



BEHAVIORAL HEALTH LANDSCAPE STUDY

Challenges and Opportunities for Action in Monterey County

This executive summary presents findings from an 8-month landscape study conducted between June 2025 and March 2026 to better understand behavioral health challenges, system fragmentation, service gaps, and opportunities for coordinated action across Monterey County.

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This study was supported through an Innovation Grant from the Central California Alliance for Health (CCAH).

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ACKNOWLEDGMENTS

We would like to express our sincere gratitude to all of the participants who generously contributed their time, energy, expertise, compassion, and lived experiences to this study. Your willingness to engage in honest dialogue, share perspectives, and help identify the challenges facing our community made this report possible.

We are especially grateful for the commitment demonstrated by individuals and organizations across Monterey County who continue to work tirelessly to improve behavioral health services for those most in need.

While this report highlights significant challenges, it also reflects a shared sense of hope. We believe that meaningful systems change is possible when communities come together with courage, humility, and a willingness to take thoughtful risks. Through our collective voices, collaboration, and commitment to action, we can build a more connected, equitable, and effective system of care for all.

Thank you for being part of this journey.

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REPORT SUMMARY

Mental health and substance use disorders remain major contributors to morbidity, disability, and preventable mortality in the United States, despite the availability of prevention services, outreach efforts, and evidence-based treatment approaches. These challenges are acutely felt in Monterey County, where elevated psychological distress, persistent inequities in access to care, workforce shortages, and fragmented service systems intersect with significant socioeconomic, linguistic, cultural, and geographic barriers.

This report presents findings from an eight-month stakeholder engaged study landscape study conducted between June 2025 and February of 2026. The list of contributing stakeholders of this study can be found in [Appendix A](#) of this summary.

Use of a Modified Theory of Change Framework

The study employed a modified Theory of Change (ToC) methodology to structure the interpretation of findings and identify actionable implementation opportunities. This approach supported consensus among stakeholders on where collaborative efforts were most likely to have impact and helped surface practical strategies that could be implemented within existing county and state systems.

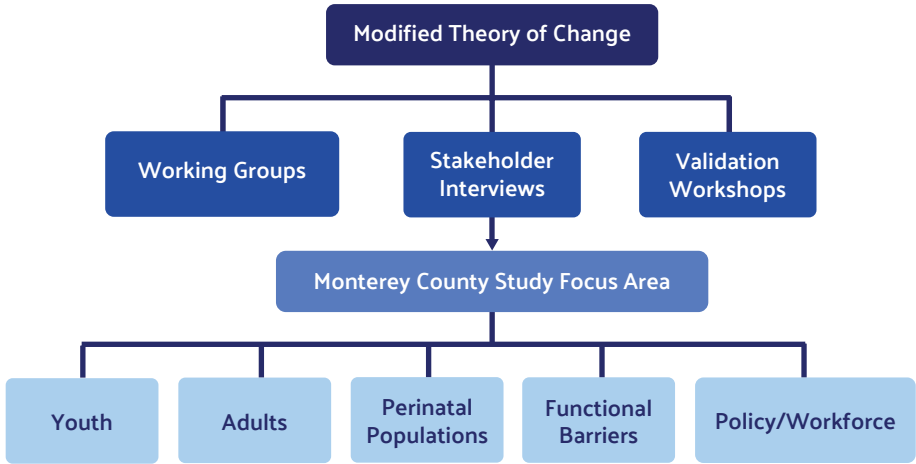


Figure 1 Modified Theory of Change

The modified ToC approach is consistent with prior evidence demonstrating the value of Theory of Change frameworks for aligning stakeholders, clarifying causal pathways, and improving the feasibility and relevance of complex health interventions and served as an excellent method to evaluate the gaps and challenges within Monterey County for the study.

Key Study Objectives

- Identify critical challenges that are not adequately addressed within Monterey County’s current mental health and substance use systems.
- Engage Monterey County stakeholders and partners in developing a shared assessment of needs and a common vision for collaboration.
- Identify practical opportunities and actionable solutions to inform future planning and system improvement efforts.

