Bienvenido Program: Good Mental Health for the Latino Immigrant

Evaluation Report 2007

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Gilberto Pérez Jr., MSW, ACSW, QMHP
Bienvenido Program Director

Executive Summary

Since 2001, Northeastern Center (NEC), a well-established community mental health center in Northeast Indiana, has attempted to increase its mental health services to the Latino community in Ligonier, Indiana and surrounding counties. NEC has gone about its work with addressing the mental health needs of Latinos and worked at establishing relationships with local leaders to reduce stigma of mental health related issues.

In 2002, a community mental health needs assessment was conducted to better understand the mental health needs of the Latino community. Out of 149 questionnaires completed, the data revealed that 29% of participants reported feeling depressed two to four times per week. 13% revealed having suicidal thoughts. 48% considered alcoholism to be severe and 45% considered drug use to be severe among the Latino community of Ligonier. 94% had never received mental health services in Ligonier and 45% wished that more activities would be held in the community.

With the data that was gathered, NEC decided to establish a plan of action that would help to address the mental health needs of Latinos in Ligonier and Noble County. During the subsequent nine months, NEC personnel began to create individual and group exercises that were aimed at generating a mechanism to open dialogue about migration experiences. Consumers served as collaborators in the process of creating the lessons and recommended appropriate words or phrases for this particular community. In 2003, NEC launched a program titled, Bienvenido Acculturation Program. The program has undergone one name change which is now: Bienvenido Program: Good Mental Health for the Latino Immigrant. The main population served in the program has been court-mandated adult Latino males between the ages of 18-50.

In June 2006, NEC contracted with Dr. Delia Saldaña, University of Texas Health Science Center, San Antonio, TX to evaluate the Bienvenido Program's effectiveness. Dr. Saldaña and NEC created a pre/post questionnaire that measures gains in mental health knowledge and knowledge gain on ways to handle acculturative stressors more effectively. The researcher obtained videotaped sessions to address facilitator style, verbal and nonverbal styles, managing group input, and fidelity to module objectives.

The data sheds new light on the impact of a preventive mental health intervention (Bienvenido Program) with Latino immigrants. Examination of the data indicates that participants changed in a positive manner with increased understanding about mental illness and how to handle stress better. The number of participants in the evaluation pilot groups was low thus the results do not show statistical significance, however, the data reveals positive trends that are present in providing a preventive intervention with Latino immigrants. The evaluation report will show the reader steps taken to evaluate a novice preventive mental health program and action steps being taken by NEC as a result of the evaluative process.

Introduction

The Bienvenido Program evaluation was approved in 2006 by Jerry Hollister, Chief Executive Officer, of *NEC*, Inc., following a series of meetings with Mr. Gilberto Pérez Jr. and Executive Staff. The purpose of this report is to present the program evaluation results from the Bienvenido Program: Good Mental Health for the Latino Immigrant. This evaluation covers the period from July 1, 2006 through March 30, 2007. The evaluation includes court-ordered adults enrolled in the Bienvenido Program at NEC and voluntary participants at the Hispanic/Latino Health Coalition of Elkhart County.

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Evaluator qualifications

Experience Related to Working with Diverse Communities. Dr. Delia Saldaña, Ph.D., has 15 years experience in research and program evaluation of community-based mental health services and organizational development of culturally responsive services, and has trained diverse health care audiences throughout the U.S. for the past 6 years. Her manual "Cultural competency: practical tools for mental health service providers" has been disseminated across the nation and is available at www.hogg.utexas.edu/. She has extensive experience in working with community coalitions, and has assisted the State of Texas and Arizona in developing individual and organizational assessments of culturally competent care. She serves as an instructor for mental health care for the Milagros Center of Excellence in Healthcare for Migrant Workers at the South Texas Community College in McAllen, Texas and is familiar with mental health needs of immigrant communities from her extensive involvement with community clinics along the Texas-Mexico border.

Experience Working in Collaborative Partnerships. Dr. Saldaña has consistently focused on community-based evaluation and research throughout her academic career. She has a history of academic-community partner relationships, serving as evaluator for three federally funded studies: RAICES: An Adolescent Residential Treatment Program (SAMHSA), the Bexar County Jail Diversion Project (SAMHSA), and Together in Strength: Replication of a Prevention Program for Families of Special Needs Children (ACFY). She worked with monolingual Spanish families to develop the first Spanish version of a family psycho-education curriculum "Journey of Hope" with support from the Texas Alliance for the Mentally Ill. She serves as a community liaison and cultural expert for two current NIMH academic-community research centers at the University of Texas Health Science Center: Bowen (PI) – Hispanic Community Research Center in Bipolar Disorder and Escamilla (PI) – U.S. Psychiatric Genetics Training Center.

Experience Related to Role in Project. Dr. Saldaña currently serves as primary independent evaluator for Northeastern Center in its assessment of the Bienvenido curriculum for mental health awareness in adults. She has published several articles noted in the bibliography and references section that contribute to the proposed program's evaluation. Her program evaluation and research activities demonstrate her investment in collaborative community projects, and her experience in training multidisciplinary community audiences in various states provides her a broad perspective in tailoring evaluation to local community needs.

NEC Personnel - Gilberto Pérez Jr. MSW, ACSW, QMHP, is the Bienvenido Program Director. His social work experiences include hospice social work in the central region of Puerto Rico and community mental health in Northeast Indiana. He is involved in various local community projects that address bridging cultures between the Anglo and Latino community and serves on the Indiana State Mental Health Planning Council, Indiana Division of Mental Health and Addiction.

Confidentiality

Appropriate measures were taken to ensure confidentiality of the participants who were part of the Bienvenido Program evaluation at NEC, Ligonier Outpatient Office. All participants voluntarily agreed to participate in the evaluation and appropriate measures were taken to receive permission to video-tape class lessons. NEC staff ensured that participants signed policy statement: FAO168, Permission to Record Clinical Session. All participants gave permission for outside evaluator and NEC staff to review content of recorded sessions in order to improve the Bienvenido Program.

Program History and Evaluation Development

Introduction

Bienvenido is a brief psycho-educational program that has been recently developed by the Northeastern Center in Indiana under the leadership of Gilberto Pérez, Jr. It has largely been directed for use by Latino immigrant males who have been court-ordered to participate in this 9-week course following a legal infraction (typically DUI's). Due to the increasing growth of Latino immigrants in areas within the U.S. not familiar with varying Latino cultures, the Bienvenido Program presents a novel and promising intervention offering a tangible and structured format that holds promise for incorporation in other communities.

During the past 3 years, this program has been piloted by referring court-ordered clients within one Indiana County to weekly evening meetings lasting about an hour. The curriculum is based on a structured set of topics, with continued ongoing information gleaned from prior recently employed strategies. The Bienvenido program has also been extended to a limited degree to adolescents and women, but these efforts are in the nascent stage and are not included in the evaluation comments below.

Initial Logic Model and Evaluation Process Development

Prior to the initiation of this evaluation contract, in April 2006 the Bienvenido Program developed an evaluation plan and logic model with consultation provided by the Service to Science Academy, Center for the Application of Prevention Technologies (MN), Substance Abuse and Mental Health Services Administration (SAMHSA). The resultant document provided a preliminary plan for later periodic examination and revision based on the needs of the project. This effort clarified the program goals and identified risk and protective factors that were projected to be associated with functional outcomes for clients. Anticipated class format and theories of change were articulated, and immediate as well as long-term outcomes and indicators of change identified. A draft logic model was designed to indicate goals, evaluation questions and methods which are still pertinent in assessing the potency of individual involvement in Bienvenido classes.

A subsequent initial conversation between this evaluator and Gilberto Pérez Jr. elaborated on the theoretical premises, strength-based, educational about cultural adaptation, and prevention-oriented. Curricular content, objectives, and the model of empowerment that guided intervention were also reviewed. The program description section of this report will summarize these points. The evaluator provided clarification to Mr. Pérez about the preventive elements of the Bienvenido Program to help reinforce his perception of its impact as a strength-based curriculum. These elements include: a) educating individuals about what the concept of mental health means; b) clarifying risk factors associated with acculturative stress; and c) introducing proactive ways to enhance resiliency (build on individual's own protective factors) about an acculturative process that is likely to be experienced for a long time.

Mr. Pérez stated that it would be important to understand the nature of impotence that participating immigrants experienced: that they might feel helpless in attaining services due to lack of social skills, that emergency medical services might be the only choice,

and that the individual might feel unable to impact change for improved daily living. Understanding these dynamics would be a unique manner of acknowledging the trauma of the immigrant experience.

Second, education and insight were seen as methods by which to increase awareness of mental health and its relevance to quality of life. Third, supportive dialogue within the classroom and instruction about how to develop a supportive network were seen as aids in increasing quality of life. Finally, social action and community integration were valued as outcomes in enhancing an individual's capacity to engage in a more productive and rewarding role as a community member.

Mr. Pérez also addressed the issue of confidentiality, and how breaches of this could occur unintentionally by group members if they shared content with a family member or friend, recognized and acknowledged each other in public, or disclosed prior knowledge of other families whose members participated in the group. He described how initial sessions also addressed individual's concerns about required reporting to referral sources, to one's employer, school, or references, and the impact that such reporting could have. He said that providing new group members with examples of how this has arisen in other groups and how the situation was handled could provide avenues to promote discussion and potentially relieve some concerns. He also emphasized that participants were reminded that respect for individual privacy existed during the session, and that no one should feel forced to share. Yet the importance of disclosure, and its benefit for the individual sharing, as well as those around him, was also discussed.

Initial Satisfaction Questionnaire Data 2004-2005: Feedback from five groups was shared with this evaluator, where a total of 41 respondents answered 4 questions. Examples are listed for each (multiple respondents indicated in parentheses):

Question 1: "What were the things that you liked best about these classes?"

- I learned how to handle stress.
- The attention I received.
- Stories from other participants.
- Trust in talking.
- Clarifying the components of the two cultures.
- Communication.
- Helping me to adapt & reflect on how I can relate more to this country.
- The honesty with which individuals talked about their problems.
- Information about how to obtain and help resolve my problems without feeling so alone.
- The number of topics addressed.
- All were informative.
- Gaining support from the support of the group.
- Learning how important it is to learn more about another culture.

Question 2: Where were the faults associated with participating in this class?"

- Nothing (29).
- At first I couldn't concentrate.
- Not having more time to discuss certain topics.
- There were few students.
- Having to relive problems from the past.

Question 3: What impact has participating in these classes had on your life personally?"

- Nothing.
- I experienced positive change.
- Learning how to better adapt to this country.
- Better self management and ability to address my problems.
- Improved relationships with my family members.
-

Question 4: "What changes would you recommend for these classes?"

- Nothing (24).
- To keep being offered.
- To have a cafeteria available or at least some soda machines.
- Tell us more about the laws of the U.S.
- Test us by making us practice what we have learned here. Like someone who would try to irritate one of us and see how we react.
- Use simpler language.
- For everyone to participate equally.

A total of 41 individuals who were primarily (79%) between ages 18-39 years of age and had a high school diploma or less (70.7%) provided feedback about having participated in the Bienvenido class (2004-2005).
A significant number (42.5%) stated they understood the themes of the class "more so than not" or "a lot".
The great majority (90.2%) felt the material helped change their attitudes about a new life in this country, and that (90.3%) the exercises were useful to understanding the material "a lot" or "extremely".
A great majority felt that the exercises were simple enough: 19.5% "more so that not"; 26.8% "a lot"; and 41.5% "extremely."
A substantial number felt that they had learned coping skills for better adaptation to living in this country: 12.2% "a lot" and 68.3% "extremely."

Given these responses, it is not surprising that 78% reported the classes useful and valuable, and helped them establish more contact with people from other ethnic groups "a lot" (19.5%) or "extremely" (58.5%). Further, most (80%) thought the size of the classes was appropriate; 85% stated that they "extremely" thought the facilitator had a good understanding of the material.

