MHSA Three-Year Plan Community Input Session

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

About MHSA

76% Community Services & Supports (CSS)
Direct treatment and recovery services for serious mental illness or serious emotional disturbance

19% Prevention & Early Intervention (PEI)
Interventions prior to the onset of mental illness and early onset of psychotic disorders

5% Innovation (INN)
New approaches and community-driven best practices

Workforce Education and Training (WET)
Education, training and workforce development to increase capacity and diversity of the mental health workforce

Capital Facilities and Technology Needs (CFTN)
Buildings and technology used for the delivery of MHSA services to individuals and their families.
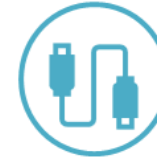
- Background & Reference Documents:
  - MHSA Info Sheet
  - MHSA Budget
  - MHSA Components and Programs

1% tax on personal income over $1 million
San Mateo County: $39.2M annual 5-year average through FY 21-22; ~15% of the BHRS Budget

MHSA Planning Requirements

- Three-Year Plan & Annual Updates

What's in a 3-year Plan?	What's in an Annual Update?
Existing Priorities	Program Specific Data and Outcomes
New Priorities	Implementation and Planning Updates
Expenditure Projections	Changes to the 3-Year Plan

- Community Program Planning (CPP)
  - Diverse stakeholder Input
  - 30-Day Public Comment Period and Board of Supervisor approval

Needs Assessment Categories

1. Behavioral Health Workforce
2. Access to Services
3. Housing Continuum
4. Crisis Continuum
5. Substance Use Challenges
6. Quality of Client Care
7. Youth Needs
8. Adult/Older Adult Needs

Reference: Needs Assessment Summary

Categorized Areas of Need

1.   **Behavioral Health Workforce -** this category captures the needs related to recruiting, developing, supporting and maintaining a sufficient workforce to address the needs and the diversity of the community. This includes supporting individuals with lived experience as clients and/or family members of clients of mental health and substance use services to join the workforce and support all services and programming.

- Needs Assessment Data:
  - Lack of sufficient staff led to negative impacts to clients and families
  - Hiring Spanish bilingual mental health clinicians and Transition Age Youth Family Partners is challenging
  - 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
  - Need a more diverse workforce, BHRS clinicians need to share identities of clients for better care

- Community Response
  - Shortage of staff, due to inability to hire and pay staff at rates that allow them to live in the area
  - Peer partners and family partners are underutilized and temporary
  - Need life skills and mentoring
  - Increased need for diverse, bilingual, bicultural staff, however pay is the same as those without language capacity
  - More opportunities for furthering education, loan payback programs
  - Staff not able to work for county because of inflexible schedules, and benefits
  - Limited partnering/knowledge of supporting agencies/organizations
  - High turnover due to large caseloads leading to burn out
  - Need for increased county contract funding to increase local organizations capacity to recruit quantity and diversity of skilled staff
  - Foster relationships with community colleges or other academic institutions to create training programs
  - Inadequate training of public conservators, and public defenders
  - People require in person services

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Categorized Areas of Need

2.   **Access to Services-**this category captures the needs of diverse cultures and identities such as race/ethnicity, LGBTQIA+, veteran status and age related to accessing mental health and substance use services, including community knowledge and education and culturally responsive approaches to engaging communities.

- Needs Assessment Data:
    - Race/ethnicity
        - Black/AA folks were less likely than other race/ethnicity to receive follow up MH services within 7 days and 30 days of an ED visit
        - Asian/Asian Americans have less access to mental health and substance use knowledge, behavior and beliefs to support stigma reduction
        - Reports of trauma exposure are extremely high among Latina migrant women, with prevalence rates of around 75%
    - LGBTQ+
        - LGBTQ population most affected by suicideal ideation in age group (24-44), and has a lack of access to services and understanding by providers
    - Children/youth and families
        - Referrals for mental health services through primary care increased 100% for youth
    - Social Determinants of Health
        - Low-income parents have higher frequency of depressive symptoms compared to middle and high income parents, continued impact of COVID-19 pandemic on families in areas of housing, financial, and food instabilities
    - Veterans
        - Need support with access, younger veterans include more women that would like more services targeted towards sexual assault
    - Older Adults
        - 35% of older adults identified an areas of concern as depressed mood

