# 2019 DESERT HEALTHCARE DISTRICT MENTAL & BEHAVIORAL HEALTH NEEDS ASSESSMENT

## SUMMATIVE REPORT

**Prepared for:**

**Prepared by:**

EVALCORP
Research & Consulting

# Acknowledgements

EVALCORP would like to acknowledge a number of individuals for sharing their time and perspectives in support of the mental and behavioral health needs assessment. We would like to thank the Desert Healthcare District Board, Staff, and ad hoc committee for their partnership and support throughout the needs assessment. We also extend our thanks to the Desert Healthcare District Board of Directors for their valued input during the process. Immense thanks are also extended to the key stakeholders, direct service providers, and community members who participation in the data collection activities and for sharing their experiences, stories, and recommendations. This report would not be possible without their efforts.

# Table of Contents


| Project Overview | 1 |
| --- | --- |
| The Community | 3 |
| Key Findings | 13 |
| Recommendations | 17 |


# Project Overview

During 2019, the Desert Healthcare District & Foundation conducted a needs assessment (NA) to inform strategies to enhance mental and behavioral health service provision across the Coachella Valley. The primary goals were to provide information to identify needs of current residents, understand gaps in available service provision, and to develop recommendations to ensure that future efforts are targeted to best meet community needs. To conduct this NA, the Desert Healthcare District & Foundation partnered with EVALCORP Research & Consulting to engage with key stakeholders and community members, collect and analyze qualitative and quantitative data, and develop recommendations resulting from the NA.

Informed by a range of data collection initiatives designed to capture a diverse set of perspectives, this report includes a summary of key findings about priority mental and behavioral health needs, causes and contributing factors, and access to care. In addition, this report captures recommendations and actionable next steps to enhance mental and behavioral health service provision valley-wide, based on feedback from community members and stakeholders.

## Methods

EVALCORP utilized a mixed-methods approach to conduct the needs assessment. The following data sources informed this report:

- **Secondary Data.** Multiple secondary data sources specific to the geographic areas served by the Desert Healthcare District & Foundation in the Coachella Valley were reviewed to provide background information about the region's demographic profile, available resources, and service utilization.
- **Key Stakeholder Interviews (KSIs).** Semi-structured interviews were conducted with 23 individuals. Key stakeholder interviews were conducted with DHCD board members to inform the NA process. Additional KSIs were conducted to gather information about the mental and behavioral health needs of Coachella Valley residents from a systems-level perspective. Participating interviewees represented the following:
    - Educators (e.g., K-12 administrators and teachers)
    - Providers (county agencies, community-based nonprofits, clinics, or community centers)

- Medical Doctors
- Workforce Development Specialists (e.g., recruitment professionals who address unfilled positions or staffing shortages, or grow a workforce from high school into specific college or career pathways based on regional needs)

- **Provider Survey.** The Provider Survey was developed and administered online to individuals who directly assist community members with their mental and behavioral health needs, including providers from a wide range of county, private, and non-profit agencies who serve residents of the Coachella Valley. During the two-week survey administration timeframe, a total of 73 responses were collected and used for analysis. The purpose of the survey was to obtain providers' perspectives and experiences regarding priority mental and behavioral health needs, and the availability and provision of mental and behavioral health services throughout the Coachella Valley.
- **Focus Groups.** Five focus groups were conducted to assess the current need for mental and behavioral health services, and how these needs can be better addressed within the Coachella Valley. Groups were purposively sampled to represent a variety of ages from youth to older adults, race/ethnicities, and regions of the Coachella Valley. All focus groups used a semi-structured protocol and were facilitated in Spanish or English. A total of 48 participants were in attendance among the five sessions.

## Limitations

Community engagement efforts were sampled in a purposeful way to invite diverse input; however, feedback from the key stakeholder interviews, the provider survey, and from focus groups are not intended to be representative of all stakeholders. As is the nature of qualitative data collection, participation varied across initiatives resulting in small sample sizes among specific subpopulations. The data gathered through these engagements represent the lived experiences of those who participated. Responses were coded and summarized according to themes identified by the evaluator and using best practices for analyzing qualitative data. This type of qualitative data analysis yields important findings that complement quantitative data analysis.

For quantitative data in the report, wherever possible, secondary data were drawn from the zip codes specific to the Desert Healthcare District's service area. However, in circumstances where these data were not attainable by zip code, data from Riverside County were included instead. In addition, while the demographic information presented describes residents who live within the Desert Healthcare District's service area, residents outside the Desert Healthcare District service area seek access to mental and behavioral health care within the Coachella Valley and are not represented in the secondary data. Further, when secondary data collection occurs and how recent the data sources are available varies across sources; for example, within the CHKS data sets, school districts have alternating years of data collection and within one school district, the district stopped collecting data altogether, with the most recent update completed in 2015/16. Nonetheless, best efforts were made to ensure data collection was representative of the community to inform future collaborative efforts to address mental and behavioral health needs across the Coachella Valley.

## Report Organization

The following report is divided into 3 sections: (1) The Community: an overview of the Coachella Valley, demographic data, and available services, access to care, and gaps in service provision; (2) Key Findings: priority health concerns, causes and contributing factors, and barriers; and (3) Recommendations.

Of note, the current summative report is a compilation of multiple prior reports completed as part of the NA.

# The Community

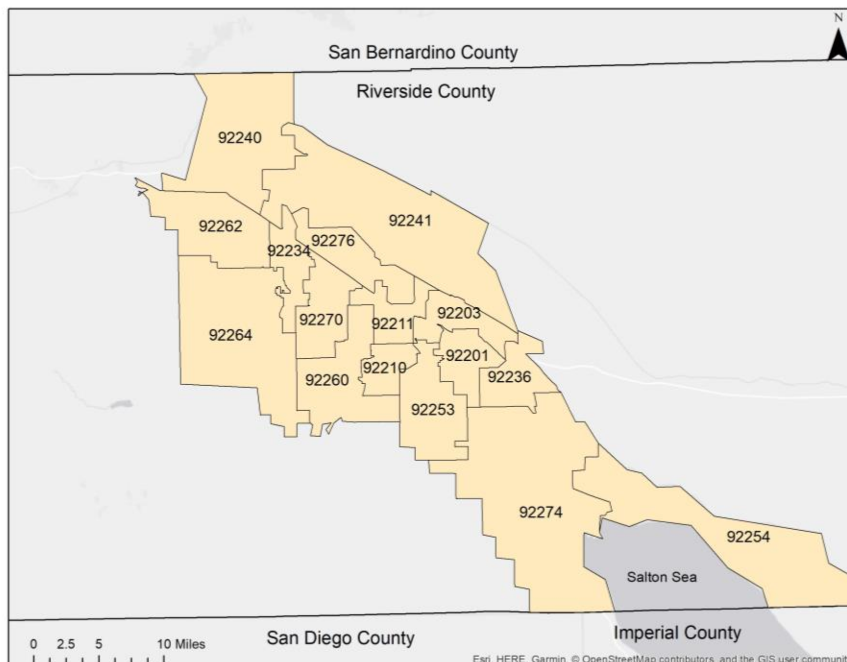
## Desert Healthcare District & Foundation Service Area