Evaluation Plan

Time line	Activity	Objective	NEC role	Consultant role
July-Aug 2006	Review relevant literature. Examine curriculum. Discuss facilitator role.	Produce summary of literature report.	Provide information on existing services. Begin provider log of tasks. Provide copy of curriculum.	Identify core components of Evidence-Based Practice (EBP) available and potential areas to examine. Review content.
Sept – Oct 2006	Design pre/post questionnaires. Consult on selection of measures. Provide guidelines about administration of measures.	Clarify objectives of each module. Provide detailed information about facilitator style and teaching techniques.	Describe core intent of each module. Produce homework assignments.	Clarify construct and method options in designing pre/post test evaluations of teaching impact. Review existing measures. Discuss wording and scaling considerations.
Oct – Feb 2007	Review videotapes of class modules. Provide feedback about facilitator style, verbal and nonverbal styles, managing group input, and fidelity to module objectives.	Develop fidelity checklist that reflects provider and evaluator perspectives.	Begin pilot: Administer and submit pre-test. Video tape each facilitator-led module for review. Engage in bi-weekly teleconferences.	Review videotape content, provide feedback about module content and method.
March 2007	Conduct analyses of program findings at end of 9-week curriculum delivery.	Conduct pre/post comparisons.	Summarize lessons learned.	Compare findings to EBP literature.
March 2007	Submit Final Evaluation Report. Submit MIS program.		Provide administrator and provider input about process.	Integrate qualitative and quantitative data into report.

Literature Review Highlights

In August 2006 an extensive literature review was prepared for NEC that addressed several themes related to Latino immigrant mental health. The key findings of this landmark study emphasize the strengths and resources that Latino immigrants bring to a new area, and counter many of the fears and apprehension that emerge when gradual change appears imminent to local communities. Looking to the future is eased by openness to change and curiosity from local organizations about the *potential* that lies in making services relevant and helpful, especially to a population that traditionally has experienced little access to good care.

This report addresses *six key areas*, obtained through review of the professional literature in peer-reviewed journals and internet survey of websites to identify instruments and curriculums. These topics include: **1)** Access to mental health care, **2)** help-seeking traditions and behaviors, **3)** emerging promising practices, **4)** empirical research, **5)** funding opportunities, **6)** implementing discovery of local needs. A total of 68 peer-reviewed published manuscripts were referenced reflecting the most recent findings from 1998-2006.

To date, published literature on community-based mental health care with demonstrated effectiveness is minimal, and when addressed does not often include behavioral health interventions. Few articles address *Mexican-origin immigrants*, but those that are available offer important insights into the barriers and challenges behavioral health care providers and program planners will increasingly face in the next decade.

This review identifies various resources for use in novel ways to prevent, identify early, and intervene effectively. Tools for client, family, and community-wide education are available at many of the websites mentioned. NEC and other community stakeholders are encouraged to collaborate in implementation of these interventions. Well-planned efforts accompanied by program evaluation prepare the community to seek support for new investigations that can lead to discovery of effective services that are of interest to other populations in the U.S.

Following submission of this review, this evaluator also provided a series of recommendations for “next steps” that the organization could consider as ways of implementing the knowledge reflected in the literature. The evaluator has listed below several recommendations for “Next Steps”. A more detailed version is provided in the Summary section of this report.

I. Become familiar with the clinical and cost benefits of effective care.
II. Note that developing expertise in providing better behavioral health care holds promise for all target populations served by your organization.
III. Capitalize on existing resources. For example, the Bienvenido program has developed an Advisory Committee, which is really a coalition of rural stakeholders that span various settings and types of services.
IV. Educate the community about mental illness, and help define what is considered evidence of mental health.
V. Extend your local efforts to a wider region (next-door-neighbor providers, counties) and use the stakeholders you have already mobilized to serve as

their planning partners for service development, coordination and enhancement. Empowerment is always the key word.

Mr. Pérez responded by sharing he was interested in creating a Bienvenido Training Center for local lay members in mental health terms, and oversaw the development of the Latino Behavioral Health Summit 2006. He also reported having conducted several one hour radio talks about mental health, with quick results in new referrals.

Community Dialogues: Ligonier Community Dialogues were initiated that included city and school officials, a principal, AA members, a retired teacher, pastors, members of the Latino community business owners, church members, and community-based organizations. Anglos and Latinos were equally represented, and a fruitful conversation emerged about lack of communication between Latinos and Anglos, more parent involvement needed in education, immigrant concerns, more awareness of Hispanic businesses, and the need for more volunteers to assist the city water works personnel. In January, two meetings were held attended by 47 and 37 individuals, respectively. In general, the success of these dialogues is that input is being given from several sectors of the community and increasing capacity for communication and agreement about development of prioritized resources. The increased attendance demonstrates how successful word of mouth and sense of benefit from participation has been realized by those present. It can also be noted that increased positive community perspectives of the clinical work conducted has resulted in a growth from 354 clients seen in FY 2005 to 391 clients seen in FY 2006.

Latino Behavioral Health Network Survey: In early January 2006 NEC developed a short survey to obtain community input about developing a state-wide Latino behavioral health network. Following on the heels of a successful Latino Behavioral Health Summit, NEC noted that attendants had come from multiple backgrounds and participated actively in the conference. NEC was interested in exploring whether a statewide organization would be something in which attendees would like to participate.

Results are positive: 69% reported that they “strongly agreed” or “agreed” that they were interested in being part of such a network in Indiana. An even higher percentage (97.6%) felt that they could benefit from a network where professionals and community members could discuss issues that affected mental health of Latinos. When asked whether being part of a Latino Behavioral Health Network would only be one more thing to do, 43.9% were neutral, and an additional 28.6% “disagreed.” The majority (54.1%) “strongly agreed” or “agreed” that being part of a network would help them better understand the behavioral health needs of the Latino community. A substantial number (37.5%) “strongly agreed or “agreed” that they would like to be a part of a working group who helped shape the network. Further, a follow up conversation with a local legislator emphasized that one of the key advantages of a well-organized network is that it could provide a common voice to deal with behavioral health access issues and training students effectively to serve the needs of Latino constituents in their state. This is an encouraging insight as many states are addressing resource management issues for a growing Latino presence, and behavioral health interventions with preventive promise for problems in social functioning can be perceived as valuable venues for funding.

Additionally, a dinner for Bienvenido participants was organized, and a business plan was prepared by Mr. Pérez and submitted to the Chief Executive Officer of NEC. Critical to success are 4 items: marketing, quality trainings, evaluation of trainings, and continue strengthening of the Bienvenido Advisory Committee. These are all concrete developments spurred by the literature review and demonstrate investment and initiative in program development.

A description of the program

The Bienvenido Program is one of the first prevention intervention programs in Indiana that addresses the migration experience and acculturative stressors encountered by Latino immigrants. In the program, participants meet for nine weekly sessions. Each module provides information about topics related to substance use, development and sustenance of mental health, and enhanced quality of life. Modules are ordered to first introduce participants to potentially new knowledge about mental health, clarify their understanding of risk and protective factors associated with mental health and quality of life, and develop skills to enhance effective social functioning and community integration.

Participants are encouraged to describe their immigration experience, and group discussion provides acknowledgement and support. Acculturative stresses and local values of cultural diversity are topics that provide examples of on-going risks for substance abuse, emotional distress, and potentially adverse behavioral consequences.

The facilitator utilizes the Bienvenido curriculum, a Spanish language-teaching tool each class session. The curriculum offers the facilitator an array of teaching tools such as effective group management, facilitator roles, and learning styles. The Bienvenido Program and its curriculum is novel in that facilitators who deliver the material are instructing Latino immigrants on topics of acculturative stress and mental health needs, and building relationships with Latino immigrants who would not otherwise have had contact with this type of educational material. In essence, the Bienvenido curriculum has become a dual vehicle to build facilitator knowledge and enhance protective factors in the Latino immigrant. Finally, the Bienvenido curriculum provides a fundamental aspect, which is learning.

The Bienvenido Program’s three desired outcomes are:

(1) To reduce alcohol, drug use, and other related outcomes.

(2) Increase access and use of mental health services.

(3) Increase overall sense of belonging and participation in community activities.

The goal to provide awareness of mental health services will increase the comfort level with seeking treatment if needed. In terms of increasing sense of belonging and community involvement, it is envisioned that participants become motivated individuals that move to social action in their community.

The Bienvenido curriculum is based on an expectation of short, intermediate, and long-term outcomes that reflect greater sense of empowerment. The healing element for this model is based on four premises:

1. Assisting clients in their acknowledgement of the potential trauma they have suffered during immigration and current stigmatized social status helps them to recognize sources associated with maladaptive behavior;

2. Educating clients about mental health and enhanced quality of life introduces the potential of hope for a better standard of living;

3. Using a group format for presentation of information and group discussion creates a supportive peer network;

4. Increased community integration and social status will follow greater awareness of behavioral risks and assets.

Curriculum Content – Each module of the nine-week Bienvenido curriculum provides information about topics related to development and sustenance of mental health and enhanced quality of life. Modules are ordered to first introduce participants to potentially new knowledge about mental health, clarify their understanding of risk and protective factors associated with mental health and quality of life, and develop skills to enhance effective social functioning and community integration.

Participants are encouraged to describe their immigration experience and group discussion provides acknowledgement and support. Acculturative stresses and local values of cultural diversity are topics that provide examples of on-going risks for emotional distress and potentially adverse behavioral consequences. Application to daily functioning is addressed by modules on anger management and effective communication. Clients are encouraged to seek mental health as a family goal.

Risk factors and Protective Factors

Risk Factors	Protective Factors/Assets
Individual Factors ▪ Favorable attitudes about alcohol and drug use ▪ "Self-treating" mental health symptoms with alcohol and drugs ▪ Lack of opportunities to voice past trauma ▪ Lack of knowledge about where to go for help	**Individual Factors** ▪ Increased knowledge about alcohol use and consequences ▪ Increased knowledge about mental health symptoms and treatment services ▪ Increased communication skills ▪ Increased knowledge of who to go to for help
Family Factors ▪ Lack of knowledge and awareness about health and safety risks and liability related to drinking ▪ Families lack the opportunities to appropriately vent past trauma and goals for the future	**Family Factors** ▪ Increased knowledge and better understanding of health effects, safety risks, and liability related to drinking and drug use ▪ Increased communication skills and voicing of goals
Community Factors ▪ Few ATOD and mental health prevention activities for immigrants ▪ Immigrants face isolation due to language and culture	**Community Factors** ▪ Increased linkages and social support among schools, businesses, churches, towns, and other groups for these efforts ▪ Immigrants have the opportunity to share their stories

Immediate outcomes and indicators of change

Short-term Outcome Areas	Indicators of Change
• Participants have increased knowledge of consequences of alcohol and drug use, how to respond to anger and stress, how to communicate with family members, how to vent their migration experience, and how to access community resources and activities. Participants are less isolated.	▪ Participants report increased knowledge about alcohol and drug use and consequences. ▪ Participants report increased knowledge about how to respond to anger and stress ▪ Participants report increased knowledge of how to communicate with family members ▪ Participants report they know how to access community resources and activities ▪ Participants report feeling less isolated

• Participants have increased knowledge about mental health symptoms and where to go for help when needed. Participants have increased willingness to get help when needed.	▪ Participants report increased knowledge about mental health symptoms and problems ▪ Participants report increased knowledge of where to go for help when needed ▪ Participants report increased willingness to access help when needed.
• Participants have increased knowledge of community activities. Participants feel increased sense of belonging in the community.	▪ Participants report increased knowledge of community events and activities ▪ Participants report increased feelings of connection or belonging in the community

Long-term outcomes and indicators of change

Long-term Outcome Areas	Indicators of Change
To reduce alcohol and drug use and related outcomes	Court-ordered participants have fewer DUIs within 6-months of program completion. (using court records)
To increase access to and use of mental health services	More participants use mental health center services. (using Northeastern records)
To increase sense of belonging and participation in the community	More participants are active in the community (functional gain assessment)

Demographic characteristics of pilot groups

A total of 23 individuals participated in the Bienvenido Program evaluation. There were three disparate groups. NEC conducted two groups and the Hispanic/Latino Health Coalition of Elkhart County conducted one Bienvenido group. All of the participants at NEC were male between the ages of 19-50. Average age of participant is 27. Average educational attainment reported was eighth grade. Average length of time in US is five years. 38% of participants reported being married and 62% reported being single. 75% reported having employment and their average yearly salary was $10,900. 25% reported having prior legal history. Primary legal offense included: 63% DUI, 25% Public Intoxication and 12% Marijuana possession.

