MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

COMMUNITY PROGRAM PLANNING PROCESS
LISTENING SESSIONS
SUMMARY OF FINDINGS

Monterey County Behavioral Health (MCBH) works diligently to provide mental health and substance use services to Monterey County residents. Every year, MCBH solicits feedback from the community on the programs and services they offer, through an engagement strategy called the Community Program Planning Process.

The Community Program Planning Process consists of 2 main steps:

Step 1

Learning about the mental health and substance use needs of the community directly from community members through surveys and focus groups.

→ MCBH learned about these needs through survey and focus group data collected from community members who might benefit from the services MCBH provides and from stakeholders that directly provide or facilitate access to these services. Detailed reports on survey and focus group findings are available.

Step 2

Reporting these findings back to the community and offering an opportunity for community members to provide feedback and additional insights on the process. This summary highlights the feedback obtained through this part of the Community Program Planning Process.

MCBH contracted EVALCORP to conduct the Community Program Planning Process. After survey and focus group data were collected and analyzed, EVALCORP shared the findings with the community through a series of Listening Sessions. This summary reviews the rich insights community members shared through the Listening Sessions.

A total of **110 community members** participated in **4 Listening Sessions**.

3	In-person
1	Virtual
Language	Spanish with English translation
Approach	Informal and conversational

Community Members were encouraged to share their feedback on all Community Program Planning Process activities, including:

→ Ways MCBH and EVALCORP engaged with the community
→ Additional barriers to accessing services
→ Additional recommendations for enhancing services

PARTICIPANTS

Fifty-three community members completed the demographics form. On average, participating community members were 46 years old (range = 23-81). Over half of participants identified as Hispanic/Latine (76%), female (87%), heterosexual (89%), and as a parent or caretaker of someone under 18 years of age (56%). Participants mostly spoke Spanish at home (70%); lived in zip codes 93905 (37%), 93930 (19%), and 93450 (19%); and had private insurance (47%).

Age Group	n = 48
30 – 39 years old	13 (27%)
40 – 49 years old	13 (27%)
50 – 59 years old	11 (23%)
60+ years old	7 (15%)
20 – 29 years old	4 (8%)
Race/Ethnicity*	**n = 50**
Hispanic or Latinx	38 (76%)
White (non-Hispanic)	7 (14%)
African American	3 (6%)
Another Race/Ethnicity	2 (4%)
Multi-racial	1 (2%)
Gender	**n = 52**
Female	45 (87%)
Male	7 (13%)

Health Insurance	n = 51
Private Insurance	24 (47%)
Medi-Cal	19 (37%)
Uninsured	5 (10%)
Medicare	3 (6%)
Language Spoken at Home*	**n = 53**
Spanish	37 (70%)
English	11 (21%)
Both English and Spanish	7 (13%)
Another Language	4 (8%)
Sexual Orientation	**n = 36**
Heterosexual	32 (89%)
Another Sexual Orientation	4 (11%)

Additional Identities*	n = 45
Parent/Caretaker of Someone Under 18	25 (56%)
Family Member of Someone with SMI	11 (24%)
Other	6 (13%)
Does not have immigration Status	6 (13%)
Unhoused	4 (9%)
Caretaker of an Adult Family Member	3 (7%)
Has SUD	2 (4%)
Veteran	1 (2%)
Living with Disability	1 (2%)

**Percentages may exceed 100% because respondents could select more than one option.*
53 total responses; 36 Spanish language submissions (70%)

IDEAS FOR ENGAGING THE COMMUNITY

Community members made several engagement recommendations, largely centered on inclusivity.

Enhancing Accessibility and Inclusion

Connecting with Underrepresented Populations: Prioritize outreach to indigenous, monolingual, and minority populations to ensure their access to services.

Visual and Audio Aids for Non-Readers: Use visuals and audio channels (like TV and radio) to reach individuals who cannot read or have limited literacy, especially in indigenous dialects for migrant workers.

Culturally Sensitive Communication and Outreach

Utilizing Cultural Public Spaces: Engage community members in places they frequent, such as grocery stores, laundromats, and churches, to foster a sense of familiarity and trust.