The zip codes and cities currently served by the Desert Healthcare District & Foundation are listed in **Table 1**, below. As the service area continues to expand, nearly the entire Coachella Valley is covered with the exception of a few zip codes (e.g. Blythe). All references to the Coachella Valley within this report are interchangeable with the Desert Healthcare District & Foundation service area.

**Table 1. Zip Codes and Cities Served by the Desert Healthcare District & Foundation**

| Zip Codes | City |
|---|---|
| 92201 | Indio |
| 92203 | Indio, Bermuda Dunes |
| 92210 | Indian Wells |
| 92211 | Palm Desert |
| 92234 | Cathedral City |
| 92236 | Coachella |
| 92240 | Desert Hot Springs |
| 92241 | Desert Hot Springs, Desert Edge, Sky Valley |
| 92253 | La Quinta |
| 92254 | Mecca, North Shore |
| 92260 | Palm Desert |
| 92262 | Palm Springs |
| 92264 | Palm Springs |
| 92270 | Rancho Mirage |
| 92274 | Thermal, Oasis, Vista Santa Rosa |
| 92276 | Thousand Palms |

**Map 1. Desert Healthcare District & Foundation Service Area by Zip Code**

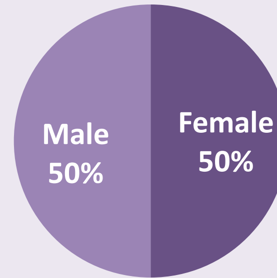


Coachella Valley Demographic Data[1]

