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IMPLEMENTATION

AND EVALUATION OF THE COMMUNITY MENTAL HEALTH PROGRAM *FACILITADORES COMUNITARIOS*

IMPLEMENTACIÓN Y EVALUACIÓN DEL PROGRAMA DE SALUD MENTAL COMUNITARIA FACILITADORES COMUNITARIOS

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ABSTRACT

In this article, we describe the development, implementation, and evaluation outcomes of the community mental health program *Facilitadores Comunitarios* (Community Facilitators). This ongoing community-based program intends to enable Latinx community members to utilize their skills, knowledge, cultural capital and networks to facilitate access to mental health and community resources for members of the Latinx community. The program curriculum intends to increase participants' awareness of community mental health issues and help develop their initiatives as social agents to support the Latinx community. This innovative program aims to contribute to the limited mental health interventions focused on the psychological strengths of Latinx immigrant communities with an ongoing and sustainable model. The program's theoretical framework and methodology is informed by community Latinx psychology and CBPR (Community Based Participatory Research) model. In this article, we describe (1) program development, (2) implementation, and (3) results from the first cohort. Program outcomes, implications, and future directions are also discussed.

Keywords: Latinx, Spanish speakers, community psychology, mental health, program development

RESUMEN

En este artículo, describimos los resultados del desarrollo, implementación y los resultados de la evaluación del programa comunitario de salud mental *Facilitadores Comunitarios*. Este programa en funcionamiento, con base comunitaria, tiene la intención de permitir que los miembros de la comunidad Latina utilicen sus habilidades, conocimientos, capital cultural y redes para facilitar el acceso a recursos comunitarios y de salud mental para los miembros de la comunidad Latina. Los contenidos del programa pretenden aumentar la conciencia de los participantes sobre los problemas de salud mental de la comunidad y ayudar a desarrollar sus iniciativas como agentes sociales para apoyar a la comunidad Latina. Este innovador programa tiene como objetivo contribuir a las limitadas intervenciones de salud mental centradas en las fortalezas psicológicas de las comunidades de inmigrantes Latinos con un modelo continuo y sostenible. El marco teórico y la metodología del programa se basan en la psicología comunitaria Latinx y el modelo CBPR (Investigación participativa basada en la comunidad). En este artículo, describimos (1) el desarrollo del programa, (2) la implementación y (3) los resultados del primer grupo de participantes. También se discuten los resultados del programa, las implicaciones y las metas futuras.

Palabras clave: Latinx, hispanohablantes, psicología comunitaria, salud mental, desarrollo de programas.

INTRODUCTION

The Latinx community represents the largest and fastest-growing ethnic group in the United States. According to the 2019 U.S. Census Bureau population estimate, there are 60.5 million Latinx living in the United States. This group represents 18.4% of the U.S. total population. Among Latinx subgroups in 2019, Mexicans ranked as the largest group representing 61.4% of the total Latinx population. Following this group are Puerto Ricans (9.6%), Central Americans (9.8%), South Americans (6.4%), and Cubans (3.9%). The states with the largest Latinx populations are California, Texas, Florida, New York, Arizona, Illinois, New Jersey, Colorado, Georgia and New Mexico. Latinx individuals who are foreign-born represent 40% (Bermudez & Mancini, 2013). Language preferences among Latinx show that 73% of Latinxs speak Spanish at home (Krogstad et al., 2015). The poverty levels in 2019 for Latinx were 17.2% in comparison to 9.0% for non-Latinx whites. Latinx have the highest uninsured rates of any racial or ethnic group within the United States. Those without health insurance coverage vary among Latinx subgroups: 20.3% of Mexicans, 8.0% of Puerto Ricans, 14.0% of Cubans, and 19.4% of Central Americans (Office of Minority Health, 2022). Therefore, emerging immigrant communities have limited support systems and structures, and face significant health disparities and barriers while trying to access services (Zane et al., 2016). The lack of attention to the Latinx immigrant health disparities has created a public mental health crisis that calls for innovative strategies and community-based programs (Rusch et al., 2020). There is a disconnect between emerging Latinx immigrant communities and access to resources and health care providers (Gonzalez, 2017). Indeed, it is a priority to develop community based programs and innovative strategies (Rusch et al., 2020) that address the needs of Latinx individuals especially of those who are immigrants, undocumented, uninsured, and monolingual Spanish speakers.

