

## **B. Experience and Expertise (20 points)**

### *a. History, mission and population served*

Voces Latinas (VL) was founded in 2003 with the mission to reduce the rate of HIV transmission and violence among immigrants Latinas by empowering, educating, and providing leadership and advocacy trainings, which enable Latinas/os to have a voice and make healthier decisions for them and their families. Through collaborative relationships, VL also connects immigrant Latinas/os with culturally and linguistically sensitive resources and services to address their immediate needs including intimate partner and gender-based violence, mental health issues, immigration, feelings of isolation, and HIV/AIDS. The uniqueness of VL is that it serves a marginalized population facing multiple traumas {oppression, poverty, threat of deportation, interpersonal violence, sexual violence, survival sex}; specifically co-morbidity of violence against women and risk for HIV/AIDS.

The community we serve—new Latino/a immigrants and their families in Queens County, New York—has one of the most isolated, underserved populations in New York. With over 2.3 million residents, Queens is the most ethnically diverse county in the nation and has the highest percentage of foreign-born residents in New York (United States Census Bureau, 2014). The population we serve are alone in the country, most don't have insurance, are unemployed, and their unaware of the services available to them. Western Queens, where Voces Latinas is based, is an epicenter for Latino immigrants and their families, representing 46.1% of NYC's overall immigration (Latinos comprise a third of this population). Queens immigrants experience significant poverty. Over 15% of Queens residents live below—and 1 in 3 live within 200% of—the federal poverty guidelines. Moreover, based on the U.S. Self Sufficiency Standard, which measures how much someone must earn to meet basic needs, over half of Queens residents cannot achieve their basic needs: housing, food, child care, healthcare and transportation. (The Alliance for Greater New York, 2012)

Voces Latinas targets immigrant Latinos who have the highest health disparities which include survivors of domestic violence and sexual assault. Sexual assault and related violence in Queens is severe. In 2013, Queens County had the most family homicides in New York City, a number that doubled in 2014. Western Queens has replaced Times Square for sex work. Latina waitresses (“meseras”) sell their bodies to patrons as a means to make a living. Simultaneously, the borough of Queens ranks No. 1 in prostitution arrests in NYC. Of the 3,229 prostitution-related arrests citywide in 2012, 1,474 were made in Queens, according to arrest statistics from the New York State Division of Criminal Justice Services. The 115th precinct — which covers Jackson Heights, Corona and East Elmhurst — accounts for the largest portion of those arrests. The women are between 18 and 40 years old, many with small children to support and all with the need to survive. Voces Latinas also works with Latino Men who Have Sex with Men (MSM), Trans-Latinas (Male to Female), Gay, and Lesbian communities of Western Queens, a community most at risk for HIV/AIDS. Latino MSM accounted for 79% of new infections in 2010 (Center for Disease Control, 2013). The complexities of their lives, including culture shock, oppressive laws, values, faith conflict, disappointment and anger intensify after receiving an HIV diagnosis. Based on our years of experience, undocumented clients have a higher degree of poverty, alienation, and racism. For gay and MSM clients they face triple oppression; poverty, racism, and homophobia. For this reason Voces Latinas addresses HIV risk in a context of

multiple traumas. Immigrant Latinos understand that survival means adopting a way of life that provides invisibility. This invisibility creates a tremendous amount of stress that can lead to symptoms we often see in our clients of depression, anxiety, suicidality. Finally, research shows that there are inadequate numbers of bilingual mental health providers and a lack of culturally competent services for Latinos in the United States (Maria-Rosa Watson, 2013). There is a need to put resources into culturally competent organizations that have gained the communities trust and that have access to populations most at risk for mental health needs.

*b. Details on the current level of CBO's performance, including the number served, populations served, impact, the programmatic needs of the population proposed to be served, key outcomes and different services offered.*

Voces Latinas serves an estimated 1500 - 2000 individuals per year through our various programs, including HIV testing. • Over 90% are Latinos from Western Queens (zip codes 11372, 11373, 11368, 11377) • 70% women (1400) • 30% male (600) • average age is between 30-45 years old • most are monolingual Spanish • most are in the US under 10 years • 40 to 50% are undocumented

Latinos in the U.S. with mental health needs are less likely than non- Latino Whites to utilize mental health services and are more likely to delay treatment. Immigrant Latinos are least likely to seek mental health treatment in comparison to U.S born Latinos. Immigrant Latinos face barriers accessing services such as lack of insurance, immigration status, stigma, preference for informal sources of care, and self- reliant attitudes (Maria-Rosa Watson, 2013). Trauma, violence, alcoholism, isolation, depression, loneliness, desperation, and poverty are barriers faced by VL clients. Mental illness derives from these vulnerabilities (Lee & Stenberg, 2013). Latino immigrants face a great amount of stigma from their family, friends, and community when seeking mental health services. Less than 1 in 11 Latinos contact a mental health specialist, and fewer than 1 in 5 contact a general health provider (Gillette, 2012). A study with Latinos seeking mental health services in Maryland found that Latinos that seek mental health services, regardless of the reason, are labeled as crazy (Maria-Rosa Watson, 2013).

At Voces Latinas we utilize group modalities because clients prefer to participate in group services as opposed to individual counseling sessions which culturally can contain more stigma. We reach close to 2000 Latinos/as annually through the following services; 1) educational workshops series in Spanish, 2) Promotora peer training, 3) Economic empowerment services, 4) Case coordination services, 5) Domestic support group to 10 survivors of violence. In addition, VL connects 30 to 40 Latinas experiencing violence to services including mental health counseling, 6) HIV testing and community outreach testing to 900 immigrant Latinos annually, and linking HIV positive individuals to treatment and care. Additional outreach is performed during the nights (from 9:00 pm to 2:00 am), 7) community mobilization-VL trains local business owners and employees to be HIV prevention educators in order to reduce stigma in the community. We also provide English and compute classes to 60 participants per year.

*c. The CBO's total staff size, as well as the number of direct service staff.*

Voces Latinas has a staff of 10 full time employees and 2 part time employee, where 7 are direct service staff and 3 are administrators. The VL staff are bilingual, culturally competent

and of first and second generation immigrants. In addition, Voces Latinas trains Promotoras who drive the programming at Voces Latinas. Promotoras are immigrant Latinas from the community who are trained to raise awareness around HIV and violence prevention, access and connect their community to care. They also act as an advisory group to the organization. We train up to 10 Promotoras per year. Many are leading programming at Voces. We value their input and ideas.

