

What is the Data Notebook?

Local Behavioral Health Boards are required annually to review program data for local services and report their findings to the California Behavioral Health Planning Council (W&IC 5604.2).

The Data Notebook is the instrument by which the Planning Council collects the data from local commissions and is designed to:

- Assist local commissions with meeting the program review mandate
- To serve as an educational resource for local commissions
- To collect opinions and thoughts from local commissions
- To identify unmet needs and make recommendations



Commission's Review of Services

What are the services that the Commission should review? BHRS has two contracts with the State of California through the Department of Health Care Services that establish the required services, although the County may offer additional services that are optional:

 The Mental Health Plan (MHP) – Operationalizes Welfare & Institutions Code Sections 14680 – 14727 to provide Mental Health, Medication Support, Day Treatment, Crisis Intervention & Stabilization, Adult Residential, Crisis Residential, Acute Inpatient, Intensive Care Coordination (Youth), Intensive Home-Based (Youth) TBS (Youth), TFC (Youth), TCM, Peer Support, and specialty mental health services.



Commission's Review of Services

• Drug Medi-Cal Organized Delivery System (DMC-ODS) — Operationalizes Welfare & Institutions Code Sections 14021.51 — 14021.53, 14124.20 — 14124.25, and 14184.100 to provide Screening, Brief Intervention, Referral to Treatment and Early Intervention (Youth), Withdrawal Management, Intensive Outpatient Treatment, Outpatient Treatment, Narcotic Treatment, Recovery, Care Coordination, Medications and Residential Treatment Services.



Part 1: Standard Yearly Data & Questions for Counties



Adult Residential Care

The Planning Council would like County level data on ARFs and IMDs:

- How many clients did our County pay for all or some of the costs for ARFs in FY21/22?
 - 150 Clients
- How many clients need to be in an ARF, but are not currently living in one?
 - 40 60 Clients



Adult Residential Care

The Planning Council would like County level data on ARFs and IMDs:

- Does your County have any Institutes for Mental Disease (IMDs)?
 - 1
- How many clients did the County pay the IMD costs for?
 - In County 100
 - Out of County 161
- What is the total number of IMD bed days paid for by the County?
 - 35,266



Homelessness

The Planning Council would like County level data on homelessness:

- In FY21/22 what new programs or programs that expanded to serve Homeless with Severe Mental Illness?
 - Temporary Housing
 - Housing/Motel Vouchers
 - Supportive Housing
 - Safe Parking Lots
 - Navigation Center Development
 - Permanent Housing



Foster Youth

The Planning Council would like County level data on Foster Youth:

Do you think your County is doing enough for Foster Youth in group care?

Yes, San Mateo County operates two Short Term Residential Treatment Programs – Canyon Oaks Youth Center and Elysian. The latter serves Foster Youth exclusively.

- Does your County receive youth from outside the county for group home settings?
 - Yes, about 20 youth in FY21/22.
- Did your County place foster youth is other counties?
 - No, 100% of our needs were met in-county.



Part 2: Impact of Pandemic on Behavioral Services & Access



- What was the impact of COVID-19 on Youth programs and services?
 - Increased numbers of youth presenting for services who report thoughts of suicide or other thoughts of self- harm.
 - Increased numbers of youth receiving services who reported significant levels of anxiety, with or without severe impairment.
 - Increased Emergency Department visits related to misuse of alcohol and drugs among youth.
 - Decreased access/utilization of mental health services for youth.



- What was the impact of COVID-19 on Adult programs and services?
 - Increased numbers of adults receiving services who reported significant levels of anxiety, with or without severe impairment.
 - Increased Emergency Department visits related to misuse of alcohol and drugs among adults.
 - Decreased access/utilization of mental health services for adults.



- Since 2020 has there been an increased use of Telehealth?
 - Yes, at the height of the pandemic, 96% of the caseload was Telehealth.
- IMAT usually requires in-person visits, were you able to provide routine drug testing?
 - Most of MAT services are delivered by 2 local, contracted providers an NTP program and a primary care/MAT provider. Each provider conducts their own routine drug testing either onsite or through a local clinic, each offers a small degree of telehealth, but primarily provides onsite services. It would be helpful if our DMC-ODS residential substance use treatment providers had better ways to incorporate MAT services onsite, so clients did not have to leave as often.



- Have your crisis intervention services been impacted?
 - Yes
 - Positive impact additional funding for crisis response planning.
 - Negative impact staffing issues, both recruitment and retention.



- Did the County experience staffing issues during the pandemic?
 - Yes
 - The County put a hiring freeze in place and at the same time we had significant numbers in retirement that could not be filled.
 - There was sense of overwhelm and helplessness among staff.
 - Staff experienced exposures, lost family members to COVID, and had to balance the safety of their families with their jobs.



- Did the County use any of the following strategies to address staffing?
 - Utilized telework strategy.
 - Allowed flexible schedules.
 - Other Paid Hazard Pay for the first 6 months (most staff were working 60 80-hour work weeks during the first 4 months).



- Were their any impacts based on race/ethnicity and if so, which?
 - Latin(x) Community There were significant gaps in language appropriate outreach to this community as well as the farm worker community that resulted in significant infection rates among these communities, especially along the Coast.
 - BHRS was the first to initiate Spanish-speaking Facebook Live programming for coastal communities to provide prevention and response information to these overlooked communities.



- Did the County have difficulty reaching certain communities during the pandemic?
 - LGBTQ Community
 - Homeless Community
 - Children and Youth



- Which pandemic-related challenges presented barriers to access to services?
 - Difficulty accessing and using telehealth devices and platforms.
 - Concerns of infection related to in-person sessions.
 - Client or family member sick with COVID-19.
 - Distrust or fear of government agencies.



Data Notebook Process

How did the Commission engage in the data notebook?

- Reviewed role of Commission.
- The data notebook was placed on the Commission's agenda and presented at a regular meeting.