Adapting Language for Comfort: Replace clinical terms with everyday language (e.g., using "nervous" instead of "anxiety") to make discussions about mental health more approachable.

Tailored Communication Strategies

Text Messaging: Employ text messages and platforms like WhatsApp to reach individuals that may not have access to email or internet.

Population-Specific Messaging: Design informational materials specific to the needs and identities of various groups, including LGBTQIA+, youth, migrant workers, and the unhoused, to ensure messages are more approachable.

IDEAS FOR OVERCOMING BARRIERS

Community members provided feedback on barriers they face when trying to access services. They also shared recommendations on how many of these barriers might be addressed. These barriers and their associated recommendations fall under one of four categories:

- → Access and Logistics
- → Cultural and Language Barriers
- → Systemic and Institutional Trust Issues
- → Insurance and Financial Barriers

Access & Logistics

Availability (of services and clients):
Community members shared that they have limited time to attend services on top of their work and home responsibilities. They expressed needing more appointment availability outside of working hours.

Recommendations: Services outside of traditional working hours

Dependent Care:
Community members experience challenges finding care for dependents (children and adults) while attending appointments.

Recommendations: Funding for dependent care during appointments; In-home care so clients do not need to leave home for appointments

Transportation:
Community members find it difficult to physically access services and pharmacies due to their locations. This is especially true for Indigenous women, who don't have cars and can only access local services during safe hours to be walking.

Recommendations: Home visits; Mobile services; Vouchers for public transportation

Culture & Language

Cultural Competency:
Community members shared experiences of feeling judged for engaging in cultural practices and staff being unaware of language-specific expressions, which has led to misunderstandings. They also expressed that clinical terminology carries a lot of stigma, making reaching out for help unapproachable.

Recommendations: Share mental health education and resources without using the term "mental health"; Use everyday terminology instead of clinical jargon, for example, sad instead of depressed or nervous instead of anxious

Language:
Community members noted that interpretations were often inaccurate, with interpreters not aware of cultural idioms and other culture-specific language features. They also shared that relying on friends and family for interpretation can interfere with seeking help due to stigma and shame.

Recommendations: Have more community groups help with interpretation; Hire staff that speak non-Spanish Indigenous languages

Systemic & Institutional Trust Issues

Fear of Repercussions:
Community members expressed worries over potential negative outcomes from seeking help, such as having their child(ren) taken away.

Lack of Response:
Community members shared not receiving timely responses or assistance when seeking services, especially for children.

Referral and Follow-up Process:
Community members shared concerns about the follow-up process when schools make recommendations, citing experiences of being told to seek help from the County and receiving no additional assistance or follow-up from the school.

Structural Racism:
Community members expressed not knowing whether certain language or cultural practices would trigger institutional interventions and shared experiences of when such misunderstandings resulted in unwanted interactions with CPS or police.

System Navigation Challenges:
Community Members noted the system can be very complicated to navigate, especially for young adults.

Overall Recommendations:
Address potential interventions with clients before they share information; Implementation of WHO humanitarian intervention guidelines; Use of Community-Defined Evidence-Based Practices

Insurance & Finance

Challenges with Private Insurance:
Community members encountered difficulties when accessing services with private insurance, which may include coverage issues or additional costs.

Financial Challenges:
Community members shared being discouraged from seeking help, assuming they won't be able to afford the services. They also noted that it is challenging to determine whether they meet treatment eligibility based on their insurance coverage. Finally, community members shared experiences of income requirements making them ineligible even though they can't afford basic needs, let alone mental health services.

Overall Recommendations:
System navigators that support clients in finding services, determining eligibility, and managing payments.

Other Issues of Importance to the Community

Mental Health Crises Impact on Emergency Services:
Community members shared the toll of mental health crises on resource allocation in small cities in the County. In these small cities, one mental health crisis can significantly deplete available emergency services, such as law enforcement personnel and ambulances.

Substance Use Education:
Community members shared wanting more information on substances and substance use. In particular, they expressed interest in learning more about popular or trending drugs and how to talk to their children about how and why drugs look like kid-friendly foods (e.g., candy or brownies).