# SUPPLEMENTAL 2022 EVALUTION REPORT
# FOR THE SANTA CLARA COUNTY MHSA COMMUNITY PLANNING PROCESS
**Response to Community Comments / Requests for Additional Analyses**

## OVERVIEW

This supplemental data analysis report addresses comments and/or questions raised by community stakeholders during the June-August 2022 Santa Clara County MHSA Community Planning Process/Data finding meetings, that involved follow-up data analyses or responses.

## SOUTH COUNTY ANALYSES

### Summary: South County Analyses

- Qualitative data highlighted the **need for more mental health and substance use services in South County** (e.g., ""It…feels like we're in a desert down here, when it comes to SA & MH treatment.")

- Quantitative data provided additional understanding about these additional treatment access needs. Though South County respondents did not differ from North County or San Jose respondents on knowing where to go or who to call to get services, they more frequently endorsed **gaps in basic needs** (e.g., basic needs like food, clothes, housing, or transportation, and access to internet, phone, or other technology resources) **that are essential building blocks to one's ability to access services**.

Comments from the first MHSA community planning process meeting on June 21, 2022 requested additional analyses specifically on any data related to South County needs and/or stakeholders. In response, the following qualitative and quantitative data analyses are presented.

Ten community conversation comments addressed the need for more mental health and substance use services in South County. Within those ten comments, six described specific needs within this overall need for additional treatment: four comments identified a need for more independently licensed therapists, one pointed to a need for an additional women's facility, and another discussed needing a mental health crisis team based in South County for faster response times. Together, these comments point to a need for more access to trained providers, therapy services, and not enough intensive services in South County. Example comments include the following:

- "It…feels like we're in a desert down here, when it comes to SA & MH treatment"
- "We definitely could use more therapists that are here consistently in the South Bay."
- "We are still really lacking proper or appropriate mental health response [and mental health outreach teams]. I know we can call San Jose for their mental health services, but it would be great to have mental health crisis response [for South County]"

Given the qualitative comments indicating a need for more treatment services (and thus access to treatment services), quantitative analyses were run to examine differences between South County (N=48-58) compared to North County (N=211-212) and San Jose (N=516-521) respondents on two service access questions. Results showed that South County respondents (M=2.57 on a 1=Not at all true to 4=Very true scale) did not differ significantly from North County (M=2.47) or San Jose (M=2.71) respondents on the extent to which they knew where to go to get services. South County respondents (M=2.64 on a 1=Not at all true to 4=Very true scale) also did not differ significantly from North County (M=2.46) or San Jose (M=2.69) respondents on the extent to which they knew who to call to get services.

Analyses were also performed to compare geographic regions on pandemic-related needs identified in this question: "As the pandemic improves and we all transition back to work, school, or other activities, do you have any specific issues in need of assistance from mental health or substance use services? (Check all that apply)" There were no significant differences between South County with North County or San Jose on frequencies of pandemic-related needs in the following areas: worry or stress related to COVID-19, the pandemic, or vaccines; mental health problems; physical health problems; sleep, diet, or exercise; loneliness/isolation; childcare; getting or keeping a job; financial resources; work/life balance; medical care; mental health care; substance use services; and telehealth service access.

Two areas of pandemic -related needs, however, were significantly more endorsed by South County respondents. First, respondents from South County reported more frequent needs related to "I am having a hard time accessing internet, phone, or other technology resources" compared to San Jose and North County (17.2% vs. 6.9% and 4.5%, respectively). In addition, South County reported more frequent needs related to "I am having a hard time meeting my basic needs (food, clothes, housing, transportation)" compared to San Jose and North County (19% vs. 9.7% and 6.8%, respectively). These results highlight the possibility that basic needs foundational to mental health and mental health service access may need particular attention for respondents residing in South County.

## Racial / Ethnic Group Comparisons on Mental Health / Substance Use Questions

### Summary: Racial / Ethnic Group Comparisons

- AAPI and Hispanic/Latino/a/x respondents were less likely than White respondents to report having sought help for their MH / SU problems. AAPI respondents were less likely to report experiencing MH / SU problems in the current sample; it is unknown whether these findings are actually indicative of lower rates of MH / SU problems in the sample, or of underreporting and lower awareness of existing MH / SU problems.

### Recommendation

- Consider community outreach and training targeted towards potential lower rates of help-seeking and service connection for the AAPI and Hispanic/Latino/a/x respondents.

Stakeholders at the first MHSA community planning process meeting on June 21, 2022 suggested additional analyses examining whether there were any racial/ethnic group differences amongst community survey respondents on the presence of, seriousness/severity of, and/or functional impairment related to, reported mental health or substance use problems.

## Presence of a MH/SU Problem

Analyses showed a significant racial/ethnic difference in reported mental health (MH) or substance use (SU) problems on the question "In the past 12 months, have you or another person (relative, friend, neighbor, minister, priest or other) thought you had a mental health, nervous, emotional, drug or alcohol problem?" In particular, Asian American Pacific Islander (AAPI; 36.4%, n=332) survey respondents were significantly less likely to report MH/SU problems compared to White (52%, n=711), Hispanic/Latino/a/x (52.4%, n=143), multiracial (53.6%, n=125), and Native American (60.7%, n=28) survey respondents. African/African American/Black (38.9%, n=54) survey respondents also showed a trend of lower reported MH/SU problems than White, Hispanic/Latino/a/x, multiracial, and Native Americans, but racial/ethnic group differences did not reach statistical significance ($p = .06$ to $.09$). It is important to note that conclusions about responses in the Native American and Black/African American respondents should be interpreted with caution given their low sample sizes.

