build their social capital is through what D’Alonzo and Greene (2020) referred to as establishing a positive presence. Being seen in the community can help to establish a positive presence, such as attending a cultural event, supporting local businesses, and talking informally to members of the community. One CBO, which opened in 2018, recently demonstrated the social capital they established in the community when they received the Business of the Year award in 2024 from the city for their contributions to the community. A staff member from another CBO described having a community event where people can come together, share stories, enjoy food and coffee, and let people know what resources are available. Part of that community event is envisioning the community members as the experts, and learning from what information they share.

CBOs with social capital, particularly among the Hispanic and Latino communities, find it easier to establish trust with participants. By extension, participants may be more willing to receive services provided by a government agency if they are referred to the agency by the CBO that they, and the community, have come to trust. As one staff member described it, “There might be a lot of distrust with coming to County [Behavioral Health], so they might have more trust in going to something that they can really resonate with...then by default with those partnering agencies, having that trust, they might be more willing to engage in other services.”

Recommendations

Based on the findings from the focus group interviews, there are several recommendations for organizations wanting to increase engagement of people who identify as Hispanic or Latino in mental health and substance use treatment, including:

- **Ensure that the organization is culturally competent in Hispanic and Latino cultures.** This can be accomplished through training and hiring, including hiring staff that are bilingual. Having an organization that understands and respects the Hispanic and Latino cultures, and who has staff who can provide services in participants’ native language can impact program efficacy leading to better participant outcomes when providing mental health and substance use disorder services to Hispanic and Latino participants.

- **Hire staff who are capable of modifying evidence-based treatment programs, so they incorporate aspects of the Hispanic and Latino cultures.** Clinical staff providing the mental health and substance use disorder programs should have the training to implement evidence-based treatment programs, and an understanding of what components of the program make it effective. This knowledge, in conjunction with an understanding of the Hispanic and Latino cultures, will allow the clinical staff to integrate culture into the program while maintaining the integrity of the evidence-based program.
- **Hire staff with lived experience.** Providing a mentor who has overcome mental health conditions, addiction or prior justice involvement can be a powerful role model for participants. Participants receiving services reported that having staff who had similar backgrounds and experiences made them more relatable, easier to talk to, and motivated participants to continue in the program because they knew success was possible. Additionally, staff with lived experience may provide insight and knowledge to other staff who do not have the same experiences, allowing them to provide better services.
- **Identify and engage strategies that will facilitate participant trust.** Examples of strategies that can facilitate participant trust include creating a safe space, having mentors with lived experience, and avoiding any discussion of legal status until trust is established. Unlike mainstream mental health services, effective services for people who identify as Hispanic or Latino are ones that work to establish trust with the participant.
- **Use a collaborative governance model with partner organizations.** Components of a collaborative governance model include having face-to-face dialogue, a commitment to the process, a shared understanding, trust building, and facilitative leadership (Ansell & Gash, 2007). A collaborative governance model was used by these grantees to ensure that all partner agencies/organizations participated in the decision-making process when it related to their services. Doing so leads to greater perceived investment on the part of the partner agencies.
- **Establish community trust.** Community trust, or social capital, can be obtained by engaging in restorative practices, having a positive presence in the community, listening to members of the community, attending cultural events, and supporting local businesses. In particular, it is important to obtain trust from the Latino and Hispanic community, which provides a strong foundation for establishing trust with participants receiving services.

Discussion

The purpose of the focus group interviews was to assess the factors that contributed to effective engagement for participants who identified as Hispanic or Latino participants in a Proposition 47 mental health and/or substance use disorder treatment program by

interviewing staff and participants from three grant programs which had a higher-than-expected proportion of participants who identified as Hispanic or Latino. The racial distribution of people receiving mental health and substance use disorder treatment, both in the first two cohorts of the Proposition 47 grant program and nationally, show that people who identify as Hispanic or Latino are less likely to receive these services. As previously mentioned, NAMI identified several barriers to receiving these services including language, lack of medical insurance, legal status, stigma, and locating culturally competent care. The short answer to how the three grantees effectively engaged Hispanic and Latino participants is that they reduced or eliminated all of these barriers.

While each of the three grantees implemented different projects, with different components and processes, qualitative analysis of focus group interview transcripts revealed two primary themes that consistently emerged across all grantees: hiring practices and trust. More specifically, analysis revealed the importance of hiring culturally competent staff into an organization that is culturally competent when providing participants with mental health and/or substance use disorder treatment to Hispanic and Latino participants. These organizations integrated aspects of the Hispanic and Latino culture into their evidence-based programs and provided alternatives to more traditional approaches to mental health services. Additionally, hiring staff with lived experience provides participants with someone who they can relate to and served as role models (Satinsky, et al., 2020). Staff with lived experience can also provide other staff, particularly clinical staff, with knowledge that may help assist them when providing services to participants with similar backgrounds.