The Monterey County Context

Behavioral health disorders are common in the United States and contribute substantially to morbidity, disability, and preventable mortality. Regarding mental health needs, in 2022, more than one in five U.S. adults—approximately 59.3 million people—experienced a mental illness, yet only about half received mental health services during the previous year.¹

These national concerns are reflected locally in Monterey County, where mental health and substance use treatment needs are substantial and access to timely, evidence-based care remains uneven. Recent county-level indicators show that approximately 17% of adults and nearly one-third of young adults ages 18–24 report serious psychological distress. Fewer than 60% of adults who reported needing mental health care received care during the previous year.²

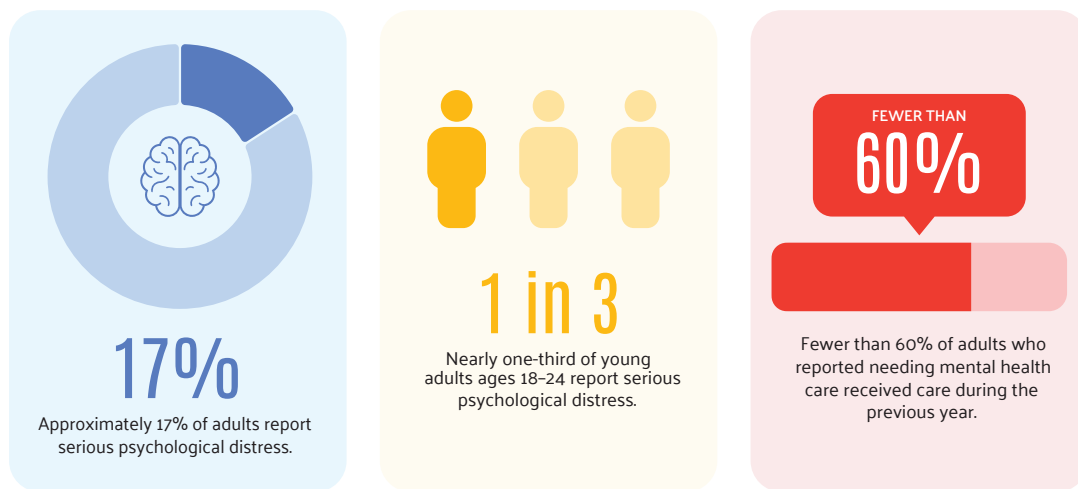


Figure 2 Monterey County Mental Health Statistics

1 Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (NSDUH). Center for Behavioral Health Statistics and Quality. U.S. Department of Health and Human Services.

2 Recent county-level indicators show that approximately 17% of Monterey County adults experience serious psychological distress, and only 59.5% of adults who reported needing behavioral health services received care (Datashare)

Monterey County also faces significant economic, geographic, and cultural barriers that affect access to care. The county has considerable ethnic and linguistic diversity, high levels of poverty, and the highest percentage of uninsured residents among California counties. These conditions contribute to uneven access to services and create additional challenges for both providers and patients.

Given Monterey County’s distinct demographic, geographic, and health system context, a detailed review of local behavioral health needs, barriers, and opportunities is necessary to guide future planning and improve access to care.

Key Study Findings

Concerns related to youth in Monterey County consistently emerged as the highest-priority area of need in discussions with underserved community focus groups and concerned parents, many of whom work long hours in agriculture during seasonal periods and are often unable to provide close supervision of school-aged children.

Risk Factors	Immediate Impacts	Theory of Change Opportunity	Long-Term Goal
Early substance use beginning as early as sixth grade	Increased risk of addiction, school problems, crisis events, and family stress	Expand prevention after-school programs, and youth outreach earlier in middle school	Lower rates of youth substance use and crisis-system involvement
Suicide risk among approximately 16% of ninth- & eleventh-grade students	Greater risk of self-harm, emergency response, and long-term behavioral health needs	Increase school counseling, suicide prevention, family engagement, and early screening	Reduced suicide risk and improved emotional wellbeing
High emergency department use for behavioral health needs	Youth enter care only after reaching crisis	Strengthen school-based supports, referral systems, and community-based services	Earlier intervention before crisis develops
Social media influence, substance exposure, violence, trafficking, and poor self-image	Increased behavioral health risks and unsafe behaviors	Build culturally relevant prevention, peer support, and digital literacy programs	Healthier coping skills, resilience, and safer youth environments

Figure 3 Key Youth Concerns Identified

Adult Behavioral Health Challenges

The Study focused on adults with complex trauma and higher levels of need, where disconnected services and more fragmented treatment approaches often contribute to poor outcomes due to complicated social determinants of health. Achieving the appropriate balance of care across physical health, substance use disorders, mental health conditions, and trauma-related needs requires careful system design to ensure services are coordinated, accessible, and responsive to the realities of individuals with complex life circumstances. The true cost of healing is not sufficiently documented when considering all the social services necessary to support an individual who may be homeless, justice involved and also suffering from co-occurring conditions of behavioral health and addiction.

