




Behavioral Health Board

Presentation on:

California Behavioral Health Planning Council (CBHPC)


2021 Data Notebook

Highlights




California Behavioral Health Planning Council

- The California Behavioral Health Planning Council is under federal and state mandate to advocate on behalf of:
 - Adults with severe mental illness
 - Children with severe emotional disturbance and their families.



California Behavioral Health Planning Council (CBHPC)

The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California.




California Behavioral Health Planning Council (CBHPC)

- 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.

California Behavioral Health Planning Council (CBHPC)


FOCUS AREAS

- Adult Residential Care
- Homelessness
- Child Welfare Services: Foster Children in Certain Types of Congregate Care
- Racial/Ethnic Inequities in Behavioral Health
- Post-Survey Questionnaire



Adult Residential Care

- 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?



Adult Residential Care

- During the last fiscal year, the Department paid for 114 clients residing at an Adult Residential Facility.



Adult Residential Care

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



Adult Residential Care

The total number of ARF bed days paid for these individuals, during the last fiscal year were 30,655 bed days.

Adult Residential Care

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?
N/A

All individuals in need at the time were placed

Adult Residential Care

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

- Yes (If Yes, how many IMDs?) -

Merced County has 2 Institutions for Mental Disease

- Merced Behavioral
- California Psychiatric Transitions

Adult Residential Care

- 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 24 Clients
- Out-of-County 10 Clients

Adult Residential Care

- What is the total number of IMD bed-days paid for these individuals by your county behavioral health department during the same time period?
- The total number of IMD bed days paid for these individuals by BHRS was 7,119 days.



HOMELESSNESS

- 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)

HOMELESSNESS

x Emergency Shelter

Temporary Housing

Transitional Housing

x Housing/Motel Vouchers

x Supportive Housing

Safe Parking Lots

Rapid re-housing

Adult Residential Care
Patch/Subsidy

- **x Other (please specify)**
- **Navigation Center – opened 3/29/21 and Project Room Key – Human Services Agency.**

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

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

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

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

- Yes (If Yes, how many?) Merced Country has received presumptive transfer youth needing group home level of care.
- In the current fiscal year, Merced has received 70 presumptively transferred children and youth to date.
- In the previous fiscal year, Merced received 213 presumptively transferred children and youth.

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

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

- At this time, we do not have the number of presumptive transfer youth received by Merced County who required group home level of care.
- However, currently, Creative Alternatives has 24 presumptively transferred children/youth housed at their facility.
- Additionally, on average, they have housed 25 out of county presumptively transferred youth over the third quarter of the calendar year.

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

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

- X Yes (If Yes, how many?) Merced County has presumptively transferred youth out of Merced County needing group home level of care.
- Per data from HSA, Merced has presumptively transferred 24 youth out of Merced County in the current fiscal year that requires group home level of care to date.


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

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

- Per data from HSA, in the previous fiscal year, Merced presumptively transferred 42 youth out of Merced County requiring group home level of care.
- In addition, Merced has presumptively transferred a total of 43 presumptively transferred children and youth to date in the current fiscal year, making 98% of presumptively transferred youth needing group home level of care.
- In the previous fiscal year, Merced presumptively transferred 132 children and youth out of Merced County.

Racial/Ethnic Inequities in Behavioral Health

- 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)
- Asian or Pacific Islander Good




Racial/Ethnic Inequities in Behavioral Health

- 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")

Racial/Ethnic
Inequities in
Behavioral
Health

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
- White
- Other race/ethnicity
- Older adults (65+ years)
- Transition-age youth (16-24 years)



Racial/Ethnic Inequities in Behavioral Health


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

Racial/Ethnic Inequities in Behavioral Health


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 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



Racial/Ethnic Inequities in Behavioral Health

- Conducting listening sessions or other methods for staff to provide feedback on workplace environment and hiring/promoting practices
- Providing professional development opportunities such as mentorship or continued education and training for behavioral health staff and providers
- Other (please specify)
- None of the above



Racial/Ethnic Inequities in Behavioral Health

- *Does your county provide cultural proficiency training for behavioral health staff and providers?
- X Yes (please describe)
Trainings: Implicit bias, multi-cultural, inclusion and diversity,
Cultural specific trainings:
Latinx, African American Spirit,

Racial/Ethnic Inequities in Behavioral Health


- 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)

Racial/Ethnic Inequities in Behavioral Health

- What barriers to accessing mental health services do individuals from underserved communities face in your county? (Please select all that apply.)
- Language barriers
- Lack of culturally diverse/representative staff providers
- X Distrust of mental health services
- X Community stigma
- Lack of information or awareness of services
- X Difficulty securing transportation to or from services
Difficulty accessing telehealth services
- Other (please specify)

Racial/Ethnic Inequities in Behavioral Health

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



Racial/Ethnic Inequities in Behavioral Health


- 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")

Racial/Ethnic Inequities in Behavioral Health

- Outreach at local community venues and events
- 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


Racial/Ethnic Inequities in Behavioral Health

- Do you have suggestions for improving outreach to and/or programs for underserved groups?
- Merced County continues to develop and implement upstream strategies to improve outreach and programs for our underserved communities.
- BHRS has established collaborations with the schools and other community providers to help build buffering resources for families to ensure health, wellness, equity and access. There are many suggestions that include:




Racial/Ethnic Inequities in Behavioral Health

- BHRS has developed programming that provides outreach, engagement, community activities, events, presentations on suicide prevention, stigma and discrimination, builds upon cultural wisdom and continuous support and linkage to resources.




Racial/Ethnic Inequities in Behavioral Health

- Identify and use culturally appropriate stakeholder and data analysis tools that recognize and utilize communities' cultural assets and knowledge.
- To continue to build strong and sustainable relationships and partnerships.



Racial/Ethnic Inequities in Behavioral Health

- Create effective community input processes and forums with opportunities for communities to fully participate.
- Enhance Relationships & Engagement
- Strengthening connections with communities through knowledge gathering



Racial/Ethnic
Inequities in
Behavioral
Health

Enhance Relationships &
Engagement:

Take ongoing steps to enhance relationships with those populations that are underserved. Ongoing development of quality and responsive services for better outcomes

Build personal relationships with the underserved community

Reflections

