BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE (BHREC)
FOCUS GROUP & KEY INFORMANT INTERVIEW RESULTS

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Acknowledgment

Thank you to all our focus group and key informant interview participants who generously spent their time to provide answers to our questions and give us their valuable opinions and recommendations. We appreciate all the participants for their feedback which made this report possible.

Cover artwork may reflect the many BIPOC voices who provided powerful reflections in this report.

Credit: Washington, Alice. 2021, digital. Sources also include members of the Facebook Sketchbook Buddies and one Adobe Stock image, the youth in the center of the graphic.

Table of Contents

INTRODUCTION TO THE SACRAMENTO COUNTY BEHAVIORAL HEALTH RACIAL EQUITY COLLABORATIVE (BHREC)

In the fall of 2020, the Sacramento County Behavioral Health Services (BHS) began the Behavioral Health Racial Equity Collaborative (BHREC) pilot program. BHS sought to partner with representatives from a spectrum of the African American/Black/of African Descent (AA/B/AD) community across age, gender identity, and sexual orientation. In addition, BHS is partnering with (AA/B/AD) leadership from diverse stakeholder groups including faith, education, law enforcement, LGBTQ+, after school programming, and domestic violence advocates. The Collaborative membership includes BHS leadership, provider, and community-based organizations. The purpose of the BHREC is to collaborate with community partners to define goals and measures that will shape racial equity action plans aimed at creating just opportunities for behavioral health and wellness in Sacramento County, regardless of race.

While Sacramento County BHS has sponsored many trainings with a focus on skills to further cultural competence within its system, fewer trainings have focused on addressing behavioral health equity. Behavioral health equity means that all communities get what they need so they have a fair chance and opportunity to live a life of behavioral health and wellness. Unfortunately, race remains a key forecaster of behavioral health outcomes in Sacramento County. Systemic racism practices, such as "redlining", have shaped social determinants of health which are conditions in the places we live, work, learn, and play. These social determinants drive health inequities such as the disproportionate levels of COVID-19 and death rates in communities of color that in turn lead to an increase in behavioral health symptoms and disorders, such as depression, anxiety, suicide, post-traumatic stress disorder, and substance abuse.

Behavioral health disparities among the AA/B/AD community are well documented. In the 2012 California Reducing Disparities Project African American Population Report, they identified inadequate or inappropriate treatment as significant concerns for this population. This included misdiagnosis or incorrect treatment, over-prescribed medications, timely access to care, lack of accurate mental health assessment, lack of follow up, and mischaracterization of behavior.[1] More recently, the 2019 Health Disparities report released by the Department of Health Care Services, found that the AA/B/AD population fared worse than all other races/ethnicities in

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[1] https://cpehn.org/assets/uploads/archive/african_american_population_report.pdf

antidepressant medication management during both acute and continuation treatment phases.[2] Much also remains to be done to build the trust necessary for authentic relationships that support the implementation of behavioral health equity. The Collaborative structure is intended to support development of partnership between Sacramento County BHS and the AA/B/AD community to achieve shared goals that further behavioral health and racial equity. As BHS is learning how to build behavioral health racial equity action plans, the intention is to develop an effective design that will serve as a model for planning future work with other racial/ethnic communities that is informed by their own unique experience and data that is specific to them.

BHREC OUTCOMES

In collaboration with the California Institute for Behavioral Health Solutions (CIBHS), BHS is facilitating a ten-month process intended to create collective impact to advance behavioral health equity. The outcomes for the BHREC are to:

a) Increase trust and authentic partnership between BHS and the AA/B/AD community.

b) Define shared goals based on data analysis between BHS, its providers and community partners to advance behavioral health equity in Sacramento.

c) Support all BHREC participants, including the county, provider organizations, and community partners to create behavioral health racial equity action plans. These BHREC Action Plans will allow each organization that is a member of the BHREC to define their agenda and strategy to promote behavioral health equity.