**443,101**

Estimated population served by Desert Healthcare District & Foundation

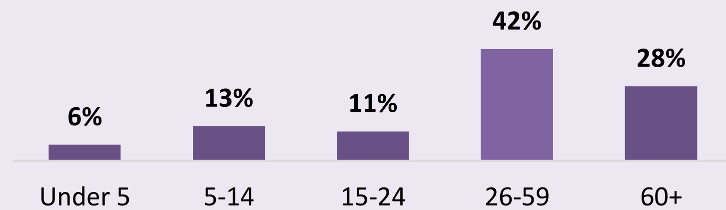
Gender



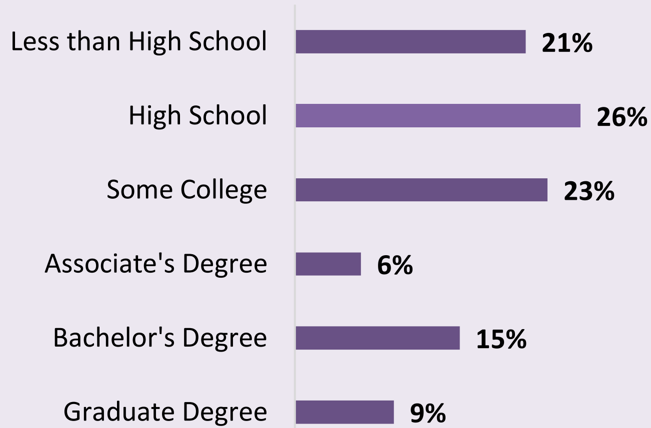

**14%** are Veterans

**19%** of households do not have internet access

Age




Educational Attainment for Residents 25+




**$50,515**

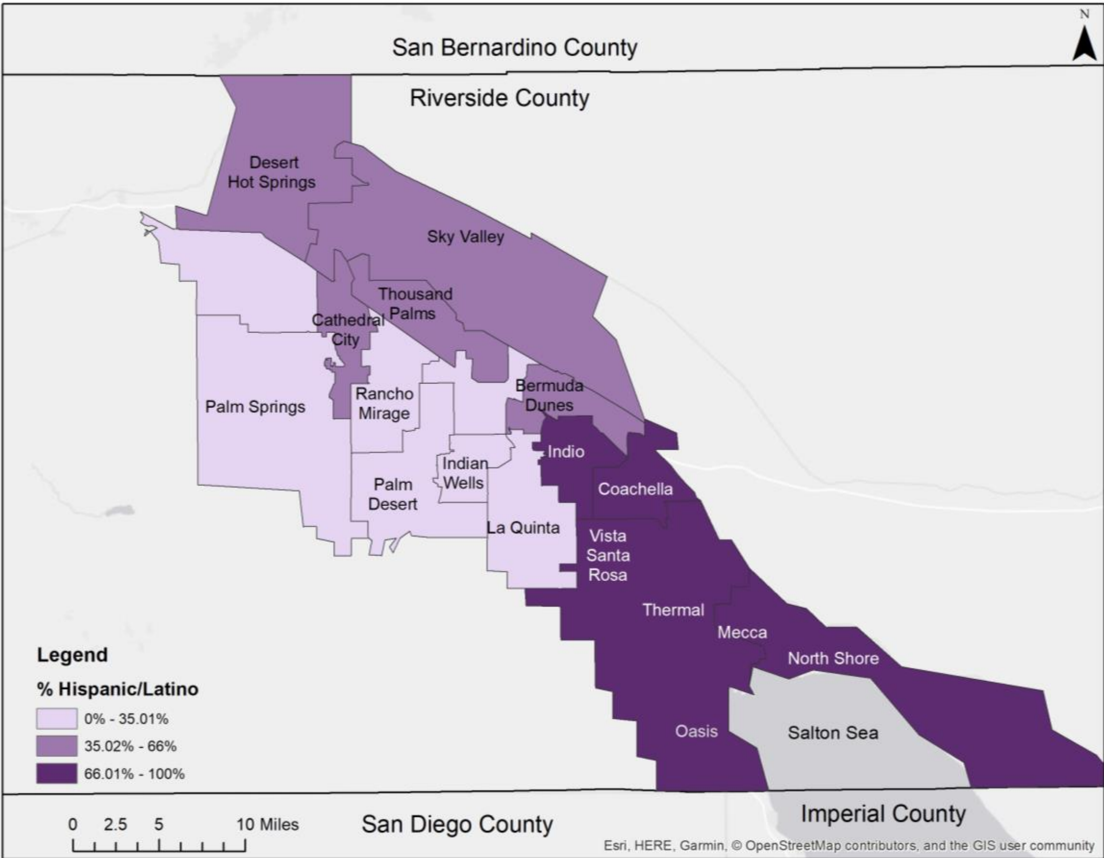
Median Household Income

Compared to the statewide median household income of $82,009

**10%** of the labor force (16 years and older) is unemployed.

[1] Demographic data is sourced from the American Community Survey (ACS) 5-Year Estimates 2013-2017 using the zip codes listed in **Table 1**.

**Map 2. Hispanic/Latino Population by Zip Code**

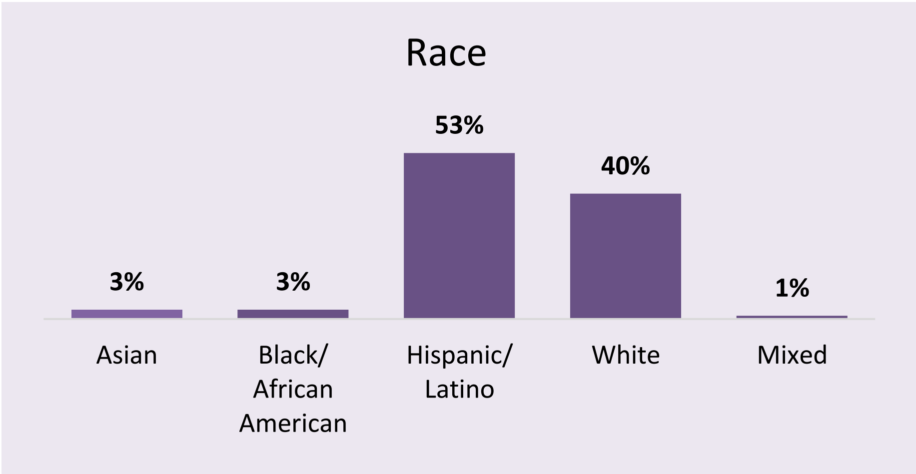



51% of community members speak English only.

40% of community members speak Spanish.

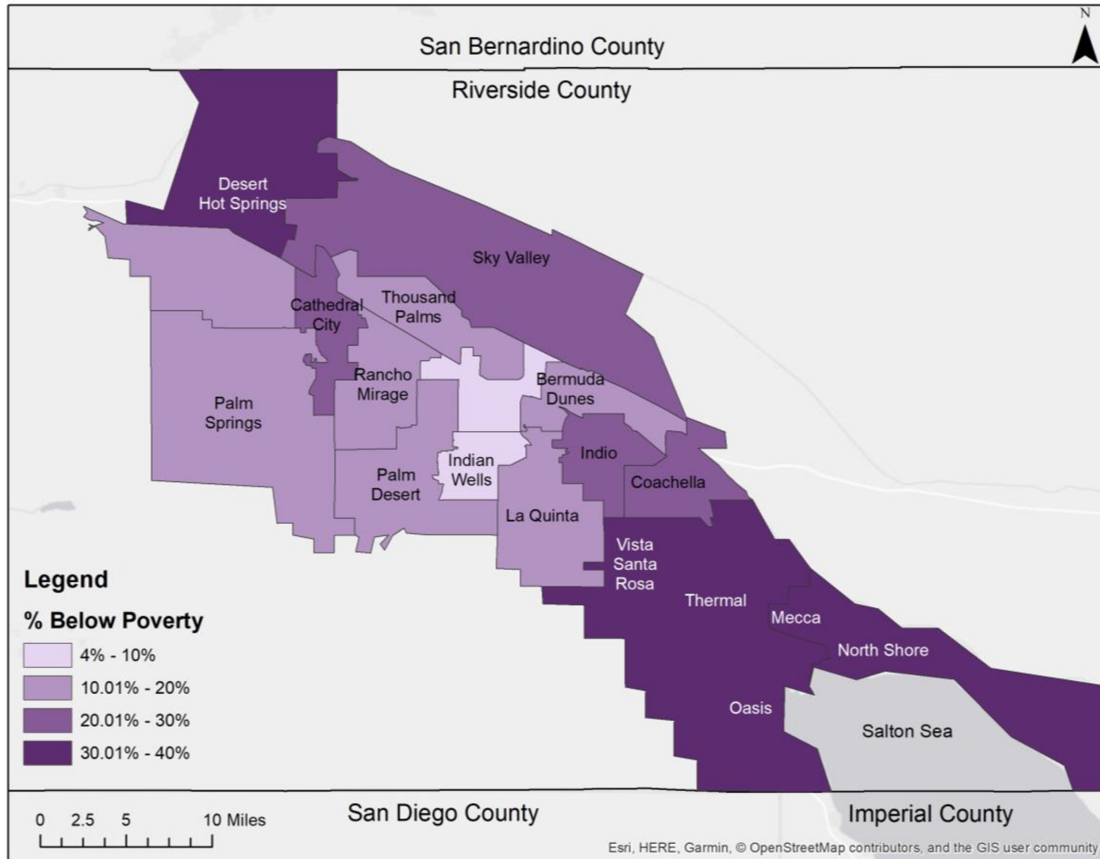
53%

of residents identify as Hispanic/Latino.




