MONTEREY COUNTY BEHAVIORAL HEALTH

Mental and Behavioral Health Needs Assessment
Provider and Community Member Survey Findings
Fiscal Year 2019-2020

I. Introduction

Monterey County Behavioral Health Department (MCBH) contracted with EVALCORP, a professional evaluation company, to support an assessment of behavioral and mental health needs in communities throughout Monterey County.

II. Methodology

To complete the needs assessment, two surveys were administered, a Provider Survey and a Community Member Survey. The Provider Survey was designed to gather feedback from a broad range of people, agencies, and systems who work directly with persons who are receiving or are in need of mental health services. Respondents invited to take the survey represent multiple service sectors, such education, law enforcement, hospitals, and other community service agencies and organizations.

The Community Member Survey was designed to gather feedback from residents of Monterey County with mental health needs, as well as family members and other community members affected by mental health issues.

In order to gather detailed and robust feedback, both surveys included multi-item and open-ended responses options. Both surveys were in the field for approximately two months, while MCBH was conducting simultaneous, coordinated efforts to gather feedback through community forums and focus groups.

During this time, the Provider Survey was distributed via email with a link to an online survey in English and Spanish. The link to the survey was also posted to the MCBH website. Email invitations to the survey were sent to all of MCBH staff; the Maternal Mental Health Task Force, which includes service providers from medical, public health, community, and public agencies; mental and behavioral health service providers, and other stakeholders from the Mental Health Services Act Community Program Planning (CPP) process.

The Community Member Survey was administered on paper at the community forums and focus groups conducted throughout the County, as well as online through a link posted on the MCBH website.

Data Note: Providers who took the online Provider Survey were also given an option to take the Community Member Survey from their perspective as a community member and resident of Monterey County. However, quantitative analysis of the Community Member Survey revealed that providers tended to respond very similarly to related questions on both the Provider and Community Member Surveys. Therefore, in order to allow a meaningful comparison between community member and provider responses, the Community Member Survey analysis presented throughout the rest of this

report excludes responses given by survey-takers who identified as providers, except for open-ended/write-in responses.

III. Profile of Survey Respondents

This section presents the information gathered in both the Provider and Community Member Surveys to describe the respondents. A total of 378 surveys were collected from October 29, 2019 through January 2, 2020.

Table 1. Number of Surveys Collected by Survey Type

Survey Type	N
Provider Survey (online only)	190
Community Member Survey (paper and online)	188
Total	**378**

Provider Respondents

Providers were asked to give information about their professional roles/job titles; the sector they work in; whether they provide direct services; and the age groups, populations, and regions they serve.

Job Roles

Provider Survey respondents most commonly selected job titles of either Program Staff (41%) or Organizational/Agency Leadership (31%).

Table 2. Providers' Job Roles (n=190)

Job Title	%
Program Staff	41%
Organization/Agency Leadership (e.g., Executive, Principal, Chief, Director, or Manager)	31%
Admin/Office Support	12%
Other	16%
Total	**100%**

Among responses specified for "other," teachers, counselors, and medical/health providers were the most common titles. Table 12 in the Appendix contains a list of write-in responses grouped by common theme.

Work Sectors

The sectors best represented among the respondents to the Provider Survey were mental/behavioral health providers and educators.

Table 3. Providers' Sectors of Work (n=190)

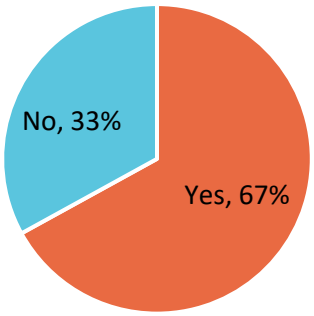
Sector	%
Mental/Behavioral Counseling	39%
Pre-K through 12 Education	23%
Community-based Organization/Non-profit Service Provider	11%
Substance Use Prevention or Treatment Services Provider	6%
Public Health	5%
Medical Treatment/Healthcare Services	3%
Social Services	3%
College/Graduate Education	1%
Law Enforcement/Probation/Justice System	1%
Other	8%
Total	**100%**

Among the responses specified under "other," Child Development, Special Education, and Administration were the most common sectors. Table 13 in the Appendix contains a list of write-in responses grouped by common theme.

Direct Services

Two thirds of respondents reported that they provide direct services either some or all of the time as part of their work. Among respondents who said they do not provide direct services, nearly all indicated that others in their organization/agency do provide direct services.