*d. The target population to be served through C2C and the contracts/programs of the CBO that currently serve them. List the service levels and outcomes for the past three years.*

Voces Latinas aims to serve through C2C immigrant Latinos and their families who are underemployed and experience significant poverty. Latina survivors are often isolated. The immigration journey to this country is traumatic, as many women are raped and/or sexually assaulted crossing the border. Research shows that history of sexual abuse are highly correlated to current drug use, alcohol abuse, and depression and posttraumatic stress disorder (PTSD) symptoms (Ulibarri, Salazar, & Ulloa, 2015). Voces Latinas also reaches Latino Men that have sex with Men (MSM), LGBT individuals, and sex workers who operate in the bars. These are subpopulations that are not available during day hours so Voces Latinas reaches them during late night outreach via our mobile HIV testing van. For many of these individuals, sex work and bar hopping is a result of the loneliness experienced in this country and the need to survive.

Among the various funding sources, Voces Latinas specifically serves these populations through the following services: Outreach and Testing, a NYC Department of Health and Mental Hygiene funded initiative, that targets immigrant Latinos at high risk for HIV, HIV testing and linkage to care. For the past three years we have met the NYS required 1% positive rate and we've exceeded the number of tests conducted per year. Domestic Violence Support Services, a Dept. of Justice Office funded program that includes case management, support groups, and legal referrals for Latina survivors of violence. We've met all deliverables consistently on this grant keeping the caseload at no less than 50, training Promotoras annually, and raising community awareness, in particular among law enforcement. For the past three years MAC AIDS Fund supports outreach to sex workers in the bars. All three years we've exceeded the number of outreach activities, the number of bar partnerships, and the number of women reached. Finally the NY State of Health initiative that assists community members to find low cost health insurance plans through the market place is on its third year of funding. For all three years we have exceeded our monthly quota of applications completed. Our quota is 360 applications per year yet we complete on average 700 applications annually.

*e. CBO applicants should not currently have mental health services on-site serving the target population. Confirm that the CBO does not have these services. Overall the CBO applicant should have limited experience in delivering mental health services.*

Voces Latinas has extensive experience delivering culturally competent HIV and Domestic Violence Services. However, since its inception Voces Latinas has not been able to address mental health needs due to limited resources, and staff capacity. When there is a client in crisis we contact their therapist or call 911. A staff will accompany them to the hospital. Voces Latinas does not provide mental health services on site but rather refers out to local providers.

C2C will be an opportunity to gain the capacity to address the mental health needs of our community and train staff on identifying symptoms. Voces Latinas has limited expertise in delivering mental health services. The Executive Director holds an LMSW but her role at VL is administrative.

## MHP

### *a. History and Mission and track record*

The mission of Catholic Charities Brooklyn and Queens (CCBQ, [www.ccbq.org](http://www.ccbq.org)) is to affirm the dignity and value of every person, especially the most vulnerable in our diverse society. CCBQ's primary purpose is to redress the root causes of poverty and related social ills through advocacy and by providing services that empower people to attain full human potential and self-sufficiency. Established in 1899, Catholic Charities Brooklyn and Queens (CCBQ), is an independently incorporated, non-sectarian 501(c) (3) charitable organization. Today CCBQ and its affiliated divisions have a staff of 2,300 full and part-time employees and an active volunteer corps. The program service areas include Early Childhood, Family and Refugee Resettlement, Parish and Community (outreach, personal counseling and advocacy), Developmental Disabilities, Older Adult Services, Housing Development and Management, and Behavioral Health – the service area within which this request for support falls.

A complex and multi-dimensional organization, CCBQ is able to offer participants in any of its programs access to a full range of services that address the multiple barriers faced by those living in or near poverty. CCBQ provides its services through 168 programs at 110 sites across Brooklyn and Queens. Over the course of a year, a half-million people will have some significant contact with CCBQ, and over 90,000 will receive long-term support and assistance.

During the past three years, Behavioral Health offered a full range of mental health clinical and support services, housing, treatment for the dually diagnosed (mental health and substance use issues), and housing and support for individuals living with HIV/AIDS. The Behavioral Health portfolio operates out of 13 locations throughout both boroughs to provide services for approximately 7,000 individuals at any given point in time. One vital area of concern to CCBQ is ensuring that those who are most isolated from mainstream healthcare are connected to and receiving the full range of help they may need, for both physical and mental care. Almost all of our clients are at or below the poverty line.

### *b. The MHP's experience with the core C2C modalities listed on page 5 and with any additional modalities proposed for C2C. Describe the training and credentials of staff in these areas, the supervision of staff in delivering these interventions, and any other relevant background in these areas.*

Catholic Charities Behavioral Health requires directors, managers and supervisors to have current licensure in their field, primarily Licensed Clinical Social Workers (LCSWs). Our direct service clinicians that are not LCSWs are primarily Licensed Masters of Social Work (LMSWs) although we do employ LMHCs (Licensed Mental Health Counselors) as well. All staff are supervised clinically in both individual and group supervision at least once a week. Staff who will provide training will be supervised by the directors who will approve curriculum and content of all trainings. The proposal's emphasized modalities from page 5 include:

**i. Screenings for common mental health conditions and substance use disorders and misuse:** Catholic Charities Behavioral Health screens for substance use, trauma and serious mental illness during every intake with every client. All staff are trained and supervised in this process. Our social workers form preliminary diagnoses of each client which is reviewed by supervisors and/or psychiatrists. We have provided outpatient mental health services for over 60 years in Brooklyn and Queens. Our clinic in Corona, which is the main touch point for this proposal, was opened in 1971. They grew into a bilingual clinic with an active caseload of almost 1,000 unique individuals. The clinic's director and many staff are bilingual Spanish/English and we offer additional interpretation services. All staff are encouraged to reach for their highest professional potential. The clinic is staffed with psychiatrists, LCSWs, LMSW, and LMHC.

**ii. Motivational interviewing (directive, participant-centered counseling style for eliciting behavior change by helping participants to explore and resolve ambivalence):** Catholic Charities has offered the Motivational Interview service modality since it has been shown as evidence based. Used in our addiction programs, PROS programs, clinics and residential programs, we have found this to be a successful model. CCNS has stayed abreast of all Evidence Based Practices and we require staff training in Evidence Based Practices throughout our portfolio.

