MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

COMMUNITY PROGRAM PLANNING PROCESS
FY 2023-2024
COMMUNITY HEALTH SURVEY SUMMARY

Prepared by:

EVALCORP
Measuring What Matters℠

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INTRODUCTION

In 2004, California voters passed the Mental Health Services Act (MHSA) through Proposition 63, which designated funding to improve mental health service systems throughout the state. To ensure effective utilization of these funds, the Mental Health Services Oversight and Accountability Commission (MHSOAC) requires counties receiving MHSA funds to develop a comprehensive Three-Year Program and Expenditure Plan outlining how funds will be used. This plan must be created in partnership with local stakeholders and community members through the Community Program Planning (CPP) Process.

Monterey County Behavioral Health Bureau (MCBH) contracted with EVALCORP, a professional evaluation company, to support an assessment of behavioral and mental health needs in communities throughout Monterey County. To gather comprehensive insights across the County, EVALCORP, engaged both Community Members (individuals from the community who may benefit from behavioral health services) and Stakeholders (those providing or facilitating access to services) in a mixed-methods approach including listening sessions, focus groups, and surveys. The purpose of these assessments, which are a part of the CPP Process, was to gather valuable insights from stakeholders and community members to enhance the effectiveness of behavioral health services in Monterey County, ensuring they meet the diverse needs of all communities.

This Community Health Survey report describes the needs, barriers to care, and gaps in behavioral health services identified by Community Members residing in Monterey County. Findings from other CPP Process data collection activities are also available:

- Community Member Focus Groups Summary of Findings
- Community Member Listening Sessions Summary of Findings
- Stakeholder Focus Groups Summary of Findings
- Stakeholder Survey Summary of Findings

MCBH will use this data to inform resource allocation and prioritization of programs, strategies, and initiatives funded under the Mental Health Services Act.

ENGAGEMENT STRATEGY

Recognizing the critical role of community engagement in understanding and addressing behavioral health issues, the Community Health Survey was deployed through 48 distinct distribution channels established by partnering with local agencies and organizations in Monterey County to gather a diverse array of perspectives.

A coordinated distribution effort was engaged in by EVALCORP and MCBH. EVALCORP launched the initial request for each partner agency or organization to distribute the survey to their clients and other Community Members they might engage with. EVALCORP then conducted continuous monitoring of survey responses and solicited targeted online and hardcopy distribution to ensure the survey was inclusive of Monterey County's diverse population.

After data collection was completed, data was prepared for analysis. The distribution strategy described above resulted in 906 community responses that were included in the analyses.

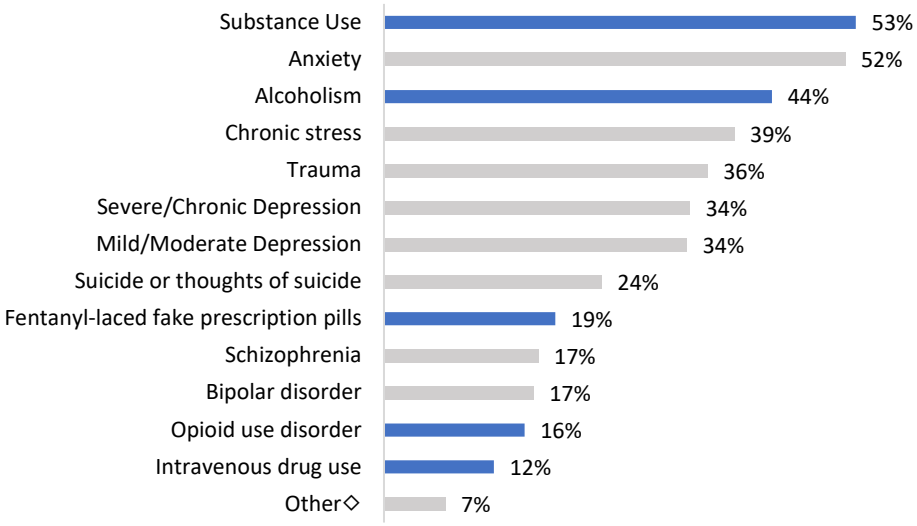
KEY THEMES AND FINDINGS

The findings below reflect the community's perspectives on key behavioral health issues and access to care. Respondents were asked to share their perceptions of significant behavioral health challenges, availability of services, barriers to accessing care, additional needs within the county, recommendations for improving behavioral health services, and mental health stigma. Findings offer insights into the current state of behavioral health services in Monterey County and suggest areas for improvement. Additionally, the survey collected essential demographic data to provide a complete picture of respondents' identities.

