



# **Latino community**

Information

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# Information Latino Community

This report wants to present some of the conflicts that many Latino families have felt have problems and need help.

**01**

**Supported Employ.**

## **Supported Employ**

At this point most families consider that they should prepare before high school because they must have other skills to be prepared to learn and have the support, they need in high school in terms of deciding what they want to do.

**02**

**Unification of the  
waiting list.**

## **Unification of the Waiting List**

It is difficult to navigate services that families do not know and have no way of informing themselves of these, because there is no one to give them the information of what resources there are and the long waiting lists to access all these resources are extremely long.

**03**

**Increased life in the  
community.**

## **Increased Life in the Community.**

At this point parents believe that there should be more places that provide activities for different ages where they can participate in recreational activities with children of the same age, sports, excursions where they socialize and meet other people who go through the same challenges and can have a support group.

**04**

**GAPS.**

## **GAPS.**

Some problems that families have faced.

## **01 Supported Employ.**

1. Skills of independence, socioemotional and hygiene are important that they have developed before reaching the high school because this can generate impediments to the process of finding activities that they like and begin a process of vocational practices in the high school.
2. Managing technology for the use of opportunity creation will enable them to handle different types of technological resources that promote different jobs a little more qualified or certified so that they can do their job better.
3. Learn how they can engage in conversations with peers and how to work in groups to do common projects in the community.
4. Transportation support to do activities within the community.
5. Supports how to create curricula and learn trades where they learn using tools.
6. Greater support for the development of skills to get employment in cases that do not have waiver.
7. Training parents to create more supports for their children in different areas such as self-advocate, housing, trusts or ABLE accounts, such as supporting and helping to have relationships, custody and PCP person based with practical cases to make it more understandable.

## **02 Unification of the Waiting List**

1. Make it easier to request and assessment of diagnosis and referrals because some pediatricians say that the concerns of the parents are normal, and the diagnosis is not achieved until ages of adolescence or adults in some cases.
2. Have pediatricians do developmental assessments at annual checkup visits to determine if they have any delays that the parent has not noticed.
3. When a diagnosis is made, the family is not left alone, a referral should be given to a social worker who helps families in the basic part, such as the CMO SCI, such as requesting to be on the list of unmet needs in the case of children under 3 years of age, to speak to the CDSA , Smart Start, if you qualify for the SSI, about the B3 services and give you list of institutions that provide these services in your areas and support group that help you in the diagnostic process because it is not easy to process the diagnosis and do all the follow-ups at the beginning.
4. Create folders that are prepared with this information and that specialists have to give them to families.

5. Provide sessions to the whole family with counselors who help and support to receive the diagnosis especially in Hispanic families by culture it is believed that they do not have these diagnoses but are children that mothers do not know how to educate and the whole family is affected by a diagnosis.
6. Create a training network so that teachers can identify warning signs of different types of conditions and communicate to the parent or suggest conducting an evaluation to the person, in addition to creating a training so that the conditions can be understood, and teachers are more collaborative and helpful to individuals and families.
7. Verify that the staff who work with individuals have the necessary training to know how to communicate with them and their families and that they give the support they need.
8. When the families can speak English, they need to find the documents in his languages for fill it and the rights and obligations need to stay in his language because the family's sign without now what the documents say.
9. Seek that there is a greater participation of parents or the user in the control of the hours that professionals provide services because many times you have the approval of one hour and the worker only provides 30 min claiming that the other 30 min are to fill out report and do not provide feedback on their work or give suggestions to continue working on their own in the week.
1. Establish support for children who do not qualify for Medicaid but who also do not qualify for CAP-C and cannot have the therapies they need because the insurances do not consider them medically necessary, so children or adolescents are seen with few resources because only in school they are given the therapies and there are still times that the therapies are denied in school because it does not interfere with the child's education in theory.

## **03 Increased Life in the Community.**

1. Promote of groups de support according to the diagnosis for both parents and individuals where they can help and support each other with the difficulties and resources that exist.
2. Increase respite and case management services that promote learning social skills by taking individuals to places where they can live together and participate in activities with people their own age and create opportunities to find oneself in everyday situations where previously chosen individuals support to solve the difficulties. (Help Social Emotional and independent can Start with 9 years old and older).
3. Social emotional support and relations where you help start in 9 years to understand how to make a support network with family, friends, associations in the community in which you can trust and seek help and how to create relationships of friendship and learn how to have a loving relationship( understand when someone is kind or sarcastic, understand when someone is only kind or has feelings more than friendship, among other things).

4. Those individuals create their preferences and decisions from a young age to activities of their choice and support programs with resources so that they can explore music, art, deport, programming, science, engineering so that they determine their preferences from an early age.
5. Create more places for them with signage on pictograms that help them better understand certain safety requirements that support them.
6. Create a worktable with different companies to promote the work of people with I/DD, create internship opportunities where they can see how beneficial it can be to hire them these internships can be from the age of 15.

## **04 GAPS.**

1. Getting referrals for evaluations or for services, therapies are difficult some pediatricians don't want to give referrals.
2. Trainings about the diagnoses and services that can be found or institutions that support.
3. Technology training
4. Lack of training on the management of the school system for transitions at all ages with case studies that help to better understand.
5. Diagnoses at advanced ages because don't make a development check in annual appointment.
6. Training for the understanding of the difficulties faced by children to teachers at all school levels.
7. Support for accepting a diagnosis and considering cultural variants.
8. Little or no cultural consideration when giving diagnoses, referrals of services and information.
9. At the time of providing service many providers to Hispanic families do not give good service because most do not complain about not losing the service, training of their rights and obligations and information in their language, also in the case of self-advocate.
10. Staff they send to work with users do not have the necessary training to do the job or empathy for families.
11. Lack of regulation of service companies to employees who work directly with the user.
12. Lack of Therapies and Support when Children or Young People Do Not Qualify for Medicaid or CAP-C.
13. Believing that a User's because they have high IQ or with some independences don't need help and resources are denied.
14. There is no Medicaid-approved therapy that considers social-emotional and relationship-building, responsible sexuality, or abuse prevention skills as not being exposed to these situations.

15. There is no list of committees that can support families in different cases.
16. It is difficult to manage the health department's website and find the information that is required.
17. There are programs that are in specific areas that not everyone has access to so it would be excellent to unify services throughout the state because there are therapies that would be of great help to many individuals and not limit them to certain ages because it depends on each child the needs that this has.
18. transportation services between each county are extremely limited and are not given for therapies.
19. There is no service or program that supports parents who must work and leave their children with nannies who do not commit to take them to therapy or that therapy comes home to receive services since it is necessary for an adult to be present.