FOCUS GROUPS & KEY INFORMANT INTERVIEWS
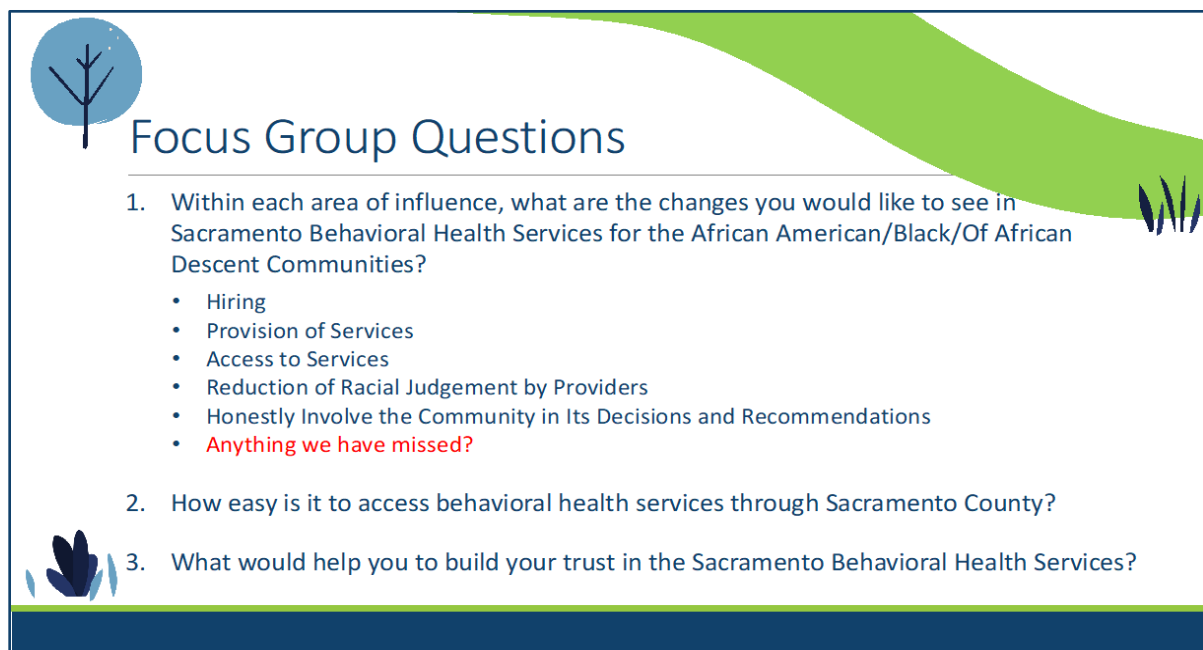
The BHREC Action Plans are intended to be informed by community-defined goals. In order to learn from the community, a series of focus groups and key informant interviews were conducted with members of the AA/B/AD community to gain direct input about how services could be improved by Sacramento County BHS and its contractors so that race no longer is a proxy for behavioral health wellness. The focus group information, along with qualitative data from the BHREC Steering Committee, and state level reports will be used to define and

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[2] https://www.dhcs.ca.gov/Documents/MCQMD/2019-Health-Disparities-Report.pdf

prioritize the BHREC racial equity goals/results.

A total of 8 focus groups were conducted as well as two key informant interviews. All focus group participants were from AA/B/AD community. Six of the focus groups represented a general mix of people with a range of ages, genders, and experience with Sacramento County BHS. Of the two remaining focus groups, one was comprised of sixth and seventh graders and the other was comprised of formerly incarcerated men and/or individuals who worked closely with them. Finally, two key informant interviews were conducted with individuals representing the transgender AA/B/AD community.

Focus group questions were designed to align with the BHS areas of service to provide feedback on how each of the areas could be improved through use of an equity lens. All groups were asked the same questions. However, when meeting with the youth, and the formerly incarcerated individuals, as well as the key informant interviews with individuals from the transgender community, the questions were asked with the specific needs of the groups these individuals represented in mind. The questions addressed the changes participants would like to see to Sacramento County core clinical behavioral health services, access to those services, and trust building. Below are the specific questions that were utilized.

Focus Group Questions

1. Within each area of influence, what are the changes you would like to see in Sacramento Behavioral Health Services for the African American/Black/Of African Descent Communities?
   - Hiring
   - Provision of Services
   - Access to Services
   - Reduction of Racial Judgement by Providers
   - Honestly Involve the Community in Its Decisions and Recommendations
   - Anything we have missed?

2. How easy is it to access behavioral health services through Sacramento County?

3. What would help you to build your trust in the Sacramento Behavioral Health Services?

FOCUS GROUP & KEY INFORMANT INTERVIEW RESULTS

Three overarching Tracks emerged from across all eight focus groups and key informant interviews. These are described below.