Quantitative Impressions

Expectedly, numbers of adult participants (N = 23) who engaged in 2 semesters (fall, spring) of one year are decidedly small. In general, the small number of participants makes the use of statistical measures like these administered difficult to interpret. Nevertheless, information may be gleaned from the trends associated with this pilot data. Additional data can supplement these numbers.

As part of this evaluator's duties, she and Mr. Pérez designed pre- and post-class evaluations that participants were asked to complete. Attempts were made to extend the rationale and application of an evaluation instrument in several instructors (termed "facilitators" by the intervention group). Despite discussion and opportunity for dialogue, no apparent problems in understanding its design or intent were apparent. Nevertheless, significant data entry problems emerged upon submission. Several factors appeared to contribute to these problems:

- Despite facilitator enthusiasm for the inclusion of pre/post curriculum instruments, most failed to understand the importance of obtaining responses to each question. *Confidentiality* had been expressed in training, and this may have contributed to instructors' hesitancy to ensure that items were not completed or that an answer of (N/A) was completely acceptable.

- Some facilitators expressed concerns about the potentially embarrassing impact that filling out paper and pencil forms would have on participants with wide *literacy variability* (despite "piloting" drafts of such instrument – which were all in Spanish – with prior class participants). The role of *individual* stigma seemed high.

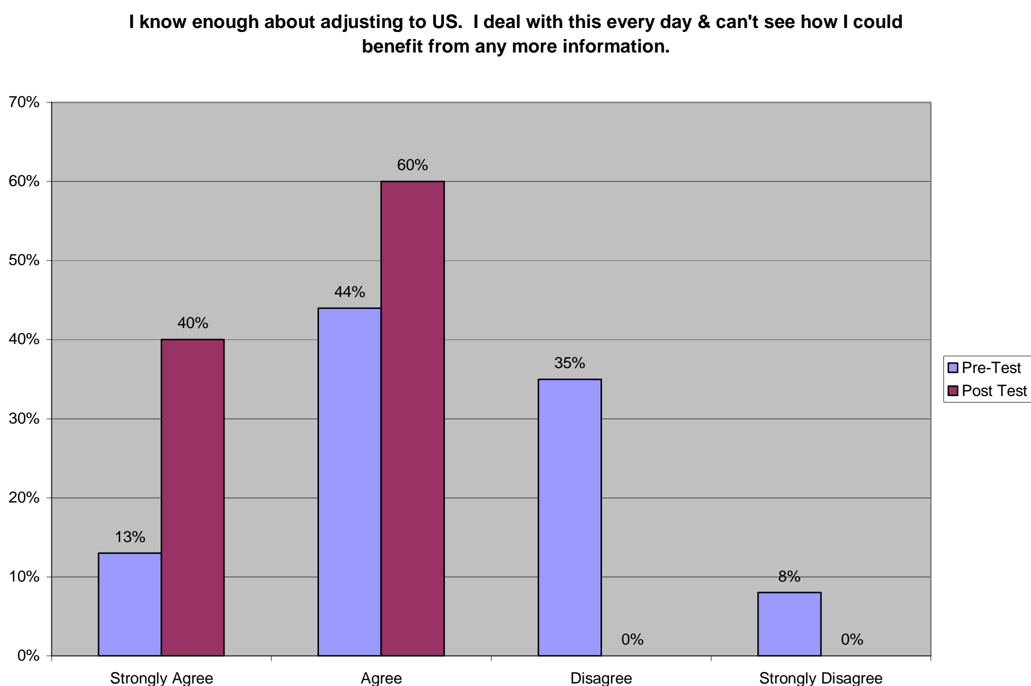
- Others expressed concern that their answers might put them at risk with a criminal justice system to assess their readiness for such an intervention, or apparent gain from having attended. *The potential negative impact of the use of these measures impacted participation*, and probably merited more instructor/facilitator training (including tangible examples or testimonials from prior participants to mitigate concern).

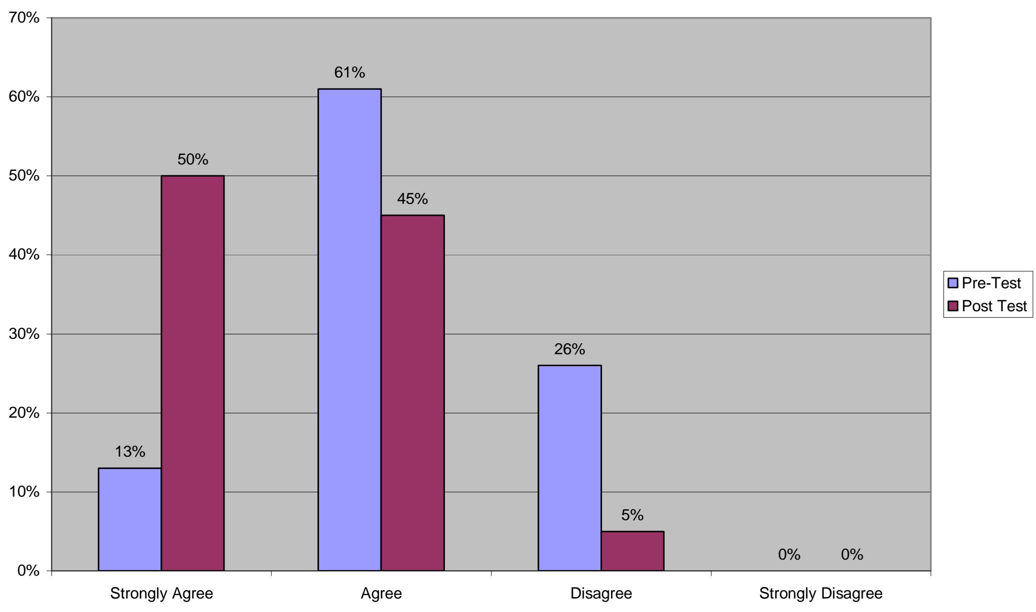
Statistical analyses consisted of t-tests, which compare differences in mean score from pre-to post tests, and cross tabs, which indicate the number and percentage of students who respond at pre-test compared to post-test. The survey consisted of 16 questions using a Likert type scale that gave respondents the option to answer “strongly agree”, “agree”, “disagree”, or “strongly disagree”.

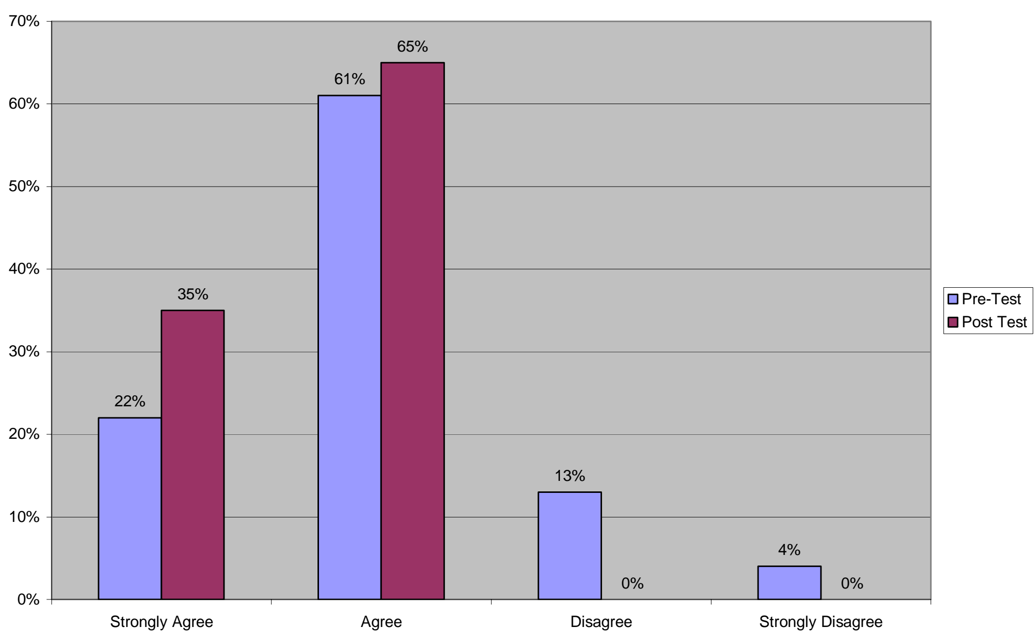
The mean score for each question fell between “strongly agree” and “agree” for every question, indicating generally positive perceptions of the program.

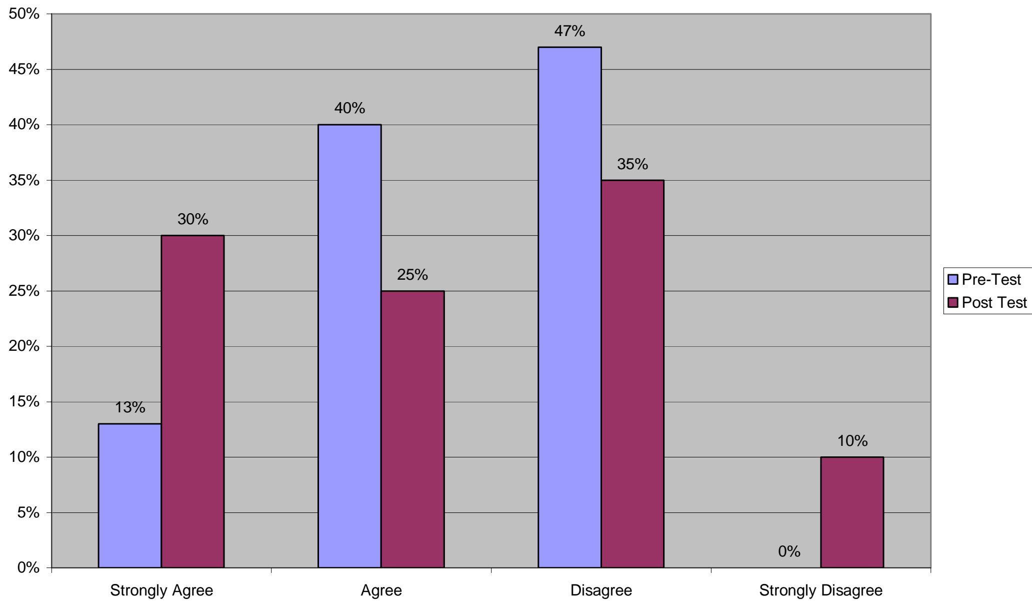
An “F-test” is used to see whether group differences between pre- test and post-test were statistically significant, which is considered true if significance level is less than .05. This was true only for these questions: “I can list three kinds of stress that people like me encounter”, with individuals being more likely to be able to do this at post-test than before they participated in the class ($p <001$). “Teacher’s presentation of material on stress and mental health and mental illness was useful” ($p < .04$).

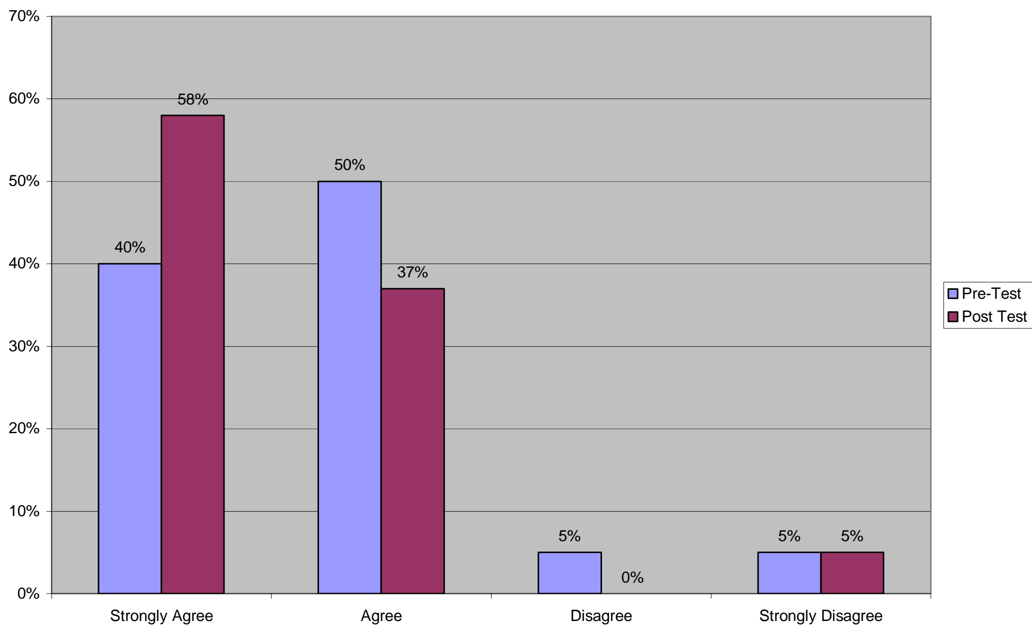
Summary data points: Below is a graphical representation of all pre-test and post-test questions.