Prioritized Mental Health and Substance Use Issues

Respondents were asked to identify the most important mental health and substance use issues in their community.

Figure 1. Most Important Mental Health and Substance Use Issues*



*N=899 Community Responses. Percentages exceed 100% because respondents could select more than one issue. Issues related to mental health are shown in grey and substance use is shown in blue.
◇Other responses include youth, maternal, and senior mental health; homelessness and the co-occurrence of mental health issues; methamphetamine, poverty, human trafficking, cellphone addiction, and tenet abuse.

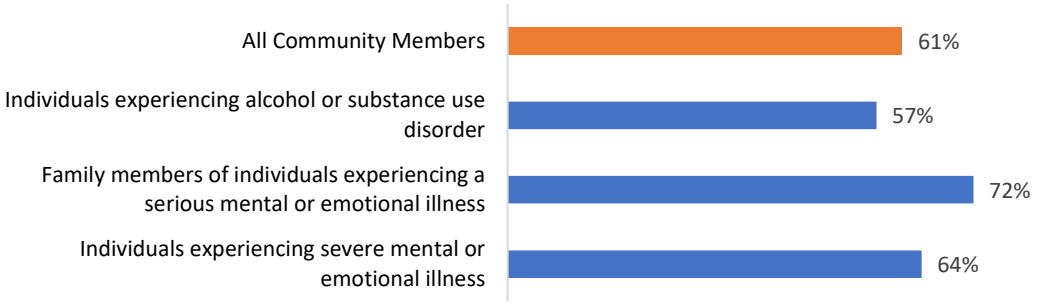
Overall, substance use and anxiety were rated as the most important issues to address within Monterey County. Chronic stress and trauma were the next highest-rated mental health issues in the community, followed closely by severe/chronic and mild/moderate depression. Alcoholism and Fentanyl-laced fake prescription pills were specifically identified as critical concerns related to substance use. These results showcase a wide and varied range of behavioral health issues within Monterey County that require diverse strategies.

Gaps in Behavioral Health Services

Community Members were asked several questions to understand if and how behavioral health issues are addressed in Monterey County. Responses to these questions provide insight into service gaps.

Availability of Services. Survey respondents were asked whether they believed there were sufficient services available to meet the needs of the behavioral health issues prevalent in their communities. Overall, almost two-thirds of Community Members reported mental health services were available but insufficient to meet the needs of the community. When looking at groups likely to engage with behavioral health services most often, individuals experiencing alcohol or substance use disorder (n=23) and severe mental and emotional illness (n=84) reported comparable views of service availability. Respondents who identified as a family member of someone experiencing a severe mental or emotional illness (n=209) reported higher views of service availability with 72% responding mental health services were available, but inadequate to meet the needs of the community (Figure 2).

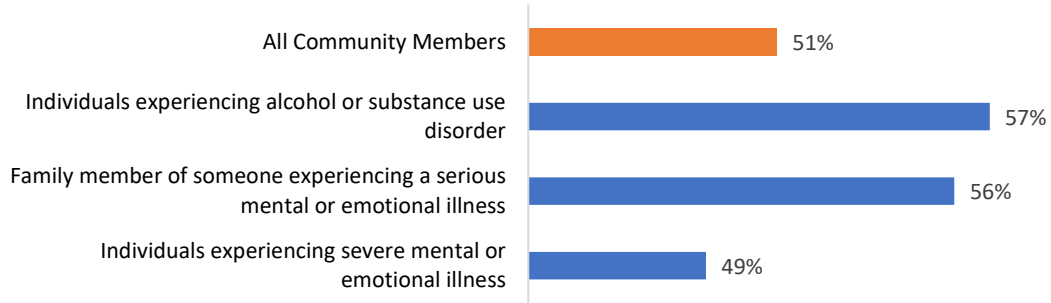
Figure 2. Perceptions of Available but Insufficient Mental Health Services *



* N=711 Community Responses. Percentages exceed 100% because respondents could select more than one identity.

Similarly, over half of Community Members felt substance use services in the County were available but insufficient to meet the community's needs. Individuals experiencing alcohol or substance use disorder (n=23) and family members of individuals experiencing a severe mental or emotional illness (n=209) reported slightly higher views of service availability while individuals experiencing severe mental and emotional illness (n=84) reported slightly lower views of service availability (Figure 3).

