CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

Prepared by the Performance Outcomes Committee of the California Behavioral Health Plan

The California Behavioral Health Planning Council (Council) is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family-member driven, recovery oriented, culturally and linguistically responsive, and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness.

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California Behavioral Health Planning Council

Advocacy • Evaluation • Inclusion

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Introduction: Purpose and Goals: What is the Data Notebook?

The Data Notebook is a structured format to review information and report on each county's behavioral health services. A different part of the public behavioral health system is focused on each year, because the overall system is very large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local behavioral health boards to complete and submit to the CBHPC. The discussion questions seek input from the local boards and their departments. These responses are analyzed by Council staff to create an annual report to inform policy makers, stakeholders and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates[1] to review and comment on the county's performance outcome data, and communicate its findings to the CA Behavioral Health Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain opinion and thoughts of local board members on specific topics;
- To identify unmet needs and make recommendations.

The 2021 Data Notebook is focusing on racial/ethnic inequities in behavioral health. This topic comprises only part of the Data Notebook. We also have developed a section (Part I) with questions that are addressed each year to help us detect any trends. Monitoring these trends will assist in identification of unmet needs or gaps in services which may occur due to changes in population, resources available, or public policy.

The Planning Council encourages all members of local behavioral health boards/commissions to participate in developing responses for the Data Notebook. This is an opportunity for the local boards and their county behavioral health departments to work together to identify important issues in their community. This work informs county and state leadership about local behavioral health programs, needs, and services. This information is used in the Planning Council's advocacy to the legislature and for input to the state mental health

block grant application to SAMHSA[2].

[1]W.I.C. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

[2]SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For more information and reports, see www.SAMHSA.gov.

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Part I: Standard Annual Questions for Counties and Local Advisory Boards

In recent years, major improvements in data availability now permit local boards and other stakeholders to consult extensive Medi-Cal data online that is provided by the Department of Health Care Services (DHCS). These data include populations that receive Specialty Mental Health Services and Substance Use Disorder Treatment. Similar data are analyzed each year to evaluate county programs and those reports can be found at www.CalEQRO.com. Additionally, Mental Health Services Act (MHSA) data can be found in the 'MHSA Transparency Tool' presented on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website.

In addition, members of the Planning Council would like to examine some county-level data that are not readily available online and for which there is no other publicly-accessible source. The items of interest include data that are collected by the counties because they need to know how much they are spending in these service categories and for how many clients. Collecting these data will help us analyze aspects of the behavioral health system that are not currently tracked.

Please answer these questions using information for fiscal year (FY) 2020-2021 or the most recent fiscal year for which you have data. Not all counties will have readily available data for some of the questions asked below. In that case, please enter N/A for 'data not available.'

Adult Residential Care

There is little public data available about who is residing in licensed facilities on the website of the Community Care Licensing Division at the CA Department of Social Services. This makes it difficult to determine how many of the licensed Adult Residential Care Facilities (ARFs) operate with services to meet the needs of adults with chronic and/or serious mental illness (SMI), compared to other adults who have physical or developmental disabilities. In 2020, legislation was signed that requires the collection of data from licensed operators about how many residents have SMI and whether these facilities have services these clients need to support their recovery or transition to other housing.

The Planning Council would like to know about the ARFs and Institutions for Mental Diseases (IMDs)[3] located in your county to serve individuals with SMI, and

how many of these individuals (for whom the county has financial responsibility) are served in facilities such as ARFs or IMDs.

[3]Institution for Mental Diseases (IMD) List: https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-IMD_List.aspx

* 1. Please identify your County / Local Board or Commission.

Mono County

2. For how many individuals did your county behavioral health department pay some or all of the costs to reside in a licensed Adult Residential Facility (ARF) during the last fiscal year?

1

3. What is the total number of ARF bed-days paid for these individuals, during the last fiscal year?

365

4. Unmet needs: How many individuals served by your county behavioral health department need this type of housing but currently are not living in an ARF?

1

5. Does your county have any "Institutions for Mental Disease" (IMDs)?

- [x] No
- [ ] Yes (If Yes, how many IMDs?)

6. For how many individual clients did your county behavioral health department pay the costs for an IMD stay (either in or out of your county), during the last fiscal year?

In-County	0
Out-of-County	2

7. What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?

One individual had 365 bed-days; the other individual had 153 bed-days.

CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Homelessness: Your County's Programs and Services

The Planning Council has a long history of advocacy for individuals with SMI who are homeless, or who are at-risk of becoming homeless. California's recent natural disasters and public health emergency have exacerbated the affordable housing crisis and homelessness. Federal funding was provided to states that could be used for temporary housing for individuals living on the streets as a method to stop the spread of the COVID-19 virus. Additional policy changes were made to mitigate the rate of evictions for persons who became unemployed as a result of the public health crisis.

