Summary of Human Centered Community Needs Assessment-Spanish Speaking Parents/Caretakers

Fresno County Department of Behavioral Health

Innovation-Community Planning Process.

July 20, 2023

INN CPP

The Mental Health Services Act (MHSA) Innovation (INN) Community Planning Process (CPP) Plan of Fresno County allowed for funding efforts for community engagement, community needs assessments, and community planning to support potential future INN plans or MHSA funded services.

The Department has a goal to use some portions of this INN CPP plan to explore and understand behavioral health disparities and potential ways to improve behavioral health equity. In support those goals several projects around different community population have been funded with the plan. The focus of those project has been on underserved, unserved, or inappropriately served populations.

This population specific needs assessment was conducted using a human centered design to elicit input to better understand needs, challenges, and opportunities.

Needs Assessment Background

In the previous year DBH staff had participated in some in-person and some virtual forums and listening sessions with Spanish speaking parents on mental health. The Spanish speaking parents expressed challenges in accessing, navigating, and maintaining care for their families in those sessions.

In order to better understand the needs of some of the Spanish speaking parents, and to explore possible resolutions, the Department sought to conduct a needs assessment. Since many of the community members were primarily Spanish speakers, and/or had limited English proficiency the work needed to be conducted in Spanish and in a culturally inclusive manner. As such the Department worked with Every Neighborhood Partnership (ENP), who had some initiatives that were focused on Spanish speaking parents, provided the work in Spanish, and was trusted by the community. The Department requested that ENP conduct a human centered needs assessment with the focus focus was Spanish Speaking parents and adults, who identified Spanish as primary language, and reside in Fresno County. Survey did include a few non-parents, adults, but rather TAY.

ENP worked to obtain survey responses from 284 unique individuals. The survey, the discussions and facilitation were conducted in Spanish to increase access for those whose primary language was Spanish.

The majority of the respondents (71% identified as women). 98.% of the total respondents were 15yrs of age or older. Most (75%) resided in metro area but there were 48 unique zip codes represented.

The survey contained nine demographic questions (required data for INN funded project), 15 multiple choice questions, one short answer questions, and one multiple selection questions. The survey was provided to individuals, but to be inclusive, ENP staff verbally surveyed and recorded responses when needed to ensure literacy levels were not factors.

The survey did not delineate who was Medi-Cal beneficiaries, levels of care, or where they have attempted to access services. Based on the responses and some barriers not all participants of the county Mental Health Plan (MHP).

ENP submitted the needs assessment to the Department on June 30, 2023.

Key Issues

Of the survey respondents 97% agreed with statement that mental health services are important to them-personally. Key being self-identification vs general community need.

94% agreed that support groups and peer groups are important to them.

Only 29% of the respondents however agreed that they are able to find mental health resources in Spanish or are available to them in Spanish.

47.7% of the survey participants had difficulty in finding a therapist.

An interesting point was that while 63% agreed that mental health of their child worries them, but only 23.8% said they could find mental health services quickly and easily for their child/children. So less than half of those who had a concern were able to get concern on that.

Long wait lists to access care for their families was reported as a significant barrier, as it is for many at this time. Lack of available appointments was an often barrier for 75.8%. For 60% of respondents, a lack of transportation was issued to accessing care. Transportation was a significant issue to more than half the respondents.

It is important for the system of care, to understand the communities outside of Metro Fresno, and the limited public transportation and challenges of movement in rural communities. This is also an impact however in Metro parts of the county. Weather can be a factor, long public transportation times, etc. It is important to see and understand the importance of providing services in the field to improve accessibility for many underserved and inappropriate served communities. This ties in with later comments by respondents of the need for more training, improved empathy and culturally responsive need for many providers and their service supports.

Key Areas For Focus

While not directly a part of the survey, the statements do suggest many of these individuals have challenges with the managed care plans, private insurance, but as there was not specific question, those are more conjecture than parts of the needs assessment.

The work of the needs assessment did identify four challenge themes amongst the population focus of the needs assessment.

Accessibility

- **Distance**- the distances from services to the respondents' homes.
- **Lack of appointments**. The long waits for available appointments or being able to receive care. Over 75% reported long waits as a barrier to care for them.
- **Youth focused providers**. Respondents had difficulty finding and securing providers who were focused on children and youth. This may be limited providers in the network, in their community, or challenges in identifying those. It does speak to an opportunity to increase information about school-based services, care and entry points.

- **Lack of in-person options**- Respondents said that often telehealth is the primary option, while many would prefer in-person care.

