

Sacramento Latino/Latinx/Latine/Hispanic BHREC Focus Groups Summary

From March through July 2024, The California Institute for Behavioral Health Solutions (CIBHS) lead a broad information-gathering initiative across Sacramento County where seven focus groups were held with Latino/Latinx/Latine/Hispanic community groups. The qualitative data was analyzed using a thematic approach under domains adapted from the Community Readiness Model (CRM) framework. These themes will help provide strategic directions to inform the development of the L/LX/LE/H BHREC goals, aims, and drivers.

The initiative involved collaboration with several local organizations and agencies, including the Health Education Council, South County Services Inc., La Familia Counseling Center, California Human Development, Mutual Assistance Network, Galt Parks and Recreation, and Valley Hi Family Resource Center.

The communities represented in this summary included monolingual Spanish-speaking men, with backgrounds ranging from the unhoused, undocumented, individuals with lived experiences of substance use, and senior citizens, to immigrants and farmworkers. Similarly, monolingual Spanish-speaking immigrant, mothers, grandmothers, older adults, and community health workers with lived experience of receiving BH services, receiving public benefits, or involved with the child welfare system participated. Bilingual young adults and youth were also key demographics, transitional aged youth, representing university students, members of the LGBTQIA+ community, and public assistance recipients, along with middle and high school students.

The Community Readiness Model (CRM) was used as a tool to help assess the Latino/Latinx/Latine/Hispanic communities' level of readiness to address the issue of behavioral health in Sacramento County. The CRM assessed behavioral health on key dimensions: Community Knowledge of the Issue; Community Knowledge of Efforts; Community Climate; Leadership; and Resources. An adapted questionnaire covering these dimensions was used to facilitate the focus groups and collect feedback from community members. The areas of focus include:

- Behavioral Health in the Latino Community
- Community Resources and Barriers in the Latino Community
- Preferred Service Qualities and Access Needs
- Perception of County Leadership and Community Needs
- Trusted Sources of Information and Community Engagement
- Community Dynamics
- Addressing Behavioral Health Awareness and Systemic Barriers
- Improving Service Delivery and Community Education
- Recommendations for Improving Behavioral Health Services in the Latino Community

The tables below contain the summary of the focus group findings.

SUMMARY

Behavioral Health in the Latino Community

Generational and Cultural Differences

- **Youth:** More aware of behavioral health issues, often seeking information online.
- **Older Generations:** Less likely to seek help due to stigma and cultural norms.

Barriers to Accessing Behavioral Health Services

- **Language Barriers:** Difficulty finding Spanish-speaking providers; inadequate interpreter services.
- **Stigma:** Fear of being labeled as "crazy" discourages seeking help.
- **Financial Stress:** High living costs exacerbate behavioral health issues for parents.

Cultural Approaches to Behavioral Health

- **Spirituality:** Many rely on spiritual beliefs to manage their emotions.
- **Privacy:** Behavioral health issues are often kept within the family, rarely shared with others.
- **Machismo:** Cultural attitudes, particularly among men, discourage emotional expression and seeking help.

Impact of COVID-19

- **Isolation:** Increased for both youth and adults.
- **Disruption:** Closure of behavioral health programs disrupted access to services.
- **Ongoing Challenges:** Difficulties in returning to "normal" life post-COVID.

Positive Experiences with Behavioral Health Services

- **Service Value:** Those who access behavioral health services find them helpful and informative.
- **Encouragement:** Observing others who have received services can encourage openness about behavioral health.

Cultural Barriers and Stigma

- **Stigma:** Fear of judgment, discrimination, and shame prevent many from seeking help.
 - Lack of family support and internalized stigma further impede access to services.

Community Resources and Barriers in the Latino Community

Insurance and Financial Barriers

- **Coverage Issues:** Many reported being uninsured or underinsured, relying on emergency Medi-Cal potentially, unaware of full-scope Medi-Cal for undocumented community members.
- **Cost Concerns:** Community Anticipates high out-of-pocket costs for Medi-Cal is a significant barrier.