Studies indicate that approximately only 1 in 3 individuals who are homeless also have serious mental illness and/or a substance use disorder. While the Council does not endorse the idea that homelessness is caused by mental illness nor that the public behavioral health system is responsible to fix homelessness, financially or otherwise, we know that recovery happens when an individual has a safe, stable place to live.

The past year has been like no other we have seen in recent history. We understand that the public behavioral health system has had to drastically change how it does business and possibly halt a number of activities that may have been in the works for implementation this year. That said, we are interested in what types of actions counties may be taking to assist individuals who are homeless and have serious mental illness and/or a substance use disorder.

8. During the most recent fiscal year (2020-2021), what new programs were implemented, or existing programs were expanded, in your county behavioral health department to serve persons who are both homeless and have severe mental illness? (Mark all that apply)

- [ ] Emergency Shelter
- [ ] Temporary Housing
- [ ] Transitional Housing
- [x] Housing/Motel Vouchers
- [ ] Supportive Housing
- [ ] Safe Parking Lots
- [ ] Rapid re-housing
- [ ] Adult Residential Care Patch/Subsidy
- [ ] Other (please specify)

Various agencies offered Rental assistance related to COVID-19 and Mono County operated Project Room Key and Project Home Key.

CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

Part I: Standard Annual Questions for Counties and Local Advisory Boards (Continued)

Child Welfare Services: Foster Children in Certain Types of Congregate Care

About 60,000 children, under the age of 18, in California are in foster care. They were removed from their homes because county child welfare departments, in conjunction with juvenile dependency courts, determined that these children could not live safely with their caregiver(s). Most children are placed with a family who receives foster children but a small number of the children need a higher level of care and are placed in a 'Group Home'. California is striving to move away from the use of long-term group homes, and prefers to place all youth in family settings, if possible. California has revised the treatment facilities for children whose needs cannot be safely met initially in a family setting. Group homes are to be transitioned into a new facility type called Short-Term Residential Treatment Program (STRTP). STRTPs will provide short-term, specialized, and intensive treatment individualized to the need of each child in placement.

All of California's counties are working toward closing long-term group homes and are establishing licensed STRTPs. This transition will take time and it is important for your board to talk with your county director about what is happening in your county for children in foster care who are not yet able to be placed in a family setting or who are in a family setting and experience a crisis which requires short-term intensive treatment.

9. Do you think your county is doing enough to serve the children/youth in group care?

- ○ Yes
- ○ No (If No, what is your recommendation? Please list or describe briefly)

We do not believe this question is applicable to Mono County as we do not have any children in group care.

Many counties do not yet have STRTPs and may place children/youth in another county. Recent legislation (AB 1299) directs that the Medi-Cal eligibility of the child be transferred to the receiving county. This means, the county receiving the child now becomes financially responsible for his/her Medi-Cal costs.

10. Has your county received any children needing "group home" level of care from another county?

- [x] No
- [ ] Yes (If Yes, how many?)

11. Has your county placed any children needing "group home" level of care into another county?

- [x] No
- [ ] Yes (If Yes, how many?)

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Part II: Racial/Ethnic Inequities in Behavioral Health

Background and Context

California is one of the most culturally diverse states in the nation regarding race, ethnicity, and language. This diversity is one of the state's greatest assets, but it also comes with a need to provide services in ways that are culturally relevant and respectful of these diverse communities. Health disparities by race and ethnicity are well documented, and there are prominent inequities in behavioral health outcomes and access to services. The state has a responsibility to address these disparities and work towards a mental health system that serves California's cultural and linguistic diversity.

The 2014 Data Notebook touched on some of these issues in a section titled "Access by Unserved and Under-Served Communities." Using data from the External Quality Review Organization (EQRO), the number of individuals eligible for Medi-Cal in the county was compared to the number who were served in county Specialty Mental Health programs in two charts, broken down by race/ethnicity. The counties were then asked 3 questions.

1. Is there a big difference between the race/ethnicity breakdowns on the two charts? Do you feel that the cultural group(s) that needs services in your county is receiving services?

2. What outreach efforts are being made to reach underserved groups in your community?

3. Do you have suggestions for improving outreach to and/or programs for underserved groups?

Since 2014, awareness of inequities in behavioral health has continued to increase. In 2017, Governor Jerry Brown signed AB 470 (Arambula) into law, which requires the tracking and evaluation of Medi-Cal specialty mental health services with the goal of reducing mental health disparities. The California Pan Ethnic Health Network (CPHEN) developed an Advisory Workgroup in 2018 to provide recommendations for the implementation of AB 470. The Department of Health Care Services published the first report of the data in 2019, with an update in 2020. The California Health Care Foundation (CHCF) and CPHEN released a report in November 2020 with analysis of that data, highlighting some of the findings that the data provides while also providing recommendations for additional

measures focused on quality of care and outcomes. It also called for continued stakeholder engagement to ensure that "performance and disparity reduction measures reflect consumer needs."

