MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

COMMUNITY PROGRAM PLANNING PROCESS
FY 2023-2024
STAKEHOLDER 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 mental health and substance use services identified by Community Members residing in Monterey County. Findings from other CPP Process data collection activities will also be available:

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

Stakeholders who directly provide or facilitate access to mental health and substance use services were invited to complete a survey. Together with Monterey County Behavioral Health, EVALCORP employed multiple outreach strategies to reach a diverse range of Stakeholders, ensuring the survey reached a broad and inclusive audience.

Together, Monterey County Behavioral Health (MCBH) and EVALCORP implemented multiple engagement strategies to reach Stakeholders. After data collection was completed, data were prepared for analysis. The distribution strategy described above resulted in 95 responses that were included in the analyses.

KEY THEMES AND FINDINGS

The findings presented below reflect stakeholder and system partner perspectives on key behavioral health issues. Stakeholders were asked to share their perceptions of significant behavioral health service

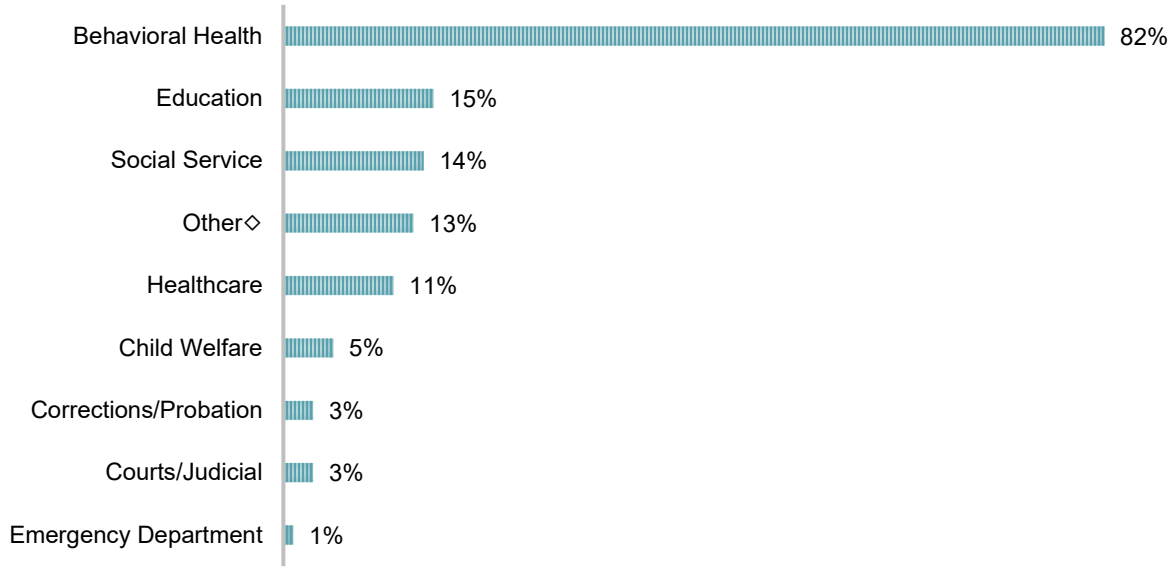
needs, availability of services, barriers to accessing care, strengths of the County's continuum of care, and recommendations for improving behavioral health services. Understanding Stakeholder perceptions related to these issues is critical in understanding issues related to service delivery and offer insight into both gaps in services and workforce education. The follows sections share a detailed analysis of related themes, underscoring their implications for MCBH.

Respondent Profile

To provide context to the survey findings, Stakeholders were asked a series of questions related to their role in the mental health or substance use service delivery system. The findings below share background information about respondents' professional engagement and personal identities, offering a deeper understanding of perspectives captured in this survey.

Sector. Stakeholders were asked to specify the sector of their professional engagement to improve the understanding of the diverse fields of expertise of respondents. More than 3/4 of Stakeholders (82%) reported working in Behavioral Health. This was followed by professionals in Education, Social Services, Other Sectors, and Healthcare. These findings, detailed in Figure 1, not only reflect the varied backgrounds of our Stakeholders but also underscore the broad scope of sectors engaged in our survey.