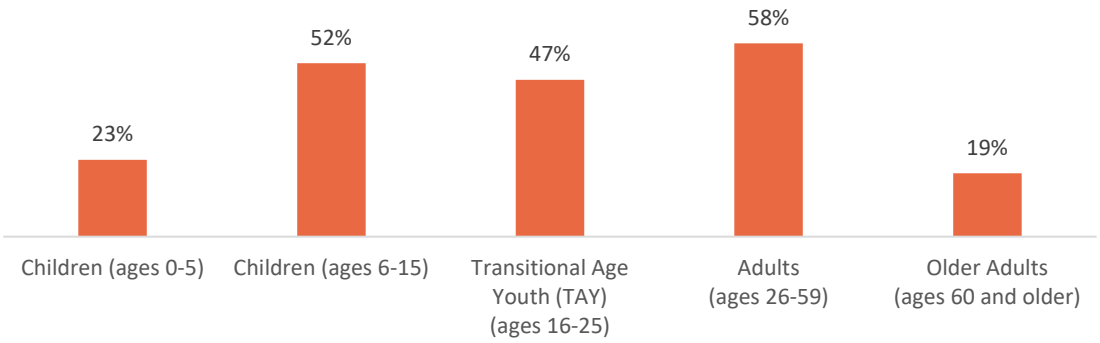
Chart 1. Do you provide direct services in your professional role? (n=190)



Age Groups Served

Respondents indicated that they work with a range of age groups, most often adults ages 26-59 (58%), followed by children ages 6-15 (52%) and transitional age youth (TAY) ages 16-25 (47%).

Chart 2. Which age groups do you work with most often? (n=184)



Total percentage exceeds 100% because respondents could select multiple options.

Population Groups Served

Below, Table 4 shows the top five population groups served by respondents. A strong majority of respondents serve populations who are low-income (80%), and more than half of respondents said they serve persons experiencing homelessness (55%).

Table 4. Population Groups Served by Providers (n=181)

Population Served	%
Persons who are low-income	80%
Persons who are trauma-exposed	70%
Immigrants	60%
Children/youth in stressed families	56%
Persons experiencing homelessness	55%

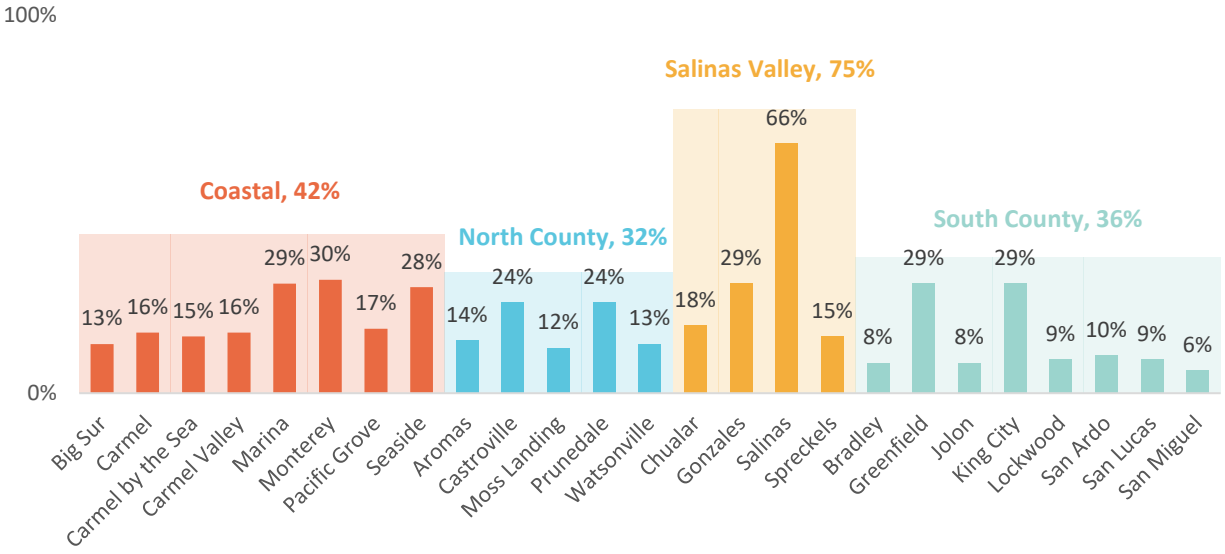
Total percentage exceeds 100% because respondents could select multiple options.

In addition, among respondents who indicated they served populations not listed, the most common group listed is people facing substance/alcohol use disorders. Tables 14 and 15 in the Appendix present a full list of populations served and a list of responses provided under "other," grouped by common theme.

Communities Served

Nearly half of respondents indicated that they provide services throughout Monterey County (48%). Among respondents who indicated the cities and regions in which they provide services, 75% of respondents said they provide services in the Salinas Valley, most often in the city of Salinas (66%).

Chart 3. Which geographic area(s) do you serve? (n=127)



Regional percentages reflect percent of respondents who selected one or more cities within the region. Total percentage of cities and total percentage of regions exceed 100% because respondents could select multiple options.

Notably, 16 respondents reported that they provide services in Soledad under the "other" option. Table 16 in the Appendix contains a full list of the cities written in under "other."

Community Member Respondents

Community Member Survey respondents were asked to give demographic information, including the zip code where they live, age, race/ethnicity, language, gender, sexual identity, disability status, and other information about themselves that may help give context to their responses on the survey (e.g., if they are a veteran, homeless, without immigration status, etc.).

Zip Code of Residence

Respondents most frequently selected zip codes in Salinas (29%), followed by Prunedale (12%).