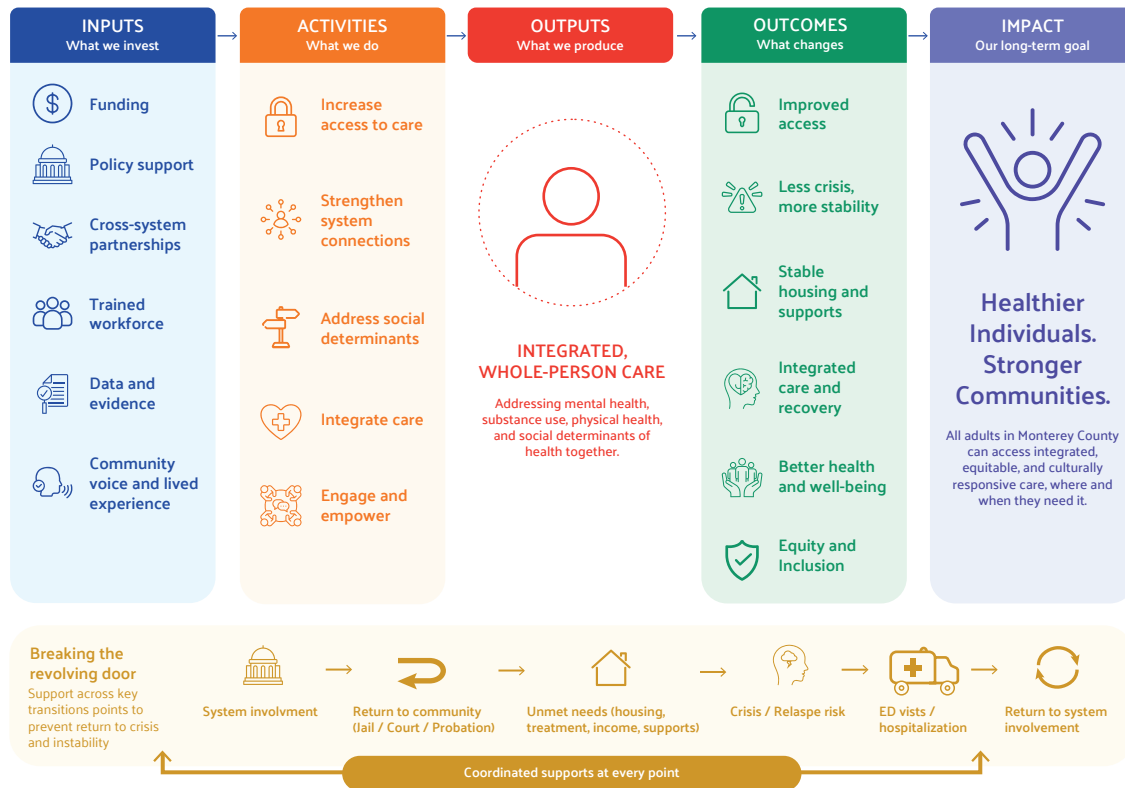


Figure 4 Adult Behavioral Health Challenges

Key findings are summarized below:

Inconsistent access to prevention and treatment services is especially significant in South County due to transportation barriers, language barriers, and cultural stigma associated with treatments.

Adults with co-occurring mental health and substance use disorders frequently cycle between incarceration, homelessness, emergency departments, and crisis services.

Individuals leaving jail or prison often face fragmented re-entry systems and lack of access to stable housing, treatment, transportation, and employment support.

Co-occurring mental health and substance use disorders are often addressed separately, even though both conditions are often present.

Effective treatment requires more integrated, co-occurring capable care models that address mental health, substance use, physical health, and social determinants of health together.

Changing policies are creating fear of deportation for adult immigrant populations that are discouraged to access care despite being qualified for Medi-Cal.

Perinatal Populations

Perinatal mental health and substance use disorders are common, but often go undetected due to stigma associated with perceived risk of reporting substance use and/or mental health conditions as a mother of children who might lose custody as a result. The following key findings emerged from this study.