  88% said clinics had a recording which prevented them from getting info about care and thus a barrier. This inability to interact with a provider at the initial stage of seeking care also becomes a barrier to accessing care.

- **Accessing information about mental health services**. Many noted they have challenges in accessing information about mental health services, and care in Spanish. This is information in resources, advertisements, etc.

Financial

- **Lack of insurance**. The lack of insurance was a concern for some respondents, which may be interpreted that they are not aware of how to access benefits such as Medi-Cal, public funded options, how to access care, low cost or other no-cost services.
- **Cost of mental health care not covered by insurance** -The experience of sum seems to be a lack of parity for mental health compared to physical health. This also raises questions of beneficiary education, beneficiary advocacy and resources.
- **Cost for childcare**- The cost for childcare is a barrier. Some parents must secure and pay for childcare in order to be able to take one of their other children to their appointments and this additional cost, makes accessing care financially difficult.

Language/Culture

- **Lack of Spanish speakers** (not just therapist for supports staff)-Survey responder reporting challenges in accessing therapist who spoke Spanish, but noted the need for support staff, office staff (reception, schedules, peers, etc.) to also have the capacity to speak Spanish, help answer questions and coordinate care.
- **Not able to communicate in English**- Some respondents have limited English capacity and are not able to communicate and/or articulate effectively their needs, questions, etc.
- **Lack of cultural understanding from providers** (therapist and administration staff). In addition to the language barrier, the respondents reported the lack of cultural understanding, culturally informed practices, and level of ethnocentrism are barriers to needed care.
- **Lack support or resistance to treatment from families/community**. While a high number of individuals openly noted the importance and need for mental health services, they do acknowledge that stigma around mental health is also a existing and present barrier to care for some.

Quality of Care

- L**ack of alternatives to pharmaceuticals treatment (holistic options)**- Respondents wanted options and information on "natural" options to support their mental health, and not have to always be prescribed pharmaceuticals as the only option.
- **Medications seen as not improving**- Some did raise concern of the efficacy of prescribed medications, and thus reluctance to take prescribed medications for mental health. This yields an opportunity for better education on the medications, timelines, and what is needed for efficacy, better consultations, medication support and whole person care.

- **Not feeling respected or feeling judged by clinical and administrative/support staff**. This is concerning in that it has an impact on the individual's wellness as well as their retention. In an annual survey done by DBH of its system of care, overwhelming number of the respondents have reported feeling respected by their provider. This doe does not mean there are not instance that persons have felts a lack of respect and judge. There is a likelihood that some of the numbers and data here may be contributed to experiences by persons served outside of the public system of care.
- **Not feeling heard or understood by clinicians (lack of cultural empty**). The experiences of the persons served is important to retention, and efficacy of care. Individuals who do not feel they are heard or understood, may cease to engage in care. Or the quality of care can be compromised by the provider not receiving important input from the person served. The respondents felt there was a lack of cultural empathy that resulted in their concerns and need not being heard or minimized, and better cultural empathy could improve those encounters.

Some Takeaways

The needs assessment provided several recommendations. These are some of the ones being highlighted.

- More access to Spanish speaking therapists who identify culturally as Latino. This is key. Participants do want someone who speaks Spanish to be able to communicate, but also feel that speaker (interpreter, provider, etc.) should also understand the cultural aspects of the population and to be able to place things into the right context.
- Therapists better trained to support the needs of Latino community, especially children and adolescents.
- More education on information on mental health, accessing care, beneficiary options, etc.
- Non-traditional wellness supports and activities. These include classes, informational classes, learning opportunities, peer to peer supports, etc.

DBH Action

DBH has worked to improve behavioral health equity in Fresno County. This has included investments in assets and collateral in Spanish, efforts to engage with the community through participation in community forums as well as initiating some on its own, and conducing needs assessment and focus groups.

- **Baseline data**-DBH has done an annual DEI survey (formerly the Cultural Competency Survey) which examines the experiences of persons served in the community. DBH shall continue to conduct the survey on an annual basis to ensure we monitor the experiences of persons served in a culturally responsive manner and plan accordingly.

- **Outreach**-DBH shall continue to work to educate and inform the community about services and resources it provides that are available to the target population and eligibility criteria for county specialty mental health. We will make continued efforts in Spanish through resources like www.DBHespanol.com, updating collateral materials, and community forums and opportunities for community input and education.

- **Quality Improvement**-DBH shall continue to measure and seek to improve on things such as timely access, accessibility of county funded services. These may include looking at specific outcomes to language access as well as some efforts in future DEI Plan (state cultural competency plan requirement). It may be an area of focus for future quality improvement process, performance improvement plans or program design, etc.