**iii. Mental Health First Aid (a national program to teach the skills to respond to the signs of mental illness and substance use disorders and misuse):** Many CCNS staff are trained in Mental Health First Aid. We participated in the advocacy efforts for securing funding for this initiative in Washington DC and Albany. The program makes a difference when used correctly by trained responders and citizens in many communities. CCNS will need to develop a curriculum and materials for training VOCES Latinas staff. However, having training as an integral part of our business, we feel this is something we will excel at.

**iv. Psychoeducation (providing individuals with a mental health condition and their families with information that empowers them to understand the condition and deal with it in an optimal way):** Both our clinic and PROS program staff are trained in Psychoeducation. PROS is a program for the seriously mentally ill that fosters recovery and advancement in independent living, meaningful work and education and the maintenance of relationships. The director who oversees both clinic and PROS programs will be involved in training in this modality. One of CCNS' core values is the importance of the family and we are dedicated to family stabilization. Psychoeducation has been used for years in our facilities to promote understanding and support for the client by their family and significant others.

*c. The MHP's current level of performance and how it has effectively used data to make significant programmatic changes in operations.*

Catholic Charities Behavioral Health and the Corona clinic have been tracking performance outcomes and client satisfaction for years. Results of these tasks are aggregated and help form changes and improvements in policy. Some of the areas that have come up via these formats and

resulted in change have included: open access in to allow for a client base that was inundated with appointments and needed an alternative means of receiving treatment; changing hours of operation to accommodate clients; developing school based satellites to meet community need; decreasing hospitalizations through effective 24/7 coverage; increasing productivity to maintain a salaried workforce with benefits and switching to concurrent documentation with the implementation of the electronic health records. We set our sights on outcomes where clients have reduced rates of depression, anxiety, and Post-traumatic stress as seen through data collected about: improve sleep, improve appetite, improve energy, reduce lethargy, reduce/eliminate flashbacks, reduce/eliminate panic attacks, reduce hyper-vigilance. We alter treatment modalities as progress or lack of progress dictates.

*d. The MHP's experience training lay staff and/or providing technical assistance. Describe any specific experience with the modalities described in this RFP.*

CCNS has used both staff experience and train the trainer models to keep our employees current in standards and practice. Our directors have offered training at police precincts, parishes, community centers and other community based programs both in and outside of Catholic Charities. Recently we trained priests on compassion fatigue. During our recent Office of Mental Health review it was estimated that hundreds of staff hours are spent in being trained and internal directors and staff led many training sessions.

*e. The configuration of its mental health service professionals, including the number of mental health delivery staff and current capacity for taking on new participants.*

The Corona clinic which is the geographically closest clinic to Voces Latinas is our largest and busiest clinic. It is thriving with a Bi-lingual modal of service delivery in this very diverse neighborhood. That program maintains a 1:4 supervisor: staff ratio with 5 supervisors (with caseloads) and about 18 FTE direct service therapists. Currently it has room to grow with two open line positions. The program is ready and willing to add staff as the program continues to grow. The Director and supervisors are LCSWs. The staff are all licensed social workers or mental health counselors. About half of the staff are bi-lingual Spanish/English. The rest of the clinics combine have an additional 60 licensed professional staff.

*f. The MHP's experience participating in and/or managing collaborations.*

CCNS is a large multi-service agency that has worked with government entities and other community based organizations for over 100 years. We partner with our participants to improve their well-being through coordinated efforts with other providers. We have specifically collaborated with: • Commonground on a "Housing first" homeless initiative • CCNS Older Adult Senior Centers on an Integrated Care for Older Adults grant • Parole, probation, and other justice system programs to offer early interventions, assessing youth for trauma, mental health and substance use needs in the hopes of diverting them from future criminal activity • Several behavioral health organizations to form Coordinated Behavioral Care (CBC) of which our Chief Program Officer, Patricia Bowles is the treasurer. • Our Care Coordination services have partnered with several Health Homes (CBC, Maimonides, HHC) • Currently a member of several Performing Provider Systems

## **C. Organizational Capability**

Voces Latinas (VL) has spent over a decade establishing a strong presence in the community and it has been the only organization targeting the immigrant Latino community at high risk for violence and HIV through non-traditional, holistic, and culturally specific strategies. Our community-based model has been the catalyst for the growth and success of our work. Our cultural specific expertise and our Promotora training model has been sought out by the Department of Health, Case de Esperanza, Child Center of New York, Planned Parenthood of New York, CONNECT, Hudson River Valley Clinic, and Forestadale, Inc.

Key staff include coordinators and those having direct client contact. At Voces Latinas we understand the intersectional complexities around socioeconomic status, health, immigration, race/ethnicity, language barriers, and fear and mistrust of the systems/institutions that our immigrant Latino clients navigate. For these reason, it has always been our practice to assist with emerging needs including advocacy and accompaniment to city institutions/agencies. Our approach emphasizes the need to address the immediate needs of the clients first in order to improve health outcomes and reduce disparities. We have a holistic approach where we examine all aspects of a client's life in order to identify and build on their strengths. Our coordinators and directors employ a social work and/or public health framework in their evaluation/data collection methods. Our intentions are to reduce barriers to City systems that aim to deliver quality care and provide effective social support to a growing and increasingly diverse immigrant population.

Managerial staff includes two seasoned program coordinators with over 10 years of experience in the social services field. Both are directly supervised by the Assistant Director who holds a Masters in Childhood Studies. The Coordinators are also responsible for the monthly reporting, data keeping of the programs, reviewing cases, signing off on client service plans, and assuring staff receive the training necessary to continue serving our clients and community.

Voces Latinas has had private and multi-year government funding contracts for the past five years. The Executive Director and the management team have successfully and consistently met all deliverables, reporting and financial obligations for each contract. Our fiscal coordinator works closely with the Executive Director in assuring all revenues and expenses are tracked and accounted for. Our data entry/ quality assurance team, fiscal team and management team work together and meet on a monthly basis to measure and track program outcomes on each contract.

Funding for Voces Latinas' programs and services comes from multi-year government, private, and individual donors. Government funders include; NYC Department of Health and Mental Hygiene for our HIV Testing program, Community Mobilization, and Condom Distribution program. Department of Justice Office of Violence Against Women fund our violence program since 2009. Private foundations include MAC AIDS Fund, NY Community Trust, and most recently, AVON Foundation. We are subcontractors of the LGBT Center for the Insurance Exchange program funded by the NYS Department of Health and subcontractors for the Center for Disease Control award with AIDS Center of Queens Count.