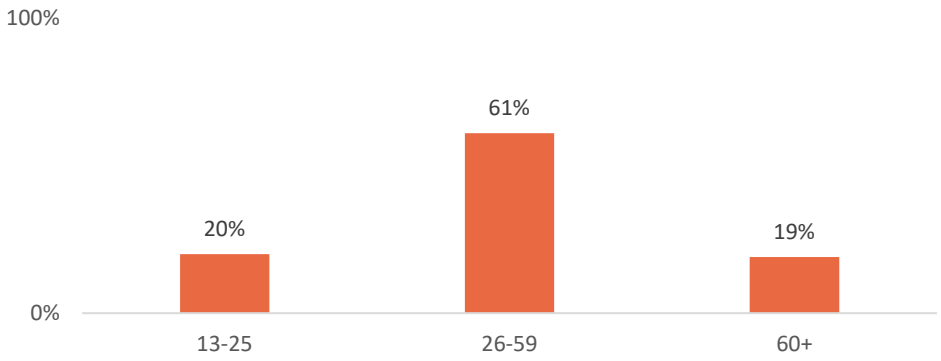
Table 5. Percent of Community Member Respondents by City and Zip Code (n=162)

City	Zip Code	%
Salinas	**(total)**	**29%**
Salinas	*93901*	*14%*
Salinas	*93906*	*15%*
Salinas	*93938*	*1%*
Prunedale	93907	**12%**
Alisal	93905	**8%**
Gonzales	93926	**8%**
Sand City	93955	**7%**
Del Rey Oaks	93940	**6%**
Soledad	93960	**5%**
Greenfield	93927	**4%**
Castroville	95012	**3%**
East Garrison	93933	**3%**
King City	93930	**3%**
Carmel	93923	**2%**
Corral de Tie	93908	**2%**
Aromas	95004	**1%**
Carmel Valley	93924	**1%**
Corralitos	95076	**1%**
Hollister	95023	**1%**
Morgan Hill	95037	**1%**
Santa Cruz	95062	**1%**
Soquel	95073	**1%**
Total		**100%**

Age

Ages of respondents range from 13 to 85 years old. The majority of respondents are ages 26 to 59 (61%).

Chart 4. How old are you? (n=161)



Race/Ethnicity

More than half of respondents to the Community Member Survey identify as Hispanic or Latino (52%).

Table 6. Percent of Community Member Respondents by Race/Ethnicity (n=170)

Race/Ethnicity	%
Hispanic or Latino	52%
White	34%
Black or African American	11%
Multiracial	6%
Asian	5%
American Indian or Alaska Native	3%
Native Hawaiian or Pacific Islander	3%
Another race/ethnicity	2%

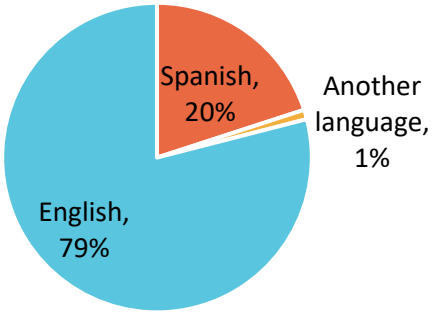
Total percentage exceeds 100% because respondents could select multiple options.

Write-in responses for “Another race/ethnicity,” include “Salinas” and “Latinx.” A list of write-in responses is presented in Table 21 in the Appendix.

Language

The majority of Community Member Survey respondents indicated that they speak English at home (79%).

Chart 5. What language do you speak most at home? (n=150)

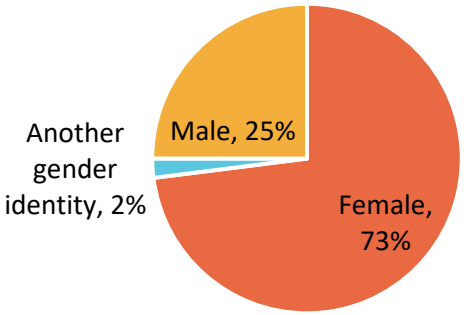


Responses specified under "another language" include "both English and Spanish." Other languages specified are Chicano, German, and Sign Language.

Gender

The majority of respondents to the Community Member Survey identify as Female (73%).

Chart 6. How do you describe your gender? (n=170)



Among respondents who selected "Another gender," non-binary or fluid was the most common write-in response. A grouped list of write-in responses is included in Table 22 in the Appendix.

LGBTQ+

Six percent (6%) of respondents to the Community Member Survey identify as LGBTQ+ (n=109). Respondents were able to write in information about their LGBTQ+ identity. The most common responses were gay, bisexual, and queer. A list of write-in responses is provided in Table 23 in the Appendix.

Disability

Nine percent (9%) of respondents to the Community Member Survey reported that they have a disability (n=112). When asked to specify their disability, the most common responses were types of mental health conditions, including depression. A list of write-in responses is provided in Table 24 in the Appendix.

Other Community Member Characteristics

Table 7. Percent of Community Member Respondents by Other Characteristics (n=77)

Characteristic	%
I am a caregiver for an adult family member	23%
I do not have immigration status or live with someone who does not have immigration status	12%
I am a veteran	8%
I am homeless or might become homeless in the near future	1%
Other	60%

Total percentage exceeds 100% because respondents could select multiple options.

