All of the content in this document was developed collaboratively over the course of four in-person meetings between March 12th and April 20th, 2026. These meetings were facilitated by Rosa González of Facilitating Power with support from the David & Lucille Packard Foundation.

In this document:

FUNDING PRIORITIES for YEARS 1-2

The following funding priorities for years 1-2 are stepping stones towards our shared vision for a more connected and accessible maternal health and early childhood development ecosystem. Each is a key step in laying the groundwork for the solutions we have outlined, helping to stabilize and expand what is already working in the ecosystem, gathering necessary information, building relationships and support, and drawing on community collaboration to cultivate more holistic approaches among existing providers

1	**Stabilization & Expansion** ● Fund/expand programs that already provide diverse and culturally relevant maternal health programming ○ *Santa Rita After School Program and Mamás Platicando y Sanando (CBDIO)* ○ *Triqui playgroups (CBDIO and Door to Hope)* ○ *House Visits and Care Coordination by CHWs, and Parents as Teachers Educators and Navigators (BHC, Door to Hope, GoKids, North Monterey County Unified School District)* ○ *Black Maternal Health (Kween's Kounsel, Black Doulas)* ○ *PCMC Doula Hub* ○ *Indigenous Doulas (Parenting Connection)*
2	**Research** ● Conduct overall Power Mapping for the entire strategy ● Conduct feasibility study, development of budget for first hub (in South county), identification of long-term funding source(s) ● Research diverse, culturally rooted Maternal Health practices ● Research local public/non-private insurance options, or other models that reduce barriers to access to quality health care
3	**Community Education**

	• Design and launch campaign using radio and tech/social media to raise awareness of maternal health and reduce stigma around maternal mental health
4	**Strategy** • Build the political will locally to support the development of hubs • Build political will for a Children's Bill of Rights; expand voter education for a tax measure to fund child care
5	**Training for Existing Providers** • Create a platform of all trainings on cultural relevancy, and ensure training available on-demand and in-person • Design training models for various stakeholders in co-occurring substance abuse prevention and harm reduction
6	**Reducing barriers** • Incentivize institutions to accept all forms of insurance (non-monetary incentives)
7	**Community Collaboration for Holistic Approaches** (N) • Make home visits available for every new birth! Make offer/referral in hospital, utilizing PH nurses and doulas; start with NICU families • Utilize CHW's for lower level needs • Utilize ECMs • Create consent form for data sharing among team • Support care coordination between agencies that come together to work on high risk cases • Build relationships (clinical services collaborative and Central California Alliance for Health) • Engage South County clinics as entry points • Connect with Parenting Connection Doulas • Connect with County services/supports (BH, WIC, etc.)
8	**Design & Implementation** • Conduct a collaborative design process for a maternal health hub and birthing center in South County • Conduct needs assessments to identify what is needed to ensure all payments and insurance are accepted by all providers- all stakeholders; determine how to engage and improve participation in the needs assessment • Establish a county budget for community members to tap into to access interpretation and culturally responsive service providers when not available • Trained CHW's conduct substance abuse and harm reduction needs assessments across orgs to have information in one place and avoid over-surveying

SOLUTIONS FOR A MORE CONNECTED AND ACCESSIBLE MATERNAL HEALTH ECOSYSTEM IN MONTEREY COUNTY

Solution 1	**Build a System of Interconnected Maternal Health and Early Childhood Development Hubs** -
Key Elements	*Comfortable, physical spaces throughout the county that are universally accessible, regardless of income, age, and insurance, where birthing parents and families can access holistic services.* **1. Family Resource center model - Holistic Services at every stage from prenatal through early childhood development include:** a. Reproductive health b. Family planning c. Prenatal Services d. Doulas e. Birthing center f. Parenting support g. Parent education h. Screening i. Lactation support j. Maternal Mental Health k. Child care options l. Community Health Workers m. Local RN, RB, intern, residency, nursing students n. Culturally attuned providers and practices o. Financial Literacy for Birthing Families p. Playgrounds for ALL + **2. Accessibility elements:** a. Navigator Position/care coordinator b. Relationship-based referral process (needs unrestricted funds) c. Eliminating eligibility requirements (also eliminates much of the bureaucratic barriers) d. Home visits e. Mobile units f. Utilize existing spaces for outreach and education, such as libraries and community schools g. Transportation h. Training pipeline in underserved communities, particularly for doulas and community health workers i. Universal Health Care in Monterey County / Single Payer at CA state level **3. OBS/Clinics/Hospitals Medical partnerships** **4. Community-based Workforce**