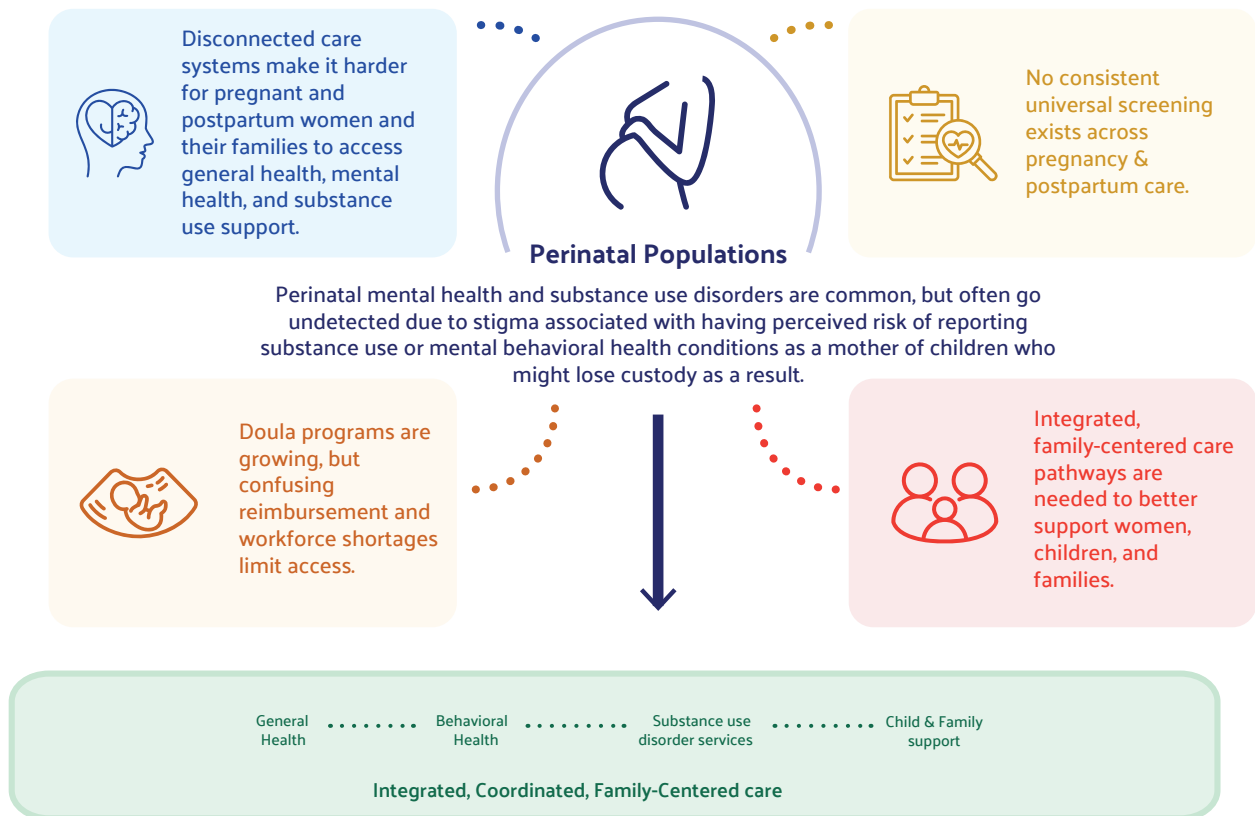


Figure 5 Perinatal Population Challenges

Key findings are summarized below:

Support for the perinatal population lacks cohesion in connecting general health, mental health, and substance use disorder services to support the needs of this population. These gaps make care transitions difficult for providers and create additional burdens for women, children, and the families who must navigate disconnected systems during already vulnerable periods.

The county currently does not have a consistent whole health universal screening process for pregnancy and postpartum care.

Doula programs implemented in Central California are welcome, however, reimbursement methods can be confusing and substantial, workforce shortages continue to impact available care.

As a result, perinatal mental health and substance use needs are often under-recognized and difficult to address early, highlighting the need for more supportive integrated and family-centered care pathways.

The study feedback surrounding perinatal issues reflect broad recognition that the health of mothers and families influences nearly every long-term outcome communities seek to improve, including child development, educational attainment, and family stability. Participants noted that Monterey County has made meaningful investments in programs intended to support mothers and families; however, one of the most consistent themes emerging from this workgroup was the difficulty of navigating the system of care for practitioners and patients alike. When those responsible for delivering care struggle to navigate available resources, coordination gaps can become barriers to timely support and place additional burdens on families during already vulnerable periods.

