

Need	Supporting Data	Needs Assessment / Data Sources
Access to Culturally Responsive Services: African-Americans	<ul style="list-style-type: none"> - Black/AA were less likely than other race/ethnicity receive follow-up MH services within 7 and 30 days of the ED visit. - Depression related feelings Youth (25.4%) - Youth Suicide/Self-inflicted injury (17.4%) 	<ul style="list-style-type: none"> - BHRS QI Performance Measures - California Healthy Kids Survey - San Mateo County All Together Better Indicators - California Reducing Disparities Project
Access to Culturally Responsive Services: Asian Americans and Native Hawaiian and Pacific Islanders (NHPi)	<ul style="list-style-type: none"> - Depression in Medicare Population (11% overall, Latinx 9%, Black 11%, White 12%) - Asian/Asian Americans are least likely to have both the mental health and substance use knowledge, behavior and beliefs that support stigma reduction - Asian/PI beneficiaries have 4.4% penetration rate for Drug Medi-Cal although they make up 21% of beneficiaries - Asian/PI beneficiaries were less likely than White beneficiaries to receive SU follow-up services within 30 days - Suicide deaths by race/ethnicity increased in 2020 for Asians, compared to 2019. - Limited English proficiency remains a barrier to accessing health and social services for Asian Americans - NHPi faced the highest case and death rates from COVID 19 among the major race and ethnic groups - Pandemic hit Asian American and NHPi particularly hard economically - Long term unemployment for Asian Americans increased sharply between the fourth quarters of 2019 & 2020 - Asian American are less likely to be enrolled in public benefit programs than other race and ethnic groups 	<ul style="list-style-type: none"> - DHCS Performance Dashboard: Penetration Rates - BHRS Cultural Competence Plan - The Health, Mental Health, and Social Service Needs of Asian Americans and Pacific Islanders in California - San Mateo County Suicide Prevention Roadmap - SMC Stigma Baseline Survey - BHRS QI Performance Measures
Access to Culturally Responsive Services: Children/Youth and Families	<ul style="list-style-type: none"> - Continued hesitancy of many Transition Age Youth for in-person activities - Children/Youth under age 21 have a 3.0% penetration rate in 2020; compared to 3.9% large size counties and 3.4% med counties - Cultural barriers to engaging families in care may include being afraid to ask for assistance, issues with legal status, and/or personal beliefs regarding mental illness. - Families struggle to connect with new supports due to their level of stress and ongoing needs and sometimes a hesitancy due to stigma around receiving mental health and/or other related services. - Compared to last year, the majority of the Consumer Perception Survey scores remained the same, Youth Participation and Satisfaction scores decreased by ~10% - Referrals through primary care increased 100% for youth 	<ul style="list-style-type: none"> - MHSA Annual Updates: PEI Ages 0-5 - MHSA Annual Updates: C/Y and TAY FSP - MHSA Annual Update: Peer/Family Supports - BHRS Cultural Competence Plan - DHCS Performance Dashboard: Penetration Rates - First 5 Strategic Plan 2020-2025 - San Mateo County Health Alert Highlights - Whole Person Care Annual Report 2021 - Consumer Perception Survey
Access to Culturally Responsive Services: Latinx	<ul style="list-style-type: none"> - Latino beneficiaries have a 27% penetration rate for Drug Medi-Cal system although they make up 46% of beneficiaries - Hispanic beneficiaries were less likely than White beneficiaries to receive SU follow-up services within 30 days. Spanish speakers were less likely than English speakers to be connected to SU services. - Hispanic beneficiaries were less likely to maintain MOUD treatment for 180+ days compared to White beneficiaries. - Community top themes included: -Top themes included: 1) Importance of mental health and available resources, 2) Lack of access to services 3) Desire to learn more about existing services 4) how to address stigma and mental health - Latinx population is not a homogenous group and needs culturally relevant mental health literacy, as well as policies that increase access across the group. - Mexicans and central americans more likely to identify symptoms that point to serious psychological distress, but not say they needed MH support. -Reports of trauma exposure are extremely high among Latina migrant women, with prevalence rates around 75% 	<ul style="list-style-type: none"> - Uncovering Unique Challenges: Variation in Unmet Mental Health Needs Among Latinx Ethnic Groups in California - County Health, Public Health Policy and Planning Community Collaboration Process - We Need Health for All: Barriers to Care among Latinxs in California and Connecticut
