



| FLOURISH Initiative

## **FLOURISH Local Health Jurisdiction Key Informant Interview Findings**

The [FLOURISH Initiative](#) supports youth, pregnant people and families in fostering a lifetime of mental wellness and resilience. FLOURISH uses training, technical assistance and data support to provide proactive, health-promoting strategies at the state and local level to support Maternal, Child and Adolescent Health (MCAH) programs. In 2023–2024, FLOURISH engaged Local Health Jurisdictions (LHJs) through key informant interviews with Local MCAH programs to better understand the mental health landscape across California. This effort aimed to identify ongoing support needs and inform the development of effective training, technical assistance and data resources tailored to LHJ priorities.

All 61 LHJs were invited to participate in the key informant interviews. Invitations were extended to Local MCAH Directors and Coordinators, Local Public Health Officers, and members of the County Health Executive Association of CA (CHEAC). A survey was distributed to those who were unable to join a live interview. FLOURISH collected responses from 79% of all LHJs in California. 36 virtual interviews and 13 surveys were completed.

CDPH/MCAH used the 2013 CDC National Center for Health Statistics' Urban-Rural Classification Scheme for counties to understand the distribution of urbanicity across LHJs participating in the FLOURISH key informant interviews. Below are the percentages that participated by county urbanicity:

**33%**

**Large metro (urban):**

Counties with a metropolitan area with at least one million residents.\*

**40%**

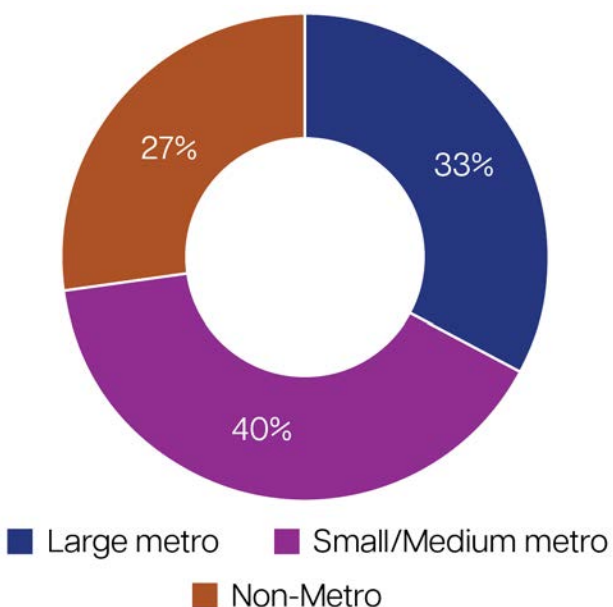
**Small/Medium metro (urban):**

Counties with a metropolitan area with fewer than one million residents.

**27%**

**Non-metro (rural):**

Counties with a micropolitan area of fewer than 50,000 residents.



### Data collection

- ▶ Conducted virtual interviews with two facilitators and one notetaker from the FLOURISH team.
- ▶ Surveys included open-ended responses reported by LHJ staff.

### Data coding

- ▶ Identified key themes and subthemes across survey responses and interview notes.
- ▶ Finalized key themes and subthemes during team consensus meetings, resulting in a codebook to guide analyses.

### Data analysis

- ▶ Combined survey and interview responses after comparing for meaningful differences.
- ▶ Summarized frequency of key themes and respective subthemes reported for each topic.

## LHJ Key Informant Interview and Survey Questions

- ▶ Mental health concerns
- ▶ Assets for promoting mental wellness
- ▶ Barriers to addressing mental health needs
- ▶ Support needed to meet mental health needs