	a. Look at using para-professionals for services delivery i.e home visits		
Challenges it addresses	1. Lack of adequate access to service; inequities in access 2. Barriers in service navigation and cross-system communications		
Community Strengths it builds on	1. First 5 2. Library Systems 3. WIC 4. Child Abuse Prevention Council 5. Community schools/ FRC 6. Local Child Care Planning Council 7. CBIO- mamas platicando y sanando 8. F5 SSPS already have collaborations		
Key Roles	**Proposed Lead Organization:** First 5 Monterey County or Bright Beginnings **Other Roles Needed**: Library system (conveners), Monterey County Health Dept, Health Care Providers		
Phases	**Years 1 - 2** 1. $200K- Research/ including collaborative (design and develop process of a maternal health hub and birthing center in South County a. Community input and planning - participatory Action Research community engagement to power/voice i. Identify networks (hubs) across Monterey County ii. Identify services providers at each hub 2. Feasibility study and development of budget for first hub (in South county) - infrastructure- location options a. Identify a long-term funding source 3. Build the political will locally to support the development of hubs	**Years 3 - 5** Develop the first hub in South County and implement the model ● $$$ Millions- need support from government officials (Rivas, Lopez, Lofgren) ● Ensuring liability insurance for = birthing center	**Years 6 - 10** Expand to more communities

Solution 2	**Increase Diversity and Cultural Relevancy in Maternal Health & Child Care Providers**
Key Elements	**1. Bring key partners together to develop and sustain a maternal health**

	workforce pipeline from underrepresented communities: a. Provide time and funding to continue k-16 collaborative by creating academic pathways into nursing starting in junior high and high school b. Coordinate career days with high schools c. Create internships for exposure (Vida, CHW) -build existing internships with RN/MSW/BSW and programs d. Internships for college students with PsyD, certified Wellness coach, CNA, Respite Providers & IHSS works e. Nursing program recruits invest in them! f. Create opportunities for leadership (learning how systems work) g. Utilize non-traditional ways of recruitment h. Celebrate diversity in school systems to encourage cultural pride i. Address hiring limitations (e,.g. documentation) j. Entrepreneurship and career pathways in maternal health and ECD careers **2. Hold providers accountable and responsible to become culturally attuned and rooted in the communities they serve.** a. Learn about cultural norms, gender roles b. Attend existing opportunities to learn c. Incorporate interpretation (workforce) services into all healthcare systems/ budgets. d. Materials in the language of communities e. REDI training for all providers (race, equity, diversity, and inclusion) **3. Ensure accessible child care for all** a. Support and training for culturally-rooted child care and early childhood education b. Increase access to child care for children with disabilities; Additional stipends for child with IEPs
Challenges it addresses	1. Cultural deficiency and lack of diversity among providers create barriers to care → How to create opportunities for community members to become providers 2. How to hold Systems accountable and responsible to become culturally attuned in the communities they serve.
Community Strengths it builds on	Invest in what is working now: 1. Santa Rita Districts- after-school program celebration of indigenous languages, such as Mixteco - to build community 2. Las Mamás Platicando 3. Home visiting services (CHW) 4. Culturally relevant training for all (invest in CBDIO)

