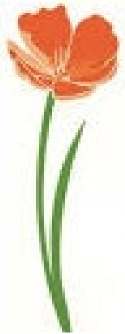


California
Behavioral Health
Planning Council

Advocacy • Evaluation • Inclusion

2022 Data Notebook

Impacts of the Covid-19 Pandemic on Behavioral Health Needs and Services

What is the Data Notebook?

- A structured format for reviewing information and reporting on behavioral health services in each California county.

- **Goals of the Data Notebook**
  - Assist local mental health boards to meet their legal mandates to review the local county mental health services on performance each year (California Welfare & Institution Code 5604.2)
  - Function as an educational resource about mental health data for local boards
  - Enable the California Behavioral Health Planning Council to fulfill its mandate to review and report on the public mental health system in California.

Data Notebook 2022

- Beginning in 2020, the CBHPC moved the Data Notebook survey to an online format utilizing the SurveyMonkey platform.
  - This year's focus topic is "**Impacts of the Covid-19 Pandemic on Behavioral Health Needs and Services**"
- Information gathered will guide the California Behavioral Health Planning Council's advocacy in the coming year.
- The California Behavioral Health Planning Council's has resumed its practice of presenting county-specific data.

Standard Yearly Data
and Questions

Standard Yearly Data and Questions

General

1) **Please identify your County / Local Board of Commission.**
   Sacramento County Mental Health Board

Adult Residential Care

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 Care Facility (ARF), during the Fiscal Year 2021-22? _92_**

3) **What is the total number of ARF bed-days paid for these individuals, during the last fiscal year? _17,181_**

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? _We do not currently track/collect this data.___**

Standard Yearly Data and Questions

5) **Does your county have any 'Institutions for Mental Disease' (IMD)?** **Yes, 12 IMDs. (Sub-acute "IMD" defined as any facility with 16 beds or more, not including acute psychiatric care facilities.)**

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: _52_**
- **Out-of-county: _83_**

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? _39,728_**

Standard Yearly Data and Questions

Homelessness: Programs and Services in California Counties

8) **During the most recent fiscal year (2021-2022), what new programs were implemented, or existing programs were expanded, in your county to serve persons who are both homeless and have severe mental illness?** (Mark all that apply.)

a. Emergency Shelter add option for providing support and services in housing

b. Temporary Housing

c. Transitional Housing

d. Housing/Motel Vouchers

e. Supportive Housing

f. Safe Parking Lots

g. Rapid Re-Housing

h. Adult Residential Care Patch/Subsidy

i. Other (*Please specify) Investment in permanent supportive housing dedicated apartments*

Standard Yearly Data and Questions

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

9) Do you think your county is doing enough to serve the foster children and youth in group care?

X a. Yes

b. No. If No, what is your recommendation? Please list or describe briefly. (*Text response*)