- **Leverage MHSA**-The Department has sought to improve those disparities for Spanish speakers through some of the work through MHSA funded programs, including things like rural mental health services continuum, interpreter training, culturally based navigation services, and community defined practices to cite a few. These programs however have a limited capacity in the number of persons it can serve at one time, and the non-prevention/specialty mental health services are limited to those who meet the service criteria for an SMI. Possible changes to the MHSA could make it more challenging to implement care that is more responsive to the needs of the community.

  Consider the needs for mental health literacy, linguistically appropriate, culturally responsive opportunities to improve care access and experience for Spanish speakers, via program development of examination of some clinically focused community defined evidence based possible Innovation demonstration projects.

- **Mental Health Literacy-** As such, population focus stigma reduction and education will be necessary. Continuing to lift the topic of mental health and wellness and what it is while dispelling the myths of what it is not. Focus on things like mental health literacy and how behavioral health care and treatments will improve quality of life.

  Working also to ensure those efforts are in Spanish, but also presented in a manner that aligns with the community's needs and responsive.
  These messages need to be accessible, so in digital formats, online, and other ways where information can be access, and relevant.

- **Access-** Part of access is ensuring that services are accessible by being in the field, and meeting individuals where they are. That includes in the home, community, etc. Improving access working to reduce barriers to transportation, which may include field base care, coordinating care that is closer to the person served, etc. If possible, improving childcare access as it relates to care. There will be a need to ensure preference and options are available, including in-person services if funded by the Department and utilizing telehealth services as one of several options, rather than the sole option. Part of telehealth may include hands on training, and demonstration of how telehealth works, so to build technical capability and increase options.

- **Training and Professional Development**-DEI Training will be critical in the effort to address the challenges experienced and increase cultural proficiency of the DBH funded care services.

Increasing quality language capacity, not of just the therapist but of providers, and more in-person options and supports for language services.

Importance of not just DEI training but in areas such as implicit bias, which may have resulted in the lack of empathy, understanding and responsive to persons served. Importance of ensuring such training are not one-time, but ongoing to address the changes in cultural dynamics and community needs.

Support efforts for more culturally proficient training across different populations, including the Latino community. Support efforts to better meet population cultural needs, implement better practices and approaches and efforts to improve, access, retention and outcomes.

Examine trainings such as ethnopsychopharmacology, to better support needs of specific population, improve communication and communicate strategies for better outcomes and efficiency.

Interpreter use- Ensure properly trained, also, if possible, culturally responsive and/or culturally proficient. This includes having more certified interpreters, offering, and including interpreters in DEI training, etc. Also based on feedback, not to assume, bilingual interpreters also identify or are culturally responsive to Spanish-speaking Latinos.

Promote through education, training, policies, and oversight, when and where possible use best practices, such as an in-person certified interpreter or personnel, things like Language Lines are last resort or the minimum.

- **CLAS Oversight**- Ensure providers have a culturally responsive plan or complete the annual CLAS checklist. Perform follow ups to ensure services and providers in the system of care truly are adhering to CLAS standards. This aligns with current DBH policies.

- **Workforce Development-** Continue to make efforts in recruiting and the development of more opportunities for professionals who want to work in the public setting, who are bilingual and also bicultural (that was specific).

  Increase opportunities for bilingual and bicultural peers to support efforts. There was expressed interest in groups, education and other efforts that could be driven by peers.

  Develop and implement a public system focused and driven pathways program that will encourage and increase more careers for bilingual and bicultural persons in the public behavioral health field.

Attached

ENP's Human Centered Community Needs Assessment.

Human Centered Community Needs Assessment

PREPARED FOR
THE FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

BY EVERY NEIGHBORHOOD PARTNERSHIP

JUNE 30, 2023

Table of Contents

Overview & Methodology

Every Neighborhood Partnership (ENP) surveyed 284 Spanish-speaking (bi- and mono-lingual) individuals living within the County of Fresno. The survey was administered in Spanish and contained 9 demographic questions, 15 multiple choice questions, 1 short answer question, and 1 multiple selection question. To make the survey accessible to individuals with a variety of educational backgrounds, ENP staff verbally surveyed and recorded the answers for respondents when needed. Other respondents completed a written survey, which was then input into a Google Form created by ENP. All survey responses, including demographics, are self-identified by survey respondents.

The purpose of this survey was to gather information from Fresno County's Spanish-speaking community to identify challenges, barriers, and effective approaches to behavioral health care facing that community.

