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### Caring for Rural Hispanic/Latinx Foster Youth: Cultural Competency and Providers of Foster Youth Mental Health Services

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Caring for Rural Hispanic/Latinx Foster Youth: Cultural Competency and Providers  
of Foster Youth Mental Health Services

A Capstone Thesis Presented to the Faculty of the College of Arts & Sciences  
University of San Francisco

In Partial Fulfillment of the Requirements of the  
Degree of MASTER OF ARTS IN URBAN & PUBLIC  
AFFAIRS

by

Vidal S. Gonzalez

May, 2023

Caring for Rural Hispanic/Latinx Foster Youth: Cultural Competency and Providers  
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Vidal S. Gonzalez  
COLLEGE OF ARTS AND  
SCIENCES UNIVERSITY OF  
SAN FRANCISCO

May, 2023

Under the guidance and approval of the committee, and approval by all the members, this thesis has been accepted in partial fulfillment of the requirements for the degree.

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## **Abstract**

Hispanic/Latinx cultural competency is desperately needed in our child welfare system. Hispanic/Latinx is the largest population in the California foster care system, 48.6% of California's total foster care population (Population Reference Bureau 2021). There is a lack of cultural competency in the workforce available to address their specific mental health needs. A particular need and opportunity for improvement in the foster care system would be a commitment by public providers to make cultural competency a foundational workforce requirement. In this capstone thesis paper, I have investigated how public providers can recruit and retain a diverse and culturally competent workforce and resource family pool to better fund and support them in addressing the current mental health crisis. This Capstone will assist public providers in developing strategies that increase awareness of cultural competency, mental health issues, and treatment. The policies and best practices suggested will assist them in addressing their foster youth's trauma and continued issues related to separation and or abuse. The current mental health crisis being experienced by Hispanic/Latinx foster youth exist in large part due to the failure to develop a discourse on the need for culturally competent public providers to support the growing rural Hispanic/Latinx foster youth population. The informed policies that I will provide in this capstone thesis prioritize investment in staffing and cultural competency training of foster youth public providers in order to relieve the current mental health crisis.



## **Introduction**

The current foster care system is suffering from a lack of health services and capacity, creating an unsafe environment for those in its care. My thesis project is a study on the cultural competency of public providers working with Hispanic/Latinx foster youth living on the Central California Coast. The rural Hispanic/Latinx foster youth population is particularly vulnerable, especially given the increase in severe mental health issues such as suicide and self-harm, a result of the effects of the post COVID-19 pandemic mental health crisis. The need for more culturally competent public providers to Hispanic/Latinx foster youths has never been more pronounced as we continue to face the current mental health crisis coming out of the COVID-19 pandemic. “Adolescents and other young people are struggling as well, with suicide now the second-leading cause of death for Americans aged 15 to 24” (Greenblatt 2023).

Providing services to foster youth in general is a challenge. For some populations, it can be even more difficult. For example, there exists a lack of Hispanic/Latinx cultural competency among public providers to foster youth in California. This inequity is causing negative outcomes for the Hispanic/Latinx foster youth populations, the largest and fastest growing foster population in the state currently at 48.6 percent (Population Reference Bureau 2021).

These challenges motivated me to begin this study on how the current mental health crises being experienced by Hispanic/Latinx foster youth exist in large part due to the failure to develop informed culturally competent policies that support investment in staffing, training, inclusion, and equity. This realization comes at a time when we have seen significant one-time investment in foster care mental health from the state in response to the current mental health crisis. However, it is not at a level experts believe is needed to deal with the current mental

health crisis afflicting California's foster youth. As California Alliance of Child and Family

Services noted :

“some critical items meant to “significantly transform the system” were removed from the budget or stripped of necessary funds. “The removal of funding for family resource centers, COVID-19 relief for short-term residential therapeutic programs, supplemental rates for foster family agencies, and targeted family finding for foster youth will have devastating impacts on our ability to prevent child welfare involvement, support families, and provide services for youth in the foster care system” (Loudenback 2022).

In the following Capstone I will investigate and describe how public providers are using their current processes, systems, and resource allocations to provide for the safety and care of rural Hispanic/Latinx foster youth. I have chosen to focus on the Central Coast of California and Seneca, Families of Services (Seneca) a foster youth mental health public provider that has recently taken on a larger role in providing services to area foster youth. I will be examining how public providers adjust services to the unique challenges and narratives of rural Hispanic/Latinx foster youth. Challenges such as the decreasing availability of culturally competent resource parents/families, disproportionately high rate of adolescent Latina suicide, and the accumulative stress and trauma related to immigration/criminal justice system issues.

### Cultural Competency is Evolving

Developing a culturally competent workforce is essential to public providers providing mental health services to Hispanic/Latinx foster youth and addressing their unique narratives and struggles. Public providers need strategies and tools that recognize cultural competencies evolving and dynamic nature. A nature that cannot be captured by a certificate, but can be identified, nourished, and strengthened through a continuous stream of training and support.

As I further explored the Hispanic/Latinx community of the Central Coast; it's diversity and evolving nature became apparent. There are Central American as well as Indigenous communities adding to the diversity of the growing Hispanic/Latinx population. This realization of the changing nature of the Hispanic/Latinx population lead me to recognize a foundational trait of cultural competency; it is a constantly evolving concept. The influence and interaction of immigration, assimilation, and acculturation as well as the trauma of being undocumented all come into play when public providers allocate services, support, and resources for rural Hispanic/Latinx foster youth in their communities.

Cultural competency trainings and support for public providers, especially those working with Hispanic/Latinx foster youth must be constantly updated, due to the dynamic nature of youth culture. This includes evolving issues that are specific to the Hispanic/Latinx youth population such as Commercial Sexual Exploitation of Children (CSEC) that often goes unnoticed, along with other specific narratives and struggles that public providers must be made aware of. As "Interviewee 11" a Program Director with The Council on Adolescent Youth stated, "often those that are in positions of authority do not understand the struggle of Hispanic youth. They deny the severity of the CSEC problem on the Central Coast, we have a big problem, and the kids see it, even if the adults dismiss it" (Interview 11, 2023).

One of the essential facets of cultural competency vital to the understanding of intergenerational conflict and trauma related to immigration and abandonment unique to the Hispanic/Latinx community is lived experience. "Interviewee 2" a Seneca Program Director shared that many Hispanic/Latinx foster youth were left to raise themselves in their home countries while their parents immigrated to the United States. They now have difficulties adjusting to child and parent roles as the dynamics have changed. They see themselves as adults

whereas their parents see them as rebellious children not wanting to abide by their rules (Interview 2, 2023). Understanding this generation phenomenal among the Hispanic/Latinx youth culture is critical to the development of the cultural competency of public providers supporting Hispanic/Latinx youth.

Especially crucial for public providers working with Hispanic/Latinx youth is a thorough understanding of acculturative stress. Which Canino refers to as “the multiple stressors suffered by immigrant ethnic minorities, such as prejudice and discrimination, disruption of support systems, stressors associated with living in high crime areas and poor housing, inadequate schools, as well as the stressors associated with living in dysfunctional and violent family environments” (Canino and Roberts 2001, 128). Acculturative stress is especially pronounced within the undocumented Hispanic/Latinx community, and its potency has increased with the current anti-immigrant political environment. This capstone will explore how a public providers culturally competent workforce development plan considers these factors and how to create informed delivery service strategies to address the issues of acculturative stress and other unique narratives within the rural Hispanic/Latinx foster youth population.

### Cultural Humility as the Foundation

A public provider workforce that is grounded in cultural humility is essential in developing and maintaining culturally competent services to rural Hispanic/Latinx foster youth. If cultural competency were a house then cultural humility would be the foundation on which cultural competency is built upon. Cultural humility is the introspective ability to identify one’s own internal biases and how they influence our interactions with others. From the twenty semi-structured interviews that I conducted, when asked to hire someone that is culturally competent the most common response was an understanding and practice of cultural humility.

This Capstone examines the question of providing culturally competent service to Hispanic/Latinx foster youth living in rural communities by first examining the prior research, then an epistemological study, and lastly conducting twenty semi-structured interviews with foster youth public providers. I analyzed the research, my observations, and the data to construct informed policies to address the issues that have the greatest priority.

I then formulated this information into two high level policy recommendations that will immediately relieve the current mental health crisis and two best practices that will ensure, identify, and enshrine cultural competency in public provider workforce development plans and strategies, that require further research. By initiating the policies and adopting the best practices presented in this Capstone public providers will create a continuum of care that is culturally competent and serves the best interest of the rural Hispanic/Latinx foster youth in their care.

### **Prior Research**

This study of the cultural competency of public providers and the mental health of rural Hispanic/Latinx foster youth intersects three bodies of prior research: mental health of foster youth, the challenges of foster youth in rural areas, and cultural competency of public providers . Cutting across these three bodies are common themes that influence the mental health of rural Hispanic/Latinx foster youth. At their intersection is the realization that the current mental health crisis being experienced by Hispanic/Latinx foster youth exist in large part due to the failure to develop a discourse on the need for culturally competent public providers to support the growing rural Hispanic/Latinx foster youth population. Informed policies that support investment in staffing and cultural competency training will help to relieve the current mental health crisis.

The preceding prior research encompasses the aspects and challenges of rural Hispanic/Latinx foster youth. It defines the specific mental health challenges that foster youth are experiencing as well as the particular obstacles that foster youth in rural communities' face, including trying to access services to support their mental health challenges. Compounding these challenges is the need for culturally competent public providers who will focus on the narratives of Hispanic/Latinx foster youth and the ways that providers are recognizing and incorporating cultural competency to support rural Hispanic/Latinx foster youth experiencing mental health challenges.

#### Mental Health of Foster Youth:

The connection between a child being placed into foster care and having a higher propensity for mental health challenges as a result is undeniable. A 2006 national study among a diverse and representational sampling of foster youth in the United States highlights the higher propensity of mental health challenges among foster youth. The general rate of anxiety among foster youth compared to non-foster youth was 80% higher. Eating disorders such as anorexia nervosa and bulimia nervosa are present among foster youth at a rate that is 2.3 times higher than that of non-foster youth. Anorexia nervosa was shocking 8.92 times that of non-foster youth. (Pilowsky and Wu 2006, 355). Other challenges included separation anxiety and agoraphobia (fear of open places) which were also present among the foster youth population at elevated rates.

We see elimination disorder symptoms among foster youth such as enuresis and encopresis (bed wetting and soiling) elevated as well. Bed wetting was noted to be double the rate of non-foster youth and encopresis was twelve times greater among foster than non-foster youth. Mood symptoms such as major depression and mania, both being at a 50% elevated rate.