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

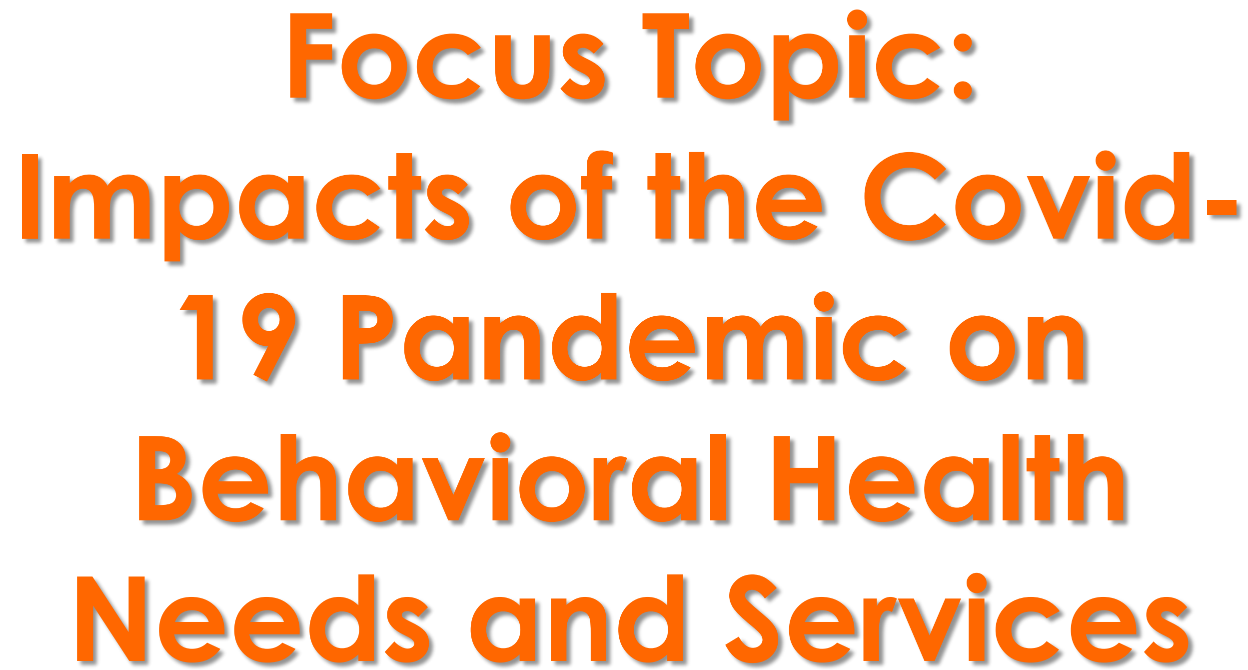
a. No

X b. Yes. If Yes, how many? (*Text response*) *As of July 20, 2022 there were 57 youth from another county place in Sacramento County congregate care.*

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

a. No

X b. Yes. If Yes, how many? (*Text response*) *As of July 4, 2022, there were 52 youth placed out of county.*


Focus Topic:
Impacts of the Covid-
19 Pandemic on
Behavioral Health
Needs and Services

12). Please identify the points of stress on your county's system for children and youth behavioral health services during the pandemic *(multiple checkboxes; mark all that apply)*

X a. Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.

X b. Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.

X c. Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.

d. Increased Emergency Department admissions of youth for episodes of self-harm and/or suicide attempts. *Unknown. We don't have access to the emergency room data.*

e. Increased Emergency Department visits related to misuse of alcohol and drugs among youth. *Unknown. We don't have access to the emergency room data.*

f. Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit). *We have not seen an increase in crisis intervention services. However, this does not mean there isn't a need for it.*

g. Decreased access/utilization of mental health services for youth.

h. Other (Please specify).

i. None of the above.

13). Of the previously identified stressors, which are the top three concerns for your county for children and youth services? *(Matrix of dropdown menus to select answers, 1, 2, 3, in descending order of significance)*

1 a. Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self-harm.

2 b. Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.

3 c. Increased numbers of youth receiving services who reported significant levels of major depression, with or without severe impairment.

d. Increased Emergency Department admissions for episodes of self-harm and suicide attempts among youth.

e. Increased Emergency Department visits related to misuse of alcohol and drugs among youth.

f. Increased need for youth crisis interventions by Behavioral Health crisis teams (and/or use of psychiatric emergency setting or crisis stabilization unit).

g. Decreased access/utilization of mental health services for youth.

h. None of the above

i. Other (Please specify).

14). Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, mental health services for children and youth in your county during the Covid-19 pandemic? *(written response)*

We are having a workforce crisis. Our Mental Health Plan providers and the County are having significant staffing shortages, even though BHS has increased contract maximums to require increased salaries and incentives to attract and retain staff. We meet with providers every month to discuss hiring, retention, and recruitment strategies. Our provider network is trying very hard to address this workforce crisis, but is not gaining ground.

Our system is losing the most qualified staff, most of whom have a behavioral health license, to Managed Care Plans, schools, private practice, or leaving the workforce altogether. Managed Care Plans can offer salaries and often telehealth options that we cannot match. Schools require a mental health license, but pay significantly more and offer summer vacation, plus paid time off benefits. Private practice allows professionals to work at their kitchen table as they provide telehealth services. Online platforms are managing all the "back office" components so all the professional has to do is open zoom and do therapy.