Trust across all levels was also identified as an important component for providing mental health and/or substance use disorder treatment to Hispanic and Latino participants. Participants trusting the staff they receive services from has shown to improve mental health outcomes for Hispanic and Latino participants (Diaz, et. al., 2017). Staff intentionally avoided any discussion of immigration status unless it was relevant to the services they were providing. Establishing inter-agency trust among partners improves communication and ensures the participants are receiving the services they need (Richardson & Asthana, 2006), as many receive services from multiple partner agencies/organizations. Staff often described interactions with partner agencies using a collaborative governance approach, which research shows as effective at establishing inter-agency trust (Ansell & Gash, 2007). Finally, organizations must establish social capital, or community trust, to effectively engage Hispanic and Latino participants in mental health and substance use disorder treatment programs. By establishing community trust, the foundation for participant trust is already established, increasing the likelihood of having positive outcomes.

Limitations

One limitation of this study is the generalizability of its findings beyond the specific population of focus. This study only interviewed three grantees focusing on engaging Hispanic and Latino participants in mental health and/or substance use disorder treatment programs. For example, it is unknown if having culturally competent staff would be equally important in engaging participants who identified as Black or African American or if

establishing trust with participants is equally important for participants who do not have a history of mental health conditions or substance use disorder. Additionally, all projects operated in California; it is unknown if these findings would be applicable to another state with a large Hispanic and Latino population, such as Texas.

Another consideration is how the participants of the focus group interviews were selected. Grantees were selected based on the higher-than-expected number of Hispanic and Latino participants enrolled in their programs. Additionally, managers and supervisors of the CBOs who provided services would also be expected to participate. However, not every staff member within the CBOs participated in the focus group interviews; this was determined by the CBO managers and supervisors. Additionally, participants who received services provided by the CBOs were selected by CBO staff and managers. Although BSCC staff do not determine who receives Proposition 47 funding⁵, BSCC does oversee the administration of the grant; as such CBO staff and participants selected to participate in the focus group interviews may have been selected to present the grantee and their partner CBOs in a positive light.

Another limitation of the research is that only one researcher was available to develop the code and themes from the data. Due to the subjective nature of qualitative research, having multiple researchers develop codes and themes increases the reliability of findings. To address any issues related to reliability of the findings, data and final coding assessments are available upon request.

Finally, while staff conducting the interviews had pre-determined strategies to manage participation, ensuring that everyone had an opportunity to speak, a limitation of any group interview is that some participants are more likely to dominate the conversation while others may feel less confident or comfortable to contribute. More dominant participants may have had greater influence on the direction of the conversation. Peer pressure, social desirability, and some participants' unwillingness to share their opinions in front of others who may have had different experiences was hopefully minimized by purposely planning focus groups to include participants, CBO staff, and lead agency staff in separate interviews.

⁵ Proposal funding is determined by an Executive Steering Committee who reads and rates proposal submissions. Proposals are then ranked based on rating scores and funded according to the ranked list.

References

- Adler, P. S., & Kwon, S. (2002). Social capital: Prospects for a new concept. *The Academy of Management Review*, 27, 17-40.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Arlington, VA: American Psychiatric Association.
- Ansell, C. & Gash, A. (2007). Collaborative governance in theory and practice. *Journal of Public Administration Research and Theory*, 18(4), 543-571.
- Ayón, C., Marsiglia, F, Bermudez-Parsai, M. (2010). Latino family mental health: Exploring the role of discrimination and familismo. *Journal of Community Psychology*, 38(6), 742-756. doi: [10.1002/jcop.20392](https://doi.org/10.1002/jcop.20392)
- Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for additions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1-9.
- Bhui, K., Warfa, N., Edonya, P. *et al.* (2007). Cultural competence in mental health care: A review of model evaluations. *BMC Health Serv Res* 7, 15. <https://doi.org/10.1186/1472-6963-7-15>
- Bredström A. (2019). Culture and context in mental health diagnosing: Scrutinizing the DSM-5 revision. *Journal of Medical Humanities* 40(3), 347-363. doi: 10.1007/s10912-017-9501-1.
- Campos, B., Ullman, J. B., Aguilera, A., & Schetter, C.D. (2014). Familism and psychological health: The intervening role of closeness and social support. *Cultural Diversity and Ethnic Minority Psychology*, 2, 191-201.
- D'Alonzo, K. T., & Greene, L. (2020). Strategies to establish and maintain trust when working in immigrant communities. *Public Health Nursing*, 00, 1-5.
- Davidson, L., Bellamy, C., Guy, K. & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11, 123-128.
- Diaz, E., Añez, L. M., Silva, M., Paris, M., & Davidson, L. (2017). Using the Cultural Formulation Interview to build culturally sensitive services. *Psychiatric Services*, 68, 112-114.

- Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., Weinstein, C., & Kelly, J. F. (2019). Lived experience in new models of care for substance use disorder: A systematic review of peer recovery support services and recovery coaching. *Frontiers in Psychology, 10*:1052. doi: 10.3389/fpsyg.2019.01052.
- Fung, A., & Wright, E. O. (2001). Deepening democracy: Innovations in impowered participatory governance. *Politics & Society, 29*, 5-41.
- Griner, D. & Smith, T. B. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training, 43*, 531-548.
- Gray, B. (1989). *Collaborating: Finding common ground for multi-party problems*. San Francisco, CA: Jossey-Bass.
- Guajardo, F. & Guajardo, M. (2013). The Power of Plática. *Reflections, 13*(1), 159-164.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*, 1-13.
- Ojeda, V. D., Munson, M. R., Jones, N., Berliant, E., & Gilmer, T. P. (2021). The availability of peer support and disparities in outpatient mental health service use among minority youth with serious mental illness. *Administration and Policy in Mental Health and Mental Health Services Research, 48*, 290-298.
- Pérez-Flores, N. J., & Cabassa, L. J. (2021). Effectiveness of mental health literacy and stigma interventions for Latino/a adults in the United States: A systematic review. *Stigma Health, 6*(4), 430-439. doi:10.1037/sah0000343.
- Richardson, S. & Asthana, S. (2006). Inter-agency information sharing in health and social care services: The role of professional culture. *British Journal of Social Work, 36*, 657-669.
- Satinsky, E. N., Doran, K., Felton, J. W., Kleinman, M., Dean, D., & Maginson, J. F. (2020). Adapting a peer recovery coach-delivered behavioral activation intervention for problematic substance use in a medically underserved community in Baltimore City. *PLoS ONE, 15*(1). <https://doi.org/10.1371/journal.pone.0228084>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). Treatment Improvement Protocol (TIP) Series, No. 59. Pursuing Organizational Cultural Competence. Center for Substance Abuse Treatment (US). Improving Cultural Competence. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK248430/>

Uslaner, Eric M. 2001. Volunteering and social capital: how trust and religion shape civic participation in the United States. in *Social Capital and Participation in Everyday Life*. London: Routledge.

Appendix A: Lead Agency Interview Questions

1. What are your primary responsibilities as it relates to the Prop 47 grant program? How long have you been in your current position?
2. What was your role in the plan, design, and implementation of the program/project?
3. What was your role in establishing procedures for recruiting and engaging participants?
4. What is your background/experience working with Latinx populations?
5. What trainings have you taken that have informed your methods for engaging this population?
6. Tell me about your relationship with the service provider prior to and during the Prop 47 grant program.
7. Was the proposal written with the intention of improving outreach to individuals who identified as Hispanic or Latino?
Follow-up question if yes: How was it designed to be inclusive of the Latino population?

Follow-up question if no: What aspects of the program make it successful with engaging the Latino population?
8. What were the processes for deciding what services would be offered?
9. What aspects of the project do you believe have been instrumental in engaging the Latino population?

Appendix B: Community Based Organization Interview Questions

1. How long have you been in your current position? What are your primary responsibilities?
2. What is your recruitment method?
3. Based on your experience, what factors or characteristics have you found affect the likelihood that an individual will engage and/or enroll in the program? This can include factors or characteristics that will either increase or decrease their likelihood of engaging/enrolling in the program.

Now that we have discussed what works in general, let's focus on the Hispanic and Latino population. Research shows that recruiting and retaining Hispanic or Latino participants may be more challenging compared to other races. However, your organization has served and engaged large number of Latino and Hispanic participants. At this time, we'd like to explore your recruitment and engagement practices with these clients.

4. What is your method for recruiting participants who identify as Hispanic or Latino?
5. Recruiting practices are sometimes modified during a program and these modifications can affect a participant's decision to enroll in a program. What are some changes in recruiting practices that may have either intentionally or unintentionally affected enrollment rates of Hispanic participants?
6. Think about the practices used in your program to keep participants engaged in services. What are some engagement practices may be related to the high rates of participation by Hispanic and Latino clients?
7. Engagement practices are sometimes modified during a program and these modifications can affect participants' decision to stay enrolled in a program. What are some changes in engagement practices over the past three years that may have either intentionally or unintentionally affected enrollment rates of Hispanic or Latino participants?
8. Are there challenges that you encounter when recruiting or engaging participants that are unique to Hispanic participants?
9. What recommendations would you give to another agency/organization who was working with the same population but struggling to recruit and retain Hispanic participants?
10. What changes have occurred in recruitment and retention in the participants who identify as Latino or Hispanic as a result of COVID-19?
11. Is there anything else that you would like to share with us about your program that hasn't already been shared?

Appendix C: Participant Interview Questions

1. How did you first hear about this program?
2. What made you decide to participate in the program?
3. Before deciding to participate in the program, was there anything that you heard about the program that made you somewhat concerned or cautious?
4. How similar or different was the program compared to your expectations prior to enrolling? [Follow up with a request for an explanation or additional details].
5. What would you say are some of the strengths of the program?
6. In these types of programs, it is not uncommon for individuals to drop out. What motivated you to continue to participate?
7. How have you benefited from this program?
8. If you met someone who was thinking about participating in this program, what advice would you give them?
9. If you met someone who was in the program, but thinking about dropping out, what advice would you give them?
10. Is there anything else you would like to say about your experience in the program that you haven't already mentioned?