Respondents wrote in a variety of additional characteristics about themselves under "Other," including information about respondents' lived experience and family, community, and professional roles. These Responses are summarized in Table 25 in the Appendix.

IV. Prioritized Mental and Behavioral Health Issues and Contributing Factors

Mental and Behavioral Health Issues

Respondents to both the Provider and Community Member Survey were asked to prioritize up to three mental/behavioral health issues that are most urgently in need of additional resources (Provider Survey) and most important in their community (Community Member Survey).

Notably, there was agreement among both providers (n=162) and community members (n=177) about their top three priorities. Both sets of respondents most frequently identified **depression**, **anxiety**, and **trauma** in their top three priorities. Suicide or thoughts of suicide was the least prioritized issue in both groups.

Respondents to both surveys wrote in additional issues under "other," most commonly including specific mental health diagnoses not included on the list such as psychosis, schizophrenia, and post-partum depression. Both Provider and Community Member write-in responses are summarized in Tables 17 and 26, respectively, in the Appendix.

Contributing Factors to Mental and Behavioral Health Issues

Respondents to the Provider and Community Member Survey were asked to identify factors most substantially contributing to mental and behavioral health needs. Again, there was agreement among both providers (n=165) and community members (n=176) about the top three contributing factors: **financial stress**, **stressful childhood experiences/ACEs**, and **homelessness**.

Respondents to both surveys wrote in additional contributing factors under "other." Respondents to the Provider Survey most commonly wrote about substance abuse disorders and family issues such as divorce and parenting challenges. Respondents to the Community Member Survey most commonly wrote about specific types of financial stressors such as low wages and lack of affordable housing. Both Provider and Community Member write-in responses are summarized in Tables 18 and 27, respectively, in the Appendix.

V. Availability of Mental and Behavioral Health Services and Barriers to Access

Provider Feedback on the Availability of Services

Respondents to the Provider Survey were asked to indicate the extent to which they think mental and behavioral health services are available to the communities and regions they serve, including specific populations and age groups. The Community Member Survey did not include these questions because these questions elicit feedback on the availability of services across multiple populations and groups and community members were asked to speak only to their personal experience with mental health needs and services.

General Availability of Services

Overall, **94% of respondents to the Provider Survey indicated that services are available to communities and regions they serve, but insufficient to meet the need.** Only 1% indicated that services are not available at all.

Specific Unserved and Underserved Populations

Respondents to the Provider Survey were asked to rate the availability of services for specific populations as either not available at all, available but insufficient to meet the need, sufficiently available to meet the need, or "I don't know."

Excluding those who selected "I don't know," at least 90% of respondents indicated there is unmet need for all but one category: persons who primarily speak Spanish (84%). Persons who are trauma-exposed is the population type most frequently selected by respondents as having insufficient or no available services (97%, excluding respondents who said they do not have knowledge of the availability services).

Table 8, below, lists each population type and the corresponding percent of respondents who rated services as either not available at all or insufficient to meet the need. Respondents who chose "I don't know" were excluded from this analysis.

Table 8. Availability of Services for Specific Populations

Population Type	Insufficient to meet the need or not available at all*
Persons who are trauma-exposed (n=135)	97%
Children/youth in stressed families (n=133)	96%
Persons experiencing onset of serious psychiatric illness (n=111)	95%
Immigrants (n=127)	95%
Family members, support persons, or caregivers of individuals with mental health conditions (n=113)	95%
Persons who are low-income (n=144)	94%
Persons who primarily speak a language other than English or Spanish (n=96)	94%
Persons experiencing homelessness (n=130)	94%
Persons with disabilities other than mental/behavioral health conditions (e.g., mobility, hearing, speech, learning, developmental, chronic health conditions like HIV or diabetes, etc.) (n=108)	94%
Persons who are victims/survivors of intimate partner/domestic violence (n=119)	94%
Children 0-5 who have experienced early life stressors and/or trauma (n=103)	93%
Children/youth at risk of juvenile justice involvement (n=112)	92%
Women with pre-/post-natal needs (n=90)	92%
Persons who identify as LGBTQ+ (n=98)	91%
Children/youth at risk for school failure (n=124)	90%
Veterans (n=88)	90%
Persons who primarily speak Spanish (n=139)	84%

* The n for each population type and calculated percent excludes respondents who selected "I don't know" for that population type.

Notably, 31% of respondents said that services are not available at all for persons who primarily speak a language other than English or Spanish (excluded those who selected "I don't know").

In addition, more than one third of respondents selected "I don't know" when asked to indicate the availability of services for:

- veterans (40%, n=146),
- women with pre-/post-natal needs (40%, n=149),
- persons who primarily speak a language other than English or Spanish (36%, n=149),
- persons who identify as LGBTQ+ (34%, n=149), and
- children 0-5 who have experienced early life stressors and/or trauma (33%, n=154)

When asked to identify any additional populations not listed, respondents most frequently wrote in specific immigrant populations, such as indigenous groups from Oaxaca, undocumented individuals, and DACA. A list of write-in responses is provided in Table 20 in the Appendix.