The rate of disruptive behavior disorders (DBDs) such as conduct disorders, and other DBD symptoms are present at double the rate in foster youth than non-foster youth. (Pilowsky and Wu 2006, 355).

### Suicidality and Self harm

The literature on the subject of mental health challenges of foster youth unfortunately leads to the alarming topic of increased suicidality and self-harm behavior. Suicidality and self-harm rates for youth placed in foster care increase, creating an even more dangerous environment for both them and their resource family. "Compared to those without a history of foster care placement, the prevalence of past- year suicidal ideation (26.8% vs. 11.4%) and attempts (15.3% vs 4.2%) among adolescents involved with foster care" (Pilowsky and Wu 2006, 356).

Other studies further affirm these dire predictions, based on 2015 caregiver report, approximately 1 and 4 youth participants (24%) had disclosed the desire to die or to hurt themselves. From the youth- report data, roughly one in five children (21%) aged 8-11 years old indicated a desire to hurt themselves (Gabrielli et al. 2015, 899). Specifically, "The rate of suicidal thoughts was higher for female (22.4%) than for males (11.6%) and for Hispanic (18.9%) than Caucasian and African American youth (16.2% and 14.5% youth, respectively" (Gabrielli et al. 2015, 893).

### Substance Use and Abuse

Substance use and abuse intersects within the realm of foster youth mental health disorders, and sometimes masks them. There is a significantly higher level of alcoholism and drug use among foster youth compared to non-system involved youth. Whether for recreation or

self-medication, drug and alcohol use are exhibited at higher levels. According to experts within the field, “Adolescence involved with foster care had a higher prevalence of substance use disorders, and we're about five times more likely to have a past- year diagnosis of drug dependency than adolescents in the comparison group, after adjusting for gender and age” (Pilowsky and Wu 2006, 356).

Drugs and alcohol addiction among foster youth parents often is the catalyst for their child’s removal from their home and their entrance into the foster care system. For example, in 2015 the Adoption and Foster Care Analysis and Reporting System (AFCARS) data revealed that parental alcohol or drug use was the factor in 30% of removals nationwide (Child Welfare Information Gateway 2018, 3). The prevalence of drug and alcohol abuse in the lives of foster youth make it more imperative that they have access to mental health services. It is critical that the resource family that foster youth are connected to understands the trauma that their exposure to drugs and alcohol and the resulting in their separation from their biological parents has had and that they are able to provide them the proper culturally competent care.

### Resource Parents/Families

The importance of providing training to resource families in identifying the signs of trauma and mental health distress of the foster youth they care for cannot be understated. "Given the barriers we have described, resource parents often are left to be the sole advocates of their children's mental health needs. However, it has been reported that resource parents do not always follow through on recommendations for mental health care or advocate for their children's mental health needs" (Kerker and Morrison Dore 2006, 142). This lack of follow-through by resource families upon noticing signs of mental distress among foster youth in their care places these foster youth at further risk of trauma.



The resource families themselves may not recognize mental health issues present in their foster child or have different interpretations of the root causes, cultural customs, and backgrounds. These interpretations may come into conflict with trained health professional diagnosis and recommendations as “members of particular ethnic or cultural groups to which resource parents often belong may not have a tradition of viewing mental health as separate from physical health, or, for other reasons, they may not subscribe to the majority cultures, understanding of psychological disturbances and their traditional treatments” (Kerker and Morrison Dore 2006, 142).

Financial constraints can introduce an additional layer of complexity. Resource parents are disproportionately drawn from lower income communities where access to affordable mental health care services is often difficult to obtain. The stresses of being a resource parent require that they take charge and care of their own mental health to prevent vicarious trauma and burnout. Not surprisingly, these factors contribute to a high rate of turnover among resource parents deciding as well as keeping new potential resource parents from entering.

### System of Care Model

The disproportional incidence of mental health challenges among foster youth has practical implications to policies surrounding how that care should be provided. Previous research on the mental health of foster youth identifies the need for systemwide improvement of the foster care system and a move to a public health model. The failure of the current foster care system will continue to grow as children continue to be placed into a foster care system that is unable to provide safe and secure shelter and competent physical and mental health care. It is not purely a lack of funding or attention that is the cause of these failures, rather it is the system that we have chosen to use. "The Federal government’s primary investment in children's mental

health in the last two decades has been in children's system of care" (Cooper et al. 2017, 16). The System of Care model is the root of the failures to improve the mental health of foster youth lives. "Research suggests that a public health approach to mental health may serve as an answer to how to address the gulf between service needs and service provision. It may also help to overcome stigma that interferes with seeking help when it is not needed" (Cooper et al. 2017, 17). The current system of care model is failing Hispanic/Latinx foster youth. To better provide services to this growing and diverse foster youth population California public providers should adopt a public health model.

### Public Health Model

The available research suggest that a public health approach to mental health offers the best model to address the gulf between service needs and service provision and is instrumental in overcoming stigma that interferes with Hispanic/Latinx foster youth seeking help when it is needed (Cooper et al. 2017, 17). The public health model has been shown to be useful in maintaining permanency and maintaining the natural supports in a foster youth lives as they and their families navigate the system, the end goal being permanency and strengthening the natural environment and supports present in the foster youth lives.

It is the public health model's focus on preventative care, taking a holistic approach toward mental and physical health, that makes it more attractive and appropriate in combating the current failures of our foster system of care. A system of care that has often contributed to (along with a long complex collection of variables) foster youths having increased mental health issues, drug use, and self-harming behavior including record suicide rates across all demographics and geographic locations. The foster system is overwhelmed and suffering the end result of being largely reactive rather than preventative. "From a policy perspective, when policy

makers are constantly reacting to an onslaught of needy children and youth, they are unable to proactively and strategically recraft their systems to better respond to needs earlier and prevent children and youth from reaching crisis points and thereby seeking the most intensive set of services and supports" (Cooper et al. 2017, 16). Rural settings amplify all of the proceeding obstacles and barriers toward service access that foster youth face, giving these barriers and obstacles "sharper edge," making them even more detrimental to rural foster youth health and safety.

#### Challenges of Foster Youth in Rural Areas:

Social isolation and stigma are issues that resurface throughout the prior research as one of the major challenges of foster youth in rural areas. Rural communities are not only geographically isolated but politically isolated as well. Ignored by state and federal governments they are far from the seats of power and decision makers. Researchers appear to have similarly shown little interest in rural areas, evident by the few historical studies regarding rural foster youth relative to the large supply of literature on urban foster youth that exists.

Due to this lack of attention by the government and academia, poor economic conditions, and lack of health resources in these rural communities foster youth have a higher chance of developing severe mental health issues than urban foster youth. "In non-urban areas, children's mental health problems are a far greater contributor to child welfare involvement than poverty" (Barth, Wildfire, and Green 2006, 358). The reasons for this include a "lack of service availability, fear of stigma related to seeking services, lack of insurance, and significantly fewer skilled providers" (McGuinness 2009, 55).

What limited research exists suggests the need to provide more support to isolated and at-risk rural foster youth populations, specifically, the marginalized communities that reside within these rural areas. "Minorities who reside in rural areas experience many social inequities and health disparities which subject them to higher rates of psychological distress, unresolved physical ailments, and limited access to healthcare providers" (Howard, Holyfield-Moss, and S. Murty 2022, 1).

### LGBTQ+

For Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual (LGBTQ+) foster youth, their struggles and difficulties navigating the rural foster care system are exponential high. "Case workers should also be aware of the cultural perceptions of alternative lifestyles in rural communities and the applications for LGBTQ+ youth and child welfare practice. As LGBTQ+ youth realized their sexual orientation or gender identity, families may reject them and put these young people at risk of abuse and homelessness" (Child Welfare Information Gateway 2018, 9). As the current political conversation regarding LGBTQ+ youth rights and challenges has become confrontational and partisan even the use of the non-gender specific "Latinx" has its own political and cultural ramifications.

This isolation and stigma are further amplified if the LGBTQ+ foster youth is a member of a minority rural community. As noted by multiple literary sources disparities are exponential when a foster youth holds multiple marginalized identities. The religious and cultural practices of minority cultures as well as the general conservative nature of rural communities negatively impact the likelihood of LGBTQ+ foster youth seeking services and support. "In addition, because rural areas tend to have few families who are willing and able to offer placement to LGBTQ+ youth, young people requiring out- of- home care are also at risk of being placed

outside of their communities" (Child Welfare Information Gateway 2018, 9). According to San Luis Obispo County director "Interview 12" often there is a placement disruption due to resource families lack acceptance and cultural competency regarding an LGBTQ+ identifying foster youth. There is major need to find LGBTQ+ friendly Resource Families" (March 1, 2023). It is difficult to recruit and retain LGBTQ+ culturally competent resource families in general and in rural communities especially, creating a major barrier in the care of LGBTQ+ foster youth.

### COVID -19 Pandemic and Preexisting Disparities

Though literature is still being written about the impact of the COVID-19 pandemic, from the limited literature that has been evaluated it has disproportionately affected foster youth and specifically rural foster youth. Rural communities had already been at greater risk for mental and physical health disparities compared to their urban counterparts. "For rural youth and their families, pre-existing disparities worsen during the COVID-19 pandemic and continue to persist" (Howard, Holyfield-Moss, and S. Murty 2022, 3).

The impact of the COVID-19 pandemic was immediate and debilitating to the mental health of the nation and to rural foster youth especially. "Rural youth who had clinically significant behavioral problems were more likely to have parents affected by mental illness, regardless of poverty level (72% of poor and 57% a non-poor) as compared to children in urban areas (38% poor and 26% non-poor)" (McGuinness 2009, 55). The loss of contact with regular mental health providers and the limitation of emergency services created an environment where many mental health issues were spawned and festered.

The tragic end result has been increased suicidality of rural foster youth. The increase in domestic violence and drug use exasperated the negative environment that rural foster youth

faced during the COVID-19 pandemic . Foster youth in rural communities were in greater danger of suicide and self-harm prior to the Pandemic (Fontanella et al. 2015, 466), and have continued to remain high post pandemic.

### Domestic Violence and Parental Drug Use

Domestic violence and parental drug use have risen during and post the COVID-19 pandemic. The effect of these early exposures to drugs and the associated trauma has a huge negative impact on the mental health of children from drug involved families, forever negatively impacted by the traumatic lifestyle they are exposed to. Previous research has shown that "rural youth contend not only with parents who often face mental illness and addiction, but also with a lack of mental health access" (McGuinness 2009, 55). "The National Advisory Committee on Rural Health and Human Services (NACRHHS) reports that drug related deaths are 45% higher in rural areas. Alcohol, marijuana, methamphetamine, and opiate use are significant problems in the United States and particularly in rural communities" (Child Welfare Information Gateway 2018, 3). The drug prevalence and domestic violence increase seen in rural America post COVID-19 pandemic places all foster youth health and safety at elevated risk.