Figure 1. Sector of Professional Engagement of Engaged Stakeholders*

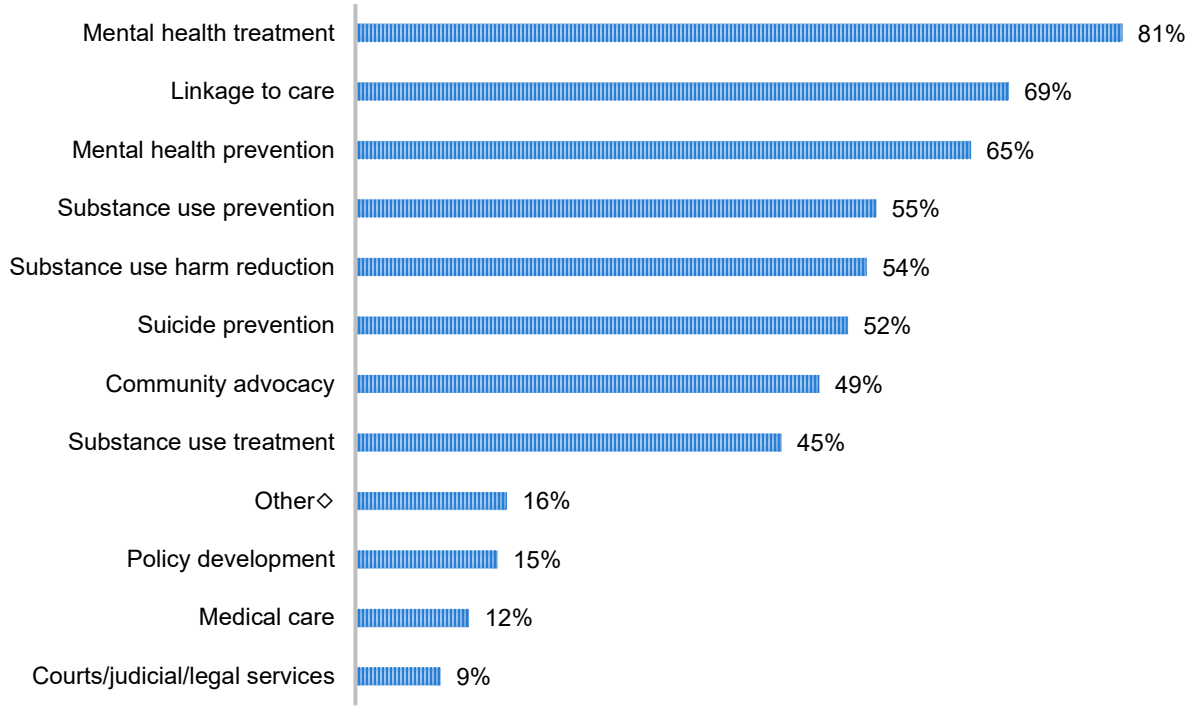


N=95
*Stakeholders could select more than one Sector.
◇12 respondents selected "Other", accounting for 13% of Respondents. Additional areas included Substance Use Disorder Treatment, Youth Development, Early Childhood Development, Resource Centers, Community Based Organizations, Public Health, Home Health, and Family Services.

Stakeholders were also asked about their affiliation to Monterey County Behavioral Health. Out of 92 responses, almost 2/3 of respondents were employees of MCBH (61%), with another 28% working at agencies that contract with MCBH. 8 Stakeholders (9%) had no affiliation with MCBH, and 2% worked at another Monterey County agency.

Services Provided. Stakeholders were also asked to indicate the types of services provided through their professional engagement. In line with the top sector of professional engagement reported, over 3/4 of Stakeholders reported providing Mental health treatment (81%). As detailed in Figure 2, other services Stakeholders most frequently reported providing were Linkage to care (69%) and Mental health prevention (65%). Just over half of respondents reported providing substance use prevention services (55%) and substance use harm reduction services (54%).

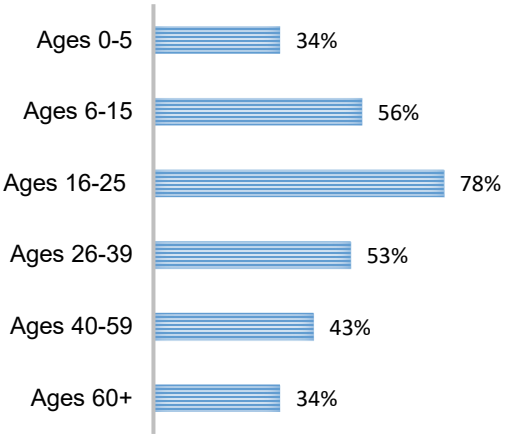
Figure 2. Services Provided by Stakeholders' Agency*



N=95
*Stakeholders could select more than one Service Provided. Percentages may exceed 100%.
◇15 Respondents selected "Other", accounting for 16% of Respondents. These other services included Linkages of Resources, Early Childhood Services, Collaboration, Case Management, Emergency Services, Recovery Services, Education and Youth Services, Housing Services, Eating Disorder Counseling, and Criminal Justice Services.

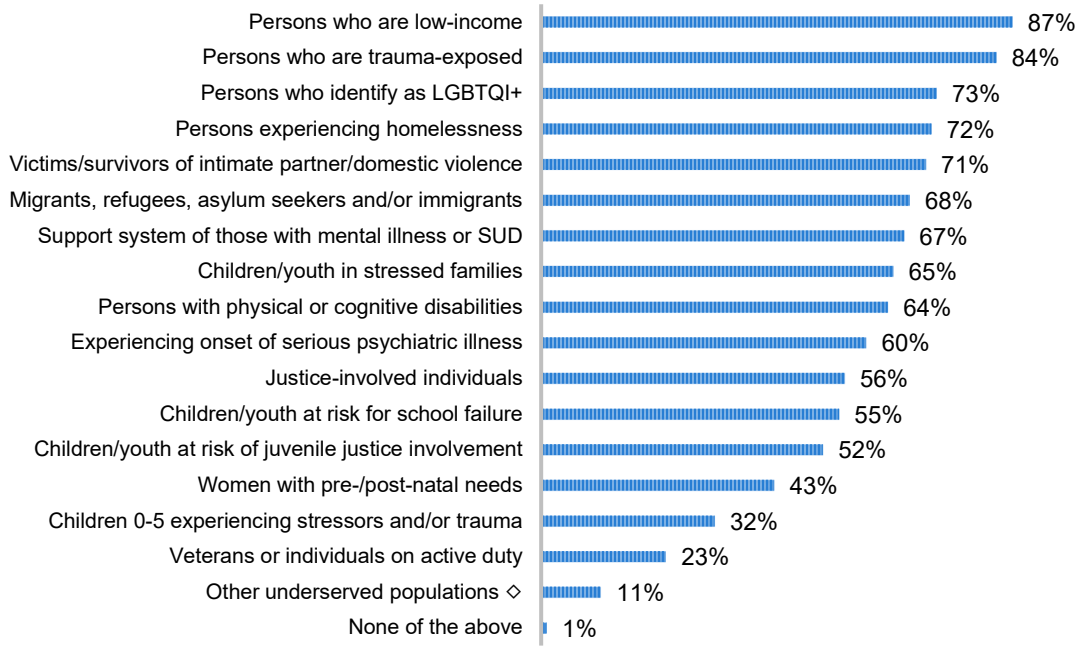
Ages & Population Served. Stakeholders were asked what populations they served through their professional engagement. Responses revealed that they served all ages and populations facing a diverse range of needs. See detailed ages and populations in Figures 3 and 4, respectively.