Figure 3. Perceptions of Available but Insufficient Substance Use Services *

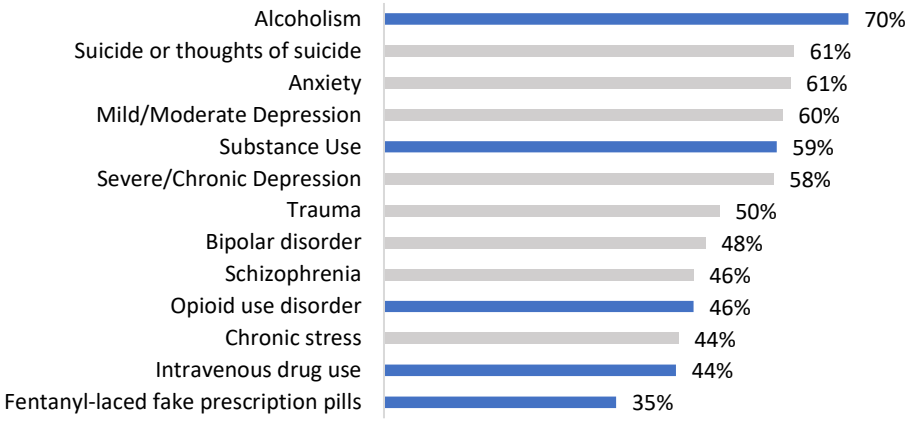


* N=674 Community Responses. Percentages exceed 100% because respondents could select more than one identity.

Taken together these results suggest Community Members, including those most likely to engage with services, have some general awareness of behavioral health services in Monterey County. However, there are also perceived limitations to the support available with unmet service needs persisting in the community.

Additional questions provide greater insight into behavioral health service gaps. Community Members were asked to rate the availability of services in the County for specific behavioral health issues as either not available, somewhat available, available, or unsure (Figure 4; somewhat available and available were combined for this analysis). Responses highlighted Community Members' perceptions of what services are available in the County. Alcoholism was rated as the issue for which services were most available, while Fentanyl-laced fake prescription pills were rated as the issue for which services were least available. Results showcase that community members' views of service availability differ vastly by type of behavioral health issue, indicating a need for more tailored support.

Figure 4. Availability of Services for Behavioral Health Issues*



*N=679-711 Community Responses. Percentages exceed 100% because respondents could select more than one service category. Issues related to mental health are shown in grey and substance use is shown in blue.

Community Members were further asked to identify additional behavioral health services they feel are needed within Monterey County. Nearly half of responding Community Members (41%) provided write-in responses encompassing 5 themes: Behavioral Health Treatment, Crisis Intervention, Outreach and Education, Accessibility, and Integrated and Comprehensive Care.

Behavioral Health Treatment. Community Members noted a lack of adequate mental health and substance use services including the availability of inpatient and outpatient services including telehealth and in-person. Many desired services tailored to certain populations (e.g. justice-involved, youth, pregnant or postpartum women, families, caregivers, LGBTQ+, and veterans), and specific needs such as trauma, mild to moderate depression or anxiety, and eating disorders. Community Members noted a lack of personnel that reflects the diversity within Monterey County and a desire for care providers to deliver culturally responsive treatment. Community Member responses also suggested a need for greater mental health and substance use support in schools.

"It is very important that we have mental health services available in our community, but to make sure the help is in our language and our culture because there could be a culture crash where most of the time we're not being understood with what we're going through."

Crisis Intervention. Community members expressed a desire for additional crisis intervention services such as a 24/7 hotline, crisis centers and shelters, as well as mobile crisis response teams.

"Additional crisis care as alternatives to hospital emergency rooms."

Outreach and Education. Across multiple responses, Community Members expressed a desire for mobile clinics and services to provide care where they live, work, and play. The unhoused, seniors, rural communities, and justice-involved individuals were identified as groups needing targeted outreach. Several respondents suggested deploying additional community health workers who understand the cultural variation of different communities.

"Public outreach to unhoused individuals so they have the opportunity to seek support or knowledge of where to go."

Community Member responses also suggest a need for greater education and advertisement about mental health promotion and substance use prevention throughout the County, as many stated they were unsure where to go or who to contact to find such information. The importance of tailoring information to the cultural needs of specific communities was emphasized as well. Youth, schools, Hispanic and Indigenous communities were specifically identified as groups who could benefit from educational efforts. Several Community Members also suggested behavioral health staff receive training on substance use trends in the County to better inform their care.

