APPENDIX I

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos Forward Together

COMMUNITY PLANNING PROCESS:
REGIONAL FORUMS & FOCUS GROUPS

Community Engagement Insights:
FY 2021-2023 Mental Health Services Act
Program & Expenditure Plan

Prepared for Monterey County Behavioral Health
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INTRODUCTION

Report Purpose

This report provides an overview of key insights that surfaced from the Community Engagement Sessions component of the Monterey County Behavioral Health Community Planning Process. These Sessions were held to gain Monterey County stakeholder perspectives, especially residents, on *How Mental Health Can Be Strengthened Throughout Monterey County* to help shape the priorities, services, and resources related to the Monterey County Behavioral Health 2021-2023 Mental Health Services Act (MSHA) Program and Expenditure Plan. Additionally, an individual summary of insights for each Community Engagement Session is included in the digital Appendices along with access to photographs and other supporting information (e.g., participation and sign-in summary, outreach fliers, sign-in sheets, etc.).

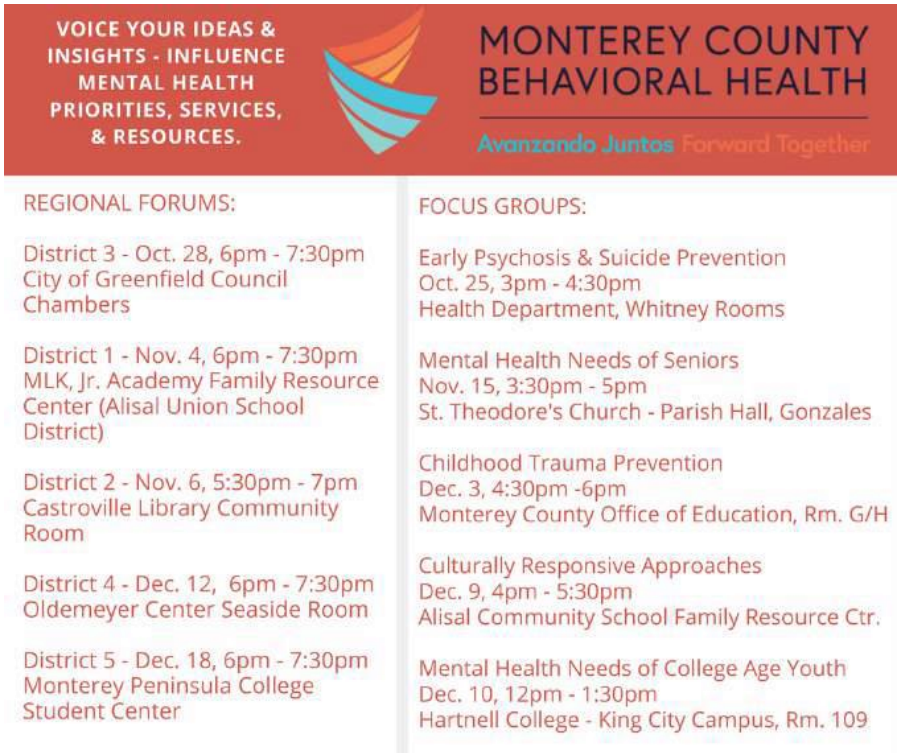
APPROACH & METHODOLOGY

Ten Community Engagement Sessions were held between October 2019 to December 2019. Locations for each Session were selected to provide convenient, broad access throughout the Monterey County, with special attention to ensuring at least one opportunity was offered in North County, Salinas, South County, and the Monterey Peninsula. Professional Interpreters were engaged to support Spanish and English translation.

These Community Engagement Sessions were comprised of five Regional Forums – one held in each District of the County and five Focus Groups specific to these critical Prevention and Early Intervention areas: Early Psychosis & Suicide Prevention, Mental Health Needs of Seniors, Childhood Trauma Prevention, Culturally Responsive Approaches, Mental Health Needs of College Age Youth.

At each Session, participants were offered the following prompts to guide their sharing and dialogue:

- What are current mental health assets in Monterey County you feel are especially helpful?
- What initial insights, recommendations, concerns, advocacy, or questions would you like to share?
- What is working regarding mental health in Monterey County?
- What is not working regarding mental health in Monterey County?
- What priorities do you recommend for strengthening mental health throughout Monterey County?



Core Themes for Priority Consideration:

Four core themes for priority consideration emerged across the 10 Community Engagement Sessions, continuing to:

1. Deepen and Expand Culturally Responsive, Trauma-informed Staffing, Approaches & Practices
2. Expand In-place, Embedded Culturally Responsive Care
3. Reduce Stigma Via Localized, Culturally Responsive, Tailored Outreach, Engagement, and Education
4. Foster Policy, Systems Change

Following are specific community recommendations organized by each core theme.