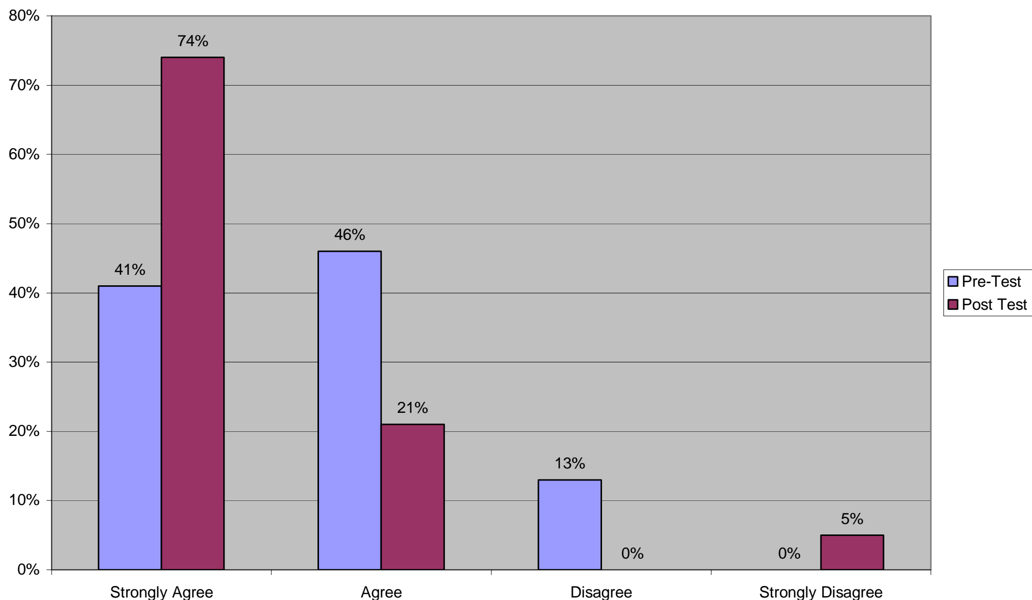


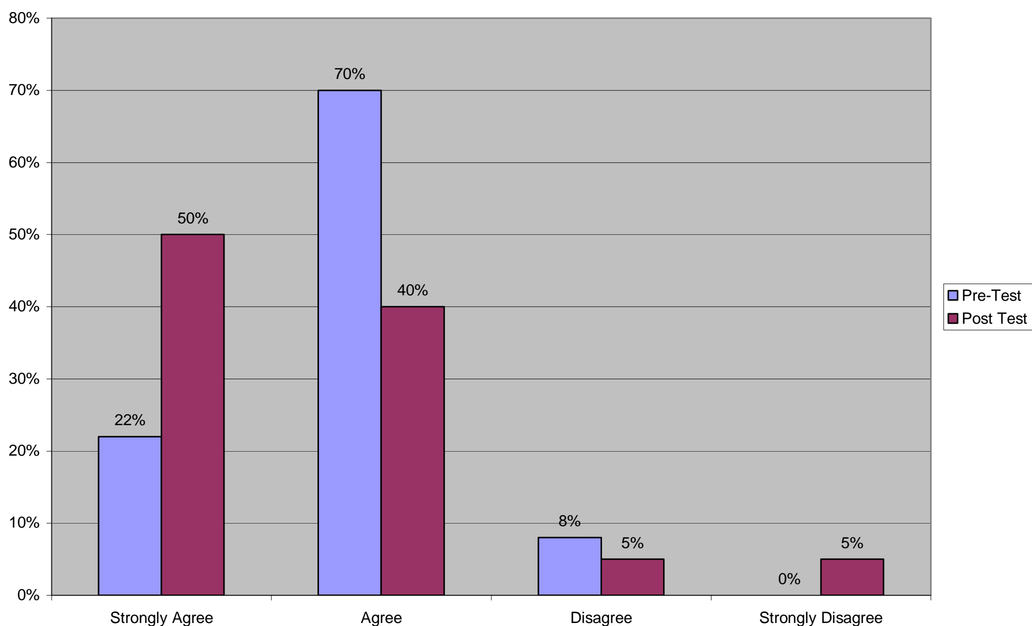

I know what mental health, mental illness & substance abuse mean & can explain to someone else.
70%
60%
50%
40%
30%
20%
10%
0%
61%
50%
45%
26%
13%
5%
0%
0%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test

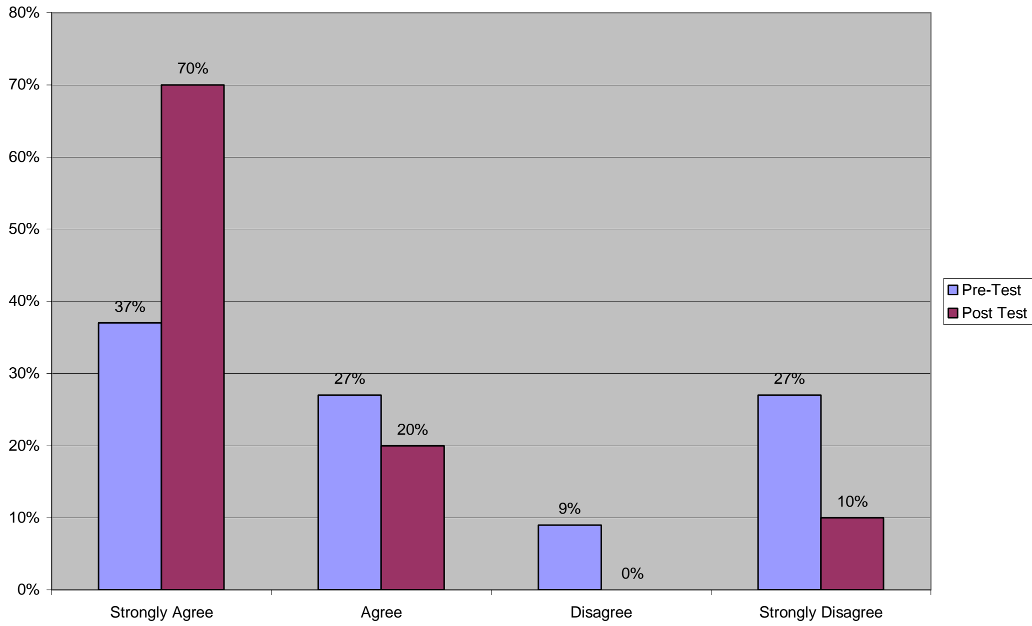

I think that life is just hard; you have to accept things as they are and not worry or get down.
70%
60%
50%
40%
30%
20%
10%
0%
65%
61%
35%
22%
13%
4%
0%
0%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test

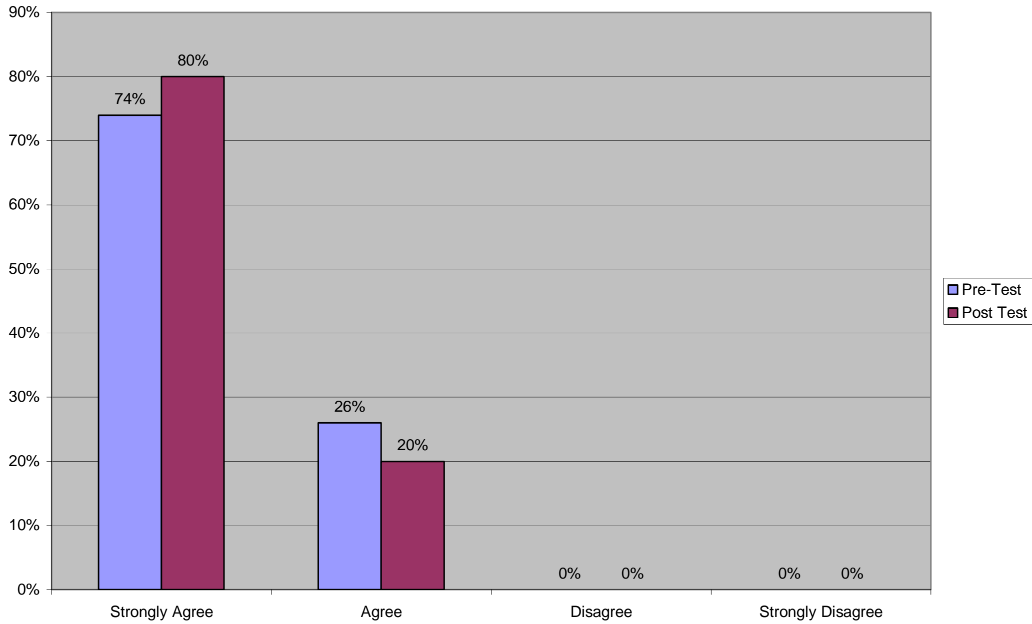

I think that someone who over-reacts to stress & has problems is probably crazy or just not trying hard enough to do better.
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
13%
30%
40%
25%
47%
35%
0%
10%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test

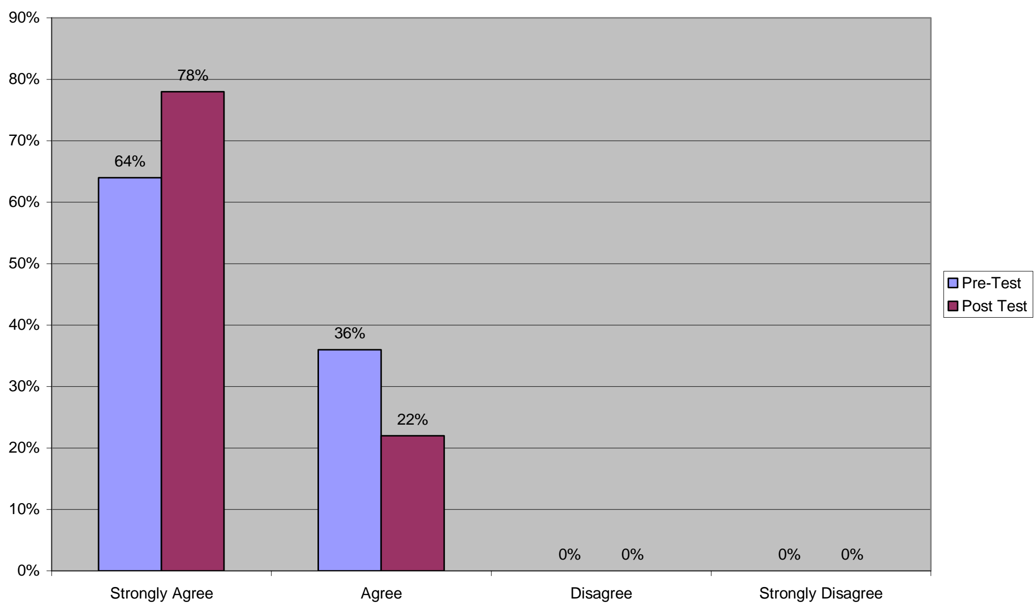

I can list 3 kinds of stress that people like me can encounter.
70%
60%
50%
40%
30%
20%
10%
0%
40%
58%
50%
37%
5%
0%
5%
5%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test