As a result of these attractive non-public behavioral health job options, we are losing our most seasoned and qualified staff and having to hire staff newly out of graduate school. Our BHS programming is set up to provide services to clients with moderate to severe intensity needs, while our partners are responsible for the more mild needs. This means that our most acutely impaired clients are being served by less experienced staff and our clients with milder needs are served by the most qualified. Additionally, the exodus of staff from our system leaves those remaining to carry the large caseloads, which creates burnout and another reason to leave our mental health plan. Meanwhile, the referrals keep coming. Now that children are back to school, we are experiencing fewer suicide attempts than the prior year, but we also have an increasingly large referral flow for our short-staffed mental health plan. Additionally, COVID illnesses take the short staffed programs down to skeleton crews as staff take time to recover and to isolate.

Continued:

These variables create longer times to get first appointments and higher caseloads that cut back the frequency and length of services necessary to address the acute needs of our population. Our providers have also lost staff that they have trained in evidence based practices, so that expertise leaves with those staff, leaving a gap in service offerings.

Recent increases to our FIT contracts have helped our public mental health sector a little bit with attractive salaries and signing bonuses, but that was only for MHSA-funded programs. CalAIM is also something our provider network hopes will result in less documentation burden, which has been a historical "turn off" for prospective and current staff. Our providers also appreciate the ability to address homelessness with flex funds.

While we have experienced a few positives, the workforce crisis overshadows our system and is a constant threat that keep our providers and County staff up at night, per their report.

15). Please identify the points of stress on your county's system for all adult behavioral health services during the pandemic *(multiple checkboxes; mark all that apply).*

a. Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.

b. Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.

c. Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.

d. Increased Emergency Department admissions for episodes of self-harm and suicide attempts among adults.

e. Increased Emergency Department visits related to misuse of alcohol and drugs among adults.

f. Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).

g. Decreased access/utilization of mental health services for adults.

h. None of the above

i. Other (Please specify)

16). Of the previously identified stressors, which are the top three concerns for your county for behavioral health needs of all adults during the pandemic? Please select your county's top three points of impact in descending order *(matrix of dropdown menus to select answers; i.e., 1, 2, 3)*

a. Increased numbers of adults presenting for services who report thoughts of suicide or other thoughts of self-harm.

2 b. Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.

3 c. Increased numbers of adults receiving services who reported significant levels of major depression, with or without severe impairment.

d. Increased Emergency Department admissions for episodes of self-harm and suicide attempts among adults.

e. Increased Emergency Department visits related to misuse of alcohol and drugs among adults.

f. Increased need for crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms).

1 g. Decreased access/utilization of mental health services for adults.

h. None of the above

i. Other (Please specify)

17). Do you have any comments or concerns that you would like to share regarding access to, and/or performance of, behavioral health programs for all adults in your county during the Covid-19 pandemic? *(written response)*

The adult outpatient mental health system did not experience a significant decrease or increase in services during FY 2019-20. The data shows a slight decrease of 2.8% in overall utilization, Anxiety diagnosis increased from 14% to 16% and Depression diagnosis increased from 21% to 23% during this period. The system was able to implement a flexible delivery approach offering services in person, via phone as well as through telehealth. The crisis continuum was impacted during this period, for example the Crisis Residential Programs and the Mental Health Urgent Care Clinic capacity and hours of operation were impacted by COVID outbreaks and staffing coverage issue. This resulted in limiting access to these resources.

18). Since 2020, has your county increased the use of telehealth for all adult behavioral health therapy and supportive services?

X Yes

☐ No

19). Since 2020, has your county increased the use of telehealth for psychiatric medication management for all adults?

X Yes

☐ No

20). Does your county have tele-health appointments for evaluation and prescription of medication-assisted treatment (MAT) for substance use disorders?

☐ Yes.

☐ No.

X **Not Applicable**: if your board does not oversee SUD along with Mental Health.