"I honestly would not know where to tell someone to go if they have substance abuse or mental health issues. We need more education, more outreach, and more resources."

Accessibility. Community members noted a need for affordable behavioral health services in more locations, particularly South County, as cost and transportation were often cited as barriers to care access. Timely access to services was also desired by Community Members with many responses noting long wait times of several months to a year before seeing providers due to a lack of available personnel. The need for translation services for non-English speakers and those deaf or hard of hearing was highlighted by multiple Community Members.

"There should be free or low-cost mental health and substance abuse services available to anyone at any time. Part of the problem is not being able to be seen when you are having an issue until an appointment is available, which could be months…."

Integrated and Holistic Care. Community Members shared views of insufficient holistic and integrated care in the County. Responses noted a lack of wraparound services addressing individuals' basic needs such as housing, including pet-friendly options, employment, transportation, health insurance, and childcare while concurrently addressing mental health and substance use issues.

"…It's quite hard to focus on mental health or substances use when the main goal of each day and night is where am I going to sleep …".

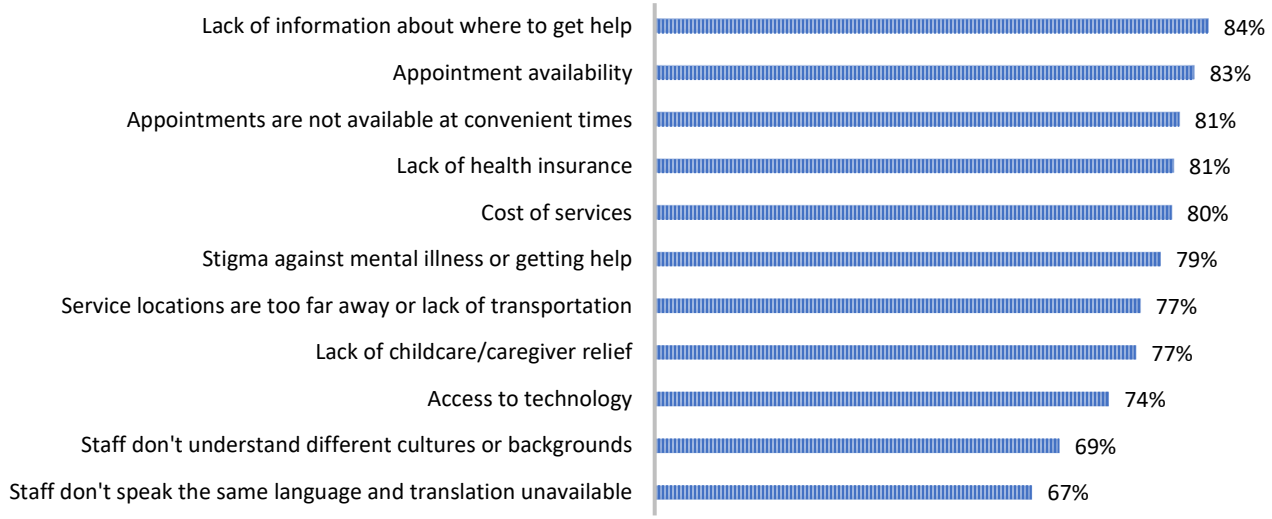
Community Members also expressed a need for follow-up support from case managers, social workers, and others to assist individuals as they navigate mental health and substance use care systems.

While the majority of Community Members acknowledge behavioral health services are available, they also perceive these services to be insufficient to meet the community's needs across various mental health and substance use issues. Community Members' suggestions for additional services in the County provide possible strategies for beginning to close behavioral health service gaps.

Barriers to Service

Additional questions aimed at understanding whether and how Community Members can access available behavioral health services. When asked what they believed were the greatest barriers faced when trying to access services, Community Members identified lack of knowledge about where to get help and appointment availability as the top challenges (Figure 5). Findings also show most respondents felt a lack of convenient appointment times, not having health insurance, and the cost of services can prevent service access. Mental health stigma, logistic challenges such as transportation or childcare, and cultural responsiveness were perceived as obstacles to accessing services by more than two-thirds of Community Members, suggesting barriers to care are prevalent throughout the County.

Figure 5. Barriers to Accessing Mental and Behavioral Health Services*



*N=681-703 Community Responses. Percentages exceed 100% because respondents could select more than one barrier.