- Track 1: Strengthening Diversity Equity & Inclusion (DEI) in the Workforce

- Track 2: Community Engagement to Improve Diversity, Equity, and Inclusion

- Track 3: Diversity, Equity, and Inclusion to Improve Access to Care

For participants these were the most critical activities BHS could undertake in order to reduce racial inequities in access and quality of behavioral health service for the AA/B/AD community. As used here, Track refers to one of the three overarching topics that were identified across all respondents. Within each Track, key Themes were identified and then broken down into Goals. Themes and Goals within each Track were weighted as indicated by the number of times a response was raised. The below provides an overview for each Track, the Themes across the Track, and Goals associated with each Theme. Numbers in parenthesis indicate the number of times a Theme or Goal was raised. Below lists the highest-ranking goals for each Theme. An analysis is also provided for each Track and the Themes and Goals. For a full list of all goals, please see the Appendices which includes a table for each Track showing all data collected.

Track 1: Strengthening Diversity, Equity, and Inclusion in the Workforce
Four Key Themes and Associated Goals

THEME 1: Hiring (25 references)

- Consider lived experience as equal to education (7)

- Increase outreach/improve community access to information about job openings/application process/career pathways (7)

- Focus on recruitment, retention, and leadership development for AA/B/AD and transgender Individuals (7)

THEME 2: Recruitment (18 references)

- Outreach through local and national groups known to focus on the AA/B/AD community such as historically Black universities, Black LGBTQ+ groups, the Association of Black Psychologists, and the Sacramento Cultural Hub (8)

- Increased use of social media not only for outreach but to access positive images of AA/B/AD community (6)

THEME 3: <u>Training</u> (10 references)

- Provide specific skills training needed for County positions (4)
- Evaluate AA/B/AD employment experience (3)

THEME 4: <u>Workforce Development</u> (4 reference)

- Increase training and mentorship for leadership roles and promotions (3)
- Build trust/provide support groups in the workplace for individuals with similar experiences (1)

ANALYSIS

In general, respondents, particularly the key informants, spoke to the importance of recognizing that there are historical and structural barriers to formal education for the AA/B/AD community. As a

> In all the meetings I have gone to at Sacramento County BHS, I have never seen a black male. I also see very few black females.
>
> GENERAL FOCUS GROUP RESPONDENT

result, it might be necessary to develop entry points for exposure to careers such as internships, opportunities to shadow staff, mentoring and discussions about career ladders. It was also noted that recruitment alone is not enough and that employers must also shape organizational culture to be welcoming by actively promoting racial equity as key to retaining diverse staff. Respondents also spoke to the need for evaluating the experience of AA/B/AD employees as a strategy towards supporting retention.

Participants also stressed the importance of recognizing that the knowledge about the path for advancing professionally or the networks to

> As a black employee, I am not looking for equal opportunities any longer, I am looking for equal results to White employees.
>
> GENERAL FOCUS GROUP RESPONDENT

support access may not always be known or available to many in the AA/B/AD community, as they may be among the first in their particular roles and without the support of others who have gone before them.

Track 2: Community Engagement to Improve Diversity Equity & Inclusion
Three Key Themes and Associated Goals

THEME 1: <u>Community Engagement</u> (45 references)

- Accountability/transparency through shared community decision making (14)

- Ask & align community requests with actions (virtual connection opportunity, flexible meeting times, childcare, provide BH services at comfortable/known community hubs) (11)

- Utilize Social Media/Social Groups/Town halls (NAMI, Sacramento State) to connect community with information about services (7)

THEME 2: <u>Community Capacity Development</u> (15 references)

- Develop partnerships with the community using peer and cultural brokers (8)

- Build trust by ensuring equitable resource distribution across Sacramento (5)

THEME 3: <u>School & Education</u> (2 references)

- Build trust and safety within schools (2)

ANALYSIS

Strategies to achieve accountability and transparency through shared community decision making were wide ranging, including the use of an annual evaluation as a means of assessing results of equity goal setting, ongoing community conversations regarding their perspectives on behavioral health services, and appropriate and fair compensation for key informants. Many respondents stated that they did not understand nor feel consulted regarding decisions impacting the behavioral health of the AA/B/AD community. Several noted the sense of being asked for information that would drive programs, but never being informed as to what came of the information. Respondents also expressed concern about receiving compensation for their time that was negligible despite their input being critical towards shaping a system within which others are fairly compensated. Another strategy frequently identified among participants to increase community engagement was the provision of behavioral health and ancillary services to ensure participation. Ancillary services included childcare, virtual meeting connections, and flexible meeting times.