Figure 3. Ages Served by Stakeholders through their Professional Engagement*



N=95
* Stakeholders could select more than one age group. Percentages may exceed 100%.

Figure 4. Populations and Needs Served through Stakeholders Professional Engagement*



N=95
*Stakeholders could select more than one population served. Percentages may exceed 100%.
◇ "Other" populations served include individuals with SUD, individuals living with disabilities, and indigenous populations.

Area Served. Stakeholders were asked about the areas of the county they serve. Of the 95 respondents surveyed, nearly 3/4 of the respondents (71%) reported serving the entire County, while just under 1/4 of Stakeholders reported that they only served South County (24%) or North County (23%), while the Coastal Regions were served by the fewest Stakeholders (19%). Stakeholders could select more than one area served, so percentages may exceed 100%.

Demographics. Stakeholders were asked about their race and ethnicity, as well as their gender. As detailed in Table 2, just under half of Stakeholders identified as Hispanic (49%), close to half of Stakeholders identified as White (46%), and over 3/4 of Stakeholders identified as female (80%). 69% of Respondents reported speaking primarily English at home, with 27% speaking both English and Spanish, and 4% primarily speaking Spanish at home.

Table 2. Demographics of Engaged Stakeholders*

Race (N=82)*	Percentage
Hispanic or Latine	49%
White	46%
Multiracial	7%
Asian	5%
Native Hawaiian or Pacific Islander	4%
Another race/ethnicity	2%
American Indian or Alaska Native	1%
Black or African American	1%

Gender (N=85)	Percentage
Female	80%
Male	12%
A different identity	4%
Questioning/unsure	2%
Genderqueer	1%
Prefer not to answer	1%

Ethnicity (N=83)*	Percentage
Hispanic	54%
Non-Hispanic	49%

Primary Language (N=85)	Percentage
English	69%
Both English and Spanish	27%
Spanish	4%

*Stakeholders could select more than one option. Percentages may exceed 100%.

Overall, service providers in Monterey County span a range of sectors and provide diverse services to all age groups. Providers also have extensive experience working with mental health and substance use-involved individuals. Of the 95 respondents, nearly 1/2 of Stakeholders (46%) reported serving these populations for 10 or more years.

In characterizing the Respondent profile, we see that Respondents largely:

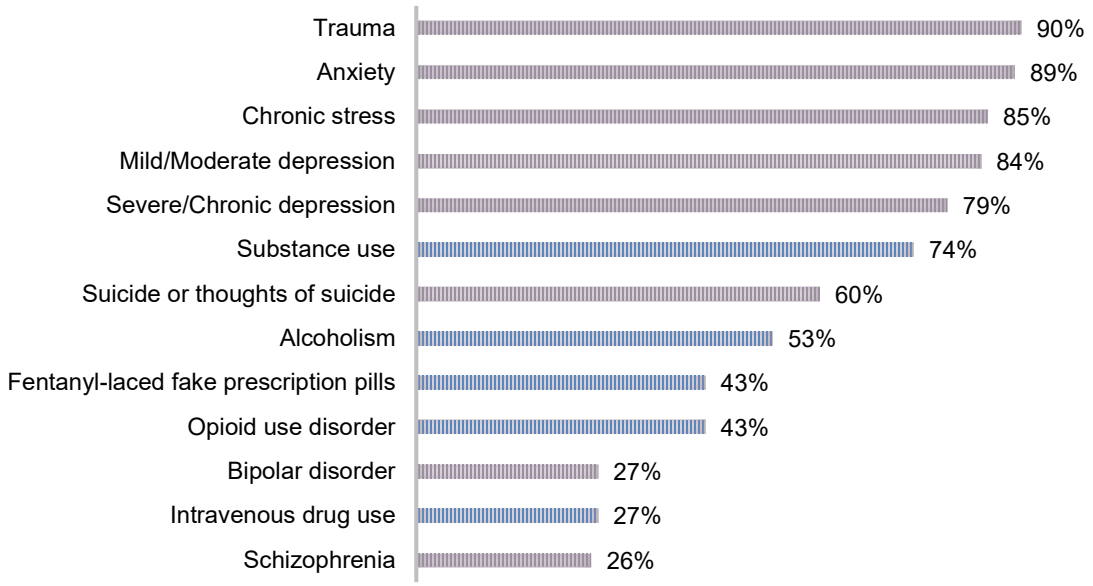
- Work in the behavioral health sector (82%)
- Provide mental health treatment services (81%)
- Engage with individuals aged 16-25 (78%)
- Engage with persons who are low income (87%)
- Serve the entire County (71%)
- Identify as Hispanic or Latine (54%)
- Identify as female (80%)
- Speak English (69%)

Mental Health and Substance Use Service Needs

To better understand the community's behavioral health service needs, respondents were asked to share their perceptions of pressing issues facing the community. Specifically, they were asked about their knowledge and perceptions of community behavioral health needs in Monterey County, as well as issues regarding accessing such services.