	5. Race, Equity, Diversity and Inclusion (REDI) Learning experiences Key partners: CCAH, CSUMB, CHHS Program, MSWs,		
Key Roles	**Proposed Lead Organization:** CBDIO /VIDA **Other Roles Needed**: Public agency and community partners committed to workforce development		
Phases	**Years 1 - 2** 1. Expand programs that already provide diverse and culturally relevant Maternal Health programming: a. Santa Rita After School Program and Mamas Platican b. Triqui playgroups c. House Visits by CHW and educators d. Black Maternal Health (Kween's Kounsel, Black Doulas) 2. Interpretation- a county budget for community members to tap into to access interpretation when not available 3. Culturally relevant training available on-demand and in-person platform (hub) of all training available ● Invest in existing training (CBIO) 4. Funding to research diverse, culturally rooted Maternal Health practices	**Years 3 - 5** 1. Invest in CHW training/certification a. Grant for CHW doulas and other providers to get certified in different areas 2. Expand PPD support groups in all languages a. Expand playgroups all over the county in multiple languages 3. Implement diverse MH practices a. Temescal b. Parteras c. Tea baths, d. After care (cuarenta) e. Homebirths	**Years 6 - 10** 1. More diversity in providers 2. More training for career paths 3. More providers will have access to culturally relevant PD

Solution 3	**Community-Based Maternal Mental Health Stigma Reduction & Integration**
Key Elements	**1. Campaign to reduce stigma on mental health (generational mental model shift)**

<table>
<tr><td></td><td colspan="3">

Encourage communication
Address cultural practices that worsen birthing parent's mental health
Teach how to address difficult situations and not ignore the problems
Cultivate new family dynamics to change patterns
Stigma from various cultural lenses

<ol start="2">
Maternal mental health programming that is community-informed, based on a demonstrated success in key communities

Community-based education and providers
More CHW training and capacity (funding for CHW (better pay)
Create safe spaces for community leader conversations

Full coverage of maternal mental health services

County screens for depression with PHQ9 instead of PHQ2

</td></tr>
<tr><td>Challenges it addresses</td><td colspan="3">Cost and access and maternal mental health are not being recognized as a health problem</td></tr>
<tr><td>Community Strengths it builds on</td><td colspan="3">1. Maternal Mental Health Task Force
2. Radio Bilingüe
3. Community Health Workers</td></tr>
<tr><td>Key Roles</td><td colspan="3">Proposed Lead Organization: Radio Bilingüe and Maternal Health Task Force
Other Roles Needed: CBOs, Community Health Workers</td></tr>
<tr><td>Phases</td><td>Years 1 - 2

Campaign using radio and tech/social media platforms to raise awareness of maternal mental health and reduce stigma; examples:
Navigation of 2 worlds of information
Partner relationships
Pre-conception care
Having platicas open to only men where they will learn how to support their partners w/mental health.
Recognizing that everyone comes with both positive and negative experiences that can affect mental health</td><td>Years 3 - 5</td><td>Years 6 - 10</td></tr>
</table>

Solution 4	Substance Abuse Prevention and Harm Reduction
Key Elements	**1. Create more opportunities for discussion** a. Preventative conversations b. Educate/screen parents on the impact of substances on the development of babies **2. Provide hope MAT treatment** a. Collaborative approach b. treating trauma, supporting healing c. treating addiction/mental health **3. Accessibility, Cultural Relevancy & Equity** a. Language justice, location accessibility, and availability throughout underserved areas b. Education around Substance for prenatal c. Culturally relevant integrated service delivery d. Integrated into healthcare systems e. Monterey County Behavioral Health knowing what is offered in the community and inviting them to the table (e.g. sunstreet who could offer SVC for screening and support to identify inviting them to the task) f. Trained people to come to house as needed g. Decreasing stigma (marketing occurring) decreases shame language **4. Whole person focus- factors of SDDH (social determinants of health)** a. Co-occurring competent training for substance and mental health b. Learn from the existing framework (Santa Cruz) **5. Train providers to serve this population** a. No judgment, safe space b. Co-occurring training (for all support staff) to help all people who are part of the Hub know how to use de-stigmatized language and treat/ serve the whole person
Challenges it addresses	Stigma/ shame Pregnant women who report using substances (including marijuana, opioids, and illicit drugs) are less likely to receive adequate prenatal care and are more likely to have late-initiated care compared to non-users. (CA Perinatal Quality Care Collaborative)
Community Strengths it builds on	