### Healthcare Access

A central cause of the challenges that rural foster youth face in accessing mental health services are a lack of qualified mental health professionals available in rural communities. Qualified mental health professionals to provide services to foster youth are difficult to recruit and to retain, due to the high burnout rate exasperated by the COVID-19 pandemic and the lower monetary reimbursement of Medicaid compared to clients with private insurance. "According to

HRSA, 62% of the areas with this shortage of mental health professionals are in rural and partially rural areas” (Child Welfare Information Gateway 2018, 7).

The only option for many rural foster youths seeking mental health care are the few overburdened rural primary care physicians, pediatricians, and nurses. "Because of the relative lack of specialty mental health care, primary care physicians provide a large proportion of mental health care to rural Americans; however, these physicians often feel inadequate and unprepared to diagnosis or treat mental illness (Fontanella et al. 2015, 471). As access to primary care providers has decreased, rural foster youth levels of suicidal ideation and self-harming behaviors have increased, as well as other mental health disorders. The body of previous research specifically highlights the disparity of resources available to rural youth and the increase mental health issues they experience at a higher rate than urban youth as a result.

The lack of health insurance access in rural areas creates funding deficits that inhibit workforce development efforts to increase the pool of qualified mental health providers to these rural areas. “Of the 1669 areas federally designated as experiencing a shortage of mental health professionals, more than 85% are in rural areas, and more than half of all the counties in the United States (all rural) do not have a practicing psychiatrist, psychologist, or social worker. These workforce shortages are even worse for pediatric mental health specialists” (Fontanella et al. 2015, 471). The issues of qualified mental health professionals and the deficit of health clinics in rural communities all stem from the difficulty that lies in the financing of these public providers , the majority of which is done through Medicaid.

Medicaid

According to previous research, Medicaid is difficult to apply for and inaccessible. Lack of insurance is a major reason for rural parents to voluntarily seek foster services for their children. "Children in rural areas may enter foster care due to unmet treatment needs that their parents cannot satisfy due to lack of health insurance, compounded by the sparsity of available mental health services in rural counties" (McGuinness 2009, 1). Disproportionately impacted by the lack of health insurance and unable to access available mental health resources as a result are rural Hispanic/Latinx youth. "Although many rural children are eligible for federal Medicaid, Hispanic children are least likely to be insured in comparison to their non-Hispanic peers" (Howard, Holyfield-Moss, and S. Murty 2022, 2). For those foster youth that have private insurance the obstacle and difficulties in obtaining mental health care is the same as for those receiving care through Medicaid. "Sometimes, individuals who live in rural areas with private insurance can experience barriers to access due to provider plan participation and plan limitations. Plan limitations can be problematic when it comes to adequate mental health care because limitations can contribute to treatment issues" (Howard, Holyfield-Moss, and S. Murty 2022, 2).

Medicaid provides for the entirety of health services available to foster youth, however as counter intuitive as it is, the current lack of health access as well as quality of service are caused by the inflexibility of the Medicaid system. As Kirker has noted:

Medicaid inadequately reimburses mental health providers. As relatively few providers are willing to treat foster children whose main needs may require more time than is currently compensated Federal insurance programs should broaden the conditions they cover to include children with less severe symptoms or with the kinds of early life experiences that are predictive of later emotional and behavioral difficulties, regardless of current psychological functioning. In addition, funding streams should be coordinated so that the categorical nature of current policies no longer limits the care that children receive (Kerker and Morrison Dore 2006, 142).



Medicaid billing and lack of insurance flexibility remains one of the greatest obstacles preventing foster youths from receiving access to mental health treatment. Medicaid's complexity creates obstacles to mental health care accessibility, preventing foster youth and their resource families from receiving the support needed to relieve and prevent future trauma to the foster youth.

Limited investment in public infrastructure combined with the previously mentioned workforce development barriers create additional obstacles of access to mental health care for rural foster youth and their families. These obstacles have a "shaper edge" in a rural community where the disparities are more pronounced and disproportionately affect marginalized communities, especially Hispanic/Latinx foster youth.

#### Cultural Competency of Public Providers:

The best investment that could be made to improve the lives of rural Hispanic/Latinx foster youth is not in infrastructure but in the recruitment and retention of culturally competent public providers. Hispanic/Latinx cultural competency is desperately needed in our rural foster youth system. Within the state of California Hispanic/Latinx are the largest demographic population and often the majority population within rural communities. Hispanic/Latinx is the largest population in the California foster care system. As of 2021 Hispanic/Latinx youth comprise 48.6% of California's total foster care population (Population Reference Bureau 2021). However, there is a lack of cultural competency in the workforce available to address their specific mental health needs.

The application of cultural competency is "used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes" (NASW 2015, 13). Cultural

competency offers Hispanic/Latinx foster youth with holistic informed and relevant support. However, according to government and literature sources our current foster care system has not integrated a truly universal cultural competency component into the foster care system regarding Hispanic/ Latinx youth and families. "Hispanic/ Latino children, youth, and their families, according to state leaders, face gaps and access that include language barriers, immigration status and poor provider cultural competency" (Cooper et al. 2017, 48).

According to the previous research, "There is also a growing need for a caseworkers attuned to the cultural and linguistic concerns and needs a rural Latino population" (Child Welfare Information Gateway 2018, 9). A service delivery strategy based in cultural competency will require that, " individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diverse factors and a manner that recognizes, and affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each" (NASW 2015, 13).

The most promising hope lies in the widespread adoption of a culturally competent service delivery strategy to address the mental health needs of rural Hispanic/Latinx foster youth. What is required is a service delivery strategy for Latino/Hispanic families that has at its core the elements of cultural competency. "Additionally, culturally competent practice requires that social workers clearly assess the cultural values and traditions of Latino families and how these values and traditions may impact service delivery" (Dettlaff and Rycraft 2010, 110). Linda Tuhiwai Smith has a specific interest in this subject. Her book *Decolonizing Methodologies* draws strong parallels in my study as it draws upon community interaction and dialogue being the guiding force behind research in marginalized communities (Smith 2021). I found Smith's work to be an

anchor that guided my approach to this Capstone as I also sought to create a dialogue that recognizes the importance of cultural competency in improving mental health outcomes of Hispanic/Latinx foster youth and the need for more research exploring their unique cultural narratives. In this Capstone I investigated and identified the facets of cultural competency and provided best practices for public providers to initiate a service delivery strategy that address the mental health needs of rural Hispanic/Latinx foster youth. Systems theory guided my conceptualization, research question development, methods, all leading to my recommendations and conclusions.

### Latina Suicide Rate

Hispanic/Latinx silence, stigma, and suicide are central areas where a focus on cultural competency can have immediate benefits to Hispanic/Latinx foster youth mental health and safety. The literature on Hispanic/Latino foster youth mental health challenges is limited and begs the need for further research. For example, Latina teens have the highest rate of self-harming behaviors and risk factors for suicide with; 1 in 55 Hispanic/Latinx girls attempts suicide, higher than all their non-Hispanic peers (Zayas et al. 2005, 275). According to “The 2001 CDC’s Youth Risk Behavior Surveillance (YRBS) showed that adolescent Hispanic females girls continue to attempt suicide at higher rates than other groups. Of Hispanic girls, 15.9% had attempted suicide within the preceding 12 months, compared with 10.3% of white girls and 9.8% of African American girls” (Zayas et al. 2005, 275-287).

Dr. Lisa R. Fortuna and Dr. Luis H. Zayas studied the issue over twenty years ago and little to any follow-up has been conducted since. This frightening situation is the result of long-standing research gaps. The literature identifying the high rates of Latina suicides goes back to the mid-1960’s and yet there is little research on the topic. “The history of the literature of

suicide attempts among Latinas is one hobbled by neglect...so little research has occurred over the past 4 decades that we have no empirical explanation about what motivates Latina girls from attempting suicide” (Zayas et al. 2005, 275). This body of previous research within the general discussion of foster youth mental health challenges is important in highlighting the high-risk factor of Hispanic/Latinx youth and the need for a public health system that considers cultural traditions and the specific dangers they present to Hispanic/Latinx foster youth.

### Immigration and Language Access

Immigration and language access play a major role in the lack of mental health service utilization by rural Hispanic/Latinx foster youth and their families. Crucial within this realm is language access and translational services which are often not available in rural areas. Which forces public providers to have to rely upon outside translation services that cannot translate appropriately or with the human emotion that is needed for foster youth that our experiencing crisis. The language needs of rural Hispanic/Latinx foster youth and their families are for a majority Spanish, but there is a growing need for indigenous dialects such as Mixtec, Mam, K’iche, and Tzotzil.

Immigration, geography, language access, and culture/tradition create a culture of silence and stigma. Which also breeds non-participation and feelings of alienation, both counterproductive to developing a culturally competent system for Hispanic/Latinx foster youth and their families. The need for a culturally competent foster care workforce trained in Hispanic/Latinx culture, traditions, and linguistics is clearly warranted. Hispanic/Latinx foster youth and their families’ unique cultural narratives and needs is best understood by public providers having the necessary linguistically and cultural competency to communicate and support the needs of the foster youth and their families.

### Intersection of Prior Research

This literature review discussed the intersection of multiple variables in order to acknowledge and capture the complexity of the unique narratives and challenges of rural Hispanic/Latinx foster youth. I focus on cultural competency of public providers and the unique challenges of rural communities to arrive at policy and best practice recommendations to address the mental health crisis that is afflicting rural Hispanic/Latinx foster youth. The existing research highlights the intersection of the different challenges that are unique to the rural Hispanic/Latinx foster youth experience, such as immigration, CSEC, Latina suicide rate, and acculturative stress. Taken together, the challenges of providing foster services to Hispanic/Latinx youth in rural California is more difficult because of the increased risk accelerated by the COVID-19 pandemic.

In order to address the unique needs of rural Hispanic/Latinx foster youth I have arrived at four recommendations to assist public providers in providing culturally competent services to rural Hispanic/Latinx foster youth they are servicing, two high level policy recommendations and two best practices. They include the following: Resource Family Loan Forgiveness, Cultural Competency Hiring Tool, CA Probation as a Workforce Development Model, and Cross-county collaboration based on shared geographies communities.