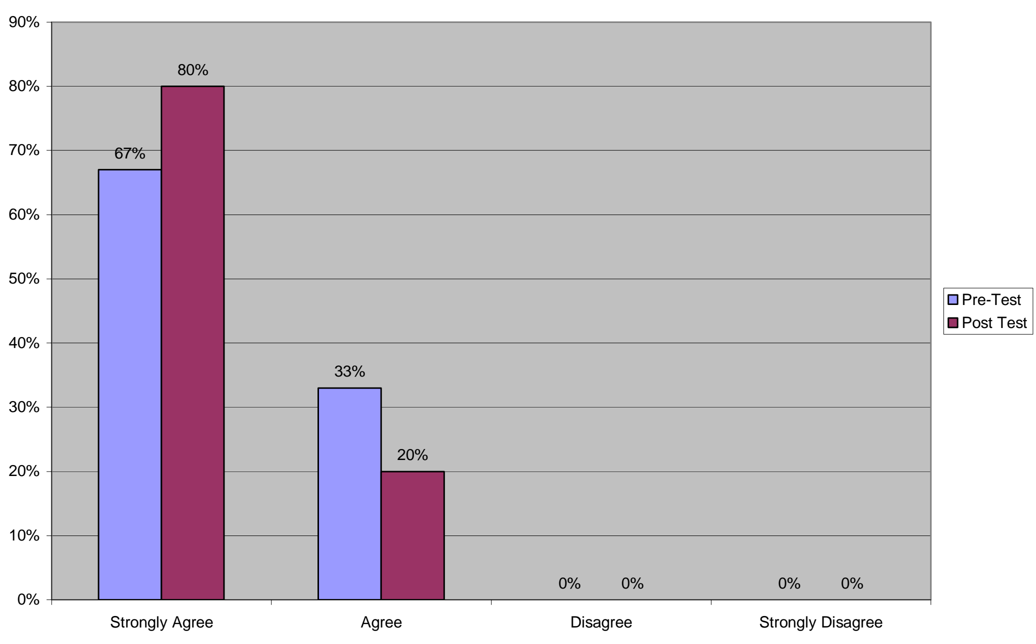

I can list 3 things I can do that help the situation not get out of hand when I am beginning to feel stress.
80%
70%
60%
50%
40%
30%
20%
10%
0%
74%
46%
41%
21%
13%
0%
0%
5%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test

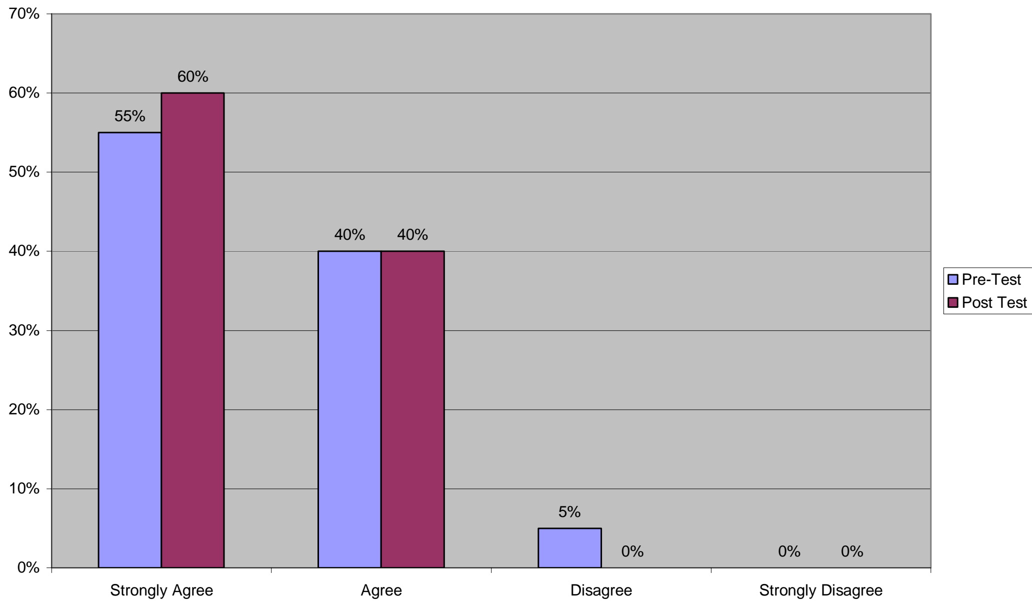

I believe that I have handled stress I encounter in a responsible way that is improving my life.
80%
70%
60%
50%
40%
30%
20%
10%
0%
70%
50%
40%
22%
8%
5%
0%
5%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test

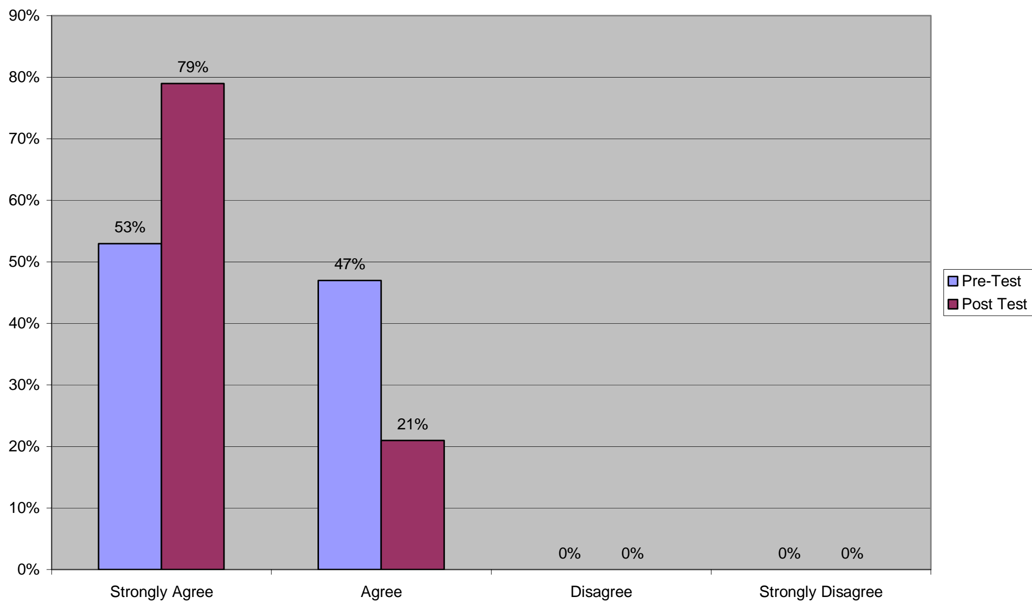

I can list 3 ways in which I make good choices that increase my mental health.
80%
70%
60%
50%
40%
30%
20%
10%
0%
70%
37%
27%
20%
9%
0%
27%
10%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test

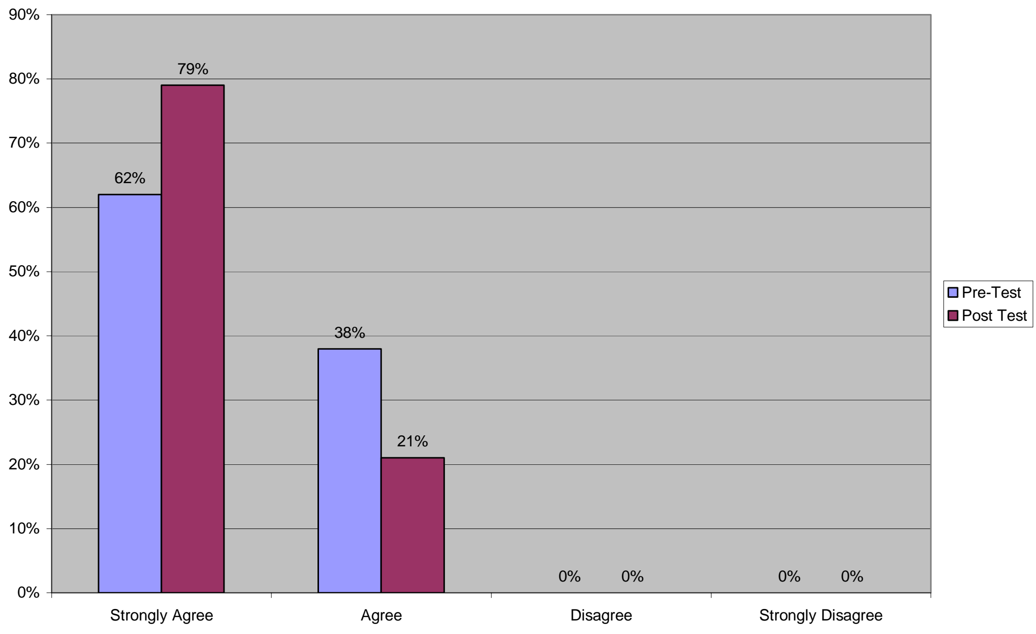

I consider the training I will receive in this class to be very important.
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
80%
74%
26%
20%
0%
0%
0%
0%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test

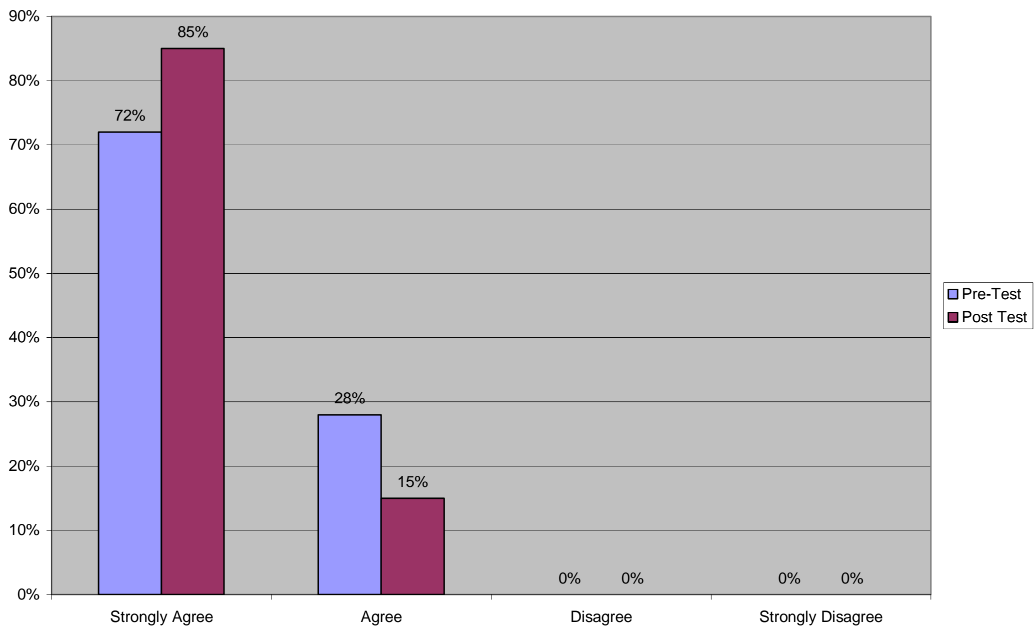

I believe the following teaching approaches will be very helpful for the classes I will be taking.
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
78%
64%
36%
22%
0%
0%
0%
0%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test


Teacher's presentation of material on stress, mental health & mental illness.
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
80%
67%
33%
20%
0%
0%
0%
0%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test


Including examples of ways to understand whether someone is feeling mentally ill; in other words-How would I know?
70%
60%
50%
40%
30%
20%
10%
0%
55%
60%
40%
40%
5%
0%
0%
0%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test


Talking with others in the class about our own experiences in coping with stress or bad feelings that we had had.
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
53%
79%
47%
21%
0%
0%
0%
0%
Strongly Agree
Agree
Disagree
Strongly Disagree
Pre-Test
Post Test





In general, the examination of the data indicate that participants changed in a positive manner in increased understanding about mental illness and handling stress better, as well as appreciating the teacher's manner in presentation.

Data: Noble County Probation Office

During the last three years 95 individuals have been referred to NEC for the Bienvenido Program. Of those 95: 37 successfully completed probation; 40 are still on probation and in compliance; and 17 of the 95 violated their probation after attending the program. Of that 17: 12 were for reasons other than a new offense or drug use and 5 were for new offenses (2-operating while intoxicated, 2-operator never licensed (driving and never having a license), and 1-battery and domestic battery). Out of the 95 people ordered, only 4 have committed new offenses since being released from probation. Those offenses are 2-OWI and 2-Operator Never Licensed.