Initially it had been proposed that one of the focus groups target the transgender AA/B/AD community. However, it was quickly recognized that the focus group format did not provide the sense of safety needed by this community given their historic experiences of discrimination based on both race and gender identity. As a result, the approach was taken to conduct key

informant interviews. A BHREC Steering Committee member served as the liaison and conducted direct outreach to explain the purpose of the interviews. It was agreed that the BHREC Steering Committee member also participate in the interviews to create a sense of support and safety. Participants were also given the option to keep their video cameras off during the interviews. Permission was requested to record the interviews for the purpose of ensuring accuracy of the conversations, and participants were informed that only the interviewer would have a copy of the recording. The recording would be transcribed but their identities remaining anonymous. Finally, each interviewee was to receive a copy of the transcript of their interview. Both participants spoke to

> You have to hear their heart. They want to know that they are being heard. You ain't gotta believe what I say, you ain't gotta accept what I say, you ain't gotta take it as gospel, but let me know that you hear me, validate my reality for me. Do not make me feel like what I'm going through is just me. I want to know that you really understand that I'm experiencing this.
>
> TRANSGENDER KEY INFORMANT RESPONDENT

the challenge of finding a therapist who understood about dysphoria experienced by transgender individuals in transition. They often find themselves in the position of having to educate therapists about the intersectional impacts of discrimination based on race and gender identity and the resulting trauma. Among the suggestions for improvement were tailored outreach to the transgender community, hosting regular meetups for the transgender community and embedding therapists in transgender community meeting sites as a way for them to both learn about the needs of this community and to serve as a connecting point to resources.

TRACK 3: Diversity, Equity, and Inclusion to Improve Access to Care
Three Key Themes and Associated Goals

THEME 1: <u>Improved Access</u> (70 references)

- Increase ease of access through the creation of community hubs with collocated services (23)

- Increase access through online connections/social media. (Raised most frequently by middle-school participants.) (8)

- Ensure providers are building trust (including reflection of community language, empathy for community experience, especially with transgender community.) (8)
- Tailor services for the community especially knowledge of gender transition process for transgender community) (7)

THEME 2: <u>Invest in Stop Stigma/Reduce Provider Bias/Judgment</u> (54 references)

- Increase re-occurring trainings with accountability component (implicit bias, cultural humility, empathy, transgender transitions, cultural needs, poverty, racial justice, LGBTQ issues, gender bias, intersectional identities ex/transgender and AA/B/AD) and include committee to review accountability data (24)
- Hire staff reflective of the community served to decrease implicit bias and increase cultural relevance (16)
- Create grievance process that has accountability by publicly sharing resolution steps and holding leadership accountable for ensuring implementation of those steps (7)

THEME 3: <u>Changes to Core Clinical Services</u> (47 references)

- Providers and leadership to reflect the Community (relate to Community, direct services, culturally similar, express empathy for Community experience) (9)
- Providers commit to equity, decreasing implicit bias and racial judgment (comfort being in AA/B/AD communities, recognize intersectional identities of transgender and AA/B/AD individuals, address individual's worry about service affordability) (8)
- Build Trust with Clients (Include Peers as Staff to Bridge gaps (8)
- Increase staff trainings in active listening, daily trauma of Community, trauma-informed care, clinical training for providers on transgender BH needs (7)

ANALYSIS

It should be noted that across all three Tracks, Track 3 received more responses than any other Track as did each of its three Themes when compared to Themes in other Tracks. Within the Theme of <u>Improved Access,</u> the goal "Increase ease of access through the creation of community hubs with collocated services," received 23 responses. It should be noted that a community hub was a priority across the groups. For participants from the focus group of 6th and 7th graders, the opportunity to connect online socially was raised several times. For this group, behavioral health symptoms such as depression were noted at times among friends and in association to the isolation resulting from the pandemic. Online social groups were seen as a virtual hub that can provide opportunities to connect with friends and a means of providing social supports and networks that would normally occur during the in-person school setting.