These recommendations are the result of my case study of Seneca becoming a major provider of foster care mental health services to the County of San Luis Obispo specifically focusing on answering the question; how do public providers adjust and respond to the unique narratives of rural Hispanic/Latinx foster youth? The goal is that these recommendations will assist an urban mental health provider such as Seneca when coming into a new county such as

rural San Luis Obispo. Assuring that they have the culturally competent workforce needed to provide services to the rural Hispanic/Latinx foster youth in their care.

## **Research Methods**

To answer the question how foster care public providers can better respond to the current mental health crisis being experienced by Hispanic/Latinx foster youth, I investigated the current system in rural coastal California. How public providers recruit and retain a culturally competent workforce, and how we can better fund and support them in providing culturally competent mental health services to rural Hispanic/Latinx foster youth. I have approached my question with a combination of ethnographical study and semi-structured interviews. The research also draws upon public reports, agency websites, and secondary research.

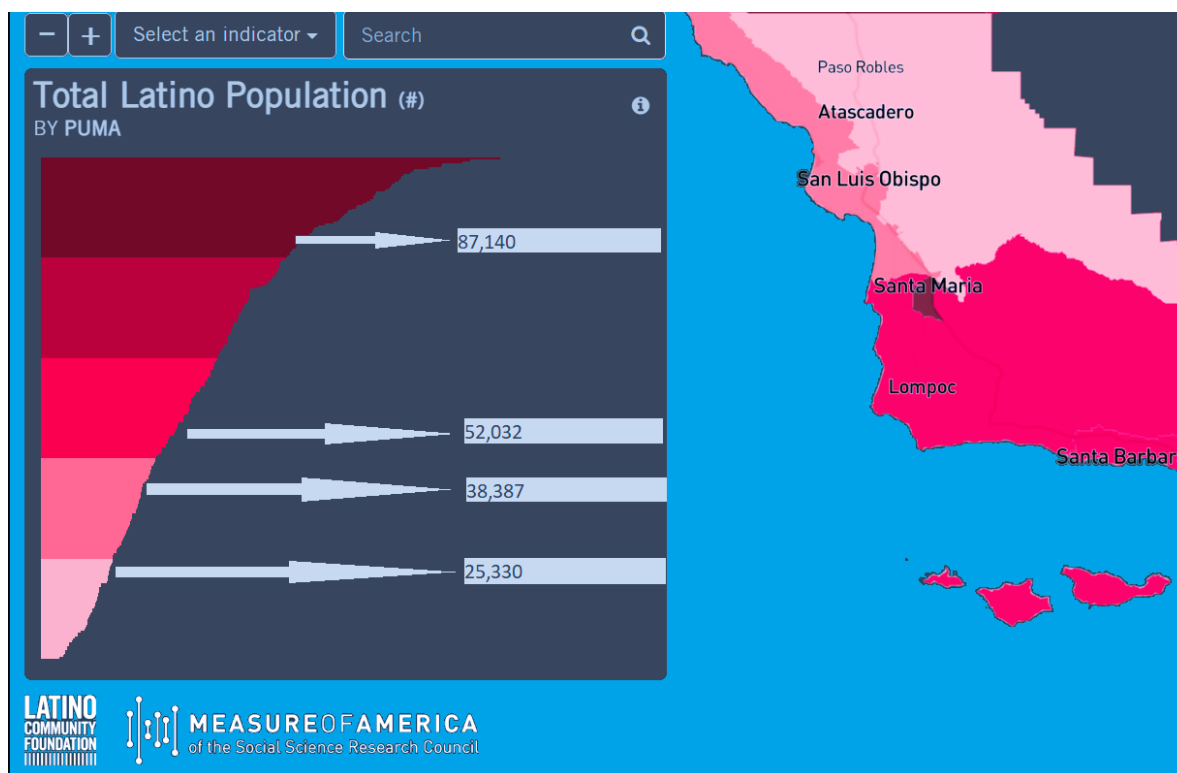
### Ethnological Study

My ethnological study and being able to conduct ten of my twenty semi-structured interviews in person was very insightful. I kept an ethnographic journal of my interactions and attempts to contact potential interviewees. I was consistently looking back to the journal in order to identify common themes and narratives that presented themselves, determining if these avenues required further inquiry.

During the review of prior research as well as the beginning phases of my ethnological study it became obvious that I should be focusing upon an expanded geographic area rather than merely San Luis Obispo County. The Central Coast and its rural Hispanic/Latinx population is concentrated between the areas of northern Santa Barbara County and southern San Luis Obispo

County. From my twenty semi-structured interviews with public providers, county officials, as well as child service workers I determined the geographic area between the two counties as the area of greatest foster youth and largest Hispanic/Latinx community population.

(Figure 1, Map of Central Coast Hispanic/Latinx Population Density)



(Measure of America, Social Science Research Council 2019)

The majority of their Hispanic/Latinx foster youth reside in the southern half of the county, adjacent to the cities of Santa Maria and Lompoc. According to “Interviewee 3” a Santa Barbara Court Appointed Special Advocates (CASA) Director, “80 percent of Santa Barbara’s County foster youth are located in the cities of Lompoc and Santa Maria” (Interview 3, 2023). Due to these factors, I decided that the research will be bounded by the geography of the Central Coast, San Luis Obispo County and Northern Santa Barbara County. The geography itself is a central theme of cultural competency and a major factor of life on the Central Coast, and the fact

that its Hispanic/Latinx community is concentrated across the political division line of the two counties should not determine how resources are distributed.

Prior to contacting and identifying potential interviewees, I did a thorough review of the intersections of mental health of foster youth and cultural competency, specifically on my targeted populations of rural Hispanic/Latinx foster youth. My interview path reflected the relationship between mental health public providers and San Luis Obispo and Santa Barbara Counties. Having identified sources to interview I conducted research on their organizations and roles within the organization prior to sending out an introductory email.

### Semi-Structured Interviews

I employed the use of semi-structured interviews as my primary research method as it provided the most versatile method to extract narratives, creating a baseline of flexible theoretical questions that I was able to expand upon through my interaction with my respondents. I used a hybrid model of the semi-structured interview as defined in *Mastering the Semi-structured Interview*, my interviews began with fully open-ended questions and moved toward more specific and detailed questions as the interview progressed (Galletta and Cross 2013). These semi-structured interviews provided me with a thorough examination of varying narratives within the limited time limit that I had to conduct my research.

Semi-structured interviews provided me with the ability to gain different opinions and perspectives from the groups involved in the care of rural Hispanic/Latinx foster youth: front line staff, manager/administrators, and elected officials, asking them the same baseline theoretical questions. Central to this success was that semi-structured interviews "can be carried out in one sitting, or several, and it allows for considerable reciprocity between the participant and the



researcher. This reciprocity, or give and take, creates space for the researcher to probe a participant's responses for clarification, meaning making, and critical reflection" (Galletta and Cross 2013). The use of semi-structured interviews with representatives of Seneca's San Luis Obispo mental health program and other supportive systems involved in the care of rural Hispanic/Latinx foster youth proved to be successful, working within my limited time limit as well as the schedules of the representatives of the support systems of rural Hispanic/Latinx foster youth I interviewed.

Because of confidentiality and vulnerability human subject concerns I did not interview foster youth directly. Therefore, I am receiving the information filtered through people and organizations tasked with providing foster youth mental health services. Being able to interview those that are supporting rural Hispanic/Latinx foster youth via the semi-structured interview method was vital to answering my research questions how the current mental health crisis being experienced by Hispanic/Latinx foster youth exist in large part due to the failure to develop informed culturally competent policies that support investment in staffing, training, inclusion, and equity.

I was limited by my ability to identify representatives of San Luis Obispo County government to interview regarding the reasoning behind and the process that was undertaken to contract service with Seneca. A concern was their level of openness to being interviewed regarding specific efforts they have made toward improving mental health services for area foster youth. I contacted Seneca directly, having worked for the agency in the past they were more open to me interviewing them initially than the counties of San Luis Obispo and Santa Barbara. Seneca's leadership provided me with an introduction and referral to the Central Coast

community of public provider via the snowball technique, which is essential when working with rural communities as I will further demonstrate and provide details in the preceding section.

### Snowball Technique in a Rural Community

Beginning with initial interviews with Seneca, I utilized the snowball technique asking them to recommend perspective county officials to interview and to provide me an introduction prior to making a request for an interview. By using Seneca as an introduction, the subsequent public providers were more open to being interviewed and discussing the current state of Hispanic/Latinx foster youth mental health services.

These interviews lead me to other interviewers that were receptive and participated in the study. I gathered from my research that the majority of managers and department heads knew each other, not only within the county but in the adjacent countries such as Monterey and Santa Barbara as well. Many were on a first name basis with their counterparts between San Luis Obispo and Santa Barbara County, which was the primary area of my focus. In total, I completed twenty interviews, ten of which were conducted in person. I noticed that I was better received and provided more detailed responses to my questions and more successful referrals when I arrived and conducted the semi-structured interviews in person.

### **History: Seneca and San Luis Obispo County**

Critical to the story that I am telling is how Seneca, an urban mental health public provider was able to establish itself as a culturally competent foster youth provider in a rural county like San Luis Obispo. What follows is a brief history of Senecas introduction to San Luis Obispo county and how it has impacted the lives of Central Coast Hispanic/Latinx foster youth. I

will expand on the decision-making processes by which the County of San Luis Obispo contracted services to a large national public provider like Seneca.

Seneca, whose experience has historically been directed toward urban foster youth, recently expanded to provide mental health services to unaccompanied minors separated from their families by immigration courts. This change expanded Seneca's national profile, becoming one of the primary Federal funded mental health public providers for undocumented unaccompanied minors. "Seneca Family of Agencies, a non-profit mental health agency, is leading Todo Por Mi Familia, a nationwide effort to connect impacted families with mental health assessments and treatment. Over the last two years, Seneca supported the class action lawsuit as a pro-bono expert witness and consultant. Seneca is coordinating referrals to local mental health providers for interested families who were impacted by the Government's policy" (Seneca Family of Agencies b). The expansion of Seneca's mental health service into rural counties like San Luis Obispo continues to have a growing influence and impact on access to mental health services for the counties rural Hispanic/Latinx foster youth. From my ethnological study, research, and structured interviews I have been able to identify the impact that Seneca has had working with Hispanic/Latinx foster youth on the Central Coast and how this has affected locally established public providers.

