Improving Latine Wellbeing:

Culturally focused, integrated behavioral health for Latine individuals with mental health and substance use disorders

Presenters

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Learning Objectives

- Describe the impact of integrated behavioral health treatment on the social drivers of health for Latine individuals
- Identify how the intersections of ethnicity, trauma, gender, and social drivers of health impact treatment engagement and long-term recovery
- Apply evidence-based, intersectional, integrated behavioral health approaches and models to improve Latines' behavioral health outcomes

The History of Hope: A Virtual Tour

Our Roots, Mission, and Vision...

Casa Esperanza, Inc., was founded in 1984 as a grassroots response to addiction in the Latino community.
Casa established a nationally recognized, integrated care model to deliver evidence-based recovery treatment and mental health services to multiply-diagnosed Latinx patients. Services prioritize cultural and linguistic access to serve the needs of institutionally underserved individuals and families. Casa offers comprehensive services to treat substance use and mental health disorders in Spanish and English. Casa's programs include support for people living with HIV/AIDS, citizens returning from incarceration, and others who face barriers to care.

Our mission is to empower individuals and families to recover from addiction, trauma, mental illness and other chronic medical conditions; to overcome homelessness; and to achieve health and wellness through comprehensive, integrated care.

At Casa, We Believe…

- Behavioral health treatment is a human right.
- Culture, in all its diverse representations, plays an essential role in each person's unique pathway in recovery.
- Physical, mental, and spiritual health are the essential building blocks of economic independence, family reunification, and community development.
- Our work is about sustaining hope and encouraging dreams - helping people move beyond "just getting by" so they can lead lives filled with pride, purpose, and love.

Casa Programs
Levels of Care

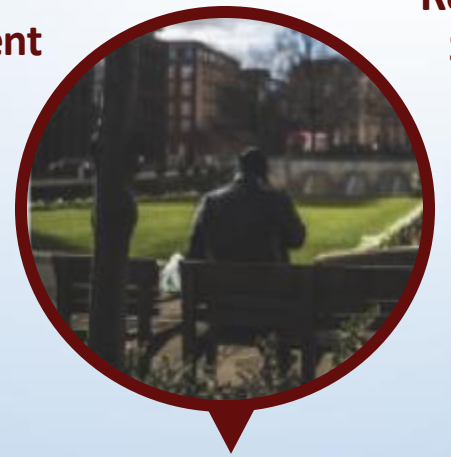
Acute Treatment Services
(Conexiones ATS-Detox)

Familias Unidas Outpatient
& Telehealth Services

Residential
Services

Early Diversion
(Proyecto Redes)

Clinical Stabilization
Services (Conexiones CSS)



Psychiatry & Medication
Assisted
Treatment (MAT)

Supportive
Housing Program

Latines in Massachusetts…

- Since 2014, MA has seen a 25% growth in its Latine population[i]
- Latines have the largest share of the population under 18 (29%) and nearly half (47%) of these children have at least one foreign-born parent[i]
- Almost 2x the unemployment rate of Non-Latine Whites[i]
- Lowest home ownership rate in the commonwealth, and over half of renting households pay more than 30% of monthly income for rent[i]
- Highest rate of uninsurance[i]
- Suicide rate increased by 65% between 2010 and 2020[ii]
- Latines have been disproportionately impacted by opioid overdoses: Latines account for 5% of all deaths but 17% of opioid-overdose deaths in 2023[iii]