Noted Resources

- **Local Organizations:** La Familia, Valley Hi Family Resource Center, Clinica Tepati, Sacramento LGBT Center.
- **Educational Institutions:** Sacramento State, UC Davis.
- **Government and Faith-Based Support:** Mexican Consulate – Ventanilla de Salud, Faith-based organizations, County clinics.

<p>Cultural Considerations</p> <ul style="list-style-type: none"> • Cultural Humility: Essential in outreach and service delivery. • Respect and Communication: Importance of being listened to in one's language and finding a good therapist match. • LGBTQIA+ Needs: Requires specialized, gender-affirming care. <p>University Services</p> <ul style="list-style-type: none"> • Youth Engagement: Young Latinx/Latine, especially university students, are more open to accessing behavioral health services and trust services provided by their universities. 	<ul style="list-style-type: none"> • Additional Resources: ALANON, pediatric doctor's office, schools, local community centers. <p>Positive Feedback</p> <ul style="list-style-type: none"> • La Familia Counseling Services: Highly praised for quality services, Spanish-speaking providers, personalized care, and respectful treatment. <p>Challenges in Accessing Services</p> <ul style="list-style-type: none"> • Resource Gaps: Limited BH providers, particularly for adults in South Sacramento County (Galt/River Delta). • Service Delays: Long wait times, often waiting 6-8 weeks for appointments. • Language Barriers: Difficulty finding Spanish-speaking providers; issues with phone service and long hold times.
<p>Preferred Service Qualities and Access Needs</p>	
<ul style="list-style-type: none"> • Cultural and Linguistic Alignment: Services that are culturally and linguistically aligned, where participants feel heard, respected, and well-treated, are crucial for fostering comfort and trust. • Consistency and Accessibility: Local and easily accessible services, with both in-person and virtual options valued. Continuity of care is important, making provider consistency essential. • Role of Churches: Churches play a significant role as a support system within the community. 	<ul style="list-style-type: none"> • Comprehensive Support: High value on Services that address a range of issues beyond the initial or individual problem, but expand to whole-person and family care, including parental support. • Youth and School-Based Services: Schools are key in providing behavioral health services, with students valuing both in-school support and easy access to external services. • LGBTQIA+ Support: The Sacramento LGBT Center is recognized for offering crucial support through soft services (i.e., support groups) and peer-to-peer education for LGBTQIA+ individuals.
<p>Barriers and Challenges in Accessing Behavioral Health Services</p>	
<ul style="list-style-type: none"> • Lack of Services in South County Sacramento: There are little to zero behavioral health services available in South County (Galt/River Delta), highlighting the urgent need for more 	<ul style="list-style-type: none"> • Inconvenient Service Hours: Services are only available from 9:00 a.m. – 5:00 p.m., which limits access for working individuals. Many Latinos work in industries that do not offer/are not required to offer paid time off or sick

<p>behavioral health clinicians and doctors in the area.</p> <ul style="list-style-type: none"> • Cost and Accessibility Issues: The perceived high cost of services is a significant barrier, with participants often prioritizing essentials like groceries over therapy. Low-cost or free services are needed. • In-Person vs. Virtual Services: In-person services are preferred for better communication, as Latino culture values hand gestures and body language, which are not conveyed effectively over the phone. • Quality of Care Concerns: Participants report quick prescriptions without adequate opportunities to talk and be heard, poor quality of interpretation services leading to miscommunication, and racial discrimination due to lack of English proficiency. 	<p>leave to their employees (i.e. farmworkers/service industry).</p> <ul style="list-style-type: none"> • Transportation Barriers: Limited public transportation options and high costs make it difficult for many to access services. Participants are unaware of transportation service benefits through Managed Care plans. • Youth-Specific Challenges: Youth report there are not enough counselors in schools to meet the demand, and students often stay in class rather than miss it for counseling. Offering services during lunch or after school and providing longer sessions could help build trust between students and counselors.
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Perception of County Leadership and Community Needs