Key Roles	**Proposed Lead Organization:** Maternal Mental Health Task Force + Door to Hope **Other Roles Needed**: CBO's, health providers, Radio Bilingue		
Phases	**Years 1 - 2** 1. Trained CHW's conduct substance abuse and harm reduction needs assessments across orgs to have information in one place and avoid from community members from retelling their story a. Inviting CBO involved in the process to collaborate (Teen Inc for youth involvement) b. Assess the needs of individuals with soc. Def. health included to additional disparities c. School District participation resource d. Stakeholder involvement CCAH Teen 2. Figure out housing plus substance with stats 3. Design training models for co-occurring to various stakeholders a. Reach out to clinics/providers and propose a partnership b. School District participation resource c. Stakeholder involvement CCAH Teen d. Collaborate with Santa Cruz 4. Assess current politics initiatives in Prop 36	**Years 3 - 5** 1. Implement substance abuse prevention and harm reduction programs across providers; Culturally relevant, integrated service delivery a. Measurable outcomes and modifications as needed b. Hiring MAT trained Drs. c. School District participation resource d. Stakeholder involvement CCAH Teen 2. Family-friendly inpatient/outpatient care to avoid separating families a. Project-based vouchers and or motels rehab, like what has been used for homeless solutions to keep families together during treatment	**Years 6 - 10**

Solution 5	**Advance Systems Transformation**
Key Elements	**1. Create space for inclusive and fundamental reimagine of the system (where are the pieces of light, what can be composed, where do we need controlled burns)** **2. Integrate the holistic, accessible, connected model across all**

providers:

a. Break down Silos!
b. Whole person care
c. Educate the person and bring access to them!
d. Ensure all payments (insurance) are accepted everywhere! Public Health Insurance
e. Doulas should do ACOG maternal Mental health screenings (prioritizing the relationship for the mother) and it should be billable (early and periodic screening, diagnostic and treatment).
f. Focus in on investing in building our human potential
g. Integrate holistic care into a sustainable workday
h. Clinics need to give providers more time (10-15 minutes for a medical appointment is not enough time for holistic care; Time required to build trust and relationship)
i. County: recommend to switch from PHQ2 to PHQ9
j. Legislation moving to holistic, integrated, whole person, maternal care as the standard!
k. Community-based advocacy, including bridging the community and systems

3. **A system of shared / agreed upon checks and balances through cities and unincorporated areas**
    a. Individual cities are responsible for knowing their people's needs
    b. City needs assessments
    c. Reframe budget priorities (eliminate the fear approach to budgeting and instead lead with love
4. **Increase workforce**
    a. Develop legislation that provides work/permits/ adjustment of status for community who has knowledge and skills as health providers (Indigenous, Spanish-speaking)
5. **Transform funding priorities to lead with love and community health:**
    a. Increase awareness and funding of women's health Research & Development
    b. Adequate public funding for child care for all (esp during 0-3 and drop-in care for other children during birthing
    c. Community wide development and commitment for family friendly business (i.e blue zones)
6. **Implement living wage minimum (+benefits) for farmworkers in Monterey County for price market pay**
        a. Universal paid parental leave for all parents for 1 year following birth regardless of industry, immigration status
7. **Monterey County Behavioral Health - Need more focus on respite**

	model in IHSS, Foster Care **8. Clinical Internship Reimbursement similar to Maryland Bill (HB1094 - Martz)**		
Challenges it addresses	Payer Model of Care Burden on the county		
Community Strengths it builds on	● Mamas de Salinas Abogan ● MMHTF ● Kween's Kouncil ● Parenting Connection ● First 5 partnerships ● BHC racial justice work (COLIBRI Big and Little tent, GRE)		
Key Roles	**Proposed Lead Organization:** Bright Beginnings **Other Roles Needed**: First 5 Monterey County, Gov't change makers based on what is needed and working		
Phases	**Years 1 - 2** 1. Conduct needs assessments to identify what is needed to ensure all payments and insurance are accepted by all providers- all stakeholders; determine how to engage and improve participation in the needs assessment a. Incentivize and support individuals to participate in the needs assessment and families 2. Incentivize institutions to accept all forms of insurance	**Years 3 - 5** 1. Develop public health insurance agency for Monterey County 2. Establish a system of checks and balances through cities and unincorporated areas a. Individual cities are responsible for knowing their people's needs b. City needs assessments	**Years 6 - 10** Legislation moving to holistic, integrated, whole person, maternal care as the standard!