Age Groups

Similarly, respondents to the Provider Survey were asked to rate the availability of services by age group as either not available at all, available but insufficient to meet the need, sufficiently available to meet the need, or "I don't know."

Excluding those who selected "I don't know," at least 93% of respondents indicated there is unmet need for all age groups.

Table 9, below, lists each age group and the corresponding percent of respondents who rated services as either not available at all or insufficient to meet the need. Respondents who chose "I don't know" were excluded from this analysis.

Table 9. Availability of Services by Age Group

Age Group	Insufficient to meet the need or not available at all*
Children (age 0-5) (n=106)	95%
Children (age 6-15) (n=133)	95%
Transitional Age Youth (TAY) (age 16-25) (n=128)	94%
Adults (age 26-59) (n=123)	90%
Older Adults (age 60 and older) (n=101)	93%

* The n for each age group and calculated percent excludes respondents who selected "I don't know" for that age group.

There are notable gaps in knowledge among providers about the availability of services for two age groups, with 34% of respondents indicating "I don't know" for older adults age 26-59 (n=153) and 30% indicating "I don't know" for children age 0-5 (n=151).

Barriers to Accessing Mental and Behavioral Health Services

Respondents to both the Provider Survey and the Community Member Survey were asked to identify barriers to accessing mental and behavioral health services. Providers were asked to rate a list of barriers as either "a major barrier," "somewhat of a barrier," "not a barrier at all," or "I don't know." Community Members were asked to identify the top three biggest barriers to getting mental and behavioral health resources.

Notably, both providers (n=153) and community members (n=177) aligned on the top six barriers (out of a list of 15). **Lack of knowledge/information about services/where to get help** was the most highly prioritized barrier among both groups. This barrier was identified as "major" by the highest percentage of respondents to the Provider Survey (64%), excluding those who selected "I don't know." On the Community Member Survey, the highest percentage of respondents (63%) prioritized this barrier among their top three. Table 10 below shows the top six barriers from both the Community Member and Provider Surveys.

Table 10. Barriers to Accessing Mental and Behavioral Health Services

Barrier	Community Member Survey % prioritizing among top three barriers (n=177)	Provider Survey % indicating "major barrier" (n=153)
Lack of information about where to get help	63%	64%
Cost	46%	59%
Stigma related to mental illness	46%	58%
Service locations are too far away	37%	56%
Lack of transportation	35%	69%
Lack of health insurance	31%	57%

Respondents on both surveys wrote in additional issues under "other." Providers most commonly gave further explanation for their selections, such as transportation issues. Community Members most frequently wrote in more detail about a lack of services for specific populations and needs. Both Provider and Community Member write-in responses are summarized in Tables 19 and 28, respectively, in the Appendix.

"Clients have to go to behavioral health instead of directly to provider for assessment and authorization. It's too many hoops to jump through."

"Fragmented nature of services available, go here for this service, call that number, wait for that service, try calling them, navigating the process to find the right care is exhausting."

-Provider Survey Respondents

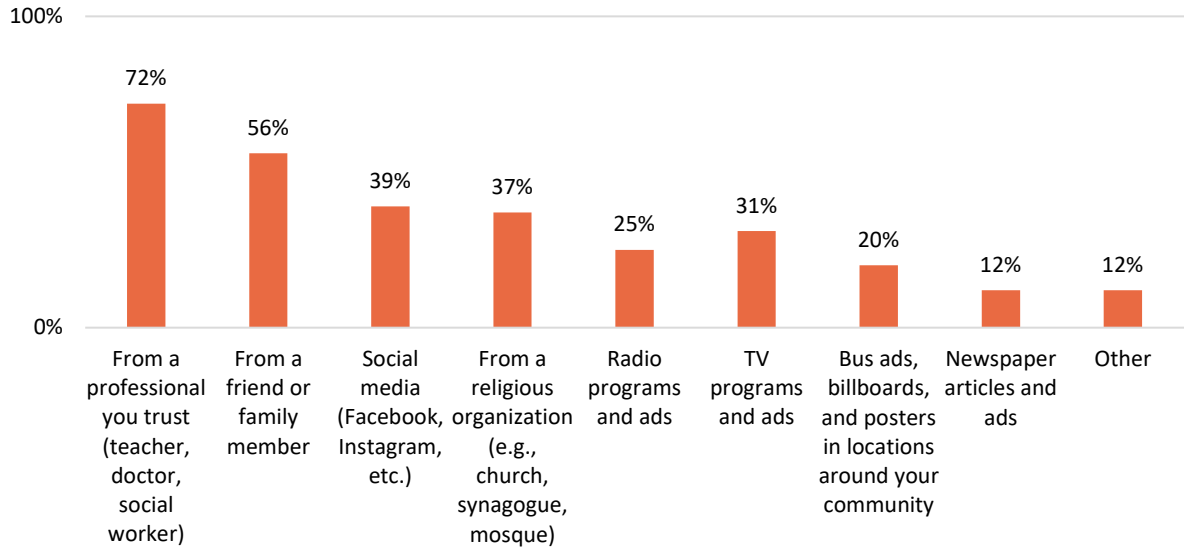
"Many people have insurance but [few] practitioners take insurance and [they are] always full."