<ul style="list-style-type: none"> • Lack of Awareness and Engagement: <ul style="list-style-type: none"> ○ Participants are largely unaware of who their County leaders are. ○ There is a perception that County leaders are indifferent to social issues unless there is financial gain involved. • Neglect of Behavioral Health Issues: <ul style="list-style-type: none"> ○ Participants feel that County leaders prioritize issues that are more visible like homelessness and drug use over behavioral health concerns. ○ There is a call for a dedicated advocate to address behavioral health and other essential community services. • Youth Disengagement: <ul style="list-style-type: none"> ○ Youth report a lack of political engagement, indicating a gap in civic participation among younger residents. 	<ul style="list-style-type: none"> • Disparities Between County and City Living: <ul style="list-style-type: none"> ○ Participants note significant differences between living in the County of Sacramento and the City of Sacramento. ○ South County Sacramento faces critical challenges, such as poor road conditions, lack of sidewalks, and being a food desert with limited and overpriced stores. These environmental factors contribute to poor BH outcomes. • Call for Leadership Action: <ul style="list-style-type: none"> ○ Participants suggest that leaders should visit and experience the community firsthand to fully understand and address the needs.
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Trusted Sources of Information and Community Engagement	
<ul style="list-style-type: none"> • Valuable Community Outreach: <ul style="list-style-type: none"> ○ Health fairs and guest speakers are essential in educating the community about available resources and how to access them. • Faith-Based Organizations: <ul style="list-style-type: none"> ○ Faith-based organizations are highly trusted within the community for providing information and support. 	<ul style="list-style-type: none"> • Trusted Community Leadership: <ul style="list-style-type: none"> ○ Maria Rosales, ED of South County Services, is identified by participants as the only trusted community leader in South Sacramento.
Community Dynamics	
<ul style="list-style-type: none"> • Common Concerns and Community Support: <ul style="list-style-type: none"> ○ Shared concerns about the importance of Behavioral health encourage community members to seek counseling, with many attending support groups despite busy schedules. • Challenges in Resource Awareness: <ul style="list-style-type: none"> ○ There is a lack of awareness or misinformation about available resources, with information often shared through personal connections. • Stigma and Cultural Barriers: <ul style="list-style-type: none"> ○ Fear of judgment, discrimination, and cultural attitudes, such as machismo, prevent many from seeking help. ○ Lack of family support and internalized stigma further impede access to services. • Youth Perspectives: <ul style="list-style-type: none"> ○ Youth prefer speaking with behavioral health professionals rather than family members, despite feeling judged by their families for seeking help. 	<ul style="list-style-type: none"> • Behavioral Health and Substance Abuse Issues: <ul style="list-style-type: none"> ○ Untreated behavioral health issues, stress, and substance abuse, especially alcoholism, are prevalent. ○ Seasonal work and financial instability contribute to depression, particularly among farm workers. ○ Youth are facing increased anxiety and substance use and report services are insufficient. • Service Gaps: <ul style="list-style-type: none"> ○ There is limited access to behavioral health and substance use services, often far from the community. ○ Specific needs include more Spanish-language services, whole family care, caregiver support, and better navigation assistance.

Addressing Behavioral Health Awareness and Systemic Barriers

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| <ul style="list-style-type: none"> • Lack of Behavioral Health Awareness: <ul style="list-style-type: none"> ○ Many in the community do not recognize or accept behavioral health issues, with limited understanding of conditions like depression. ○ Behavioral health should be treated like routine health check-ups. • Taboos and Delayed Help-Seeking: <ul style="list-style-type: none"> ○ Cultural taboos often hide behavioral health problems until they reach a crisis point. ○ There is a strong emphasis on preventative services rather than crisis intervention services. • Information and Accessibility Gaps: <ul style="list-style-type: none"> ○ The community, particularly students, lacks access to behavioral health information. ○ There is a need for targeted campaigns in schools and at the county level, as well as centralized resources that include testimonials, service details, and language support. | <ul style="list-style-type: none"> • System Navigation Challenges: <ul style="list-style-type: none"> ○ Many need help navigating the behavioral health system, especially older adults and non-English speakers. ○ Financial constraints further hinder access to necessary services. • Importance of Trust: <ul style="list-style-type: none"> ○ Trust-building with the County, agencies, and providers is vital for encouraging community engagement with behavioral health services. • Combating Stigma: <ul style="list-style-type: none"> ○ Participants suggest Mental Health First Aid training for the community, with some areas offering free programs. |
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Improving Service Delivery and Community Education

