Appendix I

Monterey County Mental Health Services Act

Community Program, Planning Process

FY 2022-2023

Provider

Focus Group

Summary of Findings

Community Program, Planning, Process
FY 2022–2023

PROVIDER FOCUS GROUP SUMMARY OF FINDINGS

Prepared by

EVALCORP
Measuring What Matters®

Overview

First 5 Monterey County (F5MC) partnered with Monterey County Behavioral Health (MCBH) to encourage further inclusivity of the early childhood voice in the mental and behavioral health needs assessment. Evalcorp, a professional evaluation firm, conducted an additional assessment of the mental and behavioral health needs from the perspective of early childhood mental and behavioral health service providers. This report shares the findings from two focus groups conducted with those service providers of young children and their families.

Participants

Through an essential collaboration between F5MC and Bright Beginnings, two focus groups (Maternal Mental Health Task Force and a group of F5MC funded partners) were conducted with a total of 37 participants, representing 17 different Monterey County organizations. Organizations represented include government agencies, school district personnel, and community-based organizations, all of which serve children up to five (5) years of age and their families. Staff roles of focus group participants consisted of staff, management, and executive leadership with a range of 2-28 years of experience in their role.

Mental & Behavioral Health Concerns

Focus group participants were asked to identify common mental/behavioral health-related concerns among families served in Monterey County. Participants reported depressive symptomology as a mental health concern, followed by feelings of anxiety and substance use. Focus group participants discussed how depressive symptoms can be experienced throughout the perinatal period, with negative impacts on partners and children. **Table 1** lists the top three concerns identified by focus group participants, with example responses.

Table 1. Top 3 Mental Health/Behavioral Health Concerns

Concerns	Example Responses
Depressive Symptomology	• Depressive symptoms are being experienced during the perinatal period by both birthing and non-birthing partners. • Depressive symptoms are increasing the risk of harm to the parent and the child in the womb.
Feelings of Anxiety	• Feelings of anxiety are being experienced during the perinatal/post-partum period. • Community members may not always know how to identify and manage symptoms of anxiety.
Substance Use	• Higher levels of prenatal difficulties are being experienced by parents caught up in substance use. • Growing up around adults with substance use issues is negatively impacting the mental health of children as they mature into adults.

Contributors to Poor Mental & Behavioral Health

Focus group participants were invited to discuss the factors contributing to poor mental or behavioral health impacting families served in Monterey County. Focus group participants reported that traumatic experiences are a leading contributor to poor mental and behavioral health, along with lack of access to mental health care, and economic instability. Trauma was encountered in two ways: 1) distressing events that adults experienced as children, and 2) intergenerational trauma or trauma that had been internalized and passed down across generations. Both types of trauma were identified as having significant impacts on the community, influencing both parents and children. **Table 2** states the top three contributors to poor mental and behavioral health as identified by focus group participants, with example responses.

Table 2. Top 3 Contributors to Poor Mental and Behavioral Health

Contributing Factors	Example Responses
Traumatic Experiences	• Experiences with racism have been internalized by families over generations and are influencing parenting styles. • Survivors of traumatic experiences are not as able to recognize their children's developmental needs.
Lack of Access to Mental Health Care	• Limited health insurance coverage and long wait times for appointments are delaying access to mental health services. • The process of accessing care is overly complicated or cumbersome for many families with young children.
Economic Instability	• Poverty, housing, and job insecurity are all factors that are impeding health care. • The COVID-19 pandemic has exacerbated economic instability in families that are in greater need of mental and behavioral health care.

Strengths Across Organizations

Focus group participants were asked to identify their organization's strengths for addressing mental and behavioral health needs. The two assets described by participants were First 5 trainings and learning groups. Focus group participants identified "Facilitating Attuned Interactions" (FAN) as a helpful First 5 training. Learning how to deliver services using a relationship-based approach and be empathetic to individuals were key components highlighted. Focus group participants also described how First 5 learning groups allowed providers to collaborate and learn from one another to best serve the zero-to-five-aged population. **Table 3** states the top two strengths across organizations identified by focus group participants, with example responses.