### A Bumpy Welcome to the County

In a conversation with a San Luis Obispo county program director, "Interviewee 1" shared there wasn't any explicit personal resentment toward Seneca by other established San Luis Obispo public providers for establishing a contract with the county (Interview 1, 2022). However, there was concern and stress caused by the reduction in budgetary allocation to other organizations, as they lost the service contract to Seneca. In my conversation with a director of

Seneca's Central Coast Mental Health Services that also happen to be located out in Salinas, two hours away from San Luis Obispo county, "Interviewee 2" made the following points. There was no "personal animosity" created by Seneca taking over the County of San Luis Obispo contract. There may have been some "fiscal animosity" (Interview 2, 2023).

In summary when Seneca was given the contract to provide services to the County of San Luis Obispo it was not seen as an expansion of services but rather a change in public providers. "Interviewee 2" a Seneca Director expressed their view that what they provided was a culturally competent and well-trained workforce, that was able to quickly scale and leverage services to meet the needs of the counties foster youth , especially during the COVID-19 school shutdowns that cutoff foster youth from school based mental health services (Interview 2, 2023). Senecas ability to scale and leverage its existing Central Coast program gave it success when taking a larger role in San Luis Obispo especially during the COVID-19 pandemic, this was not the case for many other public providers that did not have the necessary relationship and resources available to service the increased need. As a result of this success the County of San Luis Obispo has continued to expand contracting foster services with Seneca as it has proven to be a culturally competent public provider during and post the COVID-19 pandemic.

### The Kinship Center

San Luis Obispo County transferred the former Atascadero Library to Seneca, which it operates as the Kinship Center, providing service to the counties resource families and foster youth. The library was given to Seneca for conversion in order to provide services to foster youth. However, from conversations with Seneca staff, the general community was not aware of the transaction as it happened in the months preceding the COVID-19 pandemic. Construction

was completed during the pandemic. Staff told me many residents still come by thinking that it is the Atascadero library.

The Kinship Center had been merged with Seneca for over a decade, yet it waited to officially change its name to Seneca, Family of Agencies starting January 1, 2023. “In 2011, Kinship Center (SLO County) merged with Seneca, Family of Agencies, a non-profit that specializes in children’s mental health, education, permanency for children, and juvenile justice services. This merger has allowed Kinship Center to enhance their expertise in different areas of service and bring a fuller continuum of care to all its communities” (Seneca Family of Agencies a). Seneca proved successful at running The Kinship Center during the difficulties of the COVID-19 pandemic as well as the challenges that have followed since, which has cemented its relationship with the County of San Luis Obispo.

#### Post COVID-19 Pandemic Workforce Development Retention

The history of interactions between outside public providers like Seneca and Hispanic/Latinx foster youth on the Central Coast is fairly recent. Specifically, in regard to my case study Seneca, the relationship has spanned almost 10 years. This relationship has not only exponentially increased but has cemented itself after and during the COVID-19 Pandemic. This time of increased need of mental health resources, foster parents, and supportive resources the County of San Luis Obispo in response to dealing with both workforce issues of retention and recruitment leaned heavily upon Seneca and other public providers. This relationship has continued as the issues of workforce retention and recruitment have continued to increase, post COVID-19 pandemic.

These workforce recruitment and retention issues play a major role in the capacity of the county's child welfare systems' ability to provide culturally competent services. Some of the major reasons for this include San Luis Obispo county having one of the highest housing costs, being known as "a rural community with metro prices," according to "Interviewee 7" a San Luis Obispo County Supervisor (Interview 7, 2023). These conditions of housing align with increased opportunities for telework within the mental health field have created a brain drain of talent away from public providers .

Seneca, being a larger and established organization, was able to leverage its "shovel-ready" programming in order to meet the need immediately. They did not have to ramp up resources and were able to pull culturally competent workforce from surrounding counties such as Monterey and counties that were not as close, such as Santa Clara and San Francisco, where they have been more established previously and had capacity. Furthermore, according to a Seneca Director "Interviewee 18" they were able to fill a historical need during the pandemic because it was shovel ready. Seneca was able to scale and leverage its most valuable resource, a culturally competent workforce (Interview 18, 2023).

### **Data Analysis: Providing Culturally Competent Services in a Rural County**

Following the path both set out for me by my research question and the historical events and conditions that created the current mental health crisis being experienced by rural Hispanic/Latinx foster youth exist in large part due to the failure by public providers to develop informed culturally competent policies that support investment in staffing, training, inclusion, and equity. I have analyzed and interpreted the data that I collected during my twenty semi-structured interviews, ethnological study, and archival research.

I chose Seneca as my case study as it has become a major public provider of mental services to the County of San Luis Obispo, concentrating on how Seneca incorporated its own cultural competency to mesh with the unique character of the Central Coast and the rural Hispanic/Latinx foster youth population. I focused on the processes by which the County of San Luis Obispo and Seneca built their relationship and the effect this had on other public providers. I investigated how Seneca adjusted their work development and services strategy models to better serve the rural Hispanic/Latinx foster youth population and how the county allocated resources to support this effort.

Through my twenty semi-structured interviews I determined the impact Seneca had on other public providers and the net result of the counties resource allocations directed toward Hispanic/Latinx foster youth. I further analyzed the data and used it to formulate high level policy recommendations and best practices to cement and support a culturally competent public provider workforce and child welfare system.

#### Long-range impact among the smaller providers

From my twenty semi-structured interviews I have concluded as a result the County of San Luis Obispo decision to contract with Seneca the smaller public providers have been motivated to not only collaborate more within themselves, but also across the two primary counties that make up the geographical rural area of the Central Coast where the majority of foster youth live, and which also happens to be predominantly Hispanic/ Latinx.

Seneca entering the picture has caused more collaboration between established public providers , evident by their recent application for grants that require this collaboration. It is my conclusion that having a larger mental health public provider such as Seneca was beneficial in

that it inspired and motivated the smaller providers to, in the words of “Interviewee 17” a San Luis Obispo county administrator, “better collaborate and improve service delivery to foster youth” (Interview 17, 2023).

### Instruments of Analysis:

From the twenty semi-structured interviews I conducted I was able to identify the eight facets that hiring managers of public provider organizations look for in a culturally competent potential hire and workforce. In order to analyze the data that I received from my structured interviews and ethnological study I created the following radar chart, graphing the facets of cultural competency that my interviews find essential in potential hire and workforce.

### Radar Graph of Cultural Competencies Eight Facets

(Figure 2, The Eight Facets of Cultural Competency Radar Graph)





Analyzing the data spread of the above radar graph I identified the following aspects of cultural competency: Language, Ethnicity, Humility, Lived Experience, Culture/Tradition, Justice System/Immigration, Geography, Training/Education. Lived experience and cultural humility I found through my analysis to be the most referenced and desired facets when hiring for cultural competency.

Based on the data spread from radar graph I determined the relevant level of utility of these facets. Some of these facets were more vital to cultural competency than others, according to the public providers I interviewed humility and lived experience being the most essential. Interesting to note is that ethnicity and culture/tradition were the least essential facet desired by public provider leaders and administrators when determining cultural competency in a potential hire and workforce.

#### Geography and Cultural Competency

The geography itself is a central theme of cultural competency and major “player” in the life of the Central Coast. As we saw in Figure 1, Map of Central Coast Hispanic/Latinx Population Density, specifically in relation to Hispanic/ Latinx youth and the foster youth populations are concentrated between the northern Santa Barbara County and Southern San Luis Obispo County (Measure of America, Social Science Research Council 2019). The geographic aspects of cultural competency was the first facet that I was able to identify through twenty semi-structured interviews with Central Coast foster youth public providers . I gathered from census track data the areas of highest needs a noted that they coincided with areas that are also high in families with children, low-income rates, and large Hispanic/Latinx populations.

Distance from centers of support in Santa Barbara negatively affect resource access and public provider services to rural Hispanic foster youth on the Central Coast. “Interviewee 3” a Santa Barbara CASA Director shared that it is extremely difficult getting volunteers from Santa Barbara to go to north county Santa Maria where 80% of the county's foster youth reside (Interview 3, 2023). My interviewees were in agreement that the Latinx/Hispanic community of the Central Coast was split between these two counties by a very outdated and non-logical political line.

Geography plays a key role in assigning grants. Specifically, those that are required for large scale infrastructure such as Short-Term Residential Therapeutic Programs (STRTP) beds and mental health resources in clinics for the most challenged foster youth that do not have permanent resource parents, other natural supports, and for the majority are involved in the criminal justice system.

#### Introduction to SLO Counties Foster Youth Providers

Showing up in person and making key connections with long term public providers in leadership positions opened the door for me and I began getting more referrals and participation in my semi-structured interviews. In a conversation with “Interviewee 4”, Director with the Family Care Network provided me with an in-depth analysis of the difficulties surrounding foster family recruitment, workforce development, and the integration of Hispanic/Latinx cultural competency. The conversation provided some interesting insights regarding factors that negatively affect foster youth in the county including the fentanyl drug crisis as well as CSEC “Interviewee 4” also provided me with referrals to other public providers that I should interview that provided insights on the areas monolingual Spanish and/or Indigenous language speaking communities (Interview 4, 2023).

Within the Central Coast as with most rural communities there is a general distrust of outsiders. From an interview with “Interviewee 5” a San Luis Obispo County program manager, I learned that Seneca had first established itself in Monterey County and it was the recommendation of Monterey County administrations to their counterparts in the County of San Luis Obispo that initiated them seeking to outreach to Seneca (Interview 5, 2023). This demonstrates the importance rural counties place on individual networks and being on a first name basis, an important fact to remember when interacting with rural counties and locally established public providers.

#### Workforce Barriers to Cultural Competency:

A huge difficulty that public providers have that prevents them from developing a culturally competent workforce is that of workforce retention. Before they can address cultural competency, public providers need to address the exodus of qualified mental health workers exiting the profession instead of returning to work post COVID-19 pandemic. According to “Interviewee 1” a San Luis Obispo county program manager many are going into telehealth mental health services or leaving the profession altogether (Interview 1, 2022). The Central Coast is known as a rural community however, the cost of housing is one of the highest in California. The issue of housing, lack of pay, as well as little room to grow and be promoted within their organization are some of the reasons many mental health public providers are leaving the area for more affordable housing as well as opportunity for upper mobility and higher wages.

### Juvenile Probation Workforce

During my semi-structured interviews, I was referred multiple times via the snowball technique to contact Juvenile Probation as they serve as a vital public provider in the lives of foster youth. From my research the California Department of Probation is the most diverse public provider and law enforcement group within the state supporting foster youth. Probation officers are viewed more as mentors and often parental figures in the life of criminal justice system involved foster youth.

A probation officer provides not only guidance and supervision, but their role has grown over the years to include mentorship and case management. This has led many Hispanic/Latinx college graduates to enter the juvenile probation field as it is perceived to be beneficial as opposed to other foster youth public providers such as Child Welfare Workers, whose work is seen as punitive.