PHASES TO IMPLEMENT THE SOLUTIONS ABOVE

#	Years 1-2	Year 3-5	Year 6-10
1	• (A) Research/ including collaborative (design and develop process of a maternal health hub and birthing center in South County • (B) Feasibility study, development of budget for first hub (in South county), identification of long-term funding source(s) • (C) Build the political will locally to support the development of hubs	• Develop the first hub in South County and implement the model	• Expand to more communities
2	• (D) Expand programs that already provide diverse and culturally relevant Maternal Health programming (*Mamás Platicando and Sanando*) • (E) Interpretation- a county budget for community members to tap into to access interpretation when not available • (F) Culturally relevant training available on-demand and in-person platform (hub) of all training available • (G) Funding to research diverse, culturally rooted Maternal Health practices	• Invest in CHW training/certification • Grant for CHW doulas and other providers to get certified in different areas • Expand PPD support groups in all languages • Expand playgroups all over the county in multiple languages • Implement diverse MH practices	• More diversity in providers • More training for career paths • More providers will have access to culturally relevant PD
3	• (H) Campaign using radio and tech/social media platforms to raise awareness of maternal mental health and reduce stigma		
4	• (I) Trained CHW's conduct substance abuse and harm reduction needs assessments across orgs to have information in one place and avoid from community members from retelling their story • (J) Design training models for co-occurring to various stakeholders • (K) Assess current politics initiatives in Prop 36	• Implement substance abuse prevention and harm reduction programs across providers; Culturally relevant, integrated service delivery • Project-based vouchers and or motels rehab, like what has been used for homeless solutions, to keep families together during treatment	
5	• (L) Conduct needs assessments to identify what is needed to ensure all payments and insurance are accepted by all providers- all stakeholders; determine how to engage and improve participation in the needs assessment	• Develop a public health insurance agency for Monterey County • Establish a system of checks and balances through cities and unincorporated areas	• Legislation moving to holistic integrated, whole-person, maternal care

	• (M) Incentivize institutions to accept all forms of insurance	(informed by needs assessments)	as the standard!

SYNTHESIS OF VISION, VALUES, PRIORITIES, STRENGTHS & CHALLENGES TO INFORM SOLUTIONS DEVELOPMENT

VISION

of a more connected and accessible maternal health and early childhood development system in Monterey County

We envision a transformative shift in systems and mindsets, where love leads and families are supported from preconception through postpartum in ways that are timely, intimate, and inclusive. Perinatal health navigators, culturally rooted community health workers, peer support programs, and stronger partnerships between community-based organizations and service providers create seamless, accessible pathways to care. The collective passion and collaboration of practitioners, providers, caregivers and community leadership fuel this ongoing journey toward a maternal health system that is not confined by existing structures but is empowered to innovate boldly.

Universal, equitable, and culturally attuned care honors every birthing parent, child and family. Collaborative, holistic hubs—physical spaces designed to meet people where they are, especially in underserved areas like South County— provide flexible services that celebrate birth, acknowledge the profound experiences of loss, and support birthing parents at every stage from prenatal to early childhood development and wellness. A 'Targeted Universalism' approach facilitates investments in specific populations and culturally-rooted approaches to ensure that care is accessible to all, and responsive to the unique needs of individuals across geography, language, culture, and health status. Together, through teamwork, responsibility, and investing more deeply in existing resources like mobile units and community organizations, every birthing parent, family, and child in Monterey County is supported with dignity and compassion.

VALUES

guiding how we approach our solutions development work

1. Collaboration & Teamwork

Working together across organizations, providers, and communities to leverage existing resources and shared goals for collective impact.