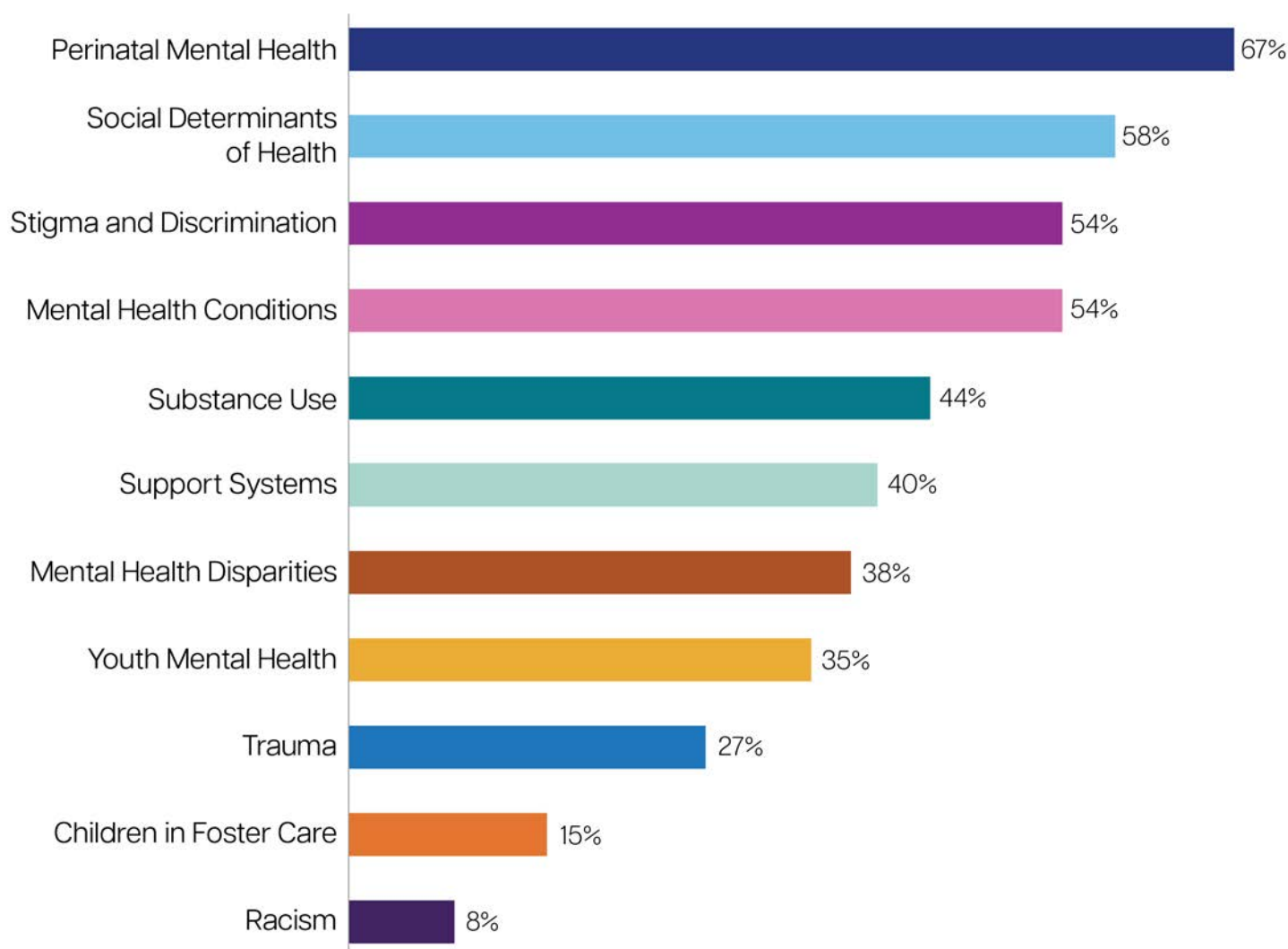
\* City LHJs were grouped according to their county.

## Key Findings

### Mental Health Concerns

**Key Takeaways** - LHJs expressed that providers often lack training to identify and treat perinatal mood and anxiety disorders, as well as foundational knowledge of toxic stress, trauma, and infant and early childhood mental health. They also noted persistent inequitable access to mental health care, citing shortage of providers, lengthy assessments, inconvenient and limited service times, and travel barriers as major concerns. LHJs emphasized that Social Determinants of Health (SDOH), such as housing instability, lack of transportation, and income insecurity further hinder access to care and contribute to poor mental health outcomes. Stigma, often related to racial or cultural identity, was frequently mentioned as a barrier to seeking help. Additionally, LHJs reported that substance use, often exacerbated by isolation and lack of support, can lead to heightened mental health risks.

The bars represent the percentage of LHJs that mentioned a concern in the respective categories. Some LHJs mentioned more than one concern.