1. Deepen & Expand Culturally Responsive, Trauma-Informed Staffing, Approaches & Practices

Participants advocated for staffing, approaches, and programs that honored people's individuality and cultural backgrounds. Participants reported services that work well and are effective, do not take a one-size-fits-all approach; rather, they are designed to respond to and embrace people's various cultures and experiences, whether it be racial and ethnic backgrounds, languages used, experiences of trauma, other social identities and experiences. Participants advocated for continued implementation to expand effective culturally responsive approaches and practices to better address the assets, interests, needs, and realities of Monterey County residents, especially those relevant to Monterey County residents with historically underrepresented, marginalized, and vulnerable identities (for example, low-income, racial/ethnic minorities, homeless, Veterans, Senior Citizens/Elders, farmworkers, children and youth, LBGTQ+, system-involved, undocumented, etc.)

Specific priority opportunities noted in the Regional Forums include:

1. Ensure adoption and alignment to the Cultural Competency Plan of the Monterey County Health Department Behavioral Health Bureau to guide planning, implementation, evaluation, and continuous improvement.

2. Continue investing in a competent, relatable Workforce, reflective of the diversity of local residents:
   - 2.1. Recruit and support the professional development of Peer Educators, Wellness Navigators, and Promotores as well as licensed mental health therapists and clinicians to expand the talent pool and grow the mental health workforce (including psychiatrists) with bi-cultural staff from our local communities with lived experience, cultural relevance, community rootedness, reflective of the diverse people of Monterey County.
   - 2.2. Train mental health care providers in trauma/healing-informed approaches, implicit bias, cultural responsiveness, connections between substance abuse and mental illness.
   - 2.3. Provide training and support for locals with lived experience to provide tools for others in their local communities.
   - 2.4. Increase access to bilingual, culturally relatable counselors (especially in South Monterey County).

3. Continue expanding and deepening engagement of Monterey County residents in shaping equitable access to quality, effective mental health resources and services, including consumers of care across all aspects of Mental Health Services Act (MHSA) funding investments (for example, planning and program design, evaluation and assessment, funding decisions, etc. per MHSA regulations - cited by a participant as WIC sec 5813d CCR 9CCR3320).

4. Invest in and promote services, programs, policies that foster protective factors and resilience, especially social connectivity, interaction, and support specific to each age group across the lifespan as well as intergenerational programming, early childhood and youth development, and parent education. Specific examples include:
   4.1. Expand access to mental wellness promoting activities (for example, meditation, yoga, etc.).
   4.2. Expand services for homebound Seniors to reduce isolation (including initial in-home telecare assessments).

5. Provide alternatives to suspensions and expulsions for students as roots of behavior can be connected to mental health challenges (specific strategies such as Positive Behavioral Intervention Supports were noted as promising when implemented effectively).

6. Expand equitable access to quality, effective mental healthcare:
   6.1. Reduce transportation barriers by increasing in-place, embedded care.
   6.2. Expand client-friendly hours: Need for evening and weekend access, especially given most residents are hourly wage earners without flexibility to adjust schedules to access care during traditional 8am-5pm, Monday-Friday service windows.
   6.3. Develop centralized points of information, referral, and care coordination embedded in the local communities with a “no closed door”, universal access approach so when a resident does seek services, they experience seamless care and connection without being turned away from care due to affordability, insurance status, or other eligibility criteria.
   6.4. Expand Spanish and English bi-lingual services in addition to indigenous languages spoken (e.g., Triqui), Tagalog, and other languages reflective of the diverse population in Monterey County.
   6.5. Provide access to quality childcare so parents and caregivers are able to participate in mental healthcare - creative opportunities such as co-location within community recreation centers and schools were noted.

2. Expand In-Place, Embedded Culturally Responsive Care

Participants advocated for expanded access and quality care throughout their local communities. Although stand alone mental health facilities would be welcomed assets, participants noted resources invested in leveraging social trust capital of key influencers and existing locations to expedite increased access to mental healthcare could serve more people quicker and more cost-effectively than would major capital projects to expand services.

1. Participants pointed to existing promising examples of embedding mental health care professionals and paraprofessionals (including Licensed Mental Health Clinicians/Therapists, Wellness Navigators, Peer Educators, Promotores, etc.) directly into local communities where community members already are comfortable visiting and have trusting relationships established. Participants noted this could also be a cost-effective way to address transportation barriers as well as destigmatize accessing mental health services when co-located in existing spheres of trust.