2. Equity & Inclusion

Redistributing resources and power as needed (based on data) to ensure universal access to care for all families, addressing racialized inequities, cultural & linguistic gaps, and socioeconomic barriers by investing in the leadership of communities impacted by inequities.

Focusing on achieving more equitable outcomes among most impacted populations with our limited money and human resources. For example, prioritizing unhoused pregnant women.

3. Love & Compassion

Centering love, empathy, kindness, and nurturing care in all interactions and decisions, recognizing the deep importance of emotional support for mothers and families, and continually returning to the question, “What would love do?”

4. Cultural Respect & Responsiveness

Honoring diverse cultural practices, languages, and traditions, recognizing that culture heals and is central to maternal health, while investing in the capacity of culturally-rooted providers to ensure more maternal health and childcare providers that are from underrepresented communities

5. Accessible, Community-Centered Care

Bringing services to where families live and gather, fostering peer support, trust, and connection within the community rather than only expecting families to come to centralized locations.

6. Holistic & Family-Focused Approach

Addressing the full spectrum of physical, financial, mental, emotional, and spiritual needs of mothers, children, and families, recognizing the mother as the root of family health and well-being.

Taking an entirely relationship based approach, which includes ensuring that those in the best relationship with the mother are the ones providing the support in ways that best meets their needs for safety.

7. Responsibility & Accountability

Committing to shared responsibility among providers, organizations, and the community to uphold quality care, respect for all, and reproductive & birth justice in maternal health care, recognizing that reproductive and birth justice include education about the rights of the birthing parent and child, and legal services to address rights violations.

8. Community Voice & Power

Ensuring community leadership in the design and implementation of solutions, supporting reproductive & birth justice, and advocating for systemic changes that prioritize care and dignity of birthing parents, families, children, and communities.

9. Genuine Belonging & Humanity

Illuminating the spiritual beauty of birth and nurturing a hopeful, warm, and trusting environment where families feel safe, valued, and supported.

PRIORITIES

upon which we are basing development of solutions (*NOTE: “Services” is inclusive of child care, educational programs, direct services, etc.)*

1. Expand and Fully Fund Maternal Health Hubs

- Establish and support South County maternal hubs with comprehensive services, including birthing centers and child care centers (drop-in and regular child care).
- Build capacity in key regions to ensure geographic equity. Current priority is South County where access is significantly limited.

- Centralize and coordinate services within hubs to improve access and reduce fragmentation, connecting services provided within the hub and warm referrals to those outside of the hub.

2. Increase Diversity and Cultural Relevancy in Maternal Health Providers

- Provide scholarships, sponsorships, and paid training to increase diversity among doulas, community health workers (CHWs), and other providers.
- Support cross-training doulas as CHWs to expand their roles.
- Fund community health workers/promotoras who connect families with resources, especially for underinvested and undocumented populations.
- Fund existing community programs like Mamas Platicando y Sanando to support South County families.
- Ensure access to services in multiple languages and culturally relevant education programs (e.g., parenting, breastfeeding, infant health).

3. Universal, Accessible, and Coordinated Services & Care

- Implement universal perinatal touchpoints with high-quality, culturally sensitive services & care (universal ID, local hubs, etc.).
- Eliminate eligibility paperwork and barriers to access by funding universal services with streamlined identification and automatic renewals.
- Support home visits and community-based outreach to reach impacted families.
- Promote collaborative and coordinated care models, integrating family planning, prenatal, birthing, postpartum services, and child care.
- Invest in the capacity of Black, Indigenous, Native, and Spanish-speaking practitioners.
- Address socioeconomic barriers to care through:
    - Housing assistance
    - WIC
    - Transportation
    - Family planning
    - Child care
    - Cash assistance
    - Financial literacy

4. Maternal Mental Health across All Pregnancy Phases

- Fund mental health screening and services that cover all phases: pre-pregnancy, pregnancy, postpartum, miscarriage, fetal loss, and stillbirth.
- Create a pipeline for culturally relevant maternal mental health providers, especially for South County.
- Integrate mental health and wellness services into perinatal hubs.
- Ensure screening tools and practices are culturally attuned, trauma-informed, and healing-centered.