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Categorized Areas of Need

- <u>Community Survey Data:</u>
- Additional populations that experience challenges accessing mental health and substance use services
  - Folks with disabilities
  - Unhoused individuals
  - New immigrant families, refugees, asylum seekers, undocumented- newcomers
  - Farm Workers
  - Youth- Foster care, Incarcerated, African American, Native American
  - Families with young children
  - Monolingual community members
  - Incarcerated individuals and those who are reintegrating
  - Folks with private insurance
  - Low income families and individuals
  - Victims of domestic violence
  - Additional Race/ethnicities: Indian, White
- Age groups believed to have the greatest challenges accessing mental health and substance use services
  - Older Adults & Youth (16-25)
- Addressing **health insurance coverage** was believed to make the greatest impact in supporting mental health and substance use
- Challenges related to access include
  - Knowledge, awareness, stigma
  - Language barriers
  - Staff shortages
  - System navigation
  - Institutional barriers- long wait times, not enough flexibility, not enough beds in facilities

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Categorized Areas of Need

3. **Housing Continuum -** this category captures the housing needs for individuals living with mental health challenges ranging from assisted living facilities, to having access to permanent supportive housing, to early assessment of risk of homelessness and culturally responsive approaches and support with locating and maintaining housing.

- Needs Assessment Data:
  - Culturally Responsive Early Intervention Strategies
    - Black, Indigenous, People of Color are over-represented amongst unsheltered
    - Largest number of unsheltered folks are located in East Palo Alto and Redwood City
  - Navigation and Maintenance
    - Supporting families with housing, both maintenance and housing vouchers
  - Older Adults with Complex Needs
    - Very limited supply of licensed board and care providers willing to care for clients with complex health needs and limited financial resources, also continuing closure of B &C facilities
    - No intermediate care facility level of service in SMC
    - Limited resource of assistant living
    - Housing in a community setting with necessary supportive services for older adults has continually become an increasing challenge
  - Risk of homelessness
    - Housing crisis magnified for people living with mental illness
    - Aging parents struggle to find homes for their adult children with mental health challenges
    - Gap in permanent supportive homes
    - Correctional health services reported need for continued warm hand offs into temporary housing

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Categorized Areas of Need

Community Survey Data:

- ○ Lack of affordable housing, supportive housing rising housing costs in the county especially for low income, undocumented etc
- ○ Complexity of paperwork for affordable housing is a barrier
- ○ Services needed in addition to housing- case management, peer support, wrap around services
- ○ Not enough board and care facilities, or transitional facilities for recovery
- ○ Shelters feel unsafe and scarce
- ○ Those with housing vouchers have a hard time relocating, vouchers pull folks out of treatment due to rules to qualify

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Categorized Areas of Need

4.   **Crisis Continuum-** this category captures needs related to mental health and substance use crisis response, as well as appropriate community-based supports and stabilization during and after a crisis.

- <u>Needs Assessment Data:</u>
  - Stabilization and supports
    - Premature discharge from inpatient hospitalization (5150) while client is seriously impaired, leading to clients repeatedly getting 5150d
    - Need for mental urgent care facilities and stabilization units
  - Response
    - Police officers, behavioral health providers and community stakeholders face challenges in determining and implementing the proper ways to intervene during a behavioral health crisis
    - 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
- <u>Community Survey Data:</u>
  - Need for more community education, knowledge, resources related to mental health emergencies
  - Institutional barriers- lack of follow up treatment after discharge, lack of beds in county, lack of coordination with other hospital systems
  - Social Determinants of Health- Language Barriers, Transportation
  - Criminalization of folks with mental health challenges by police
    - Police exacerbating trauma, should not be responding to mental health crisis, need more training, use of force result in fatalities

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Categorized Areas of Need

5.   **Substance Use -**   this category captures the increasing need for substance use services and supports that are accessible, integrated and coordinated with mental health services.

- Needs Assessment Data:
  - Adults
    - Residential Treatment Programs encountered delayed admissions due to operating at half capacity
    - 430% increase in overdose related referrals to IMAT
    - Rates of drug overdose have been generally rising
    - Not enough treatment facilities in the county
  - Youth
    - Youth deaths due to drug overdose spiked during the pandemic
    - Whole Person Care reported a substantial increase in youth and young adults with increased cases of substance use and significant mental health issues
- Community Survey Data
  - Compound and complex trauma and co-occurring disorders pervasive in community
  - Limited staff, limited language capacity
  - Early education and addressing stigma is needed, prevention efforts
  - Lack of medical detox, some shelters don't accept folks without detox
  - Lack of harm reduction treatment
  - Lack of coordinated counseling, and transition services to AOD services and programs
  - Need crisis stabilization centers, recovery centers
  - More integration needed between substance use and mental health
  - Too few inpatient facilities
  - Need for substance use intervention in middle schools, county does not provide treatment to youth

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Categorized Areas of Need

6. **Quality of Care -** this category captures the needs of clients that are in treatment for mental health and/or substance use challenges to have timely access to care when needed, are successfully connected to services after an emergency and receive culturally responsive approaches to their treatment.