According to census data estimates there are only 1,185 Alaska Native/ Native Americans (>.01% of the total population) in the zip codes of the Coachella Valley

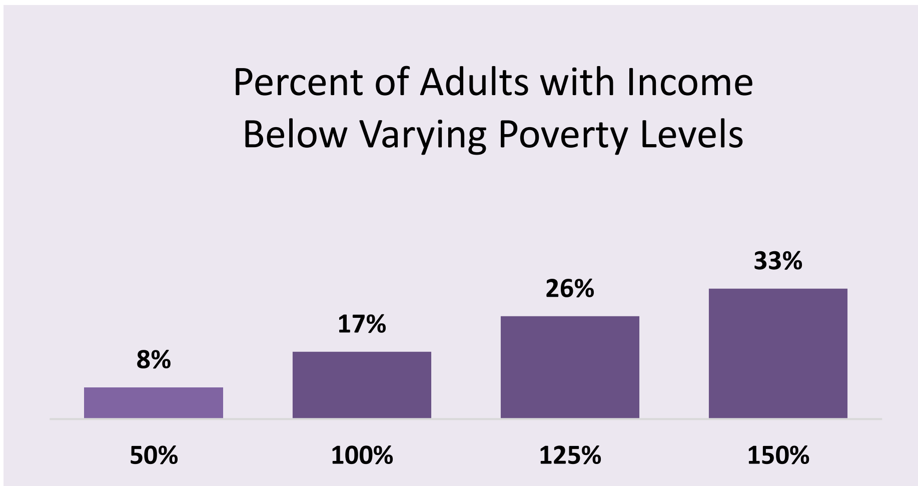
**Map 3. Population Below Poverty by Zip Code**




**32%** of individuals under 18 live 100% below the Federal Poverty Level.

**17%** of adults 18 and older live 100% below the Federal Poverty Level.

Total population for whom poverty status is determined is 440,865. The federal poverty level for individuals is $12,060. Statewide, 21% of children (under 18 years of age) and 13% of adults (18 and older) live below 100% of the Federal Poverty Level.




**9%** of households receive food stamp/SNAP benefits.

## Available Mental and Behavioral Health Services

The organizations that currently provide mental and/or behavioral health services within the Coachella Valley are listed below:

**Clinical Substance Abuse Services**

- Oasis Behavioral Health
- ABC Recovery Center (low Cost)
- Windstone Behavioral Health
- Betty Ford Center
- Desert Comprehensive Treatment Center
- Michael's House
- Bella Monte Recovery Center
- 417 Recovery
- Ranch Recovery
- Addiction Therapeutic Services

**Health Systems, Medical Centers, and Outpatient Clinics**

- Riverside University Health System (RUHS)
- Telecare Riverside County Psychiatric Health Facility
- Eisenhower Medical Center
- Desert Regional Medical Center
- Crisis Stabilization Unit – Mental Health Urgent Care
- Clinicas de Salud del Pueblo
- Borrego Health
- All Desert Wellness Center
- Volunteers in Medicine
- John F. Kennedy Memorial Hospital

**Other Community Organizations**

- National Alliance for Mental Illness (NAMI)
- Jewish Family Services (JFS) of the Desert
- Riverside Latino Commission

**Services for Children and Youth**

- Safehouse of the Desert
- Barbara Sinatra Children's Center
- Desert FLOW TAY Center
- Desert/Mountain Children's Center
- Loma Linda University Children's Health - Indio
- Student Assistance Programs (School Districts)
- Olive Crest
- 360 Behavioral Health
- First 5 Riverside

**Services for Seniors**

- Mizell Senior Center
- Joslyn Senior Center
- Desert Hot Springs Senior Center
- Neurovitality Center

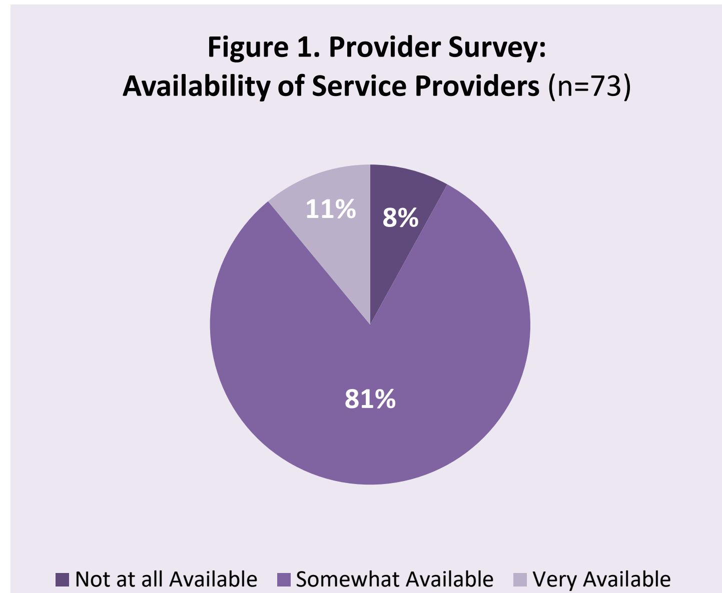
**Services for Underserved Populations**

- Shelter from the Storm (Family Violence)
- Riverside-San Bernardino County Indian Health, Inc.
- Mobile Vet Center
- The Braille Institute
- Desert Arc
- Catholic Charities
- Coachella Valley Rescue Mission
- Martha's Village and Kitchen
- Well in the Desert
- Desert AIDs Project
- LGBT Community Center of the Desert – Scott Hines Mental Health Clinic

These resources can be found through a quick internet search of local mental and behavioral health services. This list may not be inclusive of all resources available to Coachella Valley residents.

Many of the services above have eligibility requirements or are cost restrictive. In addition, the Coachella Valley has seen a recent fluctuation in available mental and behavioral health services. The Valley recently lost a service provider known as Health to Hope, but has also continued to grow its

service provision; a children's clinic operated by Loma Linda University opened in Spring 2018 and a Crisis Stabilization Unit (open 23 hours a day) opened in late 2016.




Through the provider survey, community member focus groups, and key stakeholder interviews participants were asked to describe how accessible they felt mental and behavioral healthcare was in their communities. Many indicated that there are resources available to address mental and behavioral health in the Coachella Valley, but that the infrastructure to properly connect individuals to care is inadequate.

The majority of survey respondents felt that mental and behavioral health service providers were only somewhat available in the communities they serve (**Figure 1**).