Qualitative Impressions

A summary is presented below:

- Most group participants (approximately 170) are of low to moderate literacy levels in Mexico, their primary country of origin.
- Concepts such as “mental health”, or “stress and coping alternatives” are more likely American concepts that reflect realistic experienced U.S culture than difficulties associated with effective functioning in their native country. Although inclusions in a rehabilitative curriculum merit positive benefit examination, extensive attention to terminology (especially how an individual is diagnostically characterized) is recommended to meet the goals of this curriculum.
- Access to alcohol and other drugs is much more accessible in U.S. communities for many of the participants, who come from semi-urban or rural communities in Mexico and South America.
- Acculturative stress is considered normal: it comes with the territory of having immigrated.
- Positive coping styles to deal with daily evidence of acculturative stress are not evident, not publicized. Access to these options is further hindered by a system that traditionally creates racial and ethnic disparities to care.
- The stigma of participating in “mental health treatment” is a daily reality. This financially impacts individual or familial well-being in an area that already encourages social isolation.

Video taped lessons and curriculum refinement

One of the objectives of the evaluation plan was to videotape class sessions and give feedback about facilitator style, verbal and nonverbal style, managing group input, and fidelity to module objectives.

This evaluator began listening to audio, then video taped classes, in late November, typing transcripts of classes in to order to listen to the nature of the facilitator delivery as well as learn about participants’ responses. The fall group was facilitated by Mr. Frank Pizaña, NEC. The second group was facilitated by Gilberto Pérez Jr., NEC. The third group was facilitated by Liliana Quintero, HLHCEC. The review of how classes are conducted addresses fidelity, which is important to replication of the program by other

facilitators in order to assess its progress toward becoming a promising or evidence-based program.

The most emergent theme that arose with Mr. Pizaña was that he tended to take a didactic approach and stuck fairly rigidly to the curricular content of each lesson plan. He did a fine job of involving respondents but did not allow them to talk very much during the class. Another issue that emerged was that information offered by participants provides insights for the facilitator that need clarification during training. For example, during lesson 5 while participants are talking about favorite past-times, they only allude to engaging with other men; yet the issue of family involvement in providing support and fun was not explored.

The second pilot group, facilitated by Gilberto Pérez, demonstrated a different teaching approach by primarily using a Socratic teaching method and participants were actively encouraged. Although brief silences existed when Mr. Pérez asked individuals to express their opinions or experiences, invariably this contributed to more active participation during the session and greater interaction by participants with each other, not just with the instructor. This approach is a clinically effective method of enhancing trust, camaraderie, and decreasing perceived isolation in a group – gains which may be linked to social confidence and higher possibility of potential for community integration post-group termination.

All lessons from both Bienvenido pilot groups at NEC were recorded and a brief summary of each class session was provided to NEC personnel. During the course of the evaluation period, bi-weekly teleconferences were held to discuss facilitator teaching method and theoretical assumptions of curriculum content. It was not possible to obtain recorded sessions from pilot group 3 at HLHCEC. In this vein, NEC's supervision and review of facilitator delivery of each class will be an important element to enhance fidelity and increase the possibilities that all participants are getting the same product, as well as increase the possibility that evaluation data will be measuring the same intervention. Alternatively, because data collected so far is minimal, it may be good to incorporate topics, approaches, exercises or homework assignments.

Development of homework assignments: As Dr. Saldaña reviewed the Bienvenido curriculum, a task of creating homework assignments for each class module was assigned. The purpose of the homework assignment was to help reinforce the class lesson for that particular week. The homework assignment was to be simple in nature, but structured in a manner that would stimulate thought and activity throughout the week. Participants were instructed to complete the homework assignment at home and encouraged to bring the completed work to the next module. None of the participants (9) were illiterate.

At the beginning of the first module participants were handed out the homework assignment and several made comments related to having to do this type of activity. Comments ranged from, “Why do we have to do this?” “I don't think I'll have time.” “I'll see if I can get it done.” The group facilitator at module 5 forgot to mention the homework assignment. As the facilitator was ready to dismiss the group four participants commented if a homework assignment was to be given for that particular

week. Up to this point, half of the participants continued to bring their completed homework assignments to the module.

Participants were asked to comment on their overall reaction to completing a homework assignment at home. Several participants commented that doing a homework assignment helped them remember the module content as well as stimulate conversation with other family members. The homework assignments will be added to the second version of the Bienvenido Facilitator Manual as additional working tools for the participants of the program.

Summary and Implementation Steps

One of the outstanding strengths of this program is its reliance on community networking and team building. This endorsement of "it's our community" is an innovative and rare approach to responding to addressing individuals with emotional or behavioral problems. The second distinctive characteristic of this rehabilitative program is to treat participants not as stigmatized and monitored individuals who were referred to this "treatment" program, but rather as a group of people who have the choice of recognizing and using their strengths that can contribute to a better community.

While male clients are typically referred for drug-related misdemeanors, heavy emphasis is placed immediately on recognizing individual indigenous identity, heritage, values, and the impact of acculturation and Latino status in a primarily Caucasian community. Many acculturative stresses are addressed that contribute to substance abuse or its consequences such as domestic violence, social isolation, academic risks for their children, and fragmented access to healthier supports that could potentially be quite useful.

Several issues are suggested by the findings of this evaluation for the continued development of the Bienvenido Program: Good Mental Health for the Latino Immigrant.

1. **Increased recruitment of new groups will require training of more facilitators. The variability of participant characteristics, as well as facilitator method of instruction, places higher demand on clarification of instructional methods to enhance program fidelity.**

   NEC Implementation Step - NEC continues to work at developing relationships with local agencies in order to secure additional Bienvenido groups. In July 2007 NEC will begin training 50 individuals from the Learning Generation Initiative who are Latino community residents. It is envisioned that the community members become facilitators who can begin the implementation work of the Bienvenido Program in their community. NEC will work closely with the Learning Generation Initiative to establish a good communication between facilitators and training agency (NEC).

   NEC Implementation Step - NEC has received a favorable response from the Indiana Association for Addictions Professionals to begin dialogue regarding certification for Bienvenido Facilitators. It is envisioned that facilitators receive continuing education courses to further their understanding of immigrant health and immigrant mental health.

   NEC Implementation Step – NEC has begun preliminary conversations with the National Autonomous University of Mexico and South Texas College, McAllen, TX regarding the possibility of providing on-line courses to Bienvenido Facilitators. It is envisioned that facilitators have access to further education by universities who have extensive experience with Latinos along the Texas/Mexico border and Mexico. NEC will begin concrete discussions with South Texas College in July 2007 and two professors from Mexico have been assigned to work with NEC on this exciting educational venture.

2. **The preliminary measures that have been adopted provide evidence that participants are satisfied with the program, and some support that perceived gains are made in knowledge about mental health and stress reduction. However, the number of participants is still limited and pre- and post-group measures are needed to provide greater validity to the knowledge, attitude, and skill gains to indicate a promising practice.**

   NEC Implementation Step – There are multiple avenues to consider in terms of specific population (court-mandated versus non-court mandated) and age group (adult versus adolescent) that should receive the Bienvenido curriculum. NEC has had the benefit of local community support that allows for access to both sectors of the community.

   NEC has decided to focus on *adults* who are *court-mandated* as the **main target population.** Bienvenido groups continue at NEC Outpatient Office with all participants being court referred. A second population group that will continue to be explored are adults who *voluntarily participate* in the Bienvenido Program. Currently, NEC conducts a Bienvenido group with a local literacy agency. Over 30 participants have voluntarily signed up for the program. The Hispanic/Latino Health Coalition of Elkhart County has begun a second group and continues to show growth in the number of participants enrolled and these are also volunteer participants.

   NEC Implementation Step – NEC will work to establish a formal relationship with an experienced Latino behavioral health researcher who can give direction and oversight to on-going data analysis and research question formulation.

3. **In addition to pre- and post-group measures, additional data obtained from referral sources such as probation or schools could be obtained to illustrate actual functional gains that are observed post-group and relevant to desired social outcomes.**

   NEC Implementation Step - NEC has created a strong relationship with the local court system and will continue to seek ways to better improve the data recording process for individuals who are court referred. Also, the development of a functional gain assessment will be administered to participants three months and six months post-group completion. This will move us closer to better understanding desired social outcomes outlined in the current logic model (decrease OWI's six month after completion, increase access to mental health services, and increase sense of belonging and participation in community activities).

4. **Development of specialized topics that meet particular group needs, such as the developmental needs of children and adolescents or compare the gender differences in application of knowledge presented in each class is encouraged. Interaction of these variable participant concerns does not invalidate the fidelity of the program as long as the various versions are**

submitted to the same rigor and training as has been initiated through the process of current evaluation contract.

NEC Implementation Step - NEC will continue to explore with local school systems regarding curriculum adaptation with Latino adolescents. One disparate group not mentioned in the Bienvenido evaluation was from West Noble High School. The group was small (5) and it was agreed that it would be best to not combine adolescent responses with adult responses. NEC will work with its Bienvenido Advisory Committee and Bienvenido Administrative Working Group to outline objectives for expansion of the Bienvenido curriculum to meet the needs of adolescents.

NEC Implementation Step – NEC will seek to build relationships with local universities that can provide guidance on curriculum development with adolescents and provide oversight on objectives and appropriate interventions.

5. **There are tremendous gains in program growth and presence through the efforts of marketing. Implementation of the community dialogues not only increases community presence but encourages community interaction between sectors that might not otherwise collaborate in mutually prioritized efforts. Continued documentation of minutes from these meetings and eventual surveys and interviews to gauge what contributes to the effectiveness or presents challenges for participants to remain engaged can assist in producing the elements of sustained investment to serve as a model for other locations.**

   NEC Implementation Step - NEC began the work of the community dialogues and recently transferred leadership to the Celebrate Diversity Project in Noble County. NEC will continue to work closely with the Celebrate Diversity Project further solidify the Ligonier Community Dialogues. The participation at these events continues to grow and the community has shown interest in working to meet the needs of adolescents.

   NEC Implementation Step – NEC will explore further with local and state agencies the establishment of a Latino Behavioral Health Network in Indiana that meets regularly to address the issues of the Latino community in the area of behavioral health.

6. **The constant demand on limited Spanish-speaking personnel is a reality as the program succeeds and grows. As community lay leaders are recruited into community dialogues, those who speak Spanish may be approached for inclusion as group facilitators. This is a strong challenge, but a reality in terms of program sustenance that is a quickly emerging consequence of the program's success.**

   NEC Implementation Step – NEC will begin work to establish a Bienvenido Empowerment Training Center that meets the educational needs of university students, professionals, and lay community residents. Through the

Empowerment Training Center professionals will engage in the Bienvenido Facilitator Training Program that prepares the bilingual behavioral health providers to effectively implement and facilitate the Bienvenido curriculum. The Bienvenido Empowerment Training Center will work at building relationships with local Latino immigrants and encourage them to become active participants in the community through education and social action (community dialogues). The Empowerment Training Center will strive to educate and empower the community.

NEC Implementation Step – NEC will recruit former Bienvenido Program participants and Latino immigrants and train them to become mentors for current Bienvenido participants at NEC and in the community. The participant will enter into the *Latino Immigrant Leadership Development Program* which meets on a monthly basis at the Bienvenido Empowerment Training Center. Part of the study program comprises group facilitation, oral reports, and written assignments. NEC will prepare Latino immigrants to become peer-to-peer support workers and encourage participants to enter into the certification process with the Indiana Association for Addictions Professionals. NEC will deliver a highly credible learning experience, grounded in making a conscious, deliberate attempt at increasing knowledge and awareness of mental health related topics and group facilitation. Courses will be offered in various ways: face-to-face instruction, simulcast, and e-courses.

7. **Become familiar with the clinical and cost benefits of effective care. In particular, it would serve your organization's best interest to learn more about interventions that provide early identification of risk for behavioral difficulties and intervene before problems get worse or invoke adverse consequences.**

   NEC Implementation Step – NEC will continue to review the literature review submitted by evaluator as a way to identifying interventions that identify risk for behavioral difficulties in the Latino immigrant community.

   NEC Implementation Step – NEC will collaborate with local and regional early prevention programs in order to better understand the needs of the children and adolescents in our geographical area. Partnerships with Drug-Free Noble County and Celebrate Diversity Project move us close to this realization.