### **1. Program Management**

*a. Describe and demonstrate the effectiveness of how the applicant currently uses data to support decision making in existing programs.*

Voces Latinas collects and tracks quantitative and qualitative data in all programs. Data includes demographics, level of knowledge, client satisfaction surveys, number of individuals reached, community needs assessments, etc. Voces has been collecting data for over 6 years. This data helps to measure outcomes and effectiveness of programs. We often conduct focus groups to collect stories, testimonies and in depth interviews that can speak to the transformations women made during the time they're in our programs. For example, the Promotora training is updated every year according to the results of the data collected. This data is reviewed often and is consulted with when applying for program funding. Voces Latinas is currently transitioning to its first web based universal database, Social Solutions Efforts to Outcomes. This database will have the capacity to cross analyze by programs in order to measure effectiveness and outcomes. As grantees of the NYC Department of Health and Mental Hygiene (NYCDOHMH) we receive data on HIV prevalence and high risk groups in NYC. The data has helped us create, shape and design programs and strategize outreach and partnerships.

*b. Demonstrate how the applicant has effectively used data to make significant programmatic changes in operations. Provide two specific examples.*

Voces Latinas conducted our own community needs assessment to understand the “real” needs of the community in terms of healthcare. During late night outreach the assessment were conducted reaching a population that visits the clubs/bars and/or that work during late night hours. This is a population that is not available during the traditional 9am to 5pm office hours. Over 200 assessments were collected. The top three needs identified were: 1: Employment, 2: healthcare, 3: immigration. As a result, we were able to seek funding from the Affordable Care Act to have Peer Navigator on site and assist immigrant Latinos enroll in health insurance. The assessment was very clear; immigrant Latinos needed employment in order to afford to go to the doctor. Most had not been to the doctor in over 5 years. But most were not able to qualify for insurance as a result of their immigration status. Although not listed among the top three needs, we learned that immigrant Latinos are very isolated and feel alone in this. Many work long hours for basic survival. The needs assessment was very clear in showing us that healthcare, including mental health are top needs for our immigrant Latino community.

A second example consists of trafficking experiences among the women we serve. We began noticing that a number of domestic violence cases resembled trafficking experiences. As the counselor began to earn the client's trust, they came to find out that the cases included trafficking. We consulted with trafficking experts in the field and learned that there can be an overlap or big similarities between domestic violence and trafficking. For these reason we took another look at our intake assessments and included trafficking questions without mentioning the word “trafficking.” We incorporated a mental health component to the intake assessment for all programs. Including these two new components to our intake helps to ensure all counselors are asking the questions and not missing out on opportunities to assist a client who may be in need of safety and mental health services and cannot ask for it.



*c. Demonstrate the applicants capability to successfully perform the administrative responsibilities related to the delivery of the proposed services, including fiscal management, data collection, reporting and records management in an efficient, accurate and timely manner.*

Voces Latinas has extensive experience in performing administrative responsibilities with all programs and contracts. Our program sustainability speaks to the success we've had over the years in all programs. Monthly tracking and program reporting is consistently on time and meets all deliverables. This is proven by the number of multi-year government contracts we've been able to secure and renew over the years. Our financial reporting, IRS and Charities Bureau filings, and audit findings speak to our fiscal capabilities. The fact that we're transitioning to a universal web based database says that we understand the value of collecting and analyzing data across programs and services. We value data and believe that is what guides our work and implementation of services. Data demonstrates our impact both on the client and on the community. The administrative staff of Voces fulfills the responsibility of entering our own internal data as well as data for the Department of Health. Client and program data can be obtained via these databases most accurately and efficiently.

*d. Demonstrate technological capacity and data security systems to protect participants personal identifiable information.*

Electronic client databases are only accessible by assigned staff and are password protected. Hardcopy client charts are kept in a locked file cabinet and only assigned staff have access to charts. The file cabinet key is kept in the Executive Director's office. Lastly, our HIV client database has assigned numbers as identifiers and not client name. The new database which we're transitioning to also is password protected and each staff has their own distinct sign on.

*e. Describe and demonstrate how executives at the applicants organization will be able to and have the availability to play an effective role in developing, implementing, assessing and overseeing the program.*

The Voces Latinas Executive Director, Nathaly Rubio-Torio, is a licensed social worker and will be involved with the program. She will be at the case conference meetings and be in regular contact with the mental health provider in order to fully understand and relay the needs of the community and resources available. Assistant Director, Ms. Denys Salas will be involved in all aspects of the program including development, training, implementation, assessing, and overseeing the program staff. Ms. Salas will be the primary contact for the program.

*f. Describe experience managing collaborations, and recent successful collaborations that have benefitted the applicants participants. Describe the capability to manage this project*

Collaborations are extremely necessary in order to meet our client's holistic needs. This is a practice Voces Latinas upholds and is included in our mission statement. VL collaborated with Iris House in 2011 to 2013 on an evidenced based intervention to reduce HIV prevalence by training Latina church leaders. Culturally Latinos are very religious and rely on the church for advice. This collaboration was able to breakthrough stigma in the Queens Latino churches. From 2012 to 2014 Voces Latinas and Sexual Assault Violence Intervention (SAVI) collaborated on a Violence Against Women's grant sharing a trauma informed mental health therapist. Voces Latinas was the lead agency. Mental health was offered to clients as a referral service. To date

SAVI continues to be an available resource. Most recently Voces Latinas and the LGBT Center are collaborating on a state grant enrolling immigrant Latinos to health insurance. The program has benefited clients not only in enrolling with insurance, but also connecting them to the other services we have onsite and referring them to partner agencies. VL is collaborating with the Queens Legal Services and CUNY Law School on a project to make free legal services available to survivors of violence and sexual assault. VL is the lead agency. Legal clinics will be available twice per week on site and a peer training will be available. Voces Latinas and AIDS Center of Queens County received a grant from the Center for Disease Control and Prevention for HIV testing and community level interventions for immigrant Latino populations at highest risk. These collaborations are grant involved but Voces Latinas also collaborates with many community organizations, and private business vendors hosting health fairs, informational forums, press conferences, and annual awareness days throughout the year. We strongly believe in collaborations to better meet the needs of our clients and to expose our clients to other resources. The years of successful experience collaborating in both a leadership and subcontractor capacity speaks to our ability to manage the proposed C2C program. Our commitment along with our leadership in the community and internal infrastructure makes us a strong candidate for the C2C program.

