SALUD MENTAL: INTEGRATED HEALTHCARE, MENTAL HEALTH EDUCATION, & PROGRAM DEVELOPMENT

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VECINOS
FARMWORKER HEALTH PROGRAM
OVERVIEW

- Why are we here, What do we do, What is our purpose, Concept of MH for Migrant Farmworkers, based on our beliefs & best practices
- Obstacles and difficulties of starting an integrated Health care including COVID times
- Where to get information and how to make it accessible to our population
Settling In
Who is VECINOS

- Began in 2001 as a program of the Jackson County Public Health Department
- 2004: Incorporated as an independent non-profit and sought funding from the NC Farmworker Health Program, which we still receive annually. Received mobile clinic from area rotary clubs
- Expansion to 6 western counties and seasonal farmworkers
- 2013: Administrative offices on Western Carolina University’s campus
- 2017: Expanded to 8 western counties
- 2019: Behavioral health program, additional funding for more staff, new mobile clinic campaign to support BH on outreach, expansion to two additional communities
- 2020: Roll out new Mobil Clinic, COVID response, telehealth, OVW Grant

- Serve 8 westernmost NC counties and surrounding communities
- Currently: 6 full time employees - 3 outreach workers, 1 outreach coordinator, Clinic manager
- Medical Providers, including: RNs, FNP, MDs, LCSWs; Interns: WCU interns and volunteers
- MH program has many highly educated and specialized volunteers, like psychiatrists, psychologists, LCSWs
- 2020 outcomes:
  - 420 medical encounters; 151 Behavioral health encounters, 39 patients
  - 1438 total patient encounters
WESTERN NORTH CAROLINA

- Rural, mountainous topography
- MH HPSA scores range 15-20
- Over 4,500 square miles
- Mix of H2A, migrant, seasonal workers
- 3 bilingual therapists in service region
- Lack of resources, especially in Spanish
LITERATURE REVIEW

- Integrated health settings, such as medical homes with mental health services or behavioral health homes with general medical services, may improve treatment utilization and outcomes.

- General practitioners should link LatinX patients to affordable, culturally and linguistically appropriate mental health specialty services.

- Providers with substantial knowledge of the cultural norms and immigration histories and patterns of each subgroup should tailor health assessment and education to the distinct experiences of patients.

- MECA - Multidimensional Ecological Comparative Approach

- Most women felt comfortable with individual therapy rather than any other kind.
  - Group family therapy = least comfortable; Cognitive Behavioral Therapy or psychotherapy = most comfortable; PCP was preferred place to receive services; Need information and education on what a MH provider is and does.
CULTURAL EXPECTATIONS

- What does mental health look like in the LatinX culture?
- Is culture a barrier when it comes to mental health?
- How do we help farmworkers make time for their own health care?
Covid Times
COVID Changes

- Implementing Telehealth
- Zoom meetings-Home office
- Supporting staff through self-care
- COVID Team on board July
- Utilizing new Mobile unit to provide COVID test, October
MENTAL HEALTH PROGRAM ESTABLISHMENT
BACKGROUND

- Patient Needs
- Lack of bilingual mental health services in area
- Outreach workers interpreting for English MH for 2 years
- Community connections - Kenny/Marianne
- INTERNAL CLINICAL REVIEW FOR CAPACITY
- Office of Rural Health Grant
- MH outreach assessment
- Program Coordinator

- Cuestionarios- MH Community Needs Assessment
- MH Advisory Council
- Implementation of services in clinic
- Currently moving towards offering services at outreach
ADVISORY BOARD

- Executive Director
- Lead Therapist
- Psychologist
- Community partners
- Interns
- LCSW supervisor
PROGRAM FRAMEWORK

- Integrated Healthcare Model
- Migrant Farmworkers
- Seasonal Farmworkers
- Education
A Visit to the Mental Health Program

- Patient Registration - CHW
- Screenings:
  - PHQ-2 → PHQ-9
  - RHS-15
  - CAGE-AID
  - Multi-Dimensional Behavioral Health Screen (MBHS)
- Biopsychosocial Assessment
  - MECA Framework
- Referral to Mental Health Care Provider
It’s all in the Details

- Communication between providers
- Encounter Tracking
- Tracking patient’s progress- MBHS
- Policy and procedure
  - Manual
  - Consent forms
  - Release of Information
  - Billing codes
DEVELOPMENT of the CMHNA

- What is it?

- Questions - Google Forum

- Why is it important to learn about the people we are going to serve
**Demographics**

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**Gender**

- Female: 15%
- Male: 15%
- Unreported: 19%

**Age Group**

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**Setting**

- Camp: 30.43%
- Clinic: 69.57%
Revisions

Restructured Cuestionarios for this year’s Mental Health Needs Assessment

Providing mental health groups

Number of participants

Timely analysis of the research
COVID RESPONSE

Utilize systems of MH Education that were already in place.
LITERACY LEVELS

- English as a second language
- Spanish as a second language
- Indigenous language as first language
- Diverse reading and writing levels

Solution

- Translate English documents
- Concise sentences
- Picture based

Resources

Journeyworks--https://www.journeyworks.com
Vistaprint---https://www.vistaprint.com
www.samhsa.gov
PERFORMANCE MEASURES
MEASURES

Evaluation of the qualitative review of community needs assessment

Quantitative review of regular behavioral health screenings

Quantitative data on patient encounters, discuss case studies, weekly meetings with MH team

Number of encounters from 2020:
- mental health: 151
- mental health ed: 585
- Common diagnosis: 34% Post Traumatic Stress

Average Patient visits: 2.87 (1-18 visits per patient)

31 patient have received consistent mental health counseling
Subjective Take Away

Connections, Collaborations & Advisors

Meet the clients where they are

Grant Funding

Tracking Patient Outcomes
What have you learned?

- Unique factors to consider when establishing an integrated health care program for MSAW
- Guidelines for implementing mental health
- Performance measures that can be used when measuring programmatic results education for MSAW
- The growing pains of COVID-19

Farmworkers: We need them! They need us.
The ultimate goal of farming is not the growing of crops, but the cultivation and perfection of human beings.

-Masanobu Fukuoka
REFERENCES

Arcury et al. (2012). Work safety climate, musculoskeletal discomfort, working while injured, and depression among migrant farmworkers in North Carolina.


REFERENCES CONT.


THANKS!

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