

California Behavioral Health Planning Council

Advocacy • Evaluation • Inclusion

2024 Data Notebook

Focus Topic: Homelessness in the Public Behavioral Health System



What is the Data Notebook?

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

o 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 2024

- Beginning in 2020, the CBHPC moved the Data Notebook survey to an online format utilizing the SurveyMonkey platform.
 - This year's focus topic is "Homelessness in the Public Behavioral Health System"
- 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.

Focus Topic: Homelessness in the Public Behavioral Health System

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<u>General</u>

- 1. Please identify your County / Local Board or Commission.
 - Sacramento County Mental Health Board

Homelessness in the Public Behavioral Health System

- Which of the following definitions of homelessness does your county use to identify individuals experiencing homelessness within your behavioral health system? (select all that apply)
 - The U.S. Housing and Urban Development (HUD) definition of homelessness, as used in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.
 - The U.S. Department of Health and Human Services definition of homeless youth established by the Runaway and Homeless Youth Act (RHYA).
 - The U.S. Department of Education definition of homeless children and youths as defined in the McKinney-Vento Homeless Assistance Act.
 - Substance Abuse and Mental Health Services Administration (SAMHSA) definition of those who are experiencing homelessness.
 - The Social Security Administration (SSA) definition of homelessness.
 - Other (written response): We use whichever definition the funding source requires. Most times our definition falls into a. above but we also have funding that falls into b and d, plus the no place like home definitions of at risk of chronic homelessness.

- 3. Does your county enter data on homelessness and housing services into a Homeless Management Information System (HMIS)?
 - Yes
 - No
- 4. Concerning individuals currently receiving services in your county behavioral health system, is your county actively collecting data on the housing status of any of the groups listed? (Please check all that apply)
 - Foster youth
 - Youth 18 years of age or younger
 - Youth ages 19-24
 - Adults ages 25-65
 - Adults 66 years of age or older
 - Consumers receiving mental health services
 - Consumers receiving substance use treatment
 - Veterans
 - Individuals exiting incarceration from county jail
 - Individuals exiting incarceration from prison
 - Individuals in Institutions of Mental Disease (IMDs)
 - Individuals in psychiatric hospitals
 - Other (please specify)
 - None/Not Applicable

- What supports are necessary to provide housing to people served in your county behavioral health system for more than 6 months? (Please check all that apply)
 - Case management services
 - Intensive case management services
 - Health or social services access/navigation services
 - Medication-Assisted Treatment
 - Enhanced Care Management (ECM) and Community Supports
 - Rental subsidies
 - Housing vouchers
 - Transitional and temporary housing
 - Peer support
 - Community health worker
 - Supported employment services
 - Wellness centers
 - Full-Service Partnerships (FSPs)
 - Other (written response) everything except j. as this is new in the behavioral health sector. We will add it to our array of staffing as needed to enhance programming and/or add funding
- 6. Does your county behavioral health system participate in a county-wide interagency continuum of care that meets regularly to address housing for your county residents?
 - Yes
 - No

- 7. For people currently receiving services from your county behavioral health system, are you actively collecting any data on whether they are homeless/unsheltered at every point of service? For example, do you check for homeless status every time you provide individuals with any service?
 - Yes In the OP system, providers are expected to update any change to their housing and homeless status within our Electronic Health Record. Additionally, FSPs are reporting any changes to housing in the state FSP form, Key Event Tracking (KET).
 - No
- Please list the organizations/agencies you work with to provide housing support and services for individuals served by your county behavioral health system. (Written Response: please use bullet points for this list)
 - SHRA
 - Sacramento Steps Forward
 - Every homeless continuum of care provider
 - Housing developers
 - Residential tenant service providers
 - Room and Board/Board and Care operators
 - BHS system of care

- 9. Is your county behavioral health system able to use local data when making program decisions and financial investments in existing or new homelessness/housing programs?
 - Yes
 - No
- 10. If you answered "Yes" to the previous question, can you give an example of a program your county initiated based on data you collect or track? (Written response)
 - HEART (Homeless Engagement and Response Team)
 - Infused/embedded MHSA housing funds throughout the outpatient system based on data that showed the % of unhoused individuals being served.
 - Youth Help Network
 - CORE (Community Outreach Teams) Outreach workers were included in the program design of our Adult MH Outpatient CORE program based off the % of unhoused individuals being served.
- 11. Does your county behavioral health department have a housing services unit or housing coordinator?



General Topic: Performance Outcomes Data

12. Does your behavioral health agency currently collect data for the performance indicators listed below for all <u>adult</u> beneficiaries? (Please

check all that apply)

- Employment status FSP
- Criminal justice involvement FSP
- Housing status
- Visits to the emergency room (ER) FSP
- Psychiatric Hospitalizations
- Lanterman-Petris-Short (LPS) Conservatorship FSP
- Rates of self-harm
- Rates of suicide
- Social functioning and community connectedness (ANSA)
- Self-reported wellness
- Overall patient satisfaction (Annual CPS survey)
- Other (Please Specify)

13. Does your behavioral health agency currently collect data for the performance indicators listed below for all <u>child and youth</u> beneficiaries?

(Please check all that apply)

- Criminal justice involvement FSP
- Housing status
- Visits to the emergency room (ER) FSP
- Psychiatric Hospitalizations
- Rates of self-harm
- Rates of suicide
- School attendance/absenteeism (CANS)
- Academic engagement (CANS)
- Classroom behavior
- Social functioning and community connectedness (CANS)
- Self-reported wellness
- Overall patient satisfaction (Annual CPS survey)
- Other (Please Specify)

14. Do you utilize the performance indicators previously identified in any of the following ways? (Please check all that apply)

- Evaluate the effectiveness of programs Yes
- Make changes in spending Yes
- Make changes in program planning Yes
- Inform partners and stakeholders Yes
- Advocate for policy changes
- Engage in community outreach Yes
- Other (written response) When requested, data is used for various program planning and evaluation activities.

15. Overall, do you have adequate data to evaluate and comment on performance outcomes in your county behavioral health system?

- Yes depending on what performance outcomes are being asked for
- No

16. Which of the following topics or areas of interest would your county like to see future Data Notebooks focus on? (Please select <u>up to 5</u>). For MHB discussion at the November 2024 General Meeting.

- Employment Status
- Criminal Justice Involvement
- Housing Status
- Visits to the emergency room (ER)
- Psychiatric Hospitalizations
- Lanterman-Petris-Short (LPS) Conservatorship
- Rates of Self-Harm and Suicide
- School-Based Wellness for Children/Youth
- Social Functioning and Community Connectedness
- Self-reported wellness
- Overall Patient Satisfaction
- Other (Please Specify)

Miscellaneous Questions

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 What process was used to complete this Data Notebook? (Please select all that apply)

- MH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.
- MH board completed majority of the Data Notebook.
- Data Notebook placed on agenda and discussed at board meeting.
- MH board work group or temporary ad hoc committee worked on it.
- MH board partnered with county staff or director.
- MH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
- Other (please specify)

18. Does your board have designated staff to support your activities?

- h. Yes (if yes, please provide their job classification)
 - Human Services Program Planner
- i. No

Miscellaneous Questions

19. Please provide contact information for this staff member or board liaison.

- Jason Richards
- RichardsJa@saccounty.gov

20. Please provide contact information for your board's presiding officer (chair, etc.)

- Corrine McIntosh Sako
- Contact information will be provided upon submission
- 21. Do you have any feedback or recommendations to improve the Data Notebook for next year?

For MHB discussion at the November 2024 General Meeting.

MHB members recommended _____.