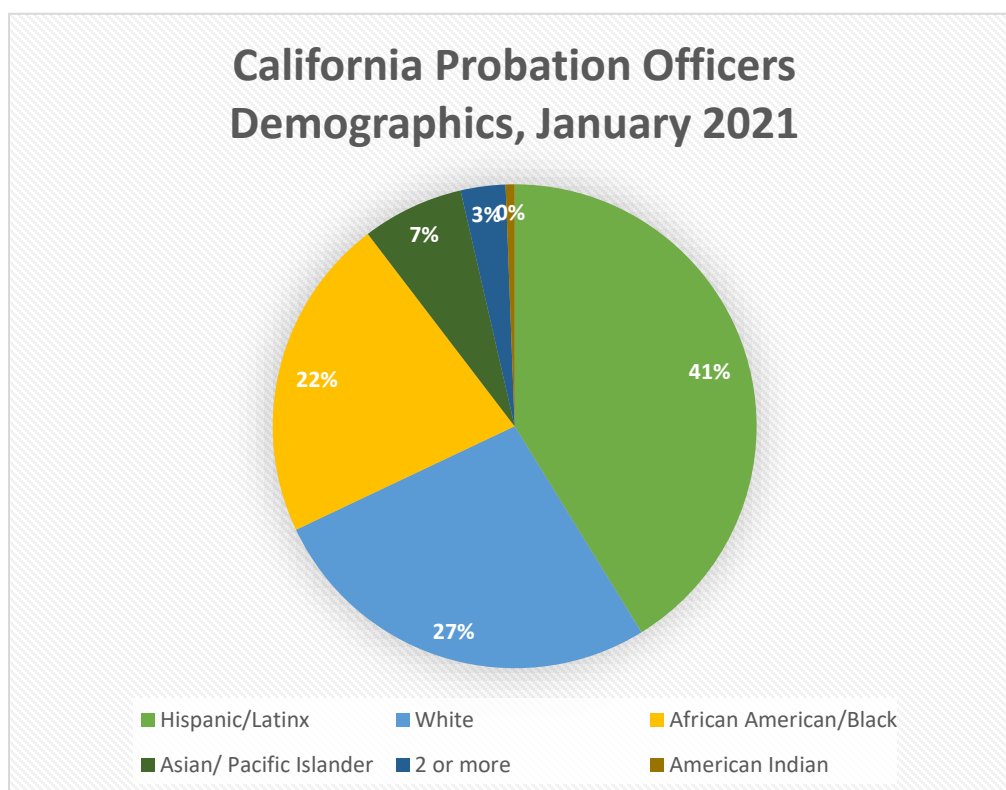
According to “Interviewee 9” a Santa Barbara county child welfare specialist, “Nobody wants to be the person who takes the kids away” (Interview 9, 2023). This is in stark contrast to San Luis Obispo Juvenile Probation Officer “Interviewee 9” who communicated that the respect they receive from the community and that the ability to provide for the safety and care of the Hispanic/Latinx foster youth in his care is one of the best parts of their job, and a reason why so many Hispanic/Latinx professional have joined Probation post COVID-19 pandemic. “Probation has not suffered the workforce deficit other public providers have due to the high job satisfaction we receive” (Interview 9, 2023).

Probation officers are viewed as mentors and respective figures amongst the Hispanic/Latinx foster youth populations. This has led to the California Department of Probation

being one of the most diverse foster youth public providers, with a workforce that closely matches the foster youth populations of its community. The Coastal Valley Academy (CVA) is a program that provides residential treatment for wards of the Juvenile Court who cannot be safely maintained in the community. The program is designed to serve youth, aged 14 to 18 years old. This are youths that would have been sent to group home placement if not placed at CVS by San Luis Obispo Juvenile Probation (San Luis Obispo County Probation Department 2021, 13).

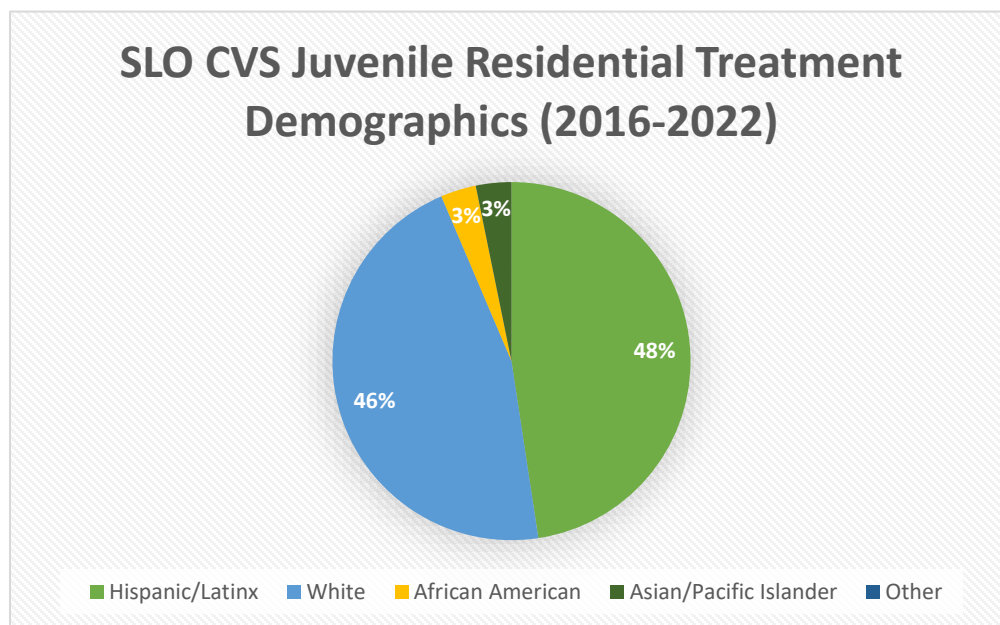
As you can see from comparing the following pie charts of the demographics of California's Department of Probation and CVA, their officers closely match demographically with their juvenal wards. Aspects of this successful model should be further studied and researched as a culturally competent framework for recruitment and retention of a diverse public provider workforce.

(Figure 4, CA Probation Officers Demographics, January 2021)



(California Probation Officer Captains 2021, 1)

Figure 5: CA Juvenile CVS Detention Demographics



(San Luis Obispo County Probation Department 2021, 13)

### Recruitment and Retention of Hispanic/ Latinx Resource Families

Cultural competency should play a major role in recruitment strategies of resource families and should be incorporated in order to maximize marketing to and recruitment of resource families, representative of the foster youth demographics. Special attention need to also be placed on recruiting a more educated and culturally diverse resource parent pool. Having a program that targets and recruits professionals of color with higher education such as a student loan forgiveness program would increase diversity and education level. This need for higher educated resource parents is often overlooked.

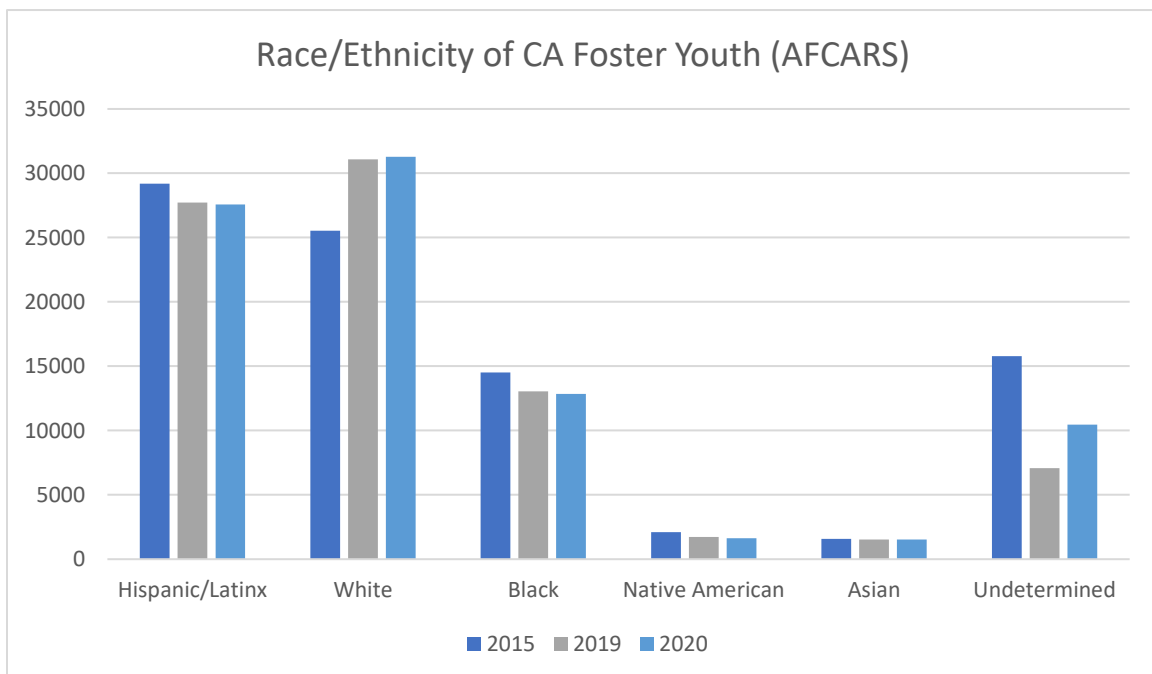
In fact, preliminary data from a federally sponsor national study of children and foster care show that 50% of resource parents had a high school diploma or less. Resource parents with higher educational levels have been found to be more likely to actively access mental health services for children in their care than those with lower educational

levels. Thus, foster parents' own attitudes and beliefs about mental health services may be linked to their likelihood of assessing such services for children in their care (Kerker and Morrison Dore 2006, 142).

A policy that opens up student loan forgiveness to resource families and other public providers not currently eligible for student loan forgiveness will increase capacity, diversity, and education level of resource families. We have a need for more resource families in general and according to "Interviewee 2" a Seneca Director there is definite need for more Hispanic/Latinx resource families (Interview 2, 2023).