Additionally, the COVID-19 pandemic intensified health disparities in the U.S., significantly impacting Latinx and other underserved populations. The pandemic highlighted the urgent need for developing mental health initiatives to support and promote the well-being of Latinx communities. *Facilitadores Comunitarios* was created and implemented during the COVID-19 pandemic in response to the lack of mental health programs for the northern California Latinx community. The program intended to promote mental health and well-being among the underserved Latinx population of the region while creating venues for Latinx immigrant communities to access mental health resources. Creating and implementing the program

required considering the multiple barriers that Latinx Spanish speakers encounter when accessing mental health services and navigating institutions. The partnership established between the Health Education Council (HEC) in collaboration with the UC Davis Chicana/o/x Studies department led to the creation, development, and actualization of *Facilitadores Comunitarios*. HEC is a non-profit organization in northern California dedicated to improving health outcomes in underserved neighborhoods. In 2017, HEC became a grantee under the California Reducing Disparities Project (CRDP) with its pilot project *Mente Sana, Vida Sana* (MSVS). The MSVS program focuses on serving the mental health needs of Mexican immigrants in northern California through culturally and linguistically competent services. Overall, the Health Education Council empowers individuals to unite and create a healthy environment for themselves, their families and their communities. The organization focuses on underserved communities by promoting wellness education, community safety, and health access to physical and mental well-being. It also promotes social connections, economic well-being, community collaboration and access to resources. The *Facilitadores Comunitarios* program was granted under the Peers Help Peers (PHP) program, part of the HEC and developed with funding from Sacramento County's Mental Health Service Act (MHSA) prevention and early intervention grants. PHP was designed to engage with two different populations: English-speaking youth and Spanish-speaking adults. HEC has been working with the Spanish-speaking population of the greater Sacramento metropolitan area for over 30 years, including thirteen years of administering the *Ventanilla de Salud* program at the Consulate General of Mexico in Sacramento. This program allocated at the Mexican consulates across the US provides socioemotional support and preventive health interventions for immigrants who often lack access to public health services that are also linguistically appropriate. The model used for these initiatives considers the systemic barriers providing access through other non-traditional venues as the consulates where immigrants seek services related to immigration. These programs have as main objectives: accessibility, direct outreach and preventive interventions. *Facilitadores Comunitarios* is part of the initiatives under these community based interventions that specifically support the Latinx Spanish-speaking community. This group has been identified as one of the Latinx groups that encounters more barriers to access health services.

Facilitadores Comunitarios focuses on prevention and early mental health interventions regarding challenges that Spanish speaking Latinx communities encounter navigating systems of care. The program contributes to the

limited mental health interventions focused on the psychological strengths and skills of Spanish-speaking Latinx immigrant communities. The program reaches out to those communities by inviting them to participate, develop their own community program and support the well-being of other community members. This innovative program differs from others that merely train participants on specific mental health topics. Those programs have as their main goal to disseminate information or to train participants to become educators in the community. On the contrary *Facilitadores Comunitarios* has as main objectives to: engage community members interested in mental health topics, include group members with different skills and from different backgrounds, incorporate group members' suggestions and ideas to promote the wellbeing of the Latinx community, support group members to develop their own mental health initiatives. The program curriculum also incorporates the needs identified by participants within their communities and provides a welcoming space for people to share, to get to know one another, and establish community networks during and after the group sessions are completed. Some of the needs identified by the community members included: more information on mental health for Spanish speaker populations, more information catered to parents that can provide guidance on how to approach mental health related issues, more resources to facilitate easier access for community members to obtain information and materials to provide to other community members. Finally, community members shared the difficulties that Latinx Spanish speakers experienced navigating educational systems and health related services. Some of the group participants expressed their interest in helping other community members to navigate those systems. In this article we will describe the theoretical framework that informed the program curriculum, the implementation process and results from the first cohort of participants.