## **2. Fiscal Capability**

*a. Describe the applicants experience managing government grants or contracts, if any.*

Voces Latinas has been managing federal and city government grants for over five years. The NYC Department of Health and Mental Hygiene has been a funder since 2011. We manage the HIV testing and Linkage to Care which is a 5 year contract, and the other for Community Mobilization, a four year contract. We've received funding from our city council every year since 2010. Our first federal grant with the Department of Justice was in 2009. We've received three separate multi-year contracts with them and have been the lead organization managing the grant and reporting outcomes, reimbursing our partner agencies and tracking all revenue and expenses. We also recently received a Center for Disease Control five year grant as a subcontractor with another lead agency. VL has never defaulted on any grants and has continuously and successfully adhered to all government regulations as an award recipient.

*b. Describe whether current financial management systems are in compliance with 2 C.F.R. 200.302(b) and capable of identifying costs by grant, by program year and by budget category, and to differentiate between direct and indirect costs.*

Our current financial management systems are in compliance with 2 C.F.R 200.302(b). We currently have Quickbooks Premiere 2013 as our financial management system. Throughout our years of managing grants we've always maintained one bank account. Our management system and finance staff is capable of identifying costs by grants by program year and by budget category and differentiating between direct and indirect costs. The Executive Director and Coordinator of finance work closely in creating the organizational budget which includes each grant by program year and by category of expense.

*c. Demonstrate that the applicant has the requisite financial strength and resources to handle a project of this scale and scope; and ability to comply with federal requirements.*

Our history of successfully managing government contracts and being awarded with multi-year awards since 2009 speaks to our financial strength and capability of managing the proposed grant. We take all grants and awards very seriously and manage all contracts no matter their amounts with the same level of professionalism and responsibility. Our track record shows we have been compliant with all government regulations and requirements.

*d. If the applicant has received federal awards in the past, summarize expenses or costs disallowed in the last three years and the corrective actions taken.*

During our history of being federal government award recipients we have never had disallowed expenses.

### **3. Leveraged Funding**

*a. Demonstrate how the applicant will help leverage private or public funding sources for the program.*

Voces Latinas has recently been notified that we have been awarded with a \$100,000 grant from the Avon Foundation. This grant will allow us to continue training Promotoras so that they can access immigrant Latinas in need of social services including domestic violence intervention, mental health treatment, benefits/entitlements, etc. In addition, we are waiting to hear from MAC AIDS Fund on a pending application where we requested \$50,000. Voces Latinas is fully aware that mental health is a need among the clients that we serve. For this reason we will continue to seek funding from private foundations including NY Community Trust, NY Women's Foundation, and Robin Hood Foundation.

### **D. Proposed Program Approach**

*a. An overall summary of the proposed approach for implementing Connections to Care*

In partnership with Catholic Charities, Voces Latinas aims to address the mental health needs of Latino immigrant and their families in Queens. Catholic Charities designated staff will provide training once per week or as needed to the Voces Latinas program staff, in particular the Coordinator of Women's Services, the Case manager, Counselor, and Program Assistant, covering the core mental health areas. We anticipate that once mental health services is announced there will be a big demand in both walk in's and referrals. For this reason we will be hiring a mental health counselor to join the team and receive the training. The Catholic Charities staff will also serve as a mentor and coach to VL staff when assessing common mental health conditions such as depression, anxiety, and substance abuse. Catholic Charities staff will be available to call upon if there is a mental health crisis with a client. It will be determined at that point if coaching is needed for the VL staff or if the client will need to be seen directly by the mental health provider. The designated mental health expert from Catholic Charities will also be stationed in the Voces Latinas office and available to the staff once per week. The new skills gained by the Voces Latinas staff will allow them to identify symptoms, know how to alleviate such symptoms, and connect clients to specific services, and appropriately screen for more complex mental health needs such as suicidal ideation, PTSD, and trauma. Complex and more severe cases will be referred to the experts of Catholic Charities for advanced psychotherapy, treatment, and medication if necessary.

*b. A description of the target population to be served and how this aligns with the definition of 'low-income community' on page 6.*

A report about poverty in NYC states that poverty rates for Latinos, residing in Queens, increased from 18.5% to 21.4% in 2011. One in three residents lives below 200% of the poverty rate. There are over 140,000 Queens' residents living in extreme poverty on less than \$5,585 per year for an individual. The Self-Sufficiency Standard suggest that half of all people in Queens cannot meet their basic needs, including housing, child care, food, health care, and transportation because they are unable to meet the income required to fulfill these needs. (The Alliance for Greater New York, 2012). Voces Latinas target population is Latino immigrants that reside in Queens.

*c. The mental health service needs of your participants as identified through quantitative data collected by your organization and/or qualitative data that illustrates the need for this intervention at the CBO.*

Throughout the many years Voces Latinas has been serving immigrant Latinas and their families via our HIV testing and domestic violence programs, depression, anxiety, trauma, and suicidality have been among the top mental health needs identified by individuals. When interviewing immigrant Latinas for the Promotora training, the Executive Director found that 7 out of 10 women at some point in their lives while residing in the United States, has thought about jumping into the train tracks. Among all the clients and participants that attend program and services in the organization, over 80% have experienced violence or some other form of trauma. Depression is also very common yet not identified as depression by participants. Loneliness, nervousness, and panic attacks are among the symptoms described by the participants when referring to depression. The immigration experience in itself can be very traumatic to individuals. Pre-immigration abuse/disaster; migration transit, asylum seeking, and substandard living conditions in the host environment all can serve as individual or cumulative assaults on human beings already stressed by having left behind the world they know (Perez, Foster 2001)

*d. A description of need for mental health capacity-building among staff proposed to be trained through C2C. Because this initiative is designed to bring mental health services into settings where they are not currently available, the CBO applicant should have limited experience delivering mental health services. CBO applicants also should not currently have mental health specific services on-site serving the target population.*

Voces Latinas direct client services staff do not have more than a bachelor level training in the social services field. The Executive Director, although an MSW, does not act as a social worker onsite. Her role is of administrator in the management of the organization. The Assistant Director holds a Masters degree in Childhood studies. Her training is not in mental health. The Coordinator of Women's Services and Case Manager both hold a Bachelor level degree and both carry caseloads. For them it is imperative they have a better understanding of mental health symptoms and interventions. They both see clients on an individual basis as well as facilitate support groups for survivors of violence and HIV positive recently diagnosed. Most of our clients have an immigration journey to tell about. Many have traumas they've never discussed or realize they have. Depression, isolation, and anxiety are very common in the clients they see. The

Program Assistant is a HS graduate and the first person clients normally see when they walk into the office. She will do the initial screening to determine which program staff the client needs to see. As the first point of contact for clients, it is important she gain more understanding of mental health needs so she can better inform the intake process.