## Gaps in Mental and Behavioral Health Service Provision

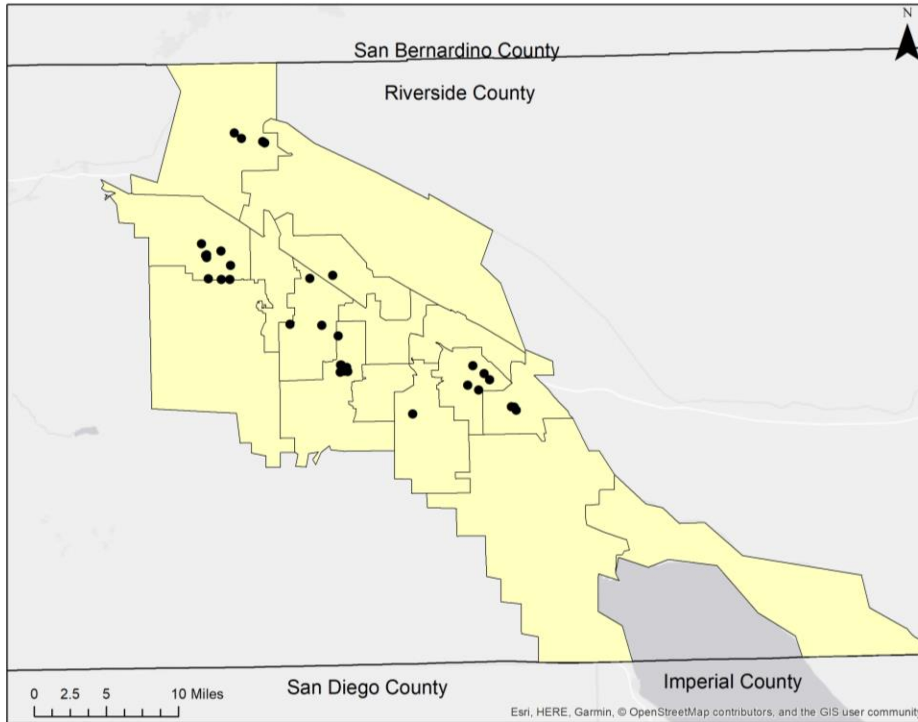
Community engagement efforts revealed that there were major gaps in the provision of mental and behavioral health services in the Coachella Valley that created barriers to accessing services that do currently exist. Gaps relating to service provision/accessing available services are listed below; key areas of concern by respondents bolded (**Table 2**).

**Table 2. Gaps in Mental and Behavioral Health Service Provision**

| Gaps | Select Quotes |
|---|---|
| Services along the continuum of care are lacking, such as triage, outpatient, preventative, crisis, inpatient, and youth and LGBTQ+ specific care | "We have recently opened a mental health urgent care in Palm Springs that also offers services for youth as low as 13 years of age, but **there is still a gap for youth 12 and under**…" |
| There is a shortage of mental and behavioral health providers including those that are bilingual or culturally competent | "Even within the schools, the **referrals outnumber the mental health professionals**."<br><br>"1000% need for more psychiatrists. The **only organization on the east end of the Valley** is the Latino Commission and we only have one psychiatrist."<br><br>"We need more therapists, bilingual therapists."<br><br>"We have a **huge psychiatric shortage** in our valley. Lack of doctors leads to long wait times." |

| | |
|---|---|
| There are long wait times and limited walk-in availability for services | "I think we have been pretty fortunate in our clinic. We can get patients in…when I speak to other professionals and patients, I hear about **long wait times**."<br><br>"I have heard that **wait times can be long**. If you have private insurance it can be a very long wait to get into a provider." |
| Services are often unaffordable or not covered by insurance | "…especially for middle income families with insurance, it is more difficult to get services because it is **prohibitively expensive**." |
| There are limited transportation options | "… to get to a county clinic it's like a **2-hour bus ride**…"<br><br>"The nearest clinic is in Indio and we are glad it's there, but **transportation continues to be a factor** in our area…there are some buses, but the routes are very spaced out."<br><br>"There is **no public transportation**, even if they have vehicles, they may not be reliable or they may only have one." |
| Few services available during nontraditional hours and in nontraditional settings | "There is a lot of work centered around **telecare**, but the Southeast end of the Valley **lacks the infrastructure**." |
| Locations are not geographically convenient | "I think definitely the **geographic gap** (Mecca, Thermal) is very underserved."<br><br>"The thing with the **desert is it is so spread out**; really hard for young people to access any services…"<br><br>"We need them [services] **located in more accessible areas** to our families, closer to home. Even now there is an RUHS in Desert Hot Springs and one in Cathedral City, but if you live in Sky Valley…there aren't even buses from there…". |

**Map 4. Available Mental and Behavioral Health Service Locations**




In **Map 4**, service locations are shown concentrated near the north end of the Coachella Valley, but many of these services have a reach that is much broader than their physical location. Additionally, there are a number of services available to residents (listed on Page 7) that are not shown here.[2]

Participants also indicated that there is an immense need for increased knowledge about mental and behavioral health and awareness of available services among both community members and service providers. Many of the gaps identified by participants were also called out as significant barriers to accessing care as will be discussed in the following section.

Respondents of the Provider Survey were asked to rate the amount of additional support or resources that are needed to address a variety of mental and behavioral health issues (**Table 3**).

| **Table 3. Need for Additional Support/Resources** (n=73) | | | | |
|---|---|---|---|---|
| | **None** | **Some** | **A Lot** | **Not Sure** |
| ADD/ADHD | 4% | 51% | 33% | 12% |
| Alcoholism/Substance Use | 3% | 14% | 83% | 0% |
| Anxiety | 0% | 25% | 75% | 0% |
| Bullying | 4% | 39% | 49% | 8% |
| Chronic Stress | 1% | 37% | 62% | 0% |
| Depression | 1% | 15% | 84% | 0% |
| Homelessness | 0% | 15% | 79% | 6% |
| Thoughts of Suicide | 0% | 23% | 71% | 6% |
| Trauma | 0% | 29% | 70% | 1% |

The majority of respondents felt that at least some additional resources or support ought to be directed to each of the above mental and behavioral health needs. Four respondents also identified additional issues including anger management, PTSD/survivor syndrome, family violence, and LGBTQ+. For these four issues, each respondent indicated "A Lot" of additional support/resources are required to address the current need.

---

[2] Of the 47 services listed on page seven, only 34 of them were able to be geocoded. The remaining 13 services were unable to be geocoded either because addresses were not listed, they are P.O. boxes, or the services are located outside of the Valley.