The youth also spoke to the desire for a sense of safety and the importance of interactions with individuals friendly to youth. For participants in the formerly incarcerated group, particularly those exiting incarceration where they had been treated for mental health challenges, the idea of a hub is critical to successful reentry and reduction of recidivism. As a one-stop-shop, community hubs were key to supporting formerly incarcerated individuals in linking to social supports such as housing, employment, health care, mental health, and alcohol and drug services. For key informants from the transgender community, hubs are also a priority, however, with a preference that services be collocated at LGBTQ service providers and other spaces where staff were likely to have more knowledge about the trans community and were more welcoming to gender nonconforming individuals resulting in a greater sense of safety.

In alignment with the Theme of <u>Improved Access</u> was that of <u>Invest in Stop Stigma/Reduce Provider Bias/Judgment</u> that received the second highest responses of 54. Across all groups, training for providers was critical and something that should be ongoing with the expectation that providers be held accountable for implementation of what they

> ### There is no blueprint for working with someone that has been imprisoned.
>
> FORMERLY INCARCERATED FOCUS GROUP RESPONDENT

learned. Unique to the AA/B/AD community, respondents spoke to a need for training on implicit bias, cultural humility, cultural needs, and racial justice. While there was agreement regarding these topics for the transgender respondents, additional training requests included transgender transitions, gender bias and intersectional identities. Participants in the focus group of formerly incarcerated individuals also spoke to the uniqueness and need for training and services specific to this group, noting that upon exiting the system, many felt isolated and without basic supports to help them transition successfully. In alignment with Track 1 on Strengthening DEI in the Workforce, 16 respondents spoke to the need for hiring staff reflective of communities served in order to reduce judgment and increase competency when working with people of color, formerly incarcerated individuals and members of the transgender community.   Receiving 7 responses under the Theme of <u>Reduce Judgment</u> was the Goal, "Create Grievance Process with Accountability to Share Back Response and System to Hold Leadership Accountable." The responses for this Goal also reflected the responses shared under the Goal of "Accountability" in Track 2 on *Community Engagement*.

Conclusion

The COVID 19 pandemic, coupled with the ongoing individual and community trauma of systemic racism, has created a behavioral health crisis. COVID 19 and the resulting physical isolation, closure of schools, widespread job losses, and anxiety about transmission of the disease have led to exacerbation of pre-existing individual and community trauma, significant increases in anxiety and depression and untold effects on the development and wellbeing of children. As a result, access to excellent behavioral health services is quickly becoming an urgent public health need. This need was confirmed by participants across all eight focus groups as well as by our key informants during their interviews. Focus group participants and key informants have offered Sacramento County Behavioral Health Services valuable insights and recommendations about how to promote racial and behavioral health equity across their system. A critical next step is for the Behavioral Health Racial Equity Collaborative Steering Committee to review these recommendations to inform priority goals for Racial Equity Action Plans that will be developed by all provider/community/county organizations that are part of the Collaborative.

Appendix A

Track 1	Strengthening Diversity, Equity, and Inclusion in the Workforce			
Themes	Hiring (25)	Recruitment (18)	Training (10)	Workforce Development (4)
Goal 1	Consider lived experience as equal to education (7)	AA/B/AD staff recruitment via historical Black universities, Association of Black Psychologists, Black LGBTQ+ groups, and other black professional organizations (www. sacculturalhub.com) (8)	Provide specific skills training necessary for county roles (4)	Leadership Role Opportunities/Promotions (3)
Goal 2	Increase outreach/access regarding job openings, application process & career pathways (7)	Increased social media outreach/visibility of AA/B/AD (6)	Evaluate AA/B/AD Employment Experience (3)	Build trust/provide support groups in the workplace for individuals with similar experiences (1)
Goal 3	Focus on recruitment, retention, leadership development of AA/B/AD and transgender individuals who know community (7)	Increased recruitment of AA/B/AD Staff (4)	Build trust/allyship with community (2)	
Goal 4	Provide skills development support (2)		Address current political events (1)	
Goal 5	Collect and track data on AA/B/AD hired (1)			
Goal 6	Inclusion including of black men in behavioral health roles (1)			

