

Latino Network: A Natural Fit in a Community-Driven Model Westchester County Community Network

The Community and the Challenge:

New York's Westchester County is a geographic area comprised of six cities, 47 school districts, and individuals from diverse cultures and heritages within the White, African American, Latino and Asian communities.

Because these communities are spread out among various municipalities, the Westchester County Department of Community Mental Health sought to develop a system of care that would address the distinct cultural preferences and needs of the communities it serves. (For more information about systems of care, see <http://www.mentalhealth.samhsa.gov/publications/all-pubs/Ca-0030/default.asp>).



The Strategy

Creating and Sustaining Community Networks

The Westchester Community Network began working 15 years ago, community by community, to form Children and Family Networks. These networks sought to bring together the array of stakeholders and constituency groups concerned with children, youth and families. There are now 10 community networks throughout the county and two specialized networks, one for early childhood and one for youth who are transitioning and aging out. These networks develop individualized plans for each family member using resources in the community.

From the beginning of network development, “our partners were the families themselves who were leaders in the family support movement,” Westchester Community Network director Myra Alfreds notes. “Leadership from that movement, the families, the county and the youth eventually came together to promote a family and youth-driven system of care at every level, from policy and decision-making, to community and county-wide planning.”

At the same time that the networks were being formed, family support groups started to develop in many of the same network communities, often in space provided by community agencies and houses of worship. Eventually, the county-wide family support organization, known as Family Ties, established first one, and then three, Family Ties Resource Centers. This allowed families and professionals to come together in family-friendly space for network meetings, support circles, and other group events. Despite finding a “home” in Family Resource Centers, the network still retained its flexibility and mobility and continues to meet

with children and families. The network has been the link to the community and has helped children transition back to their home, school, and community from temporary settings, such as hospitals and out-of-home placements. Members of the youth movement in Westchester County, known as Youth Forum, have helped to support these youth during these transitions, as well as providing ongoing peer support.

Like the family organization, network leaders are reflective of their local communities. “You really have a system where the networks and Family Ties are able to respond to the needs of families and communities in a culturally competent way because it is locally driven and led,” Alfreds notes.



The Action

The Latino community grew in numbers, surpassing other groups within the Port Chester Network, however, only a few Latino families came to network meetings, which were held in a centrally located government building. “We didn’t get it right away, but finally, we understood the reason,” Alfreds notes. “Latino families, many of whom were undocumented, had to go past the courtroom and the police station on their way to the meetings. We learned from that experience

that where you meet is important.” The network then moved into a Youth and Family Resource Center in a local school and saw a rapid increase in attendance. “It’s now a very successful network,” she adds, noting that the leadership is reflective of the Latino community and that meetings are often held entirely in Spanish, with English interpretation, only if needed.

“The Latino culture, which values extended family, helps advance the Port Chester Network’s efforts to address family and children’s needs,” Alfreds says. “When this community asks for particular services, they want to make sure you’ve included teachers, clergy and the extended family.” The Latino community has since sought funds and developed a family center in the middle school, in addition to the Youth and Family Support Center in the high school, and a full-service program in one of its elementary schools. Today the Port Chester Schools offer an array of programs and services for children, youth and families, often from the morning through the evening, such as a newcomers’ breakfast club, health, mental health, and literacy services, talks on topics of interest such as stress and computer resources and training. Parents are welcomed into the schools and often included in activities.

In another network community with a predominant Latino population, in Ossining, NY, a family foundation is supporting a collaboration between Family Ties and the Open Door Neighborhood Health Center to conduct universal screening of all children from birth to 18 years of age to identify mental health needs. Space will be provided in a health center next door for a Family Ties Resource Center that will have bilingual, bicultural staff. If this works, the model will be replicated in other Latino communities.

The Westchester Community Network has also brought together parents, families and professionals who work in the system of care who are Spanish speaking, bilingual and bicultural, or multicultural and multilingual, to meet one another and discuss common issues. The group began by looking at cultural strengths, systemic barriers/issues, and generated 16 recommendations. The group has shared a meal together and named itself Alianza Latina. The members formed a sub-committee to describe effective treatment practices. These practices will be put in writing and shared throughout the system of care with Latino and non-Latino workers.

The Westchester Community Network has also conducted a three-session training program

on bilingual facilitation of Network meetings in order to promote and support Spanish-speaking facilitators throughout the county. The training program emphasizes using culturally competent strategies and resources in designing wrap-around plans. The primary facilitators are experienced Latino network chairpersons, including those from the Port Chester community, who represent the faith, school, and mental health communities. This group of Latino network facilitators plans to meet every two or three months to support one another in their work.

What Works and Why

Alfreds notes that the Westchester system of care has been largely effective because it is community driven - communities identify their own strengths, preferences and needs and are provided with the resources to take leadership and work towards their own solutions. The community-driven network model was not readily embraced when it began, but more and more, the other child-serving, and even adult, systems, have begun to value it and incorporate it into their own way of delivering services and supports. Recently, the largest child-serving system in the county, the Department of Social Services, issued a Request for Proposals (RFP) to contract out its child welfare services. The introduction to the RFP quoted the principles and values of the system of care as a guide for applicants. (For more information on system of care principles, see http://gucchd.georgetown.edu/programs/ta_center/tacenterapproach.html).

The Westchester Community Network has been able to show that it is better to work together, and even struggle together, rather than alone, and that an available, responsive community-based system of care is an important part of the solution for meeting the needs of children, youth and families.

NCCC Perspective



The National Center for Cultural Competence chose to highlight Westchester County Community Network because it demonstrates

guiding values and principles of community engagement and family involvement as noted below:

- Cultural competence extends the concept of self-determination to the community.
- Cultural competence involves working in conjunction with natural, informal support and helping networks within culturally diverse communities (e.g. neighborhood, civic and advocacy associations; local/neighborhood merchants and alliance groups; ethnic, social, and religious organizations; and spiritual leaders and healers).
- Communities determine their own needs.
- Community members are full partners in decision making.
- Communities should economically benefit from collaboration.
- Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners.

Specific examples of how the Westchester system of care applies the principles of community engagement include: (1) there are specific practices and procedures to identify community strengths, preferences and needs; (2) a philosophy supported by policy and practice to ensure that communities determine their own needs; (3) power and resources are shared with the community, and (4) practices that allow and nurture meaningful participation from the community. When the community feels the safety, respect and authority to drive the process from their own cultural perspectives, it is more likely that the services will actually meet the needs and preferences of the children, youth and their families. (For information on the NCCC conceptual framework, guiding values and principles, see <http://gucchd.georgetown.edu/nccc/framework.html>).

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Mission

The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health care and mental health care programs to design, implement and evaluate culturally and linguistically competent service delivery systems.

About the National Center for Cultural Competence

The NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy. The NCCC uses four major approaches to fulfill its mission including (1) web-based technical assistance, (2) knowledge development and dissemination, (3) supporting a "community of learners" and (4) collaboration and partnerships with diverse constituency groups. These approaches entail the provision of training, technical assistance, and consultation and are intended to facilitate networking, linkages and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency.

The NCCC is a component of the Georgetown University Center for Child and Human Development (GUCCHD) and is housed within the Department of Pediatrics of the Georgetown University Medical Center. It is funded and operates under the auspices of Cooperative Agreement #U93-MC-00145-11 and is supported in part from the Maternal and Child Health program (Title V, Social Security Act), Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS). The NCCC conducts a collaborative project under the auspices of another Cooperative Agreement with the GUCCHD and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, DHHS. Additionally the NCCC contracts with governmental and non-governmental organizations for specific scopes of work at the local, state and national levels.

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