Summary of Demographics

Of the 284 individuals surveyed, 202 (71%) were women, 73 were men (26%), and 9 (3%) declined to answer. Almost all (98.6%) respondents were 15 years of age or older, with only 4 respondents in the 0-14 range. In addition to Spanish, the languages spoken by bilingual respondents are English, Mixtec, and Tagalog.

Around 75% (214) of respondents live in the Fresno/Clovis metro area, while the remaining 25% (70) live in smaller towns or rural areas throughout the County. Respondents represent 48 unique zip codes in Fresno County. We have labeled zip codes according to the nearest city or town that they represent, though respondents may not live within the limits of the city or town.

Zip Code	Nearest city/town	# of respondents
93210	Coalinga	4
93234	Huron	6
93606	Biola	1
93607	Burrell	1
93608	Cantua Creek	1
93609	Caruthers	5
93611	Clovis	8
93612	Clovis	7
93613	Clovis	1
93616	Clovis	2
93619	Clovis	7
93622	Firebaugh	1
93625	Fowler	7
93626	Friant	1
93630	Kerman	4
93637	Berenda	2
93640	Mendota	5
93648	Parlier	3
93650	Pinedale (Fresno)	1
93652	Raisin City	1
93654	Reedley	11
93656	Riverdale	1
93657	Sanger	6
93662	Selma	8
93701	Fresno	5
93702	Fresno	38
93703	Fresno	10
93704	Fresno	8
93705	Fresno	6

93706	Fresno	16
93709	Fresno	2
93710	Fresno	10
93711	Fresno	5
93712	Fresno	1
93720	Fresno	12
93721	Fresno	3
93722	Fresno	7
93723	Fresno	2

93724	Fresno	3
93725	Fresno	18
93726	Fresno	4
93727	Fresno	24
93728	Fresno	9
93729	Fresno	1
93740	Fresno	1
N/A		5
Total		**284**

Summary of Responses

The survey contained 9 multiple choice questions with the following response choices:

- Totalmente de acuerdo (Totally agree)
- De acuerdo (Agree)
- Ni de acuerdo ni en desacuerdo (Neither agree nor disagree)
- En desacuerdo (Disagree)
- Totalmente en desacuerdo (Totally disagree)
- N/A

Respondents expressed overwhelmingly their belief in the importance of mental health services and support groups. 97.1% of respondents chose “Agree” or “Totally agree” in response to the statement “Mental Health Services are important to me.” A similar percentage of respondents, 94.4%, chose “Agree” or “Totally Agree” in response to the statement “Support groups/peer groups are important to me.”

To the question, “Do I find the Mental Health resources (Pamphlets, Flyers, posters, information, etc.) in Spanish or are they available to me in Spanish?”, 29% of respondents disagreed or totally disagreed. (See slide deck #6) 47.7% of respondents reported that they “Disagree” or “Totally Disagree” that “Finding therapists is easy for me.” (See slide deck #5)

Though 66.3% of respondents reported “Agree” or “Totally Agree” that “The mental health of my children (children, adolescents, young people) worries me,” only 23.8% reported that “Finding mental health services for my son/daughter is easy and fast.” (See slide decks #8 and #9)

The survey also contained 6 multiple choice questions with the following response choices:

- No es una barrera (not a barrier)
- Algunes veces es una barrera (sometimes a barrier)
- Con frequencia una barrera (often a barrier)
- N/A

Of all the multiple-choice questions, respondents were most united in their response to "Long waiting list. (The appointments are very long and/or there are no appointments.)" 75.8% responded that this was "often a barrier." (See slide deck #11) 60.1% of respondents also testified that "Lack of Transportation/I don't have transportation to get to appointments" was "often a barrier" or "sometimes a barrier." (See slide deck #13)

Analysis and Themes

In response to the short-answer question, "What challenges have you had or continue to have in seeking mental health care?", respondents provided diverse and insightful feedback. Following is a summary ENP created of the common themes expressed in the responses. We have organized the types of barriers expressed into four types: accessibility, financial, language/cultural, and quality of care.