5. Focus on Prevention and Upstream Interventions

- Invest in preventative opportunities and upstream prevention to improve maternal and infant health outcomes.
- Fund education programs for parents and pre-parents, including pregnancy, breastfeeding, parenting, and infant health classes.
- Support play groups and community support networks to foster social connection and wellness.

6. Substance Abuse Prevention and Harm Reduction

- Address stigma / shame to increase likelihood of accessing treatment.
- Expand educational spaces to deepen understanding of the impacts of parental substance use on pregnancy, fetal and infant development.
- Integrate into mental and behavioral health services, and encourage collaborative in-treatment.

7. Advance Systems and Cultural Transformation

- Fund initiatives that challenge patriarchal and revenue-driven healthcare and community models, prioritizing maternal health-driven, community-rooted care.
- Encourage systems to reevaluate goals to align with community care values rather than payer priorities.
- Promote birth equity ensuring universal, equitable, and timely services for all families across Monterey County.

KEY CHALLENGES

to a more connected and accessible maternal health system that we want our solutions to address

1. Complex, Fragmented, and Inequitable System Navigation

- Complex eligibility and application processes create barriers to access.
- Lack of clear coordination and alignment among services leads to duplication and confusion.
- Need for better support in navigating the local healthcare system, especially for impacted populations.
- Waitlists and limited availability delay timely care and decreases trust in the system.
- System design often marginalizes certain groups and is not fully inclusive.

2. Geographic and Service Gaps

- Absence of a birthing center in South County limits local options for safe, culturally appropriate birth.
- Services are unevenly distributed across the large county, with rural and South County communities underserved.
- Transportation and financial barriers restrict access to services, especially in rural areas.

- Shortage of nursing, social work, child care and maternal mental health workforce to meet community needs.

3. Cultural and Linguistic Limitations of Systems

- Lack of culturally appropriate services, especially for Indigenous communities.
- Fear and mistrust of medical systems among marginalized groups (due to historic trauma).
- Insufficient interpreters and services for non-English-speaking families.
- Limited services tailored to Indigenous mothers and families.

4. Lack of Integration of Behavioral & Mental in Maternal & Child Health

- Insufficient bridging between physical, mental, and behavioral health services.
- Limited ongoing mental health support, particularly in South County.
- Need for universal perinatal mental health screening and culturally relevant, trauma-informed and healing-centered interventions.
- Insufficient services for developmental delays and behavioral health for youngest children.

5. Inadequate Support for Families and Community Engagement

- Lack of universal access to doulas, home visiting, playgroups, family circles, and child care.
- Father and father-figure support services are underdeveloped.
- Limited general community opportunities that meet needs for families with young children for connection between families, to prevent isolation and reduce mental health burdens. For example, food and child care at public meetings.
- Need to fund and expand community-based organizations (CBOs) and programs that provide culturally congruent services

6. Funding and Capacity Constraints

- Chronic underfunding of essential services, including those supporting Indigenous and underinvested families.
- Child care infrastructure is not seen as a public good, and therefore not adequately funded through public funding streams. The real cost of child care is placed on child care providers and parents, while the benefit is community-wide.
- Insufficient funding for capacity building in community organizations and child and healthcare providers, which could include professional subject matter, systems transformation, collaboration, advocacy, etc.
- Need for deep collaboration prioritization and strategic focus to maximize impact of limited resources.
- Risk immediate loss of critical support like Mamás Platicando y Sanando, and in the past reflective practice for informal child care playgroups (Family, Friends and Neighbors).

7. Systemic and Structural Inequities

- “Care” professions are undervalued and seen as a woman’s responsibility to provide for free or low wages.
- Healthcare system historically designed for male physiology.
- Payer-driven goals rather than community care drives access to services.
- Unequal access and outcomes based on race, language, culture, immigration status, gender, economic status, and location.
- Persistent systemic marginalization that must be acknowledged and addressed to achieve equity.
- Toxic stress from systemic racism affects Black mothers at the highest rates, close to that of countries with far lower GDPs and more fragmented health systems.