Prevalence of Mental Health and Substance Use Issues. In order to understand the issues and needs of the community, Stakeholders were asked to rate the prevalence of various behavioral health issues across Monterey County, from "Not an Issue" to "A Major Issue." As seen in Figure 6, the top three issues, trauma, anxiety, and chronic stress, outpace the more severe and chronic mental health issues and substance use issues, suggesting a critical need for trauma-informed care and services addressing anxiety and stress within the community. It is important to note that 89% of respondents identified as part of the mental health continuum of care while on 69% of respondents identified as part of the substance use service system of care.

Figure 6. Prevalence of Issues Rated as "A Major Issue" by Engaged Stakeholders*

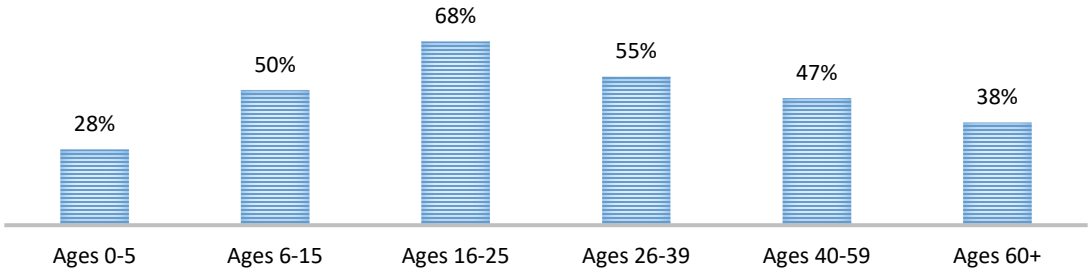


N: 91-94

*Respondents were asked to rank each issue listed on a scale from "Not an Issue" to "A Major Issue". There were no limits on how many issues could be ranked as "A Major Issue". Percentages may exceed 100%. Issues related to mental health are shown in grey and substance use are shown in blue.

Age Groups in Most Need of Additional Resources. Stakeholders were asked what populations were most in need of additional resources and services in the communities they served. As seen in Figure 7, half or more of the respondents identified age groups 6-15, 16-25, and 26-39 as most in need of additional resources.

Figure 7. Age Groups in Most Need of Additional Resources *



N=94
* Stakeholders could select more than one age group. Percentages may exceed 100%.

Connection to Other Services. Stakeholders were asked to identify which services they could connect their clients to. Stakeholders reported being able to connect their clients to a range of other services, as detailed in Figure 8, such as Counseling, Crisis response, and Care related to substance use. This suggests that counseling is a more accessible resource available to the community while housing placement services or specialty resources, such as reentry services or hospice care, are less available.

Table 2. Services Stakeholders can Connect Clients to*

Resource	Percentage
Counseling	85%
Crisis response	74%
Care related to substance use	73%
Advocacy on behalf of persons experiencing mental health or substance use issues	64%
Support groups	63%
Transportation assistance	51%
Services for individuals who are homeless/unhoused	48%
Healthcare	45%
Short-term shelter	45%
Translation services	43%
System navigation assistance	36%
Financial assistance	30%
Home visitation services	29%
Legal services	25%
Insurance	21%
Long-term shelter/relocation	21%
Other mental health services◇	20%
Spiritual/Faith-based supports	18%
Reentry support services	12%
Other substance use services◇	12%
Hospice care	10%

N=89
*Stakeholders could select more than one Service Provided. Percentages may exceed 100%.
◇Stakeholders also were also able to openly add other mental health and substance use services they could connect their clients to. Some of the Other Mental Health Services added by Stakeholders included Peer-to-peer support, Eating Disorder Services/ Resources, Carelon, Domestic Violence support, Interim, Ohana, and Evidence based treatment. Some of the Other Substance Use Services added by Stakeholders included 12 Step Meetings, Other Agencies, SUD Wellness and Recovery, Door to Hope, and Gensis House.

Availability of Mental Health Services and Substance Use Services. Stakeholders were asked whether mental health and substance use services were sufficiently available in the communities they serve. The findings show that most Stakeholders think that mental health and substance use services are available, but insufficient to meet the current need.

Table 2. Availability of Mental Health Services *

Mental Health Services (N=95)	Percentage
Available but insufficient to meet current needs	85%
Available to meet current needs	9%
Not available	4%
I don't know	2%

Substance Use Services (N=95)	Percentage
Available but insufficient to meet current needs	73%
Available to meet current needs	13%
Not available	5%
I don't know	9%

