



California  
Behavioral Health  
Planning Council

Advocacy • Evaluation • Inclusion

# 2021 Data Notebook

**Racial/Ethnic  
Inequities in  
Behavioral  
Health**

# 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 2021

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- Online submission began last year
  - In 2020, the CBHPC moved the Data Notebook survey to an online format utilizing the SurveyMonkey platform. This continues in 2021.
  - This year's focus topic is "Racial/Ethnic Inequities in Behavioral Health."
- 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

## General

1. Please identify your County / Local Board or 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 Facility (ARF) during the last fiscal year? 52

3. What is the total number of ARF bed-days paid for these individuals, during the last fiscal year? 4,944

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?

Unknown - this information is not currently being tracked.

5. Does your county have any "Institutions for Mental Disease" (IMDs)? If yes, how many? Yes - 2

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: 140 Total a) How many In-County? 71 b) How many Out-of-County? 69

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? 38,880

## Homelessness

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
- Safe Parking Lots
- Rapid re-housing
- Adult Residential Care Patch/Subsidy
- Other (please specify)

Outreach and engagement activities were expanded via:

1. Youth Help Network program entering individuals into the homeless queue.
2. Piloted a homeless encampment clinician to conduct outreach, engagement, screening, assessments and referrals for individuals living in the encampments into our mental health plan
3. Provided screening and assessment services to individuals staying project homekey.

Children/Youth

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) |

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

No

Yes (If Yes, how many?) \_\_\_ As of September 3, 2021 there were 25 youth (0-22 years old) from another county placed in Sacramento County in congregate care.

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

No

Yes (If Yes, how many?) \_\_\_ As of October 1, 2021 there were 71 youth (0-22 years old) from Sacramento County placed in another county in congregate care.



**Focus Topic:  
Racial/Ethnic Inequities  
in Behavioral Health**

## Racial/Ethnic Inequities in Behavioral Health

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.

(Options: Excellent, Very Good, Good, Fair, Poor, or N/A)

Access (At least one mental health Services visit in a single year)

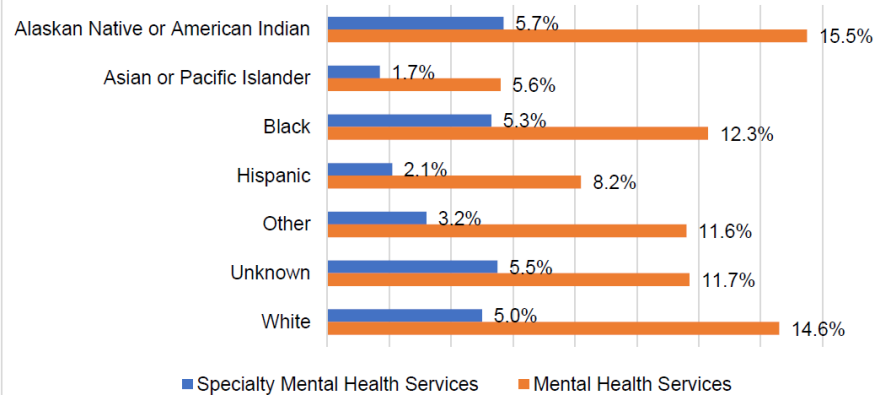
Engagement (Five or more mental health services visits in a fiscal year)

### **Considerations:**

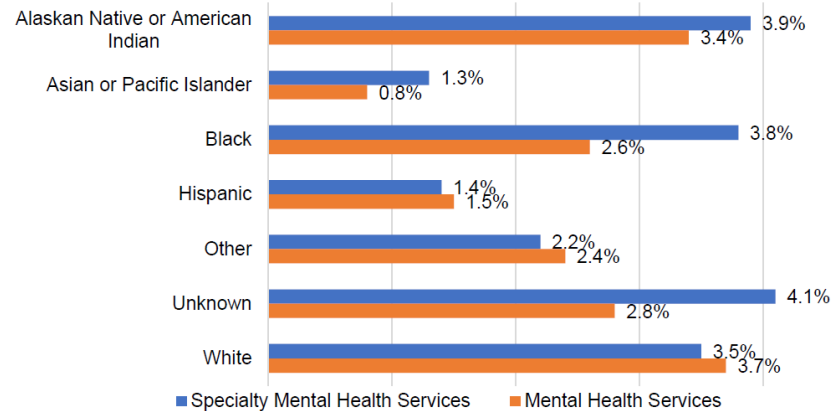
- **Additional contextual information would be beneficial to help form meaningful conclusions (such as size of each consumer population and their estimated need for mental health services)**
- **Scales like this are frequently used in surveys to gather input about attitudes or beliefs. However, response options should be meaningful to the person taking the survey – in this case it was not clear what the response should indicate about the observed information. The instructions didn't explain how to translate the data shown (see following page) into the possible response options.**