THEORETICAL FRAMEWORK

The theoretical framework of the *Facilitadores Comunitarios* program is rooted in Latinx Psychology (Flores & Torreira-Casal, 2020), focusing on key issues impacting the psychological well-being of Latinx individuals in the U.S. from an ecological perspective. This ecological model considers historical contexts, cultural characteristics, migration patterns and addresses community mental health topics affecting Latinx individuals, families, and their communities (Falicov, 2014). The program is also inspired by models and interventions of community psychology implemented across Latin America, contributing to the formation of community agents that promote healthy practices (Chico et al., 2004). These community health programs follow principles of the Liberation Psychology framework

developed in Latin America by Martín-Baró (1994), which engages and transforms communities of interest through practices based on the principles of action research and social justice. The *Facilitadores Comunitarios* methodology is embedded in Community Based Participatory Action Research (CBPAR) principals (Manzo et al., 2020). This participatory community-based research framework allows the researchers to involve the community in program development, implementation, and evaluation by engaging them throughout the process. In line with the CBPAR framework, this study enables the participants to contribute to the program curriculum with their ongoing feedback during their program period and once the program is completed. The primary research goal is to create social change, fairness, justice, empowerment, equality and to promote well-being in the communities of interest focusing on with whom the research is carried out to create collaborative relationships with community gatekeepers and members, to support recruitment efforts and interventions. Following these principles, the researcher is primarily responsible to the members of the groups and communities wherein the research and program development takes place. The primary research goal is to create social change, fairness, justice, empowerment, equality and to promote well-being in the communities of interest (Manzo et al., 2020). In summary, the central idea of conducting community based participatory research and developing community mental health programs is to “give back to the community”, heal with those communities, learn from them as experts of their own experiences and form a long-term commitment and collaboration with those community members.

The curriculum was also informed by the ecological realities and topics that are relevant to the Latinx community in the U.S. These ecological realities encompass lack of access to resources, discrimination issues, linguistic barriers, health disparities and lack of community based programs with a culturally informed curriculum. Therefore, the theoretical premise of the *Facilitadores Comunitarios* research approach is developing community mental health programs attuned to the cultural and systemic needs of the populations of interest. The program is consistent with the worldviews of participants, their immediate realities, and contributes to the understanding of diverse Latinx communities in the US. The *Facilitadores Comunitarios* program curriculum acknowledges the cultural wealth that Latinx immigrants hold, including their cultural values, strengths, skills and ability to connect and support other Latinx community members. Historically, research, mental health interventions and programs in the U.S for minority communities have operated with a deficit perspective. This deficit perspective is prevalent in U.S. society when

addressing issues affecting racial and ethnic minorities (Valencia & Solórzano, 1997). By contrast, *Facilitadores Comunitarios* aims to enhance participants' capacities, skills, and support systems within their communities by focusing on their strengths, skills, and areas of expertise or interest in the field of mental health. The program takes into consideration that Latinx immigrant communities in the U.S. have developed strategies to survive, resist and thrive regardless of the barriers they face when accessing mental health resources (Adames et al., 2014). For instance, it has been documented that informal networks, family, and friends are crucial sources of strength for Latinx immigrants, especially when accessing services such as healthcare or government agency services (Ayón & Naddy, 2012; Vasquez-Leon, 2009). These informal networks for Latinx immigrants often serve as important sources of social support during times of need (Hurtado-de-Mendoza et al., 2014). *Facilitadores Comunitarios* differs from other community mental health programs that merely train community members on specific health topics. Instead, the program encourages and helps participants develop their own community projects based on their respective fields of expertise and future goals, contributing to their community's well-being. In summary, the program's curriculum was developed incorporating a Latinx and Chicax theoretical framework, considering the cultural and contextual realities of the Latinx community in the U.S. The program also incorporated principles of the community-based participatory research model (Manzo et al., 2020) which recognizes the importance of the contextual realities, emphasizes a comprehensive form of collaboration and the crucial role of local resources in building a collaborative process. The program *Facilitadores Comunitarios* is designed for and with Latinx community members who are considered experts in their own communities. Therefore, this program differs from others since instead of training participants homogeneously on a particular topic, the program incorporates the participants' views, skills, areas of expertise and interests.