*e. Roles of CBO, MHP, and any other partners and how the two (or more) organizations will partner together. Describe the proposed relationship between the CBO and the MHP. How will CBO staff be trained, coached, and mentored in an ongoing continuous manner by the MHP and how will TA be delivered? Describe the strategy for implementation and the frequency of contact.*

A mental health provider and a trainer from Catholic Charities will be identified to be on the project. Other mental health staff (see resumes) are clinicians that will be available providers. The designated mental health provider will be on site at Voces Latinas at minimum once per week. She/he will provide coaching to VL staff around client cases, advise during case conferencing, mentor, and see clients in crisis. She/he will review the current assessment tools being used and provide feedback. Another Catholic Charities staff will be available as the trainer. They will prepare material, create curriculum, prepare handouts and training material. They will meet with the Voces Latinas staff for two hours biweekly to provide trainings on the four mental health modalities required in the C2C. Trainings will include theory as well as practice by role playing and observing. It is imperative to mention that the staff of Catholic Charities assigned to this project will be bilingual/bicultural and have a very thorough understanding of the realities immigrant Latinos face. The staff will be familiar with the cultural norms and beliefs that often guide decision making and can affect entire families.

*f. A description of how the program and the partnership will be managed, and how the CBO/MHP management will interact.*

A schedule of when the trainings will take place will be developed prior to the program starting. A designated day will be mutually decided upon for the mental health clinician to be on site at VL. There will be constant and ongoing communication as the staff of both organizations will be working together on cases and case conferencing. There will be quarterly meeting with the executive/management team of VL and the Catholic Charities team as needed in order to communicate administrative needs. The Assistant Director will be the designated contact person for the program and programmatic issues. Executive Director and Coordinator of finance will be in contact with Catholic Charities fiscal team for monthly invoicing and payments. The Coordinator of Women's Services will work closely with the Catholic Charities mental health clinician in the assignment of cases and caseload, action plan reviews, and closing cases.

*g. Details on the proposed plan that include:*

*i. The number of participants to be served by C2C.*

The project will serve a total of 100 individuals with mental health needs.

*ii. The service location and the geographic area to be served by C2C.*

Clients will be seen in the Voces Latinas office located in Jackson Heights Queens and the Catholic Charities office located in Corona Queens, adjacent to Jackson Heights. Both locations are within Western Queens, the epi center of immigrant Latino settlement. If needed, all 13 of Catholic Charities clinic locations throughout Queens and Brooklyn will be available.

*iii. Estimates of the target population sizes and rationale for the estimates.*

It is estimated that over 100 of the target population will need services but for the proposed program we will be serving a minimum of 100. For the others we will provide referrals. We believe over 100 will need services because of the waiting lists that mental health clinics currently have that we are familiar with and the lack of bilingual/bicultural MH providers available. In addition, many immigrant Latinos we serve do not qualify for health insurance and cannot pay the sliding scale fees required. This is a reality that has existed for years in our community. For this reason we hope to be a recipient of the C2C award and serve our community.

*iv. The program services into which C2C will be integrated. Include those programs' funding sources and start/end dates.*

Client participating in mental health services will also be integrated into internal services such as; HIV testing and connection to care (funded by the Dept. of Health and Mental Hygiene- Start date 03/01/2015 to 02/28/2017), Case Management, Domestic Violence Support Group and Legal Services (Office on Violence Against Women start date 10/01/2015 to 09/30/2017), Cultural Arts and Crafts Saturday program (supported by VL volunteer - ongoing), Outreach (NYC Council & MAC AIDS Fund – 07/01/2016 to 06/30/2017). Voces Latinas is also an incubation site for a business cooperative. The peers of Voces Latinas manage a thrift shop. Women will have an opportunity to apply when membership opens once per year. We also offer English and computer classes at \$5. per class which is open to the community

*v. The strategies the CBO will use to engage participants in these services. How will the CBO recruit participants as they newly enroll at the CBO? How will the CBO enroll existing participants?*

Participants will be engaged in several ways. Voces Latinas has an average of 20 walk in's per day inquiring about services, including mental health. Participants will be engaged at this point. Peers and Outreach staff will also engage individuals in the community during street and bar outreach, during HIV testing events, at health fairs, during workshops in schools, health clinics, and other community forums. They will distribute program postcards in both Spanish and English. Catholic Charities partners will announce program in their locations throughout Queens and Brooklyn. Mental Health counseling will be added to our assessments allowing new clients to have the option of being screened and enrolling in mental health services. Existing clients will also be able to enroll in the program by scheduling an appointment with the counselors.

*vi. The strategies the CBO will use to retain participants in these services and follow-up with participants if they stop attending the CBO. How will the CBO maintain contact with participants to keep them engaged in services and in the research study?*

Voces Latinas has a successful retention track record. We offer culturally relevant services that keep clients engaged with the organization such as arts and crafts group, English and computer classes, and other group outings and activities. These groups and activities are led by trained Promotoras who are women the clients identify with and who live in the community. Promotoras play an important role in keeping the clients engaged. They become friends with clients and act as a support system. All clients are introduced to them upon their arrival to the organization. Promotoras continue to remain in contact with clients even if clients no longer attend VL. Voces Latinas will remain in contact with clients participating in the research study by utilizing our promotoras and by connecting them to the other group activities within the agency.