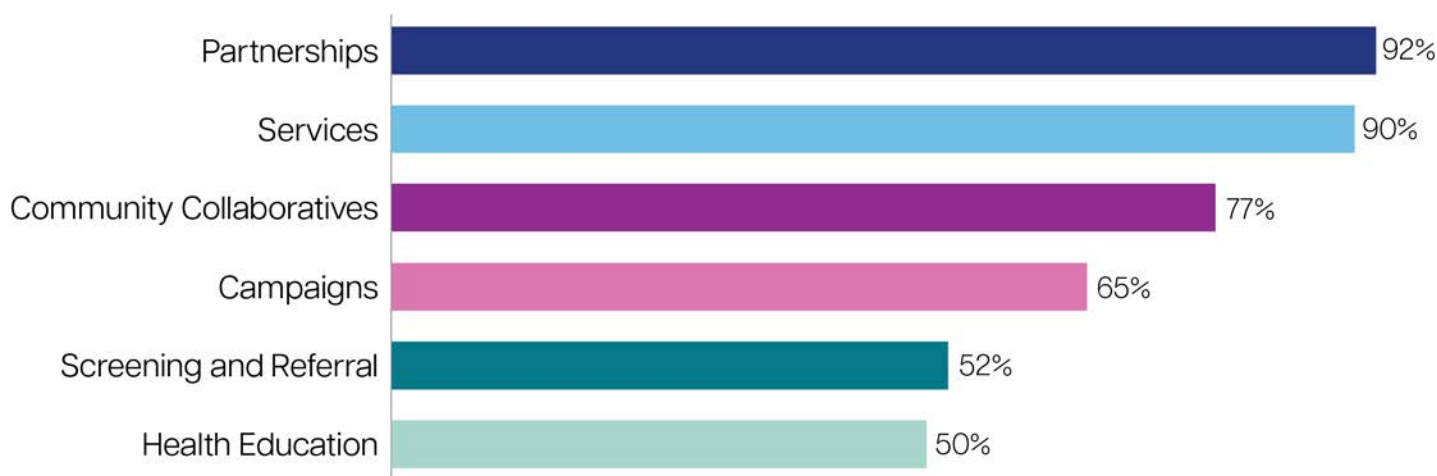




## Assets For Promoting Mental Wellness

**Key Takeaways** - LHJs shared that they are leveraging community partnerships to enhance program effectiveness and provide early support services, such as home visiting programs, that foster healthy development and well-being from the earliest stages of life. Frequently mentioned partnerships included First 5, Family Resource Centers, County Behavioral Health, County Social Services, Promotores, and many more. Successful partnerships are often driven by individuals who remain committed to innovation and progress, even in the face of limited resources or structural constraints.

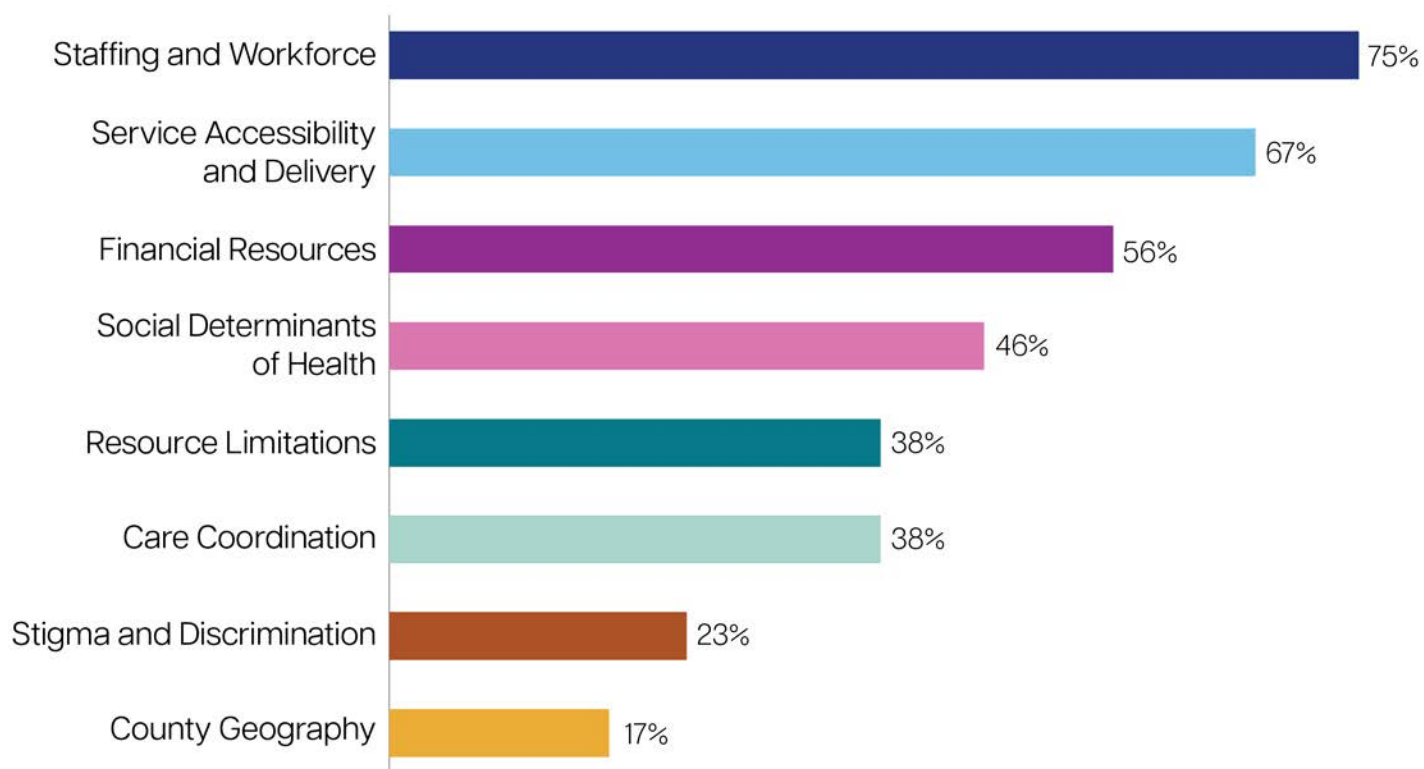
The bars represent the percentage of LHJs that mentioned an asset in the respective categories. Some LHJs mentioned more than one asset.