Accessibility Barriers

- Distance (services are too far away from respondent's homes)
- Lack of available appointments (long waiting lists)
- Lack of adolescent counselors
- Lack of childcare (for parents while they attend appointments)
- Lack of in-person appointments (i.e., appointments are by telehealth only)
- Difficulty accessing information about mental health services

Financial Barriers

- Lack of insurance
- Insurance does not cover the cost of mental health care
- Inability to pay for childcare

Language and Cultural Barriers

- Clinicians and/or administrative staff do not speak Spanish
- Respondents do not speak English or do not feel comfortable communicating in English
- Lack of cultural understanding from clinicians and/or administrative staff
- Lack of support for/resistance to seeking treatment from family and community

Quality of Care

- Lack of natural medicine care options
- Medications prescribed do not improve symptoms
- Not feeling respected/feeling judged by clinicians and administrative staff
- Not feeling listened to/understood by clinicians (lack of cultural empathy)

As reflected in the short-answer responses, long waiting lists and lack of appointments are a primary barrier to care for respondents. Over 75% of respondents reported that "Long waiting list" is "Often" a barrier to obtaining mental health services. This response is reflected in the short-answer response, where lack of available appointments and long waiting lists are one of the most-cited barriers to receiving care.

Lack of Spanish-speaking clinicians and administrative staff is also a primary barrier to care for respondents, as reported in the response to the short-answer question. Our analysis of the responses indicates that not having a Spanish-speaking and/or culturally Latino/a clinician increases feelings of distrust in respondents towards their clinician.

The survey also shows that a lack of Spanish-speaking administrative staff is a barrier to receiving mental health services. 87.9% of respondents said that "Some clinics or mental health services is a machine (recorder) that answers and cannot answer or clarify my doubts or make a query," is "Often a barrier" or "Sometimes a barrier." Only 11.1% of respondents reported that it was "not a barrier" to receiving mental health services. (See slide deck #12)

Another common theme in the short-answer responses was a desire for access to more "natural medicine" treatments for mental health. Respondents expressed sentiments similar to the following quotes: "The system must change in favor of improving us and not just giving us drugs or medicines;" and "We want natural treatments and less drugs." Specifically, a few respondents cited the negative side effects of the drugs they had been prescribed as a barrier to healing. ("the medicines they give make me very sleepy.")

Recommendations

To gain input on desired services, we provided respondents with a list of mental health services accompanied by the prompt, "Please indicate what type of classes or services you would like to receive to help with your mental well-being." The following table shows the choices ranked from most responses to least responses.

Resource	Percent of respondents	Number of respondents
Parent Groups or Support Groups	49.9%	140
Dance classes with physical activity	39.1%	110
Personal Motivation Resources	38.1%	107
Strength training classes	29.2%	82
Yoga and meditation	26.4%	74
Spiritual and prayer resources	24.6%	69
Nutrition classes, health	15.3%	43
All previous	47.3%	133

Respondents indicated that a solution would be to have more resourcing to clinicians who are Spanish-speaking and culturally Latino. Though mental health care resourcing exists, respondents experience a lack of awareness about clinicians who are especially suited to serve their community. More mental health clinicians who specialize in working with children and adolescents is also an expressed solution.

Following is a sampling of services/activities that respondents have identified in their short-answer responses as potential solutions to improving the mental health of their community. ENP chose to include quotes here that represent the responses and concerns of many respondents.

- “There is a need for more programs and community groups that make these issues more common to help encourage change in mental health stigma and help the community find more help if they need it.” –Woman, 35-44
- “More doctors who not only speak Spanish, but who understand it.” -Woman, 55-64
- “[Providing] mental health/trauma education that is also culturally focused.” -Man, 15-24
- “From experience, my son has been helped by groups of domino games and virtual games focused on healing emotions. Also exercises like Tai Chi are very helpful.” -Man, 55-64
- “Workshops where the causes and effects of the lack of mental health are made known, especially to parents.” -Woman 65+
- “…more programs and community groups that make these issues more common to help encourage change in mental health stigma and help the community find more help if they need it.” -Woman, 35-44
- “Walking groups.” -Woman, 35-44
- “It is important that even if it is teletherapy, the doctors who help know the culture of their patient and put their prejudices and their own morals aside and do not keep it in mind when they have a patient.” -Woman, 45-54
- “More information…about mental health and places and addresses where you can have this service with details about the insurance they receive, as well as if they have low-income programs where they pay little for a visit to a mental health therapist and more information in Spanish on TV, schools and information tables in the communities.” –Woman, 45-54
- “We need support groups for migrants.” -Woman, 35-44
- “Socialization groups." -Man, 65+
- “Support groups for migrants.” -Woman, 45-54
- “Social activities, art groups, groups with gardening activities, planting flowers." -Woman, 45-54
- “Workshops to know how to detect depression and other mental illnesses as a preventive measure.” -Woman, 45-54
- “Group exercises such as jewelry classes, knitting group classes, crafts groups classes, Tai-Chi classes.” -Woman, 45-54