Appendix B

Track 2	Community Engagement to Improve Diversity, Equity, and Inclusion		
Themes	**Community Engagement (45)**	**Community Capacity Development (15)**	**School & Education (2)**
Goal 1	Accountability/transparency to the community/shared decision, shared annual evaluation on actions, build relationships with black professional associations, ongoing conversation regarding behavioral health services, fair compensation for key informants (14)	Develop partnership with the community (peer brokers, empathy, consistency in communication, nothing about us without us) (8)	Build trust with schools (1)
Goal 2	Ask & align community requests with actions (virtual connection opportunity, flexible meeting times, childcare, provide BH services at comfortable/known community hubs) (11)	Build trust through equitable resource distribution across different areas of Sacramento (5)	Increase safety in schools (1)
Goal 3	Utilize social media/social groups/town halls (NAMI, Sacramento State) to connect the community with information about behavioral health services (7)	Conduct ongoing focus groups and share recommendations with participants (2)	
Goal 4	Culturally Competent Committee (Educate and Reduce Judgment) (3)		
Goal 5	Build trust with transgender community (host regular meetups, embed therapists in trans community meeting sites, safe places about transition and intersectional trauma of being trans and black) and provide support post focus groups, when needed (3)		
Goal 6	Direct & tailored outreach to transgender community about needs, services, and safe spaces (1)		
Goal 7	Confidentiality and compensation for time (1)		

Appendix C

Track 3	Diversity, Equity, and Inclusion to Improve Access to Care		
Themes	Improved Access (70)	Invest in Stop Stigma/Reduce Bias/Judgment (54)	Changes to Core Clinical Services (47)
Goal 1	Increase ease of access/community hub locations/collocated services/familiar settings (ex. libraries, barber shops, community centers, and transgender community areas such as Gender Health Center and Church for All) (23)	Increase effective and re-occurring equity trainings (ex. topics: implicit bias, cultural humility, historical and community racial trauma, trans-competent care, racial justice, gender bias, LGBTQ+ issues, intersectionality) and increase accountability for skill development and behavior change in staff following training. Accountability strategies examples include pre/post surveys of clients and community assessment committees. (24)	Providers and leadership to reflect the Community (relate to Community, direct services, culturally similar, express empathy for Community experience) (9)
Goal 2	Ensure providers are building trust with the community (i.e. reflection of community language and empathy for community experience, especially with transgender community) (8)	Create safe space for culturally competent staff reflective of community (BIPOC, transgender, formerly incarcerated) (16)	Providers commit to equity, decrease implicit bias and racial judgment (comfort being in AA/B/AD communities, recognize intersection of identities of transgender individuals (8)
Goal 3	Increase communication of available services (social media) (8)	Create grievance process with accountability to share back responses and system in place to hold leadership accountable (7)	Build Trust with Clients (Include Peers as Staff to Bridge gaps) (8)
Goal 4	Tailor services for the community (especially knowledge of gender transition process for transgender community) (7)	Build trust and create safe space to allow for services to be sought (for example ask clients about pronouns and share yours) (3)	Increase staff trainings in active listening, daily trauma of community, trauma-informed care, clinical training for providers on transgender BH needs (7)

Track 3 Diversity, Equity, and Inclusion to Improve Access to Care

Themes	Improved Access (70)	Invest in Stop Stigma/Reduce Bias/Judgment (54)	Changes to Core Clinical Services (47)
Goal 5	Cost as barrier to behavioral health (6)	Increase knowledge of trauma (community, state, nation), increase community listening sessions (2)	Increase number of services provided (geographic barriers, include programs in different income areas, include school programs) (5)
Goal 6	Create safe spaces (5)	Whole person care, beyond looking at my race, knowledge of culture, background, and race (2)	Work with and stay connected with clients' families (3)
Goal 7	Bridge gaps across systems (criminal justice and community outside) (4)		Improve accuracy of clinical diagnoses and improve medication management (state report) (3)
Goal 8	Demystify Mental Health Services (Historic Trauma, Current Trauma, Family Trauma) (4)		Offer coverage of holistic and wellness services (2)
Goal 9	Increase youth access for behavioral health services via technology (3)		Increase number of sessions for transgender transitions (2)
Goal 10	Ensure accountability of services offered (2)		