MATERIALS AND METHODS

Program Development and Implementation

The program development, implementation, and evaluation is part of the IRB-approved research project at UC Davis, California. This program aligns with a research methodology that incorporates members of the community of interest, (Manzo et al., 2020) valuing their insights, feedback and input. This participatory and inclusive approach shifts the traditional research and interventions when working with underserved populations that tend to ignore the voices of the participants as valuable

contributions. In addition, several undergraduate students from immigrant Latinx communities, most of them fluent in Spanish, are involved in this ongoing project as active researchers. The student participation intends to promote inclusive research practices that consider fundamental the participation of students from minority backgrounds who belong to the population of interest in this case Latinx Spanish speakers. These inclusive research practices are congruent with our theoretical approaches, methodology and action research intended to promote changes in the communities. The program also aims to create a sustainable intervention model, maximize community resources and initiatives developed by the participants, or "*facilitadores*."

For program development and implementation, the first cohort served as a pilot study to identify, administer and evaluate initial outcomes. Participants were informed on the research and evaluation component of the program and the expected goals: learn about mental health topics and practices that improve mental health well-being, develop support networks among Spanish-speaking individuals and other Latinx groups. Additionally, the group curriculum facilitated participants' development of those community projects and participants' initiatives with the ongoing group and program support. The program sessions were conducted via Zoom and participants committed to a weekly 1.5-hour live Zoom session and weekly Google Classroom assignments. Participants were expected to participate and actively engage in all program-related activities including weekly homework assignments and the analysis of case scenarios during group sessions. Participants received a stipend for completing all the sessions. One absence with notice was allowed and any other absence was deducted from the total amount received at the end of the program. Once the participants attended all the group sessions, completed the homework assignments and program evaluation forms, they attended a community-based program internship or the programs that they created. For instance, participants were assigned to a non-profit and tasked with completing at least 40 hours of a paid internship. Participants received the same amount for their 40-hour internship or for their own projects. They also received support and guidance to find tools and resources to work on their own community programs and initiatives.

Recruitment and Participants

Recruiting participants occurred via email, WhatsApp, social networks and the Health Education Council's website. The selection criteria required participants to be 18 years or older, live in California, be a Spanish speaker, attend all the group sessions and complete 40 hours of a paid

internship or field experience after completion of the sessions. Furthermore, recruitment criteria prioritized selecting community members who were interested in community health and those already participating in community engagement with family members, churches or work-related activities. Participants were also accepted regardless of their immigration status. However, they were informed that they may have limited internship options, as some organizations require a Social Security Number. Finally, participants learned about the purpose and objectives of the program, including learning how to listen, provide guidance and facilitate access to resources. Participants act as liaison between their communities and the broader spectrum of mental health services and institutions. Eventually, participants can lead, organize and develop their own community initiatives to support other Latinx individuals.

The first group of *Facilitadores Comunitarios* comprised 12 out of the 25 total applicants, some experiencing schedule incompatibilities interfering with the mandatory attendance to the group sessions. One of the main considerations for our program was to facilitate the access to this program for those who face more difficulties to attend this program due to family responsibilities, work, migratory status among others. The selection criteria of the first cohort prioritize inclusivity and participation of a diverse group of community members. The first cohort of the pilot group included participants of varying ages, genders, professions and different Latin American countries. From this group, ten participants identified as women and two identified as men. Participants' ages ranged from 23 to 52 years old and six participants reported having children. All of the participants' first language was Spanish. Some were monolingual Spanish speakers, English learners or fluent in both languages. Six participants were from Mexico, one participant was Dominican, one from El Salvador and one Colombian participant. Two were born in the United States and one participant did not state their nation of origin. Two participants reported being undocumented. Their occupations were a mix of labor-based and professional work (i.e., truck driver, after-school program manager, psychologist, full-time homemaker, radio show host, business owner, school interpreter, mental health professional, and AmeriCorps member). Formal levels of education among the participants ranged from completing some high school to having a completed post-secondary degree and some of them a bachelor's degree. All of the participants from this first cohort group held influential or leadership roles within their communities or had a strong interest in community involvement for personal or professional reasons.