This is just one example of the efforts being made to address behavioral health inequities; there is much more work to be done. The CBHPC Equity Statement acknowledges the impact of social injustice on the behavioral health system that leads to health inequities, and "supports California in achieving the goals to reduce disparities, rebuild the trust lost from communities that have been historically under/inappropriately served and eliminate social injustice and racial inequities." As part of the effort to put this into action, the 2021 Data Notebook is returning to this timely topic.

* 12. Based on the data provided for your county, please rate the **access**, **engagement**, and median time to stepdown services for each of the following racial/ethnic groups in your county.

	Access (**At least one** mental health services visit in a single fiscal year)	Engagement (**Five or more** mental health services visits in a single fiscal year)
Alaskan Native / American Indian	Good	Good
Asian or Pacific Islander	Fair	Fair
Black	Fair	Fair
Hispanic	Excellent	Excellent
Other	Fair	Fair
White	Excellent	Excellent

* 13. Which outreach, community engagement, and/or education methods are being used to reach and serve the following racial/ethnic groups in your county? (Please check all that apply. If a given method is not utilized for any group, please select "N/A")

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
Outreach at local community venues and events	✶			✶		✶	

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
House visits to underserved individuals/communities	✶						
Telehealth services to increase access and engagement	✶	✶	✶	✶	✶	✶	
Community stakeholder meetings/events	✶	✶		✶		✶	
Written materials translated into multiple languages				✶		✶	
Live or virtual (real-time) interpretation services				✶		✶	
Educational classes, workshops, or videos	✶			✶		✶	
Providing food/drink at meetings and events	✶			✶		✶	
Providing reimbursement or stipends for involvement							✶
Providing transportation to and from services	✶			✶		✶	

Other (please describe)

To clarify, Mono County has particularly small populations of Asian or Pacific Islander, Black or African American (<5% each). However, all outreach, community engagement, and/or educational methods used by MCBH are available to all races and populations.

* 14. Which of the following groups are represented on your mental health board/commission? (Please select all that apply.)

- [ ] Alaskan Native / American Indian
- [ ] Asian or Pacific Islander
- [ ] Black
- [ ] Hispanic
- [x] White
- [ ] Other race/ethnicity
- [x] Older adults (65+ years)
- [ ] Transition-age youth (16-24 years)

* 15. Which of the following steps have been taken to develop a culturally diverse behavioral health work force in your county? (Please check all that apply.)

- [x] Tailoring recruitment efforts (re: professional outreach and job ads) to applicants who are representative of the racial/ethnic populations in your county
- [ ] Utilizing behavioral health workforce pipeline programs that value cultural/linguistic diversity among applicants
- [x] Actively cultivating a culturally inclusive workplace environment in which racial/ethnic minority staff are engaged
- [x] Conducting listening sessions or other methods for staff to provide feedback on workplace environment and hiring/promoting practices
- [x] Providing professional development opportunities such as mentorship or continued education and training for behavioral health staff and providers
- [ ] Other (please specify)

MCBH adopted Core Values related to Justice, Equity, Diversity and Inclusion (JEDI).

- [ ] None of the above

* 16. Does your county provide cultural proficiency training for behavioral health staff and providers?

- ○ No
- ✳ Yes (please describe)

MCBH is contracted with Dr. Jei Africa for regular training sessions in cultural competency. So far there have been 10 trainings between October 2020 to August 2021. MCBH hosts bi-weekly "In-Service" staff trainings in which cultural competency is a frequent topic. Each year MCBH hosts an LGBQT+ training, typically during Pride month (June). Historically, MCBH has received Gathering of Native Americans (GONA) facilitator trainings, however this has recently been on hold due to COVID-19. MCBH is currently seeking additional training for Spanish speaking providers through the Spanish for Professionals Institute. On the County level, Mono County has created a Justice, Equity, Diversity and Inclusion (JEDI) committee in which the Board of Supervisors provides county-level cultural proficiency trainings.

* 17. Which of the following does your county have difficulty with in regard to providing culturally responsive and accessible mental health services? (Please select all that apply.)

- ☐ Employing culturally diverse staff and providers
- ☐ Retaining culturally diverse staff and providers
- ☐ Translating written materials
- ☐ Providing live/virtual interpretation services
- ☐ Providing cultural proficiency training for staff and providers
- ☐ Outreach to racial/ethnic minority communities
- ☐ Other (please specify)

* 18. What barriers to accessing mental health services do individuals from underserved communities face in your county? (Please select all that apply.)