Secondary data also revealed gaps in the availability of mental and behavioral health services. The Office of Statewide Health Planning and Development (OSHPD) reports data on mental healthcare provider shortages across California's Medical Service Study Areas (MSSAs). MSSAs were originally developed as of the 1976 Garamendi Rural Health Services Act which required the development of a geographic framework to determine which parts of the state were rural and which were urban, and for determining which parts of counties and cities had inadequate health care resources and were therefore "medically underserved". MSSAs are sub-city and sub-county geographic units and each one is composed of one or more complete census tracts. Each MSSA is deemed to be a "rational service areas [RSA]" for purposes of designating health professional shortage areas [HPSAs], medically underserved areas [MUAs] or medically underserved populations [MUPs].

Medical Service Study Areas (MSSAs)[3] Within the Coachella Valley:

**1** - Cathedral City Southeast, Palm Desert North, Palm Springs South, Rancho Mirage North

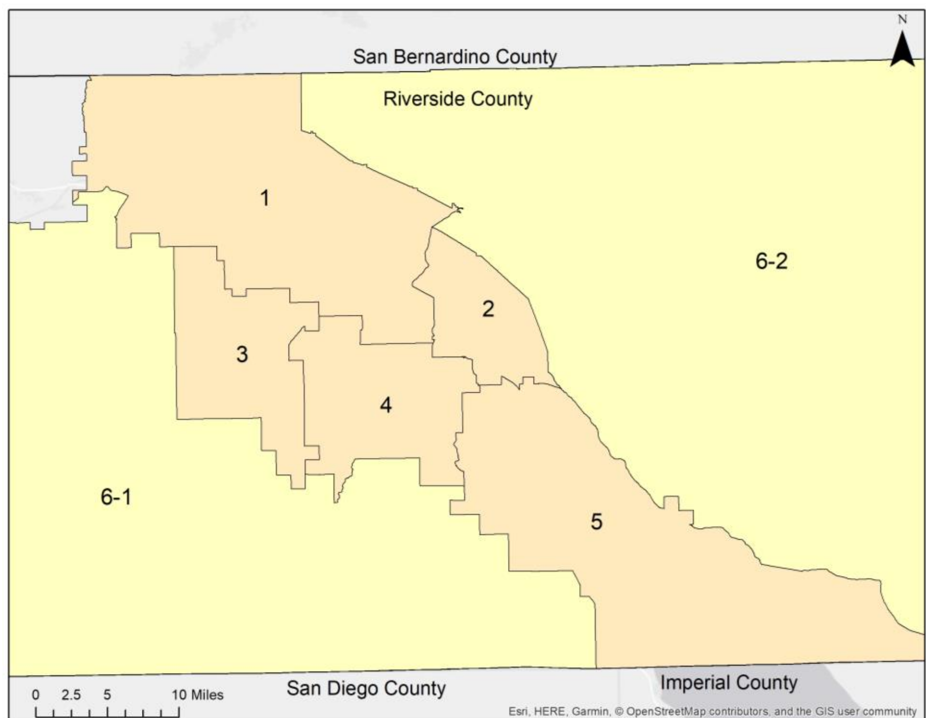
**2**- North Bermuda Dunes & North Indio

**3** - Agua Caliente & Palm Springs

**4** - Bermuda Dunes, Indian Wells, La Quinta, Palm Desert, Rancho Mirage Central & South

**5** – Arabia, Coachella, Desert Beach, Flowing Wells, Indio South, La Quinta East, Mecca, Oasis, Thermal

**Map 5. Medical Study Service Areas (MSSAs)**




Medical Service Study Areas (MSSAs) Outside of the Coachella Valley:
**6-1 -** Idyllwild & Pine Cove

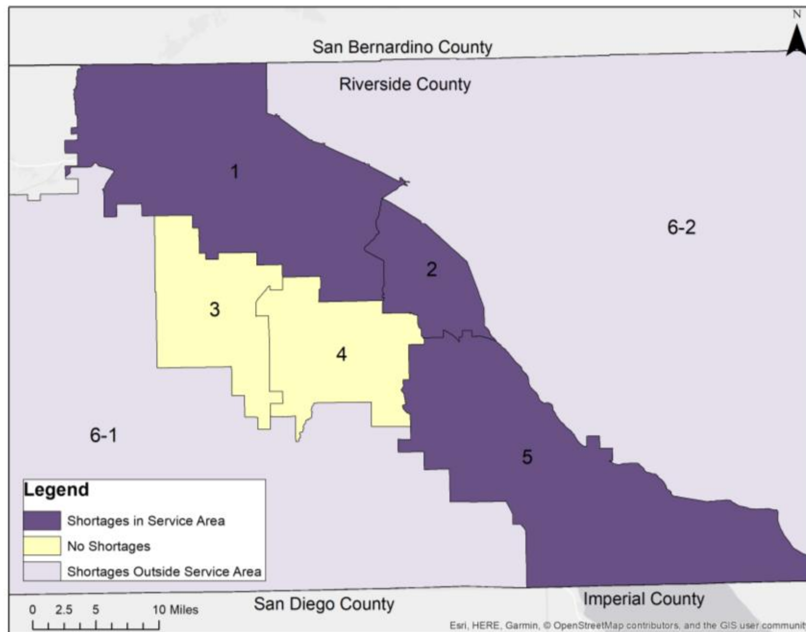
**6-2 -** Chiriaco Summit**,** Desert Center**,** Eagle Mountain

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health; or mental health providers. These may be geographic, population, or facility-based. Benefits of designation as a HPSA include: student loan repayment, personnel placement through the National Health Service Corps (NHSC), improved Medicare

[3] Healthdata.gov; 2014

reimbursement, and enhanced federal grant eligibility. Mental Health Professional Shortage Areas[4] are identified on the basis of availability of psychiatrist and mental health professionals in addition to using these seven criteria: population-to-provider ratio, percent of population below 100% federal poverty level, elderly ratio, youth ratio, alcohol abuse prevalence, substance abuse prevalence, and travel time to the nearest source of care.

**Map 6. Mental Health Provider Shortage Areas**




MSSAs 1 and 2 are classified as having a population-based shortage, meaning there is a shortage of providers for a specific group(s) within the MSSAs.

MSSAs 5, 6-1, and 6-2 are classified as having a geographic-based shortage, meaning there is a shortage of providers for the entire population within the geographic area.

MSSAs 3 and 4 are not classified as mental health provider shortage areas.