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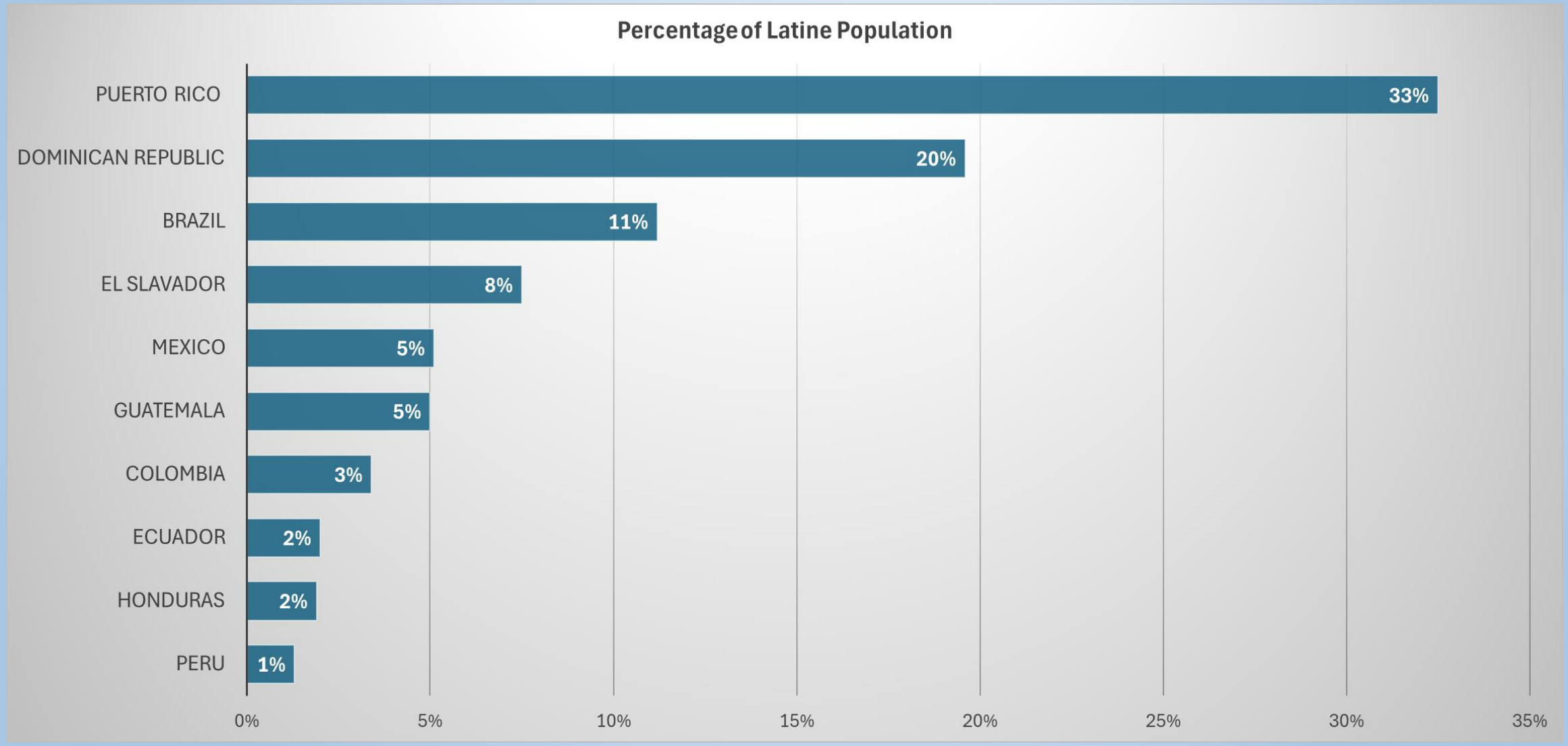
Top 10 Latine places of origin in Massachusetts in 2021