21). Many or most MAT programs rely on in-person visits by necessity in order to get certified to provide these services. [Some of these medications include buprenorphine, methadone, suboxone, emergency use Narcan]. **As part of SUD treatment services, are you able to coordinate routine drug testing with clinics near the client?**

☐ **Yes**. If so, how has this been useful in promoting successful outcomes? *(Text answer).*

☐ **No.** If not, do you have alternatives to help clients succeed? *(Text answer)*

X **Not Applicable**: if your board does not oversee SUD along with Mental Health.

22). Have any of the following factors impacted your county's ability to provide crisis intervention services? *(Check all that apply)*

a. Increase in funding for crisis services

b. Decrease in funding for crisis services

c. Issues with staffing and/or scheduling

d. Difficulty providing services via telehealth

e. Difficulty implementing Covid safety protocols

f. Other (please specify)

g. None of the above

23). Did your county experience negative impacts on staffing as a result of the pandemic? Please select your county's top points of impact, all in descending order of importance *(matrix of dropdown menus to select answers; i.e., 1, 2, 3, 4, etc.; or enter zero if no significant impact or not applicable)*

a. Staff quit (part of mass resignation/ social trend, etc.)
b. Staff re-directed or re-assigned to support the Covid-19 Teams
c. Staff out to quarantine for self
d. Staff out to care/quarantine due to family member's contracting of Covid-19
e. Staff out due to disagreement to comply with safety protocols
f. Staff out due to decision to not get vaccinated for Covid-19
g. Staff out due to burnout
h. Staff out due to inability to manage telework environment
i. Staff unable to obtain daycare or childcare
j. Other, please specify.
k. None of the above.

24). Has your county used any of the following methods to meet staffing needs during the pandemic? *(Multiple checkboxes; please mark all that apply)*

a. Utilizing telework practices
b. Allowing flexible work hours
c. Bringing back retired staff
d. Facilitating access to childcare or daycare for workers
e. Hiring new staff
f. Increased use of various types of peer support staff and/or volunteers

25). Consider how the pandemic may have affected your county's ability to reach and serve the behavioral health needs of clients from diverse backgrounds. **Has the pandemic adversely affected your county's ability to reach and serve clients and families from the following racial/ethnic communities?** *(Check all that apply.)*

a. Asian American / Pacific Islander
b. Black / African American
c. Latino/ Hispanic
d. Middle Eastern & North African
e. Native American/Alaska Native
f. Two or more races
g. Other, please specify.
h. None of the above.

26). Based on your experience in your county, has the pandemic adversely impacted your county's ability to reach and serve behavioral health clients and families from the following communities and backgrounds? *(Check all that apply.)*

a. Children & Youth
b. Foster Youth
c. Immigrants & Refugees
d. LGBTQ+
e. Homeless individuals
f. Persons with disabilities
g. Seniors (65+)
h. Veterans
i. Other, please specify – Spanish speakers, Asylees
j. None of the above.

27). Which of the following pandemic-related challenges have presented significant barriers to accessing behavioral health services in your county? (*Please check all that apply.)*

a. Difficulty with or inability to utilize telehealth services
b. Concerns over Covid-19 safety for in-person services
c, Inadequate staffing to provide services for all clients
d. Lack of transportation to and from services
e. Client or family member illness due to Covid-19
f. Client disability impairs or prevents access
g. Mistrust of medical and/or government services
h. Language barriers (including ASL for hard-of-hearing)
i. Other (please specify).

Miscellaneous
Questions

Miscellaneous Questions

- **28. What process was used to complete this Data Notebook?**
  - Data Notebook placed on Agenda and discussed at Board Meeting
- **29. Does your board have designated staff to support your activities?**
  - Yes – Human Services Program Planner
- **30. Please provide contact information for this staff member or board liaison.**
  - Name – Jason Richards
  - County – Sacramento County
  - Email Address – RichardsJa@saccounty.gov
  - Phone Number – (916) 875-6482
- **31. Please provide contact information for your Board's presiding officer (Chair, etc).**
  - Chairperson's contact information will be entered into the survey.
- **32. Do you have any feedback or recommendations to improve the Data Notebook for next year?**
  - **Mental Health Board feedback goes here.**