2. Participants advocated for in-place, embedded care (from outreach, education & training, prevention to therapy) in specific locations including:
    1. Home Visits, especially for:
        1.1. Senior citizens/elders
        1.2. Parents/primary caregivers of zero to 5 years old
    2. K-12 Schools, for example:
        2.1. Behavioral health therapists/social workers at the schools
        2.2. Wellness centers at all Monterey County schools (elementary, middle, and high school levels; expanding upon successes such as within the Alisal Union School District and the Eagles Nest at Everett Alvarez High School and other sites in the Salinas Union High School District)
    3. Family Resource Centers, for example:
        3.1. Castroville Family Resource Center
        3.2. Alisal Family Resource Center
        3.3. Greenfield Union School District Family Resource Center
    4. Community Centers, for example:
        4.1. Alliance on Aging
        4.2. Boys & Girls Clubs
        4.3. CHISPA Community Centers (on-site within affordable housing)
        4.4. City Recreation, Community & Senior Centers
        4.5. Community Partnership for Youth
        4.6. Interim Omni Centers
        4.7. YMCAs
    5. Local Clinics offering other Health Services, for example:
        5.1. Clinica de Salud
        5.2. Seaside Clinic
        5.3. Taylor Farms Wellness Center
    6. Mobile Crisis Unit
        6.1. Expand service coverage and availability in all areas
    7. Community-based Organizations (especially those with proven effectiveness serving historically underrepresented, marginalized groups that experience oppression such as people with low-incomes, who are homeless, who are Veterans, who are racial/ethnic minorities, who are Senior Citizens/Elders, children and youth), for example:

7.1. Centro Binacional
7.2. Churches
7.3. Community Colleges & Universities
7.4. Epicenter
7.5. Libraries
7.6. Sunstreet Center
7.7. The Village Project
7.8. Veterans Transition Center
7.9. Local Government Spaces
    7.9.1. County Jail
    7.9.2. City Council Chambers, City Halls
7.10. Workplaces (including farm fields)

3. Reduce Stigma Via Localized, Culturally Responsive, Tailored Outreach, Engagement, & Education

1. Participants consistently pointed to stigma and a lack of understanding of mental health as barriers to seeking mental health resources and services. Effective social marketing outreach, engagement, and education were noted as priority opportunities to reduce stigma, promote, and cultivate mental well-being, and increase access to existing services, programs, and resources.

2. Participants highlighted the importance of mental health awareness-building and advocacy training for organizations, community members of all ages, and policymakers. They also asked for greater participation in, and transparency of, public mental health initiatives and agencies.

3. As with overarching culturally responsive staffing, approaches, and practices, participants cautioned against a one-size-fits-all approach, stressing the importance of social marketing and messaging customized to the target audience featuring local trusted influencers, people and programs from the community. Also, in alignment with the prior Core Themes, participants provided recommendations for where and how to embed an anti-stigma, mental health 101 campaign in local communities to take the campaign, materials, and outreach where people go about their daily lives, for example:
    3.1. Beauty Salons
    3.2. Bingo Halls (especially for Seniors)
    3.3. Churches
    3.4. Family Resource Centers
    3.5. Laundromats
    3.6. Schools (K-12 and post-secondary, higher education institutions)
    3.7. Trusted service providers, community-based organizations
    3.8. Waiting Rooms

4. Create a central on-line hub, including Community Calendar of Mental Health services, supports to improve awareness and access through more effective information and referral resources.

5. Leverage word of mouth, social capital, relationships with key community influencers to spread information.

6. Integrate outreach and education into existing community events, programs.

7. Promote the Mental Health Hotlines and resources in multiple languages in print, on the radio and television (tailor investment to "target market", for example, Spanish language radio for farmworker outreach).

8. Expand Peer Educators, for example:
   - 8.1. Promotores
   - 8.2. Senior Companions
   - 8.3. Youth-led Programs (for example, collaborate with existing Youth Councils/Advisories such as the Gonzales Youth Council, the Solead Youth Council, Girls Health in Girls Hands, Epicenter Youth Advisory, Center for Community Advocacy - Youth for Change Program, etc.)