-Community Member Survey Respondent

Outreach and Education about Available Services

Related to a lack of information about available services, when asked how they or their family members would be most likely to learn more about mental and behavioral health services, 72% of Community Member Survey respondents chose "from a professional you trust (e.g., teacher, doctor, social worker)."

Chart 7. Where would you/your family be most likely to learn about mental and behavioral health services? (n=177)



Top "other" responses include internet-related communication such as websites, and places such as school or work. Community Member write-in responses are summarized in Table 29 in the Appendix.

VI. Provider Recommendations

Respondents to the Provider Survey were given an opportunity to write in answers to an open-ended question asking for their recommendations or suggestions on how to better meet the mental/behavioral health needs in the communities that they serve. Their recommendations were grouped into the five themes described in Table 11, below.

Table 11. Provider Recommendations to Meet Mental/Behavioral Health Needs	**#**
Improve accessibility of services (e.g., expanded hours, mobile services, increased sites, increased services in underserved regions, cultural competence, easier access to services, increased insurance or payment options)	**80**
Offer more services and programs (e.g., more licensed mental health professionals, increased presence on school campuses, increased services for special populations, increased staff training for specific diagnoses, increased variety of service types, more prevention services)	**63**
Improve outreach and education about available services (e.g., increased community events explaining services available and how to access them, better engagement with community to understand needs, providing trainings such as mental health first aid)	**35**
Enhance program resources and infrastructure (e.g., staff retention through increased pay, reducing administrative burden, expanded efforts to seek funding, provision of laptops needed to better serve the community)	**19**
Improve quality of services (e.g., improved client collaboration/feedback, more coordinated care)	**6**

Below are more detailed highlights from two selected recommendations most pertinent to the needs and barriers identified in the Provider and Community Member Surveys: Improve accessibility of services and improve outreach and education about available services.

Improve accessibility of services

Providers frequently mentioned the lack of services available in South County, North County, and Salinas. In addition to opening additional sites, providers suggested offering mobile services to these areas and expanded hours such as evening and weekend appointments.

> "The majority of the population that resides in South County are farm workers. The schedule of a farm work varies from 3 am to 6-7 pm at times. There is a lack of time frames available for farm worker parents to tend to their own mental health needs and those of their children."
>
> -Provider Survey Respondent

Specific underserved populations were mentioned frequently, including agricultural workers, children 0-5, students, homeless individuals, and pregnant and postpartum mothers.

"There is a population of young adults in the city of Monterey who are homeless and living with untreated mental health conditions who do not want to leave the city of Monterey because of safety concerns and/or anxiety over traveling outside the city. They need the support of a shelter with linkages to a behavioral health center in Monterey similar to Marina and help establishing SSI benefits."

-Provider Survey Respondent

Improve outreach and education about available services

Respondents indicated a need to provide more outreach and education on mental health awareness and how to access services, as well as a better engagement with schools and existing communities and community-based organizations to gain an understanding of how to better serve those communities.

"[We need] greater collaboration with school districts to bring mental health services to school sites and district family resource centers/wellness centers. Parents are more willing to participate in services when they are closer to their place of living and connected to the school."

-Provider Survey Respondent

Enhance program resources and infrastructure

Many providers spoke to a systemic problem with and lack of funding, leading to overburdened staff and unmet community needs. The extensive documentation and administrative work currently required for billing drives the ratio of billable hours down; staff take on additional patients to bring the ratio of billable hours back up. Overwhelming caseloads and administrative work reduce clinicians' ability to provide high quality care and lead to burnout.

"There needs to be more money for more licensed staff to provide more direct services."

-Provider Survey Respondent

"Our service stats show the need is unmet and growing, yet our funding has been cut for three years in a row."

-Provider Survey Respondent

"We have a serious staffing issue. The need of accessing services continues to rise but the staff numbers do not …This leads to burnout and difficulty retaining employees long term."

-Provider Survey Respondent

VII. Summary of Findings and Implications for Prevention and Early Intervention Programs

Findings from both the Provider and Community Member Surveys indicate that there is very high alignment in Monterey County across diverse stakeholders about the highest priority needs in mental and behavioral health and access to services. Nearly all providers agreed that there is unmet need across sub-populations and age groups. Lack of knowledge about existing services, both among providers and community members, emerged as a key barrier to accessing services. Relatedly, providers identified outreach and education about available services and training for providers as a key recommendation, among other recommendations.

Robust Feedback

Nearly equal numbers of providers (n=190) and community members (n=188) responded to the surveys. Providers represented largely program staff and leadership from mental/behavioral health counseling, primary and secondary education, and community-based organizations, who provide direct services or work alongside colleagues who provide direct services. The large majority reported that they serve low-income people living in Monterey County (80%). In addition, at least half of the providers reported they serve persons who are trauma-exposed (70%), immigrants (60%), children/youth in stressed families (56%), an persons experiencing homelessness (55%).