8. **Note that developing expertise in providing better behavioral health care holds promise for all target populations served by your organization. By applying "evidence-based" or "promising practices" to your clients and collaborating with other service providers in your area, your organization will reduce costs to the region you serve.**

   NEC Implementation Step – Our continued relationship with LEAP of Noble County, a literacy project in our geographical area, continues to develop. NEC will begin a partnership with LEAP's after school at-risk program Fall 2007. NEC will work closely with LEAP staff to address social skill development of children in Ligonier, IN.

9. **Capitalize on existing resources. For example, the Bienvenido program has developed an Advisory Committee, which is really a coalition of rural stakeholders that span various settings and types of services. NEC is urged to meet with the Advisory Committee and learn how to facilitate their efforts with other similar representatives from your target area.**

   NEC Implementation Step – NEC will continue to meet with the Bienvenido Advisory Committee to seek counsel on further development of the Bienvenido Program. It is through the advisory committee that NEC hopes the program will better fit the needs of the Latino community.

   NEC Implementation Step – NEC will continue to meet with its Bienvenido Working Group which is made up of NEC administrative staff. This group will continue to provide administrative direction and discern Bienvenido Advisory Committee counsel.

10. **Extend your local efforts to a wider region (next-door-neighbor providers, counties) and use the stakeholders you have already mobilized to serve as their planning partners for service development, coordination, and enhancement. Empowerment is always the key word.**

    NEC Implementation Step – NEC has begun interacting with area providers regarding the possibility of offering Bienvenido Facilitator Trainings.

    NEC Implementation Step – On May 1 NEC met with the Mennonite Central Committee US and Moderator of the Hispanic Mennonite Church in Pennsylvania to discuss Bienvenido Program and brainstorm the possibility of training Latino Mennonite pastors and lay leaders. This dialogue will continue in July 2007.

11. **Educate the community about mental illness, and help define what is considered evidence of mental health. Use the popular media (TV, radio, newspaper) to cover hosted events, and to publish interviews with local providers about the services they offer – individual stories of recovery are wonderful ways to educate about mental illness and also to emphasize the importance of seeking help and getting better. De-stigmatize what studies show is a national norm.**

    NEC Implementation Steps – NEC continues to meet regularly with local school principals and community leaders to discuss ways to decrease stigma. NEC has begun to submit articles related to mental health to the local Spanish newspapers. NEC has met with 105.9 Fort Wayne to discuss creation of a monthly mental health radio program for Latino immigrants.

Comments from Bienvenido Program Evaluation Participants

1. I liked the group and think in the future I will feel better.

2. My classmates and I are like family. My thinking has changed and my home life is better.

3. This program is very beneficial for a person with depression. It helps one accept life as it is and value oneself. Life is beautiful and it is worth living. The program helped us receive feedback, raise our self-esteem, and helped us value each other more.

4. It is an excellent program. I believe that as trees grow through their roots, we should cut them, I mean, trust our experiences and remove the negative aspects we carry. The best thing that happened is that I made friends. We have been taken on this beautiful caravan of friendship in the Bienvenido group. I am happy to have all of my friends and classmates.

5. The class is according to our needs and thank you for this support group.

6. I feel happy with the classes. Things were explained to me with detail and I am trying to improve myself financially.

7. For me to attend these classes was good. They helped me a lot. I was very embarrassed when I first arrived because I usually don't have problems. After having attended the classes now I feel that I can move forward. Before the classes I felt lesser than what I do now. Before, others tried to make me feel lesser, but not anymore. For me, these classes were number one. This class has been therapy for me. To talk with others helped me a lot.

8. I was interested in several of the classes. For example, the class on drugs and alcohol, mental illness, and socializing with other people. Most of all, everything was interesting. All of the classes were good.

9. Everything was fine. The classes help you improve your life and I learned new things.

10. The classes I enjoyed most were on good communication and conversing with the mental health professional.

11. Everything was great. The classes help you reflect on your problems.

12. I thought the classes were fine. I learned a lot of things and I felt better after each class that I took because it felt like a load was lifted from me.

13. I learned a lot because it helped me to value where I am. I have felt very comfortable coming to these classes. I learned things that hadn't even crossed my mind.

Bienvenido Logic Model 2007

GOALS	INTERVENING VARIABLES	FOCUS POPULATION	STRATEGIES	"IF-THEN" STATEMENTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
A. To address this substance-abuse or related problem:	**B. By addressing these intervening variables (e.g., risk and/or protective factors):**	**C. For these people:**	**D. We will do the following program activities/strategies (what, where, and how much):**	**E. We expect that this activity will lead to changes in these risk/protective factors, which in turn will lead to our program goal:**	**F. We will know these changes have occurred if:**	**G. We will know we are reaching our goals if:**
1. Logic Model:						
To reduce alcohol and drug use and related outcomes	**Reduction of risk factors to ATOD use including: isolation, lack of goals, inappropriate response to anger and stress, and difficult family relations**	**Court-ordered adults**	**9-week (1 ½ hour) class that includes: realistic expectations of ATOD use; communication/anger management techniques and role plays; education about getting involved in community activities; education about family cohesion; verbalization of traumatic experiences and feelings; discussion of realistic expectations.**	**If classes are offered to court-ordered adults that address topics such as ATOD use, communication, anger management, community involvement, family cohesion, past trauma, and realistic expectations, then participants will learn about these topics. If they learn about these topics, they will be less stressed, feel less isolated, and communicate more effectively. If they do this, they will be less likely to abuse alcohol, tobacco, and other drugs.**	**Increased expectations of ATOD use, participation in community activities, feel less isolated, improved response to anger and stress, improved family relations, more realistic.**	**Participants do not have DUIs within 6-months of program completion.**
2. Evaluation questions:						
To what extent was ATOD use reduced in the target population?	**To what extent have the risk factors been reduced?**	**How many court-ordered adults participated? Did they receive the full program?**	**Did court ordered adults participate in the full 9-week session for 1 ½ hours each?**	**To what extent did court-ordered adults participate? To what extent did they learn new skills?**	**To what extent did they gain new skills and feel less isolated?**	**To what extent were DUIs reduced within 6-months of program completion?**
3. Methods						
Participant survey DUI info is collected from courts	**Participant survey DUI court data**	**Participant survey DUI court data**	**Participant survey DUI court data**	**Participant survey DUI court data**	**Participant survey DUI court data**	**Participant survey DUI court data**

GOALS	INTERVENING VARIABLES	FOCUS POPULATION	STRATEGIES	"IF-THEN" STATEMENTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
1. Logic Model:						
Increase access to and use of mental health services	**Knowledge about where to go for help, comfort with treatment, knowledge of mental health symptoms and problems**	**All participants in Bienvenido**	**9-week (1 ½ hour) in: mental health center and community organizations with curriculum focusing on knowing were to go for help, comfort with treatment, and knowledge of mental health symptoms and problems.**	**If classes are offered to immigrants that focus on increasing knowledge of the mental health system, mental health symptoms and problems, participants will know more about were to go for help if they are having a problem. If classes also help participants to be more comfortable with the system, the will access help when needed. If participants need help, they will access care.**	**Increased knowledge of where to go for help, willingness to access treatment if needed, increased knowledge of mental health symptoms and problems.**	**More participants use needed mental health services.**
2. Evaluation questions:						
To what extent was access and use of mental health services increased?	**To what extent was knowledge of where to go for help and m.h. symptoms increased? To what extent was comfort with treatment increased?**	**How many adults participated? Did they receive the full program?**	**Did adults participate in the full 9-week session for 1 ½ hours each?**	**To what extent did adults participate? To what extent did they increase their knowledge of mental health symptoms and services?**	**To what extent did knowledge of mental health symptoms and services increase? To what extent did willingness to seek care if needed increase?**	**To what extent did participants access mental health services within 6-months of program participation?**
3. Methods						
Participant survey Standardized assessment Exploration of possible comparison group	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**

GOALS	INTERVENING VARIABLES	FOCUS POPULATION	STRATEGIES	"IF-THEN" STATEMENTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
1. Logic Model:						
To increase sense of belonging and participation in the community	**Reduced isolation and increased feelings of belonging and participation in the community**	**All participants in Bienvenido**	**9-week (1 ½ hour) in: mh center and comm org with curriculum focusing on increasing participants' knowledge of community resources and increased feelings of belonging as well as sharing their migration stories.**	**If classes are offered to immigrants that focus on increasing their knowledge of community resources and activities and they share their migration story, they will feel an increased sense of belonging to the community**	**Reduced isolation, increased participation in community activities, increased sense of belonging**	**More participants are active in their community.**
2. Evaluation questions:						
To what extent was sense of belonging and participation in the community increased for participants?	**To what extent has isolation decreased feelings of belonging increased, and participation in community activities increased? To what extent have participants shared their migration story?**	**How many participated? Did they receive the full program?**	**Did adults participate in the full 9-week session for 1 ½ hours each?**	**To what extent did adults participate? To what extent did they learn new skills?**	**To what extent did participants reduce isolation, gain sense of belonging, and increase participation in the community?**	**To what extent were participants more active in their community?**
3. Methods						
Participant survey Standardized assessment Exploration of possible comparison group	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**	**Participant survey Standardized assessment Exploration of possible comparison group**

Pre-test and Post-test evaluation responses for Questions 6, 7, 9

PRE Pregunta 6 *Question 6*	**POST** Pregunta 6 *Question 6*
Tres tipos de estrés. *(Three types of stress.)*	
P1. No dormir. *(Not sleeping.)* Perder el apetito. *(Loss of apettite.)* Desesperación. *(anxiety.)*	
P2. Nada. *(None.)*	Trabajo *(Work)* Misma Rutina *(Same routine)* Lejos de la familia *(Faraway from family)*
P3.	Trabajo *(Work)* Problemas con la familia *(Problems with family)* Conflictos en el trabajo *(Conflict at work)*
P.4. Problemas con la policía. (Problems with police.) No tener dinero. (Don't have enough money Migra. (Immigration.)	Falta de dinero *(lack of money)* No comunicación con mis hijos *(Poor communication with my children)* No comunicación con mi pareja *(Poor comunication with spouse)*
P.5	Trabajo *(Work)* Misma rutina *(Same routine)* Lejos de mi familia *(Faraway from my family)*
P.6	Trabajo *(Work)* Problemas legales *(Legal problems)* Problemas familiares *(Family problems)*

PRE Pregunta 7 *Question 7*	**POST** Pregunta 7 *Question 7*
Tres cosas que puedo hacer para que las cosas no se salgan de control. *(Three things that I can do so things don't get out of control.)*	
P1. Hacer ejercicio. *(Exercise.)* Distraerme con algun juego. *(Play a game.)* Dar una vuelta. *(Take a drive.)*	
P2. Hablando. (*Talking*.)	Platicar con hijos *(Talk to my kids)* Ver tele *(Watch TV)*
P3.	Hablando *(Talking)* Alejarse de la situación *(Walk away from the situation)* Regresar después y admitir la culpa *(Come back later and admit you were wrong)*
P4. Buscar otro trabajo. *(Find another job.)* Salir de paseo. *(Go out.)* Estudiar algo. *(Study.)*	Controlarme *(Control myself)* Buscar otro "part-time" *(Find another"part-time")* Salir a pasear (Go out)
P5. Hablar. *(Talk.)* Pensar. *(Think.)*	Distraerse *(Distract yourself)* Platicar con mis amigos *(Talk to my friendo)* Hablar con la familia *(Talk to my family)*
P6. Nada. *(None.)*	Salir a las tiendas *(Go Shopping)* Ir con los amigos *(Go out with friends)* Visitar familiares *(Visit family members)*

PRE	**POST**
Pregunta 9 *Question 9*	Pregunta 9 *Question 9*
Puedo enumerar tres formas en las que tomo buenas decisiones par aumentar mi salud mental. *(I can list three ways that I can make good decisions to increase my mental health.*)	
P. 1 Nada. *(None.)*	Nada *(None)*
P. 2 Nada. *(None.)*	Mi trabajo. *(My job)* Hacer mis compras *(Do my shopping)*
P. 3	Dios no nos da los problems que no podamos con ellos *(God doesn't give us problems that we can't handle)* Alejarce de las personas que no nos traen buenas cosas *(Stay away from people that don't bring us good things)*
P. 4 Religion. *(Religion.)* Dedicarle tiempo al nino. *(Dedicate time for my child.)* Ejercicio que nunca hago. *(Excercice that I never do.*	Hacer ejercicio *(Exercise)* Comunicarme con mi familia *(Communicate with my family)*
P. 5	Trabajo *(Work)* Pensar en la familia *(Think about family*)
P. 6 No desesperarme. *(Don't get anxious.)*	Leer un libro *(Read a book)* Practicar deporte *(Practice a sport)* Tomar clases de ingles *(Take English classes)*