**Data provided for Question 12**

**Figure 2. Medi-Cal Mental Health Access Rates, Sacramento County Adults, by Race/Ethnicity, FY 19-20**

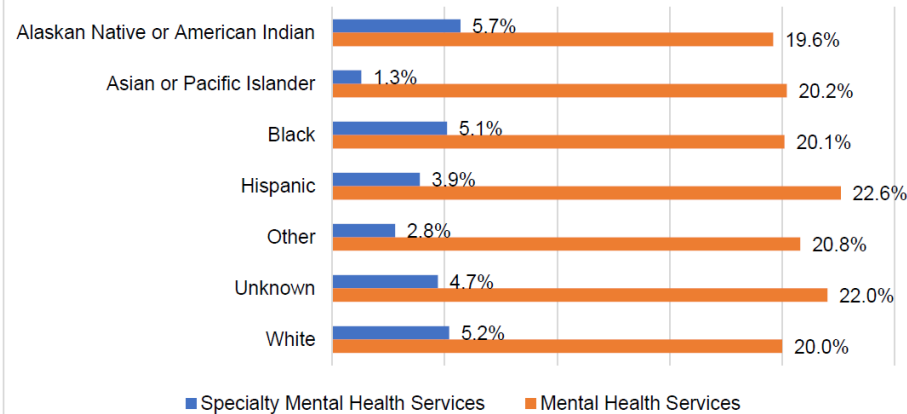


**Figure 3. Medi-Cal Mental Health Engagement Rates, Sacramento County Adults, by Race/Ethnicity, FY 19-20**

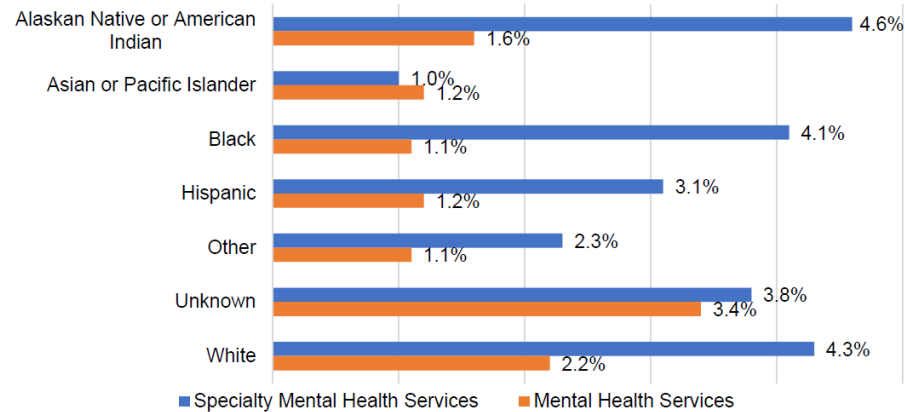


**Data provided for Question 12 continued**

**Figure 4. Medi-Cal Mental Health Access Rates, Sacramento County Children & Youth, by Race/Ethnicity, FY 19-20**



**Figure 5. Medi-Cal Mental Health Engagement Rates, Sacramento County Children & Youth, by Race/Ethnicity, FY 19-20**



## Racial/Ethnic Inequities in Behavioral Health

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.

(Options: Excellent, Very Good, Good, Fair, Poor, or N/A) **Continued**

### **Recommendations:**

- **Leave response for this question blank (or N/A if blank not possible).**
- **Provide feedback to the BHPC that it was unclear how to translate analyzed data into the provided response options.**
- **Separately, gather additional information on this topic and report results in MHB's annual performance report.**

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	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>    </u>
House visits to Underserved Individuals/communities	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>    </u>
Telehealth services to Increase access and Engagement	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>    </u>
Community stakeholder Meetings/events	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>    </u>
Written materials Translated into multiple Languages	<u>    </u>	<u>X</u>	<u>    </u>	<u>X</u>	<u>X</u>	<u>    </u>	<u>    </u>
Live or virtual (real-time) Interpretation services	<u>    </u>	<u>X</u>	<u>    </u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>    </u>
Educational classes, Workshops, or videos	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>    </u>
Providing food/drink at Meetings and events	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>    </u>
Providing Reimbursement or stipends for involvement	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>    </u>	<u>X</u>	<u>    </u>
Providing transportation to And from services	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>    </u>

Other (please describe)

Communication via mass message texting.

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

Alaska Native/  
American Indian   X  

Asian or  
Pacific Islander   X  

Black   X  

Hispanic   X  

Other   X  

White   X  

\*This response was based on the last survey, and may be out of date.  
MHB may adjust this answer if needed.