*vii. A clear explanation of how the core package of services will be implemented (if additional services are being proposed, provide a justification of their evidence from a peer reviewed journal of a randomized control study or quasi-experimental study); the fit between these services and their anticipated use with the needs of participants targeted; justification for any proposed adaptations to the core package or additional evidence based services.*

The core package of services will be incorporated into our existing intake and program assignment procedures. Initial screenings are done by the program assistant in the front desk. These screenings are general and assist in determining which program the individual may need. Once this is determined, the program staff takes the individual and conducts a more in depth screening and intake that involves mental health needs. The core package screening will be done at this time by the assigned program counselor. For the proposed program, the counselors will be Diana Mendez, Coordinator of Women's Services and Nestor Ardila, Case Manager, and the newly hired Counselor. Other core package services will be provided to individuals that become clients. Program staff will utilize such modalities in their individual sessions with clients and in group sessions. Staff that conduct community workshops can incorporate psychoeducational information to raise awareness about mental health and help reduce stigma. Clients typically being seen by program staff are new immigrants, survivors of violence affected by trauma, HIV positive and at high risk who are normally very ambivalent about leaving the abuse and making lifestyle changes. Others are lonely, isolated, depressed and not motivated to improve their lives. High risk life styles such as sex work, anonymous sex, and survival sex are many times a result of these symptoms. Cases will be reviewed on an individual basis and the core package services will be determined for each case.

*viii. The number of front-line staff at the CBO that the CBO anticipates training and supporting in implementing mental health services through this initiative and their roles within the organization. Provide the ratio of the direct service staff that will participate to the service population size.*

The proposed program will include training the Assistant Director, Coordinator of Women's Services, the Case Manager, Counselor and the Program Assistant. The Coordinator, Case Manager, and Counselor will carry caseloads that include the development of a client service plan and short and long term counseling. The Assistant Director will also receive the training in order to better supervise the Coordinator. The Coordinator trains peers, facilitates the Domestic Violence support group, tests for HIV and HIV risk, and connects clients recently diagnosed with HIV to medical care. She carries a case management caseload of domestic violence cases and HIV cases. The Case Manager carries a caseload of domestic violence, HIV,

and emotional support cases. He also accompanies HIV recently diagnosed clients to treatment and follows up with their medical and emotional care. The Counselor will do the same. The Program Assistant tends to the front office completing client screenings and making appointment. She is also charged with data entry. The program Coordinator will carry a caseload of 10, the Case Manager and Counselor will carry a caseload of 30-40.

*h. Staffing:*

*i. Overall, how does the CBO propose to staff this project to effectively enable direct service staff to take on these new tasks on top of their existing programmatic responsibilities? What additional staff will be needed by the CBO to support implementation of this program?*

The two primary staff that are being proposed in this program already see clients individually and in group. Although they provide supportive services, they will be trained to provide mental health services offering the client more holistic care. With their current training, the staff is providing concrete services to clients. The proposed program will allow the staff to gain valuable skills that will assist them in being able to offer a lot more during the individual and group sessions. Once trained with the core package skills, they will be able to incorporate and utilize such skills throughout the time spent with their clients. We anticipate an increase in caseload and extra time needed for mental health clients. We will be hiring a mental health counselor to join the team and alleviate the caseload of the current staff. The program assistant is the first person clients come into contact with. With the core package skills training she will better identify and therefore connect the client with the correct service. Referrals for walk-in's that don't qualify for the proposed project will also be made more effectively.

*ii. Identify key staff that will manage the program (include resumes as attachments) including point of contact for data and evaluation. Describe any experience the CBO staff has currently with research and evaluation and in delivering any of the mental health modalities proposed, if any.*

Denys Salas, Assistant Director, will manage the program to ensure completion of outcomes, and supervise the program staff in delivering services. Assistant Director has solid experience managing program and outcome delivery. Her research and evaluation expertise is primarily in social policy, global public health, and international development. Assistant Director has limited experience in delivering the core package modalities as she is a former HIV case manager. For this reason she will also be trained in the core package modalities so that she can better supervise the team. Assistant Director will be the point of contact for data and evaluation.

*iii. Experience and background of all key staff members, demonstrating that they comply with staff experience requirements laid out in Section III.B. The experience of managers selected to launch and lead the project.*

The Voces Latinas staff are all bilingual/bicultural and are first and second generation immigrant Latinos. They all know what the realities of an immigrant are as they have lived them. Some of the staff are survivors of violence and others are HIV positive. The key staff members have been with the agency over 2 years. The Assistant Director has extensive experience in a leadership roles and supervising teams. She has worked with immigrant populations in the US and abroad in Africa doing HIV prevention and counseling. The Coordinator has over 15 years



of experience in social services. The Case Manager has been with VL for three years and has extensive experience with pre and post-test HIV counseling, delivering results and counseling individuals through their diagnosis.

*iv. Demonstrated senior level commitment and staff level buy-in and skills to integrate mental health services into the existing service framework.*

Senior level administrators include the Executive Director and Assistant Director. Both have a clear understanding of the need for mental health services. They've seen the client's struggle adapting to their new environment and have witnessed the toll it takes on an individual. Both are immigrants from Latin America and have been through the immigration experience. VL take these needs very seriously and fully commit to integrating mental health into our existing service framework.

*v. Describe and demonstrate how executives at the CBO will play an effective role in developing, implementing, and overseeing the program.*

The Executive Director is a licensed social worker and will be involved in the implementation of the program. Although her role is not in mental health, she will be available to the staff when the Catholic Charities Mental Health provider is off site and staff needs guidance. The Executive Director will also be involved in quarterly meetings with the Catholic Charities administrators.

*-Attach C2C organizational chart, resumes and/or job qualifications for all managerial and any other key staff, and staffing plan for the partnership.*

(See Attached)

*-Attach letter(s) of support from the MHP and, if applicable, any other partners.*

(See Attached)

*i. Where will participants receive mental health services on-site at the CBO? How will confidentiality be ensured?*

Program participants will be receiving services at Voces Latinas site located in Jackson Heights, conveniently located close the 7 train and the 74<sup>th</sup> street MTA station that connects to most trains in the city. The site is located in a discreet building where individuals must ring a door bell buzzer in order to be allowed into the building. The site is not obvious from the street which ensures privacy for clients receiving services. Case managers utilize the counseling room and offices to speak to clients.

*j. How will the CBO and MHP handle emergencies or cases where participants reveal something reportable (e.g., suicidal/homicidal intent, child abuse or neglect, elder abuse or neglect)?*

Emergencies such as suicidality will require calling the ambulance for further psychiatric assessment. It is a regular practice for VL staff to accompany clients to the hospital if possible. We understand the fears clients have due to language barriers and documentation status. Reportable incidents such as child abuse or neglect and elder abuse are reported to Adult

protected services and Child Protective services. The counselor explains the services, the need to report the incident, the resources available to the family, and most importantly assures the client that the VL counselor will be available throughout the process. Client and worker call in the case together in order to ensure that the client has a complete understanding of the process.