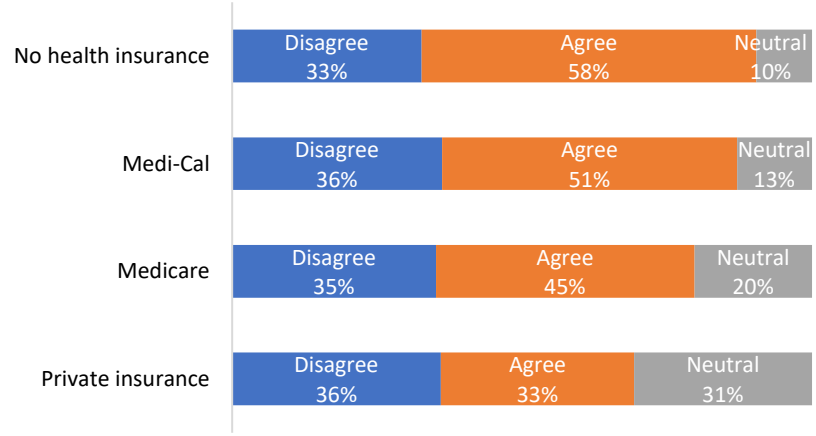
Write-in responses from Community Members provide insight into the incongruency between the high levels of awareness of service availability described earlier in this report (35%-70%, Figure 4) and lack of information as the greatest barrier to service access. Community Members shared difficulty understanding what services and providers are covered under their insurance, the cost of services

including free or affordable if un- or under-insured, service sites, service eligibility requirements, or how to locate such information.

"I am not sure that the availability of services is the issue…I think advertising in the general locations of where people are to inform them of the availability and the cost/health insurance assistance they could receive for the services."

Additional questions sought to gain insight into specific barriers to accessing services in the County beginning with the challenge of lacking information about available services. When asked whether they agreed or disagreed that people with behavioral health needs can get help in their community, 41% of all respondents agreed (n=714). However, results differ by insurance type with those with no insurance (n=30) or Medi-Cal (n=59) reporting higher levels of agreement (Figure 6). Community Members with Medicare (n=33) reported similar levels of agreement while those with private insurance (n=112) agreed the least, reflecting a need for increased education regarding County services available to these populations.

Figure 6. Perceptions of Mental and Behavioral Health Service Access by Insurance Type



To better understand mental health stigma as a barrier to service access in Monterey County, survey respondents were asked to share their opinions (favorable vs unfavorable) about seeking help from a mental health professional should they have a mental health concern using the Mental Help Seeking Attitudes Scale (Hammer, Parent, & Spiker, 2018). Examination of the level of agreement with individual items provides insight into stigma related to seeking mental health support. General sentiment toward seeking mental health services was favorable. A look into particular priority populations reveals some isolated instances where a particular positive sentiment is less likely to be shared by that particular population. These instances are highlighted in Figure 7 below.

Figure 7. Attitudes Toward Seeking Mental Health Support

	Useful	Important	Healthy	Effective	Good	Healing	Empowering	Satisfying	Desirable
All Responses (n = 283-322)	85%	89%	80%	76%	88%	88%	80%	79%	85%
Hispanic	82%	88%	71%	74%	87%	88%	78%	78%	82%
Non-Hispanic	91%	92%	93%	84%	92%	91%	89%	83%	94%
Parent/Caretaker of a child under 18	82%	87%	71%	73%	89%	90%	79%	79%	85%
Caretaker of an adult	88%	83%	83%	67%	81%	81%	74%	69%	81%
Veteran	87%	70%	74%	70%	83%	83%	83%	77%	74%
Individual with SMI	81%	91%	81%	75%	86%	88%	82%	83%	91%
Family of individual with SMI	87%	91%	85%	76%	87%	87%	83%	75%	87%
Individual with SUD	82%	91%	77%	68%	91%	82%	82%	68%	90%
Individual without or family of individual without immigration status	76%	91%	64%	73%	91%	91%	86%	68%	91%
Unhoused	92%	100%	67%	83%	100%	92%	92%	83%	83%

While most respondents may agree seeking mental health support is positive, write-in responses from multiple Community Members noted a strong belief that stigma towards mental illness continues to be a barrier to services, particularly in communities with unique cultures.

"More community outreach teams. Stigma is still so high because organizations just aren't prevalent or well-known in the community."