In addition to provider shortages in the Coachella Valley, there are also psychiatric bed shortages. This information is provided by the California Hospital Association's (CHA) Annual Report on the Behavioral Health Delivery System. The CHA sets a goal of 50 psychiatric beds per 100,000 residents. As of 2017, Riverside County had 199 total psychiatric beds available, which equates to 8.21 beds per 100,000 residents. Among the 199 beds, 12 were designated as child/adolescent beds. The psychiatric bed shortages in the county are heightened in the Coachella Valley. Given the Valley's current population estimates, there should be at least 200 psychiatric beds. According to the most recently available data, Coachella Valley has 16 psychiatric beds available through a facility operated by Telecare. In addition, the new Crisis Stabilization Unit, operated by Resource International Inc., has 12 beds available, but they do not accept involuntary holds and do not treat children under 13 years old.

Interviewees were asked about whether they were currently engaged in any efforts to address the mental and behavioral gaps identified across the Coachella Valley. Many of the interviewees are part of agencies that are working toward addressing a severe shortage of mental and behavioral health services in the region. Their efforts are largely focused on workforce development. Workforce development efforts focus on creating career pathways in high schools and on physician recruitment. In an effort to expand direct service provision, provider agencies are placing therapists in schools and other community sites, and offering services outside of traditional hours and settings.

[4] California Health and Human Services; 2014

# Key Findings

Through multiple community engagement efforts, 12 mental/behavioral health concerns, listed below, were identified as priorities. These priorities were derived from the 23 interviewees and 48 focus group participant's responses[5].

## Priority Mental and Behavioral Health Concerns

- Substance use (n=28)
- Depression (n=19)
- Anxiety/Stress (n=17)
- Homelessness (n=14)
- Suicidal Ideation/Self-harm behaviors (n=13)
- Isolation/grief/loss (n=7)
- Trauma/abuse/neglect (n=6)
- Stigma (n=6)
- Anger management (n=5)
- General behavioral health (i.e., ADHD) (n=2)
- Bullying (n=1)
- Eating disorders (n=1)

## Causes & Contributing Factors of Poor Mental & Behavioral Health

Interview and focus group participants[6] were asked to share factors that they perceived to contribute to or exacerbate mental and behavioral health issues. In addition to indicating that poor access to care (n=21) can contribute to or exacerbate mental and behavioral health conditions, the following factors were discussed:

| Socioeconomic Status | Poor Health | Violence |
|---|---|---|
| • Poverty (n=9)<br>• Homelessness (n=1) | • Stress (n=6)<br>• Inadequate nutrition, sleep, and exercise (n=1)<br>• Declining health and chronic pain among older adults (n=1) | • Bullying (n=12)<br>• Unstable homelife/neglect (n=5)<br>• Trauma (n=2)<br>• Domestic Violence (n=1) |

Other causes/contributing factors included stigma/culture (n=4), substance use (n=2), poor coping skills (n=1), biology (n=1), and loneliness (n=1).

> "If we could address poverty issues, a lot of mental health issues would also be resolved."
> *-Interview Participant*

[5] Survey respondents are not included here as they were asked different questions. Please see **Table 2** for a ranking of health concerns by survey respondents.
[6] Survey respondents were not asked this question

*Bullying*

A major concern raised by participants was bullying (often in schools, but also on social media). Though the educators that were interviewed felt bullying was well addressed in schools, many participants in the focus groups indicated that it is a problem across the three school districts in the Coachella Valley. They also expressed frustration at the lack of effective intervention on the part of the school, and that school staff often contributed to bullying in the schools. Comments revealed that participants feel many of the schools do too little to address the root causes of bullying, despite having zero tolerance policies, and can even exacerbate bullying issues by leaving students to address issues (sometimes of safety) on their own.

This topic was explored more deeply in the Transitional Age Youth (TAY) focus group, where of the 11 participants, 6 had experienced a threat of violence at school and 9 had been bullied while in school. This group in particular expressed concern about their overall safety and lack of security at their schools.

"Especially at schools, there are a lot of problems with bullying and when something happens they don't do anything about it."
*-Focus Group Participant*

"Growing up with the DSUSD school district what they tried to do... was to separate the problem students as much as they can and the reality was that there needs to be a process to stop the bullying ...not like a slap on the wrist or a warning."
*-Focus Group Participant*

"I've gotten bullied multiple times...and a freshman threatened me with a knife. The actual principal didn't do anything and it wasn't until my grandmother came in here and threatened to call the police that they actually acted on it and suspended the kid."
*-Focus Group Participant*

Participants in the Community Health Worker focus group also expressed frustration over the lack of school security and intervention by school staff as well as the cultural barriers some students face. They shared that even though schools promote themselves/their policies as "zero tolerance" they still do not address concerns or problems raised by students and their parents.

Community Health Workers also discussed a term used among Black/African American youth, "shooting the dozens," which they explained is considered in that community to be a verbal contest of wit and words. They explained that this culturally normative behavior is being treated as bullying by public institutions like schools. Additionally, black youth may be unfairly targeted with anti-bullying policies because, as focus group participants shared, parents may encourage their children to stand up for themselves, but at school this is considered fighting and they are told to report any bullying to a teacher.

Secondary data, such as the California Healthy Kids Survey (CHKS) also demonstrates the prevalence of bullying in local schools. Self-reported indicators related to mental and behavioral health, substance use, and harassment or bullying are provided in **Table 4**, below, for the Coachella, Desert Sands, and Palm Springs Unified School Districts (USD). Chronic sadness/hopelessness and harassment or bullying are top issues in all three districts.

**Table 4. Mental/Behavioral Health, Substance Use, and Bullying/Harassment Indicators for Grades 7, 9, and 11 (CHKS)***

| Indicator | Coachella USD (FY 17-18) | Desert Sands USD (FY 17-18) | Palm Springs USD (FY 15-16)± |
|---|---|---|---|
| **Total Enrollment for all students†** | 18,372 | 28,708 | 23,348 |
| **Experienced Chronic Sadness/Hopelessness, Past 12 Months** | 31% | 33% | 33% |
| **Considered Suicide, Past 12 Months** | 14% | 18% | 19% |
| **Any Current Alcohol or Drug Use, Past 30 Days** | 14% | 14% | 18% |
| **Harassment or Bullying on School Property, for Any Reason, Past 12 Months** | 26% | 34% | 32% |

* Percentages represent total average of self-reported data for grades 7, 9, and 11 in fiscal year shown.