Stakeholders expressed concern that, as workforce shortages, behavioral health needs, and fiscal pressures continue to grow, fragmentation may become an even greater barrier to care. In an environment of constrained resources, the ability to coordinate and align existing services may prove as important as creating new ones. The findings suggest that strengthening connections between maternal health, mental health, substance use services, family support services, and community-based organizations represents a significant opportunity to improve outcomes for mothers and families while maximizing the impact of limited resources. Protecting and strengthening these supports should be viewed not simply as a maternal health priority, but as a long-term investment in family stability, child development, and the future resilience of Monterey County residents.

Functional Barriers to Care Access

In Monterey County, barriers of access to care are extensive and include physical limitations (access to transportation and distances to available services), cultural influences, language barriers, stigma associated with care, and fear resulting from discrimination or deportation. There are also multiple systems of care for mental health services, making navigation to appropriate services difficult for the community to follow.



Figure 6 Functional Barriers to Care

Economic Challenges and Workforce Deficiencies

Approximately half of Monterey County’s residents are enrolled in Medi-Cal, making Monterey County particularly vulnerable to future policy and funding changes. As a result, potential loss of Medi-Cal coverage for thousands of residents by 2028 could significantly increase pressure on county programs, hospitals, clinics, and community-based organizations and available resources for all residents of Monterey County.

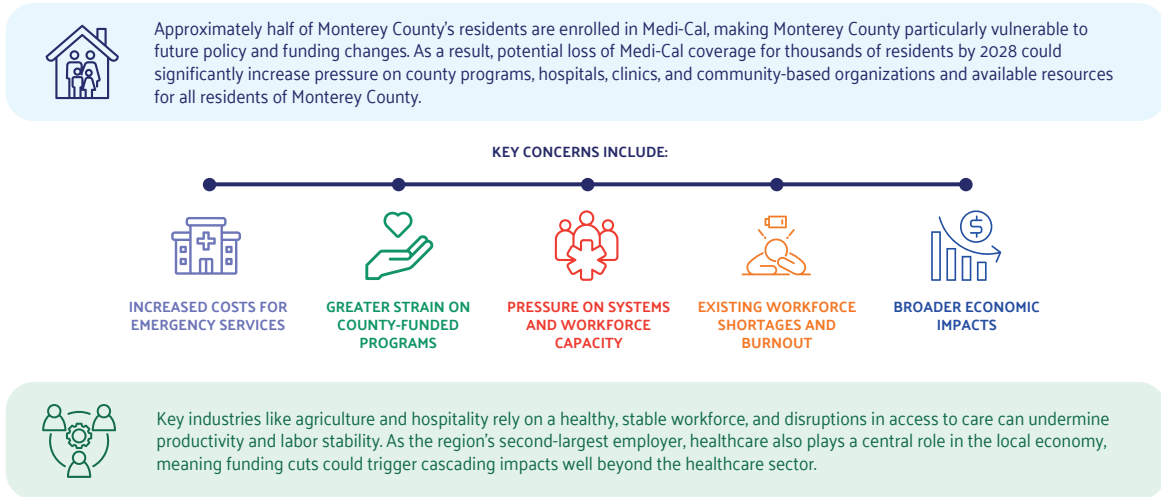


Figure 7 Monterey County Economic and Workforce Vulnerabilities

Key concerns include:

Increased uncompensated care, emergency department visits, and crisis service utilization will create a greater drain on expenses for county services, including emergency services programs. Decisions on how to distribute scarcer health care expenses will become forefront in local county and state policy challenges.

Greater strain on county-funded behavioral health programs that will continue to serve uninsured residents, despite lack of federal and state funds to support those services.

Increased pressure on hospitals, safety-net clinics, and limited workforce capacity to address programs for those with behavioral health needs. Limiting funding for prevention programs may incur greater challenges in the future.

Existing shortages of behavioral health professionals that are already insufficient to meet demand may create strain and burn out of existing professionals creates at risk situations for providers and patients.

The challenges described in Figure 7, Monterey County Economic and Workforce Vulnerabilities are unfolding at the same time that Monterey County faces the prospect of substantial reductions in federal and state resources that support county and community-based health care, behavioral health, food assistance, senior services, housing supports, and other critical safety-net programs. As these funding reductions take effect, local governments, health systems, and community-based

organizations may be forced into a period of resource rationing in which difficult decisions must be made regarding which services can be maintained, reduced, or eliminated. For many residents, the consequences will be tangible: fewer available services, longer wait times, reduced access to preventive care, and diminished support during times of crisis.

[Appendix C](#) presents a detailed summary of projected funding reductions and service impacts compiled by the Office of Monterey County Supervisor Wendy Root Askew. The findings are sobering. Taken together, they suggest that many of the systems already struggling to meet demand today may face even greater challenges in the years ahead.