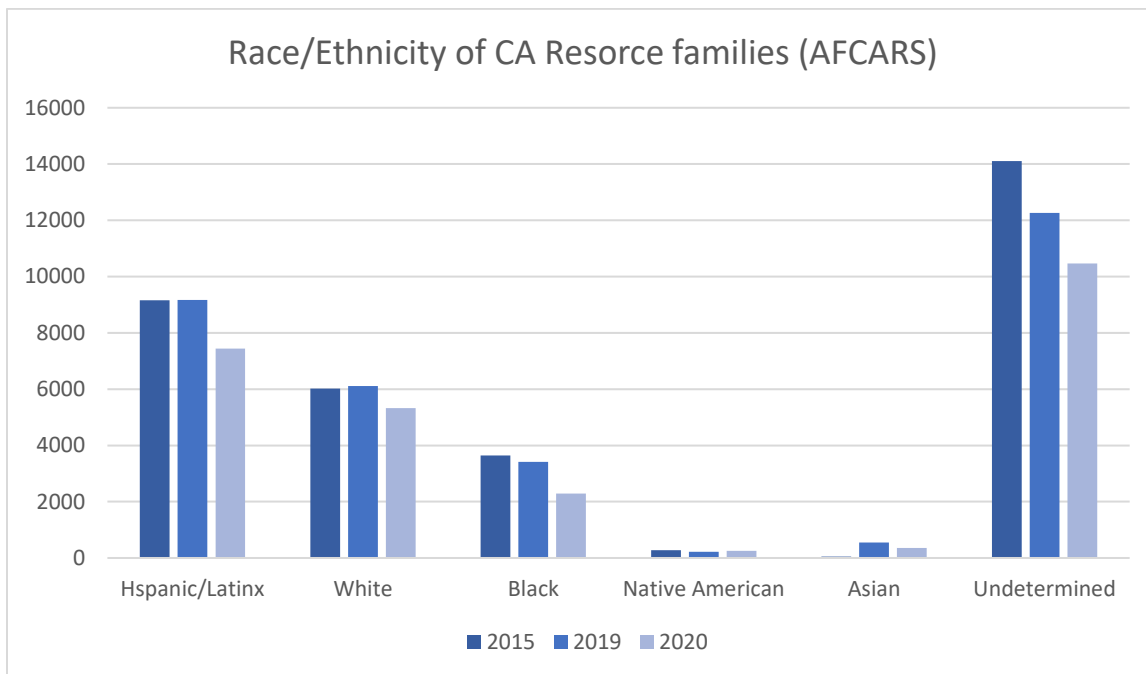
The following are graphs of the demographics and population of California's resource families and foster youth provided by the Adoption and Foster Care Analysis and Reporting System (AFCARS). This data was only available to 2020 and does not represent the current Hispanic/Latinx foster youth population of California, which is now the largest at 48.6 percent (Population Reference Bureau 2021).

(Figure 6, Graph of CA Foster Youth Population Demographics )



(The Imprint )

(Figure 7, CA Stats of Resource Families Demographics)



(The Imprint )

Having a strategy that increases cultural competency and higher education level of resource family by providing greater incentives such as student loan forgiveness will increase the pool of resource parents needed to meet the needs of California's growing and diverse foster youth population.

#### Bureaucracy of CA State Government and One-Time Funding

The vast majority of public providers that I interviewed shared with me their current frustration with the lack of clarity regarding funding for foster youth mental health services. The interviewees noted that their capacity to provide a culturally competent service is dependent on being able to recruit a culturally competent workforce. To their frustration recruiting and maintaining public providers for their agency has been difficult. They noted that the high cost of



housing and the large student debt that many of their workers have unfortunately forces them to find higher paying positions often forcing them to move to more urban areas such as Los Angeles and the Bay Area, where wages are higher.

What emerged out of the COVID-19 pandemic was greater need for foster youth public providers and a rough commitment for one-time funding from the state of California. According to “Interviewee 15” a Director at The Center for Family Strengthening, “This one-time funding is not enough, it is a disservice to the great work that my staff has done during and post COVID-19 pandemic. I would like to be able to provide my staff with better benefits and retirement and maybe purchase a permanent building, however I can't make long term plans based on one-time funding” (Interview 15, 2023). The general conclusion that I have extracted from my semi-structured interviews with public providers is that there has not been a substantial increase in the California’s budget for foster youth public providers to meet the needs associated with the current mental health crisis.

### **Conclusions and Recommendations**

My Capstone makes it clear that we must shift our foster system from a system of care model that is largely reactive to a public health model that is more preventative. However, the current state of the foster system does not have the necessary resources available and will require new and significant investment in workforce development and infrastructure for a foster care public health model to properly work.

In order to support and guide this necessary new and significant investment in public provider workforce development and assure that it is culturally competent to the needs of Hispanics/Latinx foster youth I have proposed the following four recommendations, two policy

and two best practice recommendations. First, student loan forgiveness for foster resource families will address the lack of resource families by allowing for student loan forgiveness for them and other public providers not currently eligible for this incentive. My policy will draw in a higher educated and culturally competent pool of resource parents to address the needs of a growing diverse and predominantly Hispanic/Latinx foster youth population.

My second policy proposal is creating and utilizing a cultural competency hiring tool to evaluate potential and current public provider staff. This is not meant to be a certification process to determine if a candidate is culturally competent or not. This hiring tool in conjunction with further data gathering and analysis is recommended as an ongoing process to identify essential facets of cultural competency and opportunities to strengthen them. From my research and subsequent analysis, I determined that no such tool exist in order to rate a potential or current employee level of cultural competency. By creating a cultural competency evaluation tool, public provider hiring managers can improve their staff's cultural competency as well as evaluate and determine areas of improvement in order to develop a culturally competent workforce. The eight facets of cultural competency I determined from the twenty semi-structured interviews that I conducted with public providers of foster youth services representing local, county, state, and national organizations. By creating a scatter plot of the most common themes and analyzing the data in a radar graph I have developed a method to analyze the areas of highest importance for hiring managers to consider when determining a potential or current employees' cultural competency based on data gathered from the communities they service.

My next two recommendations are best practice recommendations that require further research and study. The first being that the workforce development model of California's Department of Probation be further studied to identify how it has been successful in its diversity

compared to other public providers. Furthermore, to study and understand how probation has been able to avoid the workforce exodus that has affected the majority of public providers post COVID-19 pandemic.

My final recommendation is that rural counties adopt the best practices of cross county collaboration. That these smaller rural counties seek to collaborate with each other based upon geography and shared communities. Arbitrary lines created by politics such as county lines should not determine resource allocation for marginalized and needy communities, especially foster youth.

#### Policy Recommendation 1: Student Loan Forgiveness for Resource Families

Developing from my study of the cultural competency of public providers in the geographic area of the Central Coast, one of the major conclusions I reached is the need for more resource families in general, and the specific need for a younger, more educated, diverse, and culturally competent pool of family resource parents.

My policy recommendation is to allow student loan forgiveness for resource parents and other public providers of services to foster youth that are not currently eligible. Currently many students, and specifically student of color are graduating from college with a high amount of student loan debt. This is forcing many of them to put off starting a family of their own. Trying to pay down their debt in order to buy a house is often the most cited reason couples have for delaying having children.

My policy recommendation will create a new generation of Bachelor and Master level educated professionals willing to become resource parents and perhaps work in the profession.

Often young professionals of color would like to be foster parents. However, due to a high amount of student loan debt, they must forgo this voluntary and costly altruistic practice.

Extending student loan forgiveness to resource parents and other public providers not currently eligible will increase the pool of culturally competent research parents. We will have a new generation of young professionals willing to put their efforts into giving back to their own communities by being resource parents motivated and rewarded in this effort by the incentive of having their student loans forgiven.

A student loan forgiveness program for resource families and other currently ineligible public providers will fulfill the need for resource families in general and will bring higher education level to the resource family pool. My research has shown that higher education is a predictor of the ability to understand and support as a first line provider in the treatment of and detection of mental health issues of foster youth. By targeting recently graduated college students with student loans, which this policy will do, we will also decrease the age of resource families and create a younger, more progressive, and dynamic generation of new resource families. This will help to mediate and replace the many resource families that dropped out of the foster care profession due to overload and burnout caused by the COVID-19 pandemic. There is an existing model for student loan forgiveness, the E4 student loan forgiveness program which is available for certain public providers of foster youth services. It would be an easy fix to extend eligibility to resource families, who are essential to the foster care system as the primary caretakers of foster youth.

#### Policy Recommendation 2: Culturally Competency Hiring/Evaluation Tool

From my evaluation of the twenty semi-structured interviews and radar graph analysis I have concluded there exist eight facets of cultural competency that I have been able to identify

that public providers to foster youth recognize as essential. I have compiled these eight facets of cultural competency and determine their priority and relevancy through my analysis and research of public providers caring for rural Hispanic/Latinx foster youth on the Central Coast. I have suggested the following methods and tools to help determine a given community's essential needs in order to prioritize what facets have the greatest impact and should be considered when hiring and training their staff. I am not suggesting its use in the creation of a certification process for cultural competency. To create a certification for cultural competency goes against its very nature, that it is constantly evolving.

The following cultural competency hiring tool will assist human resource managers and hiring administrations to determine a potential and or current employee level of cultural competency for a job position working with a specific community. Being able to hire a cultural competent staff and maintain a cultural competent workforce is instrumental in providing appropriate services to Hispanic/Latinx foster youth as well as other marginalized groups. This tool is meant as a guide and should be customized to the specific needs of the organization and the job position. The priority given to each facet is informed by the unique narratives and needs determined by the organization's own community assessment.

(Figure 7, Cultural Competency Hiring Tool)

CULTURAL COMPETENCIES	SAMPLE INTERVIEW QUESTIONS	RATING
<b>Lived Experience</b>	<p><i>Question: Describe how you would use your own lived experience to support youth experiencing mental health issues in the foster care system?</i></p> <p><i>Response:</i></p>	
<b>Cultural Humility</b>	<p><i>Question: Describe what kinds of experiences you have had in relating with people whose backgrounds are different than your own?</i></p> <p><i>Response:</i></p>	

\*Additional cultural competencies to be listed following this template.

Rating Values	Definition
Far Exceeds Requirements	Demonstrates competency accurately, consistently, and independently. All points relevant and provides good examples.
Exceeds Requirements	Demonstrates competency accurately and consistently in most situations and provides many good examples.
Meets Requirements	Demonstrates competency accurately and consistently on familiar procedures. Some good examples.
Below Requirements	Demonstrates competency inconsistently and provides few good examples.
Significant Gap	Fails to demonstrate competency and provides no good examples.

HR practitioners and hiring managers can utilize this hiring tool framework to build interview questions that are based on the eight cultural competencies (Lived Experience, Cultural Humility, Education/Training, Geographic/Environmental, Culture/Tradition, Justice/Immigration, Language, and Ethnicity).

This example is based on the specific needs of public providers working with Central Coast foster youth, who have prioritized lived experience and humility as the most essential facets of cultural competency.