Collectively, these results showcase a variety of barriers that can significantly impede service access in Monterey County. There is a need for increased education and outreach about 1) services available for specific populations (i.e. uninsured community members and those with Medicare) and 2) focused efforts toward disrupting negative attitudes and beliefs about mental health support in diverse communities. Collecting community input and considering cultural nuances as these and other accessibility strategies are developed will ensure they are appropriate and relevant to community members.

RECOMMENDATIONS

In addition to providing insight into the issues within the community, service gaps, and barriers to accessing available services, Community Members shared recommendations for better meeting behavioral health needs in Monterey County.

Approximately 50% of surveyed Community Members provided write-in recommendations encompassing 5 themes: Access and Availability, Comprehensive and Integrated Service, Strengthening the Behavioral Health Care Workforce, Community Outreach and Education, and Culturally Responsive and Empathetic Care.

Access and Availability. Community Members emphasized a need for simpler, affordable, and more widespread access to services across the County, especially in underserved and rural areas. Many respondents suggested greater appointment availability, including expanding to evenings and weekends as well as incorporating walk-in clinics to help reduce appointment wait times.

"Better access to services. Waiting lists are excessively long. Too many hoops to jump through to start services. Responses are not always timely."

Comprehensive and Integrated Service. Community Members' recommendations called for more whole-person approaches to behavioral health care, integrating medical care, mental health, and social support services.

"Transportation and childcare! Access to stable work, finances, and housing because lack of basic needs makes it harder to focus on mental health concerns."

A clear entry point for those desiring services along with consistent follow-up support was also highlighted by respondents as many felt the systems of care were complex and difficult to navigate on their own.

"Too many boxes to check or "restricted doors" to enter for the community as a whole."

Strengthening the Behavioral Health Care Workforce. Across multiple responses, Community Members called for increased funding in support of retaining current as well as hiring more care providers. Several respondents also noted the need for ongoing training for staff, financial support for therapeutic tools, and wellness days to prevent burnout.

"I work with children and have to buy many things out of pocket. Children's toys and books can be very expensive even when thrift shopping...Staff could benefit from more mental health days to prevent turnover."

Community Outreach and Education. Other Community Member recommendations highlighted the importance of increasing awareness and understanding of available services including targeted outreach, educational programming and events, and promotion via different communication channels (e.g. social media, MCBH clinics). Other education and outreach recommendations focused on reducing the stigma associated with mental or behavioral health issues as well as seeking help. Suggested strategies for sharing such information included a more comprehensive and functional website as well as partnering with trusted organizations or leaders in the local community.

"It makes a world's difference hearing about mental and behavioral health services from someone who I already have a relationship with rather than a complete stranger."

Culturally Responsive and Empathetic Care. Community Members called for service providers that 1) acknowledge, respect, and understand individuals' cultural norms and backgrounds as part of their care, and 2) approach patients with compassion and non-judgement. Hiring diverse staff who understand local communities and providing cultural competence training to current staff were encouraged as strategies to consider. Many respondents also stressed the need for interpretation for all services (e.g. telehealth, crisis lines) and forms of communication (i.e. phone, in-person), especially in Indigenous languages.

"I would like to uplift the hiring and retention of culturally responsive personnel - individuals who not only speak Spanish or an indigenous language - but also are able to effectively engage with the community because they themselves are community members."

SURVEY RESPONDENT DEMOGRAPHICS

Characteristics of respondents were collected to ensure insights gained through the Community Health Survey were reflective of the distinct populations residing within Monterey County. A total of 656 Community Health Survey respondents provided demographic information. Community members represented diverse backgrounds with submissions from parents, family members of individuals living with behavioral health issues, veterans, and those experiencing severe mental or emotional illness.

Age. The average age of Community Members was 46 years, with a range of 15 – 84 years.

Table 1. Age of Surveyed Community Members*

Age Category (n = 571)	Percentage
Under 20 years old	2%
20 – 29 years old	13%
30 – 39 years old	21%
40 – 49 years old	24%
50 – 59 years old	22%
60+ years old	19%

Ethnicity and Race. Two-thirds of Community Members identified as Hispanic/Latino (67%) and just over one-fourth of Community Members identified as Caucasian (29%) (Table 2).