These projections should not be viewed solely as a budget exercise, but as an indication of the human consequences that may result when communities are forced to allocate increasingly scarce resources across growing and competing needs. The challenge before Monterey County stakeholders is not simply how to absorb these reductions, but how to reimagine service delivery, leverage community assets, and develop innovative approaches capable of preserving critical supports for residents in an era of significantly constrained resources.

Closing Summary

The Behavioral Health Landscape Study underscores the urgent need for coordinated, community-driven action to address persistent gaps in access to mental health and substance use disorder services. Across youth, adults, perinatal populations, and underserved communities, behavioral health and substance use needs remain substantial while access to timely, culturally responsive, and evidence-based care remains uneven.

The findings in this report highlight the overwhelming need to simplify fragmented systems, reduce burdensome administrative requirements, improve care coordination, and strengthen trust between providers and the communities they serve. Lasting progress will require stronger collaboration across health care providers, schools, community-based organizations, law enforcement, employers, county agencies, and community leaders. The opportunity to “fix” the challenges will require targeted projects and collaborating partners willing to share the burden to support needed services in the community.

The challenges outlined in this report extend beyond health care. The need for behavioral health directly affects workforce participation, employer productivity, school attendance and performance, family stability, homelessness, emergency response systems, justice involvement, and the broader economic resilience of Monterey County.

At the same time, the study identifies meaningful opportunities for action at specific as well as systemic levels. Monterey County has strong community assets, committed providers, engaged schools, innovative nonprofit partners, and a growing recognition that mental health and substance use disorder treatment must be addressed together rather than separately. Future efforts should prioritize integrated, co-occurring capable care models that address mental health, substance use, physical health, trauma, housing, transportation, language, and other social determinants of health in a coordinated way.

One possible pathway forward is to consider emerging models that rethink how behavioral health services are delivered and who can safely provide them. An example is proven task-sharing models

which focus on evidence-based, community-delivered behavioral health interventions that can be provided by trained frontline workers, peers, community health workers, and other nontraditional providers—not solely by licensed specialty clinicians. These approaches have demonstrated the potential to expand workforce capacity, increase access to care, and reach populations that traditional systems often struggle to serve.

For Monterey County, the significance of these models may extend beyond any single intervention. Many of the challenges identified throughout this study stem from workforce shortages, fragmented service delivery, and systems that have evolved into highly specialized and compartmentalized programs. California has invested substantially over many years to create specialized programs, funding streams, regulations, and accountability structures designed to address specific populations and needs. While these investments have created important protections and targeted services, they have also contributed to a complex service environment in which innovative approaches that span multiple needs or operate across traditional program boundaries can be difficult to implement, fund, or scale. As future resource constraints place increasing pressure on local systems, Monterey County may benefit from exploring models that prioritize flexibility, workforce expansion, community-based delivery, and integration across traditional program categories. In an era of growing demand and increasingly constrained resources, the ability to bridge across existing silos may prove as important as the services themselves.

Ultimately, Monterey County has an opportunity to move beyond fragmented systems and toward a more connected, prevention-oriented, and person-centered model of care. By strengthening partnerships, honestly looking at complexities caused by current approaches, consciously simplifying access, and testing new integrated approaches, the county can look to build coalitions and improve outcomes for residents while strengthening community resilience, economic stability, and long-term quality of life. Ultimately, Monterey County has an opportunity—and perhaps a necessity—to move beyond fragmented systems and toward a more connected, prevention-oriented, and person-centered model of care.

The challenge before Monterey County is therefore not simply to expand services, but to fundamentally rethink how services are organized, coordinated, and delivered. Future success will likely depend on the willingness of public agencies, health systems, community-based organizations, employers, schools, and residents to work differently than they have in the past—sharing responsibility, simplifying access, integrating care, and testing innovative approaches that maximize the impact of scarce resources. The communities that emerge strongest from periods of disruption are often those willing to challenge existing assumptions and build new models that better reflect the realities facing their residents. Monterey County now has an opportunity to do exactly that.