Access to Culturally Responsive Services: LGBTQ+	<ul style="list-style-type: none"> - LGBTQ+ community was greatly affected by COVID-19, at a disproportionate rate. - 85% of LGBTQ+ respondents reported negative impacts on emotional or mental health. - 26% experienced worsened mental health or were unable to access services -LGBTQ community has a lack of access to services and understanding by their providers -Not all safe LGBTQ+-affirming community spaces have opened to the public for gathering in-person - Increased distress is expressed when living with homophobic and/or transphobic family members -LGBTQ population most affected by suicidal ideation in age group (24-44) 	<ul style="list-style-type: none"> - Pride Center: COVID Impact Report - Dignity Health 2022 Community Health Needs Assessment - MHSA Annual Updates: PEI- Culturally Responsive Services - San Mateo County All Together Better Indicators

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Access to Culturally Responsive Services: Social Determinants of Health	<ul style="list-style-type: none"> - Low-income parents were more likely to encounter problems finding childcare and identified cost/inconvenient hours/locations and engaged in language development activities less frequently. - Families need food resources and applying for government grants for those that qualified such as Immigrant Families Fund - Continued impact of the COVID-19 pandemic on families in the areas of housing, financial and food instabilities and attaining needed resources due to documentation requirements for aid. - Families are frequently living in households with multiple members, impacting quality of life, privacy, and safety. - Low-economic households having difficulties with getting WiFi accessible - Low-income parents reported higher frequency of depressive symptoms compared to middle-to-high income parents and lower levels of both personal and neighborhood support - SMMC reported clients needed additional medical care coordination, financial assistance, food delivery, and access to safe and reliable transportation. - WPC patients continued to experience a multitude of stress in the areas of unemployment, economic hardship, housing evictions, homelessness, food insecurity, and social isolation. 	<ul style="list-style-type: none"> - MHSA Annual Updates: PEI Ages 0-5 - MHSA Annual Updates: C/Y and TAY FSP - MHSA Annual Updates: Peer Drop-Ins - MHSA Annual Update: Peer/Family Supports - BHRS Cultural Competence Plan - DHCS Performance Dashboard: Penetration Rates - First 5 Strategic Plan 2020-2025 - San Mateo County Health Alert Highlights - Consumer Perception Survey - Whole Person Care Annual Report 2021
Access to Culturally Responsive Services: Veterans	<ul style="list-style-type: none"> - Veterans in county need support with access to benefits including mental and behavioral health, and housing. - More than half of the veterans are 65+ - Younger veterans include more women that would like services targeted towards women veterans such as sexual assault. 	<ul style="list-style-type: none"> - San Mateo County Veterans Commission Strategic Plan
Access to Culturally Responsive Services: Older Adults	<ul style="list-style-type: none"> - 35% of older adult respondents (1,333) identified an area of concern as depressed mood; social support concerns included finding friends/social activities (50%), isolation (34%), loneliness (34%), emotional support (38%) and finding volunteer opportunities (34%) 	<ul style="list-style-type: none"> - San Mateo County Aging and Adult Services Area Plan
Adult/Older Adults: Increased Complex Needs	<ul style="list-style-type: none"> - COVID impacted meal delivery and social gatherings for clients at Drop-in centers; increased isolation - Hospitalizations increased in 2020 for adults/older adults 'compared to previous year from 11% to 24% after 1 year of Full Service Partnership enrollment - Psychiatric Emergency Services events also increased in 2020 compared to previous year from 34% to 54% after 1 year of Full Service Partnership enrollment - COVID impact: increased complexity of clients (comorbidities, co-occurring) - Senior Health- lack of socialization has impacted cognitive, mental health and everyday living skills - Technology barriers for mental health among seniors - SMC Adults ages 65+ have a 3.7% penetration rate in 2020; compared to 1.7% large size counties and 2.0% med size counties - Of Seriously Mentally Ill Clients: Referrals from families -46% have Substance Use disorder; 27% from north county and 26% from central 	<ul style="list-style-type: none"> - MHSA Annual Updates: Peer Drop-Ins - MHSA Annual Updates: Adult FSP Programs - FSP Outcomes Report, FY 20-21 - MHSA Annual Updates: Board and Cares - Dignity Health 2022 Community Health Needs Assessment - DHCS Performance Dashboard - MHSA Annual Updates: Field-Based Outreach