† Enrollment data are for all students in the district for fiscal year shown and sourced from *Education Data Partnership*.

± The most recent data available for this school district was for fiscal year 2015-2016.

## Barriers to Accessing Mental and Behavioral Health Care

Many of the barriers to care for residents are also considerable gaps in the provision of those same services. These include accessibility such as location, transportation, hours of operation (n=19); high costs and low insurance coverage (n=12); low awareness of available services and how to utilize them (n=9); and provider shortages (n=8). Barriers identified by interview and focus group participants are closely aligned with the top four barriers identified by respondents to the provider survey (n=72) as being either 'somewhat of a barrier' or a 'major barrier' were client knowledge of available services (90%), service availability (89%), insurance coverage/cost (83%), and transportation (81%). Additional barriers identified through interviews and focus groups are listed below:

- Stigma, attitudes, and beliefs about minority populations and seeking care (n=22)
- Eligibility requirements (n=3)
- Language barriers (Spanish, Indigenous, ASL) (n=2)

"There are a lot of barriers and roadblocks to getting services because of the many layers of requirements."
*-Interview Participant*

### *Stigma*

Across engagements culture and stigma were discussed as a major barrier to addressing mental and behavioral health needs. Participants felt that cultural beliefs had a negative impact on mental and behavioral health. For example, participants reported that cultural beliefs held in the Hispanic/Latino community prevent people from addressing mental and behavioral health needs due to the stigma associated with mental illness, or because it is not considered a valid component of overall well-being.

"[People in the Latino community] tend to not seek [mental health services] because it means you are 'crazy'."
*-Focus Group Participant*

Participants also commented that in the Black/African American community, there is a macho mentality where needing mental health care is considered a sign of weakness. There were also perceptions among Black/African American participants that churches in their community dismiss mental and behavioral health concerns.

LGBTQ+ participants shared that the stigma they experience as a result of their sexual orientation and gender identity negatively impacts their mental and behavioral health (e.g., being disowned by their families and perceived bias from service providers).

Additionally, participants discussed the self-stigma they and others experience and how it prevents people from acknowledging they have may have a mental health problem and taking action to obtain needed services.

### *Eligibility Requirements*

Many free or low-cost services have extensive eligibility requirements that keep qualified individuals from accessing services. They also keep out many families that though they do not meet all of the requirements are unable to access any services because there are no affordable alternatives.

### *Language Barriers*

There are very few providers in the Coachella Valley that speak multiple languages fluently including Spanish; and according to participants there are none that speak local indigenous languages. Additionally, it is challenging to find medically trained translators for any language, but particularly those that are deaf or hard of hearing.

# Recommendations

The recommendations provided below were informed by all participants contributing to the needs assessment to address identified needs and gaps. The recommendations below are meant to inform valley-wide collaborative efforts across multiple agencies. Furthermore, it should be understood that some of the suggested strategies may already be implemented by one or more individuals/ organizations, but that additional resources may be required to adequately address the issue.

Though there are numerous services available throughout the Coachella Valley, they do not adequately meet the high demand and many necessary services are not available locally. Additionally, services that are available are often difficult to access due to cost, hours of operation, and location.

| **Recommendation 1: Improving Access to Mental & Behavioral Health Resources** | • Expand low cost service provision, provide financial assistance, or reduce eligibility requirements for free/reduced cost services.<br>• Offer services in nontraditional setting and during nontraditional service hours.<br>• Increase availability of same day/walk-in services<br>• Increase services providers across the continuum of care including prevention, inpatient, and crisis care for all ages and income levels.<br>• Improve access to services through vouchers for ride sharing, offering van services, or working with local transportation agencies to expand public transit.<br>• Support interagency collaboration and integration between service providers to pool resources and increase organizational capacity. |
|---|---|

Increasing awareness of available resources and educating about mental and behavioral health to reduce stigma are important factors for increasing access to services. The education strategies listed below target different levels of the community (individual, organizational, and system) and should be executed in conjunction to be most impactful.

| **Recommendation 2: Education & Stigma Reduction** | • Launch a social media campaign to increase community member knowledge of mental and behavioral health, available resources, and to reduce stigma.<br>• Provide education through local schools to increase knowledge, awareness, and reduce stigma among youth and parents.<br>• Utilize community sites such as libraries and churches to distribute information about mental and behavioral health in communities with little to no internet access. |
|---|---|

Providing training and education to anyone who may encounter someone in need of mental and behavioral health (including educators, first responders, and other community members) is important to ensuring that appropriate care can be delivered in a culturally appropriate and timely manner.

| **Recommendation 3: Professional Development** | • Ensure educators and other school staff are equipped with the necessary knowledge, tools, and interventions to refer students to appropriate services.<br>• Provide training for cultural competency and trauma informed care to all service providers.<br>• Partner with local law enforcement agencies to provide Crisis Intervention Training (CIT) to all first responders.<br>• Work with primary care providers to increase their confidence to discuss mental and behavioral health with their patients, in addition to informing them about available services and how to refer to them.<br>• Increase access to intervention training such as Mental Health First Aid (MHFA) for community members. |
|---|---|

One of the main areas of need is growing the number of mental and behavioral health practitioners (MFT, LCSW, Psychiatrists, etc.) in the Coachella Valley that are licensed and familiar with the community.

| **Recommendation 4: Workforce Expansion** | • Expand mental and behavioral health pathways and academies in high schools, and work with local universities to create educational pipelines for these students.<br>• Incentivize practitioners to move to or stay in the Coachella Valley (e.g., paid internships, loan repayment)<br>• Hire practitioners that are linguistically competent (e.g., Spanish, indigenous).<br>• Maximize Health Professional Shortage Area (HPSA) designation for underserved areas. |
|---|---|

Finally, some of the concerns illustrated through the needs assessment, especially the prevalence and impact of bullying in the school districts, indicates a need for additional research to better inform how the issue can be effectively addressed with strategies that meet the specific needs of the diverse communities who live in the Coachella Valley.

"If we want to tackle something as big and important as mental health, we have to look at it from every angle."
*-Interview Participant*

"It is going to take a concerted effort on all of our parts to meet the needs of the community. The more we work together, the better off our families are going to be."
*-Interview Participant*