Nearly one third or more of providers who responded to the survey said they served each county region: coastal (42%), North County (32%), Salinas Valley (75%), and South County (36%).

Outreach to community members about providing feedback through the survey, forums, or focus groups took place all five county districts. Most community members who took the survey are ages 26 to 59 (61%), and identify as female (73%) and Hispanic or Latino (52%). Other prevalent community member characteristics include respondents who are caregivers for an adult family member and with lived experience.

High Alignment on Mental Health Needs and Contributing Factors

Both providers and community members agreed that **depression**, **anxiety**, and **trauma** are among their top three priorities for mental and behavioral health in terms of importance and, for providers, resource allocation. Suicide prevention was the least prioritized issue among both groups of survey-takers. There is also alignment on the identification of contributing factors to mental and behavioral health issues: both providers and community members identified **financial stress**, **stressful childhood experiences/ACEs**, and **homelessness**, as their top three contributing factors.

Homelessness emerged as an area where more follow-up is indicated. Although homelessness was recognized as highly prioritized contributing factor, only two PEI programs explicitly include descriptions of services specifically for homeless individuals in their program and presentation descriptions: The Village Project's African American Community Partnership and Interim, Inc.'s Chinatown Learning Center.

Unmet Needs across Populations

When providers were asked about the availability of services to meet these needs and address these contributing factors, they generally indicated that **services are available in the communities and regions they serve, but insufficient to meet the need** (94%). This finding was echoed providers' rating of the availability of services for specific population and age groups; all but one population type received 90% or more of provider respondents indicating insufficient services to meet the need or no services at all. Eighty-four percent (84%) of providers indicated that there are insufficient services for individuals who primarily speak Spanish. Given the broad-based need for services indicated by providers, no one population group clearly emerged as a priority for addressing unmet needs.

Lack of Knowledge as a Barrier for Providers and Community Members

Lack of knowledge about existing services was identified as the top barrier to accessing services by both provider and community member respondents. Community members indicated that education about existing services is likely to be most effective if the information comes from a trusted professional such as a teacher, doctor, or social worker (72%). In alignment with this finding, providers recommended greater collaboration with school districts, wellness centers, and family resource centers to improve outreach and education about mental health services.

Among the MCBH PEI programs that tracked program outcomes, participants tended to agree that the services they received increased their knowledge of where to go for mental health services near them. However, programs that serve youth tended to receive lower ratings, including school-based counseling programs provided by Pajaro Valley Prevention and Student Assistance and Harmony at Home, as well as Silver Star Resource Center. These ratings may be lower due to the age of the individuals completing the outcome surveys, rather than the effectiveness of education about local services, and warrants further follow up. The Epicenter also serves youth and received one of the highest ratings for the same metric, so they may have strategies to share about educating youth on available services.

A parallel finding emerged among providers, with **more than one third of providers reporting that they do not know whether services were available to specific populations that MCBH currently serves through its PEI programming,** including veterans and persons who identify as LGBTQ+. This may indicate a need for education among providers about existing services in the county.

Appendix. Write-in Responses to Survey Questions

Provider Survey

Table 12. Providers' Job Roles Specified under "Other"

Job Title	#
Teacher/Educator	10
Counselor/therapist/social worker	5
Medical/Health Provider	4
SPED	2
Board/Commission member	2
Firefighter/ Public Safety	2
Community Outreach	1
Youth advocate	1
Community Consultant	1
Other (e.g., anonymous and "staff")	3

Table 13. Providers' Sectors of Work Specified under "Other"

Sector	#
Child Development	3
Special Education	2
Administration	2
Resource Center	1
Mental Health Administration	1
Emergency Medical Services	1
Disability, LGBTQ+ and foster youth communities	1
Peer Support	1
Medical Services	1
Other (e.g., Multi-tiered system of supports)	2

Table 14. Population Groups Served by Providers (n=181)

Sector	%
Persons who are low-income	80%
Persons who are trauma-exposed	70%
Immigrants	60%
Children/youth in stressed families	56%
Persons experiencing homelessness	55%
Children/youth at risk for school failure	48%
Persons who are victims/survivors of intimate partner/domestic violence	40%
Family members, support persons, or caregivers of individuals with mental health conditions	39%
Persons experiencing onset of serious psychiatric illness	33%
Persons with disabilities other than mental/behavioral health conditions (e.g., mobility, hearing, speech, learning, developmental, chronic health conditions like HIV or diabetes, etc.)	33%
Persons who identify as LGBTQ+	31%
Children/youth at risk of juvenile justice involvement	30%
Children 0-5 who have experienced early life stressors and/or trauma	23%
Women with pre-/post-natal needs	20%
Veterans	12%
None of the above	3%
Other underserved populations (please specify):	5%

Total percentage exceeds 100% because respondents could select multiple options.