EXISTING STRENGTHS

to build on as we develop solutions

1. Community Partnerships and Cultural Rootedness

- Trusted community-based organizations (CBOs) with strong roots in local cultures.
- Community partners committed to increasing service availability and equity.
- Established relationships and ongoing trust-building with families and Indigenous communities.
- Skilled use of maternal languages and culturally sensitive communication.
- Advocacy and empathy demonstrated by community partners to support families.
- Strong understanding of diverse cultural backgrounds and needs.

2. Systems Coordination and Collaboration

- Coordination within and across organizations, via key anchor orgs/convenors.
- Cross-agency teamwork fostering collaboration even in challenging circumstances.
- Existing coordination frameworks that can be expanded and strengthened.
- Efforts to streamline navigation for birthing parents within the healthcare system.
- CHWs/Promotora models to deliver health education and support service navigation.

3. Growing and Dedicated Workforce with Relevant Training

- Homegrown workforce including community health workers (CHWs), doulas, and peer supporters.
- Strong peer support networks in maternal mental health.
- Ongoing infant and maternal mental health training that integrates multiple disciplines.
- Development of a Doula Hub to expand doula services, including for Medi-Cal recipients.
- Reflective supervision and practice supporting workforce resilience and quality care.
- Valuing and integrating child care providers as part of the maternal health ecosystem.

4. Progressive, Family-Centered Service Models

- Flexible service delivery (schedules, locations) tailored to family needs.
- Family, friend, and neighbor (FFN) care recognized as key support with potential for growth.
- Family-centered approaches that prioritize relationship-based care despite time constraints.
- WIC program's adaptability and individualized support as a model for flexibility.

LIST OF PARTICIPANTS IN THE IN-PERSON MEETINGS

Claudia Gomez	*Door to Hope*
Delia Saldivar	*Radio Bilingue*
Edward Moreno	*County of Monterey Public Health*
Ella Harris	*County of Monterey, Health Department*
Erika Librado	*Centro Binacional Para el Desarrollo Indígena Oaxqueño*
Francine Rodd	*First 5 Monterey County*
Gail Root	*Birth Network Monterey County*
Gelacio Gonzalez	*Monterey County Office of Education*
Ginger Pierce	*Child Abuse Prevention Council*
Gricel Briseño	*Harmony at Home - Care Connections ECM*
Hope Griffin-Ortiz	*MCBH*
Jacqueline Lohman	*CHOMP*
Jose Martinez-Saldana	*Radio Bilingue*
Joy Suber	*Community Hospital of the Monterey Peninsula*
Kristina Torres	*NMCUSD*
Liliana Fajardo	*BHCM*
Lisa Stewart	*CSUMB Department of Social Work/PCMC*
Liz Perez-Cordero	*Behavioral Health*
Lori Luzader	*Special Kids Connect*
Lucy Vasquez	*Child Advocate Program*
LyVesha Franklin	*Kweens Kounsel*
Maria Carmen	*Bright Beginnings MC*
Maria Ramirez-Sevilla	*Go Kids*
Marlene Gallegos	*Monterey County Office of Education*
Nhatalie Hudson	*Kweens Kounsel/ Parenting Connection of Monterey County*
Niaomi Hrepich	*County of Monterey Health Dept, WIC Program*

Nicolasa Rodriguez Galindo	*Centro Binacional Para El Desarrollo Indígena Oaxaqueño*
Nina Alcaraz	*First 5 Monterey County*
Ramona McCabe	*First 5 Monterey*
Relindis Diaz	*MH Consultant*
Satu Larson	*CSUMB Nursing Dept.*
Sonja Koehler	*Bright Beginnings Early Childhood Initiative*
Stephanie Kathan	*CSU Monterey Bay and Parenting Connections of Monterey County*
Stephanie McMurtrie	*Bright Beginnings Monterey County*
Yuri Anderson	*Office of Monterey County Supervisor Wendy Root Askew*