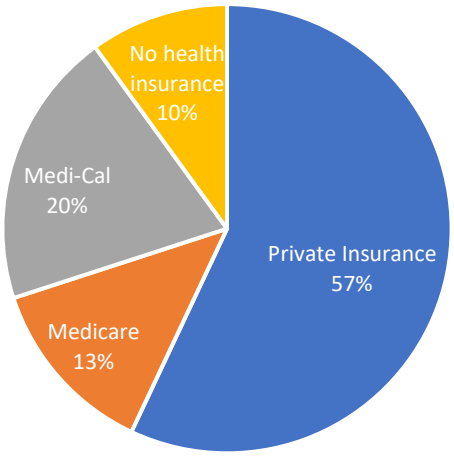
Table 2. Ethnicity and Race of Surveyed Community Members*

Ethnicity (n =581-647)	Percentage
Hispanic or Latino	67%
Non-Hispanic/Latino	33%
White	29%
Multiracial	6%
Asian	4%
Another Race/Ethnicity◇	3%
Black or African American	3%
American Indian or Alaska Native	3%
Native Hawaiian or Other Pacific Islander	1%

*Community Members could select more than one Race/Ethnicity. Percentages may exceed 100%.
◇Another Race/Ethnicity included Basque, Mexicana, Indigenous, Irish, Italian, French, Chinese, and German among others.

Health Insurance. Over half of respondents reported having private insurance (57%) (Figure 8).

Figure 8. Health Insurance Status of Surveyed Community Members



*N=588 Community Responses.

Gender. Over three-fourths of Community Members identified as female (Table 3).

Table 3. Gender of Surveyed Community Members*

Gender (n = 612)	Percentage
Female	80%
Male	18%
Genderqueer	<1%
Questioning/Unsure of Gender Identity	<1%
Transgender	0%
A different Identity◇	<1%

*Percentages do not total 100% due to rounding.

◇A different Identity included agender, bigender, and non-binary

Sexual Orientation. More than three-fourths of surveyed Community Members identified as heterosexual or straight (90%).

Table 4. Sexual Orientation of Surveyed Community Members

Primary Language Spoken at Home (n = 506)	Percentage
Heterosexual or Straight	90%
Bisexual	4%
Gay or Lesbian	3%
Queer	1%
Another sexual orientation◇	2%

◇Another sexual orientation included asexual and pansexual.

Primary Language Spoken. Community Members were asked what language they primarily spoke at home to better understand the language they used most often to communicate. A little over one-fourth of Community Members reported speaking primarily Spanish at home (Table 5).

Table 5. Primary Language of Surveyed Community Members

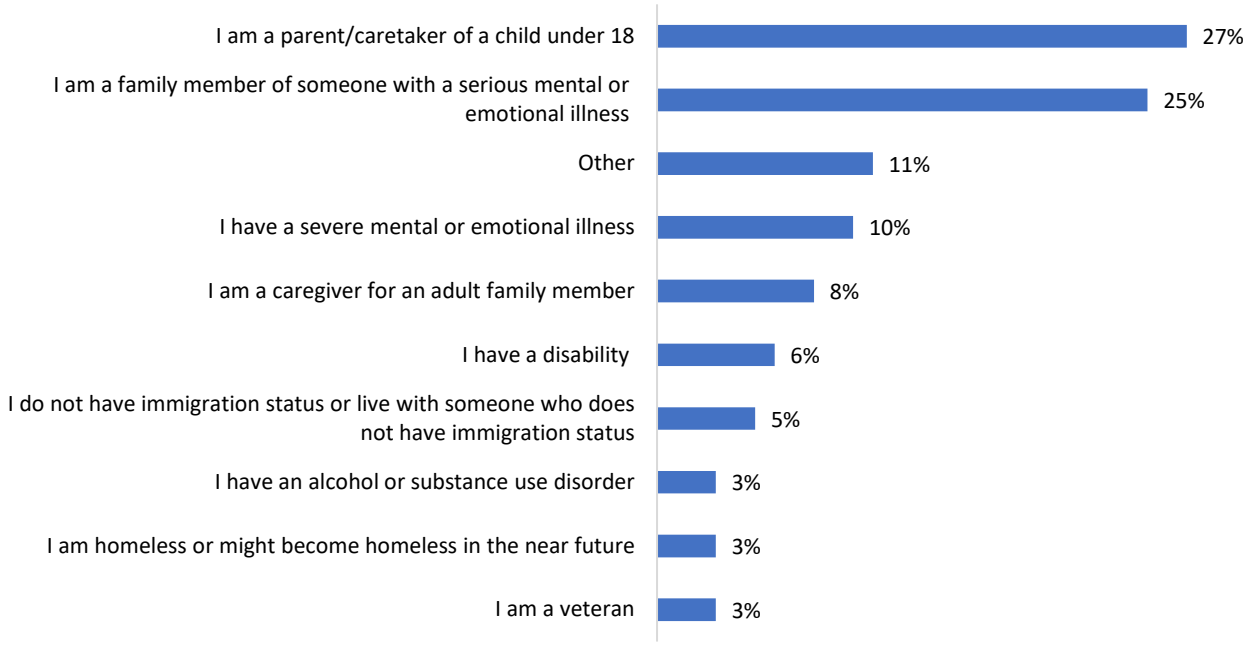
Primary Language Spoken at Home (n = 665)	Percentage
English	49%
Spanish	27%
Both English and Spanish	18%
Another Language◇	5%