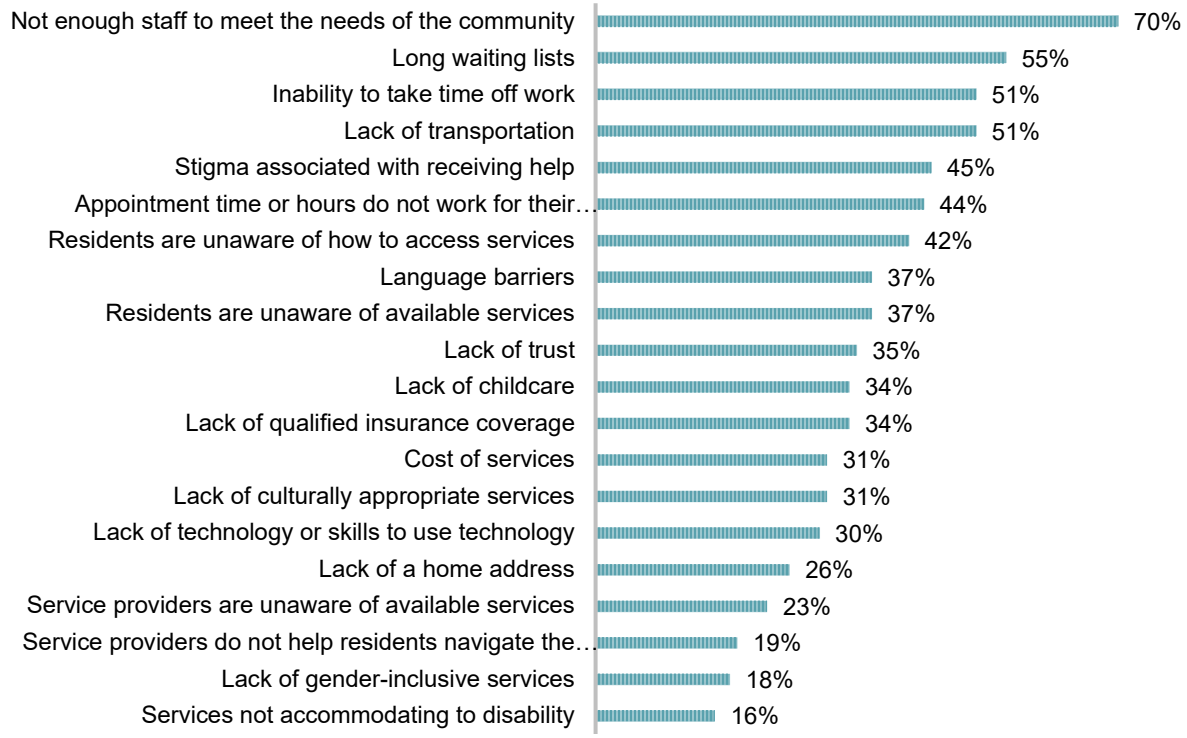
Together, findings related to Stakeholder perceptions of mental health and substance use services highlight that moderate mental health issues are the most frequently identified major issues and Stakeholders are most frequently able to refer clients to mental health services. Most Stakeholders agreed that while mental health and substance use disorder services are available, there are not enough of these services to address current need.

Stakeholder-Identified Barriers to Care

To understand the barriers preventing communities from accessing behavioral health services better, respondents were asked to share their perceptions of various factors that hinder or limit access. Additionally, they were asked to provide insights into their knowledge about care coordination processes, which are essential for facilitating services across the system of care.

System-Wide Barriers. Stakeholders were asked to identify barriers that community members face when trying to access services. To provide an overall view on barriers encountered by community members, respondents were asked to rate each barrier on a list of possible barriers from “Not a Barrier” to “Often a Barrier.” As detailed in Figure 11, issues regarding staffing, such as staff shortages and long wait lists, were the barriers most frequently identified as “Often Barriers” by Stakeholders.

Figure 11. Issues Ranked by Stakeholders as "Often Barriers" to Community Members Receiving Services



N=82-84
Respondents could also write in other barriers. Write-in responses included the following: Cultural differences, Lack of enough services in south county all the way to Bradley, Lack of understanding of racism and historical persistent trauma, Limited Continuity and Communication between services, especially at discharge, Threat of abuse, Youth unwilling to seek services for themselves, and misleading service advertisement.

Referral Knowledge According to Insurance Source. Stakeholders also provided insight into their ability to make appropriate referrals for their clients regarding mental illness. Stakeholders were asked about their knowledge regarding what services clients can be referred to based on clients' condition and insurance status. As shown in Table 3, respondents displayed distinct strengths regarding knowledge of referrals for Medi-Cal. However, the respondents were not as confident for clients with other insurance statuses.

Table 3. Stakeholder Knowledge About Where to Refer Persons with Several Mental Health Conditions According to Insurance Source

"I know how/where to refer persons with **Severe Mental Health Conditions** for the services they need."	
Client Population	**Agree**
Persons who have Medi-Cal (N=85)	95%
Persons who have Medicare (N=85)	52%
Persons with private insurance (N=85)	51%
Persons who are uninsured (N=85)	61%

Respondents displayed similar patterns when asked about knowledge of referrals for Persons with Mild to Moderate Mental Illness. As shown in Table 4, respondents displayed distinct strengths regarding

knowledge of referrals for Medi-Cal. However, the respondents were not as confident for clients with other insurance statuses.

Table 4. Stakeholder Knowledge About Where to Refer Persons with Mild to Moderate Mental Health Conditions According to Insurance Source

"I know how/where to refer persons with **Mild to Moderate Mental Illness** for the services they need."	
Client Population	**Agree**
Persons who have Medi-Cal (N=84)	89%
Persons who have Medicare (N=85)	49%
Persons with private insurance (N=85)	59%
Persons who are uninsured (N=85)	51%

Knowledge Regarding Where to Send Clients for Substance Use Disorder Services. Stakeholders also provided insight into their ability to make appropriate referrals for their clients regarding substance use. Stakeholders were asked about their knowledge regarding what services clients can be referred to based on clients' condition and insurance status. As shown in Table 5, respondents displayed distinct strengths regarding knowledge of referrals for Medi-Cal. However, respondents were not as confident for clients with other insurance statuses.