Adult/Older Adults: Poor Mental Health	<ul style="list-style-type: none"> - Adults ever diagnosed with depression, Coast most affected followed by South County North Fair Oaks, East Palo Alto - Poor mental health days, South county most affected, followed by Coast, North then Central - Family life impairment due to mental health increased since 2018 - Not getting help online, no time, don't think it would be helpful 	<ul style="list-style-type: none"> - All Together Better Indicators SMC - California Health Interview Survey 2021
Adult/Older Adults: Substance Use Supports	<ul style="list-style-type: none"> - Correctional Health Services reported need for continued warm-hand offs of vulnerable population leaving the jail into Residential Treatment programs for substance use disorders. - Increased monolingual Spanish clients for substance use recovery services - Residential Treatment Programs (RTPs) - encountered delayed admissions, due to RTPs operating at half capacity. - Clients ultimately relapse during their quarantine period, resulting in an increase in rates of rearrest and hospitalization. - Creating consistent referrals amongst partnering agencies - 430% increase in overdose related referrals to IMAT - Rates of drug overdose have generally been rising - Drug overdose in California were highest among men, rate was highest for American Indian, Alaskan Native, non-Hispanic Blacks, non-Hispanic whites - 16.5% reported binge drinking in the past 30 days - Highest percentage was 20.1% in RWC followed by La Honda, Half Moon Bay, and San Mateo - Substance use has increased with the pandemic, due partly to anxiety and isolation - Not enough treatment facilities in the county 	<ul style="list-style-type: none"> - Whole Person Care Annual Report 2021 - MHSA Annual Updates: Peer Drop-Ins - MHSA Annual Updates: Substance Use Integration - Drug Medi-Cal Client Treatment Perception Survey - MHSA Annual Updates: Criminal Justice Diversion - San Mateo County Health Alert Highlights Pandemics impact on Mental Health and Substance Use - Dignity Health 2022 Community Health Needs Assessment
Adult/Older Adults: Suicide Prevention	<ul style="list-style-type: none"> - Suicide deaths increased 32% from 2019 to 2020 - Suicide deaths by city increased in Belmont and in Redwood City - Suicide deaths by race/ethnicity increased in 2020 for Asians, compared to 2019. - Suicide deaths by birthplace for 2020 show an increase amongst individuals born in a country other than the United States - White, male, single, 51-60 years appear at disproportionate risk of suicide death 	<ul style="list-style-type: none"> - San Mateo County Suicide Prevention Roadmap

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Behavioral Health Workforce	<ul style="list-style-type: none"> - Staffing challenges cited by all Full Service Partnership providers; impacts clients to have regular treatment team transitions - Especially challenging to recruit Transition Age Youth Family Partners - Hiring and recruitment of crisis mental health clinicians, impacts ability to provide referrals and case management services - High staff turnover, clinical staff are not enough for the demand; creating ongoing waiting list for clients - Lack of sufficient staff led to negative impacts to clients and community - Hiring Spanish bilingual mental health clinicians is challenging - Turnover of staff at the school districts and other collaborating agencies - High staff turnover in difficult-to-fill positions for early psychosis - Not enough therapists to meet the high demand of incoming clients - High staff turnover led to staff doing whatever it takes to fill the need at the cost of burnout and impacting staff wellness. - Increased need of support by the community due to COVID, burn out is real - High staff turnover led to decreasing amount of participants - Difficult to recruit, fewer applicants for internships within BHRS - Need for BHRS clinicians to share identities of clients for better care (race/ethnicity, sexual orientation, etc) - Many services are only being provided remotely 	<p>MHSA Annual Updates - All Programs</p>
Crisis Continuum: Stabilization and Supports	<ul style="list-style-type: none"> - Premature discharge from inpatient hospitalization (5150) while the client is seriously impaired. - Discharge without a coherent and cogent discharge plan. These clients get repeatedly 5150 and tax the entire system. - Need for mental urgent care facilities and stabilization units 	<p>MHSA Annual Updates: Field-Based Outreach</p>