*Percentages do not total 100% due to rounding.

◇Another language included Triqui, Mixteco, Swedish, Japanese, Italian, American Sign Language, Russian, Haitian Creole, and German.

Personal Identities. To further ensure the insights shared through the Community Health Survey were inclusive, surveyed Community Members were asked about additional personal identities they held. A quarter of respondents identified as a parent or caregiver of a child under 18 years old (27%) or a family member of someone with a serious mental or emotional illness (Table 6).

Figure 9. Personal Identities of Surveyed Community Members



*N=838 Community Responses. Community Members could select more than one identity. Percentages may exceed 100%.

Other identities included County employees, medical or mental health providers, family of someone with substance use disorder, and students among others. Respondents reported the following disabilities among others: Depression, Anxiety, PTSD, Schizophrenia, Bipolar Disorder, hearing impairment, and physical impairment.

SUMMARY

A diverse group of Community Members provided valuable insights into the needs, barriers to care, and gaps in behavioral health services in Monterey County. Substance use, anxiety, and alcoholism were identified by surveyed Community Members as the most important issues in the County. Community Members, including those most likely to engage with services, felt there were mental health and substance use services available in the County but the available services were insufficient to meet the community's needs. Expanding on this, Community Members reported services were most lacking for issues related to Fentanyl-laced fake prescription pills, intravenous drug use, and chronic stress. Community Members also shared a range of additional behavioral and mental health service needs through the following five themes: Mental Health and Substance Use Treatment, Crisis Intervention, Outreach and Education, Accessibility, and Integrated and Comprehensive Care.

Community Members reported a lack of information about where to get help, appointment availability, lack of convenient appointments, lack of health insurance, and cost of services as the top five barriers faced when attempting to access services. Community Members provided additional insight into lack of information as a service barrier with under half of Community Members believing those with behavioral health issues can receive help within the County, though perceptions differed slightly by type of insurance. Community Members provided insight into mental health stigma as a barrier within the County as well. While a large majority of Community Members believed it was favorable to seek mental health support, many also felt that negative attitudes and beliefs about mental illness and seeking help continue to prevent access to care, particularly in communities with non-Western beliefs and views.

Finally, Community Members made several recommendations for improving the County's mental health and substance use care systems encompassing five major themes: Access and Availability, Comprehensive and Integrated Service, Strengthening the Behavioral Health Care Workforce, Community Outreach and Education, and Culturally Responsive and Empathetic Care.

Top Community Recommendations

Access and Availability	⇒ Offer more affordable services ⇒ Reduce long wait times to access appointments. ⇒ Expand appointment availability to include non-traditional hours (e.g. evenings, weekends).
Comprehensive and Integrated Service	⇒ Increase whole-person approaches to care, integrating medical care, mental health, and social support services. ⇒ Increase support for care initiation and coordination
Strengthening the Behavioral Health Care Workforce	⇒ Increase support and retention of current staff ⇒ Hire additional care providers
Community Outreach and Education	⇒ Provide education to Community Members about available services generally and based on unique needs (e.g. insurance type, location, cost, etc) ⇒ Provide education to reduce stigma associated with mental health issues and seeking help ⇒ Partner with trusted messengers to raise awareness and knowledge of services
Culturally Responsive and Empathetic Care	⇒ Increase consideration of individuals' culture throughout their care ⇒ Provide compassionate and nonjudgmental care ⇒ Provide interpretation and translation services consistently

CITATIONS

Hammer, J. H., & Parent, M. C., & Spiker, D. A. (2018). Mental Help Seeking Attitudes Scale (MHSAS): Development, reliability, validity, and comparison with the ATSSPH-SF and IASMHS-PO. Journal of Counseling Psychology, 65, 74-85. doi: 10.1037/cou0000248