Table 5. Stakeholder Knowledge About Where to Refer Clients for Substance Use Services According to Insurance Source

"I know how/where to refer persons with **Substance Use Disorders** for the services they need."	
Client Population	**Agree**
Persons who have Medi-Cal (N=84)	82%
Persons who have Medicare (N=83)	40%
Persons with private insurance (N=84)	37%
Persons who are uninsured (N=83)	35%

Connecting to Care. Finally, when asked whether they agree with the statement "I am confident that when I make a referral to substance use services that it will result in treatment", about a 1/4 (27%) of the 82 respondents who answered the question agreed with the statement. Furthermore, when asked whether they agree with the statement "I am confident that when I make a referral to mental health services that it will result in treatment", about 1/4 (26%) of the 83 respondents who answered the question agreed with the statement. This shows an opportunity for MCBH to increase communication with Stakeholders regarding the outcomes of the referrals.

Findings from this section suggest a potential significant disconnect within the behavioral health system of care. Anywhere from 39-65% of stakeholders did not feel confident making referrals for individuals with mental health or substance use disorder needs who had an insurance status other than Medi-Cal.

Areas of Effectiveness

To understand the strengths within the behavioral health system of care, Stakeholders were asked what they thought was most effective about Monterey County's current continuum of care for persons experiencing mental health issues. This question was also open-ended, allowing respondents to to share their views further in their own words. From these responses, three primary strengths emerged: 1) Accessibility of Care, 2) Quality of Care, and 3) Approach to Care.

Accessability of Care. Stakeholders clearly conveyed a sense that Monterey County's mental health continuum of care is accessible to the community. A key highlight is the effective use of a single entry point system (ACCESS), which simplifies the process of connecting individuals to mental health services. However, there's a noted need for clearer communication to assist the community in understanding and navigating this entry process. Additionally, the provision of flexible service hours, especially to accommodate the unique needs of the farmworker community, is highly valued. This includes options for extra shifts or flex time, allowing services to extend beyond the standard weekday hours. The presence of multiple access points further strengthens this theme, indicating a concerted effort to make mental health services reachable and adaptable to a diverse range of community needs, thereby enhancing overall service accessibility and flexibility in Monterey County.

"Offering current employees the ability to work an extra shift (per diem) or flex time to work on Saturdays or after hours to meet the needs of the community, particularly the farmworker community who are unable to access services Monday-Friday, 8-5 p.m."

Stakeholders also recognized the greater accessibility of services due to efforts by the County to decrease stigma in the community.

"Monterey County has supported with decreasing stigma in our community relating to mental health, which makes services more accessible to anyone who is interested in receiving mental health services."

Quality of Care. The feedback noted key strengths related to the quality of mental health services provided to the community. Findings indicate that the staff, praised for their care and knowledge, play a pivotal role, with their dedication and caring nature often highlighted. The commitment of staff was reflected in descriptions of a proactive approach to treatment and the collaborative approach across service providers in connecting people to resources. Stakeholder respondents indicated that individuals who engage with the services typically find staff that care, leading to the formation of a robust support system that enhances their outcomes. Moreover, the extensive knowledge of these health professionals was emphasized as a key factor in effectively addressing mental health needs. Responses noted that efforts by the County to improve staff retention through pay increases are positively influencing service quality, as consistent support staff is crucial for client satisfaction.

"There is a strong work ethic and drive to support clients on the part of the MH professionals. They are skilled and have a good breadth of knowledge."

Approach to Care. Finally, Stakeholders believed that Monterey County's current continuum of care was effective because of the quality of the approach that MCBH took to providing care. Broadly, Stakeholder responses reflected an appreciation for how MCBH leadership and staff approached mental health issues by advancing inclusivity and prioritizing improvement.

Stakeholder Recommendations

To solicit recommendations to improve the behavioral health system of care, Stakeholders were asked for recommendations to improve coordination of the system of care for individuals needing mental health or substance use services. This question was also open-ended and findings bring to light actionable recommendations for improved collaboration and communication, navigation assistance, and workforce enhancements.

Increasing Collaboration. Stakeholder responses highlight their perception of a need for improved communication and information sharing among mental health and substance use service providers. Responses advocate for more frequent and structured interactions between program managers, suggesting quarterly meetings to discuss service availability, wait-lists, and processes. A significant recommendation is the creation of a centralized, web-based database, which would be regularly updated and accessible to all service providers, addressing the limitations of outdated resources like the SAMs Guide. This database would include information about various programs, their current status, and changes in service delivery methods. Enhancing communication channels and ensuring up-to-date information is accessible is seen as a critical step in fostering a more coordinated and efficient system of care.

"It would be beneficial for there to be a 'one-stop-shop' where the community can access mental and medical healthcare as well as services for other common needs (e.g., substance use treatment, probation, victim advocacy, social services)."

Navigation Assistance. Responses from the survey underscore the importance of improving access to and navigation of mental health and substance use services. A key suggestion is the establishment of a triage system to prioritize high-need clients, ensuring timely care even in the presence of wait-lists. Respondents also advocate for the implementation of more robust navigator-assisted programs, especially for families with children requiring mental health treatment, to help them understand and move through the system more effectively. The idea of a "one-stop shop" where clients can access a variety of services, including mental and medical healthcare, was also favored. This would simplify the process for clients, reducing the complexity and confusion often associated with accessing care.

"I would appreciate being able to use a web-based database that service providers would log into and maintain entries for their programs that would be searchable by service providers."

Workforce Enhancements. Survey findings reveal a critical need for enhancements in resources and staffing within the mental health and substance use service sectors. Stakeholders called for better strategies to retain and hire staff, such as offering more competitive pay and flexible schedules. There is a noticeable demand for increasing the diversity of service providers to better reflect the demographics of clients, along with the need for more training and education for existing staff. Expanding services to include, and training staff to provide, support to elements like housing and employment opportunities, particularly for those in the early stages of substance use disorder, is seen as crucial. Additionally, there's an emphasis on recruiting new, local staff, particularly from recent graduates, to address the challenges of long wait-lists and understaffing.