*k. What mental health services will be provided on-site and what services will be delivered at the MHP location? How closely located are the CBO and MHP and how will participants be supported in making the transition in the case of external referrals? How will CBO participants be supported and encouraged to engage in off-site care if needed? How will the CBO enhance current referral protocols and management systems to make this connection to off-site care more successful? In the case of external referrals, how will data be shared between the CBO and MHP while ensuring compliance with HIPPA?*

Mental health services that entail the core package modalities will be seen in the offices of Voces Latinas. Such cases will include symptoms of depression, trauma, and anxiety. For cases needing further psychiatric treatment where clients are not yet stabilized, they will be seen in the mental health clinic. The VL office is located on 83<sup>rd</sup> St, and the Catholic Charities Corona clinic is located on 97th St. Staff will make themselves available to accompany clients to the clinic. The same procedure is followed for external referrals. Client accompaniment reassures the client that where they will be going is safe. The counselor will continue to be in touch with the new provider until the client attends their sessions regularly. Clients will sign consent forms and abide by HIPPA client confidentiality laws. Forms and documentation will be filed in the client chart. Prior to VL closing the client case, it will be obtain supervisor approval.

*l. Anticipated impact and strategy for measuring and achieving the following goals:*  
*i. Goals and rationale for improvement in ongoing performance areas. What specific programmatic measures in the areas specifically focused on the sub-population(s) that the CBO plans to work with does the CBO anticipate improvement in through the addition of these services?*

Voces Latinas anticipates that with the core package modalities incorporated into our routine non-mental health services retention in mental health services will increase. We are certain that with psychoeducation and motivational counseling client will be able to see and feel the value and benefits of mental health treatment and as a result they will continue attending their mental health sessions. The number of screenings conducted will increase as more interest in services will be obtained. The number of referrals for mental health services both at Voces Latinas and Catholic Charities will increase. The capacity of the VL staff in providing mental health services will increase thereby the number of clients reached will increase.

*ii. Goals and rationale for mental health service access and improvement. How will the CBO define success of this initiative both in terms of quantitative goals and in terms of increased organizational capacity?*

Success for Voces Latinas will be defined by the number of individuals recruited and retained in mental health services. Word of mouth is the most common way services are promoted in a community such as ours. When the community begins coming in seeking mental health without stigma or taboo attached to it, we'll know we reached success. Testimonies from the clients will provide qualitative data that will show their improvement in motivation, self-

esteem, and how they envision their future. Success will also be defined by the mental health capacity gained as a staff and ability to scale the program.

*iii. Goals and rationale for improved outcomes for the service population. Although the evaluator will measure impact on participant mental health outcomes across sites, CBOs individually should monitor a small number of feasible outcome measures as part of program performance-management.*

*m. Describe how the partnership will make use of performance data in programmatic decisions.*

Performance data will dictate our next steps to programmatic decision making. This data will determine if the core package modalities continue to be the most effective with the community we serve or if there is a need to include other evidence based mental health interventions. Data will also help determine if the program is effective the way it has been delivered or of there is a need to make adaptations. Data will also help determine the need for more clinical services and staff training and possibly the need for an Article 31.

*n. Describe how participant and front-line staff feedback will be utilized to improve the service delivery and program implementation.*

Front line staff, in particular the staff that has been trained and utilizing the mental health skills in the sessions with their clients, will be consulted with to make further decisions about the program. Clients receiving services will also be interviewed. This feedback will be requested on an ongoing basis throughout the program.

*o. Include a feasible work plan/timeline for program start-up and implementation that includes clear outlines for how service delivery will occur. Identify any potential challenges or barriers to implementation and suggest potential strategies for avoiding or overcoming them.*

<b>Activity</b>	<b>Month</b>											
	01	02	03	04	05	06	07	08	09	10	11	12
<b>Program Start-Up</b>	X	X										
-Hire Staff	X	X										
-Train staff	X	X										
-Develop program material	X	X										
-Team Meeting	X	X	X	X	X	X	X	X	X	X	X	X
-Develop Curriculum	X	X										
-Prepare training material	X	X										
-handouts, copies resources	X	X										
-Develop Calendar	X	X										
-Training Days	X	X	X	X	X	X	X	X	X	X	X	X
-MH days		X	X	X	X	X	X	X	X	X	X	X
Executive Meeting			X			X			X			X
Promote services	X	X	X	X	X	X	X	X	X	X	X	X
-announce it and provide marketing material to outreach staff	X	X	X	X	X	X	X	X	X	X	X	X
Recruit clients	X	X	X	X	X	X	X	X	X	X	X	X
-internally, externally												
See clients			X	X	X	X	X	X	X	X	X	X

-screenings, MI, MH First Aid, Psycho Ed.												
Case Conferencing				X	X	X	X	X	X	X	X	X
Data Collection	X	X	X	X	X	X	X	X	X	X	X	X

Challenges to implementation may include stigma the community has around mental health treatment. We believe psychoeducation will alleviate this. In addition, not having a full-time mental health counselor on-site everyday may present challenges around not being able to meet the needs of a client in crisis. We anticipate being able to call the provider and either talking to the client by phone or the provider coming to the VL site.

p. *Describe the activities the partnership will undertake to support evaluation activities (including designating staff as points of contact for evaluators, collecting data, etc.).*

Voces Latinas will designate staff for evaluation of the program. This includes staff to collect data, meet with evaluator, answer evaluator questions, etc. Assigned staff will work with Catholic Charities in collecting their data and making sure it gets included in the evaluation of the program. Where Catholic Charities cannot participate, the VL staff will.

q. *The evaluation will include a quasi-experimental study: A comparison of outcomes for C2C participants against outcomes for a similar population that does not receive services through C2C. Does your organization serve members of the target population who will not be reached by C2C (for example at another service site location) that could potentially serve as a comparison group, or does your proposal reach all of the population served by your organization? If proposing to serve a subset of the target population, please describe the projected numbers of C2C participants and the projected numbers of non-C2C participants during the grant period. Indicate whether the non-C2C participants could potentially serve as a comparison group for the evaluation, or why not.*

All clients will be receiving the mental health services of C2C.

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