Who We Serve

Our outpatient demographics

87% are Latine

73% only speak Spanish

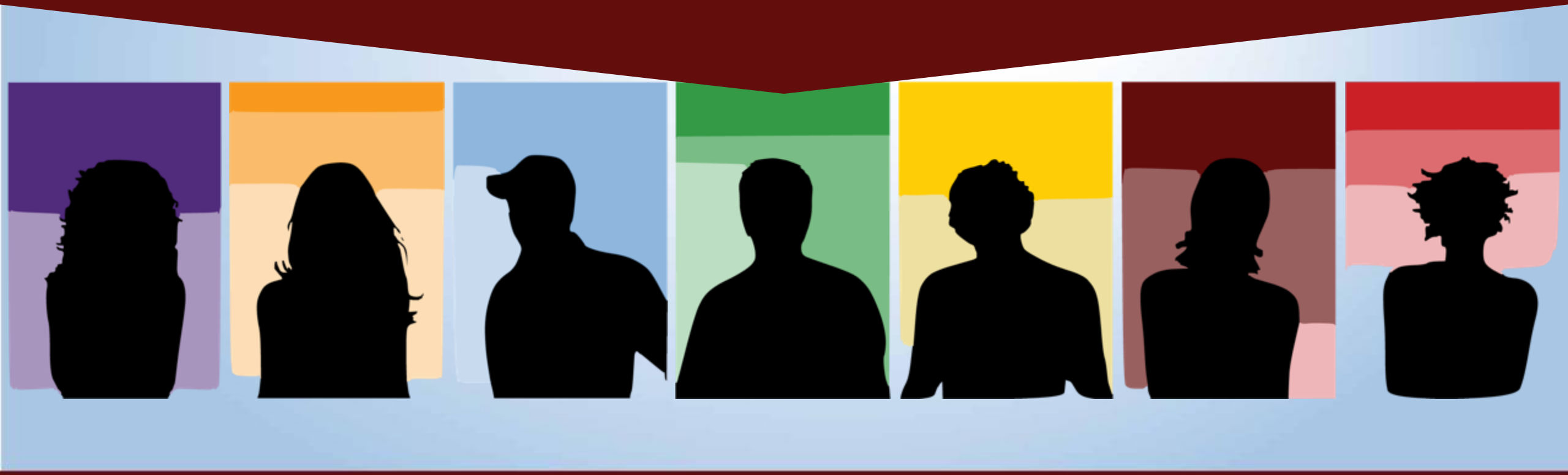
75% prefer services in Spanish

59% have co-occurring SUD & MI

70% are housing insecure

43% were formerly incarcerated

82% are unemployed



CasaCare: Overview of the Journey to Integrated Care

Funding	Workforce	Infrastructure
• 32 Federally Funded projects	• More than 120 bilingual and bicultural professionals-including psychiatrist and nurses-cross-trained in the delivery of culturally-competent, integrated care	• 3 practice and research learning partnerships with Boston Health Care for the Homeless Program, Boston University, University of Denver; Brandeis University, and TRX Development
• More than $50 million in federal funding for unreimbursed EBP treatments for Latines in the Commonwealth	• Intensive training on more than 25 evidence-based practices, including MI, CBT, ICM, Seeking Safety, and other trauma interventions	• 1 multiply-licensed clinic space supporting Primary Care, Mental Health, and Addictions Treatment
• More than $7 million in research/evaluation & training of staff and students	• 54 bilingual FTEs currently delivering integrated care at our Roxbury Campus	• 1 EHR system that supports integrated care workflows, data gathering, reporting, sharing, analysis, and CQI
	• 45 graduate level social work research assistantships, clinical interns, and post-doc opportunities training students in evidence-based SUD, SMI, and COD treatment	• 1 Integrated Patient Access Team for centralized intake

Analysis of patient data shows complex needs and impacts of intersectionality on outcomes

- Puerto Ricans were over 2 times more likely to be unemployed, 58% more likely to be unhoused, and were 47% more likely to be involved in the criminal legal system than other Latine ethnic groups at 6 month follow up
- Those with substance use disorder as their only diagnosis were 6.5 times more likely to be unhoused than clients with amental health disorder diagnosis at 6 month follow up
- Women were less likely to be enrolled in a school or training program than men at intake

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Impact of Trauma

- For every one unit increase in Adverse Childhood Experiences Score (ACES):
  - The odds of attempting suicide increased by 31%
  - The odds of experiencing an overdose increased by 23%
- Clients with a history of trauma were more than twice as likely to be unhoused than those without trauma histories

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Suicidality

29% of patients have attempted suicide at some time in their lives (Puerto Ricans were 65% more likely to attempt suicide than other Latine subgroups)

Patients who were unemployed at intake were more likely to report having had a lifetime suicide attempt

Lesbian, gay, and bisexual patients were over 3x more likely to have had a lifetime suicide attempt than heterosexual patients

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How We Built It: CasaCare Integrated Care Model

Based on continuous data collection, we created the **CasaCare model**, a treatment approach that is based off of the Integrated Dual Disorder Treatment (IDDT) model, to help meet the complex needs of our patients.

The CasaCare model incorporates components from three evidence-based models of care:

1. The Person-Centered Health Home
2. The Behavioral Health Model for Vulnerable Populations
3. Assertive Community Treatment

Our CasaCare model is Person-Centered

- Holistic, individualized care
- Patient-led recovery
- Supports wellness & independence

Our CasaCare model is Integrated

- Multidisciplinary teams
- Treats all diagnoses as primary
- Coordinated medical, mental health & SUD care
- Addresses social barriers

Our CasaCare model is Culturally-Focused

- Latine-centered care
- Bilingual, diverse staff
- Rooted in relationships & cultural humility