"It would help to have bilingual training to reduce translation struggles when explaining the system, the referral process, and what to do after for Spanish-speaking clients. It would also help to make

more bilingual educational workshops about how the mental health system works, what to do if trying to seek services, challenging stigmas about substance abuse/mental health challenges."

SUMMARY

The Monterey County Behavioral Health Stakeholder Survey has gathered valuable insights from a diverse group of providers and system partners, identifying key needs, barriers, and gaps in behavioral health services. Findings related to service needs, barriers to care, areas of effectiveness, and recommendations are summarized below.

In terms of community mental health and substance use service needs, stakeholders identified trauma, anxiety, and chronic stress as the most significant mental health issues, with alcoholism and prescription drug misuse, including opioids, as the top substance use concerns. There is a notable alignment between these issues and the services available, such as counseling and crisis response, though a majority of stakeholders believe these services are insufficient for current needs. Regarding barriers to accessing care, staffing issues, such as shortages and long waitlists, were frequently cited as major barriers. There is also a knowledge gap in referring clients to services beyond Medi-Cal, indicating a need for more training in diverse insurance situations and a general skepticism about the effectiveness of referrals. Stakeholders also recognized MCBH's efforts in enhancing accessibility, quality, and a comprehensive approach to care. Stakeholder recommendations revolve around increasing collaboration, enhancing access to services, and improving staffing and training.

Overall, the survey reveals that while MCBH has made strides in providing essential services, there is a clear call for expanded resources, better system navigation, and enhanced coordination to fully address the community's mental health and substance use needs.

APPENDIX

Mental Health Stakeholder Survey

Community Program Planning Process
Monterey County Behavioral Health

Thank you for participating in this survey. Your answers are very important to us and will better ensure that services meet the mental health and substance use needs of people throughout Monterey County. Please answer honestly based on your experiences. **All of your responses will be kept private.**

Part 1. Background

1. **Please select the field(s) or sector(s) you work in (check all that apply):**

- ❑ Child Welfare
- ❑ Corrections/Probation
- ❑ Courts/Judicial
- ❑ Education
- ❑ Emergency Department
- ❑ Faith-based Organization
- ❑ Healthcare
- ❑ Law Enforcement
- ❑ Mental/Behavioral Health
- ❑ Public Guardian
- ❑ Social Service
- ❑ Other (please specify): _____

2. **Please select the types of services provided at your agency (check all that apply):**

- ❑ Community advocacy
- ❑ Courts/judicial services
- ❑ Linkage to care
- ❑ Medical care
- ❑ Other: _____
- ❑ Mental health prevention
- ❑ Mental health treatment
- ❑ Policy development
- ❑ Public safety/Law enforcement
- ❑ Substance use prevention
- ❑ Substance use treatment
- ❑ Substance use harm reduction
- ❑ Suicide prevention

3. **Would you consider your agency part of Monterey County Behavioral Health (MCBH)?**

- ❑ Yes, I am an MCBH employee
- ❑ No, I do not work for MCBH or a contracted provider
- ❑ Yes, my agency contracts with MCBH
- ❑ No, I work at another Monterey County Department or Agency

4. **How long have you been working directly or indirectly with mental health or substance use-involved individuals?**

- ❑ Less than 1 year
- ❑ 1-4 years
- ❑ 5-9 years
- ❑ 10 or more years

5. **Which area(s) of the County does your agency primarily serve? (select all that apply)**

- ❑ North County
- ❑ South County
- ❑ Coastal Regions
- ❑ Countywide

6. **Which ages do you work with most often? (select all that apply)**

- ❑ Ages 0-5
- ❑ Ages 6-15
- ❑ Ages 16-25
- ❑ Ages 26-39
- ❑ Ages 40-59
- ❑ Ages 60+

7. **Which of the following populations do you work with? (select all that apply)**

- ❑ Children 0-5 who have experienced early life stressors and/or trauma
- ❑ Children/youth in stressed families
- ❑ Children/youth at risk for school failure
- ❑ Children/youth at risk of juvenile justice involvement
- ❑ Family members, support persons, or caregivers of individuals with mental health conditions or substance use disorder
- ❑ Justice-involved individuals
- ❑ Persons experiencing homelessness
- ❑ Persons experiencing onset of serious psychiatric illness
- ❑ Persons who are low-income
- ❑ Persons who identify as LGBTQI+
- ❑ Persons who identify as migrants, refugees, asylum seekers and/or immigrants
- ❑ Persons with physical or cognitive disabilities
- ❑ Persons who are trauma-exposed
- ❑ Persons who are victims/survivors of intimate partner/domestic violence
- ❑ Veterans or individuals on active duty
- ❑ Women with pre-/post-natal needs
- ❑ None of the above
- ❑ Other underserved populations (please specify): _____

Part 2. Mental Health and Substance Use Services Needs

8. **Please rate the prevalence of the following issues in the communities you serve.**

	Not an issue	Somewhat of an issue	A major issue	I don't know
Alcoholism	○	○	○	○
Anxiety	○	○	○	○
Bipolar disorder	○	○	○	○
Chronic stress	○	○	○	○
Fentanyl-laced fake prescription pills	○	○	○	○
Intravenous drug use	○	○	○	○
Mild/Moderate depression	○	○	○	○
Opioid use disorder	○	○	○	○
Severe/Chronic depression	○	○	○	○
Schizophrenia	○	○	○	○
Substance use	○	○	○	○
Suicide or thoughts of suicide	○	○	○	○
Trauma	○	○	○	○
Other (please specify):_____				