- Needs Assessment Data:
  - Timely Access for Acute Clients
    - Wait for treatment is prohibitive
    - Pandemic impacted client care and access to treatment
    - "Same Day Access" means a phone call to ACCESS line, same day call back for screening, 7 days for evaluation, and then a month before clients see a psychiatrist
  - Client Engagement in Treatment
    - 53% of clients attempting to access SUD services never received a first appointment
- Community Survey Data:
  - Lack of empathy from providers and trauma informed professionals
  - Lack of culturally appropriate services as barriers as well as language
  - Access to information, resources, for clients
  - Huge caseloads without caps, leads to waitlists, staffing shortages
  - Inadequate follow up, referrals, partnership/knowledge of supporting agencies/organizations
  - Difficult to navigate services
  - Strengthen the continuum of care
  - Clients with psychosis are cut off from loved ones, during the span of 5150, this is dangerous
  - Inadequate usage of peer support
  - Need diverse providers

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Categorized Areas of Need

7.   **Youth Needs -**   this category captures mental health and substance use challenges for school to transition-age youth ages 6-25, it includes recent data for adolescent suicides, juvenile justice involvement, school-based and on-campus supports.

- <u>Needs Assessment Data:</u>
  - Adolescent Suicides
    - Teens experienced higher serious psychological stress than adults
    - SMC high schoolers more likely to consider suicide than statewide
    - Youth with depression related feelings showed highest rate among NHPI followed by Latinx students
    - Self-inflicted injury highest among NHPI followed by Black students
  - Juvenile Justice Involvement
    - Redwood city highest rate for youth on probation and juvenile arrests
    - 70% of youth in juvenile justice system have a mental health disorder
  - School-Based supports
    - Wellness teams at sites overwhelmed, not all districts have wellness counselors.
- <u>Community survey data:</u>
  - Lack of providers available after school
  - Follow up is too spaced out where clients lose interest or fail to respond
  - Lack of parent education about mental health and substance use- LGBTQ+ population especially harmed
  - Need for mentoring and peer support
  - General mental health education for youth including services available to them delivered through schools
  - Lack of SUD RTC for youth, difficult to YTAC
  - Dedicated space and staff to provide services to incarcerated youth to increase use and privacy
  - Eating disorder support, and increased county infrastructure
  - High staff turnover affects students, and partner agencies have a medical/clinic based lens
  - Police officers in school sends wrong message to youth
  - Need to focus on foster care reform including more data, inclusion
  - Fentanyl danger and narcan availability in schools

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8.   Adult/Older Adult Needs - this category captures mental health and substance use challenges for adults and older adults, it includes recent data related to increasing complexity of needs, general poor mental health outcomes, and suicide prevention needs.

- Needs Assessment Data:
  - Increased Complex Needs
    - Psychiatric Emergency Services events increased in 2020
    - COVID increased complexity of clients (comorbidities, co-occurring)
  - Poor Mental Health
    - Poor mental health days, south county and coast most affected
  - Suicide Prevention
    - Suicide deaths increased 32%
    - Increase for Asian population, White Males at disproportionate risk
- Community Survey Data:
  - High cost of living in the area
  - Need for community based classes that provide adults with mental health knowledge, about depression and services available
  - System navigation support is needed
  - Language barriers, transportation, technology as barriers to care
  - Affordable in-home supports and companionship care is needed
  - More robust in-field services provided to unsheltered individuals
  - Shortage of Board and Care facilities
  - Reduce stigma both societal and internal
  - Public spaces for explicit community building, as well as additional community programs
  - Isolation, grief, food insecurity
  - Resources for caregivers of elderly family members

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Input Session Questions

1. What are possible solutions (services, programs, infrastructure, etc.) to address the need?

   - Direct Service, Prevention and Workforce strategy

2. If you had to select one solution from each strategy to focus on over the next 3 years, which would you prioritize?