Crisis Continuum: Response	<ul style="list-style-type: none"> - Police officers, behavioral health providers, and community stakeholders face challenges in determining and implementing the proper ways to intervene during behavioral health crises. - In 2016, a quarter of all fatal police shootings nationwide involved people with behavioral health or substance use conditions. - Need for non-law enforcement mobile mental health crisis programs and emergency response - Sending a police officer to a mental health crisis in which the 'client' is not a danger to self or others, is a very expensive activity and increases the trauma of the 'client.' - SAMHSA compliant mental health response 	<p>BHC Crisis Coordination Recommendations Crisis Calculator</p>
Housing Continuum: Culturally Responsive Early Intervention Strategies	<ul style="list-style-type: none"> - Black, Indigenous, and People of Color (BIPOC) are over-represented amongst unsheltered - Latinx are 34% of homeless population but make up less than 24% of the population - Black 19% of homeless population but make up only 2% of the population - NHPI are 8% of homeless population but make up only 1% of the population - Native American are 4% of homeless population but make up less than 1% - Largest # of homeless in East Palo Alto and Redwood City 	<ul style="list-style-type: none"> - Strategic Plan on Homelessness - Dignity Health 2022 Community Health Needs Assessment
Housing Continuum: Navigation and Maintenance	<ul style="list-style-type: none"> - Supporting with families with housing, both maintenance and supporting them with housing vouchers. - "Remaining in home" was identified as the top priority for older adults based on needs assessment 	<ul style="list-style-type: none"> - MHSA Annual Updates: Peer/Family Supports - SMC Aging and Adult Services Area Plan
Housing Continuum: Older Adults with Complex Needs	<ul style="list-style-type: none"> - Very limited supply of licensed board and care providers willing to care for older clients with their multiple health issues and needs and their limited financial resources. - There is no Intermediate Care Facility level of service in San Mateo County - WPC: Transitions to lower levels of care from intensive care management remains a service gap. Clients are often transitioned away from high intensity services after they have stabilized only to end up with very limited supports which then leads to new crises necessitating higher levels of care. - Very limited resource of Assistant Living facility in the county - There is a gap in subacute care facilities - Continuing closure of our B&C facilities - Housing in a community setting with the necessary supportive services for older adults has continually become an increasing challenge. 	<ul style="list-style-type: none"> - MHSA Annual Updates: Older Adult System of Care - MHSA Annual Updates: Board and Cares
Housing Continuum: Risk of Homelessness	<ul style="list-style-type: none"> - 44% experiencing chronic homelessness, 32% reported having a serious mental illness, 21% a substance use disorder - Housing crisis magnified for people living with mental illness - Aging parents struggle to find homes for their adult children where they can live independently and are concerned for their children when they are gone - Gap in permanent affordable supportive homes - Correctional Health Services reported need for continued warm-hand offs into temporary housing 	<ul style="list-style-type: none"> - Solutions for Supportive Homes - Strategic Plan on Homelessness - Whole Person Care Annual Report 2021
Substance Use Challenges	<ul style="list-style-type: none"> - Increased substance use challenges across all age groups, cultural and ethnic communities - Lack of coordinated supports for both mental health and substance use when both services are needed 	<ul style="list-style-type: none"> - California Children's Report Card 2022 - Dignity Health 2022 Community Health Needs Assessment - San Mateo County Health Alert Highlights Pandemics impact on Mental Health and Substance use - Whole Person Care Annual Report 2021

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Quality of Care: Timely Access for Acute Clients	<ul style="list-style-type: none"> - "Same Day Access" means a phone call to ACCESS line, same day call back and initial screening, within a week for a more thorough telephonic evaluation, and then up to a month before the client talks to a psychiatrist for a medication consultation. - When a client agrees to get treatment, the wait for real treatment is prohibitive. - Pandemic impacted client care and timely access to treatment. 	<ul style="list-style-type: none"> - MHSA Annual Updates: Field-Based Outreach - MHSA Annual Updates: Criminal Justice Diversion