Of note, these findings that AAPI respondents were less likely to report experiencing MH / SU problems are difficult to interpret given the importance of cultural variations in reporting style, and differences between AAPI subgroups in reports of MH / SU problems (i.e., Sue, Chang, Saad, & Chu, 2002). However, these findings are *consistent* with research showing that Asian Americans are less likely to perceive a need for help and recognize (and therefore report) MH/SU problems (e.g., Breslau et al., 2017; Chu, Hsieh, & Tokars, 2011). Recommendations are to further explore potential disparities in awareness of or likelihood to report MH/SU concerns before making definitive conclusions about rates of MH / SU problems amongst AAPI individuals in Santa Clara County.

### Severity / Functional Impairment

Amongst respondents who report a MH / SU problem, there were no significant racial/ethnic group differences in the reported seriousness/severity of mental health/substance use problems on the question "How serious did you perceive these mental health, nervous, emotional, drug or alcohol problem(s) to be?" In addition, there were no significant racial/ethnic group differences in reported functional impairment related to mental health/substance use problems via the question "In the past 12 months, how much did these mental health, nervous, emotional, drug or alcohol problems make it difficult for you to carry out your normal daily activities?"

## Help-Seeking or Service Connection

Results showed significant racial/ethnic group differences in endorsement (Yes/No) of the following question: "In the past 12 months, did you seek help from anyone for these mental health, nervous, emotional, drug or alcohol problems?" Specifically, Asian American Pacific Islander (AAPI; 55.5% endorsed "Yes", n=128) and Hispanic/Latino/a/x (57.3% Yes, n=75) survey respondents were significantly less likely to report having sought help for their MH/SU problems compared to White (70.8%, n=366) participants. There were no significant differences is help-seeking for Native American (68.8%, n=16), Black/African American (72.0%, n=25), or multiracial (66.2%, n=65) survey respondents (compared to each other, or to White, AAPI, or Hispanic/Latino/a/x participants). It is important to note that conclusions about help-seeking in the

Native American and Black/African American respondents should not be drawn given the low sample sizes.

These findings are consistent with prevailing research showing lower rates of service connection and help-seeking for mental health / substance problems amongst Asian American and Hispanic/Latino/a/x communities compared to Whites or the general population, and greater delays in help-seeking, such that problems are more severe when connection with a professional provider is made (e.g., Durvasula & Sue, 1996; Kearney, Draper, & Baron, 2005; Kim & Zane, 2016; Pinedo, 2020).

## SAMPLING AND RECRUITMENT

### Summary: Sampling and Recruitment

- Stakeholders identified gaps and needs for a larger sample size overall (particularly of consumers), and increased recruitment of unhoused, youth, school, Transitional Aged Youth (TAY), and racial/ethnic minority community members. Among other factors, the COVID-19 pandemic posed unique challenges to BHSD's recruitment of several of these communities who are harder to reach in an environment with remaining in-person service/gathering restrictions. The current first-time BHSD effort at a large community survey yielded learning lessons and potential partnerships that will likely be helpful for hard-to-reach communities in future data collection efforts.

### Recommendation

- Future data collection and outreach efforts in MHSA Community Planning Processes should continue and enhance collaborative and targeted efforts to address sampling and recruitment for the unhoused, youth, TAY, and racial/ethnic minority communities.

Comments from the data presentations on June 21, June 29, July 6, and July 20, 2022 had several consistent themes with regards to sampling and recruitment. Many stakeholders expressed appreciation for this first-time effort to collect data from the community. However, numerous comments expressed concern and a desire for a larger sample size in general, particularly for consumers/clients of services. In addition, several specific gaps in sampling and recruitment were consistently mentioned:

- **Unhoused**: A need to include more community voice from unhoused stakeholders (e.g., perhaps through collaboration with shelters and other programs such as LifeMoves, HomeFirst, Montgomery Street Inn, Re-entry, the Alexian Homeless clinic, and others).

- **Youth / Schools**: A need for more inclusion of youth throughout the data collection, particularly via outreach to schools and the Santa Clara County Office of Education.

- **Transitional Aged Youth**: A need for specific and/or separate focus on Transitional Aged Youth (TAY).

- **Racial/Ethnic Minority Communities**: Continued / enhanced outreach to include robust samples of racial/ethnic minority community participants.

It is noted that the COVID-19 pandemic posed several distinct barriers to SCC BHSD's recruitment and outreach for the community planning process. At the time of data collection for the community survey and community conversations, there were restrictions on in-person group gatherings and limitations that precluded full resumption of in-person services – restrictions that posed unique challenges to gathering participation from specific communities that are underserved or do not typically or easily engage in online access (e.g., unhoused, older adults, non-English speaking individuals, and others). In addition, conflicting priorities for some organizations (some related to COVID-19 restrictions) made it challenging to engage in collaborative outreach efforts, especially given the defined timeline of the data collection process. In this first community survey effort, assistance with outreach from community partner volunteers was indispensable, and several collaborators indicated a willingness to help in future recruitment efforts. Future data collection and outreach efforts in MHSA Community Planning Processes should continue and enhance collaborative and targeted efforts to address sampling and recruitment for the unhoused, youth, TAY, and racial/ethnic minority communities.

## References


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