APPENDIX A: Contributors to this study (in alphabetical order)

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Very special thanks to our reviewers:

Jan Wolf, Jessica Mora-Ramirez, Maria Camacho

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Functional Barriers: Jessica Mora-Ramirez, Alejandro Mares

Economic Challenges and Workforce Deficiencies: Jan Wolf, Richard Vaughn

APPENDIX B: Care Support Innovation in Monterey County

The Bridge Restoration Ministry

Monterey & Pacific Grove, California

A one-year residential recovery program | Monterey & Pacific Grove, CA

A faith-based residential program for men and women with substance use disorders, open to all backgrounds. Founded in 2006, The Bridge has served more than 1,000 individuals, with over 60% of graduates sober one year later infusing life skills training in the development of culinary skills, landscaping, retailing and much more, to assist in program members transition of self-sustainability. Many residents are formerly incarcerated, highlighting its role in recovery and reentry. The program operates entirely through private donations, with no government funding.

The Bridge is committed to supporting community projects that address critical community needs. In January 2026, the Bridge along with United Way Monterey County, co-hosted an Addiction Summit that brought together key leaders involved in addiction care, including emergency departments, street medicine programs, temporary housing providers, behavioral health organizations, and representatives from the justice system. The summit provided an opportunity for stakeholders to identify shared challenges, build common ground, and explore collaborative approaches to improving care and outcomes for individuals struggling with addiction. Bridge participants in their recovery programs were also included in the discussions which made for powerful messaging of hope for providers and clients alike.



The Bridge offers skills-building programs, such as its intensive Culinary Training Program, to support reentry efforts and successful community reintegration for participants, many of whom have experienced incarceration.



The Bridge also offers landscaping, gardening, and retail workforce experience through its Second Chance stores, helping participants develop practical skills that support successful community reintegration.



The Addiction Summit, sponsored by the Bridge and United Way featured key leaders across the community to address substance use challenges across Monterey County.

Sun Street Centers – South County Prevention Department

Soledad and King City, CA

Sun Street Centers is a nonprofit organization providing substance use disorder treatment, prevention, and recovery services throughout Monterey County. Through its South County Prevention Department, Sun Street works to build safer and healthier communities by delivering prevention, education, and early intervention programs, with a particular focus on underserved communities that often face limited access to resources and support services. Their work engages youth, families, schools, and community partners to increase awareness, strengthen protective factors, and reduce the misuse of alcohol and drugs.

Sun Street's prevention efforts emphasize community engagement and practical action. Programs such as Hablemos/Let's Talk create opportunities for parents and community members to discuss emerging concerns affecting local youth, including topics such as online recruitment and exploitation risks. Through initiatives such as Parents Creating Solutions, developed in collaboration with community partners, residents are encouraged to identify local challenges and work collectively toward solutions that strengthen community well-being. The energy, commitment, and grassroots leadership fostered through these programs demonstrate Sun Street's deep investment in empowering communities to play an active role in prevention and recovery efforts.



Sun Street Center's programs included Hablemos/Let's Talk series featured a special session on Online Cyber Trafficking and recruitment risks targeted at youth.



Sun Street South County Prevention outreach with Soledad School systems led by Maria Camacho.



Parents creating solutions – Sun Street in Collaboration with CCA leader Edit Ochoa.

Central Coast Overdose Prevention

Central Coast Overdose Protection (CCODP) aims to eliminate overdoses, increase awareness, educate the public and improve access to community support and treatment options. The team, composed of doctors and people recovering from addiction, works to connect individuals struggling with substance abuse to treatment programs, while also distributing essentials. CCODP represents a unique team hitting the streets of Monterey County to combat opioid addiction right where those they serve live. Dr. Reb Close says, “What works for one might not work for another. We find the treatment plan that will work for the patient we are taking care of.”

Central Coast Overdose Prevention (CCODP) received \$627,609 to establish the Substance Use Response Team (SURT) with special attention is being given to those recently released from Monterey County Jail and the underserved communities in South Monterey County, including Soledad and King City.

“This program is a major milestone in Monterey County’s efforts to address substance use with a compassionate, tailored approach,” said Dr. Reb Close, medical director and president of Central Coast Overdose Prevention. “The Substance Use Response Team will bring care directly to those who need it most, connecting them with life-saving resources and ensuring seamless transitions to local harm reduction, treatment, and behavioral health services.”



Dr. Reb Close and her team delivering Substance Use Disorder Care to Homeless populations of Monterey County

APPENDIX C: Impacts of H.R.1 and CA FYI 2025-26 Budget Cuts for Monterey County

Courtesy of Monterey County Supervisor, Wendy Root Askew and District 4 Staff



Impacts of H.R. 1 and CA FY 2025-26 Budget Act

Federal (H.R. 1) and State (CA FY 2025-26 Budget Act) policy changes will substantially affect Monterey County's core safety-net services – including Medi-Cal, CalFresh, and Public-Health Programs.