> "I learn to say "when you're ready to start, we can start." That's beautiful. I allow each person time to be ready. I was a person who sees a problem and jumped to the solution. I learned that I need to listen and be present, not to immediately resolve a problem. You're there to walk with them."

Table 3. Top 2 Strengths in Addressing Mental and Behavioral Health Needs

Strengths	Examples
Relationship-based Practice	• First 5 trainings help contractors better engage with and support families with mental health needs. • Training on reflective practice results in thoughtful communication with clients
Provider Group Cohesion	• Learning groups enable perinatal providers to learn from one another. These groups unite stakeholders who serve the same target populations allowing for creative discussions about how to effectively address the community's mental health needs.

Recommendations to Improve Mental & Behavioral Health

Focus group participants were invited to share ideas on how to improve mental and behavioral health care in Monterey County. Recommendations shared by participants reflected two core desires, to 1) increase the mental and behavioral health impact of their organizations, and 2) expand the reach of services to all County regions and all vulnerable populations. Recommended strategies included the need to increase staff capacity (e.g., train and hire staff), support system cohesion (e.g., diversify funds, provide opportunities for collaboration) and foster community healing (e.g., offer support groups, parent education classes). **Table 4** details these top three recommendations for supporting mental and behavioral health care, along with detailed examples. The example responses below reflect the desire of focus group participants to provide elevated service quality and expand access to community members in need.

Table 4. Top 3 Recommendations and Ideas to Address Mental and Behavioral Health

Recommendations	Response Examples
Increase Staff Capacity	• Provide ongoing training to increase provider knowledge of mental/behavioral health intersections (e.g., substance use, abuse), trauma-informed care, and reflective practice. • Equip providers from various fields (e.g., quality early learning and medical) with consistent recommendations of best practices to serve families. • Hire additional mental health and behavioral health staff to improve the quality of care.
Cultivate System Cohesion	• Fund community resource centers that assess needs and connect families to the appropriate service networks. • Provide greater opportunities for collaboration among providers to increase the likelihood of a successful referral connection.
Foster Community Healing	• Organize community healing opportunities such as cultural support groups, healing groups, and parent education classes. • Offer services in languages spoken by the community to increase feelings of inclusivity that will promote healing.

"We're working on how we do the work to have a place that serves parents and families. We have ongoing support for slowing down and thinking about how we say something. We make moms and parents feel safe and young children are learning by how they're treated."

"Collaboration is so important. Knowing who is at the table, how to reach out to them, and making sure we can help a family. It's very frustrating to have a parent say, 'I have tried' and then you [as a provider] try and you still can't get the family services."

Summary of Key Findings

First 5 Monterey County (F5MC) partnered with Evalcorp, a professional evaluation firm, to conduct an assessment of the mental and behavioral health needs in the communities throughout Monterey County. The final section of this report presents key findings from two focus groups of providers of mental and behavioral health care to families of Monterey County residents with young children.

Mental and Behavioral Health Concerns

Focus group participants identified common mental/behavioral health-related concerns among families served in Monterey County. The top three concerns discussed were:

- Depressive Symptomology
- Feelings of Anxiety
- Substance Use

Contributors to Poor Mental & Behavioral Health

Focus group participants described factors that contribute to poor mental or behavioral health of families in Monterey County. The top three contributors to poor mental and behavioral health discussed were:

- Traumatic Experiences
- Lack of Access to Mental Health Care
- Economic Instability

Strengths Across Organizations

Focus group participants shared their organization's strengths in addressing mental and behavioral health needs. The top two strengths across organizations mentioned by focus group participants were:

- Relationship-based Practice - Trainings offered by First 5
- Provider Group Cohesion - as a result of First 5 learning groups

Recommendations to Improve Mental & Behavioral Health

To conclude the conversation, focus group participants provided recommendations to improve mental and behavioral health care in Monterey County. The top three recommendations and ideas shared were:

- Increase Staff Capacity
- Cultivate System Cohesion
- Foster Community Healing

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