Quality of Care: Client Engagement in Treatment	<ul style="list-style-type: none"> - 53% of clients attempting to access SUD services never received a first appointment; after the onset of the COVID-19 pandemic this increased to 70% - Youth engagement in outpatient services decreased during COVID; a decrease in average total minutes per client in each of the youth age groups, with the most significant decrease in the youth ages 0-12 age group. - In 2021, 51% of ED Visits for Mental Illness and 10% for Substance Use were followed by a connection to mental health services within 7 days, 65% and 20% within 30 days; these are not in the highest 25% performance compared to other counties - Teens experienced higher serious psychological stress than adults 	<p>BHRS QI Performance Measures</p>
Youth: Adolescent Suicides	<ul style="list-style-type: none"> - SMC high schoolers were more likely to seriously consider suicide than statewide - Starting in 7th grade increase in depression each following year - Rates of suicidal ideation higher in girls, PI, multiracial, Black, Asians, Latinx - A growing percentage of teens experience major depression symptoms - Youth are expressing increased anxiety around public speaking and socializing due to the social isolation and distance learning from COVID - Youth with depression related feelings by race/ethnicity show highest percentage for NIPH 43.6%, followed by Latinx students 29.8%. - Youth suicide and self inflicted injury by race/ethnicity show highest percentage NIPH, followed by multiracial and Black students. - By fall 2020 MH hospitalizations for suicide attempt and self injury rose by 41.7% , 43.8% rise among adolescents, and 49.2% rise for girls. Overall hospitalizations increased 12.8% for self injury. - isolation, stress and increased material hardship of the pandemic have strained the vulnerable mental health of CA youth (students rated their mental wellness at 7 or higher on a 10 point scale; 68% (pre-pandemic) 39% (pandemic) - Major Depressive episodes among youth have grown in recent years but about 1/3 of youth have received treatment in 2019 - The suicide rate among Black youth has dramatically increased - Whole Person Care reported an increase in referrals to behavioral health clinicians embed in primary care by 100% for youth 	<ul style="list-style-type: none"> - MHSA Annual Updates: PEI Youth - DHCS Performance Dashboard - Mental Illness Diagnosis - Dignity Health 2022 Community Health Needs Assessment - - California Healthy Kids Survey 2019 - California Children's Report Card 2022 - Use of Acute Mental Health Care in U.S. Children's Hospitals Before and After Statewide COVID-19 School Closure Orders
Youth: Juvenile Justice Involvement	<ul style="list-style-type: none"> - Redwood City had highest for youth on probation and juvenile arrests. - Race/ethnicity of majority of youth on probation and most served by juvenile justice funding was Latinx, Black and Asian. - 70% of youth in the juvenile justice system have a mental health disorder. - Juvenile justice stakeholders identified need for mental health supports, trauma- specific services, substance use services, parent education, stigma reduction for mental health 	<p>Supporting At-Risk Youth</p>
Youth: School-Based Supports	<ul style="list-style-type: none"> - High staff turnover cited by all providers; specific need for bilingual English-Spanish clinician in the face of a state- and nationwide shortage of mental health providers - Many schools and programs are dealing with the challenges of returning to in-person instruction and staff shortages. - The Wellness Teams at various sites often were too busy - Not all school districts have wellness counselors; need for supervising clinicians 	<p>MHSA Annual Updates: PEI - Youth</p>
Youth: Substance Use Supports	<ul style="list-style-type: none"> - CA is failing to proactively prevent harmful substance use among youth and does not systematically provide tx services to youth with substance use disorders - high use vape pens with marijuana, tobacco or fentanyl - candy flavored vape products and marketing targeted towards youth make it more likely that young people will become long-term users - by 11th grade, majority of CA students have used alcohol, misused cold medicines/pain prescription or used marijuana; over half of California's 12th grade students have used vape products - deaths due to drug overdose spiked during the pandemic - Whole Person Care reported a substantial increase in youth and young adults with significant mental health issues and increased cases of substance use/abuse 	<p>California Children's Report Card 2022</p>