## Barriers to Addressing Mental Health Needs

**Key Takeaways** - LHJs identified staff and provider shortages, limited accessible services, and insufficient funding as significant barriers to timely mental health care. While many intervention programs include screening for mental health, referral pathways are often limited, and care coordination is lacking. Additional barriers include language differences, limited availability of specialty care, inflexible service delivery models, and long wait times preventing individuals from accessing and receiving timely care. LHJs also highlighted that SDOH, such as lack of health insurance, homelessness, poverty, and transportation challenges, make it difficult for families to prioritize their mental health and well-being. These barriers highlight a need for a more balanced funding approach that supports both prevention and intervention services to effectively address mental health challenges in a comprehensive and sustainable way.

The bars represent the percentage of LHJs that mentioned a barrier in the respective categories. Some LHJs mentioned more than one barrier.

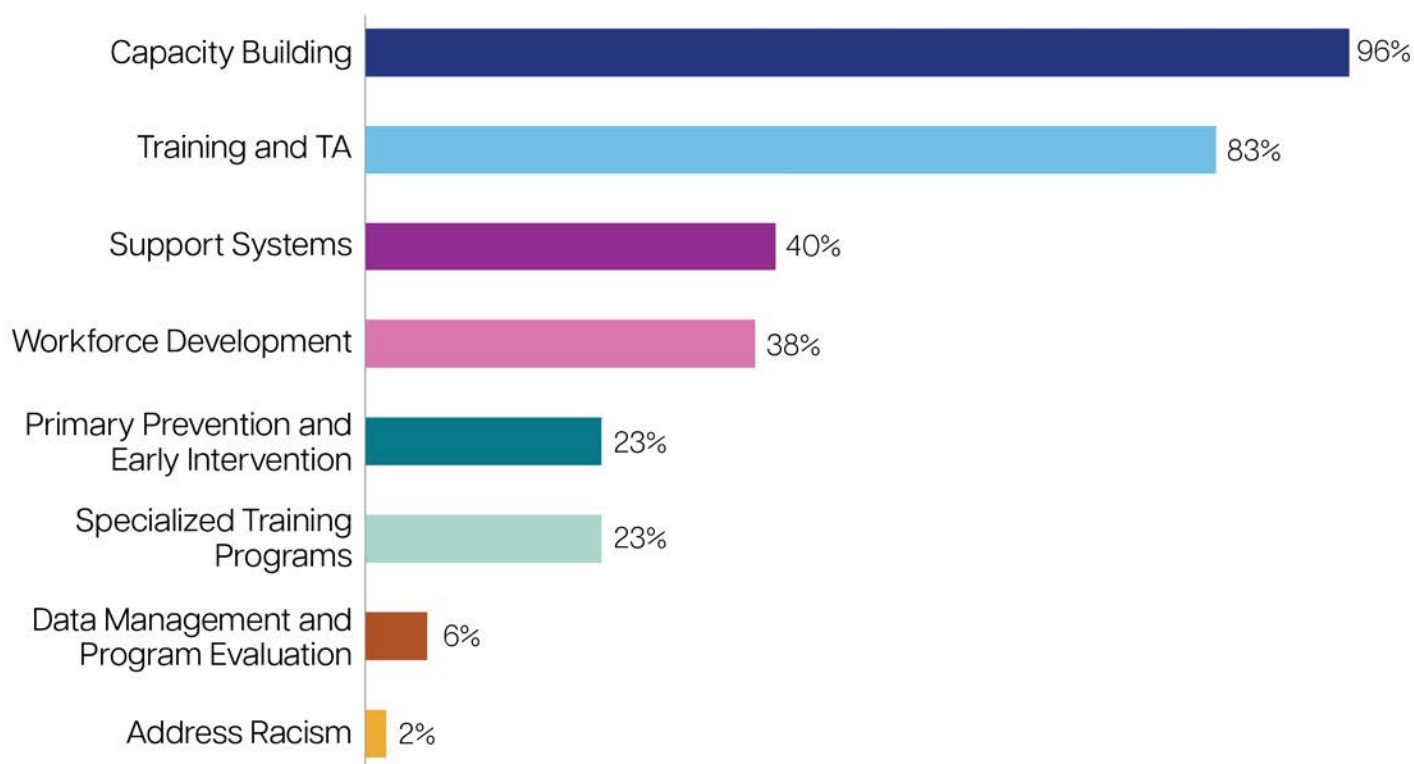




## Support Needed to Meet Mental Health Needs

**Key Takeaways** - LHJs shared that many programs are overwhelmed, and staff require ongoing training and technical assistance to build necessary skills to meet evolving mental health needs and integrate new approaches into their programs. Staff also require support to strengthen organizational capacity, including infrastructure development, resource building, and skill enhancement. By investing in comprehensive training and ongoing support, LHJs can empower their workforce to improve mental health outcomes and increase the overall impact of their programs.

The bars represent the percent of LHJs that mentioned a need in the respective categories. Some LHJs mentioned more than one need.



## From Insights to Action

The FLOURISH Initiative, guided by insights from local key informant interviews, has established a strategic framework with [four focus areas](#) to advance mental health efforts for the MCAH population.

These four focus areas are designed to promote mental well-being through targeted, sustainable actions. Below are the strategies the FLOURISH Initiative will implement to support MCAH program efforts in advancing mental wellness across communities:

### Policy & Systems Integration:

- ▶ Promote Policy, Systems and Environmental (PSE) change strategies to support MCAH mental health efforts. FLOURISH will identify and share examples of effective PSE strategies to support the integration of PSE activities into state and local MCAH efforts.