Before the group sessions started, participants responded to an initial survey with the following questions: what county they lived in, their occupation, their community involvement, their understanding of the emotional and mental health needs of people in their community. Participants also responded to questions related to future goals and objectives such as: what kind of help they thought would benefit their community, why they were interested in becoming a *facilitador*, and potential projects or community initiatives that they wanted to begin in the community. Participants also shared the reasons why they decided to get involved in the program. One reason shared among the participants focused on helping and sharing knowledge about mental health. Several *facilitadores* stated their desire to either become a resource for their community or relay information about health resources to later share with their communities. Other *facilitadores* mentioned they wanted to expand their understanding of their community's needs to professionally and personally assist people. Another common response involved unraveling the stigma surrounding mental health in Latinx communities. Some participants also stated that their personal experiences inspired their participation in the program. For instance, one person noted that another program galvanized them to start their own community project. Finally, another participant shared that he was motivated to attend the program to help a friend who needed assistance navigating health systems. Overall, participants demonstrated strong interest in mental health topics and in supporting the Latinx community with different initiatives based on their skills, interests and available opportunities.

Program Curriculum

The first author, PhD counseling psychologist, informed by her clinical work experiences and Latinx and Chicana psychology theoretical frameworks and research, developed the program curriculum. The seven sessions consisted of a weekly topic including experiential exercises or vignettes. The first author presented the materials, weekly contents and facilitated a discussion with the participants; all sessions, materials and assignments were exclusively conducted in Spanish. The program contents and activities guided participants toward developing their own projects with the ultimate goal of supporting other Latinx community members. The program now follows a consistent implemented curriculum and schedule. The contents include mental health-related topics such as along with experiential exercises as for instance and the participants' community project development. All of the group modules included an activity in which *facilitadores* could apply previous or new knowledge they had learned from the group modules. The program provided a space for *facilitadores*

to get to know one another, learn, and inspire each other. During group sessions, they had the opportunity to discuss their ideas while engaging in discussions. Participants' input and feedback was a fundamental aspect of the first cohort, since their views, expertise and suggestions contributed to the group curriculum. The topics addressed in the group included a general introduction to mental health from a Latinx perspective. This holistic perspective considers the mind, the body and the spirit as contributing factors to our mental health and well being. This perspective differs from the Anglo medicalized perspective which separates the physical and psychological as independent entities. Further, participants were exposed to topics related to the role of the community facilitator as well as the skills and tools necessary to become an effective community facilitator. The modules also included community mental health in the US and specifically with Latinx communities and resources available to support the community navigating systems. The modules were complemented with online materials and homework assignments, these after group sessions activities and materials helped participants to apply the concepts learned at the sessions. During these sessions participants were also encouraged to share and provide feedback on the topics addressed. Special attention was given to the final project to support the community that each participant developed, each participant presented and received feedback on their projects. This ongoing interactions and active participation contributed to group cohesion and networking. By the end of each module participants had an opportunity to ask questions or make comments and suggestions, these contributions helped with the program's ongoing evaluation and goal for having an active participants role.

Table 1: Curriculum Facilitadores Comunitarios

Module	Description
Module 1 What is mental health from a Latinx perspective?	This module offered a definition of mental health and well-being from a holistic perspective.
Module 2 What is a community facilitator?	This module offered an overview of community psychology and the roles of a community facilitator.
Module 3 Mental health of Latinx community in the U.S.: How to approach community mental health work?	Participants learn about community placements, needs, and available resources.

Module 4 Developing community mental health work: Individual projects and agencies in Sacramento County	Participants shared their community of interest and project proposal.
Module 5 Mental health systems and how to support others in the process	Information about the different health professionals linked to mental health and their work.
Module 6 Mental health beyond traditional Psychological Models	A guest speaker talked about her work with immigrant communities in therapeutic settings and with CBPR.
Module 7 Navigating mental health and other services with case study	Group contents included definitions of common mental health conditions. This module included strategies for participants to practice self-care.

Source: The authors

Once the participants finished all the group modules, homework assignments and evaluations, they completed a 40-hour internship or conducted a community-based project. The sites offered for internships were located in Sacramento County. Some participants had preference for working at specific sites like school settings or community mental health centers that offered internship opportunities for them. Other group members developed their own community projects with great success in the community.