9. Continue Mental Health Training, including accessibility to mental health professionals and community members – following are specific topics identified by participants:
   - 9.1. ACES Screenings (and response, information and referral)
   - 9.2. ASSIST (Keep Safe Now)
   - 9.3. Culturally Responsive Approaches and Practices
   - 9.4. Drug/Alcohol Use & Mental Health
   - 9.5. Early Warning Signs
   - 9.6. Mental Health 101 and First Aid
   - 9.7. Risk & Protective Factors
   - 9.8. Trauma/Healing-informed Approaches, Services, Programs

10. Continue Age-Span Specific Education and Training, for example:
    - 10.1. Youth Education
      - 10.1.1. Managing Stress & Anxiety
      - 10.1.2. Substance Abuse Impact on Healthy Brain Development
    - 10.2. Parent Education
      - 10.2.1. Infant, Family Training Series (for example, as offered by First 5)
      - 10.2.2. Maternal Mental Health
    - 10.3. Senior Education
      - 10.3.1. Addressing Aging, Loneliness, Isolation

11. Continue Profession-specific Education & Training, for example:
    - 11.1. Law Enforcement
      - 11.1.1. Crisis Intervention Training
    - 11.2. Teachers
      - 11.2.1. Adverse Childhood Experiences (ACES) - Risk and Protective factors
      - 11.2.2. Information & Referral Resources

11.2.3. Mental Health First Aid
11.2.4. Positive Behavior Interventions and Supports (PBIS)

4. Continue Policy, Systems Change

Participants consistently noted the need for increased awareness, communication, engagement at all levels and between stakeholders for consumers and providers to policy makers to continue making progress in systems change and policy. Also, participants consistently noted additional funding is needed above current MHSA and MCBH budgets.

Following are additional specific recommendations presented across the five Regional Forums:

1. Work to change policy to allow for insurance reimbursement, billing when services are delivered beyond traditional facilities and "in-place", for example, churches, community centers, schools, etc.

2. Align with Governor Newsom's newly created Council on Childhood Trauma as well as Master Plan on Aging, and make sure issues we have in Monterey are represented in future policy initiatives, with direct representation by local residents.

3. Continue to reduce equity gaps:
   3.1. Include left out organizations that are doing the various types of work but are not listed in the Behavioral Health Annual Update (or are listed but not for the full breadth of services they provide).
   3.2. Establish behavioral health committee within Behavioral Health Commission addressing 2017 Cultural Competence Blueprint and MHSA General Standards.
   3.3. Establish multicultural steering committee within Behavioral Health Commission for program planning and evaluation, outreach, engagement, assessment, transparency for equal access.
   3.4. Expand client and community-driven service planning and evaluation.

4. Improve cross-organizational collaboration and coordination of mental healthcare services:
   4.1. Improve communication, coordination, and collaboration between MCBH and other county agencies, departments (for example, Adult Protective Services) and external entities (for example, primary care doctors, emergency rooms, community-based organizations, private providers, etc.).
   4.2. Foster networking and relationship-building to aid "warm hand-offs" and "no closed doors" information and referral for residents.
   4.3. Collaborate with policy makers and other decision-makers to cut through red tape for those in Emergency Room, crisis to get timely follow-up care.
   4.4. Continue offering and expanding Monterey County Behavioral Health sponsored education and training that is open to Staff of other agencies, organizations as well as residents.
   4.5. Develop "one stop shops", hubs on-line and in trusted locations within communities where accurate information on services and access is available with "warm hand-offs" by knowledgeable, trusting,

caring resource connectors/advocates available with a "no closed door" approach. Specific examples include:

4.5.1. Integrating mental health awareness raising resources and services into existing trusted locations (for example: Schools, Family Resource Centers, Libraries, etc. in addition to other locations noted above);

4.5.2. Establishing a central call number noting therapists with their schedule/openings that potential clients or a main administrator can matchmake with the clients' day/time needs with available therapists;

4.5.3. Establishing a smart phone app enabling search for mental health resources and services, including clinicians with real-time appointment availability, characteristics such as cultural identity;

4.5.3.1. Build upon what's working with Sam's Guide and 211 and address limitations of these resources; and

4.5.3.2. Innovate technology tools to help close mental health equity gaps (look for those created by historically underrepresented groups)

5. Build upon success of partnership co-location between MCBH and community organizations and service providers:
   5.1. Continue and expand partnerships with School Districts to staff mental health therapists in the Schools, establishing a Wellness Center at each school site in Monterey County.
   5.2. Mental health professionals to continue to work with police (Crisis Intervention Training and Response).

6. Continue to work on changing laws to decriminalize mental illness.

Session Participants

In total, nearly 200 stakeholders participated (including predominantly residents along with service providers, including County Staff). Following is an overview of the number of participants who signed-in at each Community Engagement Session.

Regional Forum	# Signed-in		Focus Group	# Signed-in
District 1	20		Early Psychosis & Suicide Prevention	17
District 2	14		Mental Health Needs of Seniors	29
District 3	17		Childhood Trauma Prevention	16
District 4	33		Culturally Responsive Approaches	9
District 5	14		Mental Health Needs of College Age Youth	12
TOTAL	98		TOTAL	83