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

Actively cultivating a culturally inclusive workplace environment in which racial/ethnic minority staff are engaged

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) Webinar on how to apply for Behavioral Health jobs with the County.

None of the above



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

No

Yes (please describe) We provide annual required cultural proficiency training for behavioral health staff and providers. This year the focus is on eliminating inequities.

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) Outreach challenges due to barriers regarding mental health stigma within several diverse communities.

18. 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
- Distrust of mental health services
- Community stigma
- Lack of information or awareness of services
- Difficulty securing transportation to or from services
- Difficulty accessing telehealth services
- Other (please specify) Being unhoused.

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.)

Alaska Native/  
American Indian

X

Asian or  
Pacific Islander

X

Black

X

Hispanic

X

White

\_\_\_\_\_

Other race/ethnicity

\_\_\_\_\_

Older adults (65+)

X

Transition-age youth

X

Children (under 16)

X

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. (Options: Very Positive, Someone Positive, Neutral, Somewhat Negative, or Very Negative)

Alaska Native/ American Indian	<u>Very Positive</u>
Asian or Pacific Islander	<u>Very Positive</u>
Black	<u>Very Positive</u>
Hispanic	<u>Somewhat Negative</u>
Other	<u>Very Positive</u>
White	<u>Somewhat Positive</u>



Continued:

	Alaskan Native/ American Indian	Asian or Pacific Islander	Black	Hispanic	Other	White	N/A
Homeless services	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	_____
Local K-12 schools	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	_____
Higher Education Institutions	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	_____
Domestic violence Programs	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	_____
Immigration Services	_____	<u>X</u>	_____	<u>X</u>	_____	<u>X</u>	_____
Sport/athletic teams Or organizations	_____	<u>X</u>	<u>X</u>	_____	_____	_____	_____
Grocery stores or Food pantries	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	_____

Other (please describe)

Religious organizations and community elders.

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

**Refugee Enrichment and Development Association**, a non-profit organization that serves the Middle Eastern / Arabic speaking community suggests the following to improve outreach and programs for its underserved group:

1. Providing incentives to encourage culturally and linguistically sensitive therapists and mental health practitioners to become Medi-Cal providers,
2. Facilitating/shortening the licensing process for mental health practitioners who share the same cultural background as the underserved group but who obtained their qualifications in a different country.
3. Encouraging MH practitioners to offer more internship opportunities to MH students from diverse backgrounds.

Continued:

**Asian Pacific Community Counseling**, a non-profit organization that serves the API community suggest the following to improve outreach and programs to the API community:

1. Community Outreach programs must be specific for different Asian and Pacific Islander communities as their needs are varied.
2. Also, the needs are time-specific and change from time to time so service providers must have the ability to be able to address specific needs as they come up. Because County sponsored programs are program and goal specific and determined more than 18 months in advance, the process does not allow for flexibility for providers to make any meaningful changes in service provision or respond to rapid changing needs within a fiscal year.
3. Asian Pacific Community Counseling continues to address and provide linkages to community members as their needs change, or they have new needs come up due to a changing landscape in the community.



Continued:

**La Familia Counseling Center** – a non-profit organization that serves the Spanish speaking community suggest the following to improve outreach and programs to the Spanish speaking community:

1. Many Latino families do not have access to the internet or to digital devices where they can access virtual classes and events or complete surveys.
2. There is a need to do more targeted outreach using ethnic media, TV, Radio, etc. to let people know of services and also normalize getting help.

**Iu Mien Community Services**, a non-profit organization that serves the Iu Mien community suggest the following to improve outreach and programs to the Iu Mien community:

1. Providing more culturally relevant materials regarding different sexuality and developing more culturally relevant education material for traumatized communities (refugees).
2. Provide better trauma informed care training and resources to service providers.

Continued:

**Cal Voices Older Adult /Warm Line**, a non-profit organization that serves older adult communities and those seeking services through their Warm Line suggest the following to improve outreach and programs to the those communities:

1. Social Media
2. Cross refer across the program

**Sacramento Native American Health Center**, a non-profit organization that serves the Alaskan Native / American Indian community suggest the following to improve outreach and programs to the Alaskan Native / American Indian community:

1. Since in-person outreach has been on hold, we have been able to outreach to the community about our activities on Zoom and provide education and information on domestic violence, suicide prevention, etc.
2. Use every opportunity to push social media posts as a source for outreach.
3. It would be ideal to provide space and opportunity to do more collaboration with partner agencies to discuss how to best reach community that we are not able to reach.

# Miscellaneous Questions

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

**Response for Question 12 not provided. It was unclear how to translate analyzed data into the provided response options. The Sacramento County Mental Health Board will look into this topic further with the aim of developing a meaningful understanding.**