RESULTS

The implementation outcomes from the first cohort showed consistent attendance and active engagement in all the activities, including developing their community projects and completion of their internships. Furthermore, participants had the opportunity to give personal feedback regarding their experience in the program and the perceived effectiveness of its overall purpose. The program evaluation included two assessment tools: a survey and a one-on-one semi-structured interview. The survey evaluation included a set of nine questions using a 5-point rating scale to indicate the extent they agreed with the program's outcomes, objectives, program organization, skills learned and relevance of the contents. Survey results showed that all 12 participants agreed the program was very informative, well organized and beneficial for them, meeting their objectives and expectations. The second evaluation consisted of a one-on-one 30-minute interview with each participant answering questions regarding their experience attending the program. Participants responded to the following questions: (1) What are your goals coming out of the program? (2) What can we do to help you achieve

your goals? (3) What is your favorite part of the program? (4) How do you feel the program has helped you? (4) How have the facilitator program workshops helped you? (5) How has your knowledge of mental health improved since the start of the program? (6) What do you recommend for the success of the program?

Participants reported that they learned from their peers, group contents and activities, indicating the personal value of the program. Participants also reported that after completing the program, they were more aware of community services, how to access those services and how to advocate for someone in need of mental health assistance. When identifying themes from participants' responses, a salient theme that emerged was the importance of discussing the stigma around mental health and encouraging community members to seek help when necessary. The participants below shared their experience highlighting this theme:

"This program is important because we need to break the taboo associated with mental health and learn to support those that do not realize they are going through a mental health crisis. This happened to me personally and I noticed that there is so much information out there about mental health that you do not know where to start looking for help if you are going through a mental health crisis. I learned a lot from the program and my peers and I liked that I can start implementing what I learned in my work." *Female, Mexico, Housekeeper*

"The program helped me a lot because it showed me how to better myself and work in situations of stress, anxiety, and depression for me and for my community. When I attended the program, it was when the pandemic started, and with the pandemic came a lot of anxiety. While I was in this program, I learned a lot in how to deal with anxiety and it also gave me time for myself. It was a space where I was focused on the things that I wanted to learn. Not only did it give me time for myself, the tools I needed to better myself, but also it helped me connect with my community. I was able to learn from them, the situations, the tools that helped them, and to not feel alone." *Female, Mexico, Business Owner*

Another theme identified was serving the community. Participants shared that despite varying in lifestyles, they all had similar goals:

"I liked everything that we did in the program. What I liked the most about it is that everyone had a different background and had different ways to solve problems and help others. This was a great way that we could understand better how to help others and ourselves. I learned a lot about myself as well and now I am able to have better conversations with the parents of the kids I

work with. Every experience that I shared with my peers was a good one and I know that I can reach out to you (Monica and Lupita) when I need help." *Female, Mexico, After-school Program Manager*

Participants also noted the relevance of having a group for Spanish speakers and those who are undocumented:

"I thought the program was very interesting because I heard different opinions and different ways to help from different perspectives. I feel happy to have participated in this group. This class in particular helped me a lot since it was in Spanish and I do not know English that well. In this way, the class is inclusive. I grew a lot in a positive way. I am now able to communicate with others in English and know where to look for resources to help people. I like that we are connected even after the class is over on WhatsApp." *Female, Dominican Republic, Member of AmeriCorps*

The following response illustrates one of many limitations for individuals who are undocumented:

"Even though I didn't speak as much as others, I learned a lot from my peers. A big barrier to me was finding a job in the community since I do not have a work permit because of my immigration status. I am open to doing volunteer work preferably with a program that already exists. I used to be a part of a volunteer program at my community center for a couple of years and I would like to do similar work in the future. I want to listen to others, speak, and create." *Female, Mexico, Homemaker*