Table 15. Population Groups Served by Providers Specified under "Other"

Population Served	#
Substance abuse and alcohol	3
Immigrants	2
Monterey County	1
Persons with mental/behavioral health conditions	1
College students	1
Intellectually Handicapped Students	1

Table 16. Cities Served by Providers Specified under "Other"

City	#
Soledad	16
Alisal	1
Chinatown	1
Gonzales	1
Las Lomas	1
Pajaro	1
Parkfield	1
Pebble Beach	1

Table 17. Most urgent Mental/Behavioral Health Issues Specified under "Other"

Mental/Behavioral Health Issue	#
Serious Mental Illness	4
Early Intervention	1
Teen drug use	1
Suicide	1
Homelessness	1
Victims of Abuse	1
Don't know	1
Substance abuse disorder	1

Table 18. Contributing Factors Specified under "Other"

Factor	#
Substance abuse disorder	3
Problems at home (e.g., divorce, parental challenges)	3
Limited availability of services	2
Housing	1
Don't know	1
Lack of transportation to services	1

Table 19. Barriers to Mental Health Services, identified by Providers

Barrier	#
Logistical difficulties with accessing services (e.g., difficulty beginning services, transportation)	6
Lack of service provisions for special populations (e.g., homeless, TAY, foster youth)	3
Lack of mental health staff and/or office space	3
Stigma and lack of community outreach and engagement	3
Inadequate discharge planning	1
Don't know	1

Table 20. Other Underserved Populations Identified by Providers

Underserved Population	#
Immigrants (e.g., indigenous groups from Oaxaca, undocumented, DACA)	5
Suicidal populations	1
Middle class who don’t qualify for Medi-Cal	1
Families who live in rural, isolated communities	1
First generation college students	1
People with ACES	1
High functioning individuals needing basic medication management	1
Youth and adults with developmental and behavioral needs	1
Families who live in labor camps	1

Table 21. Race/Ethnicity Specified under "Another race/ethnicity"

Races/ethnicities	#
"Salinas"	4
European (e.g., Irish, German)	3
Latinx	2
Chicano	1
Unspecified (e.g., "Decline," "all")	4

Table 22. Gender Specified under "Another gender Identity"

Gender	#
Non-Binary	4
Agender	1
Fluid	1
Decline to Answer	2

Table 23. Specified LGBTQ+ Identities

LGBTQ+ Identity	#
Gay	4
Bisexual	4
Queer	4
Asexual	1
Lesbian	1
Pansexual	1

Table 24. Specified Types of Disabilities

Type of Disability	#
Mental Health Condition	12
Cognitive Impairment or Learning disorder	3
Chronic Pain	2
Visual	1
Substance Abuse	1

Table 25. Additional Personal Characteristics Specified under "Other"

Characteristic	#
Descriptions of related professional roles	**32**
Policymaker and/or community advocate	8
Service provider/work with CBOs (e.g, work for a nonprofit; work with elders, at risk youth, early childhood; promotora de salud; community health outreach worker)	11
Public Council/Board member	3
Mental Health professional	3
Pastor	1
Teacher	1
Work in hospitality industry	1
Personal experience with mental health:	**14**
Currently experiencing stressor (e.g., isolation, bullying, chronic pain, housing-related financial stress)	4
History of trauma (e.g., trauma, poverty, domestic violence)	3
Diagnosed with mental health condition or substance user	3
Other personal interest in mental health issues (e.g., cares about mental health issues, general experience with mental health issues)	4
Lived experience with others' mental health:	**9**
Family member with mental health diagnosis, homelessness, or disability	**7**
Caregiver for someone with mental health diagnosis	2
Role as a family member:	**6**
Parent	5
Single parent	6
Grandparent	1
Population type	**6**
College student	2
Older adult	2
Senior	2

Table 26. Mental/Behavioral Health Issues Specified under "Other"

Mental/Behavioral Health Issue	#
Specific Mental Health Diagnosis (e.g., serious mental illness, post-partum depression)	4
Increased access (e.g., difficulty accessing services; not knowing how to access services)	2
Isolation	2
Financial Stress	1
Early Intervention	1

Table 27. Contributing Factors Specified under "Other"

Stressor	#
Financial Stress (e.g., low wages. lack of affordable housing)	7
Physical or mental abuse (e.g., Domestic Violence, Trauma/ ACES, Emotional Abuse)	3
Stress related to Political events	2
Immigration related Stress	2
School or Work Stress	2
Social pressure	1

Table 28. Barriers to Accessing Services Specified under "Other"

Barrier	#
Lack of Services or Providers (e.g., lack of services in area of need)	20
Stigma or Cultural barriers (e.g., mistrust of service providers)	7
Difficulty Starting Services (e.g., lengthy onboarding process, long wait times)	3
Insurance Not Accepted (e.g., lack of service providers who accept private or certain types of public insurance)	3
Other (e.g., lack of affordable housing; lack of transportation)	3

Table 29. Places Most Likely to Learn about Availability of Services Specified under "Other"

Place	#
Internet Search, Website, or Social Media	9
School or Work	8
Doctor or health clinic	6
Local community-based organizations	6
Professional Referrals	5