PILOT 2

PRE **POST**

Pregunta 6 *Question 6*	Pregunta 6 *Question 6*
Tres tipos de estress *(Three types of stress)*	
P.1 Triste, deprimido. *(Sad, depresed.)*	Depresión. *(Depression)* Enojo *(Anger)* Problemas en el trabajo *(Problems at work)*
P.2 No saber ingles. *(Not being able to speak Englis)*	Ingles *(English)* Problemas legales *(Legal problems)*
P.3 Tímido. *(Shy.)*	Problemas legales *(Legal Problems)* Trabajo *(Work)*
P.4 No transporte. *(No transportation.)* Rutina de trabajo. *(Work Routine.)*	La familia *(Family)* Los amigos *(Friendo)*
P.5 La rutina del trabajo del diario. *(Work Routine)* La misma gente. *(Same people.)* Los mismos problemas. *(Same problems.)*	La familia *(Family)* Mis hermanos *(My brothers)*
P.6 La presión. *(Pressure.)* Depresión. *(depression.)*	Tristeza (sadness) Depresión *(Depresión)* Conflictos *(conflicts)*
P.7 Tristeza. *(Sadness)* Soledad. *(Loneliness.)* No tener trabajo. *(Not have a job.)*	Mantenerse ocupado (staying busy) Platicar con la familia *(talk to the family)* Hacer ejercicio *(exercise)*
P.8 El ingles. *(English.)* A las leyes. (*The laws.)* La autoestima. *(Self-esteem.)*	El alcoholismo (*alcoholism)* Drogadicción *(Drug addiction)* Problemas legales *(Legal Problems)*

PILOT 2

PRE	**POST**
Pregunta 7 *Question 7*	Pregunta 7 *Question 7*
Tres Cosas que puedo hacer para que la situación no se salga de control. *(Three thing that I can do so things don't get out of control.)*	
P1. Hablar con un amigo. (Tala to a friend.)	Escuchar música (Listen to music) Salir a caminar. (Take a walk) Hablar calmado. (Be calm)
P2. Aprender. (Learn.)	Platicar (Talking) Jugar (Playing) Pasatiempo (Hobby)
P3. Salir a la tienda. (Go out to the store.)	Jugar (Playing) Salir al parque (Go to the park) Ir a la escuela (G oto school)
P4. Comunicarme con la familia. (Comunicate with my family.)	Platicar con la familia (Tlak to the family)
P5. Tomar vacaciones. (Take a vacation.) Tratar mas a la gente. (Get to know more people.)	Otra vez a la familia (family again) Mis hermanos (My brothers) Mis hijos (My kids)
P6. Relajarse. (Relax.) Contar hasta diez. (Count to ten.) No pensar en eso. (Don't think about it.)	Tranquilizarme (Clam down) Platicar con mis amigos (Talk to my friends) Pensar dos veces las cosas (Think twice before doing something)
P7. Mantenerme ocupado. (Keep busy.)	Tener mente (Be smart)
P8. Buscar un psatiempo. (Find a hobby.) Enfrentarlos. (Confront them.) Buscar soluciones. (Find solutions.)	Calma, reflexionar (Clam down, reflect) Conversar con una persona de confianza Talk to somebody you trust)

PILOT 2

PRE	POST
Pregunta 9 *Question 9*	Pregunta 9 *Question 9*
Puedo enumerar tress formas en las que tomo buenas decisiones para aumentar mi salud mental. *(I can list three ways that I make good decisions to increase my mental health.*	
P1. Nada. *(None.)*	No meterme en problemas legales *(Don't get in legal trouble)* Hecharle ganas en el trabajo *(Be entusiastic at work)* Pedir ayuda cuando la necesite *(Ask for help when I need it)*
P2. Tranquilizarme. *(Calm down.)*	Tranquilizarme *(Calm down)* Jugar voleybol *(Play volleyball)* Visitar un consejero *(Visit a councelor)*
P3. Trabajar. *(Work.)*	Trabajar *(Work)* Leer un libro *(Read a book)* Visitar un doctor (*G oto the doctor)*
P4. Nada. *(None.)*	Asistir a las classes *(Go to the classes*)
P5. Nada. *(None.)*	No tomar alcohol *(Don't drink alcohol*) No usar drogas *(Don't use drugs)*
P6. Nada. *(None.)*	Tomar las clases voluntariamente *(Take classes voluntarily)* Hacer todo correctamente *(Do everything right)* No meterme en mas problemas *(Don't get in any more problems)*
P7. Nada. *(None.)*	Nada *(None)*
P8. Alegria. *(Happiness.)* Buena cara a la vida. *(Put a good face to life.)* Luchar. *(Fight for what you wnat.)*	Tomar clases voluntariamente *(Take classes voluntarily)* Tratar de no tener mas problemas *(Try not to have more problems)*

PRE	**POST**
Pregunta 6 *Question 6*	Pregunta 6 *Question 6*
Tres tipos de estress. *(Three types of stress.)*	
P1. Laboral. (work) Personal. *(Personal.)* Salud. *(Health.)*	Laboral (work) Personal (Personal Halud (Health)
P2. Mental. *(Mental.)* Fisico. (Physical) Emocional. *(Emotional.)*	Escacez de trabajo (Lack of work) Falta de respeto *(Lack of respect)*
P3. Laboral. (Work) Familiar. (Familial) Salud. *(Health.)*	No puedo hablar con nadie *(Can't talk to anybody)* No sentirse bien *(Don't feel good)* Depresión *(Depression)*
P4. Problemas laborales. *(Problems at work.)* Problemas con la familia. *(Family problems.)* Problemas con las amistades. *(Problems with friends.)*	No puedo hablar con nadie *(Can't talk to anybody)* No sentirse bien (*Don't feel good)* Familiar *(Family)*
P5. Laboral. (work) Familiar. (Familial) Salud. *(Health.)*	Laboral (Work) Emocional *(Emotional)* Familiar *(Family*
P6. Trabajo. *(Work.)* Presion familiar. *(Family pressure.)* Salud. *(Health.)*	Enojo *(Anger)* Frustración *(Fustration)* Desesperación (Anxious)
P7. Familiar. *(Family.)* Emocional. *(Emocional.)* Personal. *(Personal.)*	Coraje *(Anger)* Aburrimiento (Bored) Estado d animo (Emotional state)
P8. Cuando no tienes dinero. *(When you don;t have enough money.)* Cuando no trabajas. *(When you don't work.)* Cuando no tienes apoyo. (When you don't have support)	Laboral (Work) Familiar *(Family)*
P9. Debilidad (Weakness) Irritabilidad (Irritable) Cansancio (Feeling tired)	Incompleto *(Incomplete)*

PRE	**POST**
Pregunta 7 *Question 7*	Pregunta 7 *Question 7*
Tres cosa sque puedo hacer para que la situación no se salga de control. *(Three thing that I can do so things don't get out of control.)*	
P1. Escuchar música. *(Listen to music.)* Ir a la fiesta. *(G o to a party.)* Hablar con amigos. *(Talk to friendo.)*	Aistir a reuniones *(Got o reunions)* Ir a las bodas *(Go to a wedding)* Hablar por teléfono *(talk on the phone)*
P2. Escuchar música. *(Listen to music.)* Leer la Biblia. *(Read the Bible.)* Tomar un bano. *Ttake a bath.)*	Música *(Music)* Hablar con mi familia *(talk to my family)* Buscar ayuda *(Find help)*
P3. Ir a la iglesia. *(Go to church.)* Hablar con la familia. (*Talk to your family.)*	Hablar con mi hermana *(Talk to my sister)* Comer mejor y saludable *(Eat better and healthier)* Ir al medico *(Go to the docator)*
P4. Leer un libro. *(Read a book.)* Poner poquito de música. *(Listen to a little music.)* Relajarme. *(Relax.)*	Hablar con mi hermano *(talk to my brother)* Comer mejor y saludable *(Eat better and heathier)* Ir al doctor *(Go to the doctor)*
P5. Pienso en mi salud. *(I think about my heath.)* Recuerdo mis planes para el futuro. *(I remember my plans for the future.)* Pienso en mi hijo. *(I think about my son.)*	Guardar la calma *(Be calm)* No sentirme victima o culpable *(Don't feel guilty or victimized)* Evitar palabras altisonantes (Avoid using aggressive words)
P6. Hacer ejercicio. *(exercise)* Perdida de empleo. *(Loss of employment.)* Ayuda psicológica. *(Psychological help.)*	Actitud positiva *(Positive attitude)* Buena comunicación *(good communication)* Mantener la calma *(Be calm)*
P7. Enojado con mi pareja. *(Argue with spouse.)* Perdida de empleo. *(Loss of empolyment.)* Con su hijo. *(With my son.)*	Caminar *(Walk)* Hablar con alegria (Talk as if I were happy) Deporte. *(Sports.)*
P8. Salgo a caminar. *(Take a walk.)* Veo la tele. *(Watch TV.)* Veo por la ventana. *(Look out the window.)*	Caminar *(Walk)* Participar en grupo *(Partícipate in group)* Ejercicio *(Exercise)*
P9. Ser positiva. *(Be positive.)* Buscar ayuda. *(Find help.)* Sentir que no estoy sola. *(Feel that I'm not alone.)*	

HHC PRE **POST**

Pregunta 9 *Question 9*	Pregunta 9 *Question 9*
Puedo enumerar tres formas en las que tomo buenas decisiones para aumentar mi salud mental. *(I can list three ways that I can make good decisions to increase my mental health.)*	
P1 Nada. *(None.)*	Leer un libro *(Read a book*) Hablar de cosas positivas *(Talk about positive things)* Acudir a clasess *(attend class)*
P2.	Compartir mis experiencias *(Share my experiences)* Sentir que no estoy solo *(Feel that I'm not alone)* Sentir que hay alguien a quién le importe *(Feel that there is someone that cares about me)*
P3. Leer la biblia. *(Read the Bible.)* Buscar a dios. *(Find God.)* Oir musica cristiana. *(Listen to cristian music.)*	Ser positive *(Be positive)* Comer saludable *(Eat healthy*) Tener una vida spiritual *(Have a spiritual life)*
P4. Ser positiva. *(Be positive.)* Auto analizarme. *(Self analize me.)* Buscar a Dios. (*Find God.)*	Ser positiva *(Be positive)* Auto analizarme *(Self analyze me)* Buscar a Dios (*Find God)*
P5. Pienso que los demás me necesitan. *(I think others need me.)* Hago planes para el futuro. *(I make plans for the future.)* Sonrío antes de tomar una decisión. *(I smile before taking a decision.)*	Ser más humano *(Be more humane)* Aceptarme a mi misma *(Accept myself)* Valorar mas la vida *(Value life more)*
P6. Me siento aislado. *(I feel isolated.)* Mi salud física es muy buena. *(My health physical health is good.)* Cambiar estado de ánimo. *(Change my moods.)*	Disciplina mental *(Mental discipline)* Hacer a un lado los problemas *(Put aside the problems)* Subir auto-estima *(Elevate self esteem)*
P7. Salir por un momento. *(Go out for a moment.)* Ver tele a solas. *(Watch TV alone.)* Salir al parque solo. *(Go to the park alone.)*	Aceptarse a si mismo *(Self acceptance*) Darle valor a la vida *(Value life)* Sentir que dios esta conmigo *(Feel tha t God is with me)*
P8. Tranquilidad. *(Tranquility.)* Pensar y analizar las cosas. (*Think and analyze things.)*	Orar *(Pray)* Relajación *(Relaxation*) Pensar *(Think)*
P9. Hacer ejercicio. *(Exercise)* Leer buenos libros. *(Read a good book)* Hablar con mis amigos. *(Talk to my friends.)*	Nada *(None)*