Department of Social Services – Medi-Cal Impacts

- Asset Limit Reinstatement: Affects ≈ 13,226 seniors, disabled, and longterm care recipients.
- Eligibility Redeterminations: Now every 6 months (vs. annual) for ≈ 61,620 residents.
- CoPayments: Up to \$35 per visit for those at 101%–138% FPL (behavioral health exempt).
- Mandatory Work Requirements: Ages 19–64 must verify 80 hours/month; ≈ 34,954 impacted.
- Retroactive Coverage Reduction: From 3 months to 1 month; ≈ 7,790 applicants affected.
- Immigration Status Restrictions: ≈ 38,912 may lose coverage if not renewed under UIS.
- Early Disenrollment Indicator: DSS internal data confirms a 1.8% decrease in Medi-Cal enrollment for children this year, suggesting early disenrollment effects may already be underway.
- Active cases declined from 90,431 (Apr 2025) to 86,726 (Apr 2026) — about a 4% decrease, slightly lower than the 6% statewide decline.
- More adults than children were discontinued from Medi-Cal, aligning with early disenrollment indicators noted in HR 1 impacts (including a 1.8% decline in children's Medi-Cal enrollment).

Department of Social Services – CalFresh Impacts

- ABAWD Expansion: Up to age 64; must verify employment to retain benefits; ≈ 8,724 impacted.
- Homeless Exemption Removed: ≈ 1,496 individuals lose eligibility
- Parents with Children 14 and Older: Now subject to work verification requirements.
- Active cases declined from 32,579 (Apr 2025) to 30,790 (Apr 2026) — a 4% decrease over the year

Health Department – State Budget & H.R. 1 Effects

Unsatisfactory Immigration Status (UIS) Policy Change (Effective July 1, 2026):

- Clinic visits reimbursed FeeForService only; 22% of patients impacted resulting in a \$11.8 M reduction in revenue in FY 2026-27.
- Overall Projected Managed Care Membership Reductions: 2025: -2.3% 2026: -3.9% 2027: -8.7% 2028 : -7.0%

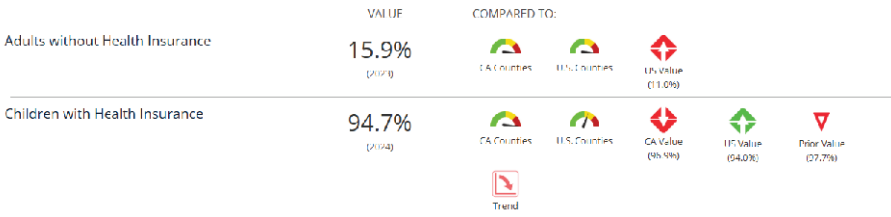
County of Monterey | Proudly Serving the Community Since 1850

H.R. 1 Effects Health Insurance Coverage:

- Adults without health insurance: 15.9% - compared to a high of 22.8% in 2019.
- Children without health insurance: 5.3% - This trend over time is worsening, with more children uninsured in 2024 than in years dating back to 2019. This particular trend is interesting given expanded eligibility for insurance for children.

Health / Health Care Access & Quality

County: Monterey



Source: [DataShare Monterey County :: Indicators :: Search](#)

Public Health Program Eliminations (H.R. 1)

- CalFresh Healthy Living Program: Ends nutrition education, school wellness, and community outreach.
- Teen Pregnancy Prevention Program: Ends sexual/reproductive health education, mentorship, and support for high-risk youth (foster, unhoused, justice-involved, LGBTQ+, low-income).

Natividad and California's Public Health Systems

- Natividad is one of 17 public health systems statewide (44 hospitals and 150 clinics).
- Policy and budget changes pose challenges to safety-net capacity and service equity across California.

Key Takeaways

- Reduced Medi-Cal and CalFresh enrollment, with early signs of children's disenrollment (1.8% decrease in Medi-Cal enrollment for children this year)
- Children's uninsurance rate is worsening despite expanded eligibility — a counterintuitive and concerning trend
- Local declining enrollment trends mirror broader impacts of workload requirements, renewal demands, and policy changes highlighted in HR 1.
- Increased administrative and verification burden on residents and county agencies
- Elimination of key preventative and community health programs
- Rising financial and capacity strain on safety-net providers, including \$11.8M revenue loss at Natividad

For Additional Information

Monterey County Department of Social Services | Health Services |

Website: www.co.monterey.ca.us

County of Monterey | Proudly Serving the Community Since 1850