### Health Equity and Social Supports:

- ▶ Enhance coordination of mental health primary prevention strategies by partnering with internal and external stakeholders. These partnerships will help align state and local efforts with life course mental health strategies and the broader Title V Action Plan.
- ▶ Serve as a connector and information broker for LHJs. FLOURISH will support LHJs in building partnerships with key organizations to advance local mental health efforts.

### Training & Capacity Building:

- ▶ Provide comprehensive training and technical assistance to state and local MCAH program staff by delivering tailored training sessions, technical assistance, data support and resources to meet specific needs. FLOURISH will also host learning cohorts and evaluate their effectiveness through post-training surveys.
- ▶ Create opportunities for LHJs to collaborate and exchange best practices, lessons learned, and innovative strategies for preventive mental health efforts. FLOURISH will establish structured forums for LHJs to share successes, address challenges, and co-develop solutions. This initiative will leverage mentorship models by pairing experienced LHJs with newer teams to guide the implementation of effective mental health strategies. FLOURISH will also promote cross-jurisdiction collaboration through joint projects that encourage peer learning and resource sharing. To inspire continued innovation, the initiative will highlight and celebrate standout LHJ projects and innovative approaches.

## Primary Prevention and Early Intervention:

- ▶ Conduct a comprehensive Mental Health Landscape Assessment every five years to evaluate the mental health needs and available resources within state and local MCAH programs. This assessment will identify key gaps, highlight opportunities for improvement, and inform strategic planning efforts. By engaging with stakeholders and analyzing current data, FLOURISH will ensure the initiative remains responsive to California's evolving mental health landscape.
- ▶ Build awareness of FLOURISH efforts through a targeted communications plan that engages key audiences by producing and sharing educational resources with stakeholders, including LHJs and community-based organizations.
- ▶ Collaborate with internal and external partners to integrate primary prevention mental health strategies into programs that serve the MCAH population. The plan will identify best practices and lessons learned to enhance mental health outcomes for the MCAH workforce and programs at state and local levels.