The program evaluation results highlighted numerous strengths and demonstrated how participants had a positive experience attending the program and how program participation contributed to helping their community. Participants also shared their recommendations to improve the program, including reaching out to more community members since the program was extremely valuable for the Latinx community. Some participants also suggested having a longer program with more topics related to mental health. These initial results demonstrate how the first cohort of the pilot study met the main program objectives by including the communities of interest and incorporating their feedback at different levels of the program. One of the most relevant outcomes of the first cohort is that the participants created community projects are still active, meeting the goal of sustainability in the community of interest. For instance, one participant from the first cohort developed an art group called "*El Camino*". This ongoing community based art program is targeted for Spanish speaker Latina women. The main goal of this group is to build a relationship of love and compassion for each participant through creative art expressions. *El Camino* consists of ten weekly sessions and helps participants get

to know themselves through art in a space built with respect and honesty. The group sessions were conducted via ZOOM and materials were provided and sent via mail with the sponsorship of the Health Education Council. In this space, participants identify beliefs and learn to manage thoughts and emotions utilizing art tools. The group foundational principle is that art can give people an outlet to express what they cannot express with words. The organizer, a former member of the program *Facilitadores Comunitarios*, has successfully led three groups of *El Camino*, reaching out to more than 25 women. This group continues meeting, cycling through cohorts of people, showing the sustainability of their initiatives. Below, the organizer shares the success of her community mental health project:

“I feel that the art group was a success, but also an opportunity to learn more of what I did well and what the participants liked. Before every class, I would be very nervous, but after teaching the classes, I would be very happy and proud of myself since I can see the impact I had and the participants and they would tell me how much they liked the activities. The participants liked the program so much that they wanted to continue it. After they finished the art group, they wanted to continue and we all still met to paint together. I have taught them more tools to paint and together we have created. I feel another world has opened for us where it is a world of art. I would like to add that in order to teach this workshop, a lot of material is needed and it wouldn't be possible without the support from the Health Education Council and I am very grateful for everything.” *Female, Organizer of El Camino community project.*

Additionally, several cohort participants held internships in local agencies where they performed mental health-related work. One of the most relevant placements was establishing a participant who was a psychologist in Mexico as a facilitator of the weekly sessions. She has been conducting all the seven groups after the first cohort facilitated by the first author. The program continues enhancing Latinx Spanish speakers' awareness of their skills and strengths promoting community empowerment and creating a network within the Latinx community to sustain their initiatives. Currently, the program continues growing and through the efforts and engagement of the participants, their developed initiatives engage more Latinx community members and expand the positive community impact of the program.

CONCLUSION

This article describes the implementation and successful outcomes of the first cohort of the program *Facilitadores Comunitarios* that the Health Education Council developed in collaboration with the Chicana/o/x department at

UC Davis during the pandemic to address the increased needs of mental health services for Latinx Spanish-speakers in Northern California. The program contributes to the decreasing mental healthcare disparities in Latinx communities and trains participants to be active community agents who improve the well-being of other Latinx individuals. The findings from the program implementation and first cohort outcomes, contribute to community-based participatory research and community interventions focused on the ecological realities of the Latinx population in the U.S. (Manzo et al., 2020). Furthermore, this program addresses mental health care disparities affecting the Latinx community by introducing a more intentional research approach involving members of the Latinx community at all stages of the research process

The program results also highlight the relevance of conducting community mental health research that is action-driven (Calviño, 2004) addressing community needs with mental health programs that respond to the cultural and contextual realities of Latinx individuals. The program design, curriculum development and implementation incorporated CBPAR principles (Manzo et al., 2020) which encompass participants' ongoing feedback, views, and objectives; *Facilitadores Comunitarios'* research approach uses culturally competent research principals (Ojeda et al., 2011). The program also contributes to the limited mental health research and models that incorporate these Latinx cultural values and characteristics utilizing a strength-based perspective

Facilitadores Comunitarios' strength-based perspective and innovative approach considers participants' skills, agency and initiatives to develop their own community projects. Indeed, one of the main aims of the program is to help participants to develop and engage in community initiatives that are self-sustaining and consistent. We expect to continue contributing to mental health services in California through this program to engage more Latinx individuals from different backgrounds to participate in and create their own initiatives. Indeed, the *Facilitadores Comunitarios* training continues to grow. Furthermore, interest in the program is expanding substantially in light of the large numbers of Latinx populations in the US, and in California in particular. These successful program outcomes suggest a need for further developing initiatives and interventions for Latinx communities. We hope that the *Facilitadores Comunitarios* program's theoretical and research framework from a Latinx and Chicana/x perspective inspires educators, community organizations, schools and mental health providers to develop programs and interventions that are culturally sensitive, accessible and congruent with Latinx values.

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