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| <ul style="list-style-type: none"> • Training and Language Accessibility: <ul style="list-style-type: none"> ○ Continued training for County staff supporting Spanish speaking and Latino consumers, such as, working with interpreters. ○ Well-trained interpreters are essential; machine translations or phone interpreters are often inadequate. ○ All staff providing client services should be empathetic and culturally sensitive, with a preference for Spanish-speaking staff. | <ul style="list-style-type: none"> • Community Education and Empathy: <ul style="list-style-type: none"> ○ There is a need for more educational workshops and classes on identifying behavioral health symptoms. ○ Promoting empathy and a non-judgmental approach toward those with behavioral health issues is crucial. • Focus on Children and Youth: <ul style="list-style-type: none"> ○ Children and youth require emotional support and services tailored to their specific needs. ○ Youth obtain behavioral health information through TV and social media. |
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- **Behavioral Health Emergency Response:**

- Due to increase of Police involvement in immigration enforcement (i.e. deportation raids), police involvement in behavioral health emergencies is feared due to a lack of specialized training and overall mistrust
- Promoting awareness of alternative responders with behavioral health training who may be better suited for handling crises.

- **Preferences for Behavioral Health Services:**

- Youth prefer in-person counseling but also value telehealth for its convenience and accessibility.

Recommendations for Improving Behavioral Health Services in the Latino Community

1. Enhance Cultural and Linguistic Competence

- **Hire and Train Bilingual Staff:** Increase the number of Spanish-speaking providers and staff within behavioral health services, including Community Health Workers. Ensure interpreters and staff working as interpreters are well-trained and culturally competent.
- **Empathy and Cultural Sensitivity Training:** Provide ongoing training for BH professionals and county staff to ensure they are empathetic, culturally sensitive, and capable of addressing the unique needs of the Latino community.

2. Expand Access to Behavioral Health Services

- **Increase Local Services in South County Sacramento (Galt/River Delta):** Establish more behavioral health services in the Galt/River Delta, particularly for adults, to reduce travel barriers and improve accessibility.
- **Offer After-Hours and Weekend Services:** Extend service hours beyond 9:00 a.m. – 5:00 p.m. to accommodate working individuals and families. Offer After-Hours and Weekend services.
- **Improve Transportation Options:** Address transportation barriers by increasing access to transportation benefits with managed care and encourage providers to support transportation coordination.

3. Address Stigma and Cultural Barriers

- **Community Education Campaigns:** Launch targeted campaigns to educate the community about behavioral health, reduce stigma, and promote early help-seeking behaviors. Include testimonials and relatable content.
- **Mental Health First Aid Training in Spanish:** Offer Mental Health First Aid training in Spanish to community members, with a focus on cultural nuances and the challenges specific to the Latino community.

4. Enhance System Navigation and Information Accessibility

- **Create a Centralized Information Hub:** Develop a user-friendly, centralized platform where community members can easily find information on available services, operating hours, provider languages, and how to access care.
- **Improve Customer Service:** Train County staff in effective phone communication, ensuring they can provide clear, accurate information and assistance in both English and Spanish.

5. Improve Awareness of Behavioral Health Emergency Response

- **Increase Awareness of Specialized Crisis Teams:** Promote awareness of specialized crisis teams and of programs who respond to crisis, reducing the need for police intervention in situations that require specialized care.
- **Promote Awareness of Alternatives to Police Intervention:** Promote awareness of alternatives to police intervention programs ensuring a more appropriate and sensitive approach.

6. Support Youth and School-Based Services

- **Support Youth and School-based Services:** Youth suggest offering services during lunch or after school to ensure students can access care without missing class.
- **Leverage Technology for Youth Services:** Promote telehealth options alongside in-person services to meet the preferences of younger community members, enhancing accessibility and engagement.

7. Partner with Community and Community Identified Trusted Organizations:

- **Partner with Trusted Community Leaders and Faith-Based Organizations:** Collaborate with trusted figures and local churches to disseminate information and build trust in behavioral health services.
- **Include Community:** Engage the Latino Community in service design.