- [ ] Language barriers
- [x] Lack of culturally diverse/representative staff providers
- [x] Distrust of mental health services
- [x] Community stigma
- [x] Lack of information or awareness of services
- [x] Difficulty securing transportation to or from services
- [x] Difficulty accessing telehealth services
- [x] Other (please specify)

Lack of evening and weekend business hours for services and programming

19. Do you feel that the COVID-19 pandemic has increased behavioral health disparities for any of the following groups? (Please select all that apply.)

- [x] Alaskan Native / American Indian
- [ ] Asian or Pacific Islander
- [ ] Black
- [x] Hispanic
- [ ] White
- [ ] Other race/ethnicity
- [x] Older adults (65+)
- [x] Transition-age youth (16-21)
- [x] Children (under 16)
- [ ] None of the above

*** 20. Please rate the impact of the use of telehealth services during Covid-19 for the following groups regarding access and utilization of behavioral health services.**

	Very Positive	Somewhat Positive	Neutral	Somewhat Negative	Very Negative
Alaskan Native / American Indian	○	○	✳	○	○
Asian or Pacific Islander	○	○	✳	○	○
Black	○	○	✳	○	○
Hispanic	✳	○	○	○	○
Other race/ethnicity	○	○	✳	○	○
White	✳	○	○	○	○

*** 21. Which providers or services have been employed, utilized, or collaborated with to serve the following racial/ethnic populations in your county? (Please select all that apply. If a given provider or service is not utilized for any group, please select "N/A")**

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
Community Health Workers / *Promotoras*	☐	☐	☐	✳	☐	✳	☐
Community-accepted first responders	☐	☐	☐	☐	☐	☐	☐
Peer support specialists	☐	☐	☐	☐	☐	✳	☐
SUD providers	☐	☐	☐	✳	☐	✳	☐
Community-based organizations	✳	☐	☐	☐	☐	✳	☐
Local tribal nations / native communities	✳	☐	☐	☐	☐	☐	☐

	Alaskan Native / American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
Homeless services	☐	☐	☐	☒	☐	☐	☐
Local K-12 schools	☐	☐	☐	☐	☐	☐	☒
Higher education institutions	☐	☐	☐	☐	☐	☐	☒
Domestic violence programs	☐	☐	☐	☐	☐	☐	☒
Immigration services	☐	☐	☐	☐	☐	☐	☒
Sport/athletic teams or organizations	☐	☐	☐	☐	☐	☐	☒
Grocery stores or food pantries	☐	☐	☐	☐	☐	☐	☒

Other (please specify)

22. Do you have suggestions for improving outreach to and/or programs for underserved groups?

Mono County's primary strategies at this time are to continue to establish and grow relationships with other agencies and to continue to be a leader in local cultural equity efforts.

In 2021, MCBH launched a Community Program Planning Process (CPP) survey, offered County-wide, as part of the MHSA funding stream. The CPP Survey asked respondents to identify what they thought were the top behavioral health issues affecting Mono County, and to identify areas in which MCBH could offer more representative programming to address these BH issues. Results showed that respondents felt that there should be an increase in programming for special population, specifically those for LGBQT+ and older adults. In response to this survey, MCBH has since expanded its wellness programming to include programs specific to LGBQT+ and older adult populations. MCBH will continue to survey participants and county residents to see where further improvements can be implemented and to determine if existing programming is fully meeting the needs of the special populations they serve. At this time, MCBH is currently working on other surveys to further identify needs and drive programming and services.

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Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. Questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

23. What process was used to complete this Data Notebook? (please select all that apply)

- [ ] MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions
- [ ] MH Board completed majority of the Data Notebook
- [x] Data Notebook placed on Agenda and discussed at Board meeting
- [ ] Other (please specify)
- [ ] MH board work group or temporary ad hoc committee worked on it
- [x] MH board partnered with county staff or director
- [ ] MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function

24. Does your board have designated staff to support your activities?

- ( ) No
- (x) Yes (if Yes, please provide their job classification)

Amanda Greenberg - Program Manager
Marcella Rose - Staff Services Analyst

25. Please provide contact information for this staff member or board liaison.

Name Marcella Rose

County Mono County

Email Address mrose@mono.ca.gov

Phone Number 760-616-4297

26. Please provide contact information for your Board's presiding officer (Chair, etc.)

Name Carolyn Balliet

County Mono County

Email Address

Phone Number

27. Do you have any feedback or recommendations to improve the Data Notebook for next year?

None.