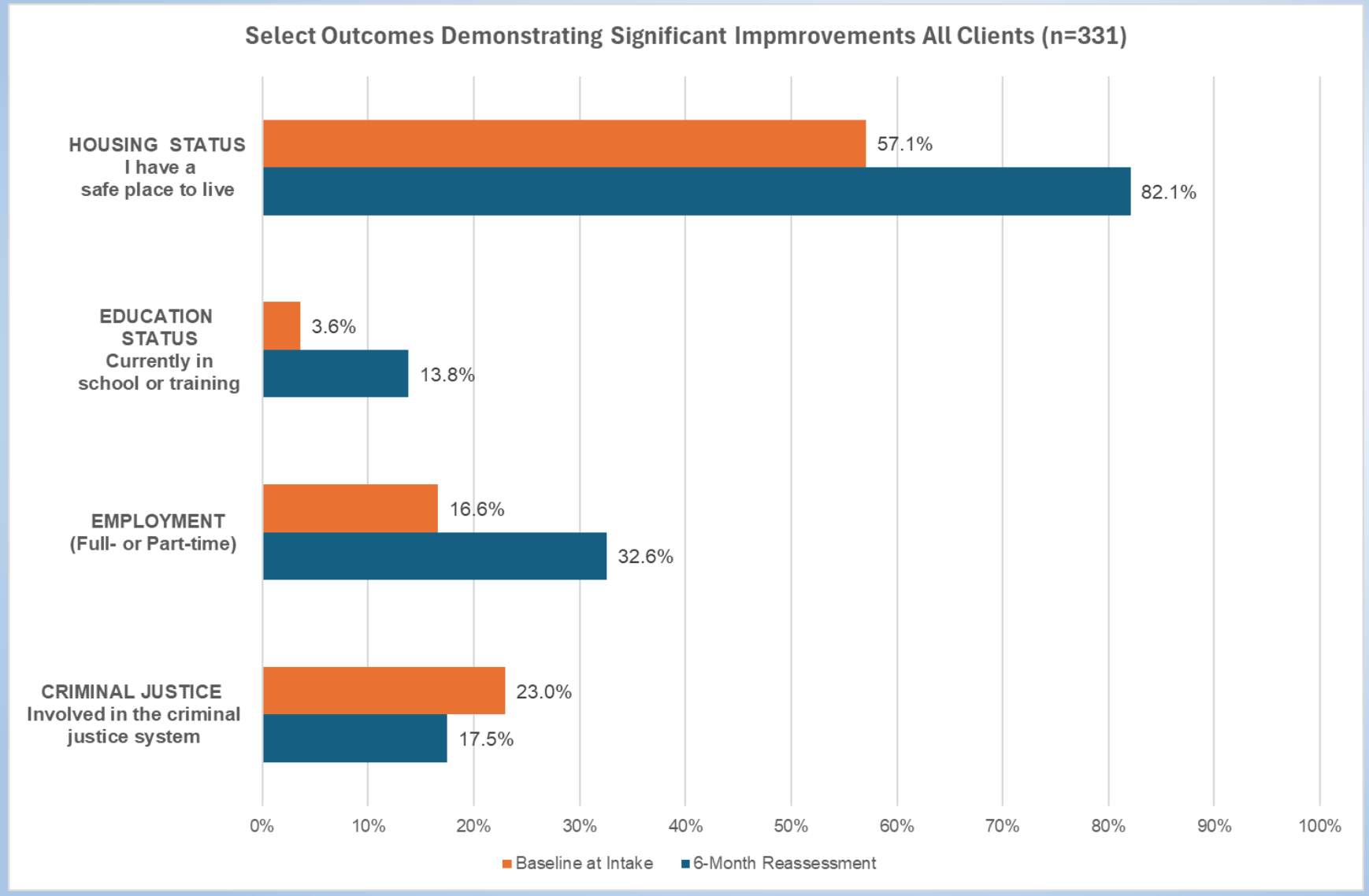
Our CasaCare model is Evidence-Based

- Built on IDDT model (Dartmouth)
- Uses DBT, Sanctuary/SELF, Mindfulness
- Combines research & clinical expertise
- Partners with leading universities for evaluation

Our CasaCare model is Trauma-Informed

- Prioritizes safety & resilience
- Focus on reducing risk, building trust
- Grounded in transparency, equity, empowerment
- Supports staff & patient well-being

How we know it works:



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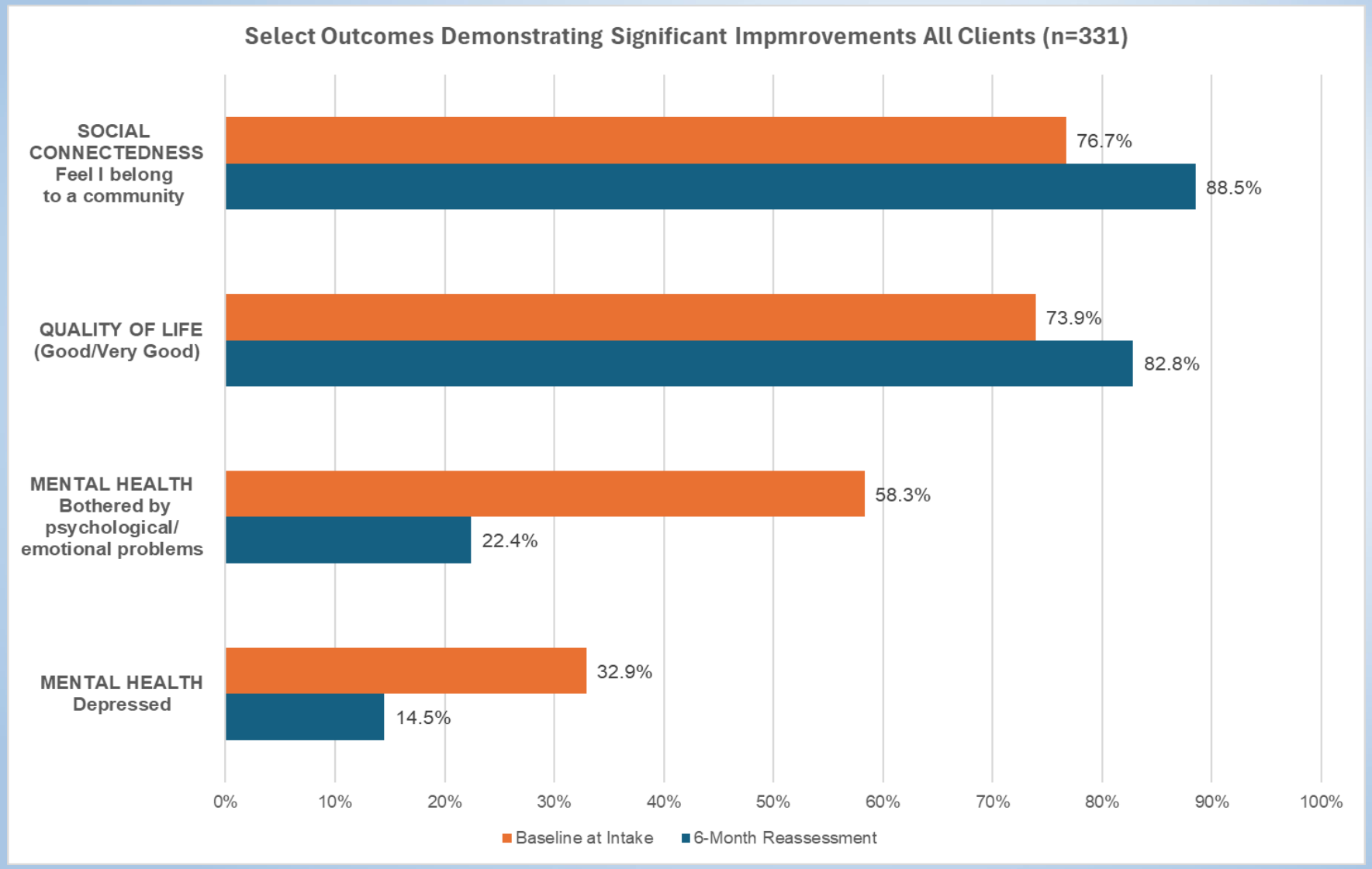

Impact of being data driven

Casa's commitment to collecting, analyzing, and learning from data has:

- **Supported our tenfold growth** (1.2 million to 15 million)
- **Doubled our residential retention rates** (25% to 50%)
- **Maintained CSS placement rates well above the state average** (25% to 87%)
- **Reduced admissions to higher levels of care** - Over a 3-month period, 86% of individuals with an AUD dx and 79% of individuals with an OUD dx who completed ATS/CSS , did not return to a higher level of care
- **Increased Psychiatric patient case load** from 0 to 143 this past year


ORGULLO
COMERIO
COROZAL
You Are not Alone If
You are at Casa Esperanza

Progress and ongoing work to mitigate challenges

References

- [i]Granberry, P. Martins, V. & Borges, M. (2023). The growing Latino population of Massachusetts: A demographic and economic portrait. Gastón Institute Publications. https://scholarworks.umb.edu/gaston_pubs/307
- [ii]Centers for Disease Control and Prevention (2019). Web-based injury statistics query and reporting system (WISQARS): Fatal injury data, leading causes of death reports 1981- 2019. https://www.cdc.gov/injury/wisqars/fatal.html
- [iii]Massachusetts Department of Public Health (2024, June). Opioid -Related Overdose Deaths, MA Residents-Demographic Data Highlights,https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-June-2024-0/download

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Thank you!

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