9. **Which age groups are most in need of additional resources/services in the communities you serve? (select all that apply**

- ❑ Ages 0-5
- ❑ Ages 6-15
- ❑ Ages 16-25
- ❑ Ages 26-39
- ❑ Ages 40-59
- ❑ Ages 60+

10. **Which of the following services would you be able to connect clients to, if needed? (select all that apply)**

- ❑ Advocacy on behalf of persons experiencing mental health or substance use issues
- ❑ Care related to substance use
- ❑ Counseling
- ❑ Crisis response
- ❑ Financial assistance
- ❑ Insurance
- ❑ Healthcare
- ❑ Home visitation services
- ❑ Hospice care
- ❑ Legal services
- ❑ Long-term shelter/relocation
- ❑ Reentry support services
- ❑ Services for individuals who are homeless/unhoused
- ❑ Short-term shelter
- ❑ Spiritual/Faith-based supports
- ❑ Support group
- ❑ System navigation assistance
- ❑ Translation services
- ❑ Transportation assistance
- ❑ Other substance use services: _____
- ❑ Other mental health services: _____
- ❑ Not applicable: I do not provide direct services

11. **Overall, how available are mental health services in meeting the needs of the communities you serve?**

- ❑ Available to meet current needs
- ❑ Available but insufficient to meet current needs
- ❑ Not available
- ❑ I don't know

12. **Overall, how available are substance use services in meeting the needs of the communities you serve?**

- ❑ Available to meet current needs
- ❑ Available but insufficient to meet current needs
- ❑ Not available
- ❑ I don't know

Part 3. Barriers to Accessing Mental Health and Substance Use Services

13. **How much do the following barriers prevent persons from accessing the services they need?**

	Not a barrier	Sometimes a barrier	Often a barrier	I don't know
Appointment time or hours do not work for their schedule	❑	❑	❑	❑
Cost of services	❑	❑	❑	❑
Inability to take time off work	❑	❑	❑	❑
Lack of a home address	❑	❑	❑	❑
Lack of childcare	❑	❑	❑	❑
Lack of culturally appropriate services	❑	❑	❑	❑
Lack of gender-inclusive services	❑	❑	❑	❑
Lack of qualified insurance coverage	❑	❑	❑	❑
Lack of technology or skills to use technology	❑	❑	❑	❑
Lack of transportation	❑	❑	❑	❑
Lack of trust	❑	❑	❑	❑

13. **(cont.) How much do the following barriers prevent persons from accessing the services they need?**

	Not a barrier	Sometimes a barrier	Often a barrier	I don't know
Language barriers	❑	❑	❑	❑
Long waiting lists	❑	❑	❑	❑
Not enough staff to meet the needs of the community	❑	❑	❑	❑
Residents are unaware of available services	❑	❑	❑	❑
Residents are unaware of how to access services	❑	❑	❑	❑
Service providers are unaware of available services	❑	❑	❑	❑
Service providers do not help residents navigate the system	❑	❑	❑	❑
Services not accommodating to disability	❑	❑	❑	❑
Stigma associated with receiving help	❑	❑	❑	❑
Other: _____	❑	❑	❑	❑

14. **Please indicate your level of agreement for each of the following statements:**

I know how/where to refer persons with **Severe Mental Illness** for the services they need for the following:

	Disagree	Unsure	Agree	N/A
• Persons who have Medi-Cal	○	○	○	○
• Persons who have Medicare	○	○	○	○
• Persons with private insurance	○	○	○	○
• Persons who are uninsured	○	○	○	○
I know how/where to refer persons with **Mild to Moderate Health Conditions** for the services they need for the following:				
• Persons who have Medi-Cal	○	○	○	○
• Persons who have Medicare	○	○	○	○
• Persons with private insurance	○	○	○	○
• Persons who are uninsured	○	○	○	○
I am confident that when I make a referral to mental health services that it will result in treatment	○	○	○	○

15. **Please indicate your level of agreement for each of the following statements:**

I know how/where to refer persons with **Substance Use Disorders** for the following:

	Disagree	Unsure	Agree	N/A
• Persons who have Medi-Cal	○	○	○	○
• Persons who have Medicare	○	○	○	○
• Persons with private insurance	○	○	○	○
• Persons who are uninsured	○	○	○	○
I am confident that when I make a referral to substance use services that it will result in treatment	○	○	○	○

16. **What recommendations do you have to have a more coordinated system of care for individuals with mental health or substance use services?**

17. **What would you say is most effective about Monterey County's current continuum of care for persons experiencing mental health issues?**

Part 4. Demographics

18. **What language do you speak <u>most</u> at home?**

❑ English ❑ Spanish ❑ Both English and Spanish ❑ Another language: _____

19. **Which of the following best describes your current gender identity?**

❑ Female
❑ Genderqueer
❑ Male
❑ Questioning/unsure of gender identity
❑ Transgender
❑ A different identify: _____
❑ Prefer not to answer

20. **Which of the following best describes your ethnicity? (*select all that apply*)**

❑ Hispanic ❑ Non-Hispanic

21. **What racial/ethnic categories do you identify with? (check all that apply)**

❑ American Indian or Alaska Native
❑ Asian
❑ Black or African American
❑ Hispanic or Latino
❑ Native Hawaiian or Pacific Islander
❑ White
❑ Multiracial
❑ Another race/ethnicity (please specify):_____

Thank you for your time and responses.