### Best Practice 1: Probation Hiring Model

From my research of public providers, I have determined that California Department of Probation has the most diverse workforce and best matches the demographics of the foster youth population. Furthermore, the California Department of Probation avoided the workforce exodus

that affected the majority of public providers during and post the COVID-19 pandemic. From my research and semi-structured interviews having a flexible work schedule, diversity and representation, ability for upward advancement, good benefits, and acceptable salary allowed probation to not only maintain its workforce but also increase it as other public providers have seen their workforce decrease. Probation is a model that deserves further study in order to identify and replicate its success in building and maintaining a diverse, culturally competent, and content workforce.

### Best Practice 2: Grant Funding Reform

Due to their small size counties like San Luis Obispo and Santa Barbara are at a disadvantage when applying for shovel ready grant and infrastructure improvements. The majority of the shovel ready infrastructure grants, specifically those related to STRIP beds for foster youth often go to larger counties such as San Francisco, San Diego, and Los Angeles. They have the capacity to apply for these shovel ready state grants and have done so, taking the lion share of leftover COVID-19 money. Their size and ability to scale put smaller counties at a direct disadvantage.

The solution would be the creation of grants specifically for smaller counties and or expand the ongoing grant application collaboration between smaller county such as San Luis Obispo and Santa Barbara in order to create appropriate and much needed workforce housing along with other large and needed infrastructure investments vital to improving the current foster youth system of care.

I have suggested that the current system of open binding for state grants places smaller counties at a disadvantage. It is not fair that rural counties have to compete with larger urban

counties that are better able to apply for shovel ready and matching funding grants that provide for infrastructure improvements. This has resulted in a lack of resources and investment to rural communities' safety net and mental health services for foster youth and other marginalized populations. What I suggest is a best practice of cooperation among rural counties that have mutual geographic as well as demographic similarities. This will allow them to compete with larger counties for vital foster youth funding.

By cooperating rather than competing, smaller rural counties can better create a system of accountability for county as well as state and federal funding sources. From my research and semi-structured interviews, the practice of “ghosting,” that is failing to inform applicants that they will not be funded by state and county officials should be ended. If smaller rural counties come together to cooperate and share information they can create an environment where salaries and working conditions of local public providers is transparent which allows for the equalization of salaries, benefits, as well as working conditions.

As “Interview15” a Director with the Center for Family Strengthening pointed out, that if they had the funds they would provide for the retirement and benefits of their employees first and foremost as they are the most valuable resource that public providers have (Interview 15, 2023). However, not all organizations think the same and even within small rural communities there are competing interests. This is why I feel that the best practice of cross county collaboration among rural counties is warranted to create a transparent atmosphere that encourages diversity, cultural competency, and equity among public providers.

### Closing Analysis



My Capstone investigated the cultural competency of public providers regarding the care and support of Hispanic/Latinx foster youth in rural communities. This has been motivated by the increase in the Hispanic/Latinx foster youth population, making them the largest and fastest growing foster youth population in California. Fueled by issues such as lack of mental and physical health support, immigration, CSEC, and acculturated stress rural Hispanic/Latinx foster youth are at particular risk.

Urban public providers such as Seneca coming into a new county such as rural San Luis Obispo need to consider cultural competency when hiring a workforce to provide services to rural Hispanic/Latinx foster youth. I have provided two high level policy recommendations and two best practices in order to assist in the development and maintenance of a culturally competent public provider workforce.

Resource families are a crucial and overlooked public provider to foster youth and play a critical role in the maintaining and healing the mental health of the foster youth in their care. There has always been a need, however, due to the COVID-19 pandemic the pool of foster care resource families has been drastically reduced. My examination of the current data shows a need for marketing and specific recruiting more Hispanic/Latinx resource families, as they are the fastest growing and currently largest foster youth population in California. This growth is statewide but is a particular concern in rural communities where resources have historically been limited and Hispanic/Latinx communities are prevalent.

I have proposed including resource families as a group eligible for student loan forgiveness, incentivizing them to provide the valuable public service of caring and raising foster youth. All of my interviews have communicated that resource families have the greatest impact on the lives of foster youth, providing day-to-day support and the need for cultural competency.

By directly recruiting those that have student loans we will be able to reach a younger and more educated population, more inclined to have an understanding and command of cultural competency and demonstrates the proper level of cultural humility.

The proposed cultural competency hiring tool will support public providers in their workforce development plans. Utilizing their own unique communities input public providers can determine which facets of cultural competency are most essential to their organization and the communities they service. The recommended tool along with the ongoing evaluation of their service populations will assist public providers in creating and maintaining a system to evaluate and improve cultural competency as foundational organizational principle and not a certification process.

From my investigation two groups of public providers has been inundated from workforce issues post COVID-19 pandemic that has limited other public providers capacity to fill positions and provide the services to foster youth that they have been contracted to do so in San Luis Obispo County. The California Department of Probation, which has been able to increase its already diverse and satisfied workforce and Seneca, Family of Agencies, which has also been able to increase its workforce. Both organizations are providing better benefits and increased work flexibility and pay rate, however, both have seen difficulties regarding the high cost of housing in these rural areas which remains a workforce development barrier across the Central Coast. I have suggested further research to study how the Californian Department of Probation has been able to successfully diversify its workforce and how Seneca had been able to leverage and scale resources to support the county of San Luis Obispo during and post the COVID-19 pandemic.

The principles outlined in my Capstone are not specific to rural Hispanic/Latinx foster youth and are meant to be universal and can be adapted to provide culturally competent services to other marginalized foster youth populations. My goal has been to root my Capstone in a universal philosophy of cultural humility, self-reflection, and curiosity. While fully supporting innovation that improves the lives of foster youth in rural areas.

Investment in the training of public providers to better understand and integrate cultural competency through the policies and best practices outlined in this policy paper will greatly help to solve the current mental health crisis afflicting all foster youth, rural Hispanic/Latinx foster youth especially.

## **Appendix**

### Interviews and informed consent

I plan to conduct semi-structured interviews to collect narratives of system leaders that support rural Hispanic/Latinx foster youth for my Capstone. I will interview Seneca staff, San Luis Obispo County officials, and public providers that support Hispanic/Latinx rural foster youth.

I will be reaching out directly via email and follow up with a phone call when necessary. I will be using the snowball technique to recruit recommended interviewees that I did not initially think of, had the necessary contact information, or that require a community introduction. I will inform the interviewee of my plans to provide a follow up email, asking them to forward a blurb of my project to prospective interviewees. In this email I will also communicate plans on how I will share with them my completed project, a website link or a hard

copy if requested. I will make note of this in the permission form and will remind participants at the conclusion of the interview.

I am not going to advertise my project due to the sensitivity and confidentiality of my subject matter, foster youth populations. I plan to interview eighteen to twenty-four representative of San Luis Obispo County foster youth public providers for approximately forty-five minutes. Allowing for follow-up questions and elaborations while working within my budgeted timeline. I will be requesting a permission form signed by participants prior to their interview via DocuSign, informing them of their rights and confidentiality.

### Interview Protocol

Hello, I really appreciate you spending your time with me to talk about the services rural foster youth are being provided in San Luis Obispo County. Your time is valuable to me, thank you.

My name is Vidal S. Gonzalez, and I am a second-year graduate student in the Urban and Public Affairs program at the University of San Francisco. The subject of our interview will be a conversation on how urban mental health public providers adjust services to the cultural differences and narratives of Hispanic/Latinx foster youth living in rural communities. I will be focusing on San Luis Obispo County and Seneca, a mental health provider that has recently begun providing services to the area's foster youth. You stood out to me for your expertise and experience working with San Luis Obispo County foster youth and your insights would be a great addition to my capstone project, improving the mental health outcomes for rural Hispanic/Latinx foster youth. I appreciate your expertise.

I would like to confirm with you the confidentiality and privacy agreement you signed before this interview. This interview will be recorded. I will not be publishing the full interview but excerpts and summarizations in my thesis, do you have any questions? We should take about forty-five minutes for this interview. Feel free to skip any of the questions and we can end this interview at any time you want.

Do I have your permission to begin recording this interview?

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What brought you to work for this organization?

What inspired you to work with foster youth?

What was the processes for bringing Seneca to San Luis Obispo County?

Who were the decision makers?

Who should have been included in the decision-making process?

Were there any conflicts resulting from Seneca becoming a county partner?

What are the mental health challenges that foster youth in San Luis Obispo face?

What are the mental health needs you see among San Luis Obispo county foster youth that could be better meet?

What does it mean to be a part of a rural community?

What does cultural competency mean to you?

What do you look for when trying to hire/recruit culturally competent staff?

What are the challenges rural Hispanic/Latinx foster youth face ?

What are the responsibilities of the foster youth system to Hispanic/Latinx youth and families?

Who is responsible for fixing the current foster system?

Who is not included that should be in this process?

In an ideal world how should the foster care system be supporting the mental health of Hispanic/Latinx foster youth?

Is there anything else you would like to share about foster youth mental health in San Luis Obispo County?

Conclusion: Thank you for sharing your time and knowledge with me today. Your experience and commitment to this issue is appreciated. My understanding of this problem has been deepened by your insights on ( \_\_\_\_\_ ).

I will be sending you an email with a message about my project. Please, if you do not mind, forward it to anyone that would be interested in speaking with me. I will also be sending you a link to view the project once it has been completed, thank you.

#### Interview Request Email

Hello ( \_\_\_\_\_ ),

My name is Vidal S. Gonzalez, and I am a second-year graduate student in the Urban and Public Affairs program at the University of San Francisco. The subject of our interview will be a

conversation on how urban mental health public providers adjust to the cultural differences and narratives of Hispanic/Latinx foster youth living in rural communities. I will be focusing on San Luis Obispo County and Seneca, a mental health provider that has begun providing services to the area's foster youth.

You stood out to me for your expertise and experience working with San Luis Obispo County foster youth and your story would be a great addition to my capstone project, improving the mental health outcomes for rural Hispanic/Latinx foster youth. I feel that I would benefit immensely from your expertise.

I welcome the opportunity to speak more about this with you. I am available to meet any day of this and next week in person or zoom. Thank you for your time and consideration.

Sincerely,

Vidal S. Gonzalez

Interview Follow up Email

Hello ( \_\_\_\_\_ ),

Thank you, I truly appreciated our conversation regarding rural foster youth and their mental health challenges in San Luis Obispo County. Your insight into the issue of ( \_\_\_\_\_ ) is ( \_\_\_\_\_ ) and will be invaluable to my research.

I have attached a blurb regarding my project. Please, if you do not mind forward it to anyone that would be interested in speaking with me. I will also be sending you a link to view the project once it has been completed, thank you.

Sincerely,

Vidal S. Gonzalez

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