

CBHPC 2021 Data Notebook for California Behavioral Health Boards and Commissions

SAN DIEGO COUNTY RESPONSES

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

County of San Diego, Behavioral Health Advisory Board.

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?

209: 187 Augmented Service Providers (ASP)* clients, 22 Changing Options clients. *Noting that ASP services are a 'patch' service provided in Adult Residential Facilities (ARF)/Board and Care setting, not the ARF bed. We contract with ARFs for additional ASP services, as this funding helps to supplement the gap between services and the federal rate.

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

57,226: 51,911 ASP services bed-days, 5,315 Changing Options bed-days.

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?

280.

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

Yes. Six: contracted with four Mental Health Rehabilitation Centers (MHRC)/Institutions for Mental Disease (IMD) sites and two Skilled Nursing facilities (SNF)/Special Treatment Programs (STP)/IMD sites.

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: **514**

Out-of-County: **14**

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?

120,559 bed-days.

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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
- Housing/Motel Vouchers
- **Supportive Housing – Yes**
- Safe Parking Lots
- Rapid re-housing
- **Adult Residential Care Patch/Subsidy – Yes**
- Other (please specify)

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

No. There are many obstacles to developing sufficient numbers of Short-Term Residential Therapeutic Programs (STRTP): appropriate housing and workforce especially. Suspect funding is an issue. Also, services to children and youth in group care can always be enhanced and improved for this disadvantaged group.

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

Yes. In fiscal year (FY) 2020-21; there were 75 out-of-county youth who were served in STRTPs under the Behavioral Health Services (BHS) contract due to a presumptive transfer.

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

Yes. When a presumptive transfer is initiated by County of San Diego Child Welfare Services and Probation Departments, Optum San Diego (Optum) receives and tracks presumptive transfer information including: date, placing agency, client date-of-birth and initials, county of origin, transfer status, level of care requested, and comments. During FY 2020-21, Optum received 58 presumptive transfer notifications for foster youth leaving San Diego County, and of those 58 youth, 32 went to Out of County STRTP or group homes.

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.

At least 1 MH service visit in a single year:

Asian / Pacific Islander: **Fair**

Black: **Good**

Hispanic: **Very Good**

Other: **Good**

White: **Good**

Five+ MH service visits in a single year:

Asian / Pacific Islander: **Fair**

Black: **Good**

Hispanic: **Good**

Other: **Good**

White: **Very Good**

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	X	X	X	X	X	X	
House visits to underserved individuals/communities	X	X	X	X	X	X	
Telehealth services to increase access and engagement	X	X	X	X	X	X	
Community stakeholder meetings/events	X	X	X	X	X	X	
Written materials translated into multiple languages	X	X	X	X	X	X	
Live or virtual (real-time) Interpretation services	X	X	X	X	X	X	
Educational classes, workshops, or videos	X	X	X	X	X	X	
Providing food/drink at meetings and events	X	X	X	X	X	X	
Providing reimbursement or stipends for involvement							X
Providing transportation to and from services							X

Additional Input: BHS didn't have in-person engagement events so no food/drink this year, but usually food is served, and incentive is provided. Treatment systems of care do have some transportation services available.

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

- **Alaskan Native / American Indian – Yes**
- Asian or Pacific Islander

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- Black – Yes
- Hispanic – Yes
- White – Yes
- Other race/ethnicity – Yes
- Older adults (65+ years) – Yes
- 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.)

- 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 – Yes.
- Actively cultivating a culturally inclusive workplace environment in which racial/ethnic minority staff are engaged – Yes.
- Conducting listening sessions or other methods for staff to provide feedback on workplace environment and hiring/promoting practices - Yes
- Providing professional development opportunities such as mentorship or continued education and training for behavioral health staff and providers – Yes.
- Other (please specify).
- None of the above.

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

Yes. BHS provides Cultural Competence Academy annual training and education for BHS providers. Providers have a minimum of 4-hour Cultural Competence requirement. The Cultural Competency Academy is also available for BHS staff, as well as Diversity and Inclusion training.

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 – Yes.
- Retaining culturally diverse staff and providers – Yes.
- Translating written materials.
- Providing live/virtual interpretation services.
- Providing cultural proficiency training for staff and providers.
- Outreach to racial/ethnic minority communities – Yes.

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- Other (please specify).

Additional Input: The County of San Diego continues to strive to provide outreach to unserved/underserved communities - including racial/ethnic minority communities - through community engagement and outreach efforts. Limited workforce availability is experienced across the system (including a shortage of clinicians) which is especially impactful in terms of workforce diversity.

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

- Language barriers – Yes.
- Lack of culturally diverse/representative staff providers – Yes.
- Distrust of mental health services – Yes.
- Community stigma – Yes.
- Lack of information or awareness of services – Yes.
- Difficulty securing transportation to or from services – Yes.
- Difficulty accessing telehealth services – Yes.
- Other – Transportation, stigma of being labeled, fear of the unknown, fear of giving up, and use of coping mechanism (drugs/alcohol/cigarettes).

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.)

- Alaskan Native / American Indian – Yes.
- Asian or Pacific Islander – Yes.
- Black – Yes.
- Hispanic – Yes.
- White – Yes.
- Other race/ethnicity – Yes.
- Older adults (65+) – Yes.
- Transition-age youth (16-21) – Yes.
- Children (under 16) – Yes.
- 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		X			
Asian or Pacific Islander		X			

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Black		X			
Hispanic		X			
Other race/ethnicity		X			
White		X			

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	X	X	X	X	X	X	
Community-accepted First responders	X	X	X	X	X	X	
Peer support specialists	X	X	X	X		X	
SUD providers	X	X	X	X		X	
Community-based organizations	X	X	X	X	X	X	
Local tribal nations / native communities	X	X	X	X	X	X	
Homeless services	X	X	X	X	X	X	
Local K-12 schools	X	X	X	X	X	X	
Higher education institutions	X	X	X	X	X	X	
Domestic violence programs							
Immigration services							
Sport/athletic teams or organizations							
Grocery stores or food pantries							

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

In addition to those providing County contracted services, the County should engage in outreach services with those receiving services, family members and the community at large. Outreach should meet people where they are (homeless encampments) as well as being directed to Chaldean Church leaders. There is a need to increase recruitment and hiring of community health educators from diverse communities.

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.
- **Data Notebook placed on Agenda and discussed at Board meeting – Yes.**
- MH board work group or temporary ad hoc committee worked on it.
- **MH board partnered with county staff or director – Yes.**
- 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.
- Other.

24. Does your board have designated staff to support your activities?
Yes. Director, BHS; BHAB Coordinator; and Administrative Analyst.

25. Please provide contact information for this staff member or board liaison.
Dania Barroso-Conde, County of San Diego Behavioral Health Services.

26. Please provide contact information for your Board's presiding officer (Chair, etc.)
Judith Yates, Chair, Behavioral Health Advisory Board.

27. Do you have any feedback or recommendations to improve the Data Notebook for next year?
No, thank you.